

# **Exploring the Reasons for the Turnover of Nurses in the Private Hospitals of Dubai**

## **Acknowledgment**

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## **Declaration**

I hereby declare that this dissertation with the title, “Exploring the reasons for the turnover of nurses in the private hospitals of Dubai” has been prepared by me at the University of Gloucestershire. This has been done in partial fulfilment of the Doctor of Business Administration (DBA) degree from the University of Gloucestershire. This is an original work and adheres to the regulations stipulated by the University of Gloucestershire. The thesis neither partly nor fully has not been submitted for any other academic purpose. The viewpoints expressed in this study are entirely those of the author and does not reflect any influence from the university.

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## **Abstract**

**Purpose:** Despite the massive turnover of nursing professionals in Dubai, there is lack of studies describing the factors responsible for the turnover of nurses in Dubai. This study explored the reasons that resulted in the turnover of nurses from private hospitals in Dubai.

**Methods:** The study adopted an explorative approach. Semi-structured interviews were conducted among 23 nursing professionals working at one of the renowned private hospitals in Dubai. The sample included nurses from different nationalities, ethnicities, and genders to ensure the reliability and generalisability of the study. Data was analysed by adopting the thematic analysis technique using the NVivo software.

**Findings:** The research allowed us to arrive at certain significant findings. Initially, the findings suggest that the results align with most of the previous studies that were conducted around the topic area. Secondly, the findings suggested that two primary reasons resulted in the turnover of nurses in the private hospitals of Dubai, and these include compensation and benefits, and work-life balance. Thirdly, it was observed that most of the nurses migrated to foreign countries for better benefits and opportunities to deal with the low compensation and high cost of living in Dubai. Therefore, these were findings observed from the study.

**Conclusion:** The study observed compensation and benefits along with work-life balance have been the predictors of nurse's turnover in the private hospitals in Dubai. Efforts to enhance the compensation and reduce job stress should be implemented by the authorities to ensure further loss of nursing professionals in Dubai.

**Implications for Policy and Practice:** Shortage of nurses would have serious implications if left unattended. Hence, the study outcomes would allow the Dubai Health Authority (DHA) to develop policies which promotes retention of nurses. In addition, it also allows DHA to focus on creating policies which reduce the migration of nurses to foreign countries.

## Table of Contents

|   |    |
|---|----|
| Acknowledgment .....  | 2  |
| Declaration.....  | 3  |
| Abstract .....  | 4  |
| Table of Contents .....   | 5  |
| Chapter One - Introduction .....  | 10 |
| 1.0 Introduction.....   | 10 |
| 1.1 Research Aim & Research Questions .....                               | 10 |
| 1.2 Research Context .....  | 11 |
| 1.3 Nurses Context in the UAE.....  | 13 |
| 1.3.1 The development of nursing in the UAE .....                         | 13 |
| 1.3.2 The Emirates Nursing Association.....                               | 14 |
| 1.3.3 Nursing Profession Requirements.....                                | 14 |
| 1.3.4 Authorities.....  | 15 |
| 1.3.5 Management and education for nurses .....                           | 16 |
| 1.4 Significance of Research.....   | 17 |
| 1.5 Thesis structure .....  | 18 |
| Chapter Two - Literature Review.....                                      | 20 |
| 2.0 Introduction.....   | 20 |
| 2.1 Definition of Key Terms .....   | 20 |
| 2.2 What is Employee Turnover?.....                                       | 21 |
| 2.2.1 Types of Employee Turnover.....                                     | 22 |
| 2.2.2 Employee Turnover: Revealing Its Organisational Impact.....         | 22 |
| 2.3 Theories and Models.....  | 24 |
| 2.3.1 Unfolding theory of Turnover .....                                  | 24 |
| 2.3.2 Job-Demands-Resource (JD-R) Model for Employee Turnover .....       | 27 |
| 2.4 Discussion of Existing Literature.....                                | 40 |
| 2.4.1 Why understanding reasons for turnover among Nurses important?..... | 40 |
| 2.4.2 Reasons for Turnover among Nurses .....                             | 42 |
| 2.4.2.1 Occupational Stress and Work-life balance .....                   | 42 |
| Job stress and turnover intention.....                                    | 61 |
| 2.4.2.2 People development and Training.....                              | 65 |
| 2.4.2.3 Compensation and benefits .....                                   | 67 |
| 2.5.4.4 Work Environment.....   | 69 |
| 2.4.2.5 Equal Opportunities .....   | 73 |

|  |     |
|--|-----|
| 2.5 Implications to nursing managers. ....   | 76  |
| 2.6 Summary of Chapter Two .....   | 81  |
| 2.6.1 Research gap .....   | 81  |
| 2.6.2 Summary .....  | 83  |
| Chapter Three - Research Methodology .....   | 85  |
| 3.0 Introduction.....  | 85  |
| 3.1 Research Paradigm.....   | 85  |
| 3.2 Research Approach .....  | 87  |
| 3.3 Research Strategy.....   | 89  |
| 3.3.1 Background of the Case Study Hospital .....                                    | 92  |
| 3.3.2 Research Methodological Choices.....   | 92  |
| 3.4 Data Collection .....  | 94  |
| 3.4.1 Pilot Study.....   | 94  |
| 3.4.2 Data collection .....  | 97  |
| 3.4.3 Sampling .....   | 102 |
| 3.4.4 Validity and Reliability of Research Methods .....                             | 105 |
| 3.5 Data analysis .....  | 106 |
| 3.5.1 Qualitative Vs Quantitative Data Analysis .....                                | 107 |
| 3.5.2 NVivo Software .....   | 108 |
| 3.5.3 Thematic analysis.....   | 109 |
| 3.6 Ethical consideration in research .....  | 117 |
| Chapter Four – Findings .....  | 120 |
| 4.0 Introduction.....  | 120 |
| 4.1 Thematic Analysis.....   | 123 |
| 4.2 Compensation and Benefits .....  | 132 |
| 4.2.1 Low compensation as a reason for Nurse turnover.....                           | 132 |
| 4.2.2 Jobs Abroad for Better Opportunities .....                                     | 133 |
| 4.2.3 Shifting to Government hospitals within the Dubai for better Compensation..... | 136 |
| 4.3 Work-Life balance among Nursing Professionals .....                              | 137 |
| 4.3.1 Reasons of Stress .....  | 138 |
| 4.3.2 Impact of Job Stress .....   | 140 |
| 4.3.3 Effective Ways of handling stress .....  | 143 |
| 4.4 People Development & Technology Impact .....                                     | 145 |
| 4.4.1 Technology.....  | 145 |
| 4.4.2 Training of the Staff .....  | 147 |

|   |     |
|---|-----|
| 4.5 Work Environment .....                                      | 150 |
| 4.5.1 Physical Hospital Environment.....                        | 151 |
| 4.5.2 Hospital policies to deal with stress.....                | 152 |
| 4.5.3 Support from the Hospital Management.....                 | 154 |
| 4.6 Equal Opportunities .....                                   | 156 |
| 4.7 Summary of Chapter Four .....                               | 160 |
| Chapter Five - Discussion of the Findings.....                  | 163 |
| 5.0 Introduction.....   | 163 |
| 5.1 Compensation and Benefits .....                             | 164 |
| 5.1.1 Low Compensation and Nurses Turnover.....                 | 164 |
| 5.1.2 Job search and switching to new Jobs within the UAE ..... | 165 |
| 5.1.3 Jobs Abroad for Better Opportunities .....                | 166 |
| 5.2 Work-Life Balance among Nursing professionals .....         | 168 |
| 5.2.1 Reasons for stress.....                                   | 168 |
| 5.2.2 Impact of Job Stress .....                                | 170 |
| 5.2.3 Effective Ways of Handling Stress .....                   | 172 |
| 5.3 Work Environment.....                                       | 174 |
| 5.3.1 Hospital Physical Environment.....                        | 174 |
| 5.3.2 Support from the Hospital Management.....                 | 175 |
| 5.3.3 Hospital Policies .....                                   | 177 |
| 5.4 People Development and Technology Impact .....              | 179 |
| 5.4.1 Training of the Staff.....                                | 179 |
| 5.4.2 Technology Impact.....                                    | 181 |
| 5.5 Equal Opportunities .....                                   | 182 |
| 5.6 Summary of Chapter Five.....                                | 185 |
| Chapter Six – Conclusion .....                                  | 187 |
| 6.0 Introduction.....   | 187 |
| 6.1 Summarising the Research Findings.....                      | 187 |
| 6.2 Contribution .....  | 191 |
| 6.2.1 Theoretical contribution.....                             | 191 |
| 6.2.2. Practical Contribution .....                             | 193 |
| 6.3 Study Limitations and Future Research .....                 | 195 |
| 6.4 Limitations .....   | 196 |
| 6.5 Reflection.....   | 197 |
| References.....   | 199 |

|   |     |
|---|-----|
| Appendix 1 – Interview Guide.....   | 225 |
| Interview Guide for Pilot Study.....  | 225 |
| Interview Guide for Data Collection.....  | 228 |
| Appendix 2 – Evidence from Hospital.....  | 231 |
| A Descriptive Study to assess the Nurses perception of professional practice.....                 | 231 |
| Self-Survey of the Hospital.....  | 231 |
| An Explorative study to assess the “Nurses' perception of professional practice environment”..... | 235 |
| Summary of Exit Interviews .....  | 238 |
| Leave Policy.....   | 239 |
| Appendix 3 – Discrimination reporting .....   | 246 |
| DHA site for lodging complaint for discrimination .....   | 246 |
| Appendix 4 – NVivo Working .....  | 247 |
| Themes and Subthemes.....   | 247 |
| Coding for thematic analysis .....  | 247 |
| Interview Transcripts and codes, references summary .....   | 248 |
| Code book - Exploring the reasons for turnover of nursing professionals in Dubai. ....            | 248 |
| Appendix 5 – MOHAP Evidence.....  | 251 |

## **List of Tables**

|   |     |
|---|-----|
| Table 1: Strategies to deal with threats to validity. ....                | 105 |
| Table 2: Predetermined themes in the study (Source: Self-developed) ..... | 113 |
| Table 3: Participant related information .....                            | 122 |
| Table 4: Themes and sub-themes developed for study .....                  | 131 |

## **List of Figures**

|  |    |
|--|----|
| Figure 1: Pathways observed in Unfolding theory.....                         | 25 |
| Figure 2: Job-demands-resources Model and Impact on Turnover Intention ..... | 29 |
| Figure 3: The job demands-resources model. ....                              | 32 |



|  |     |
|--|-----|
| Figure 4: Predictors of Burnout and turnover .....                               | 36  |
| Figure 5: 12 stage burnout model .....   | 39  |
| Figure 6: Five stage developmental model of burnout .....                        | 39  |
| Figure 7: Conceptual framework showing nurses inadequacy on a global stage. .... | 50  |
| Figure 8: Inductive Research Approach.....                                       | 88  |
| Figure 9: Case study design .....  | 91  |
| Figure 10: Thematic Analysis .....   | 111 |

# **Chapter One - Introduction**

## **1.0 Introduction**

The study adopts a qualitative methodology to explore the reasons for the turnover of nurses in private hospitals in Dubai. Semi-structured interviews were conducted on a group of 23 nurses and the interview data was analysed by using thematic analysis technique which allows us to arrive at the results. These results in turn allows us to address the research questions.

## **1.1 Research Aim & Research Questions**

Recently the nursing profession in the UAE and the Gulf cooperation council (GCC) has faced the challenge of large numbers of nurses leaving the healthcare sector (Lai et al., 2020). It has been one of the key shortcomings that has significantly impacted the country's healthcare sector. Indeed Raza Siddiqui, the group CEO of Arabian Health Group, and executive director in RAK hospital stated "...nursing talent shortages is a global challenge. Part of this crisis can be attributed to the pandemic which has led to increased demands for the healthcare workers worldwide, aggravating the shortages of these professionals" (quoted in Gokulan et al., 2022, p. 7). Reflecting this, the aim of the research is: "to investigate the underlying reasons which led to the turnover of nursing professionals in the context of Dubai private hospitals".

## **Research Question**

The overarching research question of the study is "What are the reasons that influence nurse turnover in private hospitals in Dubai?"

This is the research question which this study focuses towards addressing. The various factors influencing the turnover would further allow authorities to mitigate the issue.

## **Research objectives**

- To critically identify the current debate as to the reasons why nursing professionals leave the sector, and what retention processes and strategies exist.

- To critically analyse the reasons why nursing professionals, leave the health sector in Dubai.
- To critically evaluate the effectiveness of existing strategies of the Dubai government in retaining nursing professionals.

## **1.2 Research Context**

This study focuses towards exploring the reasons which result in turnover of nurses from the private hospitals in Dubai. This is an area which has gained attention of several research scholars over the years. Nursing professionals are backbone of the healthcare system and understanding the issues they face and retain them is quite critical for hospitals lack of which may result in turnover of the professionals in Dubai. The country already was exposed to shortage of nurses during pandemic which requires them to consider this aspect in close consideration which is why this study has been undertaken in this regard.

Furthermore, the study was conducted in the context of the private sector of Dubai because the government hospitals are only representing 33.8% in Dubai in addition it has greater leverage in terms of funds and government sanctions as a result of which they have people-centric policies in healthcare (MoHAP. 2020). As a result of this, the private hospitals have been experiencing turnover as most of the nurses prefer working in government sector. Hence, this study focuses towards understanding the nurse turnover problems specific to the private hospital sector in Dubai (Sircar, 2024).

The nursing profession is an essential part of society that promotes healthcare services. Every country's healthcare system stands on the nursing profession, which promotes the prevention of illness, patient healthcare, and health issues very effectively. However, there are increasingly problems regarding this profession due to major problems that can reduce the effectiveness of healthcare system affected very significantly (Knopf, 2006). Basically, it is identified that UAE

is an energy intensive country that has been focusing on petroleum and oil products. The economy of the country has been highly dependent on the business of oil and petroleum products, as a result of which many other industries in the country have taken a back seat. However, with the passage of time, the demand for knowledge intensive industries such as education, IT, healthcare and hospitality are seen to be rising within the country (El-Haddad, 2006). The economy is moving towards knowledge industries knowledge industries to diversify itself and reduce dependence on oil companies alone. Therefore, the economy is looking for knowledge workers, which at present are identified to be in shortage within the country (El-Haddad, 2006). The health care sector (including the nursing sector) is one of the knowledge sectors that has been facing crises, with a lack of skilled and knowledgeable healthcare workers. This shortage of nursing workers is triggered by the cultural factors of the UAE, where being involved in nursing was not considered to be a prestigious job in the culture of UAE.

With the passage of time, nursing has started to be considered as a respectable job and many individuals have started volunteering in this sector and choosing it as their career option. However, still there is lack of adequate staff in this field, which has created a sense of rigidity and lack of effective human resources. Actual crises were observed in the UAE when the economy was hit by COVID-19 pandemic in the year 2019 (Demerouti et al., 2021). Due to shortages of nursing staff, additional responsibilities were given to the existing staff, and this led to stress among them, thus leading to adverse consequences in the form of burnout and high turnover within the sector. Consequently, this has been an area of interest for the current study and an extensive literature review has been carried out. This issue needs to be sorted out with regards to healthcare concerns and demand. In this context, the research focuses towards analysing the factors that are triggering the turnover of nurses in the UAE and specifically in Dubai. However, before understanding this, the study will initially focus on understanding the

nursing scenario in the UAE, which forms of a basis for understanding this study in greater detail.

### **1.3 Nurses Context in the UAE**

The nursing scenario in the UAE will be discussed under the following headings: the development of nursing in the UAE; the Emirates Nursing Association; requirements for this profession; authorities; and management and education for nurses.

#### ***1.3.1 The development of nursing in the UAE***

Song (2018) has explained that expatriate nurses, mainly from the Indian subcontinent, came to the UAE in the early 1960s, even before the federation was established. In 1961, basic healthcare facilities were available in the federation in many places such as Dubai, Sharjah, and Ras Al-Khaimah. Moreover, after 1966 the first hospital in the federation was created by a Canadian mission in Al-Ain, named the Oasis Hospital (Song, 2018). After that, in 1967 the first public hospital was opened in the country, in Abu Dhabi. Subsequently, when UAE was formed in 1971, it led to the creation of various federal ministries, including the Ministry of Health and Prevention (MOHAP), which led to the rapid development of healthcare services in the federation. The creation of MOHAP was highly effective as it remains the largest provider of healthcare in the federation. It also employs more than 17000 nurses, among which most of them are expatriates (Song, 2018).

Many the nurses that come into the federation are from different cultural backgrounds and educational backgrounds. There are about 157 hospitals and 5,396 healthcare centres in the UAE out of which there are 104 private hospitals, and the rest (53) are public hospitals therefore 66% are private hospitals in Dubai this would indicate that majority of nurses are in the private hospitals. There are about 59043 nurses in total out of which 46,851 are female and about 12,192 are male as of 2020 (MoHAP. 2020). The study focused towards discussing the turnover

reasons of nurses in private hospitals in Dubai as compared to government hospitals because in Dubai there are a greater number of private hospitals (39 private) as compared to government (6 government). Hence, it is important to focus and understand the issues for these private hospitals which form a greater part of the Dubai healthcare system. Nurses who originated in the UAE constitute 3% of the working nurses at MOHAP (Song and Tang, 2019). Therefore, expatriate nurses may face challenges in providing culturally appropriate healthcare facilities. This may also impose their values and cultures on their patients.

### ***1.3.2 The Emirates Nursing Association***

During the 1970s, there was an aspiration and enthusiasm in UAE to establish a nursing association. Due to the rapid increase of Emirati nurses, the establishment of the professional association gradually became inevitable. In 2001, due to the efforts of some pioneer Emirati nurses, the Emirates Nursing Association was established (Widiyanto et al., 2020). Moreover, in 2005 Emirates Nursing Association (ENA) obtained membership of the International Council of Nurses (ENA, 2023). At present, nearly 6000 nurses of UAE origin are active members of the association and are continuously providing services in the federation (ENA, 2023). The association is highly active in enhancing the image of nurses in the UAE. Moreover, the association is highly effective in improving the retention and recruitment of Emirati nationals into the profession of nursing. In the UAE most UAE national nurses are female, with males only representing 19% (MoHAP, 2023).

### ***1.3.3 Nursing Profession Requirements***

UAE is home to people from diverse nationalities and due to tax-free income, nurses around the world are highly attracted to working in this profession in the Middle East. Various requirements are necessary for securing a nursing job in the federation: individuals must complete a 3.5-year diploma course in the programme of Nursing and Midwifery or need to have a bachelor's degree in nursing (Buijck and Ribbers, 2018). Healthcare professionals,

including nursing professionals, are supposed to obtain the Dubai health authority (DHA) license (Dubai Health Authority, Department of Health, & Sharjah Health Authority, 2022). All these requirements need to be fulfilled as they are necessary to ensure effective care for patients. Moreover, nurses require two years of experience in a paid clinical setting. Apart from that, a certificate of good standing is required, indicating that the individual is not being investigated for any previous malpractice nor has ever been convicted in any legal matters. All these helped to make the federation a developing sector in private health along with providing effective and government-funded health services to patients (Buijck and Ribbers, 2018).

#### ***1.3.4 Authorities***

There are various authorities of emirate and federal regulatory level who are responsible for administering the public healthcare services in the country (Godskesen et al., 2018). The various authorities are the Emirates Health Authority, Dubai Health Authority, Health Authority of Abu Dhabi, and most importantly the Ministry of Health and Prevention (MOHAP) (Godskesen et al., 2018). Through the effectiveness of these authorities, the federation has managed to prevent and eradicate the previously prevalent diseases in the country, such as poliomyelitis, measles, and malaria. For example, it can be observed from the UAE annual statistics report, that for certain communicable diseases such as Typhus and Diptheria there were 'zero' cases recorded as of 2020, which shows that the country has almost eradicated these diseases (MoHAP, 2020). The healthcare sector in the federation is highly effective in providing prenatal and postnatal care. Nurses played an important role in this success and through the federation managed to decrease the mortality rate of newborns to 5.54 per 1000 newborns. The infant mortality rate is also very low in the federation, which is 6.4 per 1000 children (Fountouki et al., 2020). Moreover, nursing practices are very effective in the UAE as the government ensures that all working nurses get appropriate wages and security for their

jobs (Fountouki et al., 2020). Therefore, health insurance is provided to nurses by the government which offers them security and protects from serious ailments.

### ***1.3.5 Management and education for nurses***

Since 2010, there has been a progression in the domain of nursing in the country. However, there are still only five nursing education providers present in the UAE. There has been a steady improvement in nursing education programmes, but far less than the desired level (Reynolds et al., 2018). There is very low development of postgraduate and undergraduate nursing programmes in the federation, which leads to slow adoption of clinical and nursing education in these institutions. Moreover, admissions are very low for local nursing students. This is the main reason behind the promotion of national campaigns aimed at attracting more nursing students in the sector.

There are a few nursing providers that focus on the development of technical skills among nursing graduates; however, they tend to overlook decision-making, the possibility of independent study, and the skills required for critical thinking. During the pandemic, the essential skills that were required by nurses were leadership, ensuring patient safety, and using technology interfaces more effectively (Buheji and Buhaid, 2020). However, the healthcare sector faced many challenges in the process in the UAE. Clinical training sites are also very limited in the educational institutions, together with which there is an acute shortage of postgraduate programmes that will provide specialized training for local nurses. This has led the government to recruiting more nurses of international backgrounds. Nursing mentorship is also currently lacking in the UAE. Therefore, currently there are not enough postgraduate nursing programmes that match the needs of the international and national standards to the population of the federation. Currently, only one institution offers nursing programmes that include specialized skills such as community health nursing, paediatric nursing, and mental and psychiatric health nursing (Al-Yateem et al., 2017). Therefore, a more strategic approach



needs to be developed by the government for up-skilling the nursing profession. This would effectively increase the quality of healthcare and nursing. Hence, the government could ensure that nursing specialists bring more expertise and knowledge for providing better care to patients, which would result in a more effective outcome for patients (Russell et al., 2018). Currently, the UAE government is ensuring that the health sector will be improved by introducing better treatments, medication, and technologies. Therefore, nurses need to be highly adaptive so that their current jobs don't face any challenges in the process.

#### **1.4 Significance of Research**

The COVID-19 pandemic has elevated the demand for healthcare workers worldwide, which has aggravated the shortages of these healthcare professionals (Gokulan et al., 2022). The turnover of nursing professionals has become a major challenge for many Gulf Cooperation Council (GCC) countries including UAE, who are now looking at strategies which can promote the retention of nurses (Gokulan, et al., 2022). However, to retain nurses, it is important to understand the characteristics which lead to nursing professionals leaving the UAE health sector (Al-Hosani et al., 2021). Rather than increasing the number of nurses by recruiting more, it is also important to focus on retaining the existing workforce, which not only helps in dealing with the nurse shortage problems but also renders cost-effectiveness, as the costs involved in the sourcing and hiring of nursing professionals is relatively higher. To retain nurses, it is important to understand the reasons for nurses' job dissatisfaction and turnover. It is important for the UAE healthcare providers to understand the reasons for turnover of nurses in Dubai, as these insights would help them to develop appropriate strategies to ensure higher retention rates. However, focusing on nursing professionals across the hospitals in Dubai could be a very broad and hence a shallow study that would only consider understanding the phenomenon of turnover among the nurses in Dubai's private hospitals. Haahr et al. (2020) suggested that

estimating the reasons for turnover in nurses is quite essential to eliminate the shortages to limit the hospitals as witnessed in pandemic. Hu et al. (2020) further explained that stress related issues in nursing has resulted in work-life imbalances creating personal life problems for nurses. Understanding the extent to which the problems have been affecting the nurses and resulting in turnover is an important aspect which needs immediate attention. Reflecting on this, this study will focus on exploring the reasons for turnover of the nursing professionals in the private hospitals in Dubai. Interestingly, this topic of the research has been relatively unexplored, particularly as to the identifying the reasons and stressors behind Dubai nursing professionals leaving the healthcare sector. In addressing this gap, it is anticipated that the findings will help the management of the hospitals in Dubai to take necessary strategies and actions for retaining nurses (Arifin, 2018).

### **1.5 Thesis structure**

The thesis begins with the Introduction and including the introductory chapter comprises six chapters in total, which are elaborated in detailed manner in the discussion below.

**Chapter One:** This chapter comprises the introduction to the research including the background and research context in which the research is being performed and the research aim and objectives. Also, the research significance, where the importance and originality of the research are discussed. Finally, it presents the structure of the thesis.

**Chapter Two:** The second chapter comprises the literature review, which gathers and reviews the past literature surrounding the topic. As in this study, the topic is to understand the reasons of nurses' turnover in Dubai private hospitals, the past literature discusses what turnover is and why it occurs; the reasons for nurse's turnover in various contexts, in addition to retention strategies adopted in different contexts. It also involves a discussion of the theoretical contributions and a critical analysis of the literature.

**Chapter Three:** The third chapter comprises a discussion of the methodology and the research methods involved in the study. This includes the research philosophy, research approaches, research methods, methods of data collection and the data analysis for the given study. Also, this includes a discussion on who will be the target sample population of the study and how the data is collected from them, together with consideration of the study's research ethics. This study would be conducted among nurses in the private hospitals of Dubai. An interview method is adopted as the study is exploratory in nature.

**Chapter Four:** The fourth chapter is the findings chapter, where the study results are discussed. As a qualitative method was adopted based on interviews, thematic analysis was conducted for data analysis. The choice of NVivo as the software tool for thematic analysis that was adopted in the study is described and justified.

**Chapter Five:** The fifth chapter is the discussion of the findings where the results are discussed with reference to the literature review, based on which the research addresses the research question of the study.

**Chapter six:** The final chapter is the conclusion chapter, and it discusses the summary of the conclusion derived from the study, following the theoretical and practical contributions of the study are discussed and finally the limitations and future research directions are presented. This chapter also offers a reflection in which the researcher reflects upon the experience of writing.

## **Chapter Two - Literature Review**

### **2.0 Introduction**

This study offers an overview of the various past studies which focused on the topic associated with the turnover of nurses. There are several reasons which lead to nurse's turnover globally. While the reasons for turnover varied across various countries owing to the context, work force issues, and policy environment, an in-depth review of the literature allowed to explore and dig into the topic. Considering all these reasons, a thorough literature review has been conducted on the topic of 'Exploring reasons for turnover of nurses in private hospitals of Dubai.' For this the entire literature review has been divided into various sections and sub sections. Some of the main sections that have been covered in the chapter are - the first section initially offers definitions of important terms such as turnover and occupational stressors; the second section - discusses turnover while also elaborating on the types and impact of turnover; the third section - offers theories and frameworks on the turnover and stress as a factor for turnover; and finally the fourth section - discussion on the existing studies elaborating on the reasons for turnover in the nursing context. Each of the headings covered in the literature review section presents arguments and counterarguments to validate the aspects. In addition to this, various models and theories have been presented to give a theoretical understanding to the topic while writing for the various headings of the section.

### **2.1 Definition of Key Terms**

The definition of the key terms will be discussed in this section. Some of the key terms include turnover, occupational stress, and stressors. Employee turnover is defined as the "rotation of workers around the labour market between firms, jobs, and occupations" (Abassi et al., 2000). In addition, Al-Suraihi, Samikon & Ibrahim (2021) also defined it as "the process of separation

of employees from employers and replacement with other employees”. Furthermore, Natolooka and Otengo (2011) defines labour turnover as “how long employees tend to stay or the rate of traffic through the revolving door”. Finally, also Ugoani (2016) has discussed employee turnover as “the reasons which would result in employees leaving organisations.” These are some of the basic definitions which have been given for the term and the final one which has been offered is very simple and explains the term very well. Turnover is a burning problem for the employers in several industries including the healthcare, which is why this topic has gained significant attention and has been well discussed in the current day scenario which will be elaborately dealt with in the coming sections.

The second term which would be defined in this context is the occupational stress. It is defined as the “ways in which sources of stress in the work environment would trigger psychological, behavioural and physiological manifestations resulting in health-related problems in those who are affected” (Singh et al., 2020). Furthermore, another definition was offered by Rout & Rout, (2002), who defined occupational stress as the stress that evolved from uncharacteristic work-related stressors. There are several factors which have led to occupational stress among individuals, and these factors are considered as “stressors” and it has been considered that the stressors would result in negative health outcomes. Stressors more specifically has been defined by Rout & Rout, (2002), who identified it as a hazardous psychological setback that might lead to certain negative behaviour and impact the personal and professional growth of the individual. Also, stress is one of the major factors influencing the turnover in most of the job contexts which is why this term is being defined and discussed in this paper.

## **2.2 What is Employee Turnover?**

As the research focuses on exploring the reasons for the turnover of nurses, it is important to initially understand what is employee turnover which would be elaborated in this section.

### ***2.2.1 Types of Employee Turnover***

Employee turnover as defined in section 2.2, is a situation in which employees would depart from the organisation for several reasons. There are different types of employee turnover, and these include the voluntary turnover and involuntary turnover. The voluntary turnover is the separation of the employee based on their own decisions to leave the organisation and on the other hand, involuntary turnover is where the employee involuntarily leave organisations as they were be terminated by the employer (An, 2019). In addition, it has also been classified as - avoidable and unavoidable turnover where the former is where the employer has a control over the reasons which lead to turnover (Dwesini, 2019). Some of the reasons include wages, benefits, working conditions and work hours. On the other hand, unavoidable turnover is where the employer does not hold control over the reasons which lead to turnover and some of the issues which lead to unavoidable turnover include chronic illness, pregnancy and childcare in the case of women (Morrell et al., 2004). While this the general classification, it has been discussed that turnover rates between 10 to 15% are considered as healthy, however, it is important for organisations to avoid voluntary turnover of especially high performing workforce (Dwesini, 2019). A turnover percentage more than this is considered as high turnover (Dwesini, 2019). However, a 10% turnover is healthy as it allows organisations to get rid of the underperforming employees which in turn improves the productivity levels of the company which is why this turnover is also called as functional turnover. A turnover of more than this is considered to have a devastating impact which is why it is called dysfunctional turnover which is why it is important for organisations to understand the reasons for turnover to take preventive actions to avoid dysfunctional turnover (Dwesini, 2019).

### ***2.2.2 Employee Turnover: Revealing Its Organisational Impact***

Employee turnover is expensive for organisations and especially when there are voluntary quits associated with it, it may have a significant impact on the productivity of the organisations. A

study conducted by the US labour department has observed that the hiring and training costs associated with the voluntary turnover of employees within organisations would increase the costs by approximately 30% for the companies (Davidson, Timo, & Wang, 2010). Most of the time it may take long time for all these to take place which meanwhile may impact the associates' outcomes. Al Mamun & Hasan (2017) has discussed this aspect in a different way, where he considered that there are two types of costs associated with employee turnover and these include the direct costs and indirect costs. The direct costs include the costs associated with replacing the employee who has left the company with a substitute, and this includes the costs associated with hiring and training the employees. It has been observed that the costs associated with workers departing the companies and the costs of hiring and training would be 50% of the workers annual salary (Alla & Rajaa, 2019).

In addition, the indirect costs include the non-productivity costs associated from the time the employee leaves and the new employee starts working and offering the required productivity as per the expected levels. While these costs are directly noticeable, it also has several invisible costs such as loss of intellectual capital. As the work environment is transforming today's job environment requires knowledge workers and the lack of intellectual capital may cripple organisations (Al Mamun & Hasan, 2017). For example, when a company loss an innovative and high performing employee, the costs of it could be unimaginable. This explains why organisations should manage workforce and prevent turnover exceed the given levels (Al Mamun & Hasan, 2017).

Another aspect which has been discussed by Al-Suraihi, Samikon, & Ibrahim (2021) is that the customer service is another aspect which is affected by turnover. Most of the organisations observe that certain employees work for dedicated clients and in some cases, it is also observed that they are associated with them on long term. When such employees leave organisations, there are also chances that the client also leave which may have significant impact on the

organisations. Customers leaving organisations is very expensive for companies. Also, in certain situations, when there is a huge turnover with a high number of employees leaving organisation, it would be difficult for organisations to serve the clients and hence this is another consequence of the employee turnover (Al-Suraihi, Samikon, & Ibrahim, 2021).

Therefore, the consequences of the employee turnover have been lacking productivity, increased costs of recruitment and training which makes it expensive and finally lost of customers as well.

## **2.3 Theories and Models**

There are several theories which have been discussed for turnover and some of the theories which have been discussed among which the Unfolding theory of Turnover is one of renowned models adopted in psychology, which is why this study would adopt this model as a basis. In addition to this, the JD-R model which discusses the role of stress in employee turnover.

### ***2.3.1 Unfolding theory of Turnover***

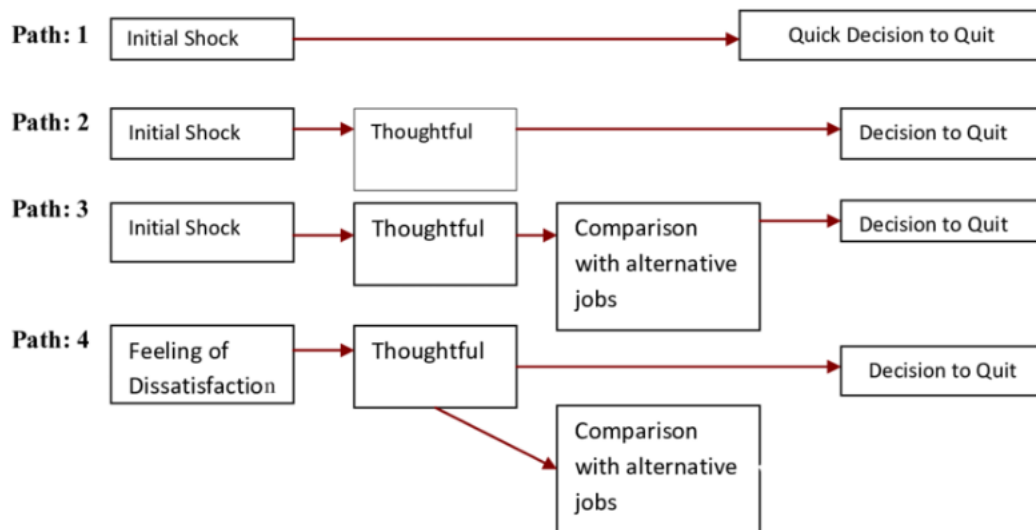
The unfolding theory of Turnover has been considered as one of the most widely accepted theories for turnover and it has very effectively adopted to explain the different types of voluntary turnover. Most of the early theories which were proposed to describe employee turnover have discussed that there are two important factors which influence the employee turnover such as the organisational commitment and job satisfaction. As voluntary turnover is associated with employees leaving companies voluntarily, it is important to understand from the employee decision and cognitive behaviour (De Vos, Buyens & Schalk, 2003). According to this theory, employees follow one of the five cognitive pathways when deciding to leave organisations

Lee & Mitchell (1991) have framed the theory based on the Image theory which was one of the earliest theories which was framed for decision-making. The Image theory of decision-



making asserts that decisions are made on the compatibility of the possible alternatives and existing images of the individual's goals, plans and action plans. The Image theory was initially developed to explain turnover, but it was later also adopted for discussing and explaining various organisational processes.

A cognitive pathway according to the Lee & Mitchell (1991) is the way employees interpret their work environment, find alternative and respond. The five pathways have been developed by them on why employees quit companies. These pathways could be observed in the figure 1 which has been given below and it shows five paths.



*Figure 1: Pathways observed in Unfolding theory.*

*(Source: Sangaran & Garg, 2012)*

According to this theory, the pathway 1 begins with the initial shock and then it goes for quick decision to quit. The shock in this case can be positive and may occur because of any reason which may occur suddenly because of which an employee may have to quit the job (Sangaran & Garg, 2012). For example, when an employee's spouse gets a job in another city or country,

then they may plan to quit the job which is an almost immediate decision. This is the first path according to the theory.

The second path has been discussed as the initial shock followed by thoughtful decision to quit. The shock could be because of any factors which may be negative and especially associated with the organisational events and this may make the employee think and ponder over it based on which he/she considers that they need to leave the company. For example, in this case when the employee puts in efforts to get promoted and reach the expectation levels, despite which he/she is left behind may demotivate the employee (Sangaran & Garg, 2012). They may start thinking about this and consider that the organisation does not offer them opportunities to advance in their career and this would require them to quit the job which is the second path.

The third path has been discussed by Lee & Mitchell (1990) as the initial shock followed by thoughtful and comparison of alternatives and based on which they take a decision to quit the job. In this process the shock could be negative or positive as well. For example, an employee who is working with a company may have got a sudden job offer from a reputed company and then he starts thinking about it. Then he/she also compared between the opportunities and challenges presented by both the existing job as well as the new job which they got based on which the decision is taken on to quit the job as they consider that the job offers better career advancement opportunities (Sangaran & Garg, 2012). Therefore, based on the path 3 they would take decisions.

The fourth path could also be seen in the figure 1 which has been given above and based on this it can be considered that it begins with a feeling of dissatisfaction and then as a second step it will go for looking out for opportunities and then the individual quits. For example, the employee may feel that the company underwent a restructure after which he/she had to work under a boss who is not very pleasant and always tries to find fault with the employee because

of which they are unable to enjoy the job which in turn leads to job dissatisfaction. Because of the frustration levels, they may leave the job immediately or after going through the frustration for quite some time (Sangaran & Garg, 2012). This is how the employee responds based on the job dissatisfaction according to path 4.

Finally, the path 5 is another path where the employee would begin with the feeling of dissatisfaction after which they become thoughtful and then they would start comparison which allows them to arise at the option to quit the job (Sangaran & Garg, 2012). Therefore, in this process, the only difference between path 4 and 5 is that there is no comparison of alternatives in path 4 and there is comparison in path 5.

These are the five paths which have been discussed according to the theory and based on this most of the employees chooses any one of the paths for quitting organisations. According to this theory, it can be observed that each of the first three steps begins with the initial shock. A shock is defined as a “distinguishable events which influence the employees towards taking deliberate judgements about their job and may also sometimes result them to directly quit their jobs” (Sangaran & Garg, 2012, p.23).

By adopting the unfolding theory to discuss the nurse’s turnover it can be observed that the reasons for turnover could be individual and organisational factors. While the individual factors are those which are personal to the individual while the organisational factors are those which result in dissatisfaction to the individual resorting in turnover (De Vos, Buyens & Schalk, 2003). The theory has discussed the path of turnover is complex and hence it should further influence the rest of the process and hence it offers direction for future research.

### ***2.3.2 Job-Demands-Resource (JD-R) Model for Employee Turnover***

The main concept of the JD-R model is when the demands for jobs are high, but job resources are limited, stresses and difficulties are increasing among job seekers. The JD-R model

encourages the well-being of the employees. Organizations that provide jobs to employees use this model to manage the involvement and needs of the employees. The JD-R model also functions to bridge the gap between job resources and job requirements. This model divides the whole process into two parts: one is job resources, and the other one is job demands (Borst, Kruyen & Lako, 2019). However, the model manifests that when the job resources are limited and job requirements are too high stress and burnout in job seekers increase very high (Grover et al., 2018). When the jobs are satisfactorily available and job requirements are also too high the involvement and achievement rates of employees also improve.

A complex job always demands that employees have both physical and mental abilities. This can be a cause of energy diminution and later health problems. So, it can be said that if the job resources are convenient, the performance of employees is on the way to improving as well as the organization (Kwon & Kim, 2020). This really can happen when efficient and productive people handle the organization or authority. The JD-R model only works in the field of higher position jobs for lower positions the principle of the model is not valid. The effect of job resources is always positive for both the employee and the organization and socially it is also valid because job resources make the young generation stress free (Guenzi & Nijssen, 2021). Resources that are used to minimize job requirements are considered part of job resources. Examples are proper coaching, good opportunities for career development, autonomy, and many more. A balance between job resources and job requirements in the JD-R model can make employees feel energized. When the balance is negative it can create a hazardous situation in the job market and can be the cause of miserable life to jobseekers (Borst, Kruyen & Lako, 2019).

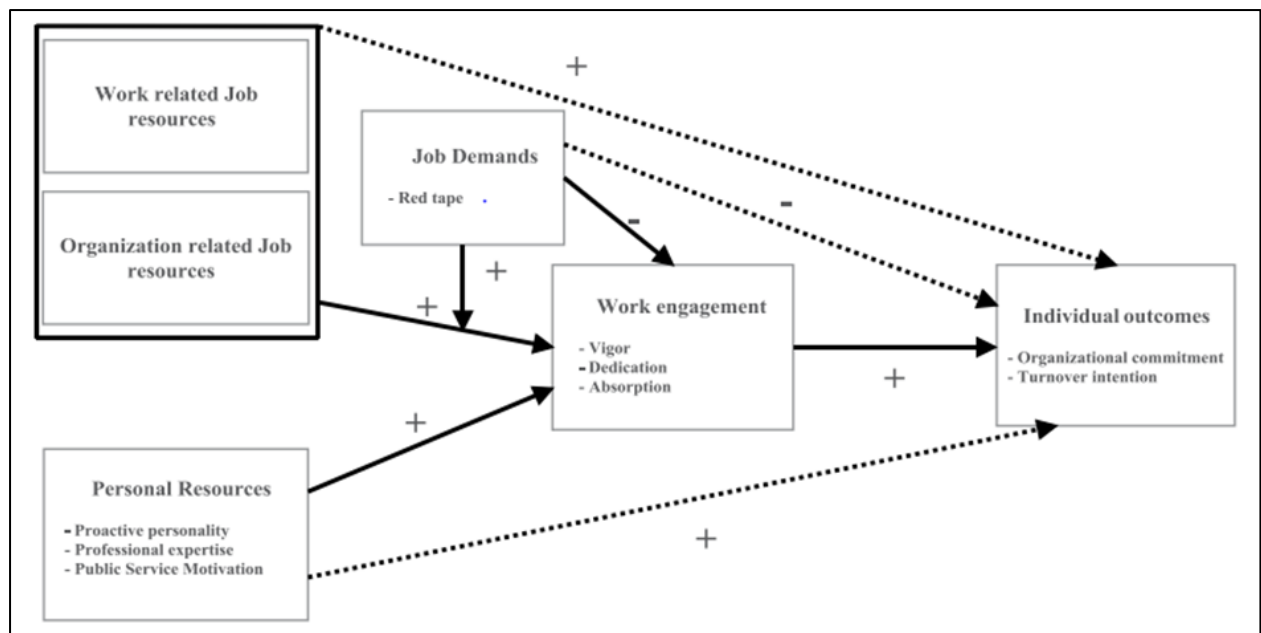


Figure 2: Job-demands-resources Model and Impact on Turnover Intention

(Source: Borst, Kruiyen & Lako, 2019)

The JD-R model is applicable in the case of nursing also. A study shows that job satisfaction and job distress are inversely correlated (Borst, Kruiyen & Lako, 2019). Nowadays it is affecting the nurses. Job satisfaction always requires less work pressure and emotional demands. In the case of a nursing job, satisfaction is a myth because a nurse is always working with a burden of responsibilities like taking care of patients, interactions with the relatives of the patients, and always dealing with dying patients and also dead bodies which is not that easy (Jenny et al., 2020). Because of job satisfaction, nursing is not the priority or first choice for a career anymore. Also, people who are working as a nurse are not satisfied with their jobs and many more are deciding to leave their jobs. Salary, reward, and job security are also important parts of job satisfaction. Work and life balance is the principal key to job satisfaction. And in nursing, this is also a myth. It is difficult for nurses to balance their personal life and professional life because they are not given enough time (Borst, Kruiyen & Lako, 2019).

### **2.3.2.1 Importance of the JD-R model**

The importance of the JD-R model lies in bridging the gap between job resources and job requirements. It has also an important role in finding the relationship between stress research and motivation research (Bakker & de Vries, 2021). According to the model job requirements are the inaugurator of the health disfigurement process and job resources are the inaugurator of the motivational process. In a study, it is stated that the JD-R model can predict the experience of stress and burnout. The main purpose of JD-R is to bring effective study and innovative ideas together, both of which are equally important for individual jobseekers furthermore the whole organization (Bakker & Demerouti, 2018). The JD-R theory describes that employees' well-being performance results come from the balance of demand and resources.

According to JD-R theory, job resources provide personal growth, social support, and basic satisfaction which can cut down the risk of stress and burnout. The JD-R model also depicts how job demand influences job seekers physically, mentally, and emotionally (Borst, Kruijen & Lako, 2019). After getting the job, employees are also facing problems like workload, extra duty, and many more. Short deadlines, complex and boring projects, uncomfortable and unhealthy workplaces, limited opportunities, bureaucratic rules, and many more are affecting employees. Every employee can have individual needs and unique stress thresholds. JD-R also observes and works on these types of needs for a better outcome for both employees and the organization (Bakker & Demerouti, 2018).

The rules of the JD-R model are also applicable in the Hospital industry. In the Industry, most of the employees are going through stress and workload, especially nurses who are dealing with a lot of personal and professional difficulties, and the hassles are increasing day by day. After some time, nurses are trying to find a way of life by leaving their job. And people are now less interested in spiritual works like nursing because of the unacceptable rules and

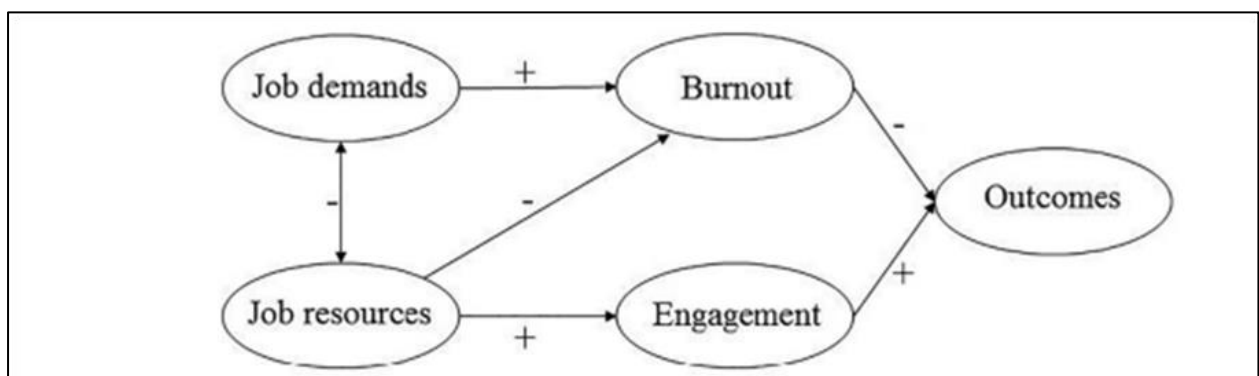
regulations (Albrecht, Breidahl & Marty, 2018). The hospital industry is not only a business or money-earning capital, but it also gives lives to many people, and in Industry like this everything should be done in an organized and well-mannered way however the employees here are not able to give their effort in a sophisticated way because of workload and stresses they are getting from the organization. Nursing professionals are always getting lower support from the hospital industry. According to the JD-R model to reduce the stress, mental, and physical pressure among nurses, the health industry should implement fair rules so nurses can balance their personal and professional life and can take care of patients without stress (Choi & Kim, 2020).

This will help in increasing positivity in both the nurses and the patients and nurses also get their normal life and families back. When nurses return to their daily lives it will be very supportive of the hospital industry and the whole of mankind can get better treatment and care from the nurses. The JD-R model is working as a guide and mentor to both employees and the origination and to the young generation who are going to be employed shortly (Cao & Naruse, 2019). The hospital industry can also get a better way to serve their employees (nurses) and patients to give both a new and healthy world and a brand new and exciting life.

#### **2.3.2.2 JD-R model in the Nursing context**

The JD-R model has been widely adopted and used in the nursing context. The Job Demand-Resource model is mainly used to analyse how the work environment affects employees' performance and well-being. The work environment plays a vital role in improving work performance or increasing stress levels (Van der Heijden et al., 2018). This model is highly implemented in healthcare services and easily identifies the reasons for increasing nurses' stress levels very effectively.

The job demand-resource model is highly connected with the outcome of public health care by indicating job satisfaction, service quality, and turnover intention. This model is applied in the nursing context to figure out job stress, job satisfaction, and the entire work environment. So, the increasing stress, mental health issues, and high work pressure can be easily identified by this model by examining the workplace and the entire management system (Nguyen et al., 2018). This model is not just identifying critical situations, rather it also figures out the best solutions regarding those issues that highly impact health workers very effectively. The nursing performance, responsibility, and overall response are easily measured and analysed by this model. The purpose of the JD-R model is to explore employees' well-being and especially predict staff engagement and staff burn-out. The entire JD-R model mainly focuses on two conditions, especially job demand and job resources (Nguyen et al., 2018). This model addresses the job demand with potential job resources that easily analyse the entire work environment and effectively take actions to manage the overall work culture very effectively. It is also known as a measure stress model that indicates the imbalance between the resource and demand that creates a critical situation for the employees, especially nursing professions, and health workers (Kaiser et al., 2020).



