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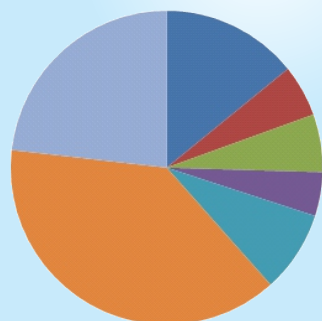
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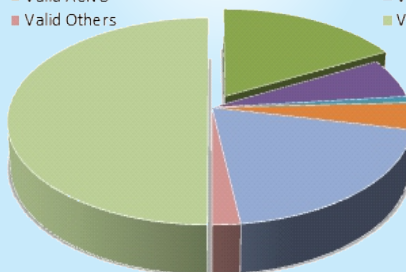


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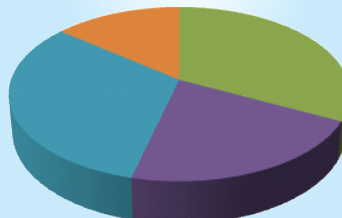


- Proper job security
- Increment in salary and allowances
- Provision of opportunity for carrier development
- Provision of good working environment
- Promotion as when due with financial benefit
- Total
- System

- Designation of nurses under study
- Valid SNO
- Valid ACNO
- Valid Others
- Valid NO
- Valid PNO
- Valid CNO
- Valid Total



- Age of Respondent
- Valid 21-30
- Valid 31-40
- Valid 41-50
- Valid 51-60



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THE DETERMINANTS OF CHOICE AND RETENTION OF NURSING AS A CAREER AMONG NURSES IN BORNO STATE, NIGERIA

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Abstract

Many factors affect career choice and retention of nurses in the health sector. Despite the perceived efforts made by Hospitals Management Board in Bornu State to retain nurses, there is still inadequate number of nurses to match the demand of care needed by patients in the hospitals. The main objective of this study is to determine factors responsible for choice and retention of nursing as a career among nurses in Bornu state, Nigeria. The study was conducted in three geo-political zones of Bornu state, Nigeria. A descriptive survey research method was employed in this study. A total of 570 nurses were studied in this work. The result revealed that, there were several factors in choice of career and retention of nursing among nurses in Borno state, Nigeria such as; Increment in salary and allowances, Timely promotion and higher responsibilities.

Introduction

Carrier choice is one critical decision people are expected to make (Novakovis and Foad, 2012) as the effective choice will have positive impact on their self concept development and fulfillment of one's life purpose. The image of both nurses and nursing profession are vital in the successful choice and retention of staff in the health care industry (Anne lie 2010).

Workforce studies were basic to understanding how occupations and professions function in the market (Barth, 2001). The study of supply and demand of sufficient professionals is necessary to understand a Profession's viability in the market (Becker, 1993). Therefore, occupations

and professions should study choice, retention, and Attrition of members. These market elements were in a systemic relationship, each of which affects the others in varying degrees. Therefore, workforce studies regarding choice, retention, and attrition are individually, and collectively, important to a profession, and as such deserve rigorous assessment.

A major challenge in health care is the shortages in the healthcare workforce. Human resource crisis has shown to be a key factor influencing health outcomes and countries with the worst shortages of Health Human Resources (HHR) are also the ones with the worst health indicators and highest infant and child mortality (Annie Lie, 2010). The main factors driving the human

resource problem have been identified in Nigeria as insufficiently resourced and neglected health systems; poor human resources planning and management practices and structures; and unsatisfactory working conditions among others (BECKER,1993).

Nurses are described as veritable caregivers and the strength of every health system. Nursing represents the largest group of health professionals and has been experiencing persistent shortage. Since 2002, nursing shortage has been termed a global crisis where supply of nurses cannot meet the demand.

While the WHO recommends a nurse to a population ratio of 700, English-speaking Caribbean nations currently have 1.25 nurses for every 1000 people and around 3 in every 10 nursing positions remain unfilled. Zambia had nurse population ratio of 1 to 1500. In Malawi, there are only 17 nurses for every 100, 000 people. Nigeria currently has 148,129 nurses to cater for its population of above 150 million, with nurse population ratio of 1 to 1012 people (WHO,2010).

Evidence suggests that shortage of nurses is detrimental not only to quality of patient care, but also to staff morale, which in turn affects staff retention. Patients' mortality rates are higher where standards are weaker, nurse turn over and understaffing is persistent. High patient-to-nurse ratios have been shown to lead to frustration and job burnout, which is linked to higher turnover. Significant relationships among workplace incivility, stress, burnout, turnover intentions, total years of nursing experience, and RN education levels have also been reported in studies (WHO,2010).