*Figure 3: The job demands-resources model.*

*(Source: Kaiser et al., 2020)*



### ***Job demand***

Job demand is the emotional and physical stressors in this theory that indicates time pressure, workload, stressful working environment, and lack of productivity. The measurement of employee engagement and burnout became very easy through this theory because the job demand helps the healthcare authority to identify the work pressure, stress level, physical-emotional barrier, and mental health issues. This job demand is also implemented in healthcare services to measure nursing stress and problems that highly impact the entire healthcare organization very effectively (Orgambídez & Almeida, 2020). The authority also gets a quick analysis through this theory and implements new strategies regarding handling that critical situation and reducing stress, overpressure, and workload. This part mainly identifies the problems that highly impact healthcare workers and easily measures the entire process very effectively (Kaiser et al., 2020). This theory is mainly used by healthcare authorities to identify issues and after analysis, and the measurement implement new strategies and policies that effectively reduce employee risk factors and always motivate them to reach their highest potential. It also helps organizations increase their productivity and efficiency also.

### ***Job Resources***

The next condition of the JD-R theory is to mainly focus on the well-being of the employees and increase their productivity (Blanco Donoso et al., 2022). This condition's major aim is to identify how to solve the increasing stress level, work pressure, and mental health-related issues. Implementing this condition helps to establish a regular feedback system, proper training, coaching, and personal development that help nursing professions easily overcome critical situations. Public healthcare services easily manage their overall working environment while maintaining stress, workload, and other factors very effectively. The job resources indicate the motivations and well-being of nursing professionals that help to reduce the stress

level and indicate strong work relationships, coaching and mentoring, learning, and more development (Jung et al., 2020). It helps to support employees to develop their training and personal development that increases their confidence level, management, and other facilities very effectively. In healthcare services, the nursing profession easily overcomes stress levels through the job resources of this theory. Job resources is also most important in nursing stress issues because they help this profession to reduce organizational stressors and work demands.

### ***Engagement in workplace***

The job Demand-Resource theory is mostly used to address workplace characteristics (Kaiser et al., 2020). Job resources are highly linked to motivational outcomes such as work engagement and another side the job demand signifies the social, physical, and organizational aspects, especially the impact of the work environment and the staff management very effectively. Most of the nursing stress is based on the complete work environment and other management that highly impacts the nursing profession and increases the stress level very high (Kaiser et al., 2020). So, this theory easily focuses on the issues that increase the stress level and the job demand mainly focuses on the best outcome that helps to reduce this stress level very effectively. Workplace characteristics are one of the most important aspects to figure out the current situation regarding employees' problems and the improvement process (Kaiser et al., 2020). So, this theory plays a great role in every public and private healthcare service to measure the internal progress of the healthcare authority very effectively (Jung et al., 2020). Most healthcare organizations implement this theory to identify their internal and external management and try to identify the problems that increase employees' stress levels and reduce the productivity of the entire organization.

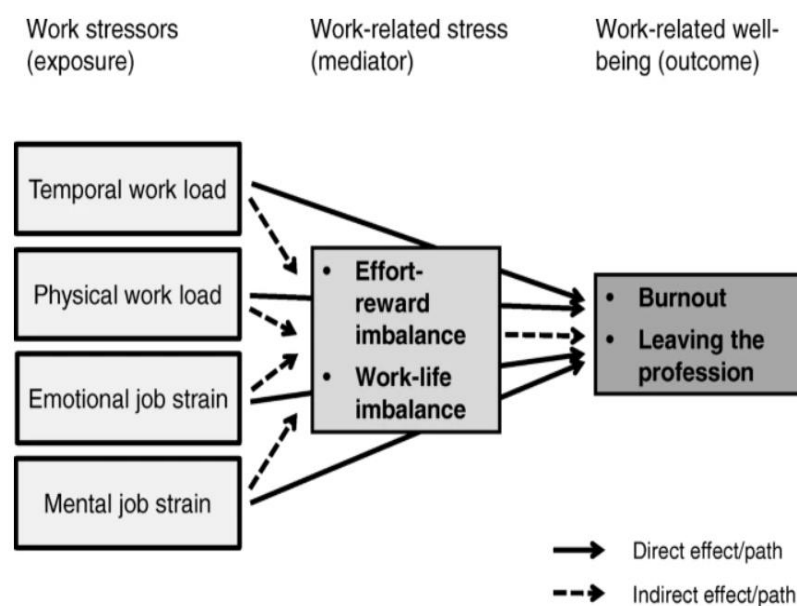
### ***Burnout***

In the perspective of Na & Kim, (2016) burnout is a work-related stress syndrome which results from chronic exposure to job stress. This term was first introduced in the early 1970s by psychoanalyst Freudenberg and was later defined by Parikh, et. al., (2004) consisting of three qualitative dimensions that are emotional exhaustion, cynicism and depersonalisation and reduced professional efficacy and personal accomplishment. Burnout can occur in any of the profession, but it is quite common in health care profession. The health care workers are at increased risk of burnout, and they tend to have significant negative personal (substance abuse, broken relationship and even suicide). It can also be on the grounds of professional consequences such as lower patient satisfaction, impaired quality of care and due to medical errors (Ruiz-Fernandez, Perez-García & Ortega-Galan, 2020). It, therefore, becomes important to become alert of this phenomenon with prompt recognition together with the development of right coping personal and organisational strategies for the purpose of dealing with such situations.

It is pointed out by Knopf, (2006) that health care professionals such as nurses and hospital staff face numerous hazards, high workloads, and job stressors such as long and irregular working hours and emotional pressure. As a result of this nurses experience a high level of stress. The American psychologists Richard S. Lazarus and Susan Folkman have given cognitive stress theory that differentiates between problem and emotion focused coping of stress (Steinmetz, 2021). Therefore, regarding this theory it is understood that there are two possible ways of coping up with job stress. These are regulation of emotion and the elimination of the stressors.

Masadeghrad, (2013) gives the definition of occupational burnout as a conceptualized syndrome that results from chronic workplace stress that has not been successfully managed. If the employees or the workers feel exhaustion of energy, feeling of energy depletion and increased mental distance from one's job then they are experiencing occupational burnout. It

is quite common among the employees in the current time to experience occupational burnout. Tuirale, et. al., (2020) further adds that burnout is a consequence of continuous exposure to stressful events at the workplace. In the context of nursing professional, it is identified that due to high responsibility of the patients, nurses tend to experience frequent occupational burnout. Frequent poor patient outcomes and staff shortages has led to increased burnout among the health care nurses around the world. Demerouti, et. al., (2021) adds that burnout and intention to leave the profession have not been studied together in much research studies of the past.



*Figure 4: Predictors of Burnout and turnover*

*(Source: Hammig, 2018)*

### **Explanatory model of Burnout**

The above diagram explains that there are four main work stressors and two relevant outcomes in healthcare settings (Hammig, 2018). The model explains the effort reward imbalance and work life imbalance among the health care workers.

The four main types of work stressors are-

**Temporal workload-** it refers to the type of workload which is temporary in nature. Some temporary duties and responsibilities are assigned to the nurses and the health care workers which are for a short period of time and therefore increases their workload and therefore occupational stress is caused (Szalma & Teo, 2012).

**Physical workload-** this type of workload is determined via calculating the amount of time the workers dedicate in their jobs or while being on duty. Due to the excessive physical stress, the nurses or the health care workers are sometimes in pain or are in tiring positions due to poor postures or carrying a physically disabled person with uniform hand movements. Therefore, a physical stress is caused (Szalma & Teo, 2012).

**Emotional job stress-** in the words of Hammig, (2018) if a work or a task puts the health care worker or the nurse in emotionally disturbing situation then it can put the nurse or the health care worker in emotional stress condition. Generally, such type of stress is caused by handling the emotional responsibilities of the patients during the working hours.

**Mental job stress-** according to Parikh, et. al., (2004) aspects such as unable to sleep at night because something left unfinished at work, being unable to switch off from work when getting home or having mental troubles cause mental stress to the health care workers.

Dyrbye, et. al., (2013) points out that when the health care workers or nurses are exposed to these stressors they are slowly exposed to stress. Apart from the work-related stressors that are a few work stressors that act as mediator to the actual stress. As per the diagram, it is seen that these mediators have a direct impact on the stress or the burnout among the health care workers or the nurses. Booth, et. al., (2021) further adds that stress at work or related to work has been assessed by two well established and validated measures of reward frustration or gratification crises at work. The effort reward imbalance was basically conceptualised and operationalised by Siegrist, Wahrendorf & Siegrist (2016) and colleagues as an important stress model. The

efforts and rewards are measured and compared to identify the imbalance. On the other hand, the work life imbalance is assessed with the 5-item work privacy conflict scale (Siegrist, Wahrendorf & Siegrist, 2016).

In a study comparing the incidences of burnout between US nurses and health care workers and a population control sample, El-Haddad, (2006) observed that incidence of symptoms of burnout of 37.9% in nurses and the health care workers in comparison to 27.8% in the control population. Especially the front line of care access workers such as family medicines, general internal medicines and emergency medicines seemed to be at greater risk.

The symptomatology of burnout is identified to be more complex than it seems as there are several consecutive stages involved. Freudenberger (1975) described its development in a 12-stage model which is given in the below diagram. This model was later simplified and at present there are 5 stage model that are frequently used for understanding the burnout among the workers and employees within the organisation. The 5-stage model starts with the honeymoon stage at which the employees are seen to be enthusiastic about the job roles to be performed (De Hert, 2020). However, as this stage progresses, the employees start experiencing stress while performing their job roles. It, therefore, becomes important to make use of or implement coping stratagems at this stage to reduce the burnout risk among the employees.

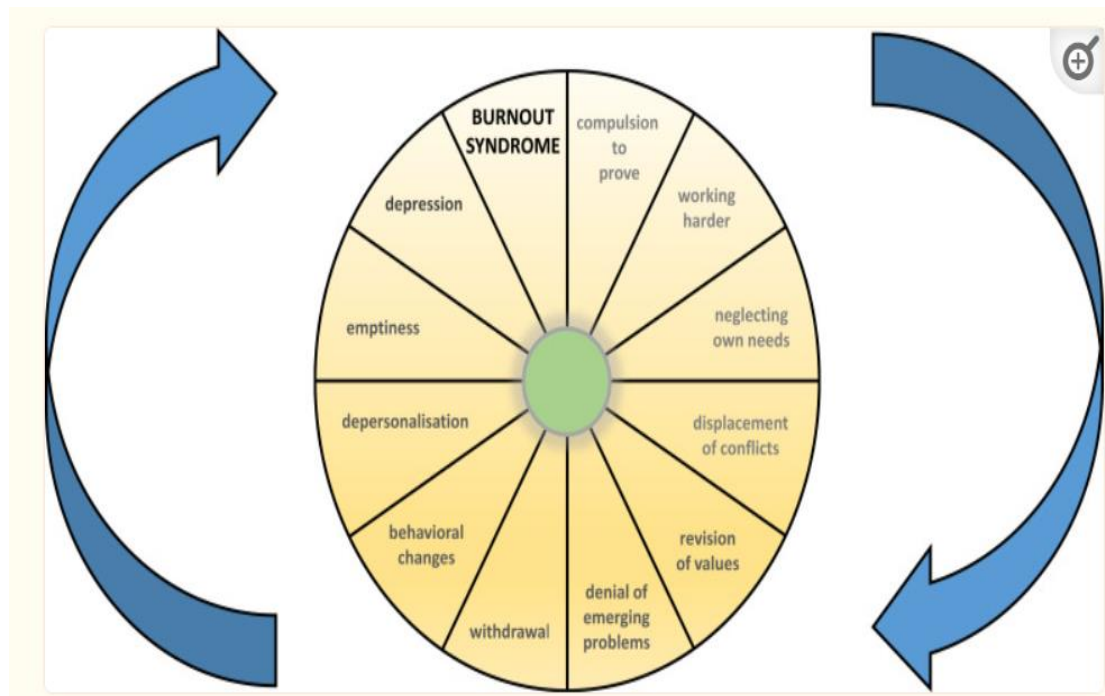


Figure 5: 12 stage burnout model

(Source- De Hert, 2020)

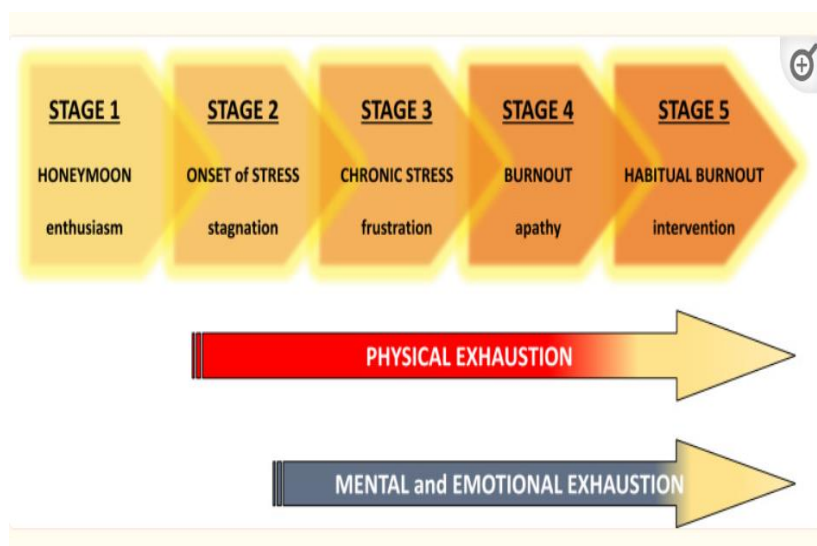


Figure 6: Five stage developmental model of burnout

(Source: De Hert, 2020)

As per Dyrbye, et. al., (2013) the above 5 step model of burnout is simplified and is easy to be used in comparison to the previous model. Different symptoms are associated with different stages involved. These include warning symptoms in the early phase which are in the form of increased commitment to goals and exhaustion. This is followed by a phase of reduced commitment towards the patients and clients and towards other in general. Then there are emotional reactions and blaming which come due to depression and aggression. Finally, there is reduction in cognitive performance, motivation, creativity and judgements and intellectual life.

### ***Outcomes***

The outcome as per the JD-R model is mainly the turnover intention. On the other hand, when the employees are efficiently engaged as discussed above in the figure 3, it may result in positive employee outcomes where they can work with increased engagement levels.

## **2.4 Discussion of Existing Literature**

### ***2.4.1 Why understanding reasons for turnover among Nurses important?***

Several previous studies were conducted to understand the role of the nursing turnover. Turnover is very common among nursing professionals. The nursing professionals have a huge responsibility to serve all the patients and give them comfort and belief to return to their daily life. In this process of the cure of their patients and through the long procedure of their treatment, a nurse can face various types of critical situations that make them stressed (Zhang et al., 2020). Nursing professionals face various types of problems that also increase their risk that also make stress as patient death, staff shortage, workplace violence, and communication challenges that increase stress and make more difficulties in their health. They are usually encountered with such incredible situations that made them stress more because they completed



a long shift without break, continuously increasing the death rate and the protective equipment (PPE) garments that they needed to wear every time.

All those challenges that nurses face increase a lot of pressure and break their confidence because of this unbelievable situation. As a nurse, they have more responsibility to serve their patients with the best service and they must make those patients cured and give support in their cure process (Lee, 2022). Through this process and their duty schedule, they get various types of challenges in their job role that increases their stress. Being nurses, they always try to give their best in their performance, and this also reflects in their providing service (Kim and Kim, 2021). Sometimes they are forced to do another thing that they do not want to do but the situation and other circumstances force them to do. So, all those situations are also the most stressful for the nurses (Haahr et al., 2020). When they face various patients at a time and provide a lot of care to them then it increases their workload which impacts their mental health and they become exhausted to maintain this heavy work pressure (Haahr et al., 2020). Staff shortage, organizational issues, equipment shortage, and behavioural misunderstanding among them also make strong reasons for those nurses impact their health and they face various problems in their personal life and their health (Hu et al., 2022).

Some of the job areas result in significant pressure and is highly challenging which increase their stress to a high level always (Haahr et al., 2020). Some of those nurses are the professionals at Intensive Care unit nurses, Emergency Department, Oncology nursing, and nursing which increases a lot of stress for them (Yılmaz & Üstün, 2018). Through this situation of taking care of those patients, they try to give their best for serving those patients but sometimes some negative consequences happen that increase their traumatic stress (Yılmaz & Üstün, 2018). Dealing with all those stresses also impacts their mental state which increases their traumatic syndrome and reflects some negative symptoms that hurt their professional life also. All those situations also impact negatively on those nurses who dedicatedly want to serve

all those patients and they are sometimes based on various circumstances (Yılmaz & Üstün, 2018). They also face various types of mental states and physical disabilities that impact their health and increase their stress through their workload and pressure that they cannot manage this always in an enthusiastic manner. So, all those situations and problems caused increased stress for nurses (Yılmaz & Üstün, 2018).

#### ***2.4.2 Reasons for Turnover among Nurses***

Most of the previous studies have focused on understanding the reasons for nurse's turnover and based on these studies five major factors have been identified by most of the authors regarding the nurse turnover and they include the work stress, compensation related issues, lack of training and hospital policies and environmental issues (Labrague et al., 2020). It has been observed that among the many issues observed stress has been the predominant factor that has led to turnover in most of the cases is the occupational stress and work-life balance which has been emerged as the major reason why most of the nursing professionals across various countries would resort to leave hospitals (Labrague et al., 2020). It has been widely studied by several authors and has observed significant attention in the recent times which is why it has been widely covered in this paper (Lee, 2022). Among the other factors include the people development and training, hospital policy and environment and compensation and benefits. Finally, it was also discussed that discrimination or lack of equal opportunities was also one of the reasons which has led to professionals leaving organisations. These are some of the themes which have been developed based on the literature review that has been conducted for the study (Lee, 2022; Labrague et al., 2020; Kim and Kim, 2021).

##### ***2.4.2.1 Occupational Stress and Work-life balance***

In the view of Koolhaas, et. al., (2011), stress is termed as the change that causes emotional, physical, and psychological strain in the individual. As reviewed by Awé et al., (2016) stress is a bodily challenge that is the result of mental strain that can be experienced to some degree by

individuals. The process of stressing not just impacts the minds of individuals but also makes a difference in your overall well-being. Adding to this Xiaolu & Weiling, (2019), said that there are different ways in which an individual's body reacts to some kind of threat or demand and this stress can be treated as a normal experience or in some cases, also have triggers that impact badly on the health and stability of the individual. However, Koolhaas et al., (2011), argued by stating that stress is a mental reaction that harms an individual in some or the other way and it's beyond the natural experience that someone experience in their daily life.

Suresh, et. al., (2013), in a discussion, mentioned the difference between stress and stressors, where stress is defined as the actual response that the stressors pertain due to various situations caused due to internal and external parameters that affect their mental well-being. Meanwhile, stressors are defined as the person, place, or particular situation that is causing actual stress to the individual. Gouin, et. al., (2012), rephrased stressors as the influencers or situation that leads to stress, that is anything that is the cause of stress is known as a stressor. Certain stressors that have been identified by Cohen & Hamrick, (2003) are fear or uncertainty, attitudes, and perceptions, unrealistic expectations, and change. These changes influence people to stress as it's not the situation they have been comfortable with which causes anxiety, panic, and other reactions that lead to stress. With the acknowledgment of the above-presented difference Awé, et al., (2016), defined a stressor as the biological or chemical agent, condition, external and internal stimulus, or event that causes an organism to stress. This is the state that questions the safety of the individual leading towards a constant question of the action that an individual would take. Suresh, et. al., (2013), commented that stressors influence people to behave beyond their natural abilities which are proven to be threatening and challenging for themselves as well as their surroundings.

Siegrist, (2001), observed that among the various type of stress affecting behaviour and traits of people occupational stressors makes the most appearance. As defined by Rout & Rout,

(2002), occupational stress is the stress that evolved from uncharacteristic work-related stressors. The six major areas that serve as occupational stressors are control, demand, support, relationships, role, and change in an organisation. However, it is argued by Rosenthal & Alter, (2012), by observing that it is not just the external stimulus but also the individual stimulus that contributes to work-related stress such as the inability to perform, unsatisfactory working conditions, and various related parameters that lead to occupational stressors. However, it is counter-criticised by Cohen & Hamrick, (2003), stating that the internal stimulus that is considered under occupational stressors is the result of an external stimulus or scenario. Hence occupational stressors are mostly due to the uncharacteristic external stimulus that restricts an individual from performing.

Moving further in the discussion of occupational stressors Rout & Rout, (2002), identified this as a hazardous psychological setback that might lead to certain negative behaviours and impact the personal and professional growth of the individual. while adding to the above discussion Quick & Henderson, (2016), presented the view on the impact of the occupational stressor by stating that this occupational stressor is also frequently related to employee turnover in the company. With the enhanced understanding, occupational stressors have been condensed into two major stressors which are serious operational tasks and physical demands at the workplace (Quick & Henderson, 2016). The lack of support is a companion to the stressors that contributed towards a negative impact on the individual's wellbeing.

A comprehensive study by Rosenthal & Alter, (2012), has found that occupational stressors are most likely those work scenarios where instant and more intense decisions are needed to be taken by the individuals. With working overtime and with generally low self-esteem workers face a challenge in attaining the organisational culture which later turns into one of the stressors which influence their behaviour and work ethics. In the study conducted by Tolksdorf, et. al., (2022) it is witnessed that several hospital staff are directly exposed to the occupational stressor

due to the conditions of the work they must carry. It is witnessed that nurses and ambulance staffs are more exposed to this scenario considering they have an on-call duty in case of emergencies which jeopardise their mental and physical health at the workplace leading to stressful scenarios and employee turnovers (Sterud, et. al., 2008). However, it is argued by Rosenthal & Alter, (2012), state that every work culture needs to be dynamic, and this leads to quick decision making hence relating of comprising occupational stress to nursing practises is not a competent definition of the same. Meanwhile, it is counter-argued by Xiaolu & Weiling, (2019), stating that Nursing professionals have been known to face various occupational stressors during their practice which leads to employee turnover as the support needed from the management is missing.

According to Rosenthal & Alter, (2012), the critical care unit is shown to be more exposed to occupational stressors than other working conditions, the reason behind the same is identified as the hospital staff are directly exposed to severe conditions of life and death and with the critical working pattern, there is more stress witnessed during the setting. Additionally, it is witnessed by Akhtar et al., (2019) that nurses go over emotional sketches more than doctors as their work duration and variation during the process take a toll on their mental health. According to Sterud, et al., (2008), this leads to nurse turnover in the hospitals as the distribution and management is the core responsible committee to ensure that these stressors are neutralised, and their employees are not impacted. However, the argument by McGrath et al., (2003), states that occupational stressors amongst nurses are not just the result of management malfunction or long working hours, it also depends on the individual's ability to cope with the working conditions and procedures.

### ***Causes of Stress***

From the analysis of occupational stressors Suresh et al., (2013), derived two main themes that are internal and external stress along with six subcategories. Akhtar et al., (2019) stated that external stressors are the stimulus reaction to the practises carried out by the conditions the individual has no control over. This external stimulus includes organisational conditions, work environment, interpersonal relationships, and work uncertainty and responsibility. However, it is criticised by Xiaolu & Weiling, (2019), state that the external stimulus has other parameters besides the mentioned four that are known as the causes of stress. While McGrath et al., (2003), commented that these remaining categories of stressors are individual psychology and a sense of professional value these categories come under internal stimuli that are contributing as the cause of stress.

In consideration of two main stressors Waddill-Goad, (2019), described the external cause of stress to be more threatening than the internal cause of stress. The reason given to highlight the traits of external stressors is the uncertainty and inability of an individual to avoid their impact. Meanwhile, internal stressors can be minimised by the individual by focusing on developing self-restraints towards the causes of stress in addition to developing certain emotional intelligence skills that contribute to the same. meanwhile, it is argued by Michie, (2002), states that both the cause of stress is alike as it poses a threat to the mental well-being of the individual and there can also be threatening outcomes depending on the severity of the stress caused. However, counter criticising the above fact, Akhtar. Et. al., (2019) mentioned that the external stressors are more, and these stressors are likely to trigger the internal stressors hence comparison between the two is only possible through understanding the cause-and-effect relationship of external and internal stressors.

The causes of this stress have been found by Rosenthal & Alter, (2012), wherein it was analysed that an individual's psychology is majorly impacted by the surroundings in which they are working and due to the uncertain scenario of their surroundings it becomes challenging to avoid

certain behaviours. Meanwhile, Waddill-Goad, (2019), observed that with no control over the situation people are dominated in the work settings which is overwhelming and one of the causes that leads to the negative outcome for the individual. Michie (2002), argued by stating that with emotional intelligence it becomes easy to understand the areas that cause stress to an individual and relatively these can be eliminated by working on the stressors. However, it is argued by Xiaolu & Weiling, (2019), stating that an individual with high emotional intelligence is also exposed to the external stimulus leading to stress and these situations are inevitable in most cases due to various reasons like uncertainty, crisis, etc.

Watson, (2022), pointed out a few situational stressors that contribute as the cause of stress this can be the death of loved ones, loss of job, change in living setting, or health-related aspects such as chronic illness, emotional problems, and many others. Rout & Rout, (2002), stated that currently, 1 among the 5 individuals in the world is dealing with stress-related issues which are caused by the above-discussed situations. However, criticising the above fact WHO (2020), mentioned that stress is just a delusional and the causes of stress are common situations that every individual faces in some or the other way. This is just evidence of how an individual deals with a situation with self-help techniques and a proactive mind. Meanwhile counter criticism is raised by Akhtar, et. al., (2019), stating that circumstantial situations are unavoidable and during this time the cause of stress is something that the individual has no control over. Hence, the cause of stress is an undelusional impact which can cost an individual's well-being.

Taking into consideration various causes of stress and its impact Watson (2022), observed that stress not only serves negatively there are causes of stress that are developed to motivate an individual to get a promotion at work. Rees & Redfern, (2000), agreeing with the fact stated that these causes of stress and interference are common in organisational practises where certain situations are developed to understand the ability of an individual to handle the stress.

Patterson, (2022), argued the above statement by mentioning that causes of stress can be developed and implemented in a structure to foster manpower planning and approach however the time when an individual is exposed to real-life stressors, they are unable to perform. Adding to this Xiaolu & Weiling, (2019), stated that the inability to perform might lead to increased stress among those individuals or can be the cause of developed stress among working professionals.

The view to Fellow, (2022), there has been 42% of individuals have reported their job as one of the stressors and 25% of on-the-job stressors are led by the workload. Backing the information with the data Patterson, (2022), commented that there are various causes of stress in the workplace namely interpersonal issues, work-life balance, job security, and workload out of which workload takes up the maximum percentage at 39%. Fellow, (2022) adds to this it is said that most work-related stress is observed in severe working conditions and considering the case of medical practices. One of the major reasons witnessed by McGrath et al., (2003), amongst the medical staff cause of stress is their lack of preparation in handling the emotional needs of patients which comes as an additional workload. This is because the nurses and medical practitioners need to work on the patient's psychological anxiety which leads to the development of their own stress as it's not something that is taught to the practitioners. However, it is argued by Patterson, (2022), states that the medical staff has been prepared to face certain challenges that would lead to the cause of stress among them, and through this, they are able to level with the situation at hand. Meanwhile, the counter criticism is raised by Xiaolu & Weiling, (2019), stating that occupational stress is high among nurses as they have to manage their internal stress with external stress which could be hectic during severe situations.

With the review of organisational stress and its causes Fellow, (2022), observed that the main cause of stress amongst working professionals is witnessed due to the internal and external



challenges arising in the management of the company. AIS, (2019), added that poor working conditions have contributed to 44% of one of the causes of stress and due to this it is witnessed that 23% of people are unhappy with their work culture support. Trifunovic, et. al., (2017), argued by stating that poor working conditions are not the singular aspect that causes stress to individuals but also the work designs and the inability of an individual to perform contribute towards one of the causes of stress.

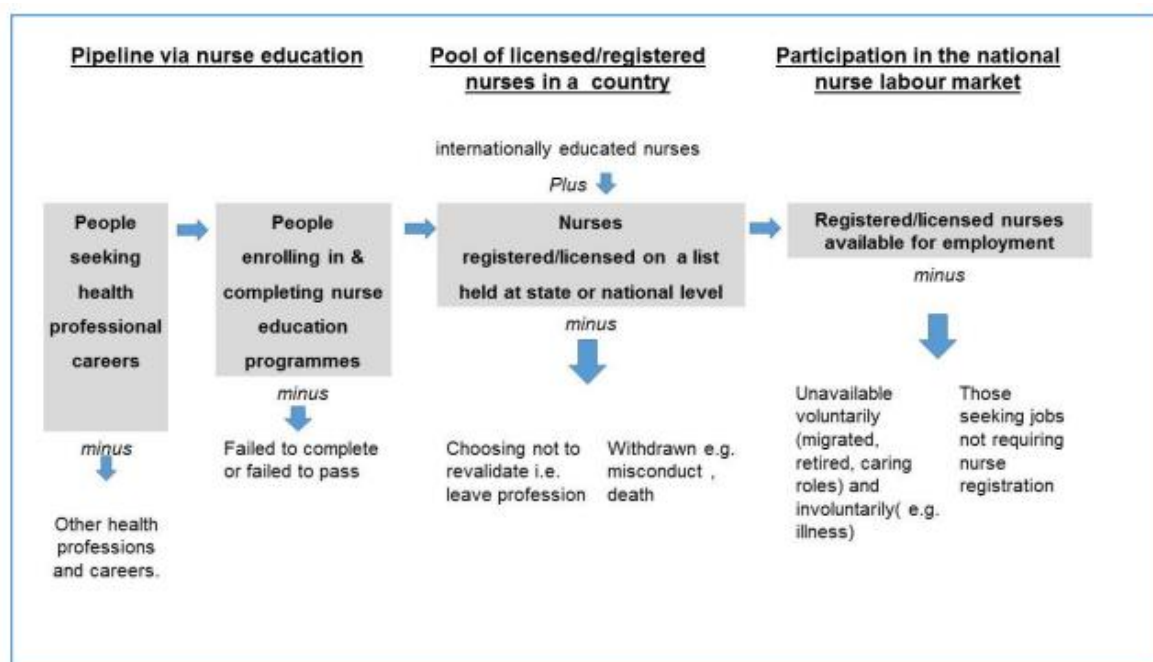
McGrath et al., (2003), analysed that the situation of the traumatic case dealt with by the nurses' results in the development of internal causes of stress wherein daily exposure to the situation might lead to negative mental and physical well-being of the individuals. Dugdale et al., (2002), observed certain symptoms among nurse that acts as the cause of stress anxiety, fear to treat patients, ignorance of the demands, insecurity, and organisational conflicts. While adding to the above notion Trifunovic, et al., (2017), discussed the other symptoms that have been analysed amongst mentioned cause of stress is nurse turnover, there has been a large number of employee turnover witnessed amongst the nurses due to understaffing and challenges workplace situation that harms them.

With all the discussion kept in mind Seaward, (2017), served with some ideas that could lead toward stress-free working patterns. This includes providing staff support and training them with emotional intelligence skills that would allow them to think according to their need even during severe situations. McGrath, et al., (2003), added to the methods of stress relief by pointing out the practices of team cohesion and power which when used in favour could ensure the success of the mental health of the nurses in the organisation. Meanwhile, Xiaolu & Weiling, (2019), argued by stating that these causes cannot be determined beforehand hence the planning for reducing stress among nurses is vague unless there is a procedure involved. To this, the counter criticism is raised by Dugdale et al. (2002) stating that there are various resources that could be kept at disposal of the employees to ensure that they are not drowning

with the workload. With the alternatives made available, there are counselling sessions that would help the employees to rely on during the severe time of stress on.

### ***Occupational Stressors among Nursing professionals***

Nursing is identified as an occupation that has high level of stress involved. Not only the mental and emotional health of the nursing professionals is affected but also their abilities to cope up with job demands is highly affected (Sharma, et. al., 2014). The occupational stressors vary from country to country for some professions. Several aspects that are external in nature control the stress and the level of stress. The conceptual framework on how the resource inadequacy has been resulting in nurse shortage on a global context has been presented by Drennan & Ross (2019) which has been presented in the figure 7 that has been given below.



*Figure 7: Conceptual framework showing nurses inadequacy on a global stage.*

(Source: Drennan and Ross, 2019)

The figure 7 offers a clear review regarding nurse shortages on the global stage. Most of the nurses are unhappy and frustrated because of over workload and high pressure (Drennan and

Ross, 2019). It can be observed that among the students who have been seeking the careers as nursing professionals will initially filter down as some of them would choose to go to other healthcare professions and careers. This is followed by the second stage where the people who have enrolled and studied the course were unable to complete it because of various reasons ranging from lack of the required knowledge, skills, or any other family reasons. Also, some of them would leave for other careers at this stage as well (Drennan and Ross, 2019). The third stage is where the registered nurses who have started to practice have left in between due to the reasons such as misconduct and death which are involuntary reasons and also in some cases, they may wish to leave the profession to pursue any other professions (Drennan and Ross, 2019). Finally, the international nursing professionals who have come to the UAE+ those already available in these markets would participate at the national level and available as registered nurses at the national level, out of which some of them would leave the country as they may migrate for better opportunities (Drennan and Ross, 2019). This could be observed as one of the main reasons in most of the developing and under-developed countries as the professionals are more interested in the western countries which present them with huge opportunities and lucrative salaries which is why they prefer these countries as compared to working in their own country (Lee, 2022). Some of the involuntary reasons at this stage include those who are involved in childbearing and care and some of them who are affected by illness (Lee, 2022). Eight of ten nurses feel not happy and disturbed which increases the high risk in the healthcare system. The healthcare industry also suffered because of these issues and did not manage their operation very effectively (Drennan and Ross, 2019). It impacts healthcare services, and those healthcare services lose their reputation and image because of poor nursing management and leadership very effectively (Lee, 2022).

While this was the general scenario across the global context, it has been observed that there are also several reasons which resulted in stress related turnover in specific countries which have been highlighted in this section by considering the empirical evidence.

A recent study conducted by Rose, et. al., (2021) incorporated a survey designed in which nurses of the USA hospitals were surveyed and the study indicated that emotional exhaustion was the main stress among majority of the female nurses of the hospitals in the USA during the pandemic times. Apart from that, the nurses were required to overwork due to high flow of patients suffering from pandemic which increased their responsibilities to high levels causing high stress. Another type of occupational stress that was found among the nurses was because of lack of protective measures. There was a statistically significant association between the staff shortage and lack to adequate safety measures with the levels of stress among the nursing professionals in the US (Rose et al., 2021).

It is further revealed from the study conducted by Magnavita, et. al., (2020) that the nurses of Italy faced the similar occupational stress. In the study, the authors observed that the shortage of workforce in the hospitals led to occupational stress among the nurses within the hospitals. Therefore, from the above two studies, shortage of workforce was one of the common issues that were faced by the nurses at the global level.

However, the findings of the above study are criticised by Fard, et. al., (2022) who states that stress caused to hospitals nurses and professionals is temporary in nature and the stress factors are likely to subside once the situation is changed and normalcy is attained. However, to this it is argued that a stressful responsibility becomes a lifestyle and then it becomes hard and difficult for the nurses and the health care workers to back out. Occupational stress is quite common among all the countries and in all the professions. Especially a profession like nursing

where the responsibility is quite critical, the level of stress increases even more (Magnavita et al., 2020).

Another study conducted by Guppy & Gutteridge (2016) highlights the occupational stress of the nurses of the UK hospitals. A survey data was collected from 234 nurses from the 24 wards in a single general hospital and for analysing the collected data the Brayfield and Rothe's job satisfaction index (BRJSI) was used (Jones et al., 2023). From the factor analysis it was identified that there are two main factors involved with the sources of stress among the nurses. These are interpersonal relations and resource problems and dealing with the deaths. The analysis of variance further revealed that the level of stress varied over the different nursing grades. Furthermore, the study findings revealed that job satisfaction was correlated with the nursing experience and was negatively related to the stress (Guppy & Gutteridge, 2016). Therefore, the overall findings of the study highlighted that the nurses in the UK hospital are mainly experiencing stress due to a variety of reasons and causes. The interpersonal relations of the nurses with each other were not up to the mark which led to stress in their day-to-day responsibility working (Guppy & Gutteridge, 2016).

Apart from that, it is identified that the less job satisfaction, the more was the occupational stress among the nurses within the UK hospitals. similar findings were revealed from another study conducted by Schmitz, et. al., (2000) which was conducted in Germany. The findings of this study conclude that the as the level of hierarchy increases among the nurses within the hospitals, the stress levels tend to decrease. This means that the level of hierarchy is negatively related to the level of stress. The main reason identified for the same was that the more day to day responsibilities is handled by the nurses at lower level of hierarchy while the higher-level nurses just work for supervisor and coordination which are less chaotic. It is for this reason that the nurses at low levels tend to experience frequent occupational stress. It is further revealed from the two studies analysed empirically that varying of occupational stress with the job

position is common in all the hospital and therefore is identified as a common factor for occupational stress in all the countries. A study was conducted by Glazer & Gyurak (2008) among the nursing professionals in five countries and they could observe that when the occupational stress of the UK nurses is compared with that of the US nurses, it is observed that the issue of interpersonal relations between the nurses is only observed among the UK nurses and not among the USA nurses.

Burnout is also identified as one of the stressors among the nursing professionals which is caused due to prolonged stress (Dall'Ora et al., 2020). Burnout has been characterised of emotional exhaustion, depersonalisation and reduced personal accomplishment. Especially during the pandemic period nurses experienced high level of burnout. A meta-analysis of 13 studies conducted on a group of 1566 emergency nurses by the use of Maslach Burnout Inventory (MBI) (Gomes-Urquiza, et. al., 2017). The study shows that 30% of the nurses have experienced burnout on all the three burnout subscales (emotional exhaustion, depersonalisation, and reduced personal accomplishment scales) (Gomes-Urquiza, et. al., 2017). Another study conducted in Asia during the pandemic times, it was found out that about 52% of the nurses experienced burnout while 50% of physicians experienced it. The stressful responsibilities of the nurses and the health care workers were known even before the pandemic crises (Dall'Ora et al., 2020).

The study conducted by Lai, et. al., (2020) in China surveyed 1257 healthcare workers and the findings highlight that 60.8% of the frontline workers including the nurses exhibited greater mental health problems in comparison to the other medical staff. However, the study conducted by Mekonen, et. al., (2021), was in the context of Ethiopian nursing market. Quantitative analysis was conducted through cross sectional study, wherein 302 nurses were surveyed through simple random technique. The results of the study showed that during the pandemic crises, prevalence of stress, anxiety, depression was common among the nurses. Furthermore,

unavailability of guidance, fear of infecting the families and fear of developing chronic disease involved the risk of developing anxiety. A haphazard health care environment was created due to which the nurses were not provided with proper guidelines and consequently they received negative feedback from the families (Mekonen et al., 2021).

In this regard, it is further analysed that the Ethiopia is an underdeveloped nation of the world, and the hospital management of the country's hospitals was not strong enough financially which led to mismanagement during the COVID-19 times and this in turn caused stress among the nurses (De los Santos & Labrague, 2021). To this it is argued that even the developed nations of the world such as USA and the UK were baffled during the pandemic crises and the hospital administration of these countries was also not prepared for mismanagement (De los Santos & Labrague, 2021). The stress of the nurses was equally high in these developed nations. In this regard, it can be said that occupational stress was same during the pandemic times among the nurses at the global level irrespective of developed or non-developed nation (Mekonen, et. al., 2021). Due to the unplanned and sudden changes in the health care system around the world a panic was created in the health care system which caused a high level of stress among the nurses and the health care workers and the nurses (Mekonen et al., 2021).

Jafarizadeh, et. al., (2017) highlighted that occupational stressor among the nurses and the health care workers varied from country to country. The nurses and the health care workers of the USA hospitals are burdened with more responsibilities in comparison of the UK hospitals. The work management is quite managed among the UK hospitals and there is less of commercialisation involved among the UK hospitals in comparison to the USA hospitals. It is for this reason that nurses of the US feel burnout more in comparison to the UK nurses. To this it is argued by Adib, et. al., (2012) that when it comes to compensation, the USA nurses are paid more in comparison to the UK nurses. In this regard, it is observed that the low pay is one of the occupational stressors among the nurses of the UK hospitals. Indeed, it was suggested

that the annual gross salaries of nurses in terms of purchasing power parity (PPP) in the UK is less than most of the European Union countries (EU20). Baker & Alshehri, (2020) highlighted in their study that the occupational stress is experienced more by the nurses of the developing countries in comparison to that of the developed country.

The prime reason for that is less of organised and managed hospitals which caused over burdening of tasks among the hospitals of the developing nations (Adib et al., 2012). In addition to this, it is identified that the hospitals of the developing nations are less reliant on advanced technologies and therefore majority of the work responsibilities are manual which put work pressures on the nurses and the health care staff and therefore causes stress (Banaticla & Yango, 2023). To this, it is criticised by Wu, et. al., (2012) that several developing nations such as India, Sri-Lanka and others have started using advanced medical techniques and manual working has been reduced but still the occupational stress is high. It is because, the nurses and the medical staff workers are finding it difficult to cope up with the ever-changing technology that keeps upgrading from time to time and therefore stress is caused at a significant level (Wu et al., 2012).

Adding it further, it is identified that stress from technological upgradation is caused to the nurses of older age group as they are not much aware of the latest technologies and find it hard to get trained for the same that exhausts them while handling responsibilities at home (Basu, 2019). Such a type of stress is more common among the nurses of the developing countries like Ethiopia and China as the technology acceptance is relatively less in these countries compared to that of the developed nations (Regmi & Thekkekara, 2020). It is further highlighted that the job of the health care worker is such that errors can be least tolerated and this excessive expectation of performing the job to the best tends to create stress among all the nurses at the global level. The occupational stress among the nurses' results in low self-esteem and feeling of inadequacy (Regmi & Thekkekara, 2020).



Mekonen, et. al., (2020) highlighted that the nurses of Ethiopia are facing mental illness due to the rigid family boundaries and the subject of mental illness considered as taboo within the society. A number of nurses in Ethiopia are suffering from mental illness and depression due to the rigid social ties and difficulty in maintaining the professional and personal balance. The employee welfare programme is not well defined among the hospitals of Ethiopia as the hospitals are not employee centric. Consequently, in an urge to strike balance between professional and personal grounds, the nurses face mental illness which results in stress. Jafarizadeh, et. al., (2017) further conducted the study and found out that stress caused due to mental illness and depression is more in developing nations in comparison to the developed nations because the issues of mental illness are not addressed properly in the developing nations.

To this it is argued by Kaburi, et. al., (2019) that mental issues are more common in the developed nations than developing countries because of the fast and busy lifestyle in these nations. It is for the same reason that mental health issue is occupational stress among the nurses of the developed as well as developing nations. As a result of the constant occupational stress there are adverse consequences involved that impacts the well-being of the nurses and somatic complain are involved (Lee & Jang, 2020). Due to constant stress the nurses were seen to be eating poorly and were involved in abuse drugs and alcohol. Moreover, the productivity of the nurse is also adversely impacted by the constant stress that is exposed to the nurses at the global level (Lee & Jang, 2020).

### ***Job Stress and Health consequences***

In the words of Huaung, et. al. (2018) for the nurses and the organisations, job stress is considered to be quite expensive, and its side effects tend to become quite clear in the form of tiredness, harsh behavioural, anxiety and increase of blood pressure. The consequences of job

stress and burnout on the health of the nurse is the most adverse (Huaung et al., 2018). As mentioned earlier, job stress occurs when the requirement of the job does not match the capabilities and resources of the workers. This tends to trigger a reaction in the body which is called fight or flight response which prepared the body to survive a perceived external threat (McCreaddie, et. al., 2018). This external threat is associated with several physiological changes that are mainly produced by the sympathetic nervous and adrenal cortical system. With the activation of these systems several hormones are released in the body that can lead to increase in heart rate, blood pressure and blood vessel constriction and even the immune system can be adversely affected (McCreaddie, et. al., 2018). Therefore, it is seen that because of high job stress, the health of the nurses can be deteriorated. However, it is argued, that if the job stress is short lived it might not cause major health adversities among the nurses (Shah et al., 2022).

To this, counter argument is raised by Tipa, et. al., (2019) who mentions that job stress of the nurses might appear to be short-lived, but it tends to occur frequently and therefore, it is likely to cause adverse health issues among the nurses. Repeated activation of the sympathetic nervous and adrenal-cortical system is likely to produce development of chronic health conditions. Among the other health issues, it is witnessed by Parikh, et. al., (2004) that mood and sleep disorders, upset stomach and headaches are also consequences involved of the stress caused to the nurses.

Hammig, (2018) points out that nurses or the health care workers who are exposed to excessive stress during their working hours influences their behaviour and psychology to a significant level. To avoid such situation, the labour law mandates individuals working for fixed hours to prevent job-related stress. Also, the UAE Article 65 of the UAE labour law mandates individuals to work for a maximum of 8 hours per day or 48 hours per week but not more than

that while it can be a maximum of 9 hours per day for some sectors such as hospitality (TDRA, 2021). However, the nursing professionals in the UAE are supposed to work for 8 hours per day as per the law.

Hammig (2018) further explains that individual health behaviour such as smoking, alcohol consumption and level of physical activity affects the behaviour and psychology of the nurses and the health care workers in an adverse manner. Apart from that, it is seen that due to work stress, the family life of the nurses and the health care workers is disturbed, which leads to frustration and demotivation among them. McCreaddie, et. al., (2018) states that occupational stress acts as a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment due to which burnout is seen as a common consequence. This is commonly associated with psychological distress and somatic complaints. For instance, it has been found out that the nurses who have been experiencing burnout are found to be having loss of appetite and smoke cigarettes and alcohol abuse and drugs is common among them. All this leads to diminished personal wellbeing.

Al-Yateum, et. al., (2017) further identified that although individual and situational factors tend to influence the experience of stress among the nurses but, at the same time, job characteristics and working conditions also play a significant role in creating a stress. For instance, the manner in which job tasks are assigned, the amount of authority that one has over his or her tasks and the degree of social support from supervisors and co-workers impact the job stress to a significant extent. Elaborating it further, it can be understood that the characteristics of jobs impact the level of stress which has different impact and consequences involved that varies from nurses to nurse (Al-Yateem et al., 2017). For instance, it is seen that being exposed to highly dependent patients for long can cause excessive stress in managing them to the nurses and in such situations the nurses might feel burnout and their overall productivity can be

reduced. Similarly, lack of social support at the workplace tend to cause stress and ultimately the nurses or the health care workers might feel like leaving or quitting the job.

Grover, et. al., (2018) points out that not only the health of the nurses but even the revenue and profits of the health care organisations is adversely affected if the nurses and the health care workers are in constant stress. It is because either the nurses and the health care workers tend to underperform when excessive duties are being given to them or they tend to burnout and leave the organisation. In either of the situation, the health care organisations tend to suffer because training the new staff or re-training the existing staff becomes a costly affair. Therefore, it is seen that the occupational stress is required to be controlled among the health care professionals. However, to this argument is raised by Booth, et. al., (2021) that revenue and the profits of the hospitals and the health care institution is not just dependent on the proficiency and the capabilities of the nurses but there are other factors too that impact the same. To this counter argument is presented by Tipa, et. al., (2019) that although there are other important factors that impact the revenue of the health care institutions, occupational stress is the one that directly impacts the revenue and the profits of the health care institutions.

Therefore, overall, it is identified that job stress or occupational stress adversely impacts the health and well-being of nurses. At the same time, it is identified that the health and the well-being of the nurses and the health care workers is not just impacted by the occupational stress but there can be other personal stressors too that might impact the occupational capacity of the nurses and ultimately cause job stress (Hammig, 2018). In this regard, it is understood that the internal and external environmental factors within the health care institution can cause job stress to the nurses that are required to be checked from time to time (Hammig, 2018).

### ***Job stress and turnover intention***

In the words of Mosadeghrad, (2013) turnover has been a crucial issue for almost all organisations for many years and it is a major problem for organisations now. Huang, et. al., (2018) define turnover intentions as conscious wilfulness to leave the current organisation for a better alternative in the market. Job stress is identified to be an important factor that affects the performance of the employees in an adverse manner and later creates intention to leave the organisation. It has been found in many studies that greater the amount of stress; the higher will be turnover intention of employees. Moreover, a positive relationship was found between work life conflict, stress and turnover intentions was identified in some of the studies (Parikh, et. al., 2004).

To this it is argued by Demorouti et al (2021) that even if the stress is caused due to the organisational responsibilities, the trend of job turnover is still high. Elaborating the criticism further, it is understood that the employee turnover has become a trend in the market as the employees easily switch to other organisations just for a pay increase, irrespective of occupational stress being caused or not (Choi & Kim, 2020). It is not always true that occupational stress causes high turnover in the market. When it comes to nursing and the health care sector, it is seen that the occupational stress is comparatively more among the workers in comparison to other workers and employees in different sectors (Choi & Kim, 2020). Therefore, in case of workers of nursing and health care sector, turnover is largely attributed due to high occupational stress level among them.

An individual difference variable that can moderate the relationship between job stress and its related outcomes is organisational based self-esteem (Borst, Kruyen & Lako, 2019). Organisational based self-esteem is defined as the degree to which an individual is of the belief that he is capable, significant, and worthy at work. Individuals with high levels of

organisational based self-esteem perceive themselves as trusted, valued, and contributing members towards the organisation (Borst, Kruiyen & Lako, 2019). However, at the same time it is to be noted that if the employee considers themselves to be too capable and worthy of doing jobs and voluntarily take up new responsibilities, a situation will come in near future when they might feel tired and exhausted (Borst, Kruiyen & Lako, 2019). In this regard, it is understood that excessive organisational based self-esteem is positively related to high job stress that can lead to high turnover among the employees. To this it is argued by Demorouti, et. al., (2021) that very few employees have high level organisational based self-esteem and therefore, the ultimate cause of occupational stress cannot be considered because of this.

A study conducted by Chirico, et. al., (2021) reveals that most of the nursing professionals who suffered from occupational stress have ended up switching to other jobs. In a similar study conducted by El-Haddad, (2006) similar findings are revealed wherein it is seen that the care givers are facing stress due to too many responsibilities assigned for a long period of time to them and ultimately a high turnover was experienced by the health care organisation. The research study conducted by Mosadeghard, (2013) employed a research design and a validated questionnaire was used to collect data from 296 nurses of Iraq. One third of the hospital nurses rated their occupational stress high due to inadequate pay, inequality at work and staff shortage. More than 35% of the nurses stated that they are considering leaving the hospital once they come up with another job opportunity (Mosadeghard, 2013). Therefore, in this study the occupational stress was positively associated with the turnover among the nurses and the health care workers.

Chegini, et. al., (2019) has observed in Iran that generally the occupational stress is higher among the nurses at the lower level within the hospital and the health care institutions. It is because the nurses at the lower level are burdened with unnecessary tasks and responsibilities

which increases their overall workload. The health care workers at the higher level are seen to be delegating majority of the responsibilities to the nurses while they just control the supervising activities. It is because of the same reason that stress levels are higher among the nurses among the health care workers at higher level of hierarchy. It is for the same reason that turnover rate is higher among the nurses in comparison to the health care workers at higher levels of hierarchy (Chegini, et. al., 2019). The nurses at the health care institutions are considered to be always present for care by the patients and they are seen to be morally and ethically right always which poses a burden on them. The social and health care is such an area which automatically demand a high responsibility and the mere idea of it causes burden on the nurses and the care givers (Hughes et al., 2021). It is therefore seen that the nurses tend to frequently change their jobs to relax their minds for some time.

Corbett, et. al., (2020) conducted a study to identify the prime factors that tend to cause stress among the health care workers that can ultimately trigger turnover among them. From the findings of the study, it is identified that the overdoing of responsibilities and internal work politics and favouritism are the prime reason for stress among the nurses that ultimately force them to change or switch their jobs. In addition to this, it is observed that lack of financial rewards is also another cause of stress among the nurses that motivate them to leave the organisation when they get better opportunity in terms of pay.

Dyrbye, et. al., (2013) further states that nursing sector has recently been developed and the demand for qualified and skilled nurses is increasing day by day in all the health care institutions. This is posing stress among the existing nurses because the level of competition has increased as the demand is more than the supply of nurses in the market. Consequently, the existing nurses keeping shifting from one organisation to another when new opportunities particularly in pay are seen. Therefore, there is mere rotation of the existing staff or health care

labour in the market as the newly trained or skilled labour are quite few particularly in developing countries. In this regard, it can be said that turnover among the nurses is not because of the stress caused to the nurses but because of the rotation of the existing labour in the market. To this it is argued by Corbett, et. al., (2020) that shortage of nursing staff tends to cause stress among the nurses due to overburdening of responsibilities that forces the nurses to switch to other jobs to have a relaxed work environment. When they switch to a new workplace, a relaxed environment is enjoyed by them in the initial stage, and then again, the same cycle is repeated. Hence, stress is identified as an important factor in the turnover intention of the nurses across the globe.

Therefore, overall, it is seen that the stress among the nurses is high in the current time, and it is the reason for high turnover among the hospitals and the health care institutions.

### ***Job Stress and work-life balance***

According to Shu-Ching, et. al., (2020) having a balanced professional and personal life is an important aspect of job satisfaction. The employees and the workers in every field and industry want to have a job but not at the expense of disturbed personal life. To this it is an argument has been raised by De Hert, (2020) that for some individuals, having a professional successful life is the ultimate aim while for others having a personal sorted life is a priority. Therefore, not every employee or individual is looking for a balanced professional and personal life. To this it is counter argued by Grover, et. al., (2018) that majority of the employees look for a balanced professional-personal life. Especially for the nurses and the health care workers face the role conflict which adversely impacts their job satisfaction levels. Role conflict is a type of situation wherein the individuals are required to play a different role simultaneously.

These roles as employees and family member have been commonly played simultaneously as both the roles have equal priority in their lives. Work family conflict arises in one's lives when



one role overpowers the other and generate additional pressure that breaks balance of the two roles simultaneously. Tipa, et, al., (2019) explains three types of conflict in the context of work and family. These are time related conflict that occurs due to imbalanced time management to play both the roles. Strain related conflict that occurs due to a generated pressure from both the roles and behavioural based conflict that occurs due to a requirement of specific behaviour at both roles that can harm a situation on the other roles.

A conflict in job roles arises when both the roles are required to be played simultaneously. In the context of nurses and the health care workers it is identified by Chegini, et. al., (2019) that conflicting and overlapping job roles are a common occurrence due to the having an empathetic attitude towards the patients as well as the one's own family members. Moreover, during COVID-19 pandemic crises, the conflicting roles increased even more which led to job dissatisfaction among the nurses and the health care workers. It is because the individuals' presence was demanded at the hospitals as well as at their homes due to health crises at the same time.

Hence, the above studies have discussed the role of lack of work-life balance among the nursing professionals would result in job stress which in turn would be the major reason why most of the nursing professionals would have a turnover intention resulting in turnover.

#### ***2.4.2.2 People development and Training***

Training the professionals is another important factor which has been influencing their turnover. It has been observed that the nursing professionals who have been adequately trained were having greater skills which in turn improves their ability to perform well (Yun & Yu, 2021). However, when they do not observe adequate training there were high chances that they focused towards leaving hospitals (Blanco Donoso et al., 2022). While this was observed in most cases, this reason is not as pre-dominant as the occupational stress and a smaller number

of studies contributed towards establishing the relation between the people development and training and turnover intention (Yun & Yu, 2021).

According to most of the studies, there have been two major factors which the nursing professionals should be trained on. While one is the training in the subject and skills which usually takes place during the initial stages during the nursing colleges. The individuals must complete a 3.5-year of diploma course in the program of Nursing and Midwifery or need to have a bachelor's degree in nursing (Buijck and Ribbers, 2018). This is the minimum training which is been offered for all the nursing professionals. The lack of this training would make them irrelevant, and they will be prevented from entering the job market at this level.

While the above trainings are mandatory, it is important for the hospitals to offer certain job-related training for the nursing professionals. Blanco Donoso et al (2022) also discussed the role of training and especially emotional training among the nursing professionals given the conditions they work daily. Implementing regular feedback system, proper training, coaching, and personal development that help nursing professions easily overcome critical situations. It helps to support employees to develop their training and personal development that increase their confidence level, management, and other facilities very effectively. In addition, Seaward (2017) also discussed the role of emotional training in dealing with the stress associated with the occupational stressors offered by hospital environment. Kikanloo et al (2019) discussed the role of training of emotional intelligence among nursing professionals has a direct role in improving the quality of patient care and decreased stress. In addition, it was also found that emotional training had a direct correlation to the other skills such as self-awareness, self-management, personal competence, and workforce performance. In addition, in another study conducted by Tehrani, Kabir, & Sheraghi (2012) on students it was observed that the emotional intelligence training also has enhanced the critical thinking abilities of the students which improved their overall performance. Furthermore, these results were also in line with results

offered by Kikanloo et al. (2019) who discussed that the emotional intelligence training also enhanced the overall wellbeing, problem-focused coping and perceived nursing competency among the nurses which makes quite critical.

While it has been discussed that emotional intelligence training is most important for nurses, there are some authors who have discussed the role of situational training and real-time training as key to be agile and take up the tasks in the work environment. Jebbor, et al., (2021), commented that during the training and practise the nurse are given the training to handle such critical situations and unless they are prepared, they haven't handled the task, they do not develop the necessary skills which are required to deal with the situation. Looking on the other side Yang & Park, (2019), presented that the training provided, and the real-life situations vary, and hence with the additional burden to handle read life situations and trauma the nurses are not able to cope with the operational stress leading towards employee turnover.

Despite the relevance and studies which have established the relation between the two elements such as the training and people development on the turnover intentions, there are very few studies which have the relationship and elaborated at this and hence this would be studied and explored in this study.

#### ***2.4.2.3 Compensation and benefits***

The third element which influences and plays a huge role in the turnover of nursing professionals is compensation and benefits offered by the hospital. Studies in the past have discussed the role of wages on the compensation on the nursing staff turnover most of which were empirical or cross-sectional analysis (Sharma et al., 2022). Minimum wages are defined as the lowest hourly wage which is required to be paid to the employee by an employer (Sharma et al., 2022). Most of the countries have a minimum wage which is set by the federal and is followed across the country. This is influenced by the market forces and the demand and supply

of the market. While minimum wages are those minimum wages which must be offered to the individuals, it is important for the hospitals to focus on offering competitive wages which allows them to attract and retain effective resources (McHugh & Ma, 2014). Sharma & Xu (2022) discussed that offering competitive wages allows hospitals to retain the workforce and nursing professionals to work and retain professionals from leaving hospitals. In addition, when hospitals do not offer competitive salaries, it is negatively associated with the job satisfaction which in turn is considered to significantly impact the turnover of nurses (Sangaran & Garg, 2012).

Also, it has been discussed that a satisfactory wage is an important criterion and hence increasing wages is an easy and short-term option of dealing with the workforce retention and dealing with the recruitment and training costs associated with turnover (May, Bozzoli & Gerland, 2006). On the other hand, McHugh & Ma (2014) views that wage though an important factor, there are several non-wage related factors which also influence the turnover in several organisations. Indeed, Hayes et al (2006) argue that to nurses, organisational environment and climate are even more important factors and they influence the turnover intention among the nursing professionals. Therefore, it is important to include the other non-wage factors along with the wages to improve the retention among the nurses.

Some of the empirical studies conducted in the nursing sector one of which is the study conducted by Corbett et al (2020) has identified that the overdoing of responsibilities and internal work for very less wages are the prime reason for stress among the nurses that ultimately force them to change or switch their jobs. In addition to this, it is observed that lack of financial rewards is also another cause of stress among the nurses that motivate them to leave the organisation when they get better opportunity in terms of pay. While elaborating on this, he discussed that it is not always the compensation which is important, they also consider

the other factors such as the incentives and benefits as quite important to engage in loyal behaviour with the hospital and is highly motivating for them.

Furthermore, similar findings were also observed in the study conducted by Dyrbye, et. al., (2013) where the authors state that nursing sector has recently been developed and the demand for qualified and skilled nurses is increasing day by day in all the health care institutions. This is posing stress among the existing nurses because the level of competition has increased as the demand is more than the supply of nurses in the market. Consequently, the existing nurses keeping shifting from one organisation to another when new opportunities particularly in compensation are seen. Therefore, in this study though the authors have seen compensation as an important factor, they also observed the moderating role of the job stress or occupational stress which finally would lead to the nursing professional's turnover.

#### ***2.5.4.4 Work Environment***

The role of the organisational environment has been considered as an important aspect which has been observed to influence the organisational turnover (Haider et al., 2015). Working conditions are the environmental aspects which not only include the physical working conditions such as the location and the cleanliness and hygiene factors associated with the location where the individuals work (Haider et al., 2015). There are two dimensions of the work environment, and these include the physical work environment and behavioural aspects (Applebaum et al., 2010). The physical aspects include the physical working conditions such as the infrastructure, lighting, ventilation, and temperature. On the other hand, the behavioural aspects include the organisational behaviour and how the hospital management and leadership behave with the employees and their policy aspects (Applebaum et al., 2010).

Mc Guirie & McLaren (2009) in their study on the physical working on the employee turnover have discussed about two factors of physical working conditions and these include the

cleanliness, design, workspace and quality of the equipment and evaluation of the surface area. Another study was conducted by Applebaum et al (2010) conducted a study among 116 nurses to assess the working environment and its impact on the turnover intention among the nursing professionals and it has been discussed that there is significant impact of noise levels on the stress which would result in turnover of nurses.

Horiguchi et al (2015) who conducted a study in Japanese hospitals identified that also the unpleasant odours from the hospital environment also resulted in burnout among nurses which finally led to turnover among the nurses within the hospitals. As nurses spent a long time within the hospitals, they were highly receptive in terms of odours and smells. Also, sometimes it is an important aspect that they should be able to recognise the odours and identify when it is an area of concern. This form of odours which are usually strong would pose significant impact on the olfactory receptors and increase the general tendency of stress within the work environment. This form of odour also would result in nurse turnover in some of the cases which is an area of concern. Also, odour perception stimulated the nurses emotionally and would result in higher stress levels. Therefore, the above discussion shows the role of the physical working conditions on the employee turnover.

Haider et al (2015) discussed that a positive working environment has a positive feeling to the employees and the employees have feelings of pride to be associated with the hospital because of which they have a feeling of loyalty to be associated with the given institute. On the contrary, when the individual is associated with negative work environments, they are associated with feelings of stress and burnout which in turn are associated with turnover of the workforce.

Na & Kim, (2016) identified different factors that impact job satisfaction of the employees at the workplace. The identified factors are in the form of working conditions, opportunities for improvement, workload and stress, mutual respect between the employees, communication

with managers and supervisors and financial rewards. The nursing and the health care workers spend a major time in hospitals as it is their workplace. When the working conditions are not up to the mark then which can be confined space, lack of resources at the hospitals, and bad lighting for attending the patients makes working conditions worse for them (Na & Kim, 2016). This leads to discomfort and job dissatisfaction among the employees. All these discomforts were majorly experienced by the nurses and the health care workers during the pandemic times.

Apart from that, opportunities for improvement also impacts the job satisfaction among the employees particularly, the health care workers. After the pandemic crises, the nurses and the health care workers were expected an improvement in the job conditions and a chance to have a better career and when these aspects were not fulfilled then it adversely impacted their job satisfaction levels and an occupational stress is Therefore caused (Na & Kim, 2016). In addition to this, the health care institutions nowadays make provisions for organising sessions for improving and upgrading the skills and abilities of the nurses and the health care workers in the long run so that they have better career opportunities in future. The absence and presence of this factor affects the job satisfaction accordingly. Mutual respect between the employees is another factor that affects the job satisfaction. In this regard Dyrbye, et. al., (2013) states that employees in any industry or profession prefer to work where they are treated well, and a sense of mutual respect is practiced.

An unfriendly work environment and working with uncooperative staff members tend to reduce the job satisfaction levels among the employees. In addition to this, communication with managers and the supervisors affects the job satisfaction among the employees at any workplace. Even in the health care industry, it impacts the job satisfaction levels of the employees. The nurses want to work from those managers and the supervisors with whom communication is effective (Demorouti, et. al., 2021). Competent and efficient managers are the ones who understand that their employees need appreciation, rewards and encouragement

for their efforts and achievements from time to time. Moreover, the nurses and the health care workers like to work under those managers and supervisors who are easily approachable, and issues can be discussed with them. A lack of these aspects adversely affects their job satisfaction and therefore an occupational stress is caused. At last, it is seen that since the nurses and the health care workers need to be extrinsically motivated through proper financial rewards from time to time to acknowledge their time and dedication being contributed by them. However, to this an argument is presented by Mosadeghrad, (2013) who states that in many hospitals and health care institutions adequate financial rewards are not given to the nurses and the health care workers and this leads to job dissatisfaction which in turn leads to occupational stress among the nurses and the health care workers.

The nurses and the health care workers are sometimes required to give priority to their professional duties and responsibilities over their personal lives and aspects. When such conditions arise, it is the financial incentive that can help in compensating the loss of personal times and can help in keeping the health care workers motivated. Therefore, job satisfaction depends highly on the financial incentives being given to the health care workers. In the recent times, the impact of job stress on the work and the employees has been given due importance because employees are the greatest assets. Majority of the studies conducted in the past state that job satisfaction and job stress have a relationship. Job stress is effective on job satisfaction and reverse the relationship and direction of the two (Hunag, et. al., 2018). Therefore, it can be said that job stress has a direct impact on psychology and psychological factors that tend to affect the different aspects of occupational life especially when it comes to job satisfaction. Increase in stress leads to decrease in job satisfaction which further leads to delays, absenteeism and sometimes job abandonment. Overall, the organisational commitment is adversely affected due to the work environment resulting in high levels of job stress and low levels of job satisfaction.



#### ***2.4.2.5 Equal Opportunities***

The last and final aspect which is considered to influence the nursing professionals and their turnover is discrimination in the workplace. While this is considered as a major factor influencing turnover. Discrimination is the process where the employee or any other individual is treated differently or rather inferiorly owing to their personal or cultural characteristic (Noor et al., 2023). The word discrimination is associated with ‘unfair behaviour’ with a person or a group of individuals who are different from others because of which they are deprived from offering equal opportunities (Home, 2019). There are several forms of discrimination which are evident today. Noor et al (2023) has included various reasons which would result in discrimination in the organisations ranging from race, gender, religion, social position, culture, geographical position, and political convictions. There is a different way of discrimination which may also differ from country to country. For example, in the UK the male nurses are over-represented and hence they also attract a higher pay and on the contrary in many of the countries including the UAE, the female nurses are more, and hence male nurses are discriminated (Noor et al., 2023). This form of discrimination is very impactful and would result in inequalities which in turn would impact the morale of the workforce resulting in turnover. In addition, it has also been identified that the workplace discrimination affects mental health and job performance of the human resources. Ogden et al. (2005) argued that racism is one of the most important reasons considered for discrimination among the healthcare workers. The perceived discrimination in a healthcare set up is associated with several disadvantages among which some of them include deterioration in the quality of care, increase in the healthcare costs, reducing job satisfaction resulting in turnover intention (Halley et al., 2018). While discrimination among the nurses has been studied, ZareKhafri et al. (2022) has noticed that one of the serious problems and the discrimination nurses encounter in their workplace is the discrimination between the nurses and physicians. This form of discrimination

between the two different groups would result in inappropriate behaviours among either of the groups or sometimes both the groups which in turn act as a barrier to teamwork. The healthcare professionals work in a very critical job where communication, cooperation and interpersonal relationships is key to achieve successful treatment outcomes. When discrimination results in such places and impacts cooperation between the team members, it would affect the quality of the treatment outcomes. Similar results were also observed by some of the studies which were conducted in this area such as Rhead et al. (2021) and Slany et al. (2014) who noticed that discrimination would affect the organisational commitment and performance of nurses. Therefore, from the above discussion it is evident that most of the nurses who are impacted by the workplace discrimination would portray lower organisational commitment and higher turnover intentions. In addition, it can be observed that the medical profession includes several aspects such as surgery which is a key part of the healthcare system. Surgery involves team activities where the surgical healthcare team would play different activities such as patient admission, surgery, patient care in the ICU and then in the room. In such activities, the teamwork is quite crucial, and the extent of cooperation and coordination guarantees the safety and recovery of the patient. These acts of discrimination reduce the extent to which they work as a team and in some of the times it may also be very ineffective affecting the recovery of the patients. In this regard, it was also discussed that the discrimination in workplace also results in negative and aggressive behaviours in the workplace. Sometimes the person who is being discriminated may show behaviours such as not following orders and showing that they are unhappy and dissatisfied with the workplace. These are certain behaviours portrayed by them. As specialist and committed workforce is the backbone of healthcare institutes, such factors which result in turnover of nurses should be understood and avoided to achieve optimal results. In addition, there are also studies which observed that there is a direct relation between the discrimination and wellbeing as well. Mosadeghard, (2013) employed a research design and a

validated questionnaire was used to collect data from 296 nurses of Iraq. One third of the hospital nurses rated their occupational stress high due to inadequate pay and inequality at work. In addition, Longo & Newman (2014) in their study has discussed that the person related hostility would pass from person to person and would make the entire environment very difficult and would significantly impact the employee both physical and emotionally which may in turn result in consequences which are more severe than that of a turnover which is why this topic needs to be analysed.

Discrimination is a crime by law in the UAE and the individual who faces discrimination may report this on which immediate action would be taken. The government of the UAE offers an online portal where professionals can report discrimination. Also, the Dubai Health Authority (DHA) has a DHA services application for mobile which is their flag ship application. This app has a provision for whistleblowers to report any form of unfair treatment which has occurred with them. It is a portal where the individuals affected can also write anonymously. This form of writing anonymously allows many of them to come forward and report when something wrong happens with them. The UAE government has a legal mandate under the law no.4 which shows that the government would protect the whistleblowers. Hence, anyone who faced discrimination can prove or disclose it with the required documents or proofs anonymously. In addition, the person who faced discrimination may also file a lawsuit through judicial authorities (TDRA, 2023).

While some of the studies in the past have focused towards understanding the role of discrimination in the healthcare context, very few considered and discussed its impact on the nursing professionals and especially in the UAE which is why this area would be explored more in the current study.

## **2.5 Implications to nursing managers.**

In the view of Thompson, et al., (2022), nursing is the role that requires an individual to practise utmost care and patience due to the promotion of health, prevention of illness taking care of patients in need. Combining the role discussed above Bae, et al., (2010), identified nursing as one of the critical job roles that foster stress and can lead to employee turnover or circumstances that might pose a threat to the management activities of the clinical unit. Jebbor, et al., (2021), added further by stating that there are various aspects of job role that leads to nursing turnover. However, Schluter, et al., (2008), observed that not only do job role drives nurses' turnover but their personal expectations of the management and activities also have as much contribution towards nurse turnover.

One of the various reasons behind problematic nurse administration observed by Thompson, et al., (2022), that leads to frequent turnover of nurses is lack of time management. Due to undivided schedules, there is huge pressure on nurses, and this makes it harder to take care of patients and manage their work roles efficiently with hectic schedules of their own. Dewanto & Wardhani, (2018), pointed out the above discussion that more burden given to the nurses leads to an increase in stress, anxiety, and pressure leading to inefficient results and turnover. However, Schluter, et al., (2008), argued by stating that due to the availability of shifts there is the possibility of managing the workload of nurses. Therefore, the workload cannot be the singular reason that drives nurses to leave the organisation. Currie & Hill, (2012), adding to the above discussion Yeun & Han, (2016), added some other reasons leading to nursing turnover is a favourable offer from competitors or personal reasons that might include their mental health, trauma handling, etc. Understanding nurse turnover in the healthcare workspace is essential as pointed out by Halter, et al., (2017), as this associate the reason for turnover with the management activities based on which the overall culture of the workplace can be determined. In light of many cases observed by Jebbor, et al., (2021), the pattern is witnessed

in the hiring pattern where the management and administration cut the cost of hiring and distribute those tasks amongst the nurses to save overhead costs. According to the status discussed the work becomes burnout for the nurses leading to a turnover. However, Dewanto & Wardhani, (2018), criticised the above statement by mentioning that there are willing nurses who take extra hours to gain additional income and skills by working alongside the professionals hence burnout cannot singularly be blamed on the administrative and hold them responsible for the turnover.

With the constant turnover of nurses in the health care unit Schluter, et al., (2008), observed various impacts on the administration and management of the organisation. Due to the high nurse turnover, the organisation is unable to manage costs and it results in an increase in cost due to constant recruitment and training required to provide to new attendees. Meanwhile, Tziner, et al., (2015), added to the above discussion by stating that constant turnover impacts negatively the hospital services as the freshers do not live up to the required standards without having experience, and this led to management mishap in the hospitals. However, it is argued by Mosadeghrad, et al., (2011), stating that the cost and time input towards training a fresher is sufficient to make them an experienced candidate to perform the job. Meanwhile, the counter criticism is raised by Ferlise & Baggot, (2009), stating that the time and cost incurred in training newly hired nurses leads to schedule mismanagement which as result impacts the overall performance and administration of the hospitals.

Observing the constant burnout of nurses in the organisation Bae, et al., (2010), witnessed that not only does it impact the cost or management of the hospital but also the negative impact on the quality of nurse care at the hospitals witnessed. However, the criticism raised by Yeun & Han, (2016), the supply-demand shortage and gaps in hospital care is also the reason behind the impact on the quality of the services. The results have shown that with the increase in patients and the unavailability of nurses the quality of care is often compromised. Meanwhile,

the counter criticism is raised by Thompson, et al., (2022), stating that the hospitals need to hire according to their capacity of treating patients, and hence there is no chance of overburdening unless there are any critical circumstances that are less frequent.

Bae, et al., (2010), observed that in most cases nurses feel left out and are not getting meaningful recognition for the work they perform and the trauma they go through is mostly neglected considering it is part of their job. Tziner, et al., (2015), added to this by stating that mental health being jeopardised during traumatic situations leads to nurse's turnover as their inability to handle the situation drives them away from the work. However, arguing the above fact Jebbor, et al., (2021), commented that during the training and practise the nurse are given the training to handle such critical situations and unless they are prepared, they haven't handled the task. Looking on the other side Yang & Park, (2019), presented that the training provided, and the real-life situations vary, and hence with the additional burden to handle real life situations and trauma the nurses are not able to cope with the operational stress leading towards employee turnover.

From the perspective of Thompson, et al., (2022), the turnover of nurses can be curbed by acknowledging the situational demand and implementing strategies to retain their nurses. Kovner, et al., (2014), presented the opinion that the issue of high nurse turnover has been burnout for the management and administration, and to reduce such management mishaps the organisation needs to offer a flexible working schedule to their nurses. Nevertheless, it is argued by Jones, (2004), stating flexible working hours given to nurses leads to less productivity and high procrastination. With more time in hand and flexibility, the nurses delay the work which is not acceptable in critical care units. To this Yeun & Han, (2016), raised the counter criticism by stating that scheduling under flexible working conditions reduces the chance of procrastination and most hospitals are using shift task allocation to ensure effectiveness and avoid burnout.

Mosadeghrad, et al., (2011), emphasised that management in hospitals needs to prioritise the needs of their employees before their tasks and work needs to retain their best employees. However, arguing the above-discussed fact Song & Woo, (2015), stated that putting the needs of the employee prior to the organisational goals leads to mismanagement and free reign given to the employees' impact negatively on their performance. Meanwhile raising a counter criticism on the above notion Halter, et al., (2017), mentioned that management putting nurses' needs doesn't mean allocating tasks according to their demand, but this suggests that task allocation must be done on the basis of their skills and ability to perform. Hence, through the proper allocation of tasks, the hospitals would not only ensure effective work but also this would help to promote the mental and physical well-being of their employees. Commenting on the mental and physical health of the nurses at hospitals Ferlise & Baggot, (2009), mentioned that with proper work structure given to the employees based on their ability the hospitals would be able to give their nurses time to foster the environment and get acquainted with the process that would result in long term effective results and willing job performances.

Considering the aspect of mental health Kovner, et al., (2014), identified that most of the time nurses' turnover is related to their inability to handle trauma during critical conditions. This leads to their turnover leading to mismanagement of administration in the hospital. With knowledge of the above notion Jones, (2004), presented an idea to retain nurses to provide them with communication support at the workplace, this is possible by setting up counselling sessions for the employees which would allow them to get help from professionals and discuss their thoughts. Nevertheless, the argument for the notion is presented by Halter, et al., (2017), pointing out that professional help is not every time effective as some nurses might not react well in front of other people but still have the effects of trauma witnessed and this would also increase the administrative cost for the management of a hospital. To this the counter criticism is raised by Yang & Park, (2019), stating that the increase in administrative cost to retain nurses

is preferable as it would focus on the mental and physical well-being of the nurses. Meanwhile adding to the above discussion Mosadeghrad, et al., (2011), commented that training and hiring cost is considerably more than assistance cost and with new training provided the working structure is also jeopardised hence management must focus on implementing counselling session to improve the working culture of their nurses.

In another discussion Ancarani, et al., (2016), observed one of the most successful ways to retain nurses is to provide career development and continuing education. With the opportunity to grow in the given environment, nurses will be able to focus on their personal as well as professional growth. However, Song & Woo, (2015), argued that the challenge observed in providing courses and investing a hefty sum in training and development and irrespective of the support given to the nurses they might switch to other opportunities given by the competitors with the increased sum of money. However, Ferlise & Baggot, (2009), counter criticised by stating that the opportunity given to the nurses increases their confidence and compensation in the hospital according to the work they perform and hence this reduces employee turnover. With this, the nurses are getting two benefits at once which is one of the major reasons behind retaining them.

Considering some statistics given by Shaffer & Curtin, (2020), the average turnover rate of nurses in the hospital is around \$4.4 million to \$6.9 million every year. Ancarani, et al., (2016), observed the most common practice mishap in hospitals is hiring. According to Kovner, et al., (2014), intentional hiring reduces nurse turnover as the organisation is focusing on hiring the people needed to perform the task and this ensures effective management. However, Schluter, et al., (2008), argued that intentional hiring does not stop nurse turnover rather this increase the chance of mismanagement as there is no backup left with the organisation during critical times if the nurses leave the job. Meanwhile, the counter criticism is raised by Jones, (2004), stating that with intentional hiring the management would be able to focus on the needs of the



employees meanwhile selecting the best and willing candidate for the task leading towards a cost-efficient administrative approach.

One of the most important aspects that contribute to the alleviation of nurse turnover observed by Halter, et al., (2017), is creating a positive workplace environment for nurses who are working with critical standards by giving them quality tools for patient care. Ancarani, et al., (2016), mentioned agreeing to the above discussion by stating that this would make it easier for the nurse to manage patients with the available technological support, and with AI understanding they will be able to treat more patients in less time. However, Halter, et al., (2017), argued the above fact by stating that providing technology is essential in the healthcare unit however nurses need to have proper knowledge of using the technology to ensure the safety of patients as their lives depend on the care provided to them (Currie & Hill, 2012). Therefore, this process requires huge investments and training for the nurses. Meanwhile, Pelone, et al., (2017) also observed that technology usage only has partial support towards the process as manual assistance is needed during the process. To this Deshpande, (2021), presented the counter criticism by stating that technology has reduced manual work by 73% and IT leads have shown that through this the nurses would be able to have flexible schedules and would easily be able to manage the patients.

## **2.6 Summary of Chapter Two**

### ***2.6.1 Research gap***

From the careful analysis of the past studies and research being done in the above sessions, it is quite evident that there are a few pitfalls and research gaps presented in them that needs to be worked upon. In this context, it is seen that majority of the past studies and research being considered focused on the reasons of turnover among the nurses and the health care workers of various countries. However, very few studies have been conducted in the past specifically in the context of Dubai. This is mainly because nursing is a knowledge intensive industry which

did not pace up in Dubai in the past and in the recent years only this profession has been developed effectively. Therefore, the few research conducted on the turnover and the reasons associated with them among the nurses specifically of the Dubai which is one of the major research gaps that is required to be worked upon which is the first research gap which this research would focus on.

The second research gap which this study aims to focus is that most of the studies focused on the nurse's turnover in the past have considered and directly focused and arrived at interpretations that stress is a major factor which would result in the turnover among the nurses. While it is the major factor, it has been identified that there are several other factors as well which would influence their turnover intentions and hence it was identified that there were very few studies which have contributed to this which is why this formed the second research gap which is why this research aims to understand the various factors which have been influencing the turnover decisions among the nurses especially in the Dubai. Therefore, this is the second research gap that is required to be dealt with as it is found to be missing in the previous studies analysed.

Finally, the third research gap is to develop a theoretical model on the management and implications of turnover and the methods to deal with it in the context of the Dubai which is why this research focuses towards building a theoretical model which the third research gap this study would focus and work on.

Upon careful analysis, it is noted that the nursing professional crises has been hitting at the world level and because of this the health care sector has been facing immense difficulty due to shortage of nursing resources and lack of contingent management strategies used for the same. With the help of the current study, efforts are made to prepare the health care and the nursing sector of the Dubai and at the world level to be more resilient and flexible so that such

unwanted crises can be dealt with such situations more effectively in future. Overall, it is seen that the nursing and the health care sector of Dubai have taken steps to be prepared for such situations to some extent. However, at the same time, there are areas that require to be worked upon and hence, for this, the current research is planned to be conducted. It is anticipated that the findings derived from the current will help in covering and working upon all the research gaps that have been identified from the conduct of the literature review in an effective manner and therefore, new directions will be provided to the study giving new and improved insight.

### ***2.6.2 Summary***

Authors have summarised nursing as one of the most critical and essential parts of society that promotes healthcare and clinical facilities. Throwing light on various authors' descriptions of nursing as a job role it is witnessed that nursing in healthcare is the most effective yet difficult role confirming the day-to-day situations that an individual must deal with.

The research scholars also summarised the authorities who were responsible for administrating public healthcare services in the countries. Along with the role that these authorities play in governing effective working culture and practises. According to the author, nurses have played an essential role in increasing the infant mortality rate. However, with some statistics provided by the authors, it is witnessed that UAE has a low morality rate however the effectiveness of nurses is not questioned by the authors considering their work practises. Moving forward some authors have discussed the curriculum that would lead toward the progression of the nursing domain. Wherein it has been discussed that local admissions of nurses are comparatively low in UAE and only a few nursing providers are using high technology which is challenging for the outcome of learning. Throwing light on some specialised skills provider authors have come up with the conclusion that nursing providers need to focus on developing nurses' expertise and knowledge to ensure effectiveness in the practise.

Some of the researchers have concluded the situation that results in stress for nurses. Some stressors were workload and traumatic stress caused due to critical situation handling. With mental health being jeopardised the nurses were unable to perform, and it affected their decision-making skills, and confidence and resulted in an increase in anxiety and mental health-related diseases. The authors have summed up that due to this increased stress and workplace mismanagement many nurses have left their jobs and the result of this has been shown that there is 28% of nurse turnover in the UAE with most of nurses being frustrated with the jobs they are currently doing (Mossarah, 2023).

Authors have summed up some occupational stressors as the internal and external stimulus that leads to nurses' stress. Some authors have supported the occupational stressors with statistics, and it resulted in nurse's turnover. Furthermore, the comparison of nurses' occupational stressors has been done by authors while focusing on countries like Germany, the UK, Ethiopia, and China.

Apart from occupational stress it is pointed out that the other factors such as the lack of training, compensation and benefits and the other factors such as discrimination also affected the turnover among the nurses.

To sum up authors in the above discussion have thrown light on various aspects that cause stress to nurses and how this stress is impacting on the mental and physical well-being of the nursing. With knowledge of the stressors, the discussion is developed to understand the impact of these stressors on performance and nurse turnover in the UAE. Meanwhile nursing professional stress and its impact in various countries is also highlighted in the topic discussed above.

## **Chapter Three - Research Methodology**

### **3.0 Introduction**

The purpose of the current chapter is to present the research methodology and methods that have been developed to address the research aim and research questions that have been formulated for the study. It has been suggested by Rajasekar et al. (2006) that research is a logical and systematic search for something new and useful when studying a new topic. It is also considered an investigation focused on solving a research problem through a systematic analysis. Indeed, May and Perry (2022) suggest that research is a search for knowledge or discovery of hidden truths and knowledge or information about matters. It can be observed from the above discussion that many studies conclude that research is the collecting or search of information to reveal the truth or discover hidden in a systematic and logical fashion and to collect that information/data it is important to adopt an appropriate data collection method, which is the prerequisite for a successful research inquiry (Dhamdhere, 2015). There are several sources through which the data is collected in most of the research studies, and these include experience, books, journals, and human beings or nature. While some studies adopt existing sources, others obtain information from primary sources. The method of the research, the source of data collection, and how the research arrives at results will be discussed within the methodology section. The research paradigm is the first and foremost step and it guides the research action, while the design of the research explains the methods and strategies applied.

### **3.1 Research Paradigm**

The research paradigm is a set of beliefs and ideas that offer a model or pattern for conducting the research. There are two paramount theories known as the ‘traditional philosophical paradigms’, which are: positivism and interpretivism. These designations gave rise to several other philosophical paradigms (Rahi, 2017). However, most recent studies have observed that there are five different research paradigms, comprising which include positivism,

interpretivism, critical realism, post-modernism, and pragmatism (Kivunja & Kuyini, 2017). Selecting the appropriate research philosophy is the most important step of the research and this in turn guides the rest of the actions, including the research design, approaches, and methods. Indeed, Guba & Lincoln (1982, p. 105) were of the view that, “*research philosophy is a basic belief system or world view which guides investigation*”. Precisely, it is the way that knowledge is developed or rather the nature of knowledge. The selection of the research philosophy depends on the practical considerations and researcher perspective of the real world (Holden & Lynch, 2004).

In the current study, the researcher is concerned to understand the factors or reasons that influence nurse turnover in hospitals within Dubai. This study is concerned with the feelings of the nursing professionals rather than facts. This study not only requires the researcher to explore feelings of nurses influence them to leave hospitals, thus increasing turnover, but also provide hospitals with an understanding of how they improve their strategies to ensure workforce retention. To do all these things it is important to understand the feelings of nursing professionals. Interpretivism believes that multiple realities and knowledge are constructed based on social interactions (Alharahsheh & Pius, 2020). Hence, among these different paradigms available, this study adopts the interpretivism paradigm. Interpretivism informed the overall decisions in terms of the research approach, design and methods that were adopted for the study. This is also referred to as constructionism, as knowledge is constructed by interaction with human respondents (Alharahsheh & Pius, 2020). The interpretivist paradigm holds the philosophical underpinning and framework for qualitative research approaches, designs, and methods.

A definition of interpretivism is a recognition that reality is a product of human intelligence interacting with the experience of the real world. Indeed, it has been suggested that ‘reality is a construct of human mind’ which means that knowledge is gained from human experience or

understanding of the world (Pham, 2018). This form of paradigm holds that people learn from the environment, and this helps them to create knowledge. However, the form of learning in this context is not gained in a traditional method of teaching and lecturing in the classroom, rather, this form of learning occurs due to real-time experimentation by the learner and in the process, they discover knowledge. This contrasts with the positivist philosophy, which suggests that knowledge is gained through scientific methods, and it is also said that knowledge is relatively objective (Rehman & Alharthi, 2016).

Furthermore, Saunders et al (2009) suggest that research philosophies are divided into objective or subjective. They explained that subjectivity and objectivity are two opposites and are at the extreme ends of an epistemological continuum. According to Saunders et al (2009), subjectivism assumes that social reality is constructed from personality, values, and beliefs along with the social experiences of the social actors, including the researcher. Creswell (2021) has suggested that the constructionist paradigm typically is subjective and hence adopts a qualitative approach. As in the current study, the focus is towards understanding the reasons for the turnover of nurses within the UAE. In this case it could be understood that the researcher wants to understand the factors which led to attrition, based on which the researcher would arrive at theory. This means that in this case knowledge is constructed through human interaction where they would learn from the experiences of the nurses what are the factors which influence their attrition. This explains that the knowledge in this case is subjective and hence the constructionist paradigm is most effective in this case. The researcher will therefore conduct a subjective study, adopting strategies through which qualitative data analysis can be conducted.

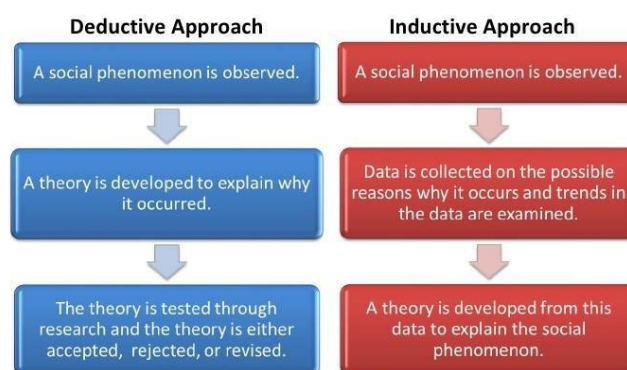
### **3.2 Research Approach**

Creswell (2021) defined a research approach as a form of overall plan, proposal, or form of enquiry. Saunders et al. (2009) also stated that the research approach forms the basis for the

data analysis or a form of reasoning and broadly divides into three different approaches, namely: inductive, deductive, and abductive approaches. The approach depends on whether the theory is to be built or to be tested within the research process. While the deductive approach focuses on theory testing, the inductive approach is focused on theory building. Abductive approach begins with a set of observations and proceeds towards arriving at conclusions based on internal intuition (Saunders et al., 2009).

In the current study the inductive approach will be applied. The inductive approach is adopted when the researcher focuses towards gaining an understanding of the topic area. As in the study, the researcher needs to gain an understanding of the topic area the inductive approach is therefore more appropriate.

### Deductive and Inductive Approaches



*Figure 8: Inductive Research Approach*

(Source: Cooper & Schindler, 2016)

Bernard (2013) explained that inductive reasoning begins with the process of observation and at the end, theories are proposed based on these observations. It involves searching for patterns within the data followed by explanations of the given data sets, which finally leads to the development of the theory. In this form of reasoning, unlike the deductive approach, no



hypotheses or theory are formulated at the beginning of the study. As can be observed from figure 8 above, the inductive approach is often called the ‘bottom-up’ approach as it moves up to frame theories (Cooper & Schindler, 2016). The inductive approach is usually associated with open-ended questions. As in the current study, the question is, “What are the factors which impact the nurse turnover in Dubai hospitals?” This is an open-ended and process-oriented question, which is why inductive approach is most suitable and has been adopted in the study.

### **3.3 Research Strategy**

The research strategy (or the design) helps in guiding the data collection and analysis within the research study. Indeed, Edlund and Nichols (2019) also defined a research design ‘as an overall blueprint which integrates the various components of the study in a clear and logical fashion’. The research design helps in addressing the research problem. According to the research onion framework provided by Saunderson et al. (2009) there are several research strategies, and these include quantitative designs (experiments, and surveys); qualitative designs (ethnography, action research, grounded theory, narrative enquiry, and case studies); and mixed design (exploratory sequential, explanatory sequential and convergent). Among the various strategies which have been discussed above, a particular study can adopt one or more than one strategy based on certain key considerations, which have been suggested by Yin (2018) to include – 1) the timeline of the target being studied- whether it is contemporary or somewhere in the past; 2) if the study requires any form of control or action; 3) the type of research question of the study.

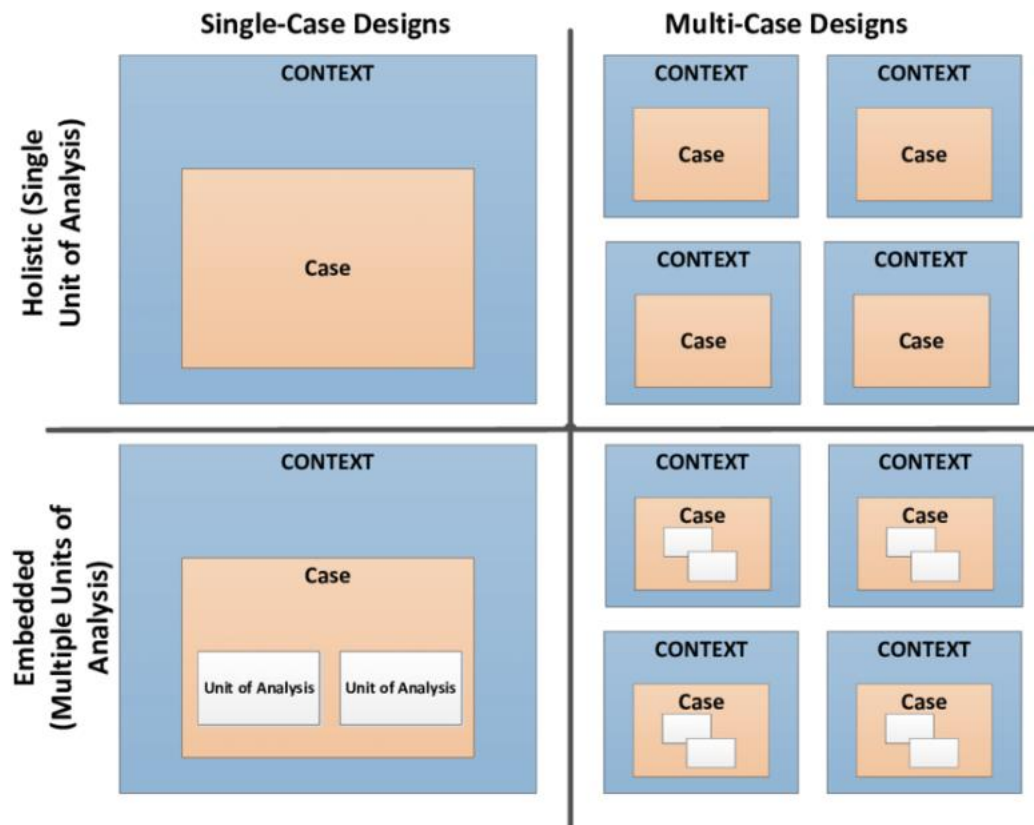
In the current study, qualitative strategies such as case study and enquiry will be applied. Yin (2018) suggested that case studies are adopted when the issue to be discussed is a contemporary issue in the real-world context, over which the researcher has little control. The research problem is focused towards understanding the reasons for turnover among nurses in Dubai. This problem is a contemporary and real-time problem, which is why the case study

methodology is effective. Case studies are adopted when closely examining the data in a specific context. They offer in-depth explanation of social behavior and phenomena in each context. In a case study the behavior or attitudes of a particular group or organization is investigated within its natural setting. This in turn allows researchers to understand their behaviors and generalize in a larger context (Feagin, Orum & Sjoberg, 2016). In this case, the nursing professionals and their behaviors are studied in the context of a hospital in Dubai.

There are three different types of case studies comprising intrinsic, instrumental, and collective case studies (Yazan, 2015). Among the three different types of case studies which have been developed, the first and foremost one is the intrinsic case study, where a unique research phenomenon is to be understood in each context. The research is conducted only in each set-up where the unique or single problem is analyzed. The second method is the instrumental case study method. In this, a particular case is studied in two to three different contexts. Thus, for example, if the nurse's attrition problem were to be studied in two different hospitals, then it could be considered as an instrumental case study. Finally, the collective case study is the one that involves studying multiple cases either sequentially or subsequently to generate a broader understanding of the given issue. For example, for the same study, the different problems of nurses, such as the reasons for attrition, skill related problems and the work-life balance related issues, when studied together, could form multiple cases and hence be considered as a collective case study. These issues can be studied in the same hospital or two or more hospitals (Yazan, 2015). In the given case, the intrinsic case study approach is undertaken. This is segregated as the intrinsic case study method because a single case is employed, which allows the reasons for nurse's turnover is studied in one hospital, which is why it is called the intrinsic case study method.

Another form of classification is the single case and multiple case designs as shown in figure 9 below. From the figure it can be observed that single case designs are where the phenomenon

is studied in a single context, while multiple case designs are where the phenomenon is studied in multiple contexts. Furthermore, a holistic design includes only one unit of analysis within the given context, while embedded designs include multiple units (Brewster, 2019).



*Figure 9: Case study design*

(Source: Brewster, 2019)

The current study fits into the third quadrant, which shows that there is a single case and embedded units of analysis. The study is conducted in the context of a single Dubai hospital; however, interviews were conducted with 23 nursing professionals, comprising the several units, which is why it can be considered as a single-embedded design. This form of design allows the researcher to focus on a single context but with multiple units, which makes it effective as compared to the single context holistic design because it allows findings to be generalized and adopted in a larger context. Thus, the case study design which has been adopted

in the study has been analyzed in the given context; however, the case study hospital that has been selected will be discussed in detail in below sections

### ***3.3.1 Background of the Case Study Hospital***

The case study was conducted in one of the largest and most established hospital in Dubai. It is one of the largest private healthcare companies in the UAE. The origins of the healthcare organisation have been rooted in 2004 and since then the hospital has been adapting to the changing healthcare environment since its inception.

The hospital selected for the study is a multispecialty hospital which is part of the larger conglomerate providing quality and trusted healthcare services to the people of Dubai and Northern Emirates. The hospital is affiliated with all major national as well as international insurance companies and enjoys direct billing facilities with the insurance companies and third-party administrators (TPA).

### ***3.3.2 Research Methodological Choices***

The research method choices for the researcher, as per Saunders et al (2009), include mono-method, multi-method, and mixed methods. While the mono-method focuses on any research method, either quantitative or qualitative, the mixed methods use both methods. The multi-method approach involves the adoption of more than two methods; for example, either two qualitative and one quantitative or one quantitative or two qualitative methods would be adopted in the study. In this study, the mono-method is adopted, focusing on qualitative method. Qualitative methods are those where the data is collected through non-numerical methods which helps in understanding the concepts, views, and experiences of the target population. Some of the most used methods of qualitative studies are observations, interviews, focus groups and ethnographic research. All of these are qualitative methods, among which interviews were selected as the primary data collection method in this study. There are different types of

interviews which are widely adopted in qualitative research, and these include structured, semi-structured and narrative or in-depth interviews (Ruslin et al., 2022).

### ***Structured Interviews***

Structured interviews are those where there is a particular structure for the interview, which is adopted, and this offers good comparability, but it lacks flexibility. This form of interviews requires the researcher to develop questions which are more structured, and it includes a combination of closed and open-ended questions, and the open-ended questions are worded in such a way that they have less flexibility as the questions are more direct. This form of structured interview is avoided in this study as this study focuses on exploring and investigating the topic, which requires the researcher to dig deep and understand problems, which will require flexibility and hence in this study structured interviews are avoided (Ruslin et al., 2022).