In the bid to find solution to the crisis of nursing shortage, the International Council of Nurses (ICN) initiated five priority areas, among which is the retention of nursing personnel. The retention of those nurses are major worldwide concern in today's nursing shortage environment and also for health policy-makers. Data from both developed and developing countries tend to indicate that nurses retention is a serious issue and organizations are having difficulty in handling it. (ICN,2010).

Many factors influence intention to stay once employed. These factors are either systemic or personal in nature. Systemic factors are constraints in hospital budget, remuneration,

practice autonomy, work load, flexible shift, and opportunities for career advancement. Age of nursing work force, decline in the number of nurses graduating from the schools of nursing and many inexhaustible factors determine availability of nurses for employment. Vacancy positions and turnover rates are indicators of problems in recruitment and retention of nurses. Vacancies are reported in many countries, including developing countries such as South Africa, where an average of 40.3% of professional nurses' posts were vacant in 2008. Job turnover rate is also high in most countries.

In countries such as the United Kingdom (UK) and the United States of America (USA), turnover rates are quite significant, as they are estimated to be around 20%. The performance and quality of a health care delivery system ultimately depend on the quality of the number, the turnover rates and motivation of the health human resources. Several studies have demonstrated nurses' dissatisfaction, burnout, stress, and motivation in both developed and developing countries. Aiken, L.H., Clarke, S.P., Sloane, D.M., *et al.* (2002).

However, not much has been done in Nigeria on the subject of factors determining choice and retention of nurses as perceived by nurses, hence the need for this study.

Significance

This study will identify determinants of nursing career choice and retention. It will then encourage employers of nursing workforce to make frantic effort to reduce turnover to encourage retention.

Specific Objectives

1. To identify the determinants of choice of nursing as a career in Bornu state.
2. To identify factors influencing retention of nurses in Bornu state.
3. To determine the strategies put in place for nursing staff retention in Bornu state.

Hypothesis

1. There is no statistically significant relationship between choice and retention of nursing as a carrier.
2. There is no significant relationship between retention and turnover.
3. Nurses who are motivated by personal interest, job satisfaction, employer encouragement are more likely to be retained than those that are not.

Methodology

Design of the study

The survey research method was used for this study. Survey according to Hardman and Marshall (2000) is to be used to determine current practice and opinions of a specified population on the status of one or more variables. This method is appropriate for this study which intends to find out 'determinants of the choice and retention of Nursing as a carrier among Nurses in Bornu state, Nigeria.

Setting

This study was conducted in Bornu state, Nigeria, in the three geo-political zones of the state, namely north senatorial Nursing home, Central senatorial state specialist hospital, and south senatorial Umoru Shehu general hospital.

Population

The population of the study consists of six hundred (600) out of 1000 nurses in Bornu state. About two hundred (200) nurses from each of the senatorial zones were targeted for the study.

Sampling

The researchers used six hundred (600) nurses for the study.

Sampling Technique

Yaro Yamane (1973) formula was used for the determination of the sample size for the study.

Yamane formula states

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size

N = total population

e = level of significance (0.005)²

1 = Unit constant

wherefore n = ? N = 600 e = 0.05²

$$= n \frac{600}{1 + 600(0.05)^2}$$

$$= n \frac{600}{1 + 600(0.0025)} = n \frac{600}{1 + 0.525}$$

n = 140 sample size

$$= n \frac{600}{1 + 525}$$

A convenient sampling technique was used to select six hundred (600) respondents as a sample size.

Instrument for data collection

A Questionnaire was used to collect data for the study.

Validity/Reliability of the instrument.

The questionnaire was validated by the co-guide, and ensured reliability through pilot study which was carried out with in an interval of one week, whereby seventy (70) questionnaires were administered at state school of nursing, Bornu state, Nigeria, using simple random sampling method. Data were collected and analyzed after which few questions were re-visited and reframed.

Method of data collection

An introductory letter was written to the heads of the hospitals to obtain permission. Out of 600 questionnaires administered, 570 were retrieved for analysis.

Results

Table 1: Socio-demographic characteristics of respondents.