### ***Semi-structured interviews***

Semi-structured interviews are a variant of structured interviews where there is greater flexibility offered to the interviewees to describe and elaborate on the given topic. However, it prevents the discussion from going beyond the boundaries, which makes it quite structured while also offering the required flexibility. This method was adopted in this paper. Thus, an interview booklet was prepared where the questions were prepared based on the themes which have been developed as a part of the research literature review, based on which five themes have been framed and the questions have been developed from those. Also, some follow-up questions are offered following each of the main questions, which makes the research questions more effective and prompts the respondents to talk and elaborate in the direction that is more relevant to the research topic. The follow-up questions were also prepared by the researcher, and this helped them and guided their discussion (Ruslin et al., 2022). However, not all the questions developed need to be used in the research. This form of interview offers flexibility

to the researcher and allows both the researcher and the respondent to thoroughly explore the themes which have been developed for the study. This makes this form of interview more appropriate for the study.

### ***In-depth interviews***

These forms of in-depth interviews offer greater flexibility which allows the interviewees to elaborately explain a given phenomenon to a full extent. The researcher explains the topic and what they want to understand from the interviewee. The respondent is given the flexibility to talk about what they know about the given topic. This form of interviews allows in-depth exploration especially when the study is focused towards understanding and getting details about a given topic, but this study lacks the structure because of which the discussion may entirely go in a different direction (Brinkmann, 2014). For example, in the given topic if we ask the nurses to talk about their problems, they can talk about their day-to-day problems and also sometimes how they are not able to manage things all of which may be an entirely different topic and are no way concerned with the nurses turnover and the discussion would go in a different direction making it irrelevant for the researcher. Hence, this form of in-depth or narrative interviews is avoided in this study.

The research methodological choices are an important and most relevant part of the discussion and hence it has been finally observed that the qualitative semi-structured interviews have been developed for the study among the different choices which have been offered as a part of the study.

## **3.4 Data Collection**

### ***3.4.1 Pilot Study***

Two pilot studies were conducted on 8 nurses to test the research instruments and to validate the research questions that have been developed for the study. The 8 participants who were

selected for the pilot study were also part of the main study. The inputs offered by them were also integrated into the main study.

After the development of the interview guide, pilot testing was done wherein a pilot interview was conducted with eight nurses not included in the final sample to test the interview guide's clarity, flow, and appropriateness (Kallio et al., 2016). The pilot interview helped determine whether the interview questions and prompts were clear and easily understood by the participants. The nurse involved in the pilot interview was encouraged to provide feedback on those areas where the nurse felt confused or unsure about the intended meaning of the questions.

Mason et al. (2010) stated that pilot interview testing assesses the questions' overall flow and sequencing. It helps identify potential gaps, redundancies, or inconsistencies in the interview guide. The nurse's feedback on the logical progression of the questions and the transition between topics was valuable in improving the guide's structure. Based on the feedback received during the pilot interview, adjustments can be made to the interview guide to enhance its effectiveness. For instance, the nurse identified unclear and confusing questions. As a result, interview questions were refined into simple language and two questions were rephrased for better comprehension (Yeong et al., 2018). The nurse's feedback also highlighted the important aspects of nursing turnover that were overlooked in the initial interview guide. For instance, in the revised interview guide, some important aspects or dimensions of nursing turnover, such as stress, are overlooked in the initial interview guide. These insights were used to refine and expand the guide to gather comprehensive data during the subsequent interviews.

Also, in this study a small-scale pilot test has been conducted. In the pilot test, two nursing professionals from the case study Hospital have been recruited and they were interviewed by adopting the semi-structured interview method. After the interview, some questions were also

asked to the professionals such as “were the questions relevant to the topic?” and “What are the changes you would suggest making them more appropriate and helpful for the topic?” Some of the inputs were offered by the professionals based on which the changes were made in the interview questions. It was explained that the questions were too generalised, and they focused on stress as a main reason for turnover. However, they said that there are several other factors which they considered important to be included in the questions based on which focus on ‘stress’ among professionals has reduced and focused on other factors was also included in the questions. Some of the factors which were specifically identified after the pilot study were the discrimination of lack of equality and hospital environment were some which were mentioned by the nurses as some of the reasons for which they preferred to leave jobs. Based on these insights some of the questions were added in the interview (in Appendix 1). These questions were:

*Can you share an experience where you have personally felt that you were given equal opportunity or witnessed discrimination at your workplace?*

*What advice or suggestions would you give to healthcare organisations or policymakers to create a more inclusive and supportive environment for nurses, where discrimination is effectively addressed?*

*How do you consider the work environment in your hospital? Do you think work environment influences nurses’ intention to leave hospitals? What are the unpleasant aspects in the work environment you usually do not like?*

*To what extent do you feel the support from hospital management reduces stress levels among nurses?*



### ***3.4.2 Data collection***

Data collection is a crucial step in research methodology that involves gathering information and observations to answer research questions or test hypotheses (Pandey & Pandey, 2021). Many data collection methods are commonly used in research, ranging from surveys and focus groups to interviews, experiments, and observations. In this research, the interview method is chosen as a data collection method under which semi-structured interviews are considered. As in this study the focus was to explore the reason for nurse turnover, structured interviews are not applicable and structured interviews are more likely to be adopted in conjunction with quantitative methods and hence are not suitable for exploratory studies. In this study semi-structured are preferred over in-depth interviews because the latter offer greater flexibility which in some cases results in lot of confusion and the participants may end up deviating from the actual topic line.

It is important to note that the choice of data collection method depends on the research objectives, research questions, available resources and the nature of the phenomenon being studied (Adeoye-Olatunde and Olenik, 2021). Researchers often employ a combination of methods to triangulate data and enhance the validity and reliability of findings.

Data collection for a semi-structured interview involves various steps (Adeoye-Olatunde and Olenik, 2021). The first step is to develop a research design that outlines the objectives. The main aim of the research is to explore the factors contributing to turnover among nursing professionals in Dubai and explore their experiences. After developing the research design, as detailed in the above sections, ethical approval from the institutional review board ensured participant confidentiality and informed consent (Xu et al., 2020).

Participant recruitment is the next step involved in data collection, which focuses on identifying potential participants meeting criteria. In the context of this research, nurses with

at least one year of experience working in the chosen hospital are recruited as interviewees with different nationalities. Indeed, the study would recruit participants from both genders to ensure greater insights. Kennis et al. (2020) highlighted that potential participants in an interview are identified by first determining inclusion criteria. It is important first to determine the specific criteria for selecting participants. For instance, the inclusion criteria in this research include nurses currently working in the Dubai hospital with varying levels of experience across different departments. The researcher worked with the hospital's administration and nursing supervisors to identify potential participants who met the inclusion criteria. This was mainly done through purposive or convenience sampling, which is discussed further in the sampling strategies section. The research team collaborated with nursing supervisors in the Dubai hospital to identify potential participants who had recently experienced turnover or were at risk of leaving their current positions.

Regarding recruitment invitations, potential participants can be contacted through various means such as phone calls; e-mail and in-person communications to introduce the research project and invite them to participate in data collection (Alhejaili et al., 2022). The researcher must clearly explain the purpose of the study and assure confidentiality and emphasize the voluntary nature of participation. In the context of this research, an e-mail invitation was sent to the potential participants explaining the research objectives, the significance of their contribution and the confidentiality measures in place. The e-mail includes a contact person's information in case participants had concerns or questions.

Before the interview, the researcher met with each participant in person, explained the research process and provided an information sheet and consent form for them to review (Price et al., 2020). Participants were given ample time to ask questions and clarify concerns before deciding whether to participate. Furthermore, the data collection process involved coordinating interview schedules based on participants' availability and preferences. In this research, the

researcher worked with the participants to determine convenient interview slots considering their working hours and shifts. Interviews were scheduled during participants' free time to minimize disruption to their regular work responsibilities (Peiris et al., 2021).

Semi-structured interviews were conducted in a private and comfortable setting within the hospital premises (Ige & Cele, 2022). The interview guide was followed thoroughly, allowing participants to share their experiences, perceptions, and insights regarding turnover characteristics in nursing professionals. The interviews were conducted in a private room within the hospital, ensuring confidentiality. The interview was conducted in English, it was video recorded with the consent of the participants and later those interviews videos were converted into transcripts with the help of the NVivo transcription software.

As stated by Ruslin et al. (2022), interview guide development is an important part of data collection in primary qualitative research as it provides a structured framework for the interviewer to follow during the interview process. Similar views were opined by Roberts (2020), stating that the interview guide helps align the interview process with the research objectives. It ensures that the questions asked during the interview are directly related to the research topic or the study's specific objectives. By designing targeted questions, the interview guide helps gather the necessary information to address the research goals effectively. Keeping this in mind, the researcher focused on the development of a semi-structured interview guide with open-ended questions and prompts addressing turnover characteristics, job satisfaction, work environment, career, and organizational support (Hassanein & Özgüt, 2022). The questions were developed in English and the interview was conducted in the same language hence no translation was required. A total of seventeen open-ended questions was included in the interview guide, which was well aligned with the research objectives. The interview guide development was based on the literature review based on which the researcher initially arrived at five factors which could be considered as the pre-determined themes for the research. The

five areas include work-life balance, people development and technology impact, hospital policy and environment, compensation and benefits, and equal opportunities. The interview questions developed for the study are under these areas and they can be observed in the Interview Guide attached in Appendix 1.

According to Barriball and While (1994), the standardized interview ensures that the wording and order of questions remain consistent for every respondent. This approach ensures that any variations in the answers can be attributed to individual differences among the respondents rather than variations in the questions asked. In the context of conducting face-to-face interviews with 23 nurses in a hospital setting to explore the characteristics of turnover among nursing professionals in the UAE, it highlights the importance of maintaining consistency in the wording and order of questions. In the given research topic, a semi-structured interview approach is used, which does provide flexibility for probing and follow-up questions based on the responses (Adams, 2015). However, by maintaining a standardized set of core questions, the researchers can ensure that the key aspects of turnover characteristics are consistently explored across all interviews. This enhances the reliability and validity of the collected data, allowing for more accurate analysis and interpretation of findings (Adams,2015).

After the development of the interview guide, pilot testing was done wherein a pilot interview was conducted with a nurse not included in the final sample to test the interview guide's clarity, flow, and appropriateness (Kallio et al., 2016). The pilot interview helped determine whether the interview questions and prompts were clear and easily understood by the participants. The nurse involved in the pilot interview was encouraged to provide feedback on those areas where the researcher felt confused or unsure about the intended meaning of the questions. Mason et al. (2010) stated that pilot interview testing assesses the questions' overall flow and sequencing. It helps identify potential gaps, redundancies, or inconsistencies in the interview guide. The nurse's feedback on the logical progression of the questions and the transition between topics

was valuable in improving the guide's structure. Based on the feedback received during the pilot interview, adjustments can be made to the interview guide to enhance its effectiveness. For instance, the nurse identified unclear and confusing questions. As a result, interview questions were refined into simple language and two questions were rephrased for better comprehension (Yeong et al., 2018). The nurse's feedback also highlighted the important aspects of nursing turnover that were overlooked in the initial interview guide. For instance, in the revised interview guide, the important aspects or dimensions of nursing turnover, such as stress, are overlooked in the initial interview guide. These insights were used to refine and expand the guide to gather comprehensive data during the subsequent interviews.

After the completion of pilot testing, individual face-to-face interviews were scheduled with the 23 selected nurses. The opening statement that the researcher used before conducting interviews was, "Thank you for participating in this study. The purpose is to explore the turnover among nursing professionals in Dubai. Your insights and experiences are valuable." After thanking the participants, the researcher took individual interviewees to the designated room and sought permission to audio-record the interviews to ensure accurate capturing of responses. All participants offered consent to record their interviews. The recording taken allowed the researcher to listen to the recording multiple times during the analysis phase, reducing the chances of misinterpreting interviewees' responses (Cypress, 2018). While audio recording is helpful for accurately capturing verbal responses, note-taking during face-to-face interviews allows researchers to document non-verbal cues and observations. The researcher focused on non-verbal cues such as facial expressions, body language and gestures, which can provide valuable insights into participants' attitudes, emotions, and levels of comfort with certain topics.

During audio recording and note-taking, the researcher used the semi-structured interview guide as a framework which allowed flexibility to probe deeper into participants' responses

(Taylor, 2005). Many follow-up questions were asked to gain more clarity. For instance, this follow-up question, "You mentioned that work-life balance is a factor that contributes to turnover. Could you provide an example of a specific situation that made you consider leaving?" was addressed to the participants.

At the end of each interview, the researcher thanked the participants for their willingness to share their experiences and insights. Participants were assured that their input was highly valued and would contribute to advancing knowledge in nursing turnover (Burhans & Alligood,

20

### ***3.4.3 Sampling***

Sampling refers to selecting a subset of individuals or units from a large population to study and make inferences about that population (Sharma, 2017). The selected sample ideally represents the population to ensure the generalizability of the research findings. Various sampling methods and techniques are employed, depending on the research objective and the characteristics of the population under study. sampling methods include the following three types: probability sampling, non-probability sampling and mixed methods sampling, wherein each method has its advantages, limitations, and use cases (Acharya et al., 2013). According to Sharma et al. (2017), probability sampling is a sampling method wherein every member of the population has a known and equal chance of being selected for the sample. In such a sampling, participants are selected randomly. However, it is ensured that the sample is representative of the population. The selection of participants is based on criteria other than randomness, such as purposiveness, researcher judgment, and convenience. Acharya et al. (2013) further highlighted that non-probability sampling is often used when probability sampling methods are impractical. However, such a sampling method is more difficult and complex as compared to the probability methods (Acharya et al., 2013). The third method of sampling is mixed methods sampling, which involves using both probability and non-probability sampling techniques

within the same research study. It combines the strength of both approaches to attain a more comprehensive understanding of the research topic.

Probability sampling ensures representativeness and allows for statistical inferences, and non-probability sampling provides convenience and targeted selection. In contrast, mixed methods sampling combines both approaches to achieve a broader understanding of the research topic (Saunders et al., 2007). The choice of sampling method depends on the research objectives, the nature of the population, available resources, and the desired depth of analysis.

Yen & Lee (2006) argued that research focuses more on selecting the right sampling techniques under sampling methods. For instance, probability sampling includes different sampling techniques, such as simple random, stratified, and cluster sampling. In simple random sampling, everyone in the population has an equal chance of being selected. This can be done using random number generators or drawing names from a hat. In stratified sampling, the population is divided into homogenous subgroups, called strata, and individuals are randomly selected from each stratum in proportion to their representation in the population. This ensures proper representation from each subgroup. Cluster sampling is yet another category of probability sampling technique wherein the population is divided into clusters and randomly selected from these clusters.

There are four non-probability sampling techniques. Convenience sampling is the most used sampling technique under this method, wherein researchers select individuals who are conveniently available or easily accessible (Stratton, 2021). This method is convenient but can introduce some bias and limit generalizability. Purposive sampling involves researchers who select individuals who meet specific criteria relevant to the research objectives. This method is useful when seeking participants with expertise. In the Snowball sampling technique, a small set of participants is identified, and then they refer the researcher to other potential participants

who meet the criteria (Parker et al., 2019). This method is often used for hard-to-reach or hidden populations. The last sampling technique is the quota sampling technique, a non-probability sampling technique in which a researcher creates a convenient sample involving individuals representing a population. In such a sampling technique, individuals are chosen according to specific traits and qualities.

In the context of this research, the convenient sampling technique is chosen. The main reason for choosing this sampling technique is that it provided participants who are readily available and accessible. This was particularly useful when time constraints were present. Twenty-three nursing professionals from the hospital in Dubai were selected at the researcher's convenience. However, Pickering and Blaszczyński (2021) criticized convenience sampling because getting responses from only convenient participants who are easy to contact can compromise the research quality. Convenience sampling can affect the accuracy of the data and runs the risk that important cases are not detected, leading to under-coverage bias. The sample size selected for the study was 23. As the researcher interviewed 19 participants, it was observed that the responses were almost similar and consistent. Hence, four additional interviews were conducted with four more participants for data validation, thus arriving at the total number of 23.

Nevertheless, the convenience sampling technique has been useful in this research as practicality, and accessibility are two important factors in the research study (Kazi Turin Rahman & Arif, 2021). Since the study focused on nurses in a specific hospital setting, it was more feasible and efficient to access participants who were readily available within the hospital premises. There is no denying that the convenient sampling technique brought limitations to the research, but limitations were mitigated. For instance, the limitation of selection bias was mitigated using a diverse sample by considering factors such as years of experience, gender,



job roles and departments within the hospital. By including nurses with a range of experiences and roles, the study can capture a broader perspective on factor contributing to turnover.

#### ***3.4.4 Validity and Reliability of Research Methods***

The research method which has been used for the study is the personal interview method where face-to-face interviews were conducted. Validity is the extent to which the offered data is effective and could offer accurate conclusions. In addition, Lincoln & Guba (1985) also discussed that in a qualitative research study reliability is the stability of responses. Reliability in quantitative studies is different from that of qualitative studies as there are no measurements involved in this and hence in qualitative studies, reliability is about being careful, thorough and honest in asking questions (Robson, 2002).

It has been observed that the validity in qualitative research is frequently prone to threats such as researcher bias, respondent bias and reactivity. Some of the strategies have been suggested by Robson (2002) to deal with these and these can be observed in table 1 which has been given below.

|                               | <i>Reactivity</i> | <i>Researcher bias</i> | <i>Respondent bias</i> |
|-------------------------------|-------------------|------------------------|------------------------|
| <i>Prolonged involvement</i>  | Reduces threat    | Increases threat       | Reduces threat         |
| <i>Triangulation</i>          | Reduces threat    | Reduces threat         | Reduces threat         |
| <i>Peer debriefing</i>        | No effect         | Reduces threat         | No effect              |
| <i>Member checking</i>        | Reduces threat    | Reduces threat         | Reduces threat         |
| <i>Negative case analysis</i> | No effect         | Reduces threat         | No effect              |
| <i>Audit trail</i>            | No effect         | Reduces threat         | No effect              |

*Table 1: Strategies to deal with threats to validity.*

(Source: Robson, 2002)

Among the various strategies in this study, peer briefing where the researcher had presented ideas to supervisor, peers and others provided feedback which helped to deal with the researcher bias. Member checking is done and to do this a validation interview is conducted with the participants which helps in asking the participants on whether what the researcher has analyzed and interpreted would be true in real settings. Thus, these forms of strategies help in enhancing the overall validity of the study.

### **3.5 Data analysis**

Data analysis is the process of analysing data to draw conclusions that help decision-makers or researchers learn more about a range of topics. It helps in putting the raw data to be used. This procedure helps us reach our objectives by obtaining exact results, such as actions that cannot be foreseen because data collecting may reveal specific issues. The most demanding stage of a qualitative study is data analysis (Thorne, 2000). An enormous amount of data can be studied and analysed through data analysis. Going through a lot of data is a common part of research, and the amount of data that needs to be handled by researchers is growing every minute. Knowledge in data analysis is therefore a great advantage for researchers in the modern day, making them more productive and efficient (Thorne, 2000). Data analysis helps in cleaning the data to be analysed successfully. The power of data is unmatched after it has been purified, processed, and made usable. It is not only containing a range of essential information, but also analysing the data collectively reveals very minute patterns and features that would otherwise have gone unnoticed. The most important aspect of any study is the data. A researcher arrives at conclusions to address research questions only based on the data. The data could be either intrinsic or extrinsic. It depends on the topic and the method used to gather the data. A researcher and analyst should always obtain information on pertinent subjects and then compile it for analysis.

### ***3.5.1 Qualitative Vs Quantitative Data Analysis***

When a researcher or analyst encounters data, the first thing they do is look for patterns in it (Lochmiller, 2021). They search for a clear pattern, connection, and relationships between the collected data sets. To provide a relevant conclusion, the researchers or analysts study the data. This task is to focus on the entire data analysis procedure. There are numerous data analysis methods available today. The methods of data analysis vary depending on the kind of research being conducted. Either a quantitative or qualitative analysis of the data is performed.

Data analysis in social sciences is broadly divided into two types and these include the quantitative data analysis and qualitative data analysis. Qualitative data analysis and considers every aspect of the data that was gathered. Data is gathered from multiple sources it is then got evaluated and interpreted to find a significant connection and develop a relationship between the various textual data forms. To produce a successful outcome, data analysis also identifies the patterns and themes in the data. The analysis makes it very simple to respond to any study inquiries. The task of data interpretation is made easier by qualitative data analysis. The outcome is derived from data in textual formats. It is important to acknowledge that qualitative data analysis is carried out at all stages of data analysis. To ensure the goal of establishing meaningful links and interactions, researchers and analysts conduct qualitative analysis. When conducting a qualitative analysis, pay close attention to any patterns in the data forms. It is an essential phase in the process of analysing qualitative data.

In this study the qualitative analysis has been undertaken to address questions concerned with developing an understanding of causes of turnover of nurses working in the case study hospital within Dubai. Insights into nurse's feelings and thoughts are gained through qualitative research, which may serve as the foundation for a future stand-alone qualitative study or assist researchers in developing survey instruments for use in a quantitative study. Data that is qualitative is unstructured and not quantifiable. Although voice, pictures, and video can also

be considered qualitative data, text-based responses to survey questions or user interviews are the most common type. In qualitative research, the researcher's job is to try to understand the participants' thoughts and feelings, as it entails asking people to discuss topics that may be extremely personal to them. Qualitative research aims to involve persons with extensive experience in the relevant topics (Speziale et al., 2011). The purpose of a qualitative study is to explain why people have ideas and emotions that could influence their Behaviour. This study aims to identify the reasons for the turnover among the nurses employed at a Dubai hospital.

As discussed in the data collection section above, the video recordings were taken during the process with the permission of the interviewees as well as the required authorities further to which the transcription of the video recordings has been done. The ideas were allowed to arise naturally through inductive coding and thematic analysis. To categorize the themes, the researcher manually read the transcripts of the pilot study, highlighting various codes with different colours (Caulfield, 2019). The study's significance and added value were boosted by the discoveries that the inductive approach to coding produced went beyond the theoretical foundations.

### ***3.5.2 NVivo Software***

The NVivo is a software tool which was used for the process of qualitative analysis for the study. It is specifically used to analyse unstructured text, audio, video, and image data from sources such (but not restricted to) interviews, focus groups, surveys, social media, and journal articles. The company behind it is QSR International. It is accessible for both Windows and Mac operating systems as of July. 2014. The goal of NVivo is to assist users in structuring and analysing non-numerical or unstructured data. According to its creators, it aids qualitative researchers in the organisation, analysis, and discovery of insights in unstructured or qualitative data such as interviews, open-ended survey responses, journal articles, social media, and web content, where in-depth analysis on small or large volumes of data is necessary.

The NVivo 12 is the latest version which has been available for download. It includes the NVivo transcription which is used for the transcription of the audio recordings, and this would be adopted in the study for transcribing the audio recordings of the interviews with the nurses. Following the coding of the transcribed data, the thematic analysis has been undertaken in the study.

The NVivo software was used for coding for which it was run using the transcribed files were initially uploaded on the software. The organising words which were used in the interview guide was used to filter and segregate the data. For example, all the responses on hospital environment or work environment were grouped under one for analysing them easily. Then the word frequency query is run based on which the similar words are identified which helps in offering a broad idea of the responses. The next step is that the connections between the themes is identified and based on these interpretations arrived. These are the steps involved while using the NVivo.

### ***3.5.3 Thematic analysis***

Thematic analysis is suitable for qualitative data analysis (Terry et al., 2017). Thematic analysis is a technique used to systematically find, arrange, and provide insights into patterns of meaning across a set of data, according to Braun and Clarke (2021). By concentrating on meaning across a set of data, then the researcher was able to draw conclusions about collective or shared meanings and experiences utilizing thematic analysis using an inductive method. With open and selective coding, the authors first went over the data to find alternative domains. Codes were separated into groups from the derived data once the domains had been identified to enable the discovery of links between the codes (Jowsey et al., 2021). Data were evaluated utilizing logical and analytical thinking. After the data had been coded, it orders, structure, and interpretation of the data that was gathered (Faria-Schützer et al., 2021).

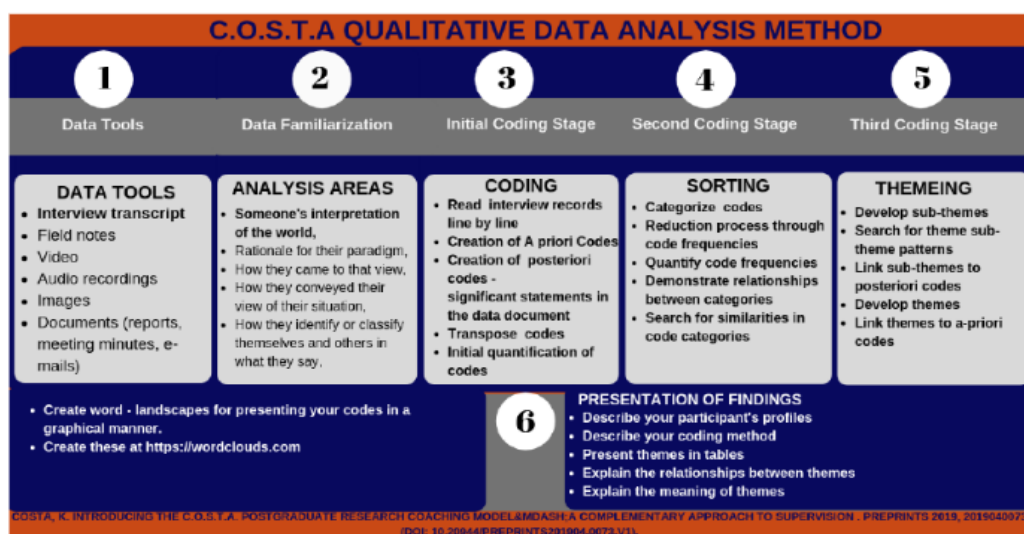
Usually, only those themes that contribute to resolving the study questions have been chosen. Researchers create themes in thematic analysis with the help of various codes. These codes are the passages of text that emphasize key ideas. In thematic analysis, the data is presented and interpreted in a way that makes the inferences very clear. There are various benefits of thematic analysis. The approach offers data with flexibility because of the theme analysis (Clarke et al., 2015). The study's design is determined to change.

During the study process, the objectives may also alter. There is no requirement for adherence to rules. Different methods can be used to gather data. Because it takes a subjective approach, it can be connected to a wide range of theories. Each researcher is free to develop their own method for thematic analysis. According to Kiger & Varpio (2020), the study demonstrates an adaptable procedure that enables analysts of various experience levels to adopt this methodology. The versatility of theme analysis is what makes it so appealing. The actual codes could be created from the data sets using thematic assessment, which contributes to the validity of your study. Additionally, it clearly illustrates basic ideas and discusses their causes. You will find it simpler to explain novel ideas that have an impact on behavioural patterns. It is critical to comprehend whether underlying circumstances have an impact on character features. To fully address any study subject, thematic analysis is also beneficial. According to the subjective perspective, everything has a purpose. This strategy is frequently used by researchers to deal with difficult subject matter (Guest et al., 2012). This is a key benefit of theme analysis that draws numerous scholars to choose it. The versatility of thematic analysis among researchers is what makes it so appealing.

### ***3.5.4 Process of Thematic Analysis***

The process of doing a thematic analysis can be approached in a variety of ways. While the six-step method offered by Braun & Clarke (2006) was most widely adopted method, the one which has been presented by Costa (2019) adopted a combination of deductive and inductive

thematic analysis which is more appropriate in this study which is why this is adopted for the study. It can be observed in the figure 10. By following this procedure, you can also prevent confirmation bias from entering your analysis. The process allows us to arrive at five themes which have been determined during the literature review. The themes include – compensation and benefits, work-life balance, people development and technology, work environment, and equal opportunities. The process of thematic analysis would be discussed below which allows to explain how the themes are analysed further.



*Figure 10: Thematic Analysis*

(Source: Costa, 2019)

### Step 1: Data Tools

Step 1 begins with the selection of the data tools for the process. It can be observed that there are various data tools which have been adopted in the research studies as shown above in the figure 10 among which the interviews are selected for the study.

### Step 2 - Familiarizing with the data

The researcher should become familiar with our data in the first phase. Then, they must be aware of the themes that can be drawn from the data. In this stage, the data format could also be modified. The audio recordings which have been transcribed at this stage were compared with that of the field notes which have been developed and this helps to analyse the data well. It can be observed that in qualitative research, the analysis and results depend on how the researcher would socially construct the views of the participants. However, in this stage, in this study the researcher also considers the six areas which have been segregated under the Interview guide based on the literature review, arrive at pre-determined themes in the NVivo software. The pre-determined themes which have been identified in the study could be observed in the table below.

| <b>Pre-determined Themes</b>                  | <b>Theme Description</b>   |
|---|--|
| Work-Life balance among nursing professionals | The work-life balance and mainly stress and other factors which influence the turnover.  |
| People development & Technology Impact        | The focus is on the training and professional development practices adopted within the hospital.   |
| Hospital policy and benefits                  | The hospital policy discusses the policies, practices, and support systems within the hospital towards the staff.  |
| Compensation and benefits                     | One of the factors which plays a huge role in the turnover of nursing professionals is compensation and benefits offered by the hospital. It discusses on the problems |



|                     |  |
|---------------------|--|
|                     | associated with wages and related benefits in the hospital.  |
| Equal opportunities | The equal opportunities focus on understanding the discriminatory practices encountered within hospital. |

*Table 2: Predetermined themes in the study (Source: Self-developed)*

### **Step 3: Initial Coding stage**

The investigation used hybrid coding and began with a deductive strategy. Hybrid coding is a process which involves a combination of both inductive and deductive coding. The initial coding stage involves creating codes using the data. To discover new codes, the researcher repeatedly refers to the data. While coding, the qualitative researcher can stay focused on key codes by recalling the research question or narrative (Stuckey, 2015). They hone their codes during this procedure as well. The framework for comprehending pertinent topics is established by these regulations. Coding is given a lot of consideration by researchers. The initial coding stage involves two processes, and these include – 1) Anchor codes -deductive codes and 2) Significant statements - Inductive codes.

#### *Anchor codes – deductive codes*

Anchor codes are also known as the deductive codes. They are deduced from the theories, study title and the research question of the study. These concepts are considered as deduced or anchor codes. The purpose is to link significant statements which spurt from the data documents where the researcher adopts an iterative process to arrive at the statements (Braun & Clarke, 2006).

- Anchor codes
- Physics workload
- Emotional job stress
- Job demand
- Staff shortage
- Lack of knowledge
- Lack of skill
- Personality traits
- Productivity level
- Quality of work life
- Organization politics
- Workload
- Impact on health

### **Significant statements – Inductive process**

The creation of codes from significant statements in the data documents. Statements with similar meanings must be categorized under the same code. Throughout this step, the data was organized methodically (Jansen, 2020). To create and assign codes to categorize data extracts, qualitative data coding is used. A code is a label that represents the content. Coding has reduced the data to manageable, comprehensible pieces (Creswell, 2021).

### **Transposing Codes**

The next stage once both deductive and inductive coding is done is to transpose the codes. This stage includes two steps – initially to put both the deductive and inductive codes in a single document; the second step is to establish the inductive codes under each of the anchor code.

#### **Step 4: Second Coding Stage**

The process of grouping codes to create themes is the next phase. Understanding the codes and how they relate to one another is crucial. A single word to represent a code. Themes, on the other hand, must be meaningful sentences. Sub-themes from the data may occasionally be discovered as well. Finding the larger themes that address the study issue is aided by these subthemes.

The relationship between the codes is identified in this step. In quantitative analysis and positivist paradigm the relation is established with the help of analysis but in qualitative the researcher needs to adopt their own metacognitive abilities to arrive at the themes.

The frequencies of the codes are also established so that they can be categorised under a sub-theme and theme.

Therefore, it is critical to comprehend the significance of your facts. Do not disregard any information by assuming it is useless. This error could result in the loss of significant discoveries.

#### **Step 5: Reviewing Theme:**

The next stage is to carefully analyse the themes and sub-themes that have been generated. The themes could be reviewed and related to the codes in this step. It would then be assessed whether the themes adhere to the rules. It would be noted that some motifs fall short of their intended purpose. Additionally, the researcher needs to carefully consider if these themes apply to the actual data. We also consider how they relate to the study questions. The researcher should not let our study goals deter us from working with a large data set. Therefore, examining the topics is crucial to addressing the study questions. The analysis might help in developing the research questions. The analysis might help in developing the research questions. The researcher can arrive at more meaningful conclusions by defining the themes with greater

specificity. Each topic has a corresponding meaning that pertains to the whole situation. The statements should be used by researchers to develop a subject that makes sense to them as well as to their other audiences. A researcher can obtain a deeper understanding of the themes by going over them repeatedly. This comprehension aids the researcher in explaining the true significance of the findings as well.

#### **Step 6: Defining and naming themes.**

Once the final list of themes has arrived, it is time to give each one a name and a brief definition. The process of defining themes involves outlining precisely what it is meant by each theme and determining how it aids in our comprehension of the facts. The process of naming themes involves giving each theme a short, simple name.

#### **Step 7: Give Your Narrative**

The last stage in thematic analysis is writing the report. Researchers should now share their narratives after carefully going over the themes. The real picture must be shown in this narrative. Researchers must cite facts that support their arguments while providing narratives. Researchers must support their claims with convincing reasons. They must also keep in mind the fact that they must respond to the research questions. Thus, their narrative must provide a satisfactory response. The study questions must be revised if the narrative does not address them. Writing a thorough report is the process' final phase in thematic evaluation. The introduction to this report includes a line that informs readers of the research topic and the analysis done. Additionally, it emphasizes how you gathered resources and what steps and levels of thematic analysis you took. The summary of your findings and an explanation of how they reframe or address the study questions are provided in the conclusion. Writing a report gives you and other researchers a reference for future research on that topic.

### 3.6 Ethical consideration in research

The practice of research ethics includes the inclusion of fundamental ethical principles to research activities, such as the planning and carrying out of research, respect for society and others, the use of resources and research outputs, the detection of scientific misconduct, and the control of research. A set of rules known as research ethics helps researchers conduct thorough study. It outlines the standards of behaviour that set apart what is right from wrong. Research ethics are a set of moral guidelines that a researcher must abide by to do research that meets scientific standards and produces the best outcomes. Promoting moral principles is crucial for group endeavours. Additionally, research ethics guarantees the study be carried out in a manner that advances the interests of the participants or the community at large. Study ethics also looks at particular study programs and activities to see if they are morally sound, or ethically right.

The goal of ethical considerations is to safeguard the rights of study participants, strengthen the research's validity, and preserve its academic and scientific integrity. The study adhered to the required ethical standards and was planned with the necessary care to weed out any information that might have been deceptive. Participants' and anyone else's welfare, as well as their dignity and confidentiality, were maintained and ensured. The following ethical considerations are listed by Clark-Kazak (2017) and were noted in this investigation as well.

#### **Integrity**

When conducting research ethically, one must be truthful in reporting of their technique, data, and findings. It is unethical to fabricate data, exaggerate conclusions, or mislead readers with ambiguous or conflicting justifications. The ethical principles for research state that it is crucial to uphold sincerity and honesty even when researchers are working with peers. This study fulfils this criterion.

## **Equity**

It was assured that the interaction with interviewees was equal by being aware of any power dynamics that may have emerged and guarding against the same.

## **Right to self-determination**

All through the research procedure, the participants' dignity was protected by making sure they were aware of the voluntary nature of their involvement and their choice to decline the study without suffering any consequences. Participants received a full explanation of the study.

## **Voluntary participation**

The study's participants were chosen voluntarily and under no pressure. If a participant felt uncomfortable or unable to continue, they were free to leave the study at any moment.

## **Informed consent**

Participants should get a document outlining the hypothesis and what will be required of them during the experiment before agreeing to take part in a study. The requirement that researchers explain any potential dangers is one of the key components of informed consent; this is significant since you cannot decide without having all the information. Once this has been signed, it will be clear that both researchers and participants have adhered to this ethical norm and that all participants are completely aware of what they are getting into. By signing a permission form or letter, participants were asked to give their official agreement to take part in the study. The consent documents were signed by each participant.

## **Confidentiality**

Confidentiality is crucial when looking into delicate issues like abuse or addiction. The purpose of secrecy is to make sure that participants cannot be identified by readers because doing so could have long-term effects on them. Participants were reassured that all personal information

will be kept confidential. Participants' true identities were protected by using pseudonyms. Identifiable information about the participants was not and will not be disclosed. The participants were reassured that the information provided during the data collection process would not be deliberately disclosed to others except to the University involved in this study.

## Chapter Four – Findings

### 4.0 Introduction

The chapter offers a detailed description of the patterns and themes that have emerged from the data analysis. The qualitative data analysis was conducted in the study for the interview data which was collected during the process of research. In this study, a thorough thematic analysis is conducted with the help of NVivo software, which in turn allows the researcher to offer insights into the relationship between the various elements which have been studied. This chapter navigates through the various themes and subthemes that have been developed as a part of the NVivo analysis. These themes in turn allow us to answer the research questions and arrive at the research aim which has been framed in the beginning of the study.

The qualitative data analysis entails the utilisation of thematic analysis to explore the reasons for the nurse's turnover within the private hospitals in Dubai. The thematic analysis including the codes, sub-themes and themes have been arrived at based on which the research question of the study could be addressed (See Table in Appendix 4). The qualitative data analysis offers a comprehensive knowledge on the given subject matter surrounding the topic area.

The chapter herein amalgamates the interview data and interprets it on qualitative dimensions. The study helps in exploring the research question and offers knowledge on the surrounding topic area based on which the researcher could arrive at the analysis, interpretations and the implications of research which will be dealt in the coming chapters. The study included 23 participants. This was because the researcher reached data saturation as 19 interviews were conducted and hence four more interviews were further done to ensure validity of the data finally arriving at 23. The experience of the participants and their role of in the hospitals have been elaborated in detail in the table given below.



The demographics of the participants show that the majority of the study participants are female, and it can be observed that approximately 87% of the participants are female and only 13% are male. In addition, it can also be observed that majority of participants that is approximately 48% of them are between the ages of 25 and 35 while 30% are between the age of 36 and 45. Finally, 21% are between 46 and 55 in the study.

| <b>Participants</b> | <b>Experience</b> | <b>Age</b> | <b>Sex</b> | <b>Job Role</b>                        |
|---------------------|-------------------|------------|------------|--|
| Participant 1       | 9 years           | 40         | Female     | Staff Nurse<br>Emergency               |
| Participant 2       | 4 years           | 27         | Female     | Staff Nurse Medical                    |
| Participant 3       | 6 years           | 32         | Female     | Staff Nurse Surgical                   |
| Participant 4       | 4 years           | 26         | Female     | Staff Nurse ICU                        |
| Participant 5       | 8 years           | 31         | Female     | Staff Nurse Labor<br>Room              |
| Participant 6       | 4.5 years         | 27         | Male       | Staff Nurse Labor<br>Room              |
| Participant 7       | 5 years           | 27         | Female     | Train Nurse<br>Emergency<br>Department |
| Participant 8       | 4 years           | 26         | Female     | Staff Nurse at MC                      |
| Participant 9       | 18 years          | 45         | Female     | Senior Reg. Nurse in<br>OPD            |
| Participant 10      | 15 years          | 46         | Female     | Nursing Management                     |
| Participant 11      | 4 years           | 26         | Male       | Staff Nurse LTC<br>Department          |

|                |           |    |        |   |
|----------------|-----------|----|--------|---|
| Participant 12 | 6 years   | 30 | Female | Staff Nurse ICU<br>Department                               |
| Participant 13 | 18 years  | 42 | Female | Staff Nurse ICU<br>Department                               |
| Participant 14 | 13 years  | 39 | Female | Staff Nurse Neonatal<br>Intensive Care<br>Department (NICU) |
| Participant 15 | 17 years  | 47 | Female | Nursing Management  |
| Participant 16 | 16 years  | 44 | Female | Staff Nurse MCAP<br>Emergencies                             |
| Participant 17 | 18 years  | 48 | Female | Staff Nurse MCAP<br>Emergencies                             |
| Participant 18 | 10 months | 22 | Female | Staff Nurse ICU<br>Department                               |
| Participant 19 | 4 years   | 26 | Male   | Staff Nurse<br>Paediatrics                                  |
| Participant 20 | 18 years  | 52 | Female | Nursing Management  |
| Participant 21 | 10 years  | 38 | Female | Staff Nurse OPD   |
| Participant 22 | 10 years  | 41 | Female | Staff Nurse   |
| Participant 23 | 20 years  | 55 | Female | Nursing Management  |

*Table 3: Participant related information*

(Source: Developed by Researcher)

## 4.1 Thematic Analysis

The thematic analysis as discussed has been conducted in the study for which NVivo software has been adopted. The NVivo is one of the effective software which helps in conducting the thematic analysis in a way that it enhances the objectivity and reduce the researcher bias associated with the thematic analysis. The data for the study was collected through video interviews. The videos were converted into transcripts with the help of the Nvivo transcription software and once the transcripts were ready, they were uploaded into the NVivo. Magnusson & Marecek (2015) discussed that the qualitative analysis involved data organising which is very difficult when conducted manually. However, adoption of the software has helped in organising the data effectively and arriving at the themes and the codes. Each interview was initially scrutinised once or twice to organise the data under specific themes. While some of the themes were pre-determined (Table 2 in Chapter 3). Under the themes all the codes which suggest similar meanings are initially grouped. Then these are further put under sub-themes based on the differences between the codes.

In this study, the pre-determined interview questions were used to identify the initial codes which are the themes and later based on the data the sub-themes have been developed under each theme. The various themes and subthemes which have been developed for the given study could be observed in the given table.

| Theme                     | Subtheme   | Code examples   | Codes  |
|---------------------------|--|---|--|
| Compensation and benefits | <ul style="list-style-type: none"><li>Low compensation and Nurses turnover</li></ul> | <i>".... financially, we need support, right? Nowadays, we are facing an increased workload for which the</i> | Increased workload with low financial support. |

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|--|--|---|--|
|  |  | <p><i>salary seems to be quite low.”</i></p> <p><i>“Salary is the main problem because now UAE is very expensive. Dubai is very expensive. Because all of us have families and we don’t get that much salary. So, what is the use of staying here?”</i></p> | <p>Dubai is expensive which makes the salary too low.</p>                                      |
|  | <ul style="list-style-type: none"> <li>• Job search and switching to new jobs within the UAE.</li> </ul> | <p><i>“In UAE also, I think some other hospitals are getting more salary”.</i></p> <p><i>“.... compared to the others, our basic salary is very low. And if you are comparing it to the other hospitals within the UAE, even</i></p>                        | <p>Other hospitals offering greater pay.</p> <p>Government hospitals offering greater pay.</p> |

|  |   |   |   |
|--|---|---|---|
|  | <ul style="list-style-type: none"> <li>Jobs Abroad for better compensation and Opportunities</li> </ul> | <p><i>the starting salary is also a little bit low”.</i></p> <p><i>“Because in countries like New Zealand and Australia, they are getting higher salaries and, they enjoy a greater standard of living.”</i></p> <p><i>“But if you are going to another country, one of the positive actors they offer you is an entire family visa. In the UAE, the employer must give the visa. If they don't want you, you cannot stay this country. So, if you are going another country, that is one of the benefits. Another country especially, if</i></p> | <p>Countries such as New Zealand and Australia offer higher pay.</p> <p>Some Foreign countries offer family visa.</p> |
|--|---|---|---|

|  |  |   |   |
|--|--|---|---|
|  |  | <p><i>you are going somewhere like UK or somewhere, we can take our family also. Here we must take a visa for them also. If I lost my job, they will be affected”</i></p>   |   |
| <p>Work-life balance among nursing professionals</p> | <ul style="list-style-type: none"> <li>• Reasons for stress</li> <li>• Impact of Stress</li> </ul> | <p><i>“Actually, each shift we are supposed to have four to five. But right now, we are having only three. Because so many has resigned. And some of their leaves are pending. Girls are getting only one day one day is just only for sleeping.”</i></p> <p><i>“Physical and mental stress.... Physically, we have so many</i></p> | <p>Low staff as many resigned.</p> <p>Stress affected health.</p> |

|  |  |   |   |
|--|--|---|---|
|  |  | <p><i>patients and workload also it is too much. For mental, so many patients. If you are getting them, it is real emergency like could patients, their.... psychological effort and psychological</i></p> <p>• Quality of Treatment</p> <p><i>injury after if you got the patient's gone under your hand...Mental stress".</i></p> |   |
|  | <p>Effective ways of Handling stress</p> | <p><i>"Some staff they will express. With expressions, they will show the stress. Some staff they will not express that much stress and so on.... too much angry because of the stress."</i></p>  | <p>Stress also resulted in incidents.</p> |

|  |  |   |  |
|--|--|---|--|
|  |  | <p><i>“Every week, they're arranging emergency department meeting. Madam is asking, what is your problem? And how we can solve the problem?”</i></p>  | Staff meetings to deal with stress.                                    |
| People Development and Technology Impact | <ul style="list-style-type: none"> <li>• Training of the staff</li> <li>• Technology Impact</li> </ul> | <p><i>“For us, there is a training for each and everything. It's compulsory to take the trainings and in between we have the service educators also taking some trainings”.</i></p> <p><i>“The training is given by the hospital. They will pay. But not everywhere. I think not everywhere. Like all hospitals they will not provide. Some</i></p> | <p>Training is very effective</p> <p>Training is paid by hospital.</p> |



|                  |  |   |   |
|------------------|--|---|---|
|                  |  | <p><i>hospitals the nurses need to pay”.</i></p> <p><i>“EMR are electronic medical records. So, we don't need to write a file or something. Everything is recorded on the computer”.</i></p> <p><i>“We are also following HIS. HIS means we are documenting everything in the HIS, this hospital has created. It's a hospital system. That is available in the room means we can do some forms in the room also”.</i></p> | <p>No manual work. There is technology for documentation.</p> <p>HIS is also adopted for documentation.</p> |
| Work Environment | <ul style="list-style-type: none"> <li>Physical Hospital Environment.</li> </ul> | <p><i>“And sometimes the supervisors and everyone is giving so</i></p>  | <p>Documentation is cumbersome.</p>   |

|  |   |   |  |
|--|---|---|--|
|  |   | <p><i>much pressure to us to finish the documentation”.</i></p>   |  |
|  | <ul style="list-style-type: none"> <li>• Support from the Hospital Management</li> </ul>  | <p><i>“Hospital management is aware of the extent of stress that nursing professional are going through.”</i></p> | <p>Hospital management is aware.</p>   |
|  | <ul style="list-style-type: none"> <li>• Hospital policies to deal with stress</li> </ul> | <p><i>“In our hospital, our management supports us”.</i></p>  | <p>Hospital management is supportive.</p> <p>Systems to evaluate stress.</p> |

|                     |  |  |   |
|---------------------|--|--|---|
|                     |  | <p><i>“But here we have some systems to evaluate ourselves. Based on that, our in-charge manager, they will help us, give me counselling, sick leaves”</i></p>               |   |
| Equal opportunities |  | <p><i>“I did not face discrimination”.</i></p> <p><i>“It's a multicultural country. We are receiving many nationalities. Of course, sometimes racism will be there”.</i></p> | <p>No discrimination observed.</p> <p>Racism observed but very minor,</p> |

*Table 4: Themes and sub-themes developed for study*

*(Source: Developed by Researcher)*

## **4.2 Compensation and Benefits**

The NVivo results suggest that compensation and benefits are considered as one of the most important reasons for the nursing professionals to leave the case study medical Centre. Compensation and benefits include not only the salary and the increments but also suggest other benefits such as childcare allowances, daycare allowances, and child education among others. The nursing professionals of the case study hospital believe that compensation at the hospital is one of the most basic factors and it motivates individuals to work in such a stressful profession. They have discussed that the compensation in general in the UAE is much lower than that of the developed countries. Three sub-themes have emerged from the umbrella theme which is compensation and benefits.

### ***4.2.1 Low compensation as a reason for Nurse turnover***

The findings showed that low compensation has been observed among the nursing professionals in the Hospital Dubai. Most of the respondents have agreed that compensation is the most important reason resulting in nursing professionals within the hospital to leave hospitals. Among the given respondents, most of them agreed that the salaries in general in the UAE and especially within the hospital lower compared to the government hospitals. In addition, almost 15 out of 23 have stated low compensation as the reason why nurses are leaving the hospital. Interviewee 1 emphasised that, *“That is 90% because of salaries”*. Also, Interviewee 3 said, *“We are not satisfied with our salaries”*. He further went on to say, *“Financially, we need support, right? Nowadays, we are facing an increased workload for which the salary seems to be quite low”*.

Furthermore, some of the respondents went on to explain that the UAE is an expensive country, and the cost of living is very high. This is even more prevalent in Dubai. As a result of which it is very difficult for the nurses to live a decent life with the given salaries. Also, most of them have families for which they would have to pay for some other elements such as education and

rent and it gets too difficult for those with kids to live in the country with meagre salaries. In this regard, Interviewee 4 mentioned that *“Salary is the main problem because now UAE is very expensive. Dubai is very expensive. Because all of us have families and we don’t get that much salary. So, what is the use of staying here?”* In addition, Interviewee 7 pointed out that it is even more difficult with infants and toddlers as the daycare costs are even higher. She mentioned, *“Handling a baby is too difficult with minimal salary. I could somehow manage my routine by doing night shifts, but evening only for two hours I had to give to babysitting. Babysitting is very costly in Dubai and babysitting along with rent and electricity I was not able to afford at that time”*.