Age of Respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30	195	32.5	32.5	32.5
	31-40	128	21.3	21.3	53.8
	41-50	192	32.0	32.0	85.8
	51-60	85	14.2	14.2	100.0
	Total	570	100.0	100.0	

Sex of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	220	36.7	36.7	36.7
	Female	380	63.3	63.3	100.0
	Total	570	100.0	100.0	

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	164	27.3	27.3	27.3
	Married	430	71.7	71.7	99.0
	Separated	4	.7	.7	99.7
	Widowed	2	.3	.3	100.0
	Total	570	100.0	100.0	

Religion of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Islam	373	62.2	62.4	62.4
	Christianity	224	37.3	37.5	99.8
	Others	1	.2	.2	100.0
	Total	598	99.7	100.0	
Missing	System	2	.3		
Total		570	100.0		

A total of 570 (91%) fully completed questionnaire were retrieved from the participants out of 600 distributed. Socio-Demographic Characteristics: , summarized the characteristics of the respondents.

As shown on , out of the 570 participants, 93% were between the ages 41-50 years. Whereas (26.7%) were aged between 21-30 years. The minimum age was 21 and the maximum was 60 years. The mean age was 40.9 ± 6.4 years. 63.3% were females and 71.7 were married. Most of the respondents 62.2% were muslims.

As shown in , 39.1 % of respondents were Chief Nursing Officers, 34.1% Nursing officers, 12.4% senior officers, 8.4% Assistant Chief Nursing officers, 4.0% Others, while principal Nursing officers (2.0%).

About 67.1% of the respondents had RN and RM as shown in . 19.3% had BSc or BNSc; 10,8% had only PBD; 2.4% had MSc.

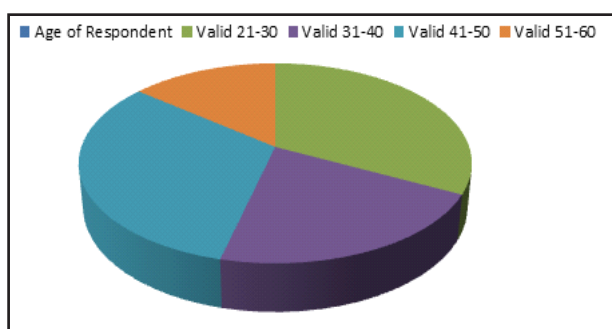


Table2

Designation of nurses under study					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	204	34.0	34.1	34.1
	SNO	74	12.3	12.4	46.5
	PNO	12	2.0	2.0	48.5
	ACNO	50	8.3	8.4	56.9
	CNO	234	39.0	39.1	96.0
	Others	24	4.0	4.0	100.0
	Total	598	99.7	100.0	
Missing	System	2	.3		
Total		570	100.0		

Designation of nurses under study. (NO) Nursing officer on Grade Level 08, the entry level for fresh graduate or diplomat nurses.(SNO)Senior Nursing Officer in Grade Level 09, (PNO)Principal Nursing Officer in Grade Level 10 or 12, (ACNO) are Assistant Chief Nursing officer on Grade Level 13,(CNO) is the Chief Nursing officer on grade level14.

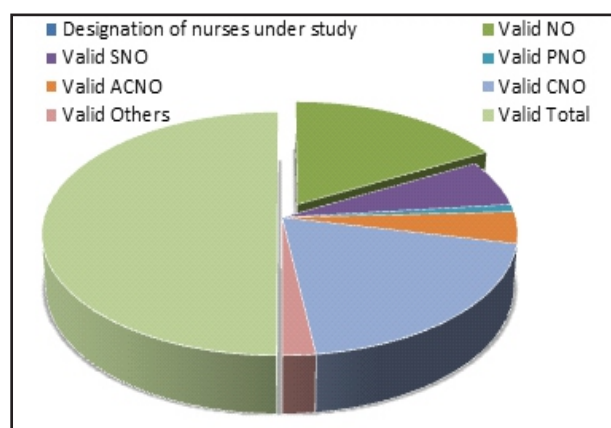


Table3.

Highest qualification of respondents					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	RN	396	66.0	67.1	67.1
	PBD	64	10.7	10.8	78.0
	BSC/BNSc	114	19.0	19.3	97.3
	MSC	14	2.3	2.4	99.7
	11	2	.3	.3	100.0
	Total	590	98.3	100.0	
Missing	System	10	1.7		
Total		570	100.0		

Highest qualification of respondents. Diploma represent nurses who have single basic qualification i.e. RN only. Post basic diploma represent nurses who have dual qualification i.e. RN and another specialization. BSc/BNSc represent with degree nursing while MSc represent nurses with masters degree.