Also, some of them exhibit their disappointment that they have prioritised the future of their children, so they left their own countries and started working in the UAE. However, with the given salaries and with such high costs for education in the country, they are unable to offer quality education for their children. Interviewee 9 explained, *“And now Dubai is also expensive in terms of children's education. And we are mainly focusing on education, and if you can't give that education because of less salary then it's very difficult”*. The nursing professionals hence believe that the salary they are receiving is too low as a result they are only able to meet their ends. The lower salaries have been constraining them from affording a quality life with a family as daycare, education, electricity, and rent in the UAE and especially in expensive cities like Dubai.

#### ***4.2.2 Jobs Abroad for Better Opportunities***

The second discussion which was highlighted by almost all the participants was that the jobs abroad offer better opportunities in terms of compensation and benefits. Most of the nursing professionals have been leaving the UAE for developed countries such as the UK and New Zealand as cited by the respondents. They have cited several reasons why they have been considering abroad as a better option. Firstly, one of the reasons that was discussed by the

respondents was that the salaries offered in this country are typically very high and are way beyond what they are getting paid currently. In this context, Interviewee 1 explained, *“Because in countries like New Zealand and Australia, they are getting more salaries and, they enjoy a greater standard of living”*.

Secondly, another aspect that is influencing nursing professionals to migrate to foreign countries, especially the developed countries is that the education is free of cost. As discussed above most of the professionals who are staying with their families are finding it difficult to pay for the education of their children and when they are getting it free in foreign countries, it is a lucrative offer for them and most of them are influenced by this factor. In this regard, the Interviewee 3 mentioned, *“Because of the salary issue, the education and everything is a little costly. However, people who have migrated to the European countries have been receiving free education for children, for studies and some other facilities. Because of the children's studies, only most of the nursing professionals went for UK, and other European countries”*. Also, Interviewee 9 has given an example of one of her colleagues who recently shifted abroad, *“.... yes, from here, he went to Ireland. One of my friends, he was working in XXX only. He recently two weeks back, he went to the UK. Because I asked him why he's going, he said that because of his family and that at least children's education is free”*.

Another reason was cited by some of the professionals was that most of the foreign countries and especially the European countries, New Zealand, Australia, and Canada offer family visas and later permanent residency (PR) for those who migrate to these countries. As a result of the nursing professionals can move to the country along with their families. On the other side, most of the nursing professionals who migrate to the UAE were offered two-year visas by the government which are sponsored by the employer. When the visas expire, they must get them renewed. However, the visa allows only the professional to move to the UAE leaving behind their families and the family members must apply for it separately. Indeed, Interviewee 6

explains that *“But if you are going to another country, one of the positive actors they offer you entire family visa. In the UAE, the employer must give the visa. If they don't want you, you cannot stay this country. So, if you are going another country, that is one of the benefits. Another country especially, if you are going somewhere like UK or somewhere, we can take our family also. Here we must take a visa for them also. If I lost my job, they will be affected”*. Furthermore, also Interviewee 5 emphasised, *“....and they are providing family visa and after 5 years they are providing PR also in European countries.”* Recently, realising the importance of the nursing professionals during the COVID 19 pandemic, the UAE government has introduced the Golden Visa to the nursing professionals replacing the two-year visa which was given prior. The Golden Visa has been introduced by the government as a strategy to attract and retain nursing workforce in the country. The Golden visa is a long-term visa which allows the foreign talent to stay, work and study in the UAE. The people who hold golden visas are eligible for certain special privileges including discounts on the vehicles, healthcare, health insurance and hospitality services. It was granted earlier for high skilled resources including doctors, engineers, and PhD holders. Since the COVID 19 pandemic the nurses are also eligible for this. While this is a 10-year visa and is highly beneficial most of the nursing professionals still are dissatisfied that the visa is applicable for self, and it is highly challenging to get visas for the rest of the family members. In this context, the Interviewee 7 explained that *“I have got a Golden Visa. So, for my son, I'm the sponsor. For the elder one, it was not easy to get. Elder one submitted three times as rejected. So, it has become very challenging and stressful for me”*.

The nursing professionals working at the hospital have been observing huge attrition and most of them have been migrating out of the country and moving to developed countries among which New Zealand, Australia and the European Countries have been observing huge rush. Even among the European countries, the UK is the one which is observing higher impedance. This has been attributed to the high salaries, benefits such as free education and family visas

offered by these foreign countries. Though offering Golden visa was beneficial and can retain the nursing professionals within the country, it has been suggested that they must still struggle to get their family to the country which is quite challenging and stressful for most of the nurses.

#### ***4.2.3 Shifting to Government hospitals within the Dubai for better Compensation***

While very few of the respondents have discussed that they want to shift to government hospitals within the UAE for better benefits as well as compensation. Though a very minor number, about 4 out of 23 respondents were of the view that the government hospitals are offering even competitive salaries along with certain perks and benefits. In this regard, the Interviewee 2 mentioned *“In UAE also, I think some other hospitals are getting more salary.”* In addition, the Interviewee 8 also stated that *“Compared to the others, our basic salary is very low. And if you are comparing it to the other hospitals within the UAE, even the starting salary is also a little bit low.”* The low salaries within the private hospitals such as the hospital were suggestive of the turnover and many of them were also looking for government hospitals. *“Many are just left to our Latifah Hospital, Government Hospital. Government, okay. And some are they move to UK, abroad they left”* explained the Interviewee 8. Also, Interviewee 16 said, *“If the management is ready to increase the salary, some staff will retain. But they are also not supporting. And because of this reason, everyone is leaving”.*

While most of the other respondents discussed that the pay scales offered by the hospital is like that of all other private hospitals in Dubai, it has been observed that the hospital had very low starting salaries and basic pay scales. However, observing the rate of attrition, the management has increased the compensation levels internally and to recruit new talent they have been offering competitive pay scales for the new joiners. While the increase in the pay scale has been observed within the hospital, it was not balanced out within the organisation because of which the new joiners have more salaries than the old staff. This disparity within the organisation has been resulting in dissatisfaction of the senior employees. This was mentioned



by some of the respondents. Interviewee 16 said, *“This is what is happening in our hospital. So, the new staff, they have the salary more than the old staff. Wow. That's unfair”*. The unfair practices would result in employee dissatisfaction and would be disastrous for the organisation. The job search within Dubai to the government hospitals for better compensation though a rare phenomenon as the hospital is one of the established hospitals within Dubai and is having a good reputation. Being one of the top hospitals, it is bound to have a competitive pay scale which is why the turnover to competitor hospitals or government cannot be considered as a major reason for attrition at hospital based on the study findings.

Evidence from the exit interviews also suggests that among those 217 registered nurses, about 35% of the registered nurses who have resigned considered that better opportunity as one of the main reasons for the resignation of the nurses. Better opportunities are second biggest reasons following personal reasons for the resignation of the nurses in the private hospitals in Dubai. By comparing the interview results with that of the evidence from the hospital exit interviews, it can be observed that nursing professional preferably consider leaving hospitals for better opportunities such as higher compensation, benefits or going abroad for better living conditions, facilities for children and family visas.

#### **4.3 Work-Life balance among Nursing Professionals**

The work-life balance is one of the prominent themes which has been discussed in the current study. The study findings indicate that majority of nurses have been stressed and are unable to strike a work-life balance which makes it almost the most important reason for the nursing professionals' turnover after compensation and benefits. Some of the subthemes which emerged from the discussion in this context include the reasons of stress, impact of stress, quality of treatment and effective ways of handling stress.

#### **4.3.1 Reasons of Stress**

Most of the participants in general agree that the profession itself is highly demanding which would result in stress. *“Of course, nursing is a stressful job”*, says Interviewee 6. However, there are some specific reasons which have been pointed by some of them among which staff shortage is one of the main reasons. In this context, Interviewee 12 said, *“Actually each shift we are supposed to have four to five. But right now, we are having only three. Because so many has resigned. And some of their leaves are pending. Girls are getting only one day one day is just only for sleeping”*. Also, Interviewee 13 explained that due to the lack of staff they have more workload. *“Actually, I'm working, my legal time is 8 hours, but now I'm working for 10 hours sometimes”*. In addition, Interviewee 7 admitted that she has been sleeping for only two hours in a day. The staff shortage is hence considered as important and is associated with increased workload resulting in stress.

When asked about whether they get their break time, most of them said that they will very rarely get their one-hour break though in records it is 8 hours of duty and 1 hour break. *“We can take a break, but there is no time for the break. If we want to take footmins, we can go, we can give other staff handover for some time, and we can go. But they're also busy.... It means we must be with empty stomach,”* says Interviewee 2. Also, Interviewee 6, mentioned *“Within 10-15 minutes, they will finish their break and they will come back. It will be very busy.”* Also, Interviewee 5 said, *“Lunch will happen over, but sometimes we will not get like 10 minutes, 15 minutes, depends on the patient, yeah”*. *“I have already migraine. If sometimes I can't eat properly, correct timings I will get headache,”* said Interviewee 3. Comparing their condition to those who have migrated to other countries, one of the participants explained *“Because even if you are going to UK or some other place, there will be some breaking hours. Our friends, whoever has gone there, they all are very because they are very happy. Why? Because how they work here and how they're working there, it is entirely different. Atmosphere is different. Here,*

*we are very pressurized*” said Interviewee 11. Also, Interviewee 4 said, *“Because I have contacts with some of my friends who migrated to New Zealand. They are telling me- They're happy. The stress is less. Because now for calculation and the calculation team is there for documentation and billing. For everything, different team is there. They are coming and doing nothing in terms of documentation, and they are getting 1 hour. It's a relaxed duty, also they will get off. Nobody will ask anything”*. Hence the participants discuss that they are working under very hectic and pressurised situations, while their peers who have migrated to the developed countries such as New Zealand, Australia and European countries have been observing a relaxed job with fixed hours, perks, and benefits.

Some other reasons have been cited by Interviewee 5 that *“If new staffs are coming, we have to do their work also because it is difficult....and sometimes the supervisors and everyone is giving so much pressure to us to manage the new joiners.”* According to the participants when the new joiners arrive, they are counted, and they are divided into teams. As initially they do not have the knowledge and skills to perform the duty by themselves, the workload will automatically pass to the experienced staff who will also be responsible for their work. This is resulting in job stress for most of the nurses. *“Actually, when they are resigning, that is the same day we have to apply for the new staff. We must ask for the new staffs. We do it online but takes time until yeah, when this? Three months. They are giving three months for the resignation. So, end of the third month only we will be getting the new staffs,”* suggested the Interviewee 12.

In addition, Interviewee 4 emphasised, *“We are getting multinational patients. Now all are not saying you must treat them like what they need. They are very demanding also. They know what they want, they know their rights. They will be demanding everything, from top to bottom, everything. We must meet all the needs. They will be asking us only, nobody else.... It's a very critical situation. We're all in a panic... Daily stressful duty only. So many patients are coming,*

*and we must manage such patients with normal patients it will be very stressful for us". In addition, also some patients in general are too demanding the participant said. ".... if there is any delay from the insurance company process, the patients are not ready to accept that there's a problem of insurance. They are directly blaming the nurses. That's happening".*

The leave structure which is offered in the UAE in general is very rigid stressing out the nursing professionals according to some other participants. *"But in UAE, they are not too much. There is not too much, what we call the no sick leave like this, but only yearly 30 days leave"* mentioned Interviewee 14. This is less compared to most of the countries which include leaves such as vacation leaves and casual leaves other than the sick leaves. This form of leave structure further is leading to high stress.

Therefore, the study findings indicate that the participants have been observing increased workload due to staff shortage and lack of advanced technologies and documentation all of which are resulting in stress. On the other hand, in the UAE the staff leave policy for the nurses is very ineffective and does not allow the employees to relax.

#### ***4.3.2 Impact of Job Stress***

Job stress for the nursing professionals is considered to impact them in several ways. Most of the participants agree that the job stress is leading to several health issues among the nursing professionals. Interviewee 13 explain, *"Physical and mental stress.... Physically, we have so many patients and workload also it is too much. For mental, so many patients. If you are getting them, it is real emergency like could patients, their.... psychological effort and psychological injury after if you got the patient's gone under your hand...Mental stress"*. Also, another participant working in the paediatric ward said, *"....in paediatric ward, it's mental stress. There is no physical stress too much, but there is mental stress. So everywhere there is stress. But I think in NICU critical area is more stressful than the normal like paediatric department and*

wards. Sometimes I will feel depression also. Sometimes I will not speak with my husband also because of the stress". Furthermore, another participant who was working within the outpatient department (OPD) reported that she has been facing physical stress. *"The physical is more observed than the mental, because you are one focal point for everything"* said Interviewee 8. Therefore, the participants have been observing physical and mental stress depending on the departments in which they are working in. While those working in paediatric, and emergency have been observing mental stress those working in wards and OPD are mostly observing physical stress.

Also, when asked on how do you tackle the health issues, *"Physical stress, when we take rest, it will okay. But this mental stress, we have to finish this thing, that thing, so many things simultaneously we have to finish the mental stress. This is too much compared to physical stress. Physical stress will go within some time, but mental stress is too much ...It is consistently coming"* said the Interviewee 4. In addition, Interviewee 9 also viewed *"Mental, you can't take the medicine. You need that support; backup support should be there. I don't think in nursing we will get that much backup"*. The findings suggest that managing mental stress is very difficult and they need a supportive environment.

Also, many of the participants exhibited dissatisfaction that they were unable to strike work-life balance. *"Too much. It's affecting too much to my family life. Because before, when I was a bachelor there was no problem. I can more concentrate on my work. But now with family it's very difficult because the time is more needed for the work. And we don't have time for our family. That's the main reason now I am planning to move from UAE,"* mentioned Interviewee 14. Also, Interviewee 7, 8 and 13 also emphasised that they were not able to have family time. The lack of family time is one of the major constraints and all the participants agreed that they were failing to find a balance between work and family life which is affecting the entire family. Also, when in case of mental health problems, they are not able to have any form of change

and sticking to the same surroundings is leading to frustration among the nurses. As discussed even to deal with these, they were not given any insurance of free counselling sessions with psychiatrists and they have to pay for it, which makes it even more difficult, and they have to manage to deal with the stress as they cannot pay for the treatment with such meagre salaries.

The quality of treatment is another subtheme which has been derived from the study, however as many of the participants have discussed the impact of stress on the quality of treatment. The quality of treatment is important because medical field is least resistant to errors as the outcomes are associated with the lives of individuals. As stress is associated with medical errors, it is quite important to deal with this or else it may result in disastrous results. At the company also, the quality of treatment is compromised at times due to the stress for the nurses and increased workload which resulted in incidents and the participants explained some of such incidents. The Interviewee 3 said *“Some staff they will express. With expressions, they will show the stress. Some staff they will not express that much stress and so on.... too much angry because of the stress.”* This they will show towards the patients which in turn may be disastrous and affect the treatment outcomes. In addition, another participant expressed that because of shortage of staff and stress there were incidents taking place which is affecting the patients. Furthermore, the Interviewee 5 also said, *“I am really worried to hear, the way we are dealing with empathetic care, how we are treating the patients.... like it is very important that we must maintain good communication skills with each other, giving handover, giving comprehensive care, and in OPD we have to listen to their problems. But we are not exposed to other things and only do activities like only insurance purpose, only sending approvals, only that one. Only coming for some procedures or some vaccinations”*. The time constraints are not allowing the nurses to get trained on job and learn the necessary skills and this in turn is also compromising the quality of treatment in the hospital which is considered as one of the major constraints and

is considered to impact the treatment outcomes of especially in the empathetic care. In this context, the Interviewee 17 said, “....um, yeah, there are so many incidents happening. For example, a simple example, we already put on like patient is on IV cannulation and the staff need to look after another patient also. So, there will be infiltration. Infiltration means the medicine goes into the tissues, not in the vein. Oh, wow. So, we need to observe frequently to that patient. But if because of we need to attend other patients also.... we cannot concentrate on this patient. This is just an example. So, so many times it happened, the infiltration of IV. Then when we will come back to that patient, maybe it will be dangerous for them”. Therefore, it has been discussed by the participants that the shortage of staff and the stress levels are impacting their quality of treatment. The nursing professionals are engaged in patient service and anything which impacts the quality of their treatment outcomes is considered too dangerous to the patients’ life and hence this aspect should be considered.

#### ***4.3.3 Effective Ways of handling stress***

The hospital management has been trying to manage stress in several ways and some of the participants also agreed that some of the strategies were implemented by the management to allow the employees to deal with the stress. The Interviewee 1 explained that the management was very supportive, she explained that “Every week, they're arranging emergency department meeting. Madam is asking, what is your problem? And how we can solve the problem?” Also, Interviewee 7 highlighted explaining that the hospital also arranges for an ‘Employee Awareness program.’ However, she explains that despite these efforts the hospital management is still unable to help them deal with their stress. “We have EAP, Employment Awareness Program is there..... but even though being there, I have a lot of stress, as I said. Here, I'm very fine, very energetic, I'm very lively, I'm very soft-spoken, everything. But reaching home again, I know that I'm very moody. I'm getting irritated with it. Immediately, I'm getting irritated with it recently, because I have a lot of stress, of course. Being a chair-ship level,

being I'm involved in so many quality projects, I'm involved in many things....and 24 hours call for me from here. The management says that they are helping us, we have already an awareness. But being an employee, I'm afraid that they are not managing it well. Okay, at least a psychology session or a psychiatry session, doctor should be free for the staff, which insurance is not covered. Okay, last year, I went to our psychiatrist had booked an appointment. I went to her, and I paid her full consultation. Of course, I'm stressed. This stress is my 80 % stress from hospital only". Also, the Interviewee 5 agreed saying that the management is arranging for some ways to reduce stress, "Some activities are there.... some dance competitions, but management should focus on actual problems.... we need more nurses to be hired. Previously we had staff, this problem has just started now". Also, Interviewee 14 explained that abroad there is a better management, "But in other countries, I think in abroad, UK and everywhere, there is a particular time, like in a week, 37 hours, 37 and a half hours only work. But here there is no family life, too much workload and salary. That's the two main thing nurses are leaving from". Hence, it was explained that even though the management was focusing towards reducing stress, it is still unable to offer better conditions as the focus of the management should be towards addressing the root cause of the problems such as the staff shortage which it is still unmet. In this regard the Interviewee 4 positively says that "if we increase the staff, it will be really good.... The recruitment is happening because our extension also opened. They are recruiting staffs.... Now there's also some recreation activities in between. Before, there were nothing, now some recreation they started.... Some activities like meet-up and having food together and some outdoor activities". Hence, it can be observed that the management at the hospital has been focusing on helping employees deal with the stress and improve their engagement levels. While this was not prioritised before, the management recently started certain programs such as recreation activities and the employee awareness program which are effective to deal with stress. However, these would help in reducing the



stress for a very short period and the participants feel that the management should focus on removing the root causes such as they may have to focus on reducing the employee stress levels for which they should consider the strategies for dealing the shortage of the nurses. The recruitment, strategies to attract and retain the staff should hence be promoted to deal with the problem. Only when it is treated from the roots, it will be able to enhance the overall outcomes which is why the management should focus on the problem and dealing with it from the roots.

Evidence from the study conducted by the hospital, “An Explorative study to assess the nurse’s perception of professional practice environment,” results suggests that the lowest rated item on the RPE (Rated Perceived Exertion) scale with lowest mean score is the “we have enough staff to get the work done.” This explains that the nurses disagree that there is enough staff which shows that there is shortage among the nurses.

This explains that by comparing the interview data along with that of the empirical evidence of the self-surveys conducted by the hospitals, it is evident that the staff shortage is an evident problem within the hospital.

#### **4.4 People Development & Technology Impact**

The people development and technology impact are another theme which has been discussed with the participants. The people development includes discussions in terms of employee trainings, certifications, and education programs. In addition, there were also discussions in terms of the technological programs and systems including the Hospital Management Systems (HMS) and how they have been supporting the nurses. Therefore, two subthemes have been developed under this theme and these include - technology and training for staff.

##### ***4.4.1 Technology***

The case study hospital has observed several technological advancements over a period. It is supposed to reduce the workload to a very large extent. “*Yeah, earlier when we joined, we used*

*to do all the... In the pen and paper only, we used to do. Now we have a HIA system”* said the Interviewee 8. Also, Interviewee 14 seconded the opinion and said, *“So if I am talking about EMR, electronic medical records. So, we don't need to write a file or something. Everything is recorded on the computer”*. Therefore, the above discussions mention that the technology allowed them to reduce the paper-pen work to a large extent as everything is automated. In addition, also the Interviewee 5 has explained that *“Before technology, we had documentation and everything, the system, now we are spending like system work only”* She further said, *“Other than that, this HIS we are following. HIS means we are documenting everything in the HIS, this hospital has created. It's a hospital system. That is available in the room means we can do some forms in the room also”*. This way the nurses are allowed to document in the rooms. This reduces the wastage of time and energy levels as they can do the system work in the room where can also be seated.

In addition, some participants have explained how everything on the system having is allowing the treatment easier as the patients can refer to the medications, the previous treatment, and all other patient related information at one place. In this regard, the Interviewee 6 mentioned, *“Technology is good. For example, if we put all the information in the system, they have backup data so that it will not delay our work. Each and everything for us, whatever care we are giving, we need documentation, because medication is very mandatory, so that should be on time, the procedure should be on time.”* However, some of the participants disagree that the technology is reducing the workload, but they argue that despite the new technologies, the workload and especially the documentation work still takes lot of time which is highly distressing. Furthermore, the existing hospital systems are not competent enough to display high performance. Interviewee 7 says, *“we have on hospital information system, which is a very, very, very bad system, our usual patient come later, we are always on system. Actually, right now, we are doing an FME. FME means we are a failure mode evaluation and analysis. We are*

*doing it. Now we got a chance to do that after seven, eight years. HIS system should be easy, accessible, should be everything in one page*". She further added, *"System is slow. Technology is good, but we should have available source as well as advanced system also"*. The incompetency of the existing systems hence is reflecting on the nurse's workload where they feel overstressed as they must spend large amount of time just for documentation. "Actually, our duty is 8 hours, and we are working extra 2 hours, 1 hour for this documentation only" says Interviewee 5. Hence, the documentation is highly time taking because of the lack of advanced systems according to the findings.

Furthermore, Interviewee 4 noticed that lack of staffing and continuous patient flow as a problem which is hindering the staff to adopt and utilise the systems effectively. "But the main problem is the patient flow. Because continuously patients are coming full-time, and all the patients want immediate treatment and there is lack of staff. Yeah, then we are not getting time for documentation anything" said Interviewee 4 and she further elaborated saying that "We are not getting time because if we at least even for just one second stand in front of system, then patient will not know. It will come in Google reviews stating that the staff is not giving care and are standing in front of the system. We received such reviews on Google for which we were also questioned". Also, Interviewee 12, said, *"If you have sufficient staff for the technology, I think the workload will be less"*. Hence, from the above discussion it is evident that the technology primarily has reduced the paper and pen work and enhanced the speed of the processes. However, in the hospital lack of advanced systems and staffing shortages have been preventing the nursing professional to explore and exploit the full potential of the existing systems.

#### ***4.4.2 Training of the Staff***

The findings of the study suggests that at the case study hospital the staff training is considered as very important, and the hospital offers free trainings to all the staff. In addition, at the

hospital and in the UAE in general there is an increasing focus towards continuous professional development among the medical professionals and specifically the nurses. Most of the staff agreed that the hospital offers trainings. Interviewee 11 mentioned, *“For us, there is a training for each and everything”*. *“It's compulsory to take the trainings and in between we have the service educators also taking some trainings”* said Interviewee 12 who further emphasises, *“...and the training is really very good. That is very good for our skills, to improve our skills, our knowledge.”* Further elaborating on the importance of training in the context of the UAE the Interviewee 14 explained, *“In UAE policy we need to renew, we need to update our knowledge regarding basic life support and everything. Every yearly we need to do. And like we have CME, like continuous education, continuous medical education score we need to do for renewal every year. There is so many education programs they are conducting. Like basic life support, for emergency care, everything. Yes, because every year, every month there is some upgrading in our medical practicing. Like there is something about, if it's an emergency department they change the policies like how to take care of the patient during emergency”*. When asked whether these trainings are paid by the hospitals or they should pay for it, the Interviewee 14 replied, *“By the hospital. They will pay. But not everywhere. I think not everywhere. Like all hospitals they will not provide. Some hospitals the nurses need to pay”*.

Furthermore, when asked about the trainings and how they are scheduled, one of the participants, Interviewee 6 replied, *“During the initial period, when we join to the hospital, we are getting orientations. It's a comprehensive orientation. It's including the HR, department-wise, multidisciplinary, biomedical, everything we are getting. And we are assigned with the preceptor also. In each department, we have mentors for a new join. Then they are getting a self-evaluation also based on this preceptor shift, feedback, unit order by the in-charge and team leaders, and they will give training and based on the incident. We are getting unit-wise training also. They are introducing new biomedical medical equipment. We are getting*

scheduled trainings”. These are some of the trainings, however the Interviewee 6 also said that there are some additional trainings which could be taken based on their own interests and the hospital offers these courses. For example, she says, *“In our hospital, in emergency department, they have a trauma care medicine certification program”* and *“We have LCVR competencies. LCVR competencies is a particular platform. From our corporate, they are training certain LCVR influencers. Like preceptors, these preceptors who are certified, these preceptors undergone certain competency practical exams, then these preceptors are the evaluator of the staff”*. Therefore, it shows that the hospital offers several free and mandatory trainings which are scheduled regularly right from the induction in addition to it, they also have certain specific courses which allows the professionals when they aspire to proceed in each direction.

When asked about the quality of the trainings and whether these trainings are effective, Interviewee 8 replied, *“Yes. When we attend the classes, we will come to know how to manage with some or some difficulty situation, patient communication, how to improve ourselves and how to make the patient comfortable. So much information we are getting from that. So, we like to attend the classes”*. When asked on how they will manage time for the trainings despite their heavy schedules and continuous patient inflow, the Interviewee 8 explained, *“At least from the department, one or two persons must be attended. According to the duty schedules, we will schedule that class for the people.”*

While most of the participants spoke positively in terms of the trainings and the certifications, one of the participant Interviewee 7 working in the ICU mentioned, *“We are paying for some trainings. They are taking half of our salary. ...you know about that BLS, ACLS, PALS. These are mandatory, we must take it. It's a certification. In emergency case, we must manage that. We need to have a certificate. They charge half of it for us, and the hospital provides half of the amount. For example, Certificate is 500, means we must pay 250. If 300, we must pay 150. It's mandatory. It should be free from hospital because it's for hospital”*. Hence, for those working

in emergency departments not all courses are completely free, and the nurses must pay half for it. While they are important for their career, paying half of the fees with the meagre salaries is burdensome for some of the nurses who suggest that the hospital pay for it.

The evidence from the self-survey conducted in the hospital among 209 nurses has observed that more than 90% of participants agreed that the organisation fosters professional development. Also, evidence, that is about 98% of nurses also suggests that the hospital have trainings and most of the direct and non-direct care nurses are offered opportunities for mentoring. Also, the organisation support and encourage the staff to practice in professional development activities and this was agreed by almost 98% of the participants. The evidence hence suggests that the professional development is one of the important aspects of the hospital. The evidence along with the interview suggest that the hospital takes several initiatives for training and professional development. However, some participants still suggest that the hospital fails to provide some of the trainings which are critical in emergency services which it may still focus and offer to ensure effective outcomes.

#### **4.5 Work Environment**

The third theme which has been discussed include the hospital policy and benefits. Overall, it has been discussed by the participants that the hospital exhibited employee friendly policies and the management has been very supportive. It has been suggested by most of the respondents that the hospital management knew the stress levels that the nursing professionals have been undergoing and in turn have been offering supportive services to a very large extent. The discussion on the hospital policy and benefits is divided into three sub-themes based on the discussions offered by the participants in the interviews. The sub themes hence include - work environment, hospital policies and their role in reducing stress and finally Support of the hospital management.

#### ***4.5.1 Physical Hospital Environment***

The hospital environment overall has been discussed as conducive by most of the participants. They explain that the facility within the office is very employee friendly. Also, the hospital management nurtures teamwork which is why most of them state that they feel that the hospital is ‘like a second home’ for them. While they work for several long hours within the hospital they are bound to be with their colleagues and the staff within the hospital more than they spend time with their family and hence most of them have a cordial relationship which promotes teamwork. However, there are specific supervisors who were putting pressure on the nurses. This aspect was pointed by Interviewee 5 who said, *“And sometimes the supervisors and everyone is giving so much pressure to us to finish the documentation”*. On the contrary the Interviewee 14 mentioned, *“For me, it's very, very friendly. I'm working with our owner only. So, he's, he's not giving too much stress, and offers lot of flexibility”*. Hence, it can be observed that there is a mixed view on how the participants viewed the work environment while some of them suggested that it is conducive, some others felt that there is lot of pressure put on them.

The physical work environment however has been reported to require certain improvements to promote the comfort level of the employees. Indeed, Interviewee 7 said, *“The nursing staff is supposed to enter the system for which they are given a small system and a sitting stool. Why? Only small system. What about ergonomics. Many facilities are not there”*. In addition, many of the participants also mentioned that the system within the hospital has been adopting new technology. However, there are several downtimes which is why they must spend a lot of time on these. One of the participants, Interviewee 9 mentioned, *“The total shift is 8 hours which is sometimes extended to 10 hours, and most of the time it is extended because of the system delays”*.

The hospital environment altogether is a conducive environment and many of them did not comment on this aspect and say that the hospital includes all the facilities required by both the patients as well as the employees.

#### ***4.5.2 Hospital policies to deal with stress.***

The participants agree that the hospital has effective policies and procedures which are quite helpful for the nursing professionals to deal with their work-related problems. Interviewee 5 explained that the hospital has a leave policy that allows its employees to take sick leave when they are unwell. Along with the leave, they are also offered hospital as well as insurance services all of which are very helpful in mitigating stress and making the work environment cooperative and conducive for the employees. In his own words the Interviewee 5 mentioned that *“Even they are providing, sick leave, if we are sick, they are providing sick leave and insurance, that and all”*. Interviewee 6 says, *“But here we have some systems to evaluate ourselves. Based on that, our in-charge manager, they will help us, give me counselling, sick leaves”*. The systems include the periodic health check-ups and some of the surveys through which the nursing manager would assess the stress levels faced by their staff. Based on these surveys and their health reports, the nursing managers would offer sick leaves and some other aspects such as free doctor consultation and counselling.

In addition, another policy that has been discussed by another participant is regarding the ‘opportunity box’. An opportunity box is where an employee is allowed to offer feedback in terms of what they feel about the problems and issues within the hospital. However, in the opportunity box, the employees can offer feedback anonymously. This offers freedom to the employees to give their feedback without any apprehension of the authorities knowing it which is why it allows them to offer honest feedback. Interviewee 5 said, *“we do have an opportunity box”* and he went on to say that *“If any of our patients, we can write in the box, within 15 days they will contact us. So that will be with our nursing director. And we do have this open forum*



*also, so nursing director will come monthly once she has any concerns*". She further stressed that *"Opportunity box is very helpful"*. Also, Interviewee 9 mentioned that *"the management also puts the feedback into action many times"*. By addressing the feedback most of the organisational problems and especially the employee-related problems are solved. This is because the employees are aware of the problems of the hospital including the problems of the patients as well as the problems of the employees more than that of the management and when they offer feedback there are chances that they explain the management about the intriguing problems which the management is not aware. This allows the management to take the right action which could address the problem and ensure effective outcomes within the hospital.

The hospital also provided the 'Patient-religion officers', mentioned the Interviewee 6. The patient-religion officers act as a liaison between the nurses or medical professionals and the patients. They keep up with the media and the patient views while also creating effective and engaging public relations. When patients have any complaints against the nurses, the patient-religion officers usually come in between and discuss with them and try to sort out the problems, thus reducing the stress among the nursing professionals. Apart from the hospital policies the participants also mentioned that there is a whistleblower policy which is introduced by the DHA and is applicable across all the hospitals within the Dubai. According to this policy, the employees or the patients can drop complaint either in a drop box within the hospital or inline where the authorities will take the necessary action depending on the extent of the problem.

While most of them agree that the hospital has appropriate policies and the management and all the others abide by the policy guidelines, the Interviewee 9 was of the view that *"Hospital policy, they are telling that we are provide safe environment, working environment and all. But I don't think that the practicality will come. It will show not only here, but I'm also telling all over that, what book picture they give that it will not come in the reality"*.

Hence, it is a mixed opinion of the participants in this regard despite which the findings suggest that majority of them agree that the hospital has appropriate policies in place.

#### ***4.5.3 Support from the Hospital Management***

While both hospital environment and hospital policies have discussed regarding the management support, this sub theme has been created as this was stressed and resonated from the discussions from several participants. The findings of the current study majorly suggests that the management of the hospital is highly supportive towards the nursing professionals. Interviewee 1 says “*hospital management aware of the extent of stress that nursing professional are going through*” and further admitted that “*Because our hospital management really has been really helping us and they will find some solution for our problems*”. In addition, also the Interviewee 2 seconded this opinion and said, “hospital management is aware of the stress nurses.” Also, Interviewee 6 mentioned, “*In our hospital, we have our management also supporting us*”. Some of the participants also mentioned that the management has been trying out to neutralise the stress by taking up several initiatives. One of the initiatives was to arrange for cultural programs and cultural activities and the staff are encouraged to come forward and participate. Interviewee 5 mentioned, “*Some activities is there, some dance competitions. Celebrations, everything is there. Marathons, that also they are doing*”. These recreational activities have been introduced and allows the nursing professionals to deal with their stress levels and the participants admit that they have been quite useful and relaxing. These especially played an important role during the COVID 19 pandemic situation where they were very much stressed out and they required some recreation. Also, the self-evaluation has also been explained as one of the most supportive initiatives by the management by some of the participants. The Interviewee 8 explained, “*If something happened, we are having the I am safe checklist. So, every day we are ticking in that maybe staff is having some illness or personal issue or something. If you feel that staff is not showing that much progress in her daily activity,*

*so the management especially the nursing manager will go and talk with the person first. If she needs any support, even HR also having the counselling, and other things with our hospital”.*

This form of checklist allows the nursing managers to understand the problems faced by the professionals and helps them to deal with it.

However, there are counter opinions in this regard as Interviewee 14 mentioned, *“not too much support from the management, but the coworkers are very helpful when we are in a stress”.*

Also, Interviewee 7 explained that in the hospital must pay when they must consult doctor on your own. He emphasised, *“Other hospitals, private sector, there are one or two they are doing that. It is for Free. Staff, anytime they can book an appointment and they can go. Stress-related thing, of course, they are taking care of their staff well-being”.* She further added, *“But being an employee, I'm afraid to go to the appointment of psychiatrist. At least a psychology session or a psychiatry session, doctor should be free for the staff, which insurance is not covered. Okay, last year, I went to our psychiatrist had booked an appointment. I went to her, and I paid her full consultation. Of course, I'm stressed. This stress is my 80 % stress from hospital only”.*

Hence, participants view as well as the evidence from the hospital surveys explain that in the hospital only during the evaluation procedure, it is a free process and when the staff must visit the doctors on their own, then it is paid while other private hospitals in the UAE are offering free doctor consultation and health services.

The evidence from Self survey conducted at the hospital revealed that about 97% of the study participants agreed that the organisation ‘promotes the safety of the nurses and involves direct care processes for reporting and identifying the nurse-related safety events. Also, 96% agreed that the organisation allows the ‘direct care nurses to give inputs and communicate regarding the issues they face’. In addition, evidence from the Self survey conducted by the case study Hospital where 209 nursing staff participated has observed that about 97% participants agreed

that the nursing managers support and are easily accessible for the staff so that they can discuss their problems with them. In addition, also 96% of them agreed that the management supported the nurses during planned and unplanned organisational changes. Furthermore, more than 95% of the participants agreed that the hospital adopts effective wellbeing practices. Indeed, about 98% of participants also agreed that the hospital adopts feedback from direct-care nurses for future wellbeing initiatives. All this empirical evidence suggests the organisations commitment towards employee wellbeing.

Comparing the evidence of the hospital with that of the discussion of the participants views, it can be observed that the hospital policies focus towards supporting the nurses and being accessible for them. Also, it explains that the hospital environment promotes a safety dwelling environment for the nurses, while some problems still exist which need to be taken care.

The above discussion hence shows that the hospital offers an effective support and policies and an employee friendly environment, however there are certain areas where the hospital still focuses towards attaining employee wellbeing.

#### **4.6 Equal Opportunities**

The second theme which has been discussed with the respondents is the equal opportunities and discrimination. The discrimination could in terms of racism, nationality, culture, ethnicity, seniority, and job responsibilities. Most of the respondents agreed that the hospital provided equal opportunities and there was no discrimination witnessed despite the hospital having individuals from different culture and nationalities. People who have migrated to the UAE from other countries such as India also explained that the discrimination was not witnessed in terms of culture and nationality of the individuals. Most of the participants explained that there is no discrimination. For example, Interviewee 14 mentioned, *“no, no, too much discrimination or anything. I don't feel anything”*. Also, Interviewee 4 said, *“Like that? I did not face*

*discrimination*”. They explained that they did not face any discrimination while some others also did not know what discrimination is though they were notified and explained by the researcher before they were asked this question. But most of them claimed that they did not face any form of discrimination at the hospital.

However, some of them countered and explained that inequality is observed even in terms of nationality and ethnicity within the hospital. Interviewee 6 said *“It's a multicultural country. We are receiving many nationalities. Of course, sometimes racism will be there”*. In this regard, The Interviewee 16 mentioned and even explained her own experience stating that, *“Yeah, inequality. As per my experience, in the beginning I told you, I was working in OT, operation theatre here. And later they shifted me to OPD, like outpatient department. And they told whenever they will get staff shortage in operation theatre, then they will shift me to OT. Of course, the operation theatre is a special department and the salary also more there. So, I asked many times and because of the shortage in OPD, they didn't shift me yet back to the operation theatre. So, this is my experience, like inequality. And other staff, whoever is the manager is of the same nationality most of the times. And the others are not getting the high position. Like the managers who are hiring, whose nationality is the same, they are giving them opportunity. Yeah, yeah, yes. More priority”*. Also, another professional, Interviewee 9 seconded this opinion and agreed that there is discrimination observed and she said, *“When they are selecting, they will not select equally, not even from India. We have that one concept that Malayali means Malayali group, and there is Tamil group. I don't think that they are selecting equally the staffs for different roles according to their capability”*. Thus, there is a mixed view among the respondents about the discrimination, however most of them still felt that there was no racism and discrimination in terms of nationality noticed within hospital.

Apart from this some of the participants also explained that the discrimination was witnessed in other ways such as in terms of seniority. Interviewee 10 mentioned, *“Big difference between*

*the new staff and the old staff.”* The new staff is considered and is given more importance and the suggestions and directions given by the experienced staff are usually neglected. Also, one of the respondents discussed that the senior staff also doesn’t receive the respect they deserve which makes it quite challenging and even frustrating to many of them. Also, Interviewee 16 said, *“To retain nurses within the hospital, the management need to address the nurses first. And they should respect them. This is the main thing I feel. And ensure the safety and equity to the nurses. And of course, salary increment and benefits. Then they need to retain the adequate number of staff and experienced staff mainly”*. She further said, *“They need to retain the experienced staff. Then only the quality of work or treatment will be beneficial for the patient also”*. However, Interviewee 9 has explained that the situation is not only this way in Dubai and the UAE, but she could notice similar trends in Saudi Arabia. She says that everyone wants the juniors with less experience as they can pay less for them. She explained, *“Frankly, if I tell you, for example, I attended one interview recently, three weeks back in the Saudi German hospital, interview. In that they asked me what's your salary? I written, according to my experience, 7-8 I written. I attended interview, interview went very well. They told wait outside. Then I was waiting outside. Then after they told we will call you. Then okay, my friend went inside and, I was waiting outside. There were three to four candidates who came for interview. I asked, did you attend? How is the interview? They told okay. I asked what they told? They told we were selected. But I have twelve years of experience. I've written seven to eight. Then I asked what salary you have written? They told we return 3 to 4. I asked why? They are telling we came with a visiting visa. Our visa is going to expire. Now they have one and only this option”*. Therefore, it shows that the nurses must reduce and show their experience less or compromise on their salary to get recruited which shows that the senior staff is being discriminated and are facing it very challenging to continue and survive in the challenging environment. In this regard, the Interviewee 6 said, *“they must keep their unique, standard*

*scale. There is one hospital is giving very less salary. One hospital will give more salary. Instead of that, they have to keep a unique scale and increment scale, or they are also saying so they will be reducing the disparities across the industry*". This form of standard scales across the industry will help increase the retention of nurses in individual hospitals as the nurses know that the same salary is offered across the industry in various hospitals. So, it enhances the retention and dedication levels of nurses of hospitals within each of the hospital within the UAE. However, the hospital cannot still retain nurses from going abroad with this policy and strategy.

Also, some of the Interviewees explained that while internally there is no discrimination among the nursing professionals, there is a clear distinction and inequality noticed between the nurses and the other medical practitioners. As a result of which the nursing professionals are neither receiving the respect or benefits which they are supposed to receive. *"In nursing side, there is no discrimination, which I can say. Exactly. But management side, they should think of nursing at a management level, and everybody should get equal benefits in terms of everything including salary, recognition, and everything"* said the Interviewee 7. In this regard, also another respondent Interviewee 13 explained *"We are working with the doctors in the hospital. The doctor is getting all the benefits from A to Z. Yes, for us?"* The participants feel that the other medical staff and management discriminate the nursing staff and do not give them the respect they deserve despite so much of hard work and stress they give in terms of patient care and services. While only some of them highlighted this aspect they were very particular to mention this aspect and wanted to explain that the discrimination at the hospital level was evident. However, another respondent also explained that this is the situation in most of the hospitals in several places and there should be a change in the way the management and the government look at things to bring a transformation at a later stage.

The evidence from the self-survey results conducted within the hospital suggested that 93% of the 209 participants of the study agreed that the hospital prevents a culture of inactivity, bullying and violence within the healthcare team. In addition, more than 90% of the participants also agreed that the hospital has policies and practices which prevent abuse and violence within the work environment. This evidence shows that the organizational environment within the hospital is a safe working place where discrimination and abuse is prevented.

Comparing the empirical evidence with that of the interview data the findings of the current study hence indicate that by and large the hospital offers equal opportunities for all the nursing staff, however discrimination to a certain extent has been noticed at each level. The discrimination was observed because of the nationality and ethnicity, seniority and the nursing professionals overall are facing kind of discrimination and are not given the respect by the other medical professionals such as doctors as well as the hospital management.

#### **4.7 Summary of Chapter Four**

The chapter 4 discussed the findings which have been presented in the study. The thematic analysis has been conducted with the help of the NVivo based on which the about five nodes have identified which are also called as the themes for the study. These themes have been pre-determined and developed based on the literature review, however based on the discussion and data, certain sub-themes have been identified under each of the theme. A total of 12 sub-themes have been developed from the study which are grouped under five themes – compensation and benefits, equal opportunities, hospital policy and benefits, people development and technology impact, work-life balance among the nursing professionals. Among the various factors which have been discussed, the study findings explain that compensation and benefits is the one which is predominantly affecting the turnover among the nursing professionals in the private hospitals in Dubai. Furthermore, it has also been discussed by the participants that the compensation within the private hospitals in Dubai are way less as compared to those in the foreign countries



while also the benefits offered by the countries such as the western and developed countries which has been influencing the nurses to migrate to these countries.

The second finding that was observed was that the work-life balance is the second most dominant factor which has been influencing the nurses in the private hospitals in Dubai to leave hospitals. The work-life imbalance was noticed for most of the nurses in the Dubai hospitals and the participants of the study even mentioned that they were working for 12 hours a day and sometimes they were also sleepless all of which impacted their health and wellbeing. The physical as well as mental wellbeing of the nurses was affected and some of them even suffered from mental health disorders such as depression. They even explained that they were unable to make time to spend with their kids as well because of which they were not able to have good family time which is further stressing them out. The most important factor which was responsible for the work-life imbalance was identified as shortage of staff by most of the participants. The shortage of staff was witnessed within the hospital as a result of which the patient-nurse ratio was significantly impacted resulting in excessive workloads for the nurses. The increased workloads have been one of the reasons for turnover among the nurses in the hospitals in Dubai.

The third finding of the study was that the hospital policies and supportive management have also been influencing to reduce the turnover intention among the nurses. In the case study it was identified that the supportive management practices have been influencing the nurses to stay back. Also, some participants discussed that despite the high package provided by some of the competitors, there were examples where the nurses were retained because of the supportive management practices. Also, some of them explained when the management could understand the stress levels of staff and take care of their wellbeing there are high chances that they are retained.

The fourth finding of the study is that the study considers that discrimination in the work environment is observed in the private hospitals in Dubai due to the multinational workforce within the country with different cultural backgrounds. However, the study findings demonstrated that discrimination or lack of equal opportunities would result in job dissatisfaction and lower engagement of nurses but do not impact their turnover intention.

The fifth finding of the study was that the people development and technology impact. It has been suggested from the study findings that the people development by training and certifications has been highly adopted in most of the private hospitals in Dubai and UAE authorities mandate continued professional development for nursing professionals within the country. But it has been observed that people development and trainings do not influence the nurse's turnover intention. In addition, the second aspects in this context, is the impact of technology. Technology has evolved and, in the hospitals, there is an increasing acceptance and adoption of advanced technologies reducing the manual work for the nurses. But there are times when the servers are down making it even more difficult for the nurses. The findings show that the technology also does not influence the nurses' turnover intention within the private hospitals in Dubai.

## **Chapter Five - Discussion of the Findings**

### **5.0 Introduction**

The chapter discusses the implications of the findings and relates them to the research questions and the literature review. The chapter is based on addressing the overarching research question which is: “What are the reasons for the turnover of nursing professionals in the private hospitals in Dubai?” Based on the case study findings and relating it to the literature, it would explore the reasons for turnover.

The findings in the previous chapter will be processed in this chapter, whereby the findings are analysed in relation to the literature review conducted. Most previous studies on exploring the reasons of nurse’s turnover were conducted in various contexts, however their findings hold relevant. This is because the study findings agree that some of the factors such as work-life balance and compensation and benefits, which were suggested by the previous authors as responsible for nurse’s turnover and also hold good in the context of Dubai private hospitals.

This study aims at understanding whether the reasons for turnover found by the current study differ or are in line with those of the studies conducted in the past or those which were conducted in a different context. Further comparing with the previous studies also helps the researcher determine what has been done in the past to deal with the issues in a different context and whether this can be implemented in the current context. In addition, it also allows the researcher to arrive at the research implications. The chapter overall helps in developing new knowledge in the field of research.

## **5.1 Compensation and Benefits**

The study findings suggests that compensation and benefits is the most important reason for the turnover of nurses in the private hospitals of Dubai. Some of the aspects which are discussed under this theme are as follows.

### ***5.1.1 Low Compensation and Nurses Turnover***

Most of the participants considered that the low salaries and high cost of living in Dubai made it difficult for them to make ends meet, which is why they were looking for other options in search of higher salaries. In this regard, the findings of the study corroborated the findings of past studies. Indeed, an empirical study conducted by Sharma et al. (2022) to analyse the impact of compensation on the turnover of nursing professionals in the Indian context also exhibited similar results. The findings of the study also corroborated with that of Sharma and Xu (2022) who explained that offering competitive wages allows healthcare providers to retain their workforce. This is because only few of the participants in this study also mentioned that they were looking to move to other hospitals within the UAE because they were offering more compensation than their current employer. One explanation of the current study's findings is that the Dubai private hospital's compensation structure also did not include any form of allowances which would be beneficial for those with families and the nurses must pay for childcare and education in an expensive city like Dubai, which represented a considerable proportion of their salary. In addition, they also stated that they were overworked because of staff shortages within the hospital, and working for long hours under stress and pressure for a meagre salary was highly frustrating for them. In this regard, the findings corroborate with the empirical findings of the study conducted by Corbett et al. (2020) who identified that an excess of responsibilities and internal work for very low wages were the prime reason for stress among nurses, which ultimately forced them to change or switch their jobs. In addition to this, it is observed in the study that lack of financial rewards is also another cause of stress among the

nurses that motivate them to leave the organisation when they get better opportunity in terms of pay. Furthermore, the study findings corroborate with the results of the study conducted by Sangaran and Garg (2012), who suggest that hospitals that do not offer competitive salaries are negatively associated with job satisfaction, which in turn is considered to significantly impact the turnover of nurses. This study hence concluded that low compensation is one of the major factors among the nursing professionals within Dubai private hospitals, and especially in light of the high cost of living, including rents and education costs, within Dubai that made it even more difficult for the nurses. Most of the findings in this regard are in line with Sharma et al. (2022), and Sharma and Xu (2022) whose studies in this area were published in the past. Offering competitive salaries along with some benefits, such as allowances for daycare and education allowances, would contribute towards the retention of nursing professionals in Dubai.

#### ***5.1.2 Job search and switching to new Jobs within the UAE***

The participants discussed that some of the competitor government hospitals within Dubai were offering better salaries compared to that of the private hospital which is why most of them showed an interest in switching jobs if they got a job in these high-paying government hospitals. In this context, the results are in line with the discussion offered by McHugh and Ma (2014), who stated that hospitals should pay competitive wages to attract and retain nursing professionals. Minimum wages are those basic wages that are stated by the federal government based on the costs and standard of living in the country. Paying just the minimum wage is not sufficient in the case of nursing professionals as they are knowledge workers. Dyrbye et al. (2013) explained that hospitals across the globe are experiencing a huge demand for nursing professionals, because of which there is a huge demand for qualified and skilled nurses. In Dubai since COVID-19, there has been an increased demand for nurses, as result of which when hospitals do not offer competitive wages it can result in dissatisfaction among the nurses,

due to which they switch jobs if a competitor offers a better salary than their existing employer. Therefore, from the above discussion, the study concludes that the private hospitals in Dubai should focus on offering competitive salaries to their nursing professionals, which would allow them to compete effectively with government hospitals and reduce turnover and brain drain.

### ***5.1.3 Jobs Abroad for Better Opportunities***

The findings of the study suggest that most nursing professionals were considering migrating abroad to some of the foreign countries offering them higher salaries and better opportunities, which is why most of them expressed an interest in moving to foreign countries. Most of the participants mentioned that they knew colleagues who had migrated to the western countries. Also, some of them mentioned that developed countries were more preferable in terms of compensation and other benefits. In this regard, the findings of the study are corroborated by the findings of Baker and Alshehri (2020), who highlighted in their study that occupational stress was experienced more by nurses working in the developing countries in comparison to those working in developed countries. They further discussed that the developing countries have far lower compensation as compared to what is offered in the developed nations, along with which the benefits and allowances structures were also more attractive in developed economies, all of which resulted in the turnover of nurses. Another finding which was highlighted in the current study is that compensation, while considered to be an important factor in migration to the developed countries, was not the only factor, as many of participants highlighted that family visas and free child education were other major factors why individuals found it beneficial to settle down in the developed countries. In this context, the findings are in line with the arguments of McHugh and Ma (2014), who explain that wages for the nursing professionals is an important consideration; however, it is not the only consideration as certain non-wage related factors also influence the nurse turnover. Corbett et al. (2020) also highlighted that occupational stress as the main factor influencing the turnover intention in

workplace especially in the context of the healthcare. Even in this study, it has been identified that most of the nursing professionals were considering migrating to developed countries because they believed they would have a better life with their family, including good education for their children. The COVID 19 pandemic has resulted in a shortage of nurses, and it necessitated the UAE government to attract healthcare workers and especially nursing professionals to deal with the situation (Al Qawasmeh, Al Amiri & Al Nuaimi, 2022). A workforce migrating out of the UAE would further trigger the shortage, which could be disastrous to the healthcare system in the country. Hence, it is important for the government of the UAE to consider pay revision and offer better opportunities to the workforce to ensure retention. As discussed by Dyrbye et al. (2013), there is an increasing demand for knowledge workers, especially nursing professionals, across the globe and most of countries are offering attractive benefits to attract and retain nurses. In addition, Dubai in this regard has introduced the Golden visa for nurses, through which they are given visas for the next 10 years. Although such initiatives are useful to a certain extent, the findings have showcased that nurses were not satisfied with this initiative as they are only offering visas for them alone and they must struggle to get visas for the rest of their family members. When there is a family of four people, it is very difficult for them to renew the visas for the rest of their family members every two years, and sometimes when children do not get visa, some of the nurses must even quit their job voluntarily. To conclude from the discussion, it can be understood that some nursing professionals in Dubai private hospitals are migrating to find jobs, mostly in some of the developed countries. The prime reason to prefer these countries was not compensation alone, but also other factors such as non-wage related factors, which are the family visas and the education for children. Hence, Dubai should, along with the Golden Visa, also consider offering long-term visas for nurses along with their families. In addition, either the country should consider introducing either free education for the children of nursing professionals or certain

education and day care allowances could be introduced as a part of the salary for nurses with infants, toddlers, and children. By taking these steps Dubai private hospitals can not only retain more nurses but also motivate them to focus on their job, which in turn would result in improved treatment outcomes. This is important because as discussed, nursing professionals are in huge demand across the world and if the UAE is unable to attract and retain nurses, there will be a shortage of the nurses within the country, which in turn could have disastrous outcomes.

## **5.2 Work-Life Balance among Nursing professionals**

The findings of the study showed that the nurses at the hospital lacked work-life balance and it was one of the reasons for nurses to leave the hospital or migrate to a new country. Hence, according to this study's findings, it can be observed that after compensation, work-life balance was the major factor for turnover among nurses in Dubai private hospitals. This will further be discussed under the following sub-headings.

### ***5.2.1 Reasons for stress***

Occupational stress was found to be the most important factor for turnover among nurses by several studies (Drennan & Ross, 2019). The current study findings agree with all those studies which highlighted the relation between occupational stress and work life balance. There are several reasons which led to stress among nurses, out of which the study discusses some of them, which include continuous patient inflow, shortage of staff, documentation, and multinational and demanding patients. In this regard, the study findings corroborate with the findings of Magnavita et al. (2020), who suggested that the shortage of workforce in a hospital in Italy led to occupational stress. Rose et al. (2021) also observed that the shortage of staff combined with continuous patient flows is frequently associated with occupational stress among nursing professionals. The study findings however disagree with the findings of Guppy and Gutteridge (2016) who observed that nurses were experienced stress because of a lack of



interpersonal relations with their fellow nurses and supervisors. The findings of the current study identify that nursing professionals in the private hospitals in Dubai value teamwork and take breaks by coordinating with each other. This shows that they exhibit good interpersonal relationship, which is why the current study disagrees with the arguments of Guppy and Gutteridge (2016).

In the current study it was identified that there was a continuous shortage of staff encountered in the hospital due to the turnover of nurses, some people being on leave, and the new recruits who were under training. Because of all these reasons, the shortage of staff was very evident, as a result of which there was work overload on the nurses, which resulted in occupational stress. This occupational stress was one of the most important reasons for turnover. Also, to deal with this, the findings suggest that the management should consider further manpower planning, taking into consideration the patient-nurse ratio while also paying attention to the other factors such as staff going on leave, training, turnover or any other factor which may affect the workload.

They also need to focus on recruitment as soon as a vacancy occurs. This would allow them to train the new staff before the experienced staff leave the hospital. This is important because shortage of staff impacts the workload of employees, because of which they do not have break time and they are burdened with work, which in turn is a factor in why they may leave the hospital. Also, in this context, we should consider Hammig's (2018) model of burnout and turnover (refer to figure 5 in chapter 2). In this model, the author discusses that excessive workload in combination with effort-reward imbalance or work-life imbalance can result in burnout and turnover. In the current study, the nursing professionals were experiencing work overload due to workforce shortages, and this was in combination with work-life imbalance resulting from not being able to find time for their family and other households' work. Indeed, they were also not finding time to eat their meals during their duty time, which shows that they

were experiencing work-life imbalance. Moreover, they were also experiencing effort-reward imbalance as they were receiving low compensation, which was just sufficient to meet their ends. Hence, considering all these, according to Hammig's (2018) model these circumstances are likely to result in burnout and turnover. Meanwhile, the government hospitals in Dubai have larger workforces and low patient-nurse ratios, they offer systematic schedules and greater work-life balance, which seems to be attractive to the nurses working in the private hospitals of Dubai and consequently results in turnover. To conclude, the management should focus on staff shortages, which is a major contributor to turnover.

### ***5.2.2 Impact of Job Stress***

The study findings indicate that the impact of job stress is mostly detrimental to physical and mental wellbeing and deterioration in the quality of treatment. In addition, the findings also agree with those offered by McCreddie et al. (2018), who states that occupational stress acts as a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment, often resulting in burnout as a common consequence. This is widely associated with psychological distress and somatic complaints. Also, Tipa et al. (2019) explain that repeated activation of the sympathetic nervous and adrenal-cortical system is likely to produce development of chronic health conditions. Among the other health issues, it is suggested by Ruiz-Fernandez, Perez-García & Ortega-Galan, (2020) it can also be on the grounds of professional consequences of stress would result in lower patient satisfaction, impaired quality of care and due to medical errors. As suggested in all the above studies, the findings of the current study also identify that most nurses had been highly stressed in the job and were suffering from physical and mental health problems. While some of them working in the OPD complained of physical health problems like pains in their legs, headaches, and exhaustion, some others working in emergency departments and NICU complained of mental health problems such as depression and behavioural changes such as mood swings, all of which

were affecting the ability of the individual to work and offer treatment outcomes. In addition, lack of work-life balance often induces feelings of guilt among nursing professionals, as they are not able to give time to their families, and this further affects their morale. Furthermore, most of the participants also discussed that because they were completely stressed, which had been impacting the quality of their treatment. Sometimes, because of staff shortages, they were expected to perform multiple duties at once, and when the necessary attention is not given to an emergency patient then there are chances that the patient treatment outcomes are not achieved, which is a major concern for the staff as well as the management.

However, the study findings also agree with the views of Choi and Kim (2020), who consider that employee turnover has become a trend in the market as employees easily switch to other organisations just for a pay increase, irrespective of occupational stress being experienced or not. They further explain that it is not always true that occupational stress causes high turnover in the market. When it comes to nursing and the health care sector, occupational stress is comparatively more common among workers in comparison to other workers and employees in different sectors. In the current study, most of the participants explained that nursing is by itself a very stressful job and stress is likely to be experienced wherever they work. Hence, they are aware that even if they go to another hospital or country, they will have stress at some point or the other; however, they explain that they can deal with the stress if there is a pay increase or if they are paid well. Hence, it is evident that when nurses are paid more, they are ready to take over the burden of extra work and deal with the stress. Furthermore, the study findings also agree with the opinion of Schluter et al. (2008), who explains that due to the availability of shift systems for nurses they can manage their workload and personal life and hence the stress cannot be the only reason that drives nurses to leave hospitals. In this regard, the current study's findings also corroborate with the above findings because in this study the participants agreed that they were able to manage their workload due to the shift system. For example, one

of the participants explained that when she had a newborn, to avoid the day care bill she started working on the night shift, which allowed her to take care of the baby while managing work. This way the nurses could flexibly choose their shift hours. Also, the findings of the study strongly indicate that stress alone is not the reason for their turnover intention, and it is mainly due to the salary accompanied by stress. To conclude, the study findings show that occupational stress among nursing professionals significantly impacts their wellbeing and to a certain extent also affects the quality of treatment, which is a major problem. However, the findings also suggest that though work stress exists, it alone does not lead to employee turnover intention, and to a large extent it is only when it is associated with low compensation, that it results in dissatisfaction and turnover intention among the nurses.

### ***5.2.3 Effective Ways of Handling Stress***

The findings of the current study explain that at the private hospitals in Dubai there are already several methods through which the hospital can effectively manage stress. Ruiz-Fernandez, Perez-García & Ortega-Galan (2020) suggest the importance of handling stress effectively as they consider that inability to manage stress may result in medical errors. Also, in the current study, it has been observed that when individuals experienced stress, they were unable to give sufficient time for an individual patient, which resulted in several incidents of risky practice. To deal with these, the study findings shows that several strategies were implemented, some of which included better teamwork. In this regard, the findings of the current study corroborate with the opinion of McGrath et al. (2003), who discussed methods of stress relief by pointing out the practices of team cohesion and power, which when used favourably could improve the mental health of the nurses in the organisation. At the private hospital, the management encouraged the nurses to work as a team. It was discussed by the participants that they had good interpersonal relations. This was because they worked for long hours and saw the faces of the colleagues more than their family, which is why they chose to be cooperative and

mutually beneficial to each other. They arranged their break time in such a way that while one of them went for meals or a break, the others would manage their work. Even during training, they used to manage the duties of others and freed them to go for training. The management always encouraged and promoted this form of work culture within the hospital. Secondly, the management was cooperative, and they encouraged recreation activities for the staff, which helped them to overcome stress. In this regard, the study findings corroborate with the findings of the study conducted by Adib et al. (2012), where the authors conducted a comparative analysis between the US and the UK hospital and nursing management. They concluded that nursing management was very effective in the UK, because of which the level of stress and burnout among nurses was low compared to the US. Hence, the hospital management plays a crucial role in reducing burnout and stress among staff and enhancing their engagement levels. In the findings of the current study as well, most participants agreed that the hospital management was very important, and the nursing manager was very empathetic, and because of her their engagement levels were higher. The nursing manager at the hospital conducted open forums, which discussed the problems of nursing professionals, and tried to resolve them, all of which enhanced the staff engagement levels. Some of the participants also mentioned the Employee Awareness programmes, in which employees are required to take surveys and these surveys allow them to put forward their problems in terms of their wellbeing, stress and other factors. In the case of any problem the nursing managers address those problems personally and sometimes if the problem is associated with health conditions, then they are also given counselling or consultation based on their requirement. Therefore, to conclude it can be observed that effective management interaction and processes play a critical role in enhancing nursing engagement and hence, treatment outcomes. In this case, at the hospital the management role in handling stress was effective. However, it should be observed that the management was inferior to that of developed countries, where nurses were given designated

timings and breaks, helping to reduce their overall stress. Most of the participants stated that most of their colleagues worked only eight-hour shifts, with an hour break, and they did not have to stretch almost of the times. This form of management reduced workload so that nurses were able to manage their family time as well. The focus should be towards achieving effective management practices which help in reducing stress, workload and enhancing engagement, while providing work-life balance, and only then will nurses be retained in Dubai.

### **5.3 Work Environment**

The study findings suggest that the hospital policy and benefits are a third important reason for employee turnover among the nurses in private sector of Dubai hospitals after compensation and benefits and work-life balance. The study findings in this context will be discussed under the following areas:

#### ***5.3.1 Hospital Physical Environment***

The findings of the current study demonstrate that the hospital environment, including both physical fabric and organisational culture, also affect the job satisfaction levels of nursing professionals, which in turn could result in their turnover intention. In this regard, the study findings agree with Haider et al. (2015), who opined that the work environment such as working conditions, especially physical working conditions including cleanliness and hygiene factors, influence nursing professionals and their job satisfaction. Also, in this study, the findings suggest that staff were not given suitable furniture within rooms. They were given a small stool before the computer system which would impact the ergonomics and it was not suitable for them to work with the system. These types of physical conditions impacted the physical health of the nurses. The impact of the physical environment on nurses has been studied by several authors, including Applebaum et al. (2010), Horiguchi et al. (2015) and Haider et al. (2015), all of whom studied how the various physical environmental factors such as a lot of noise, bad and unpleasant odours had an impact on nursing professionals in the

hospital environment. Each of the studies identified that the physical environment stimulated nurses emotionally and resulted in increased occupational stress levels among them. Most of the nurses explained that physical environmental factors stressed them physically as well as mentally, making them tired and weak in the performance of their duties. Similarly, the current study's findings have found that the participants suggested that due to bad ergonomics they felt tired and experienced lower energy levels. These findings also corroborate with Haider et al. (2015), who argue that positive physical environment gives a positive feeling to employees and employees have feelings of pride from being associated with the hospital, because of which they have a feeling of loyalty to be associated with the given institute. On the other hand, the nurses associated with negative work environments, typically felt stressed and burnt out, which in turn was associated with turnover of the workforce. Therefore, from the findings of the study it can be observed that the physical environment also impacts nursing professionals and their wellbeing. Most of them felt tired out and sometimes unable to perform their duties as per the expectation. This may affect treatment outcomes and in extreme cases, may even result in turnover of the nurses. Hence, the management should ensure that they offer the nursing professionals the necessary comfort in terms of the physical environment in order to reduce their occupational stress levels and help them perform their duties well, while also promoting employee wellbeing. The positive environment also reduces negative feelings about the workplace, which in turn may also promote their loyalty towards the workplace and reduce their turnover intentions.

### ***5.3.2 Support from the Hospital Management***

As discussed by Applebaum et al. (2010), there are two dimensions of the work environment, which comprise the physical work environment and the behavioural aspects. The behavioural aspects will be discussed in terms of the support from hospital management. The study findings suggest that the hospital management was supportive to a very large extent. They had certain

strategies such as arranging for fun activities, such as dance competitions and marathons for the staff. There were also safe-checklist evaluation forms based on which the management would assess whether the staff were stressed out and they provided consultations or psychiatry sessions. Also, the study findings agree with the views of Na and Kim (2016), who argue that various factors in the workplace, ranging from working conditions, opportunities for improvement, workload and stress, mutual respect between the employees, communication with managers and supervisors and financial rewards influence the job satisfaction of employee in the workplace. Similarly, in the current study the findings suggest that among the various aspects, the supervisors and management were cooperative to a certain extent, but some of the participants also suggested that they were pressurised by their supervisors to complete their forms and they were not even given a break time, and most of them could have a break for only 15 minutes. As Na and Kim (2016) explain, nursing professionals spend a large extent of time in the hospital environment and when the work environment and especially working conditions are not suitable, it can result in discomfort and job dissatisfaction, leading to turnover intention among nurses.

In addition, the findings of the study also suggest that the hospital offered them very few growth opportunities and most of them received promotion after a very long time and they were in a single position and at the same salary for a very long time, which it was very demotivating. As stated by Na and Kim (2016), the lack of growth opportunities constrains the workforce's growth and development in the workplace and this affects their job satisfaction levels, resulting in turnover intention. Mutual respect is another aspect which was suggested by Na and Kim as a part of the supportive work environment. This study's findings demonstrate that each employee exhibited mutual respect and cooperation towards each other. One of the participants explained that *"we spend more time with our colleagues than our family members which is why we are cooperative towards each other"*. Also, another explained that *"we do not have*



*prescribed break timings, but we align our timing with each other and ensure that all of us get some break while at the same time someone is with the patient”*. These explain that the hospital promotes mutual cooperation and teamwork, and the colleagues are encouraged to work together as a team. Also, as discussed the evidence from the hospital (as shown in Appendix 2), where a descriptive study was conducted on the nurses’ perceptions, also suggested that the nurses perceptions in terms of team work, handling disagreements, staff relationships and communication about patients had a statistical mean value of more than 4, which shows that there was a high degree of agreement among the nursing staff of the hospital that there was a supportive environment at the case study private hospital in Dubai. Therefore, from the above discussion, it can be concluded that the work environment within the hospital offers support to the nurses to a large extent, however the management still expected nurses to deliver as per their expectations, which put the professionals slightly under pressure. Theory cited above suggests this results in discomfort and in a long-term, if no corrective action is taken against this, the nurses may resort to turnover. However, turnover due to work environment was not emphasised by most of the participants, but the findings only establish that work environment-related problems may result in dissatisfaction and discomfort among the nurses, and this may finally transform into turnover intention if neglected.

### ***5.3.3 Hospital Policies***

The findings of the study show that at the case study hospital there were well established policies oriented towards the employees. In addition, the Dubai government offers policies such as whistleblower policies, which were introduced by the DHA, and that allow employees to report their problems anonymously (attached in Appendix 3). It allows the employees to put forward their problems with the management, authorities, peers, and some high-profile patients as well. These problems were addressed by the authorities based on the intensity of the issue. These were hospital policies developed in the interests of the staff.

In this regard, the study findings corroborate with the discussions offered by Applebaum et al. (2010), who suggest that hospital policies are an important part of the hospital work environment, and they influence employee turnover intention. The current study found that the hospital had effective policies, such as: firstly, an evaluation policy where the employees were allowed to evaluate themselves based on a check list. All the health check-ups were done, and their stress levels were analysed based on this survey. When the nursing manager identified that some of the staff were under stress, they were offered sick leave. Along with the sick leave, they are also given psychiatric sessions which helped them to deal with their stress. The participants also mentioned that these were offered free of cost and periodic check-ups were quite useful for their wellbeing. Secondly, the findings also note that the opportunity box was another policy where the employees could talk anonymously about any problem they faced. The management reviewed these problems and ensured that they were addressed within 15 days. The participants explained that the policy really worked and many of their problems were addressed in this way.

Also, the leave policy of the hospital (see Appendix 2) also indicates that the hospital has different types of leave for its staff, which allows flexibility. It shows that the hospital allows various form of leave, such as for birthdays, appreciation leave, paternal leave, and leave for festivals other the annual leave and sick leave which are offered. In addition, nurses are also given leave for Continuing Medical Education, all of which shows employee-centric policies. The types of leave covered under the hospital leave policy are much elaborate and represent more than what is offered to private sector employees suggested by the Ministry of Human Resources and Emiratization of the UAE (see Appendix 2, leave policy). The above-mentioned policies reduce stress and improve the job satisfaction among the nurses, which in turn directly relates to the reduction in turnover intention. The effect of work environment overall on turnover intention has not been much discussed previously, however it has been observed that

the work environment has an impact on the job satisfaction of nurses, which in turn is related to turnover. Nevertheless, this study disagrees with the study findings of Haider et al. (2015), who observed that the work environment is an important aspect and directly influences organisational turnover among the nurses. The findings of the current study indicate that some practices impacted the work environment related to job dissatisfaction among the nursing professionals in private hospitals in Dubai. The management should focus and rectify these practices to ensure effective outcomes.

## **5.4 People Development and Technology Impact**

### ***5.4.1 Training of the Staff***

The findings of the current study suggest that the nursing professionals agreed that the hospital as well as the UAE government promoted people's development through the provision of training and continuing professional development for the nurses. Also, they explained that most of the training offered was free of cost. In this regard, the findings are in line with Buijck and Ribbers (2018), who opine that there are two forms of training required for nurses, namely: basic training, where nurses should be trained to have the necessary subject knowledge, and the second is job-related training. The study findings explain that the hospital offers both kinds of training. The participants suggested that as a part of training, the hospital ensures that it offers both basic as well as job-related training. For the basic and mandatory training, the UAE government mandates a 3-to-5-year nursing diploma for all professionals (Buijck and Ribbers, 2018). As a part of job training, each new joiner is offered a preceptor, who is an experienced nurse under whom the professionals are offered job-relevant skills. However, the study's findings are not in line with the arguments offered by Kikanloo et al. (2019), who insist upon the importance of emotional intelligence for nursing professionals. They argue that job-related training should also include training in terms of emotional intelligence. Also, in this regard, Kabir and Sheraghi (2012) agree that emotional intelligence training improves the critical

thinking abilities of nurses, which allows them to be vigilant and act in stressful situations, which is a valuable quality for nurses as they work in emergency and critical conditions. While these studies suggest the importance of emotional intelligence training, at Dubai private hospitals the training is mostly focused on enhancing nursing skills, and emotional intelligence training was not included, which may constrain the nurses during emergency conditions. However, the study findings corroborated with the opinion of Jebbor et al. (2021), who explained that nurses should be given the training to handle various critical situations and unless they are prepared, they should not be handling the tasks. Also, Yang and Park (2019) explain that the training provided varies from real-life situations; however, training nurses in most cases will allow them to analyse how they should respond to a particular context of a given case. This study found that when nurses were given training to handle each situation during their training, the new joiner was evaluated by the experienced nurse under whom they are getting trained, the preceptor, and the nursing manager. They were offered feedback so that they could improve their skills before they started working directly with the patients. Furthermore, at private hospitals in Dubai they were offered both online and face-to-face training. Using online training is a way through which the hospital allows its staff to attend training at their own comfort level, from their home or anywhere within the hospital. The study findings however show that nurses preferred face-to-face training rather than online. This is because being medical training, it is important to have a face-to-face discussion where real-time cases can be discussed and demonstrated practically, which in turn offers greater insights into the topic compared to the online sessions. However, the hospital offered both forms of training, allowing participants to take at least one form of training despite their busy schedules. This is because medical education undergoes dynamic changes and there are regularly several new medical and nursing protocols, which nurses should update themselves with to remain up to date in the medical line. The study therefore concludes that training is an important aspect

for nursing professionals to keep up the morale of the workforce and in the hospital. There was an effective training schedule for the new joiners as well as for the senior staff for continued professional development. Despite the training imparted by the hospital, none of the participants suggested that it motivated them to stay in the hospital's employment and hence it can be considered that the study disagrees with the argument that training is an influencing factor that impacts nursing staff turnover in private hospitals.

#### ***5.4.2 Technology Impact***

The findings of the current study demonstrate that although the hospital had implemented the latest technologies for patients' records, it was still not able to reduce the time taken to complete patient formalities, which required nursing professionals to spend a long time filling out forms. The study findings disagree with Deshpande (2021), who stated that technology has reduced manual work by 73% and IT leads have shown that through this, nurses would be able to have flexible schedules and would easily be able to manage their patients. However, the findings of the current study identify that nursing professionals do not agree that the adoption of technologies has reduced the time they spend on documentation. These findings corroborate with Pelone et al. (2017), who found that adopting new-age technologies only partially supported nursing processes, as manual assistance was needed during the documentation process. Pelone et al. (2017) conducted the study to understand the role of IT systems in hospitals and the extent to which they reduced the work of nurses. In their study, they observed the nurses were still presented with the same amount of manual work as they needed to add the information on medications and treatment protocol adopted for each patient. Similar findings were also observed in the current study, in which the participants explained that the introduction of technology had reduced their manual work to a certain extent, replacing paper and pen work, but the Electronic Medical Records (EMR) and Hospital Information Systems (HIS) still required the nurses to manually input information about patients. The findings of the current

study show that the participants were required to expend a lot of effort in filling out forms, and they had not managed this work amidst all the other work, despite the heavy inflow of patients. This became quite stressful for them, and the supervisors and management pressurised them to complete filling the forms. In addition, they also explained that the systems had very long downtimes, which was another problem that increased their work multi-fold. The prolonged downtime of the systems in the hospital was one of the reasons for the long time associated with completing documentation. In this regard, the findings of the study agree with those of Banaticla and Yango (2023), who suggest that some developing nations are less reliant on advanced technologies and therefore the majority of work responsibilities are manual, which puts work pressure on nurses and healthcare staff and therefore causes stress. In addition, Wu et al. (2012) suggest that technology is ever-changing and medical professionals find it difficult to adapt and understand these novel technologies. Also, in the current study, the participants explained that they did not have enough time to familiarise themselves with the novel technologies, which are ever-changing, due to their busy schedules. Therefore, the study findings explain that although advanced technologies were adopted by the hospital, they had not reduced the time taken for documentation to be completed by nurses. Hence, the study concludes that technologies had neither a positive nor negative impact on nurse turnover in the private hospitals of Dubai.

### **5.5 Equal Opportunities**

The findings of the study suggest that while the hospital offered equal opportunities to all the nursing staff, there was still discrimination observed among the nursing professionals in various ways. As Noor et al. (2023) suggest, that there are various reasons for discrimination, ranging from race, gender, religion, social position, culture, geographical position, and political convictions. The findings suggest that among these various reasons quoted by Noor et al. (2023), some of the reasons such as race, religion, culture, nationality, and social position were

the reasons suggested by some of the participants as reasons they felt contributed to discrimination against them. However, the current study's findings do not agree with the findings offered by Noor et al. (2023), which suggests that male nursing professionals in the UK were under-represented, which is why they attracted lucrative pay. They also explain that in the UAE, female nurses were over-represented and the males relatively low, which would in turn impact their pay. However, in the current study the results show that although male nurses were underrepresented in the UAE, they did not face any form of discrimination nor preferential treatment. The study involved both female and male participants and all of them have indicated they did not face any form of gender-related discrimination within the hospital. Indeed, there were other reasons which were responsible for discrimination and two main reasons have been identified: Firstly, the nationality of the individual played a crucial role, as most of the Asians nurses perceived that although they were given an equal chance initially, the local citizens of the UAE were given priority, especially when the hospital was choosing who to promote to higher positions. Most of the senior positions are given to citizens of the UAE and the Asians felt they were only considered if there was no eligible person from the local nationality. Secondly, the other reason for discrimination was cited as social position, where some of participants discussed that nurses were always considered inferior as compared to the other medical professionals, such as doctors. The nurses were discriminated against and were not included in management decision making and were discriminated against by the doctors. Most of the studies such as Mosadeghard (2013) and Longo and Newman (2014) conducted in the past have discussed that inequalities in the workplace are associated with impacts on employee wellbeing. Thirdly, the experienced workforce in nursing were discriminated by the management as they felt that new joiners were getting paid more than existing nurses. Indeed, a cross-sectional study was conducted by Mosadeghard, (2013) on a sample of 296 nurses in Iraq and estimated that inequality at work was one of the reasons for

high occupational stress among them. Also, the findings of the current study are in line with Mosadeghard's (2013) argument, as many of the participants agreed that the discrimination exhibited by the management had affected them negatively. Also, in this regard, the findings of the current study are also in line with the arguments of Longo and Newman (2014), who found that discrimination and hostility shown by the management would pass from employee to employee and would impact the entire environment, and this affected the discriminated employees both physically and emotionally.

Discrimination has been identified as a crime by law in the UAE and anyone who faces discrimination can report this. According to TDRA (2023), immediate action should be taken against individuals who discriminate. The government of the UAE offers an online portal where professionals can report discrimination (refer Appendix 3). In addition, the person who faced discrimination may also file a lawsuit through judicial authorities (TDRA, 2023). The findings of this study show that the UAE government has a stringent policy against discrimination and participants mentioned that there was a Dubai Health Authority (DHA) portal where they could go and report anonymously regarding any form of discrimination an employee faced in the workplace, and immediate action would be taken (attached in Appendix 3). In addition, the hospital was also able to report such issues under Article 30 of the UAE law, which prohibits discrimination against employees in the workplace based on class, race, gender, ethnicity, nationality, and social origin, among others. The employee also has the provision to report under this to the government of the UAE. Therefore, the findings of the current study suggest that although equal opportunities were provided by the private hospitals to a very large extent, being a workplace where people from multiple nationalities and ethnicities worked together, discrimination was prevalent to a certain extent. The UAE government had laws and whistleblowing policies to protect employees from discrimination, but very few individuals took up the initiatives despite the anonymity associated with them. However, it is important for



the management and the government to ensure that individuals come forward and exhibit such concerns, because only then they will be able to come up with a solution. This is important because it has already been discussed that discrimination is toxic and when it is not recognised and stopped early, it can pass from employee to other employee and affect the entire workplace environment and employee morale.

## **5.6 Summary of Chapter Five**

Chapter 5 has focused on addressing the research question, which is “What are the reasons for the turnover of nurses in private hospitals in Dubai?” Based on the findings of the research and the analysis based on the literature review, the study identifies two major reasons for the turnover of nurses in Dubai private hospitals, which are: compensation and benefits; and work-life balance. Among the various factors discussed, the study observed that only these two factors resulted in nurse turnover in Dubai private hospitals. In this regard, the study findings corroborated the findings of several other studies conducted in the past to determine the causes of nurse turnover in Dubai. Most of the authors, conducted studies on understanding the impact of compensation on nurse turnover all concluded that there is a direct and significant impact between the two variables compensation and turnover. Also, the findings of this study support them and are in line with the studies conducted on this topic.

In addition, the findings of the study were also in line with some studies which explain that occupational stress and lack of work-life balance impacts the nursing professional’s turnover intention and result in turnover among nurses. Also, in this study, the findings show that the nursing professionals who are stressed reported turnover intentions within the private hospitals of Dubai.

The study findings are also in line with the studies who studied the impact of work environment on nurses and observed that the hospital environment impacts nurse turnover. In the current

study, it was observed that nurse turnover was influenced by hospital policies, support from the management, and the physical work environment of the hospitals. When the nurses received support from the management to manage their stress and were given opportunities for growth, they would remain working at the hospital rather than move on.

However, the study findings are not in line with some studies who suggest that training and people development practices adopted by hospitals positively influence nurses to remain with an employer, reducing turnover intentions. Similar findings were also suggested by some authors, who identify training as positively resulting in retention of nurses. However, it has been observed from the current study findings that nurse turnover is not influenced by training, and they were motivated to leave hospitals if they were not compensated well or did not have a work-life balance, even if training were offered by the hospital. Furthermore, the study findings also are in line with the interpretations which suggest that advanced systems reduce manual work and reduce the documentation stress for the nurses which influence the turnover intention. However, the findings of the current study explain that nurse turnover was not connected with technology in the private hospitals of Dubai.

In addition, the study findings also do not agree with the findings of few authors who observed that discriminatory practices in hospitals resulted in the turnover of nurses. However, in the study, it was observed that discriminatory practices resulted in lack of job satisfaction among nurses but did not affect their turnover intention.

Therefore, it can be concluded that the study findings are in line with certain studies and counter certain other studies and identify that there are only two major factors which influence nurse turnover in the private hospitals of Dubai.

## **Chapter Six – Conclusion**

### **6.0 Introduction**

The chapter initially discusses the research question and summarises how the research findings address the research questions. Secondly, the chapter evaluates the contributions of the study to the existing literature. Thirdly, the chapter explains the limitations of the study while also elaborating on the future direction in the research topic area and finally the study offers a reflection on the learning experience of the researcher during the thesis development.

### **6.1 Summarising the Research Findings**

To summarise, the research initially focused towards understanding and exploring the reasons for the turnover of nursing professionals in the private hospitals in Dubai. This was the most important and overarching research question based on which the study has been attempted. As the study is exploratory, it adopted a qualitative interview method which allowed the researcher to dig deep and explore the topic in greater detail. A case study method was attempted for the study, which was conducted in one of the most established private hospitals in Dubai. To conduct the study, the researcher obtained ethics approvals from the university and approvals to conduct the interviews within the hospital premises was gained from the hospital authorities. As a part of the research, a total of 23 interviews were conducted. To source the participants, the researcher had to network and based on known individuals working at the hospital was able to source and recruit participants. After the interviews were conducted, an NVivo based data analysis was conducted which allowed the researcher to arrive at the results. Most of the findings of the study were in line with that of the existing research studies; however, the findings also differed in certain aspects from the existing studies.

The study concluded that there are two factors that mostly influenced turnover of nursing professionals in the Dubai private hospitals, which were: compensation and benefits; and work-

life balance. While both factors are important, the study concludes compensation and benefits as more influential for nurse turnover in private hospitals in Dubai. Indeed, the results also suggest that while compensation alone directly leads to turnover directly, work stress only in combination with compensation is considered as impacting the turnover. This suggests that compensation precisely is a strong indicator of the turnover of nurses in private hospitals of Dubai.

Most previous studies have identified various factors that influence the turnover of nurses from hospitals. Among the various reasons, some that were cited by most of the authors included compensation, workload or lack of work-life balance, hospital environment, training and technology systems and discrimination in the workplace. However, this study concludes that though the other elements such as discrimination, hospital environment and policies, people development, and technology impacted the nursing professionals and would result in job dissatisfaction among the nurses, they did not directly impact the turnover intention. Most of the participants agreed that because of the lack of advanced systems or due to technological glitches, their work was affected, and they were stressed as a result, but none of them explained that the technological problems had influenced them to leave hospitals. Similarly, though discrimination was evident to a certain extent within the hospitals, it was almost minimal, and the nurses ignored it, and it did not influence their turnover intentions. In addition, in the private hospitals of Dubai, the training and people development was considered quite important, and the hospitals invested heavily in training their nursing professionals, despite which the participants agreed that the training provided by the hospitals had in no way influenced their turnover intentions. Some of them still wanted to leave the hospital despite the superior training provided to them. This explains that hospitals' investment in training were sometimes ineffective in persuading nurses to stay in post. In addition, hospital environment and policies in the private hospitals of Dubai also did not directly influence the staff turnover. Some of the

employee-friendly policies, such as offering sick leave, insurance, supportive management and free treatment to the nurses and their families are considered to have retained nurses. Some of the participants in the study even quoted certain examples where some of the staff were retained despite not being offered enhanced salaries just because of the support of the hospital management. Some of the employees also cited that the hospitals should be able to include policies which protect the nurses from demanding patients. All these aspects are considered to have enhanced nurses' engagement levels and reduced job dissatisfaction among the nurses. Hence, from the study findings, it was quite evident that the factors that were most responsible for nurse turnover within the Dubai private hospitals were compensation and benefits, and lack of work-life balance among nursing professionals.

A prime conclusion derived from the study findings was that compensation and benefits were the primary contributors to the turnover of nurses in the private hospitals of Dubai. It has been identified that most professionals considered low compensation, along with excessive workloads, as a major reason for the nurses leaving private hospitals in Dubai. The compensation offered to the nursing professionals in particular were meagre and the nurses claim that they were unable to indulge in a relatively better life as compared to other countries with the salary available, as it just allowed them to meet their ends. Also, many of them complained that the cost of living was too high in Dubai, that it was getting almost impossible for them to manage to live in Dubai with the salaries available, which is why they were considering leaving their job for better opportunities. Secondly, the lack of work-life balance was another contributor for the turnover of nurses; however, this was of secondary importance after compensation and benefits as the nurses agreed that the nursing profession is by itself very stressful and when they are compensated well, they were able to deal with the stress. They further explain that the work-life balance in the Dubai private hospitals was highly disrupted as they often spent more than 10 hours on a shift, despite legally their working hours being

eight hours (refer to Labour law in Literature Review, section 2.5.2.1). This was primarily because of the shortage of staff and each nurse being responsible for a greater number of patients than they were able to cope with. Some participants also agreed that they were unable to concentrate and sometimes the quality of treatment was also compromised, resulting in incidents which could have been disastrous and should have been taken care of by the management. Therefore, it can be concluded that compensation alone was the first and most influential factor which cause turnover among nurses in the private hospitals in Dubai. This was followed by lack of work-life balance, which would result in turnover when the hospital was not employee oriented.

Finally, the study also concludes that most of the turnover among nurses in the Dubai private hospitals was associated with the migration of nurses abroad. Most of the nurses preferred to work in developed countries. Nurses switching hospitals within the private hospitals of Dubai was very rare. Migration to developed countries was associated with the huge compensation offered to nurses abroad along with the family visa and other benefits, such as free education for children, which was mentioned by most of the participants. It was suggested by participants that these countries were offering superior salaries along with family-oriented benefits, which attracted the nurses to migrate to these countries. Though Dubai offered Golden visas to the nurses to retain them, the participants suggested that although the government had taken a proactive approach in this aspect, it is important to understand that Golden visas are only for the nurses, meaning they still have to struggle to get visas for their family members. When the other countries offered family visas, permanent residency and also free education policies, which were oriented towards the nurses as well as their families, they seemed to be more attractive to the nurses as compared to Dubai, which is why the level of migration could not be controlled. In addition, the nurses also considered migrating to these countries because of less working hours, low stress, and advanced technologies, all of which resulted in greater work-

life balance. The two reasons cited by most of them to move abroad were the compensation and work-life balance offered by developed countries as compared to Dubai. Therefore, these are some of the aspects which have been concluded by the current study.

## **6.2 Contribution**

The study is considered to have several implications in both theory and practice. Overall, the study has explored the reasons for the turnover of nurses in private hospitals of Dubai and most of the results are of great value and contribute both theoretically as well as practically. The study has contributed to the academic literature and also at the institutional level as it has focused on an issue which is a burning problem in the healthcare system in the UAE and also specifically in Dubai. Understanding the implications will help the authorities to take timely and corrective action on the issue. The theoretical and practical implications offered by the study will be discussed in this section.

### ***6.2.1 Theoretical contribution***

The current study makes an important contribution to the literature on reasons for the turnover of nurses, which is the topics that has gained significance since the COVID 19 pandemic. The pandemic has led to an increased demand for healthcare workers across the globe and especially nurses, which is why there is an increased interest among academics to understand what are the factors that lead to the turnover of nurses. In recent years several studies have been conducted to understand occupational stress among nurses, the compensation structure for nurses, and the turnover among nurses, and comparing this study's findings with previous studies allows the following contribution to be stated:

Firstly, the study results corroborate with the theories of turnover such as the unfolding theory and the JD-R theory, both of which focus on individual factors that influence individuals to leave an organisation. As suggested by JD-R theory, when job demands exceed available

resources, this is likely to result in excessive stress on individuals, which results in turnover. There is a shortage of nursing professionals in the private hospitals of Dubai, resulting in turnover of nurses in line with the JD-R theory.

Secondly, as theory suggests the reasons for turnover are highly contextual, which is why focus on the relatively unexplored context of Dubai is an important theoretical contribution. Through the literature review the researcher was able to identify that the factors leading to turnover among nurses varied across various countries. While the factors in developed countries were similar, those in Asian countries differed, and those in the Middle East differed from the rest of the world. According to this study, nurse shortages were mainly attributable to the migration of nursing professionals to foreign countries, which offered them better living conditions and compensation packages compared to Dubai. Lee (2022) found that migrating to more developed countries was one of the major reasons for turnover among nurses in under-developed as well as developing countries. He explained that although occupational stress was witnessed among healthcare professionals across the globe during the pandemic crisis due to the sudden surge in patients, most western countries handled their staff very effectively while high level of mismanagement and overwork was observed in developing and under-developed countries (Lee, 2022). Jafarizadeh et al. (2017) suggest that the turnover of nurses is inevitable across the globe; however, the reasons for turnover varied across contexts, even in developed countries. They attributed turnover among nurses in the UK mainly to compensation as the pay scales in the UK is relatively lower than those of countries such as the US and also most countries in the European Union (Adib et al., 2012). Reasons for turnover for nurses in the US included stress and burdensome responsibilities (Jafarizadeh et al., 2017). This explains why the role of contextual factors in influencing nurse turnover varies across nations. Hence, it is important to understand the reasons for turnover on a contextual basis. Most studies have focused on understanding the factors for turnover in developed and Asian countries, and very



few of them focused on the Middle East. This presents a research gap. Furthermore, very little research has been conducted on the private hospital sector specifically in Dubai. Hence, this research study helps in bridging the existing research gap, thereby contributing to academic theory.

Thirdly, work stress has been suggested as one of the major factors for the turnover of nursing professionals (Zhang et al., 2020; Gouin et al., 2012; Sharma et al., 2014). However, this study has observed that work stress in combination with low compensation was a reason for turnover rather than work stress alone, as the nursing professionals surveyed expressed that stress was inevitable in their profession and more or less similar work stress levels were observed elsewhere, which is why they felt that being compensated commensurately would improve their retention. Therefore, the results of the study add depth to some existing studies and turnover models of nursing professionals.

#### ***6.2.2. Practical Contribution***

Following consideration of the study's theoretical contributions, the practical implications of the study will be discussed in this section. Broadly, the study offers practical implications to both the management of private hospitals in Dubai and the government of the UAE:

Firstly, to the hospital management. Attracting and retaining nurses is very important for every hospital. The study found that the shortage of nurses within hospitals was one of the most important reasons for occupational stress among nurses.

Secondly, the shortage of nurses increased stress among remaining nurses, which had an impact on the quality of treatment. This not only impacted the patients' treatment outcomes but also, if any incident occurred attributable to staff shortages, this had serious implications for the reputation of the hospital. To deal with this shortage it is important for managers to understand the reasons behind nurse turnover. This will allow them to develop strategies to increase the

retention of nurses. In addition, the recruitment process is costly and time-consuming, meaning that between recruitment and new nurses beginning work, existing nursing staff suffer work overload. Also, new recruits cannot start working immediately and even during this period, the remaining nursing staff are overworked, overburdening nurses and leading to more turnover. Hence, understanding and dealing with turnover is an immediate problem and is associated with serious implications, which is why nursing managers must focus and deal with the problem.

Thirdly, the turnover of nurses is also considered to have serious implications for the Dubai Health Authority (DHA) as well. Firstly, DHA dealt with nursing shortages during the COVID-19 pandemic by bringing in nurses from other countries to deal with the resulting shortages. However, to avoid such situations in the future, the authorities must focus on building a robust healthcare system and nurses are the backbone of such a system. Hence, to avoid such issues in the future, the DHA in addition to Ministry of Health and Prevention should focus on the retention of nurses. Secondly, the insights offered by the study, such as the migration of nurses to other countries in search of greater compensation and benefits, and the need for more organised work with fixed work schedules, allow the authorities to understand what nurses are looking for and why they are choosing to leave to work in foreign countries. This in turn will allow them to develop strategies to deal with the nursing shortage problems. The practical contributions of the study are important for both private hospital management and the government, and both should collaborate on a retention strategy for nurses and implement it.

Fourthly, as the study's findings show, the majority of nurse turnover is not nurses leaving or switching hospitals within the UAE; rather, they migrate to other countries. Consequently, this challenge is not related to a particular hospital, it is a broader challenge that results in a talent drain from the country, so combined action is necessary and should be implemented. Finally, DHA, in collaboration with the healthcare authorities while engaging with private hospitals,

should develop policies related to work-life balance that would help to retain these knowledgeable nurses and ensure that the policies or regulations are being implemented and private hospitals are adhering to these policies as well.

### **6.3 Study Limitations and Future Research**

The study focused on exploring the reasons for the turnover of nurses in the private hospitals of Dubai. The limitations are outlined below:

**Firstly**, the study is inherently limited because it focused on a single geographical location, making it difficult to generalise the findings of the study. In addition, the adoption of convenience sampling technique has resulted in selecting participants who were introduced to the researcher which had limited the adoption of diverse sample for the study. However, the researcher suggests that the limitation is minimal because the study has general implications across the UAE and even the Middle East, as similar economic and cultural conditions are faced by nurses throughout the Middle East. However, it is important to use caution when extrapolating the results in the context of other countries and contexts. Also, the researcher suggests adoption of taking the sample from diverse ethnicities, gender and culture of study rather than just choosing participants based on convenience.

**Secondly**, the research is limited in that it focused exclusively on a qualitative methodology, involving interviews with participants with no statistical or numerical analysis involved in the study. This is a constraint because lack of quantitative analysis can be seen to result in a lack of objectivity in the study. To deal with this though, the researcher adopted qualitative analysis tools such as NVivo to conduct the study, which helps in reducing the subjectivity and research biases associated with qualitative research and makes such studies more objective, but it still limits the research outcomes. However, a follow-up quantitative study would still be effective in offering an understanding on what factors influence the turnover of nurses in Dubai and

which of the factors has the most influence compared to others. Also, quantitative research would enhance the overall reliability of the study results, and conducting a quantitative study on a broader group of sample population across the Middle East would produce a more generalisable result applicable to a broader population, offering further contributions to nurse retention across the Middle East. Hence, this study suggests follow-up research to make it more effective and promote a broader acceptance and generalisability. Also, future research in the area can focus on involving the healthcare stakeholders, including the authorities in the Ministry of Health and Prevention – UAE to ensure that the results offer generalisability and can be even more useful to the UAE as well as Dubai.

**Thirdly**, this form of study offers insights into the challenges encountered by management in the process of retaining nurses and the measures to overcome these challenges that can be implemented both at the hospital level and at the national level. However, it is limited as it couldn't discuss the challenges in comparison to the working conditions in the foreign countries. Migration of nurses to foreign countries is one of the main reasons for the turnover of nurses in private hospitals in Dubai. Hence, future research involving a comparative analysis of nurses and the challenges they encounter in the workplace and their turnover intentions could be conducted between the UAE and other countries. Understanding the condition of the nurses and their environment and their turnover intentions in these foreign nations allows the government and private hospitals in Dubai to understand what aspects are attractive in those countries and how such aspects can be introduced to the private hospitals of Dubai. This would reduce migration and promote nurse retention within the UAE. Hence, future research can focus on comparative analysis study.

#### **6.4 Limitations**

There are also certain limitations in this study and some of these include:

The research is conducted and is specific to the context of the UAE which is why it is difficult to generalize results to other countries.

Secondly, the research is primary and qualitative which means that there is no quantitative or objective understanding. It has been discussed by Adams (2015) that qualitative methods are less reliable as compared to objective methods. In addition, using qualitative methods also results in research bias and may not offer accurate results.

Furthermore, convenience sampling was adopted as the research method which has limitations because in convenience there is no scope of selecting the sample on the basis of who represents the entire population.

## **6.5 Reflection**

This study has been an important and transformative learning experience for me in many ways, which I would discuss in this section:

Firstly, the research experience has allowed me for the first time to understand that there is abundance of information and data everywhere, and it is important for researchers to collect it in a defined way to arrive at what we seek to know. During the literature review, I developed research skills such as key word search and reading between the lines to arrive at the most relevant information for me.

Secondly, the study also allowed me to focus and develop my documentation and writing skills. Throughout the DBA course I was well guided, and I have learnt several documenting and presenting skills such as academic writing, grammar, and spell checks, referencing, reviewing and reworking sentences, and making effective use of my reading. I was guided by my supervisor and my professor, who explained to me why a particular word should be used or avoided, helping me learn how to make content more relevant and engaging.

Thirdly, during the thesis development I also learned communication and networking skills. While I was collecting data, I developed networking skills that enabled me to meet several people whom I was able to persuade to participate in the study, despite their workload. Therefore, it was a learning experience in terms of improving my communication and networking skills. Also, while discussing with the participants I was able to relate to the real-world experience from what I have learnt theoretically. More precisely, theory was related to practice during this stage, which was a highly enlightening and intriguing experience.

Fourthly, I also learnt to conduct a qualitative data analysis during the study. I personally feel that data analysis is one of the most important and difficult areas in research, where the researcher is totally involved with the data to arrive at the outcomes. Also, in the process of data analysis, I also learnt to use the NVivo software. NVivo software is used in qualitative data analysis to analyse the interview data. As I used semi-structured interviews as the method of the interview, I was also concerned about the subjectivity of the data, and my analysis of it. I felt that I may influence the analysis with my own ideas, which would impact the overall reliability of the data. However, with the help of the software the process was more effective and enhanced the objectivity of the findings, as a result of which the research outcome became more reliable. Also, while working on the software there is very less scope for the researcher to influence the research outcomes, which made the outcome reliable. Hence, the data analysis was one area which was of critical importance for my research outcomes. Finally, the research also allowed me to develop a sense of being inquisitive and curious about my surroundings. I felt that there are several areas in our external environment which need to be understood in detail and focusing on particular areas and gaining an understanding would enhance my overall knowledge, which is important for me as a person. Overall, I developed an interest in research methods during the DBA and while completing my thesis work. I look forward for more opportunities where I can utilise my research skills.