Determinants of choice of Nursing as career. Interest to service As a Factors

Table 4

Interest		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	371	61.8	67.7	67.7
	Agree	153	25.5	27.9	95.6
	Disagree	22	3.7	4.0	99.6
	Strongly disagree	2	.3	.4	100.0
	Total	548	91.3	100.0	
Missing	System	52	8.7		
Total		570	100.0		

Above table indicated interest as factor for choice.

Table5: Prestige as a factor

Prestige		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	138	23.0	32.7	32.7
	Agree	200	33.3	47.4	80.1
	Disagree	59	9.8	14.0	94.1
	Strongly disagree	25	4.2	5.9	100.0
	Total	422	70.3	100.0	
Missing	System	178	29.7		
Total		570	100.0		

** Prestige is one of the factors here.

Table 6: Economic reason as a factor influencing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	110	18.3	26.6	26.6
	Agree	210	35.0	50.8	77.5
	Disagree	81	13.5	19.6	97.1
	Strongly disagree	12	2.0	2.9	100.0
	Total	413	68.8	100.0	
Missing	System	187	31.2		
Total		570	100.0		

**Above table 6 showed that economic factors influenced choice of Nursing as career.

Table 7 Uniform dressing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	153	25.5	34.5	34.5
	Agree	196	32.7	44.1	78.6
	Disagree	71	11.8	16.0	94.6
	Strongly disagree	24	4.0	5.4	100.0
	Total	444	74.0	100.0	
Missing	System	156	26.0		
Total		570	100.0		

* Dressing influenced choice.

Table 8 Role model as factor

Role model		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	129	21.5	29.4	29.4
	Agree	227	37.8	51.7	81.1
	Disagree	67	11.2	15.3	96.4
	Strongly disagree	16	2.7	3.6	100.0
	Total	439	73.2	100.0	
Missing	System	161	26.8		
Total		570	100.0		

**The table conveyed that role model influenced career choice.

Table 9: Parents/Guardians as factor for choice.

Parents/guardians factor
Parents Guardant choice influence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	116	19.3	27.6	27.6
	Agree	163	27.2	38.8	66.4
	Disagree	98	16.3	23.3	89.8
	Strongly disagree	43	7.2	10.2	100.0
	Total	420	70.0	100.0	
Missing	System	180	30.0		
Total		570	100.0		

Summary: Factors Influencing Choice of Nursing as Career.

Majority of respondents 67.7% strongly agreed that interest is a factor in choice of career, 27.9% also agreed. 4.0% disagree and 4% strongly disagree to these opinion.

Respondents 47.4% agreed to prestige as a factor in choice of career, 32.7% strongly agreed whereas 14.0% stood to disagree and 5.9% strongly disagreed. 50.8% agreed that economic reason influences the choice of career, 26.6 strongly agreed.

19.6% disagree and 2.9% strongly disagree. The respondents of 44.1% agreed to uniform dressing as influencing factor in career choice, 34.5% strongly agreed, 16.0% disagree and 5.4% strongly disagree to the opinion.

Respondents up to 51.7% agreed that role model contributed to the choice of career, while 29.4% strongly agreed. 15.3% disagreed and 3.6% strongly disagreed. Nurses up to 38.8% endorsed weakly that parents /guardians' choice was also a factor in choice of career, for 27.6% strongly agreed.

While 23.3% disagreed and 10.2 % strongly disagreed.

Indicate factors that have retained you.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		112	18.7	18.7	18.7
	humanitarian service	2	.3	.3	19.0
	A noble profession	2	.3	.3	19.3
	adequate staffing to reduce work load	6	1.0	1.0	20.3
	availability of job is easy	4	.7	.7	21.0
	Better healthcare	2	.3	.3	21.3
	Care for the patients	2	.3	.3	21.7
	care for the sick	4	.7	.7	22.3
	care of the pregnant women	2	.3	.3	22.7
	caring for patients	2	.3	.3	23.0
	caring for the sick	2	.3	.3	23.3
	caring for babies	2	.3	.3	23.7
	caring profession	2	.3	.3	24.0
	Choice	2	.3	.3	24.3
	compassion for nursing service	2	.3	.3	24.7
	conducive environment	2	.3	.3	25.0
	economic factor	4	.7	.7	25.7
	financial benefit	4	.7	.7	26.3
	good environment and relationship	2	.3	.3	26.7
	good environment and good support	2	.3	.3	27.0
	good environment and good work	2	.3	.3	27.3
	good remuneration	2	.3	.3	27.7
	good salary	2	.3	.3	28.0
	good working conditions	2	.3	.3	28.3
	humane service	2	.3	.3	28.7
	humanitarian service	2	.3	.3	29.0
	interest to service	6	1.0	1.0	30.0
	interest to service	2	.3	.3	30.3
	Interest in the service	2	.3	.3	30.7
	interest to serve humanity	2	.3	.3	31.0
	interest to serve humanity and the environment	2	.3	.3	31.3
	interest to service	32	5.3	5.3	36.7

	interest to service and uniform dressing	2	.3	.3	37.0
	interest to the job	2	.3	.3	37.3
	Interest to service the sick	32	5.3	5.3	42.7
	interest to the service	2	.3	.3	43.0
	Interest in the job	2	.3	.3	43.3
	interest to the service	2	.3	.3	43.7
	is very respective profession	2	.3	.3	44.0
	job opportunity	2	.3	.3	44.3
	job retardation	2	.3	.3	44.7
	job security	8	1.3	1.3	46.0
	lack man power	2	.3	.3	46.3
	lack of economic	2	.3	.3	46.7
	Lack of staff maintenance	2	.3	.3	47.0
	lack of man power	8	1.3	1.3	48.3
	mode of dressing	12	2.0	2.0	50.3
	mode of the dressing	4	.7	.7	51.0
	motivation and support	2	.3	.3	51.3
	nursing care to patients serving injection	2	.3	.3	51.7
	nursing ethics and mode of dressing	2	.3	.3	52.0
	nursing is noble and a caring profession	2	.3	.3	52.3
	opportunity to attend sponsorships workshop	2	.3	.3	52.7
	parental influence	2	.3	.3	53.0
	Passion	2	.3	.3	53.3
	passion and to serve humanity	2	.3	.3	53.7
	Prestige	2	.3	.3	54.0
	prestige and good remuneration	2	.3	.3	54.3
	prestige of the work	2	.3	.3	54.7
	Promotion	2	.3	.3	55.0
	promotion as when due with financial benefit	2	.3	.3	55.3
	proper job security	2	.3	.3	55.7
	proper help	2	.3	.3	56.0
	proper job security	70	11.7	11.7	67.7
	provide care to the patients	2	.3	.3	68.0

	provision of adequate materials	2	.3	.3	68.3
	Good working environment promotion	2	.3	.3	68.7
	provision of good working environment	14	2.3	2.3	71.0
	provision of opportunity for carrier development	2	.3	.3	71.3
	provision of opportunity for carrier development	2	.3	.3	71.7
	provision of opportunity for carrier development	46	7.7	7.7	79.3
	provision of opportunity for carrier development	2	.3	.3	79.7
	provision of good working environment	2	.3	.3	80.0
	Religion	2	.3	.3	80.3
	role model	2	.3	.3	80.7
	role model and prestige	2	.3	.3	81.0
	service for humanity	2	.3	.3	81.3
	service to humanity	4	.7	.7	82.0
	service to people and motivation.	2	.3	.3	82.3
	service to humanity	2	.3	.3	82.7
	saving of lives	2	.3	.3	83.0
	Sympathy	8	1.3	1.3	84.3
	taking care of patients	2	.3	.3	84.7
	taken good care of patients	2	.3	.3	85.0
	taking care of patients	2	.3	.3	85.3
	to care for the sick ones	2	.3	.3	85.7
	to give adequate care to patient	2	.3	.3	86.0
	to give adequate care to patients	2	.3	.3	86.3
	to help humanity	10	1.7	1.7	88.0
	to help people	2	.3	.3	88.3
	to help the nation	2	.3	.3	88.7
	to save humanity	6	1.0	1.0	89.7
	to save life	10	1.7	1.7	91.3
	to save people life	2	.3	.3	91.7
	to serve for humanity	4	.7	.7	92.3
	to serve humanity	44	7.3	7.3	99.7
	to work for the state	2	.3	.3	100.0
	Total	570	100.0	100.0	

Factors that retained them in nursing as career. The majority of respondents 7.7% identified an opportunity for career development. Whereas 7.3% acknowledged that service to humanity retained them in nursing as career. 0.3% . They were also of the opinion that passion for the career counted in retaining them.