## References

- Abdulla, N. (2023, 17). *UAE: More male nurses entering healthcare industry, despite challenges*. Retrieved from Khaleej Times: <https://www.khaleejtimes.com/lifestyle/health/uae-more-male-nurses-entering-healthcare-industry-despite-challenges>
- Acharya, A. S., Prakash, A., Saxena, P., & Nigam, A. (2013). Sampling: Why and how of it. *Indian Journal of Medical Specialties*, 4(2), 330-333.
- Adams, W. C. (2015). Conducting semi-structured interviews. *Handbook of practical program evaluation*, 492-505.
- Adeoye-Olatunde, O.A. and Olenik, N.L., 2021. Research and scholarly methods: Semi-structured interviews. *Journal of the American college of clinical pharmacy*, 4(10), pp.1358-1367.
- Adib-Hajbaghery, M., Khamechian, M., & Alavi, N. M. (2012). Nurses' perception of occupational stress and its influencing factors: A qualitative study. *Iranian journal of nursing and midwifery research*, 17(5), 352.
- Ahlin, E. M. (2019). Semi-structured interviews with expert practitioners: Their validity and significant contribution to translational research.
- AIS, (2019). 42 worrying workplace stress statistics. Retrieved on 4th November 2022 from <https://www.stress.org/42-worrying-workplace-stress-statistics>.
- Akhtar, S., Kousar, F., Tariq, M. N., & Aisa, T. (2019). Job Stress Level and Its Effects among Nurses Working in Critical Care Areas during Hajj Season in King Abdullah Medical City, A Cross-Sectional Study. *Saudi J Nurse Heal Care [Internet]*, 2(09), 321-30.
- Albrecht, S., Breidahl, E., & Marty, A. (2018). Organizational resources, organizational engagement climate, and employee engagement. *Career Development International*. Retrieved from: <https://sacsconsult.com.au/wp-content/uploads/2021/02/Organizational-resources-organizational-engagement-climate-and-employee-engagement.pdf>

- Alharahsheh, H. H., & Pius, A. (2020). A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), 39-43.
- Alhejaili, A., Wharrad, H., & Windle, R. (2022, September). A pilot study conducting online Think aloud qualitative method during social distancing: benefits and challenges. In *Healthcare* (Vol. 10, No. 9, p. 1700). MDPI.
- Al-Hosani, F., Al-Mazrouei, S., Al-Memari, S., Al-Yafei, Z., Paulo, M. S., & Koornneef, E. (2021). A review of COVID-19 mass testing in the United Arab Emirates. *Frontiers in Public Health*, 9, 661134.
- Alla, A. A., & Rajaa, O. (2019). A review of the literature on employee turnover. *American International Journal of Social Science*, 8(3), 22-29.
- Al Mamun, C. A., & Hasan, M. N. (2017). Factors affecting employee turnover and sound retention strategies in business organization: A conceptual view. *Problems and Perspectives in Management*, (15, Iss. 1), 63-71.
- Al-Suraihi, W. A., Samikon, S. A., & Ibrahim, I. (2021). Employee Turnover Causes, Importance and Retention Strategies. *European Journal of Business and Management Research (EJBMR)*.
- Al-Yateem, N., Docherty, C., Brenner, M., Alhosany, J., Altawil, H., & Al-Tamimi, M. (2017). Research priorities for school nursing in the United Arab Emirates (UAE). *The Journal of School Nursing*, 33(5), 393-401.
- An, S. H. (2019). Employee voluntary and involuntary turnover and organizational performance: Revisiting the hypothesis from classical public administration. *International Public Management Journal*, 22(3), 444-469.
- Ancarani, A., Di Mauro, C., Gitto, S., Mancuso, P., & Ayach, A. (2016). Technology acquisition and efficiency in Dubai hospitals. *Technological Forecasting and Social Change*, 113, 475-485.



- Applebaum, D., Fowler, S., Fiedler, N., Osinubi, O., & Robson, M. (2010). The impact of environmental factors on nursing stress, job satisfaction, and turnover intention. *The Journal of nursing administration*, 40, 323.
- Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International journal of care scholars*, 1(2), 30-33.
- Awé, C., Gaither, C. A., Crawford, S. Y., & Tieman, J. (2016). A comparative analysis of perceptions of pharmacy students' stress and stressors across two multicampus universities. *American Journal of Pharmaceutical Education*, 80(5).
- Bae, S. H., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship*, 42(1), 40-49.
- Baker, O. G., & Alshehri, B. D. (2020). The relationship between job stress and job satisfaction among Saudi nurses: A cross-sectional study. *Nurse Media Journal of Nursing*, 10(3), 292-305.
- Bakker, A. B., & de Vries, J. D. (2021). Job Demands–Resources theory and self-regulation: new explanations and remedies for job burnout. *Anxiety, Stress, & Coping*, 34(1), 1-21.  
Retrieved from: <https://www.tandfonline.com/doi/pdf/10.1080/10615806.2020.1797695>
- Bakker, A. B., & Demerouti, E. (2018). Multiple levels in job demands-resources theory: Implications for employee well-being and performance. *Handbook of well-being*. Retrieved from: [https://pure.tue.nl/ws/portalfiles/portal/116456879/Multiple\\_Levels\\_in\\_Job\\_Demand](https://pure.tue.nl/ws/portalfiles/portal/116456879/Multiple_Levels_in_Job_Demand).
- Banaticla, M. S., & Yango, A. R. (2023). Technostress, anxiety, and coping strategies in online teaching among nurse educators. *Technium Social Sciences Journal*, 44, 416-435.
- Barriball, K. L., & While, A. (1994). Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing-Institutional Subscription*, 19(2), 328-335.
- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches*. Sage.

- Blanco-Donoso, L. M., Moreno-Jiménez, J., Gallego-Alberto, L., Amutio, A., Moreno-Jiménez, B., & Garrosa, E. (2022). Satisfied as professionals, but also exhausted and worried!!: The role of job demands, resources and emotional experiences of Spanish nursing home workers during the COVID-19 pandemic. *Health & social care in the community*, 30(1), e148-e160. Retrieved from: <https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/hsc.13422>
- Blumberga, S., & Safonova, A. (2016, May). Stress, coping, adaptation, and cultural diversity of healthcare personnel. In *SOCIETY. INTEGRATION. EDUCATION. Proceedings of the International Scientific Conference* (Vol. 1, pp. 299-307).
- Booth, A., Sutton, A., Clowes, M., & Martyn-St James, M. (2021). Systematic approaches to a successful literature review.
- Borst, R. T., Kruyen, P. M., & Lako, C. J. (2019). Exploring the job demands–resources model of work engagement in government: Bringing in a psychological perspective. *Review of Public Personnel Administration*, 39(3), 372-397. Retrieved from: <https://journals.sagepub.com/doi/pdf/10.1177/0734371X17729870>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3.
- Brewster, B. (2019). Modern slavery in the UK: the role and impact of multi-agency collaboration. Sheffield Hallam University (United Kingdom).
- Brinkmann, S. (2014). Unstructured and semi-structured interviewing. *The Oxford handbook of qualitative research*, 2, 277-299.
- Brothers, K. B., Rivera, S. M., Cadigan, R. J., Sharp, R. R., & Goldenberg, A. J. (2019). A Belmont reboot: Building a normative foundation for human research in the 21st century. *The Journal of Law, Medicine & Ethics*, 47(1), 165-172.

- Buheji, M., & Buhaid, N. (2020). Nursing human factor during COVID-19 pandemic. *Int J Nurs Sci*, 10(1), 12-24. Retrieved from: <https://d1wqtxts1xzle7.cloudfront.net/64163572/10.5923.j.nursing.20201001.02-with-cover-page-v2.pdf?Expires=1667446091&Signature=RqcIkBw6HIcHwNzBbMwD4X2CGJ6Ia1F70u3M1W2Qog25BT->
- Buijck, B., & Ribbers, G. (Eds.). (2018). *The Challenges of Nursing Stroke Management in Rehabilitation Centres*. Springer International Publishing. Retrieved from: <http://ndl.ethernet.edu.et/bitstream/123456789/65813/1/2.pdf>
- Burhans, L. M., & Alligood, M. R. (2010). Quality nursing care in the words of nurses. *Journal of advanced nursing*, 66(8), 1689-1697.
- Cao, X., & Naruse, T. (2019). Effect of time pressure on the burnout of home-visiting nurses: the moderating role of relational coordination with nursing managers. *Japan Journal of Nursing Science*, 16(2), 221-231. Retrieved from: <https://smartlib.umri.ac.id/assets/uploads/files/efac6-jjns.12233.pdf>
- Caulfield, J. (2019). How to do thematic analysis| A step-by-step guide & examples. Published on, 6.
- Chegini, Z., Asghari Jafarabadi, M., & Kakemam, E. (2019). Occupational stress, quality of working life and turnover intention amongst nurses. *Nursing in critical care*, 24(5), 283-289.
- Chirico, F., Nucera, G., & Magnavita, N. (2021). Protecting the mental health of healthcare workers during the COVID-19 emergency. *BJPsych International*, 18(1). Retrieved from: <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/9941E2D60BC9502C0B8C865A2A1FE86C/S2056474020000392a.pdf>

f/protecting\_the\_mental\_health\_of\_healthcare\_workers\_during\_the\_covid19\_emergency.pdf

- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods*, 3, 222-248.
- Clark-Kazak, C. (2017). Ethical considerations: Research with people in situations of forced migration. *Refuge*, 33(2), 11-17.
- Choi, J. S., & Kim, K. M. (2020). Effects of nursing organizational culture and job stress on Korean infection control nurses' turnover intention. *American Journal of Infection Control*, 48(11), 1404-1406.
- Cohen, S., & Hamrick, N. (2003). Stable individual differences in the physiological response to stressors: Implications for stress-elicited changes in immune related health. *Brain, behavior, and immunity*, 17(6), 407-414.
- Cooper, D. R., & Schindler, P. S. (2016). *Métodos de Pesquisaem Administração-12ª edição*. McGraw Hill Brasil.
- Corbett, G., Milne, S., Reagu, S., Mohan, S., Hehir, M., Lindow, S., & Connell, M. O. (2020). Anxiety and depression scores in maternity healthcare workers during the Covid-19 pandemic. *Authorea Preprints*. Retrieved from: [https://d197for5662m48.cloudfront.net/documents/publicationstatus/36948/preprint\\_pdf/36a1967f8415b8031c6c9e697b1c7713.pdf](https://d197for5662m48.cloudfront.net/documents/publicationstatus/36948/preprint_pdf/36a1967f8415b8031c6c9e697b1c7713.pdf)
- Costa, K. (2019). *Systematic Guide to Qualitative Data Analysis within the COSTA Postgraduate Research Model*.
- Creswell, J. W. (2021). *A concise introduction to mixed methods research*. SAGE publications.

- Currie, E. J., & Hill, R. A. C. (2012). What are the reasons for high turnover in nursing? A discussion of presumed causal factors and remedies. *International Journal of Nursing Studies*, 49(9), 1180-1189.
- Cypress, B. (2018). Qualitative research methods: A phenomenological focus. *Dimensions of Critical Care Nursing*, 37(6), 302-309.
- Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: a theoretical review. *Human resources for health*, 18, 1-17.
- Davidson, M. C., Timo, N., & Wang, Y. (2010). How much does labour turnover cost? A case study of Australian four-and five-star hotels. *International journal of contemporary hospitality management*, 22(4), 451-466.
- De Hert, S. (2020). Burnout in healthcare workers: prevalence, impact, and preventative strategies. *Local and regional anesthesia*, 13, 171.
- De los Santos, J. A. A., & Labrague, L. J. (2021). The impact of fear of COVID-19 on job stress, and turnover intentions of frontline nurses in the community: a cross-sectional study in the Philippines. *Traumatology*, 27(1), 52.
- Demerouti, E., Bakker, A. B., Peeters, M. C., & Breevaart, K. (2021). New directions in burnout research. *European Journal of Work and Organizational Psychology*, 30(5), 686-691.
- Deshpande, A., 2021. 75+ key business automation statistics for 2021. Retrieved on 13<sup>th</sup> November 2022 from: <https://www.frevvo.com/blog/workflow-automation-statistics/#:~:text=Time%20Management%20and%20Productivity,-Implementing%20an%20automation&text=73%25%20of%20IT%20leaders%20say,previously%20spent%20doing%20manual%20tasks>.
- De Vos, A., Buyens, D., & Schalk, R. (2003). Psychological contract development during organizational socialization: Adaptation to reality and the role of reciprocity. *Journal of*

*Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 24(5), 537-559.

Dewanto, A., & Wardhani, V. (2018). Nurse turnover and perceived causes and consequences: a preliminary study at private hospitals in Indonesia. *BMC nursing*, 17(2), 1-7.

Dhamdhere, S. N. (2015). Importance of knowledge management in the higher educational institutes. *Turkish Online Journal of Distance Education*, 16(1), 162-183.

Drennan, V. M., & Ross, F. (2019). Global nurse shortages: The facts, the impact and action for change. *British medical bulletin*, 130(1), 25-37. Retrieved from: <https://eprints.kingston.ac.uk/id/eprint/43086/6/Drennan-V-43086-AAM.pdf>

Dubai Health Authority, Department of Health, & Sharjah Health Authority, (2022). *Unified Healthcare professionals Qualification Requirement*, Ministry of Health and Prevention, UAE. 1-146.

Dugdale, J. R., Eklund, R. C., & Gordon, S. (2002). Expected and unexpected stressors in major international competition: Appraisal, coping, and performance. *The Sport Psychologist*, 16(1), 20-33.

Dwesini, N. F. (2019). Causes and prevention of high employee turnover within the hospitality industry: A literature review. *African Journal of Hospitality, Tourism and Leisure*, 8(3), 1-15.

Dyrbye, L. N., Varkey, P., Boone, S. L., Satele, D. V., Sloan, J. A., & Shanafelt, T. D. (2013, December). Physician satisfaction and burnout at different career stages. In *Mayo Clinic Proceedings* (Vol. 88, No. 12, pp. 1358-1367). Elsevier.

Edlund, J. E., & Nichols, A. L. (Eds.). (2019). *Advanced research methods for the social and behavioral sciences*. Cambridge University Press.

El-Haddad, M. (2006). Nursing in the United Arab Emirates: an historical background. *International nursing review*, 53(4), 284-289.

- ENA. (2023, 1 1). *Our Journeu*. Retrieved from Emirates Nursing Association : <https://www.ena.ae/mission-statement>
- Fard, H. A., Borazjani, R., Shams, A. H., Rezaee, V., Aminnia, S., Salimi, M., ... & Sadeghi, M. (2022). Anxiety and Stress Seem Temporary during the Pneumonia COVID-19 Pandemic: A Survey on the Mental Health Status of Healthcare Workers. *Bulletin of Emergency & Trauma*, 10(3), 128.
- Faria-Schützer, D. B. D., Surita, F. G., Alves, V. L. P., Bastos, R. A., Campos, C. J. G., & Turato, E. R. (2021). Seven steps for qualitative treatment in health research: the Clinical-Qualitative Content Analysis. *Ciência & Saúde Coletiva*, 26, 265-274.
- Feagin, J. R., Orum, A. M., & Sjoberg, G. (Eds.). (2016). A case for the case study. UNC Press Books.
- Fellow A., (2022). Workplace stress. Retrieved on 4<sup>th</sup> November 2022 from <https://www.stress.org/workplace-stress#:~:text=Highlighted%20statistics%20from%20the%20report,or%20extremely%20stressed%20at%20work>
- Ferlise, P., & Baggot, D. (2009). Improving staff nurse satisfaction and nurse turnover: use of a closed-unit staffing model. *JONA: The Journal of Nursing Administration*, 39(7/8), 318-320.
- Fernet, C., Austin, S., & Vallerand, R. J. (2012). The effects of work motivation on employee exhaustion and commitment: An extension of the JD-R model. *Work & Stress*, 26(3), 213-229.
- Fountouki, A., Andrades Sanchez, M., & Theofanidis, D. (2020). Paternalism VS Patient Empowerment: Nursing Challenges from Spain and Greece. *International journal of Caring sciences*, 13(3), 2288-2293. Retrieved from:

[http://www.internationaljournalofcaringsciences.org/docs/83\\_foundouki\\_special\\_13\\_3.pdf](http://www.internationaljournalofcaringsciences.org/docs/83_foundouki_special_13_3.pdf)

f

- Freudenberger, H. J. (1975). The staff burn-out syndrome in alternative institutions. *Psychotherapy: Theory, Research & Practice*, 12(1), 73.
- Glazer, S., & Gyurak, A. (2008). Sources of occupational stress among nurses in five countries. *International Journal of Intercultural Relations*, 32(1), 49-66.
- Godskesen, T. E., Petri, S., Eriksson, S., Halkoaho, A., Mangset, M., Pirinen, M., & Nielsen, Z. E. (2018). When nursing care and clinical trials coincide: a qualitative study of the views of Nordic oncology and hematology nurses on ethical work challenges. *Journal of Empirical Research on Human Research Ethics*, 13(5), 475-485. Retrieved from: <https://www.diva-portal.org/smash/get/diva2:1236642/FULLTEXT01.pdf>
- Gokulan, K., Joshi, M., Khare, S., & Bartter, T. (2022). Lung microbiome, gut–lung axis and chronic obstructive pulmonary disease. *Current Opinion in Pulmonary Medicine*, 28(2), 134-138.
- Gómez-Urquiza, J. L., De la Fuente-Solana, E. I., Albendín-García, L., Vargas-Pecino, C., Ortega Campos, E. M., & Canadas-De la Fuente, G. A. (2017). Prevalence of burnout syndrome in emergency nurses: A meta-analysis. *Critical care nurse*, 37(5), e1-e9.
- Gouin, J. P., Glaser, R., Malarkey, W. B., Beversdorf, D., & Kiecolt-Glaser, J. (2012). Chronic stress, daily stressors, and circulating inflammatory markers. *Health Psychology*, 31(2), 264.
- Grover, S. L., Teo, S. T., Pick, D., Roche, M., & Newton, C. J. (2018). Psychological capital as a personal resource in the JD-R model. *Personnel Review*. Retrieved from: [https://www.researchgate.net/profile/Stephen-Teo-2/publication/325093367\\_Psychological\\_capital\\_as\\_a\\_personal\\_resource\\_in\\_the\\_JD-](https://www.researchgate.net/profile/Stephen-Teo-2/publication/325093367_Psychological_capital_as_a_personal_resource_in_the_JD-)



[R\\_model/links/5afc24e3458515c00b6ec8f0/Psychological-capital-as-a-personal-resource-in-the-JD-R-model.pdf](https://www.researchgate.net/publication/35458515c00b6ec8f0/Psychological-capital-as-a-personal-resource-in-the-JD-R-model.pdf)

- Grover, S., Adarsh, H., Naskar, C., & Varadharajan, N. (2018). Physician burnout: A review. *Journal of Mental Health and Human Behaviour*, 23(2), 78.
- Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Ectj*, 30(4), 233-252.
- Guenzi, P., & Nijssen, E. J. (2021). The impact of digital transformation on salespeople: an empirical investigation using the JD-R model. *Journal of Personal Selling & Sales Management*, 41(2), 130-149.
- Guest, G., MacQueen, K. M. & Namey, E. E. (2012) Applied thematic analysis. Thousand.
- Hassanein, F., & Özgüt, H. (2022). Sustaining human resources through talent management strategies and employee engagement in the Middle East hotel industry. *Sustainability*, 14(22), 15365.
- Holden, M. T., & Lynch, P. (2004). Choosing the appropriate methodology: Understanding research philosophy. *The marketing review*, 4(4), 397-409.
- Haahr, A., Norlyk, A., Martinsen, B., & Dreyer, P. (2020). Nurses' experiences of ethical dilemmas: A review. *Nursing ethics*, 27(1), 258-272. Retrieved from: <https://journals.sagepub.com/doi/pdf/10.1177/0969733019832941>
- Haider, A. H., Schneider, E. B., Sriram, N., Scott, V. K., Swoboda, S. M., Zogg, C. K., ... & Cooper, L. A. (2015). Unconscious race and class biases among registered nurses: vignette-based study using implicit association testing. *Journal of the American College of Surgeons*, 220(6), 1077-1086.
- Halter, M., Boiko, O., Pelone, F., Beighton, C., Harris, R., Gale, J., ... & Drennan, V. (2017). The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC health services research*, 17(1), 1-20.

- Halter, M., Pelone, F., Boiko, O., Beighton, C., Harris, R., Gale, J., ... & Drennan, V. (2017). Interventions to reduce adult nursing turnover: a systematic review of systematic reviews. *The open nursing journal*, 11, 108.
- Hämmig, O. (2018). Explaining burnout and the intention to leave the profession among health professionals—a cross-sectional study in a hospital setting in Switzerland. *BMC health services research*, 18(1), 1-11.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & Stone, P. W. (2006). Nurse turnover: a literature review. *International journal of nursing studies*, 43(2), 237-263.
- Horiguchi, M., Shudo, E., Sato, K., Nakamura, M., Sai, W., & Ohinata, T. (2015). Nurse odor perception in various Japanese hospital settings. *International Journal of Nursing Sciences*, 2(4), 355-360.
- Hu, H., Wang, C., Lan, Y., & Wu, X. (2022). Nurses' turnover intention, hope and career identity: the mediating role of job satisfaction. *BMC nursing*, 21(1), 1-11.
- Huang, S., van der Veen, R., & Song, Z. (2018). The impact of coping strategies on occupational stress and turnover intentions among hotel employees. *Journal of Hospitality Marketing & Management*, 27(8), 926-945.
- Hughes, S., Iesue, L., de Ortega Bárcenas, H. F., Sandoval, J. C., & Lozano, J. C. (2021). Coping with occupational stress in journalism: Professional identities and advocacy as resources. *Journalism Studies*, 22(8), 971-991.
- Ige, W. B., & Cele, W. B. (2022). Barriers to the provision of respectful maternity care during childbirth by midwives in South-West, Nigeria: Findings from semi-structured interviews with midwives. *International Journal of Africa Nursing Sciences*, 17, 100449.

- Jafarizadeh, H., Zhiyani, E., Aghakhani, N., Alinejad, V., & Moradi, Y. (2017). Effect of resilience-based intervention on occupational stress among nurses. *World Family Medicine Journal: Incorporating the Middle East Journal of Family Medicine*, 99(5548), 1-5.
- Jansen, T. L., Hem, M. H., Dambolt, L. J., & Hanssen, I. (2020). Moral distress in acute psychiatric nursing: Multifaceted dilemmas and demands. *Nursing ethics*, 27(5), 1315-1326.
- Jebbor, S., Chiheb, R., El Afia, A., & Gallab, M. (2021). Designing a fully automated and integrated inventory and replenishment system for hospitals. *International Journal of Systems Science: Operations & Logistics*, 1-24.
- Jenny, G. J., Bauer, G. F., Füllemann, D., Broetje, S., & Brauchli, R. (2020). “Resources-demands ratio”: Translating the JD-R-model for company stakeholders. *Journal of Occupational Health*, 62(1), e12101.
- Jones, C. B. (2004). The costs of nurse turnover: part 1: an economic perspective. *JONA: The Journal of Nursing Administration*, 34(12), 562-570.
- Jones, J., Abieta, A. J., Murray, S. R., & Bell, M. (2023). Investigatory research on organizational trust and its relationship with job satisfaction and psychological contract breach. *Administrative Issues Journal: Connecting Education, Practice, and Research*, 13(1), 1-12.
- Jowsey, T., Deng, C., & Weller, J. (2021). General-purpose thematic analysis: a useful qualitative method for anaesthesia research. *BJA education*, 21(12), 472-478.
- Jung, H., Jung, S. Y., Lee, M. H., & Kim, M. S. (2020). Assessing the presence of post-traumatic stress and turnover intention among nurses’ post–Middle East respiratory syndrome outbreak: the importance of supervisor support. *Workplace health & safety*, 68(7), 337-345.
- Retrieved from: <https://journals.sagepub.com/doi/pdf/10.1177/2165079919897693>

- Kaburi, B. B., Bio, F. Y., Kubio, C., Ameme, D. K., Kenu, E., Sackey, S. O., & Afari, E. A. (2019). Psychological working conditions and predictors of occupational stress among nurses, Salaga Government Hospital, Ghana, 2016. *The Pan African Medical Journal*, 33.
- Kaiser, S., Patras, J., Adolfsen, F., Richardsen, A. M., & Martinussen, M. (2020). Using the job demands–resources model to evaluate work-related outcomes among Norwegian health care workers. *Sage Open*, 10(3), 2158244020947436. Retrieved from: <https://journals.sagepub.com/doi/pdf/10.1177/2158244020947436>
- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing*, 72(12), 2954-2965.
- Kazi Turin Rahman, M., & Arif, Z. U. (2021). Working from home during the COVID-19 pandemic: Satisfaction, challenges, and productivity of employees. *Int. J. Trade Commer. -IIARTC*, 9, 282-294.
- Kennis, M., Gerritsen, L., van Dalen, M., Williams, A., Cuijpers, P., & Bockting, C. (2020). Prospective biomarkers of major depressive disorder: a systematic review and meta-analysis. *Molecular psychiatry*, 25(2), 321-338.
- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, 42(8), 846-854.
- Kikanloo, A. A. I., Jalali, K., Asadi, Z., Shokrpour, N., Amiri, M., & Bazrafkan, L. (2019). Emotional intelligence skills: Is nurses' stress and professional competence related to their emotional intelligence training? A quasi-experimental study. *Journal of Advances in Medical Education & Professionalism*, 7(3), 138.
- Kim, H., & Kim, E. G. (2021). A meta-analysis on predictors of turnover intention of hospital nurses in South Korea (2000–2020). *Nursing Open*, 8(5), 2406-2418.

- Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of higher education*, 6(5), 26-41.
- Knopf, J. W. (2006). Doing a literature review. *PS: Political Science & Politics*, 39(1), 127-132.
- Koolhaas, J. M., Bartolomucci, A., Buwalda, B., de Boer, S. F., Flügge, G., Korte, S. M., ... & Fuchs, E. (2011). Stress revisited: a critical evaluation of the stress concept. *Neuroscience & Biobehavioral Reviews*, 35(5), 1291-1301.
- Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does the nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71.
- Kwon, K., & Kim, T. (2020). An integrative literature review of employee engagement and innovative behavior: Revisiting the JD-R model. *Human Resource Management Review*, 30(2), 100704.
- Labrague, L. J., De Los Santos, J. A. A., Falguera, C. C., Nwafor, C. E., Galabay, J. R., Rosales, R. A., & Firmo, C. N. (2020). Predictors of nurses' turnover intention at one- and five-years' time. *International Nursing Review*, 67(2), 191-198.
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976-e203976.
- Lee, T. W., & Mitchell, T. R. (1991). The unfolding effects of organizational commitment and anticipated job satisfaction on voluntary employee turnover. *Motivation and Emotion*, 15, 99-121.
- Lee, J. (2022). Nursing home nurses' turnover intention: a systematic review. *Nursing open*, 9(1), 22-29.
- Lee, E., & Jang, I. (2020). Nurses' fatigue, job stress, organizational culture, and turnover intention: A culture–work–health model. *Western journal of nursing research*, 42(2), 108-116.

- Lochmiller, C. R. (2021). Conducting thematic analysis with qualitative data. *The Qualitative Report*, 26(6), 2029-2044.
- Longo, J., & Newman, D. (2014). The development and psychometric testing of the horizontal violence scale. *Issues in mental health nursing*, 35(12), 924-933.
- Magnavita, N., Soave, P. M., Ricciardi, W., & Antonelli, M. (2020). Occupational stress and mental health among anesthetists during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(21), 8245.
- Mason, P., Augustyn, M., & Seakhoa-King, A. (2010). Exploratory study in tourism: Designing an initial, qualitative phase of sequenced, mixed methods research. *International Journal of Tourism Research*, 12(5), 432-448.
- May, J. H., Bazzoli, G. J., & Gerland, A. M. (2006). Hospitals' Responses To Nurse Staffing Shortages: Hospitals' actions are having a positive impact, but can it be sustained for the long run? *Health Affairs*, 25(Suppl1), W316-W323.
- May, T., & Perry, B. (2022). *Social research: Issues, methods, and process*. McGraw-Hill Education (UK).
- McCreaddie, M., Kuzemski, D., Griffiths, J., Sojka, E. M., Fielding, M., Al Yateem, N., & Williams, J. J. (2018). Developing nursing research in the United Arab Emirates: a narrative review. *International Nursing Review*, 65(1), 93-101.
- McGrath, A., Reid, N., & Boore, J. (2003). Occupational stress in nursing. *International journal of nursing studies*, 40(5), 555-565.
- McGuire, D., & McLaren, L. (2009). The impact of physical environment on employee commitment in call centres: The mediating role of employee well-being. *Team Performance Management: An International Journal*, 15(1/2), 35-48.
- McHugh, M. D., & Ma, C. (2014). Wage, work environment, and staffing: effects on nurse outcomes. *Policy, Politics, & Nursing Practice*, 15(3-4), 72-80.

- Mekonen, E., Shetie, B., & Muluneh, N. (2020). The psychological impact of COVID-19 outbreak on nurses working in the Northwest of Amhara Regional State Referral Hospitals, Northwest Ethiopia. *Psychology Research and Behavior Management*, 13, 1353.
- Michie, S. (2002). Causes and management of stress at work. *Occupational and environmental medicine*, 59(1), 67-72.
- MoHAP, (2020). *UAE Statistical Annual Report 2020*. Statistics and Research Centre, Ministry of Health.
- MoHAP, (2022). *UAE National Strategy for Nursing/Midwifery: A Roadmap to 2026*. Ministry of Health and Prevention, UAE.
- Morrell, K. M., Loan-Clarke, J., & Wilkinson, A. J. (2004). Organisational change and employee turnover. *Personnel Review*, 33(2), 161-173.
- Mosadeghrad, A. M. (2013). Occupational stress and turnover intention: implications for nursing management. *International journal of health policy and management*, 1(2), 169.
- Mosadeghrad, A. M., Ferlie, E., & Rosenberg, D. (2011). A study of relationship between job stress, quality of working life and turnover intention among hospital employees. *Health Services Management Research*, 24(4), 170-181.
- Mossarah, A. (2023). Investigating factors that impact employee turnover in the medical device industry in the United Arab Emirates. *Social Sciences & Humanities Open*, 7(1), 100492.
- Na, B. J., & Kim, E. J. (2016). A study on the mediating and moderating effect of work-family conflict in the relationship among emotional labor, occupational stress, and turnover intention. *Journal of Korean Academy of Nursing Administration*, 22(3), 260-269.
- Natolooka, K.; Otengo, R. A. (2011) Labour Turnover and Employees Performance in Local Governments in Uganda: The case of Lira District Local Government, *International Journal of Social and Policy Issues*, v. 8, n. 1. P.48-60.

- Neelakantan, L., Fry, D., Florian, L., & Meinck, F. (2023). Adolescents' experiences of participating in sensitive research: A scoping review of qualitative studies. *Trauma, Violence, & Abuse*, 24(3), 1405-1426.
- Nguyen, H. T., Walker, C., & Walker, E. A. (2018). *A first course in fuzzy logic*. Chapman and Hall/CRC.
- Noor, N., Rehman, S., Ahmed, Y., Sarmad, M., & Mehmood, R. (2023). Discriminatory practices and poor job performance: A study of person-related hostility among nursing staff. *Heliyon*, 9(3).
- Orgambídez, A., & Almeida, H. (2020). Supervisor support and affective organizational commitment: The mediator role of work engagement. *Western journal of nursing research*, 42(3), 187-193. Retrieved from: <https://sapiencia.ualg.pt/bitstream/10400.1/16558/1/westernjournalnursingresearch%20%283%29.pdf>
- Price, D., Edwards, M., Carson-Stevens, A., Cooper, A., Davies, F., Evans, B., ... & Edwards, A. (2020). Challenges of recruiting emergency department patients to a qualitative study: a thematic analysis of researchers' experiences. *BMC Medical Research Methodology*, 20(1), 1-10.
- Pandey, P., & Pandey, M. M. (2021). Research methodology tools and techniques. Bridge Center.
- Parikh, P., Taukari, A., & Bhattacharya, T. (2004). Occupational stress and coping among nurses. *Journal of Health Management*, 6(2), 115-127.
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. SAGE research methods foundations.
- Patterson E., (2022). Stress facts and statistics. Retrieved on 4<sup>th</sup> November 2022 from <https://www.therecoveryvillage.com/mental-health/stress/stress-statistics/>



- Peiris, C. L., O'Donoghue, G., Rippon, L., Meyers, D., Hahne, A., De Noronha, M., ... & Hanson, L. C. (2021). Classroom movement breaks reduce sedentary behavior and increase concentration, alertness, and enjoyment during university classes: A mixed-methods feasibility study. *International journal of environmental research and public health*, 18(11), 5589.
- Pelone, F., Beighton, C., Gourlay, S., & Drennan, V. M. (2017). Interventions to Reduce Adult Nursing Turnover: A Systematic Review of Systematic. *Open Nursing Journal*, 11, 108-123.
- Pham, L. T. M. (2018). Qualitative approach to research a review of advantages and disadvantages of three paradigms: Positivism, interpretivism and critical inquiry. University of Adelaide.
- Pickering, D., & Blaszczynski, A. (2021). Paid online convenience samples in gambling studies: Questionable data quality. *International Gambling Studies*, 21(3), 516-536.
- Quick, J. C., & Henderson, D. F. (2016). Occupational stress: Preventing suffering, enhancing wellbeing. *International journal of environmental research and public health*, 13(5), 459.
- Rahi, S. (2017). Research design and methods: A systematic review of research paradigms, sampling issues and instruments development. *International Journal of Economics & Management Sciences*, 6(2), 1-5.
- Rajasekar, A., Wan, M., Moore, R., & Schroeder, W. (2006, May). A prototype rule-based distributed data management system. In *HPDC workshop on Next Generation Distributed Data Management* (Vol. 102).
- Rees, C. J., & Redfern, D. (2000). Recognising the perceived causes of stress—a training and development perspective. *Industrial and commercial Training*, 32(4), 120-127.
- Rehman, A. A., & Alharthi, K. (2016). An introduction to research paradigms. *International Journal of Educational Investigations*, 3(8), 51-59.

- Resnick, D. B. (2015), What is Ethics in Research and Why is it Important? National Institute of Health, Oaks, CA: Sage.
- Reynolds, S., Cooper-Stanton, G., & Potter, A. (2018). Real-time simulation: first-hand experience of the challenges of community nursing for students. *British journal of community nursing*, 23(4), 180-183. Retrieved from: [https://www.researchgate.net/profile/Garry-Cooper-Stanton/publication/324421215\\_Real-time\\_simulation\\_First-hand\\_experience\\_of\\_the\\_challenges\\_of\\_community\\_nursing\\_for\\_students/links/5fec9019a6fdccdc8197030/Real-time-simulation-First-hand-experience-of-the-challenges-of-community-nursing-for-students.pdf](https://www.researchgate.net/profile/Garry-Cooper-Stanton/publication/324421215_Real-time_simulation_First-hand_experience_of_the_challenges_of_community_nursing_for_students/links/5fec9019a6fdccdc8197030/Real-time-simulation-First-hand-experience-of-the-challenges-of-community-nursing-for-students.pdf)
- Roberts, R. E. (2020). Qualitative Interview Questions: Guidance for Novice Researchers. *Qualitative Report*, 25(9).
- Robson, P. (2002). *The economics of international integration*. Routledge.
- Rose, S., Hartnett, J., & Pillai, S. (2021). Healthcare worker's emotions, perceived stressors and coping mechanisms during the COVID-19 pandemic. *PLoS One*, 16(7), e0254252.
- Rosenthal, T., & Alter, A. (2012). Occupational stress and hypertension. *Journal of the American Society of Hypertension*, 6(1), 2-22.
- Rout, U. R., & Rout, J. K. (2002). Occupational stress. Stress management for primary health care professionals, 25-39.
- Rowe, F. (2014). What literature review is not: diversity, boundaries, and recommendations. *European Journal of Information Systems*, 23(3), 241-255.
- Ruiz-Fernández, M. D., Pérez-García, E., & Ortega-Galán, Á. M. (2020). Quality of life in nursing professionals: Burnout, fatigue, and compassion satisfaction. *International Journal of Environmental Research and Public Health*, 17(4), 1253.

- Ruslin, R., Mashuri, S., Rasak, M. S. A., Alhabsyi, F., & Syam, H. (2022). Semi-structured Interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *IOSR Journal of Research & Method in Education (IOSR-JRME)*, 12(1), 22-29.
- Russell, A. M., Olive, S., Lines, S., Murphy, A., Hocking, J., Newell, K., ... & Burge, G. (2018). Contemporary challenges for specialist nursing in interstitial lung disease. *Breathe*, 14(1), 36-41. Retrieved from: <https://breathe.ersjournals.com/content/breathe/14/1/36.full.pdf>
- Sangaran, G., & Garg, A. (2012). Magnetizing & retaining the finest talent in hospitality sector, an empirical study of determinants of job satisfaction and effects on employee turnover in the hotels of Kuala Lumpur city center. *International Journal of Hospitality and Tourism Systems*, 5(2), 1.
- Saunders, M., Lewis, P., & Thornhill, A. (2009). Research methods for business students. Pearson education.
- Schluter, J., Winch, S., Holzhauser, K., & Henderson, A. (2008). Nurses' moral sensitivity and hospital ethical climate: A literature review. *Nursing ethics*, 15(3), 304-321.
- Schmitz, N., Neumann, W., & Oppermann, R. (2000). Stress, burnout, and locus of control in German nurses. *International journal of nursing studies*, 37(2), 95-99.
- Seaward, B. L. (2017). Managing stress. Jones & Bartlett Learning.
- Shaffer, F. A., & Curtin, L. (2020). Nurse turnover: Understand it, reduce it. *My American Nurse*, 15(8), 57-59.
- Shah, S. H. A., Haider, A., Jindong, J., Mumtaz, A., & Rafiq, N. (2022). The impact of job stress and state anger on turnover intention among nurses during COVID-19: the mediating role of emotional exhaustion. *Frontiers in Psychology*, 12, 810378.
- Sharma, G. (2017). Pros and cons of different sampling techniques. *International journal of applied research*, 3(7), 749-752.

- Sharma, H., & Xu, L. (2022). Association between wages and nursing staff turnover in Iowa nursing homes. *Innovation in Aging*, 6(4), igac004.
- Sharma, P., Davey, A., Davey, S., Shukla, A., Shrivastava, K., & Bansal, R. (2014). Occupational stress among staff nurses: Controlling the risk to health. *Indian journal of occupational and environmental medicine*, 18(2), 52.
- Shu-Ching, C. H. E. N., Yeur-Hur, L. A. I., & Shiow-Luan, T. S. A. Y. (2020). Nursing perspectives on the impacts of COVID-19. *Journal of Nursing Research*, 28(3), e85.
- Siegrist, J. (2001). A theory of occupational stress.
- Siegrist, J., Wahrendorf, M., & Siegrist. (2016). *Work stress and health in a globalized economy*. Springer Berlin Heidelberg.
- Singh, C., Cross, W., Munro, I., & Jackson, D. (2020). Occupational stress facing nurse academics—A mixed-methods systematic review. *Journal of clinical nursing*, 29(5-6), 720-735.
- Song, J. (2018). Ethics education in nursing: Challenges for nurse educators. *Kai Tiaki Nursing Research*, 9(1), 12-17. Retrieved from: <https://core.ac.uk/download/pdf/187724731.pdf>
- Song, P., & Tang, W. (2019). The community-based integrated care system in Japan: Health care and nursing care challenges posed by super-aged society. *Bioscience trends*, 13(3), 279-281. Retrieved from: [https://www.jstage.jst.go.jp/article/bst/13/3/13\\_2019.01173/\\_pdf](https://www.jstage.jst.go.jp/article/bst/13/3/13_2019.01173/_pdf)
- Song, J. H., & Woo, H. Y. (2015). A study on AQ (adversity quotient), job satisfaction and turnover intention according to work units of clinical nursing staffs in Korea. *Indian Journal of Science and Technology*, 8(8), 74-78.
- Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins.

- Sterud, T., Hem, E., Ekeberg, Ø., & Lau, B. (2008). Occupational stressors and its organizational and individual correlates: a nationwide study of Norwegian ambulance personnel. *BMC emergency medicine*, 8(1), 1-11.
- Stratton, S. J. (2021). Population research: convenience sampling strategies. *Prehospital and disaster Medicine*, 36(4), 373-374.
- Stuckey, H. L. (2015). The second step in data analysis: Coding qualitative research data. *Journal of Social Health and Diabetes*, 3(01), 007-010.
- Suresh, P., Matthews, A., & Coyne, I. (2013). Stress and stressors in the clinical environment: a comparative study of fourth-year student nurses and newly qualified general nurses in Ireland. *Journal of clinical nursing*, 22(5-6), 770-779.
- Szalma, J. L., & Teo, G. W. (2012). Spatial and temporal task characteristics as stress: A test of the dynamic adaptability theory of stress, workload, and performance. *Acta psychologica*, 139(3), 471-485.
- Taylor, M. C. (2005). Interviewing. *Qualitative research in health care*, 39-55.
- TDRA. (2023, 1 1). *Report discrimination*. Retrieved from telecommunications and DIgital Government Regulatory Authority : <https://u.ae/en/information-and-services/justice-safety-and-the-law/report-discrimination>
- Tehrani, T. H., Kabir, N. K., & Sheraghi, F. (2012). The relationship between emotional intelligence, mental health, and academic achievement in Neyshabour nursing students. *Avicenna journal of nursing and midwifery care*, 20(3), 35-45.
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The SAGE handbook of qualitative research in psychology*, 2, 17-37.

- Thompson, S. C., Holmgren, A. J., & Ford, E. W. (2022). Information system use antecedents of nursing employee turnover in a hospital setting. *Health Care Management Review*, 47(1), 78-85.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-based nursing*, 3(3), 68-70.
- Tipa, R. O., Tudose, C., & Pucarea, V. L. (2019). Measuring burnout among psychiatric residents using the Oldenburg burnout inventory (OLBI) instrument. *Journal of medicine and life*, 12(4), 354.
- Tolksdorf, K. H., Tischler, U., & Heinrichs, K. (2022). Correlates of turnover intention among nursing staff in the COVID-19 pandemic: a systematic review.
- Trifunovic, N., Jatic, Z., & Kulenovic, A. D. (2017). Identification of causes of the occupational stress for health providers at different levels of health care. *Medical Archives*, 71(3), 169.
- Tuirale, S., Meechamnan, C., & Kunaviktikul, W. (2020). Challenging times: ethics, nursing, and the COVID-19 pandemic. *International nursing review*, 67(2), 164-167.
- Tziner, A., Rabenu, E., Radomski, R., & Belkin, A. (2015). Work stress and turnover intentions among hospital physicians: The mediating role of burnout and work satisfaction. *Revista de Psicología del Trabajo y de las Organizaciones*, 31(3), 207-213.
- Ugoani, J. (2016). Employee turnover and productivity among small business entities in Nigeria. *Independent Journal of Management & Production (IJM&P)*, 7(4).
- Van der Heijden, B. I., Peeters, M. C., Le Blanc, P. M., & Van Breukelen, J. W. M. (2018). Job characteristics and experience as predictors of occupational turnover intention and occupational turnover in the European nursing sector. *Journal of Vocational Behavior*, 108, 108-120. Retrieved from: <https://eprints.kingston.ac.uk/id/eprint/41258/1/Van-Der-Heijden-B-41258-AAM.pdf>
- Waddill-Goad, S. M. (2019). Stress, fatigue, and burnout in nursing. *Journal of Radiology Nursing*, 38(1), 44-46.

- Watson S., (2022). Causes of Stress. Retrieved on 4<sup>th</sup> November 2022 from <https://www.webmd.com/balance/guide/causes-of-stress>
- WHO (2020). Doing what matters in Times of Stress. Retrieved on 4<sup>th</sup> November 2022 from: [https://www.who.int/publications/i/item/9789240003927?gclid=CjwKCAjw8JKbBhBYEiwAs3sxN8Tisge07uDHB\\_BGUnI7sAOKoGPMdpyA4Tuw44KmHlIVDDuf2MgEBoCTl0QAvD\\_BwE](https://www.who.int/publications/i/item/9789240003927?gclid=CjwKCAjw8JKbBhBYEiwAs3sxN8Tisge07uDHB_BGUnI7sAOKoGPMdpyA4Tuw44KmHlIVDDuf2MgEBoCTl0QAvD_BwE)
- Widiyanto, A., Handayani, R. T., & Atmojo, J. T. (2020). Issues, Challenges, and Potential of Palliative Care in Pediatric Nursing: A Systematic Review. *Journal of Maternal and Child Health*, 5(1), 167-172. Retrieved from: <https://core.ac.uk/download/pdf/305072066.pdf>.
- Wu, T. Y., Fox, D. P., Stokes, C., & Adam, C. (2012). Work-related stress and intention to quit in newly graduated nurses. *Nurse education today*, 32(6), 669-674.
- Xiaolu, C., & Weiling, Z., (2019). Nurses' occupational stressors and their coping strategies. Retrieved on 4 November 2022 from: <https://www.diva-portal.org/smash/get/diva2:1334730/FULLTEXT01.pdf>
- Xu, A., Baysari, M. T., Stocker, S. L., Leow, L. J., Day, R. O., & Carland, J. E. (2020). Researchers' views on, and experiences with, the requirement to obtain informed consent in research involving human participants: a qualitative study. *BMC medical ethics*, 21(1), 1-11.
- Yang, J. H., & Park, A. S. (2019). Impact of Emotional Labor on the Turnover Intention of Medical Technology Workers in General Hospital. *International Journal of Advanced Nursing Education and Research*, 4, 13-18.
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The qualitative report*, 20(2), 134-152.
- Yeun, Y. R., & Han, J. W. (2016). Effect of nurses' organizational culture, workplace bullying and work burnout on turnover intention. *International Journal of Bioscience and Biotechnology*, 8(1), 372-380.

- Yen, S. J., & Lee, Y. S. (2006, August). Under-sampling approaches for improving prediction of the minority class in an imbalanced dataset. In *Intelligent Control and Automation: International Conference on Intelligent Computing, ICIC 2006 Kunming, China, August 16–19, 2006* (pp. 731-740). Berlin, Heidelberg: Springer Berlin Heidelberg.
- Yeong, M. L., Ismail, R., Ismail, N. H., & Hamzah, M. I. (2018). Interview protocol refinement: Fine-tuning qualitative research interview questions for multi-racial populations in Malaysia. *The Qualitative Report*, 23(11), 2700-2713.
- YILMAZ, G., & Üstün, B. (2018). Professional quality of life in nurses: Compassion satisfaction and compassion fatigue. *Journal of Psychiatric Nursing*, 9(3). Retrieved from: [https://jag.journalagent.com/phd/pdfs/PHD-86648-REVIEW-YILMAZ\[A\].pdf](https://jag.journalagent.com/phd/pdfs/PHD-86648-REVIEW-YILMAZ[A].pdf)
- Yin, R. K. (2018). *Case study research and applications*. Sage.
- Zhang, Y., Wei, L., Li, H., Pan, Y., Wang, J., Li, Q., Wu, Q. and Wei, H., 2020. The psychological change process of frontline nurses caring for patients with COVID-19 during its outbreak. *Issues in mental health nursing*, 41(6), pp.525-530. Available at: <https://www.tandfonline.com/doi/pdf/10.1080/01612840.2020.1752865>



# **Appendix 1 – Interview Guide**

## **Interview Guide for Pilot Study**

### **Interview Questions**

#### **Exploring the characteristics of turnover of nursing professionals in Dubai**

1. What is your role in this hospital?
  - 1.a. Since when have you been working in this hospital?
  - 1.b. What is your total experience as a nursing professional?
2. Do you feel stressed out in your job?
  - 2.a. How do you rate the stress levels on a scale of 10 with highest stress as 10 and lowest as 1?
  - 2.b. Do you feel the stress levels have increased or decreased over a period of time?
  - 2.c. Do you think stress is observed among all the nursing professionals?
  - 2.d. Is the hospital management aware of the extent of stress the nursing professionals are going through?
3. What are the reasons why you feel stressed out at work?

3.a. Among the four different aspects- physical workload, emotional job stress, temporary workload and mental job stress which is one which is mostly experienced?

3.b. Is staff shortage the main reason for stress?

3.c. Do you think the job demands and the role itself is stressful? If yes, how it can be handled?

3.d. Do you feel that some nursing professionals manage better as compared to others? Do you feel that their personality traits differentiate them from others?

3.e. Do you feel that lack of knowledge and skills trigger stress among the professionals? Do you have a support system who offer job-related support and training when staff lack the required skill levels?

3.f. To what extent do you feel the support from hospital management reduces stress levels among nurses?

3.g. What other reasons do you feel are responsible for causing stress among nursing professionals?

4. Do you think the high stress levels among nursing professionals would impact the health of the nursing professionals?

4.a. What are the health problems that are usually observed among those stressed-out nurses?

4.b. Are physical health problems more prominent as compared to mental health issues or vice versa?

5. Does job stress impact the productivity levels of nursing professionals?

5.b. Does it affect the quality of their work and outcomes offered by nurses?

6. Is job stress related to an intention to leave the job?

6.a Does job stress also affect the personal life of nurses and affect their work life balance?

6.b. Is workload the most common cause of turnover among nurses?

6.c. Is organisational politics at work resulting in stress responsible for nurses leaving jobs?

## **Interview Guide for Data Collection**

### **Exploring the characteristics of turnover of nursing professionals in Dubai**

#### **General Questions**

1. What is your role in this hospital? Since when have you been working in this hospital? Could you give me a glance about your professional background?
2. How often you have experienced stress recently as compared to early years of career? Explain how you are able to manage it better/not?
3. Based on your experience which department do you feel has the greater workload? Why do you think so?

#### **Work-Life balance**

4. What makes some professionals perform better in handling the workload as compared to others? Is it because of their experience or their personality makes the difference? Please elaborate.
5. Explain your quality of treatment? What would be the impact of quality of treatment on patient outcomes? Can you explain with any example or evidence from your experience?
6. Among the three different aspects- physical workload, emotional job stress, and mental job stress which is one which is mostly experienced? Can you explain from your experience what you went through or how it was impacting your health?
7. How do you manage the work-life balance? To what extent does working too long affect your personal time? Can you please elaborate.

### **People development & Technology Impact**

8. To what extent do the knowledge and skills of nursing professionals impact their ability to manage stress? Give us an example where upgrading your skills has helped you manage your workload?

9. Which mode of training do you prefer to have – online or face to face and why? How do you think it is adding value to work and influencing career opportunities?

### **Hospital Policy & Environment**

10. To what extent do you feel the support from hospital management reduces stress levels among nurses?

11. How do you consider the work environment in your hospital? Do you think work environment influences nurses' intention to leave hospitals? What are the unpleasant aspects in the work environment you usually do not like?

12. Please discuss the channels through which the hospital policy is communicated and which channel you prefer to use. Which policy do you like?

### **Compensation and Benefits**

13. What is the most common reason for nursing professionals leaving hospital? Where do you think they are heading? Why do you think nursing professionals are looking out for jobs abroad?

14. From your perspective what is the relation between compensation and benefits and turnover among nursing professionals?

15. What is the action by the hospital management towards retaining the nursing workforce? Are they enough? What additional recommendations should be offered to them?

### **Equal opportunities**

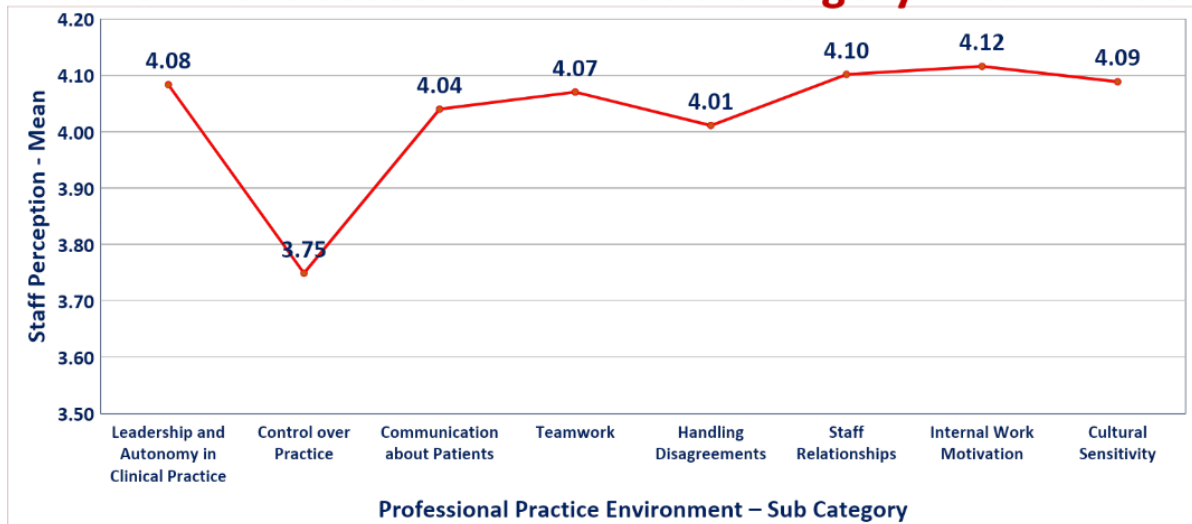
16. Can you share an experience where you have personally felt that you were given equal opportunity or witnessed discrimination at your workplace?

17. What advice or suggestions would you give to healthcare organisations or policymakers to create a more inclusive and supportive environment for nurses, where discrimination is effectively addressed?

## Appendix 2 – Evidence from Hospital

A Descriptive Study to assess the Nurses perception of professional practice.

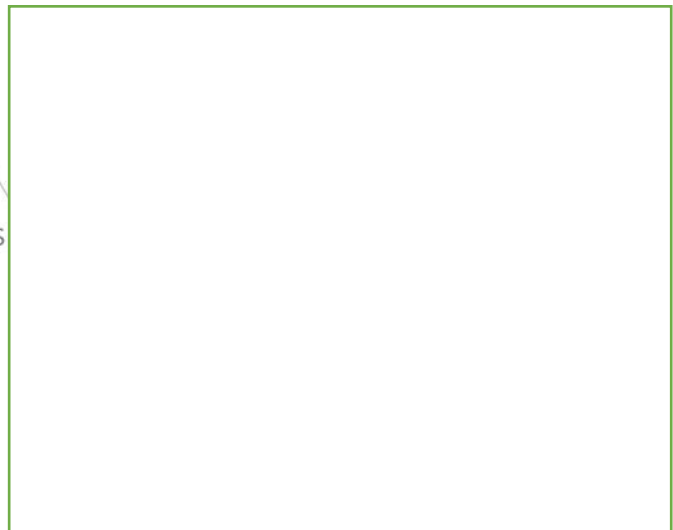
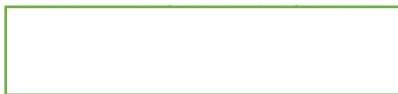
### Nurses Perception of Professional practice Environment based on RPPE Sub Category Mean Value



## Self-Survey of the Hospital

### ANCC Pathway to Excellence

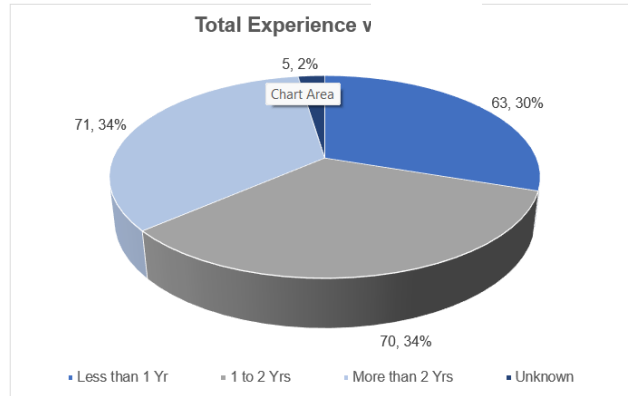
Self Survey – Results & Analysis



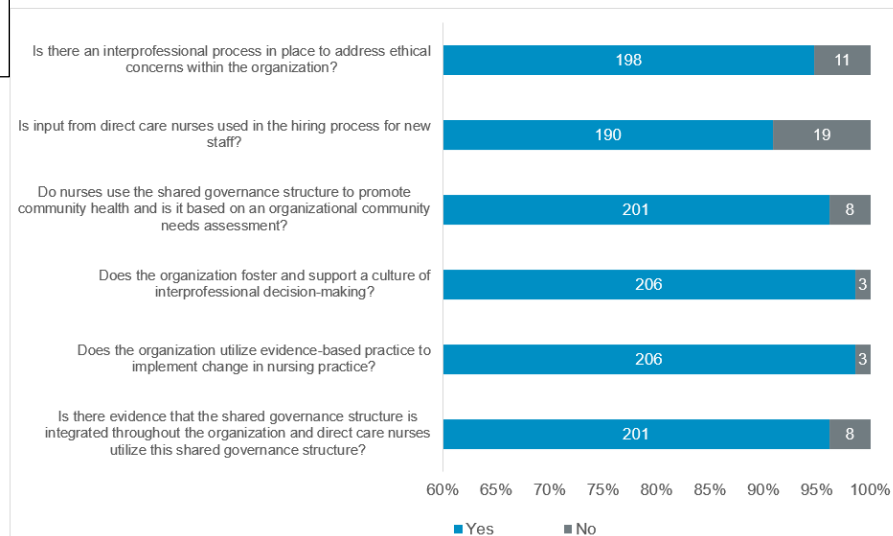
## Demographics

Date of Self Survey: Phase 1 – 15<sup>th</sup> March 2023 to 31<sup>st</sup> March 2023  
Phase 2 – 1<sup>st</sup> April 2023 to 15<sup>th</sup> April 2023

No. of Responses: Phase 1 – 141  
Phase 2 – 68

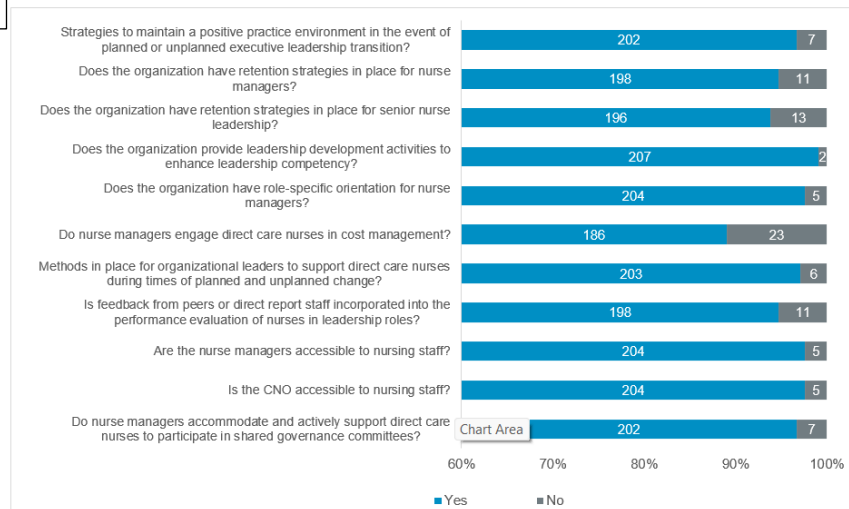


## Shared Decision Making

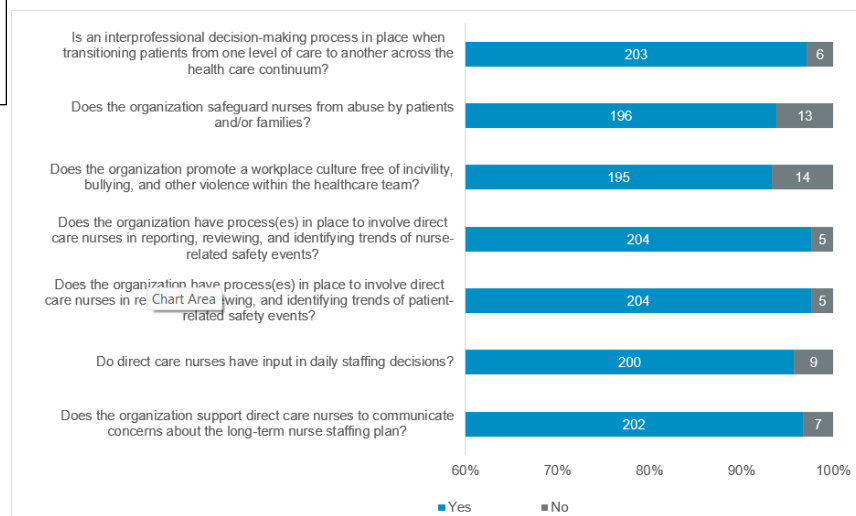




## Leadership



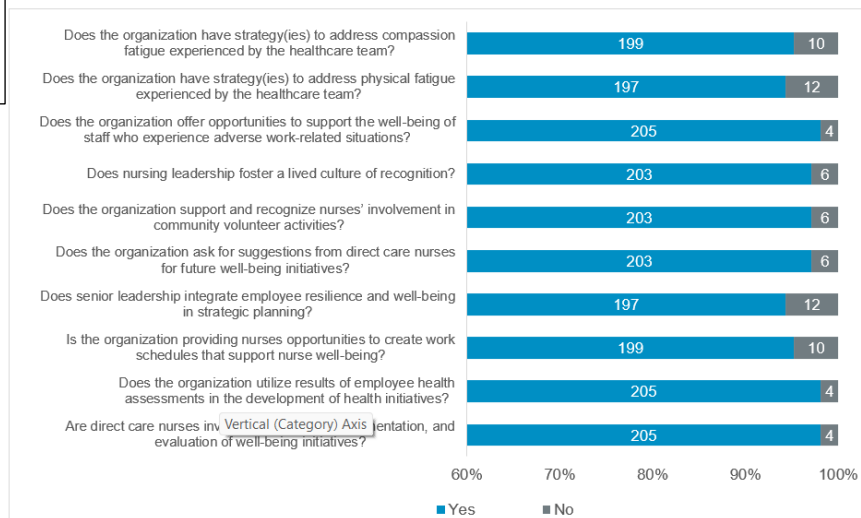
## Safety



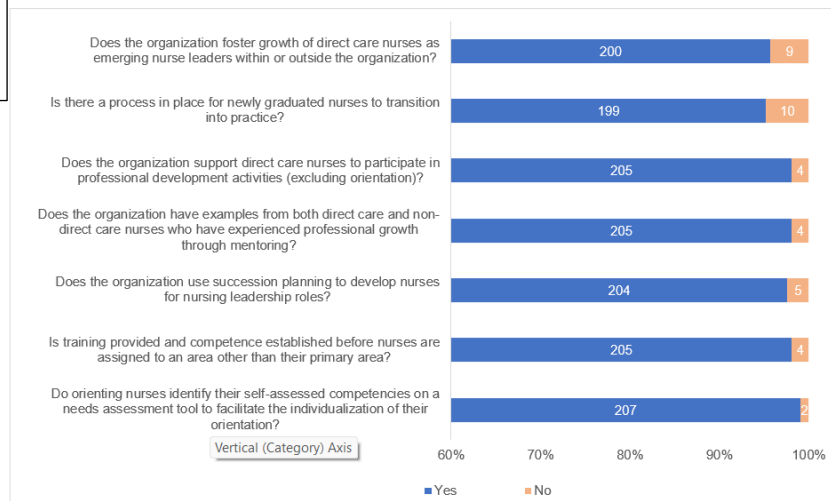
## Quality



## Well-Being



## Professional Development



**An Explorative study to assess the “Nurses' perception of professional practice environment”.**

### **Abstract:**

**Introduction:** Organizational behaviour has been identified as an important factor in improving the quality and safety of hospital care. Literature shows that a favourable environment of professional nursing practice has a positive influence on nurses such as higher levels of professional satisfaction and involvement, lower burnout levels and less intention to leave work. Furthermore, institutions benefit from lower nurses’ turnover and absenteeism, better quality of care and lower percentage of missed care.

**Objective:** The objectives of the study were 1. To assess nurses’ perception of professional practice environment; 2. To find out the association between Nurses' perceptions of professional practice environment with the demographic variables of Nursing staffs

**Research Hypothesis:** There is a significant association between Nurses' perceptions of professional practice environment with the selected demographic variables. (Level of significance at 0.05).

**Methodology:** An online survey was used to collect data among nursing student in various department in Hospital on Sep 2022, which includes demographic information and Nurses perception of Professional practice environment by using Modified Professional Practice Environment (MPPE) scale. MPPE is a 39-item scale. Nurses were asked to indicate their level of agreement on a five-point Likert-type scale ranging from 1—strongly disagree to 5—strongly agree. The scale consists of the following eight sub-scales: “leadership and autonomy in clinical practice” (five items), “control over practice” (five items), “communication about patients” (three items), “teamwork” (four items), “handling disagreements” (nine items), “staff relationships” (two items), “internal work motivation” (eight items), and “cultural sensitivity” (three items). 192 nursing staff participated in an online survey and the data was analysed by using descriptive and inferential statistics with SPSS statistical software.

**Results:** Data shows, majority number of Nursing staffs participated in the online survey on Nurses' perception of professional practice environment” were Female 81.25%, Age in 31-40 years (50.52%), BSc Qualification (79.69%), Registered Nurse (82.81%), Experience between 1-5 years (43.75%), Worked in ICU (26.04%). The highest scores (4.12) were obtained for the subscales as favourable was "Internal Work Motivation"; “Control over Practice”, with the lowest mean (3.75), was the worst-rated subscale. The lowest rated item on the RPPE scale was "We have enough staff to get the work done" (3.50) from the "control over practice" subscale; the highest rated item was "I feel a great sense of personal satisfaction when I do my work well" (4.25) from "internal work motivation". NICU (3.63) and LDRP (3.76) rated their professional practice environment (RPPE total score) slightly lower than all other department. No statistically significant association was found between Nurses' perception of professional

practice environment with the selected demographic variables of Nursing staffs Except Areas of experience  $\chi^2=42.007$  (P Value = 0.000), it is lesser than 0.05. So, there is a significant association between Nurses' perceptions of professional practice environment with the selected demographic variables of nursing staffs. So, this hypothesis was rejected.

**Conclusion:** Poor hospital work environments are common and are associated with negative outcomes for nurses and quality of care. Improving work environments holds promise for nurse retention and better quality of patient care. Better work environments will likely improve nurses' satisfaction with their current position, as well as with the level of teamwork on their units.

## Summary of Exit Interviews

- Summary of Nurse leavers in 2023
  - Total Leavers
  - No. of Resignations and Terminations
  - Pivot Summary of leavers by reason (i.e. personal reasons, better job opportunity, etc.)

| Row Labels                                     | Count of Person Number |
|--|------------------------|
| <b>Registered Nurse</b>                        | <b>223</b>             |
| <b>Resignation</b>                             | <b>217</b>             |
| Non - Renewal of Contract                      | 43                     |
| Better Opportunity                             | 76                     |
| Incompatibility with immediate Manager         | 1                      |
| Personal Reasons                               | 90                     |
| Salary / Increments / Bonus                    | 2                      |
| Work Environment                               | 2                      |
| (blank)  | 3                      |
| <b>Termination</b>                             | <b>6</b>               |
| Irrational Insubordination / Negative Attitude | 1                      |
| Performance                                    | 3                      |
| (blank)  | 2                      |
| <b>Senior Registered Nurse</b>                 | <b>5</b>               |
| <b>Resignation</b>                             | <b>5</b>               |
| Non - Renewal of Contract                      | 2                      |
| Better Opportunity                             | 2                      |
| Personal Reasons                               | 1                      |
| <b>Senior Registered Nurse ICU</b>             | <b>1</b>               |
| <b>Resignation</b>                             | <b>1</b>               |
| Better Opportunity                             | 1                      |
| <b>Grand Total</b>                             | <b>229</b>             |

## Leave Policy


### Leave Policy in the Private sector in UAE as per labour law.

← → ↻ u.ae/en/information-and-services/jobs/types-of-leaves-and-entitlements-in-the-private-sector ↗ ☆


### Types of leaves and entitlements in the private sector

Private sector employees in the UAE are entitled to annual leave, sick leave, maternity leave, parental leave, compassionate leave and leave to complete Hajj. Read about the provisions for each type of leave.

---

|  |                  |                |  |
|--|------------------|----------------|--|
| Annual leave   | Sabbatical leave | Study leave    | Compassionate leave<br>(Bereavement leave) |
| Hajj and Umrah leave   | Maternity leave  | Parental leave | Official leaves and<br>vacations           |
|  | Sick leave       |                |  |

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Link: <https://u.ae/en/information-and-services/jobs/types-of-leaves-and-entitlements-in-the-private-sector>

## Leave Policy at the hospital

### 4. Procedure:

#### 4.1. Categories of Leave / Holidays:

- Public Holidays
- Compensatory Off
- Annual Leave
- CME Leave
- Sick Leave
- Maternity Leave
- Parental Leave
- Pilgrimage (Haj / Umrah) Leave
- Birthday Leave
- Appreciation Leave
- Loss of Pay

##### 4.1.1. Public Holidays:

Healthcare observes paid public holidays declared by the Ministry of Labor, UAE.

**All essential services will be operational during the public holidays.**

##### 4.1.2 Compensatory Off:

Employee's working on a public holiday and business unit marketing staff working on their weekly off are eligible for compensatory off (For more details to be read along with Overtime Policy).

In case of an employee whose rotational weekly off falls on a public holiday other than Friday, then the said employee shall be entitled for compensatory off in addition to his / her weekly off.

Employees working more than two successive weekly off can be provided compensatory off in lieu of Overtime

- a) HOD's are required to send preapproval / intimation to HR with respect to working on Public Holiday or weekly off.
- b) Compensatory Off should be sanctioned by the Department Head post verification of the date on which the employee has worked on Public holiday(s) or weekly off(s).
- c) Compensatory off needs to be applied in the system within a week of working during public holiday / weekly off.
- d) Compensatory off can be availed for a maximum of three days at a stretch (with an exception of more days only when combined with annual leave) and the same should be utilized within three months of entitlement, otherwise the same shall lapse and will be forfeited in the system.
- e) Compensatory offs needs to be claimed and availed through the HR system and can be suffixed or prefixed with the weekly off, Public Holiday.
- g) Employees need to exhaust all the compensatory offs before proceeding for annual leave which means compensatory offs can only be prefixed with annual leave. In no case compensatory off shall be suffixed with the annual leave
- h) Compensatory off cannot be processed for payment at any point of time during service, or at the end of service.



#### 4.1.3. Annual Leave:

- a) Every regular employee is entitled for 30 days paid leave on successful completion of 1 year of service (including Probation period).
- b) An employee who has not completed one year of service but completed six months shall be entitled for 2 days leaves for each completed month of service.
- c) Departments need to follow an Annual Leave plan in order to ensure smooth functioning of the operations in employee's absence.
- d) Annual leave can only be suffixed with weekly off, Compensatory off. Public Holiday's declared for private sector shall not be counted as part of employee's annual leave. However, weekly off which fall within the duration of the annual leave shall be included for determining the total number of Annual leaves taken.
- e) Annual leave can be accumulated for a maximum of 60 days. However, the employees, having accumulated leave balance of more than 60 days on the date of issuance of this policy, will have a window period of one year for availing the excess leave balance.
- f) Annual Leave encashment up to a maximum of 60 days (two years entitlement) as per labor law is permissible at the time of separation only from the company as final settlement. Any exceptions for leave encashment, incase annual leave was denied by the management for operational reasons, to be approved by the Corporate HR Head.
- g) Employees are required to plan their leaves, apply in the HR system and get the same approved by the reporting hierarchy at least 60 days in advance in order to ensure smooth operations in his absence.
- h) Employee must give his contact details during his annual leave. Management/Department may call them for any immediate requirement in relation to his/her work. If there is any emergency of work management reserves the right to call back the employee to cancel his leave and join for duty immediately.
- i) Extension of Annual Leave is not permitted. However, in exceptional cases, the request in writing for the extension must be sent to the organization (Supervisor / HRD / Payroll / Facility Head) at least one week in advance thus giving an opportunity for the company to communicate the decision about the acceptance or rejection of leave application. Grant of leave extension, however, will be at the sole discretion of the management. If the extension is not approved, then the remaining period of leave shall be considered as loss of pay irrespective of the available leave balance and necessary disciplinary action shall be taken as per the policy (ref. disciplinary action policy).
- j) Rejoining Report has to be submitted when employee joins back from any leave exceeding a period of 3 working days.
- k) If any employee who does not report to duty immediately after expiry of his vacation, or has not requested for leave extension, shall be considered as absconded and necessary disciplinary action as per UAE labor law will be taken.
- l) If an employee falls sick during the Annual Leave will be considered only as part of annual leave not as sick leave.
- m) Employees who are attending to their immediate dependent's sickness will be considered for annual leave subject to necessary approval by their Manager / HOD and management.
- n) Annual leave can be availed only after successful completion of probation period. Any exception / emergency case can be requested in writing to the management (Supervisor/HRD/Payroll) for approval. However, grant of Emergency leave will be at the sole discretion of the management.

Emergency leave can be taken in case of urgent matters relating to family members or immediate dependents. Emergency Leave is paid and will be adjusted against employee's available annual leave balance. In case of no leave balance, it will be treated as LOP.

In case of exigencies where prior sanction cannot be obtained, employees need to inform supervisor through phone or any other means of communication and necessary documentation needs to be completed on the day of reporting back to duty.

#### 6.1.5 CME Leave:

The medical fraternity is entitled for CME leave to attend Continuing Medical Education (CME) programs.

##### The eligibility of CME leaves as per the profession are given below:

- Consultant and Specialist Doctors – 5 days per year
- General Practitioners and Dentists – 4 days per year
- Nursing and Allied Health – 2 days per year

##### Annual CME Points required by healthcare professionals

All healthcare professionals practicing in the UAE are required to obtain CME credit hours as the same is linked to the renewal of their license.



##### Minimum requirement by regulatory bodies for CME credit hours

###### a) DOH

DOH mandates that all healthcare professionals including doctors, nurses, dentists, pharmacists, and allied health professionals must fulfill the minimum requirement of 50% of the total credit hours in Category 1 to renew the professional license. For more information on the classification of the Category 1 and Category 2 kindly refer to the CME/CPD Guide page in the DOH website.

###### b) DHA

DHA mandates that all healthcare professionals should obtain no less than 70% of the CME points requirements in the area of the professional specialty and 30% can be in the area of general professional development. Only 30% of the CME points required per year can be gained from the online CME programs. For more information on the list of educational programs eligible for CPD Credit Points kindly refer to the Continuing Professional Development (CPD) Guideline in the DHA website.

###### c) MOH

MOH mandates that all healthcare professionals are required to fulfill sufficient CME credit hours related to the practice specialty of the healthcare professional. Currently MOH does not insist for separate Category 1 and Category 2 CME credit hours for renewal of the license. Employees are requested to follow the MOH website for any updates or changes in the CME requirements.

##### CME Leave Application Process and Policy

- a) CME leaves are credited at the beginning of the calendar year. Employees can apply for the CME leave through  Connect Application. CME leaves will be approved as per the leave approval hierarchy specified in  connect.  Connect
- b) Unused CME leaves will expire by the end of the year. All healthcare staff should ensure that sufficient CME credit hours are earned for renewal of license.

- c) For new joiners, CME leave will be prorated and credited after the completion of probationary period. Employees can avail CME leave only upon successful completion of their probation period. A written request needs to be submitted to the management (Supervisor/HOD/HRD/Payroll) along with necessary supporting documents for the acceptance or rejection of the leave. However, grant of such leave will be at the sole discretion of the management.
- d) If an employee wants to attend a conference / seminar more than their CME leave eligibility, it will be adjusted from their Annual Leave, provided the employee is eligible for annual leave and has sufficient leave balance. If there are not enough annual leave balance, then the additional days of leave will be considered as loss of pay.
- e) CME leave can be prefixed or suffixed with holidays or weekly off. However, holiday or weekly off which falls within the duration of the CME leaves shall not be counted for determining the total number of CME leave taken.
- f) Any CME leaves availed in excess of the prorated eligibility during the year can be adjusted against annual leave / Loss of Pay at the time of separation in full and final settlement.

#### 6.1.6 Sick / Medical Leave:

Employees are eligible for paid Sick/Medical Leave only after completion of three months after probation period. Medical leave should be supported with a medical certificate preferably from NMC Healthcare or any Government Hospital. In the continuous service of the employee with the employer, if employee falls sick during this period, one becomes entitled to a sick leave not more than 90 days continuous or intermittent per each year or service, computed as follows:

- A. The first fifteen days with full pay.
- B. The next thirty days, with half pay.
- C. The subsequent period, without pay.

- a) It is recognized that sudden illnesses and other emergencies cannot always be anticipated and may require employees to miss all or part of their workday. Any Absence due to illness of the employee may be authorized subject to submission of sick leave/fitness certificate [redacted] facilities or any Government Hospital. A licensed healthcare professional or other recognized health care provider in a place where our facilities are not available to justify their absence and justifying returning to work. However, an employee is eligible for sick leave only after completion of three months after probation period.
- b) Employee can be deprived of his pay during sick leave if the sickness is resulted from his misbehavior such as consumption of alcohol or narcotics.
- c) Sick leave cannot be clubbed with Annual Leave or any other category of leave.
- d) In the event where employee is not able to get the leave sanction in the prescribed format; the same needs to be intimated through any means of communication (phone, message, e-mail) and the same needs to be approved on returning back to work. However, sanctioning of leave is at the sole discretion of the reporting manager.
- e) Any holidays falling between sick leave days will be taken into account while determining the total number of sick leave days.
- f) Employees affected by Covid-19 or have contact traced to Covid positive cases from the workplace are eligible to apply for Sick leave / Comp-off / Appreciation Leave / Annual leave, in the same order. In case of insufficient leave balance, Corporate HR should be contacted for leave adjustment against half-pay sick leave, leave proration, or future leave accruals, as appropriate.

#### **6.1.7 Maternity Leave:**

Female employees are entitled to maternity leave with full pay for a period of forty five days including the time before and after delivery, provided that her continuous period of service with the employer should not be less than a year, but if a working woman has not completed the said period, the maternity leave shall be with halfpay.

a) Female employees, on the expiry of the maternity leave, may discontinue work without pay for a maximum period of one hundred consecutive or intermittent days during a period of 18 months after delivery, if such absence is due to illness which does not enable her to resume work. Such illness shall be evidenced by a medical certificate issued by a medical authority attested by the competent health authority or endorsed by such authorities to the effect that the illness resulted from pregnancy or delivery.

b) Maternity leave shall not be computed as part of other leaves.

c) In addition to any prescribed rest period, a working woman nursing her child shall, during the eighteen months following the date of delivery, be entitled to two additional breaks each day for this purpose, neither of which shall exceed half an hour. These two additional periods shall be considered as working hours and shall not cause any reduction of remuneration.

#### **6.1.8 Parental Leave:**

Parental leave has been offered as part of our efforts to attract young talents to work in the private sector and support gender balance and equal opportunities as well enable our staff to bolster their family role and prioritize caring for their babies during the most vital period of their lives.

a) The employee shall be granted a paid "parental leave" for a period of five working days to care for the child. The five working days of paid parental leave can be taken from the date of the child's birth instance (single birth, twins, triplets or more) until the completion of six months.

b) Employees under probation can apply for parental leave up to a maximum of two working days only and the remaining three days can be availed after probation confirmation until the completion of six months from child's birth.

c) For male employees applying for parental leave, whose spouse are not under their dependent visa are required provide proof of relationship document (Marriage Certificate / Passport copy with name of spouse / Etc.,)

d) For childbirth outside UAE, proof of travel document must be produced to avail the leave (Boarding pass)

#### **6.1.9 Haj / Umrah Leave:**

A special leave without pay may be granted for the performance of Haj to a Muslim employee once throughout his service and shall not be counted among other leaves and may not exceed 30 days. Umrah leave shall be availed as part of their accumulated annual leave/LOP

#### **6.1.10 Birthday Leave:**

This leave is offered in recognition of the birthday of the employee. All colleagues will be eligible for one (1) birthday leave in addition to their annual leave entitlement. Birthday is as per our ERP records and colleagues can take this leave anytime throughout the year with the approval of their line manager. The validity of birthday leave will be one year, credited on an individual's birthday and expires if not utilized by the next birthday. Any unused leave days cannot be processed for payment and does not accumulate.

#### **6.1.11 Appreciation Leave**

This leave is offered as a token of thanks in recognition that our colleagues have continued to provide excellent care to our patients and to one another in spite of challenging circumstances in 2020. As such, clinical staff are entitled to an additional seven (7) working days and non-clinical staff are entitled to an additional five (5) working days of leave.

This leave is available for colleagues who were employed on or before 28 February 2021, in addition to their annual leave entitlement. Colleagues can avail these leave days anytime throughout the year with the approval of their line manager. Any unused leave days cannot be processed for payment and will expire on 31 December 2022.

#### On Duty Attendance (regularization)



On duty Attendance should be applied if the employee doesn't come to office / Facility on a certain working day because of official work outside the office / Facility. The same is pre-approved by management and can be applied in the following circumstances:

- a) For escorting patients and while on business travel
- b) For attending meetings as representative of the company
- c) For attending conferences / seminars / workshop for learning and development related to their area of work (not to be used in lieu of CME / CNE leaves)

#### Loss of Pay:

Whenever leave is taken where it is not due – it shall be in the form of loss of pay (LOP) or leave without pay (LWP). LOP is strictly not encouraged and for all purposes is kept for extreme exigencies. LOP period shall be considered as no service period for the purpose of calculating End of Service Benefit of the respective employee.

#### Please Note:

- No Leave is available during probation period except paid birthday leave, appreciation leave, parental leave and Emergency leave which will be treated as loss of pay (LOP)
- Employee must get the leave sanctioned at least 60 days in prior in case of annual leave / long leave, immediately on joining duty in case of sick leave and one day in advance for other short leaves from the supervisor / HOD.
- Any other leave not defined in this policy is taken for personal reasons will be adjusted against annual leave/LOP
- All leaves must be applied through NMC connect (URL-connect.nmc.ae)

#### SUPPORT AND ASSISTANCE FOR PARTIES

- The complainant and the respondent are, at all times during any stage of these procedures, entitled to support and assistance from the H.R. Manager.

#### CONFIDENTIALITY

- All persons involved in a case are expected to maintain strict confidentiality unless otherwise agreed to by the parties.
- Any communication or information gathered in any case is confidential except to the extent that disclosure is necessary to effectively implement this policy or to undertake any disciplinary or remedial steps arising from a complaint made under this policy and Confidentiality may not apply to persons subject to judicial processes or where disclosure is required by law.

## Appendix 3 – Discrimination reporting

### DHA site for lodging complaint for discrimination

A screenshot of a web form for lodging a complaint. The form is titled 'Full Name \*', 'Email \*', 'Contact Number \*', 'Category \*', and 'Message \*'. It includes a dropdown menu for 'Category' with the option 'Select' and a 'SEND FEEDBACK' button at the bottom.

Full Name \*

Email \*

Contact Number \*

Category \*

Message \*

SEND FEEDBACK

A screenshot of the DHA website. The left sidebar contains links for HOME, ABOUT DHA, SERVICES, HEALTH REGULATION, HEALTH INSURANCE, MEDICAL EDUCATION, and HEALTH TOURISM. The main content area is titled 'WE ARE HERE FOR YOU' and lists services: About DHA, Contact Us, Careers, Employees & Services, FAQs, Accessibility, and a 'SEND FEEDBACK' button. The right sidebar contains a 'Category \*' dropdown menu, a 'Message \*' text area, a 'SEND FEEDBACK' button, and a 'SEND FEEDBACK' button at the bottom.

HOME

ABOUT DHA

SERVICES

HEALTH REGULATION

HEALTH INSURANCE

MEDICAL EDUCATION

HEALTH TOURISM

WE ARE HERE FOR YOU

ABOUT DHA

CONTACT US

CAREERS

EMPLOYEES & SERVICES

FAQs

ACCESSIBILITY

SEND FEEDBACK

Category \*

Message \*

SEND FEEDBACK

## Appendix 4 – NVivo Working

### Themes and Subthemes

Exploring the reasons for turnover of nursing professionals in UAE.nvp - NVivo 12 Pro

| Name  | Files | References | Created By | Created On         | Modified By | Modified On        |
|---|-------|------------|------------|--------------------|-------------|--------------------|
| Work-Life balance among nursing professionals     | 2     | 5          | G          | 9/19/2023 9:49 PM  | G           | 9/20/2023 12:43 PM |
| Reasons for stress                                | 12    | 34         | G          | 9/19/2023 10:10 PM | G           | 9/21/2023 8:50 AM  |
| Effective ways of Handling stress                 | 5     | 11         | G          | 9/19/2023 10:18 PM | G           | 9/26/2023 11:28 AM |
| Quality of treatment                              | 4     | 7          | G          | 9/20/2023 12:48 PM | G           | 9/26/2023 12:06 PM |
| Impact of Job stress                              | 8     | 15         | G          | 9/20/2023 1:04 PM  | G           | 9/21/2023 8:24 AM  |
| People development & Technology Impact            | 1     | 1          | G          | 9/19/2023 9:50 PM  | G           | 9/19/2023 10:06 PM |
| Training for staff                                | 8     | 28         | G          | 9/20/2023 1:21 PM  | G           | 9/22/2023 4:41 PM  |
| Technology  | 7     | 12         | G          | 9/20/2023 1:23 PM  | G           | 9/22/2023 2:44 PM  |
| Hospital policy and benefits                      | 3     | 10         | G          | 9/19/2023 9:51 PM  | G           | 9/20/2023 2:56 PM  |
| Supportive hospital management                    | 7     | 12         | G          | 9/20/2023 3:07 PM  | G           | 9/22/2023 11:02 AM |
| Hospital policies to reduce stress                | 4     | 10         | G          | 9/20/2023 3:09 PM  | G           | 9/22/2023 8:13 AM  |
| Hospital environment                              | 4     | 4          | G          | 9/20/2023 4:16 PM  | G           | 9/22/2023 8:17 AM  |
| Compensation and benefits                         | 3     | 8          | G          | 9/19/2023 9:51 PM  | G           | 9/20/2023 12:58 PM |
| Jobs Abroad for better compensation               | 7     | 11         | G          | 9/20/2023 12:54 PM | G           | 9/22/2023 11:55 AM |
| Low compensation leading to turnover              | 11    | 20         | G          | 9/20/2023 12:55 PM | G           | 9/22/2023 11:55 AM |
| Job search within the UAE for better compensation | 4     | 5          | G          | 9/20/2023 1:00 PM  | G           | 9/21/2023 4:20 PM  |
| Equal opportunities                               | 9     | 11         | G          | 9/19/2023 9:52 PM  | G           | 9/22/2023 11:09 AM |
| Recommendations                                   | 9     | 13         | G          | 9/19/2023 10:29 PM | G           | 9/20/2023 6:50 PM  |

Table: Themes and subthemes

### Coding for thematic analysis

Exploring the reasons for turnover of nursing professionals in UAE.nvp - ...

Node Tools  
Node

Work-Life balance among nursi    Low compensation leading to tur

<Files\\Interview transcripts\\Interview 1> - 5 1 reference coded [0.17% Coverage]

Reference 1 - 0.17% Coverage

That is 90 % is because of the salary

<Files\\Interview transcripts\\Interview 10> - 5 1 reference coded [0.98% Coverage]

Reference 1 - 0.98% Coverage

So basically, the turnover is not related more to the environment, it's more to the salary. The salary.

<Files\\Interview transcripts\\Interview 12> - 5 2 references coded [0.61% Coverage]

Reference 1 - 0.21% Coverage

There is plenty of reasons for the better allowance

Reference 2 - 0.40% Coverage

I will get more opportunity means of course I will also go if better than the salary I will get.

<Files\\Interview transcripts\\Interview 14> - 5 2 references coded [3.06% Coverage]

Reference 1 - 0.60% Coverage

Drag selection here to code to a new node

Table: Coding for thematic analysis



## Interview Transcripts and codes, references summary

| file                  | Home  | Import     | Create             | Explore     | Share          |                |
|-----------------------|-------|------------|--------------------|-------------|----------------|----------------|
|                       |       |            |                    |             |                | Search Project |
| Interview transcripts |       |            |                    |             |                |                |
| Name                  | Codes | References | Modified On        | Modified By | Classification |                |
| Interview 1           | 9     | 20         | 9/19/2023 10:30 PM | G           |                |                |
| Interview 10          | 4     | 4          | 9/20/2023 6:24 PM  | G           |                |                |
| Interview 11          | 3     | 4          | 9/20/2023 6:31 PM  | G           |                |                |
| Interview 12          | 6     | 11         | 9/20/2023 6:55 PM  | G           |                |                |
| Interview 13          | 4     | 7          | 9/19/2023 9:33 PM  | G           |                |                |
| Interview 14          | 9     | 17         | 9/21/2023 8:52 AM  | G           |                |                |
| Interview 15          | 0     | 0          | 9/19/2023 9:36 PM  | G           |                |                |
| Interview 16          | 3     | 5          | 9/22/2023 9:25 AM  | G           |                |                |
| Interview 17          | 2     | 4          | 9/22/2023 8:26 AM  | G           |                |                |
| Interview 18          | 0     | 0          | 12/15/2023 6:17 PM | G           |                |                |
| Interview 19          | 0     | 0          | 12/15/2023 6:18 PM | G           |                |                |
| Interview 2           | 7     | 14         | 9/19/2023 10:47 PM | G           |                |                |
| Interview 20          | 3     | 3          | 12/15/2023 6:28 PM | G           |                |                |
| Interview 21          | 0     | 0          | 12/15/2023 6:29 PM | G           |                |                |
| Interview 22          | 0     | 0          | 12/15/2023 6:29 PM | G           |                |                |
| Interview 23          | 0     | 0          | 12/15/2023 6:29 PM | G           |                |                |
| Interview 3           | 7     | 19         | 9/20/2023 1:12 PM  | G           |                |                |
| Interview 4           | 9     | 19         | 9/20/2023 1:35 PM  | G           |                |                |
| Interview 5           | 11    | 35         | 9/20/2023 3:02 PM  | G           |                |                |
| Interview 6           | 9     | 21         | 9/20/2023 3:32 PM  | G           |                |                |
| Interview 7           | 13    | 21         | 9/20/2023 4:45 PM  | G           |                |                |

## Code book - Exploring the reasons for turnover of nursing professionals in Dubai.

| Name  | Description  |
|---|--|
| Compensation and benefits                         | One of the factors which plays a huge role in the turnover of nursing professionals is compensation and benefits offered by the hospital. It discusses on the problems associated with wages and related benefits in the hospital. |
| Job search within the UAE for better compensation | The focus of discussion is to understand the reasons for the nurses leaving the hospital for better compensation within the country.   |



| Name                                   | Description  |
|--|--|
| Jobs Abroad for better compensation    | The focus of discussion is where the nurses consider leaving the current workplace for better compensation abroad.   |
| Low compensation leading to turnover   | The discussion surrounds around the topic that nurses are considering other opportunities due to the low compensation which is well below the cost of living and allocations within the country. |
| Equal opportunities                    | The equal opportunities focus on understanding the discriminatory practices encountered within hospital  |
| Hospital policy and benefits           | The hospital policy discusses the policies, practices, and support systems within the hospital towards the staff.  |
| Hospital environment                   | The hospital environment discusses on the physical environmental factors and how they support the staff.   |
| Hospital policies to reduce stress     | The hospital policies specific to the staff support system.  |
| Supportive hospital management         | The management practices focusing on supporting the staff.   |
| People development & Technology Impact | The focus is on the training and professional development practices adopted within the hospital.   |

| Name  | Description  |
|---|--|
| Technology                                    | Technologies which are helpful within hospital such as EMR and HIS and their ability to reduce the work stress of nurses.                    |
| Training for staff                            | The training of nursing staff including the training of new joins, emergency services and others and their role in professional development. |
| Recommendations                               | The specific recommendations for the reduction in turnover.  |
| Work-Life balance among nursing professionals | The work-life balance and mainly stress and other factors which influence the turnover.  |
| Effective ways of Handling stress             | The management practices to oversee stress in the hospital.  |
| Impact of Job stress                          | The impact of the job stress and its role in turnover.   |
| Quality of treatment                          | The role of stress in the quality of the treatment.  |
| Reasons for stress                            | The reasons for stress among staff mainly focusing on staff shortage issues.   |

## Appendix 5 – MOHAP Evidence

| Strategic Pillar/Objective                                 | Enablers/ Initiatives/ Programs  | Enablers/ Initiatives/ Programs Indicator  | Start Time    | End Time       | Responsible Party | Current Status/Baseline  | Target |
|--|--|--|---------------|----------------|-------------------|--|--------|
| Sustainable Nursing/ Midwifery Workforce Management System | Establish AI Supported "UAE Workforce Projection Model for Nursing/ Midwifery" | Achievement Rate for AI Supported "UAE Workforce Projection Model for Nursing/ Midwifery"                  | January, 2022 | December, 2024 | MOHAP             | No Unified Nursing/ Midwifery workforce projection model at national level.  | 100%   |
|  |  | Utilization Rate of the New System for short-term, long-term and health crises workforce planning.         | January, 2024 | December, 2026 | MOHAP             | 0%   | 100%   |
|  | Develop "UAE Nursing/ Midwifery Safe Staffing Model"                           | Adoption Rate of the "UAE Nursing/ Midwifery Safe Staffing Model"  | March, 2023   | March, 2026    | MOHAP             | 0%   | 100%   |
|  |  | Return of Investment (ROI) Analysis on Implementation of the "UAE Nursing/ Midwifery Safe Staffing Model". | March, 2025   | March, 2026    | MOHAP             | No analysis as the model yet to be developed.  | 100%   |
|  | Optimize Nursing/ Midwifery Recruitment Capacity and Process                   | Nursing/ Midwifery Workforce Diversity Rate  | January, 2023 | December, 2026 | MOHAP             | Following presented in Nursing workforce in UAE.<br>• 88% Males<br>• 43% Indian<br>• 29% Filipino                  | 100%   |
|  |  | Nursing/ Midwifery Scholarship Programs Uptake   | January, 2023 | December, 2026 | MOHAP             | Scholarships are offered across UAE.   | 100%   |
|  | Enhance Nursing/ Midwifery Emiratization Initiative                            | Number of influential community leaders and ambassadors to support the initiative.                         | January, 2022 | December, 2026 | MOHAP             | Support is evident especially with the COVID-19 pandemic.  | 200%   |
|  |  | Number of Emirati nurse leaders in higher positions in health and non-health sectors                       | January, 2022 | December, 2026 | MOHAP             | There are Emirati nurse leaders in higher positions in health sectors.   | 100%   |
|  |  | Compliance Rate with the Standards of national marketing campaigns on Nursing/ Midwifery.                  | January, 2023 | December, 2026 | MOHAP             | None as standards as yet to be developed.  | 100%   |
|  | Develop Technology-Enabled "UAE Nursing/ Midwifery Workforce Planning System"  | Achievement Rate for Technology-Enabled "UAE Nursing/ Midwifery Workforce Planning System"                 | April, 2023   | December, 2026 | MOHAP             | No National Nursing/ Midwifery Workforce Planning System.  | 100%   |
|  | Implement "UAE Nursing Midwifery Talent Management Program"                    | Number of Publications on success stories under "UAE Nursing/ Midwifery Talent Management Program".        | January, 2023 | December, 2023 | MOHAP             | None as the program is yet to be developed. Many stories on nurses/ midwives success are published on local media. | 100%   |
|  |  | Percentage of Nurses/ Midwives who were part of the "UAE Nursing/ Midwifery Talent Management Program".    | January, 2024 | December, 2026 | MOHAP             | No national program for Nursing/ Midwifery talent management   | 100%   |

|  | National Indicator   | Current Status/ Baseline | Target by End of 2026                          | Responsible Party |
|--|--|--------------------------|--|-------------------|
| UAE National Strategy for Nursing/ Midwifery | <b>Nursing/ Midwifery Emiratization Rate</b><br>*Percentage of Emirati Nursing/ Midwifery workforce to the total Nurses/ Miwives in UAE*                   | 2.1%                     | 4%   | MOHAP             |
|  | <b>Emirati Students Enrollment to BSN</b><br>*Percentage of Emirati students freshly enrolled to BSN program from the total Emirati high school graduates* | low                      | 10% of Emirati High School Students every year | MOE               |
|  | <b>UAE Community Perception on Nursing/ Midwifery</b><br>*Percentage of UAE community view on Nursing/ Midwifery as career option for Emirati population*  | 68%                      | 95% positive                                   | MOHAP             |

| Strategic Pillar/ Objective                                 | Strategic Pillar/ Objective Indicator   | Current Status/ Baseline   | Target by End of 2026 | Responsible Party |
|---|---|--|-----------------------|-------------------|
| Effective Regulation and Leadership                         | <b>National Nursing/ Midwifery Act</b><br>*Official release of a comprehensive national Nursing/ Midwifery Act*   | Not present  | Act is released       | MOHAP             |
|   | <b>Nurses/ Midwives within Main Committees</b><br>*Percentage of Nursing/ Midwifery related committees where nurses/ midwives are included as members *   | Minimum Presence   | 50%                   | MOHAP             |
| Sustainable Nursing / Midwifery Workforce Management System | <b>National Nursing/ Midwifery Workforce Data Access and Accuracy</b><br>*Real time/ on-demand availability of Nursing/ Midwifery workforce data which is accurate, up to date and accessible to key stakeholders with maintained confidentiality and security* | Data is available through NHWA yet requires coordination to get the updated data as manual extract, clean and assure | 98%                   | MOHAP/ MOHRE      |

## 5.1 Overall UAE Health Workforce per emirate

Table - Technical manpower for the year 2020 by Gender

| Gender | Medical Doctors | Dentists | Pharmacists | Nurses | Technicians | Total  |
|--------|-----------------|----------|-------------|--------|-------------|--------|
| Male   | 15254           | 3226     | 5518        | 12192  | 11862       | 48052  |
| Female | 11482           | 3634     | 5635        | 46851  | 16262       | 83864  |
| Total  | 26736           | 6860     | 11153       | 59043  | 28124       | 131916 |