Table 6

Environment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	242	40.3	48.6	48.6
	Agree	186	31.0	37.3	85.9
	Disagree	54	9.0	10.8	96.8
	Strongly disagree	16	2.7	3.2	100.0
	Total	498	83.0	100.0	
Missing	System	102	17.0		
Total		570	100.0		

Relationship					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	166	27.7	37.7	37.7
	Agree	214	35.7	48.6	86.4
	Disagree	44	7.3	10.0	96.4
	Strongly disagree	16	2.7	3.6	100.0
	Total	440	73.3	100.0	
Missing	System	160	26.7		
Total		570	100.0		

Support					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	184	30.7	39.3	39.3
	Agree	206	34.3	44.0	83.3
	Disagree	58	9.7	12.4	95.7
	Strongly disagree	20	3.3	4.3	100.0
	Total	468	78.0	100.0	
Missing	System	132	22.0		
Total		570	100.0		

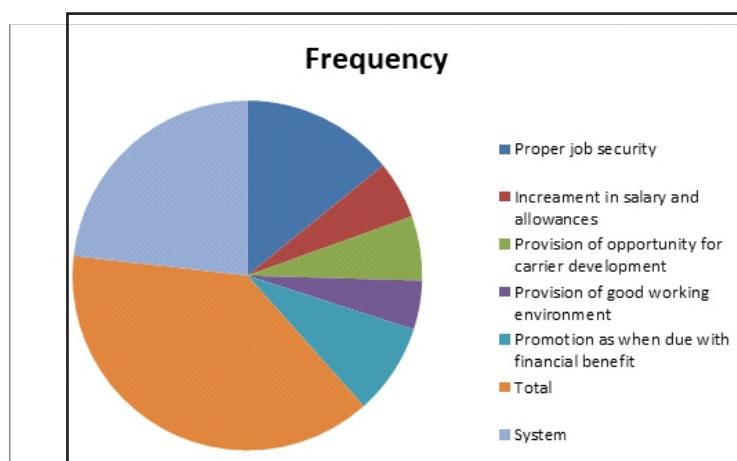
Growth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	98	16.3	23.8	23.8
	Agree	184	30.7	44.7	68.4
	Disagree	90	15.0	21.8	90.3
	Strongly disagree	40	6.7	9.7	100.0
	Total	412	68.7	100.0	
Missing	System	188	31.3		
Total		570	100.0		

Table8. Strategies

What are the strategies put in place for nursing staff retention					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Proper job security	138	23.0	36.9	36.9
	Increment in salary and allowances	52	8.7	13.9	50.8
	Provision of opportunity for carrier development	58	9.7	15.5	66.3
	Promotion of good working environment	44	7.3	11.8	78.1
	Promotion as when due with financial benefit	82	13.7	21.9	100.0
	Total	374	62.3	100.0	
Missing	System	226	37.7		
Total		570	100.0		

Strategies put in place for nursing staff retention: About 36.9% respondents identified increment in salary and allowances as being among the best factors that retained them in their hospitals; 21.9% identified job security; 15.5% stated opportunities for career development; 13.9% identified working environment, and 11.8% posited opportunities to attend sponsored seminars and conferences as being among the best factors that influenced their retention.

**Nursing staff retention could also be improved:**

36.9% respondents identified increment in salary and allowances as factor that can retain them in their hospitals, 21.9% identified job security, 15.5% endorses opportunities for career development, 13.9% identified good working environment, and 11.8% posited opportunities to attend sponsored seminars and conferences as a factor that can influence their retention.

11.8% posited promotion as when due with financial benefit 29.7% identified adequate staffing to reduce workload, 28.1% opportunities to attend sponsored seminars, conferences, and training, 24.3% posited provision of adequate equipment, 9.7% good leadership, mentoring 8.1% identified work autonomy.

Table 9.

Nursing staff retention could also be improved through					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Provision of adequate equipment	90	15.0	24.3	24.3
	Adequate staffing to reduce work load	110	18.3	29.7	54.1
	Work autonomy	30	5.0	8.1	62.2
	Opportunities to attend sponsored seminars, conferences and training	104	17.3	28.1	90.3
	Good leadership mentoring	36	6.0	9.7	100.0
	Total	370	61.7	100.0	
Missing	System	230	38.3		
Total		570	100.0		

Association between demographic variables and retention: Age of nurses ($p < 0.05$), duration of qualification as a nurse ($p < 0.05$), have significant influence. Gender ($p > 0.05$) does not have significant influence on recruitment.

Association between demographic variables and retention: Age of nurses ($p < 0.05$), duration of qualification ($p < 0.05$) and current designation ($p < 0.05$) were significantly associated with retention. However, Gender ($p > 0.05$) and professional qualification of nurses ($p > 0.05$) does not have significant influence on retention.

Testing the hypothesis using ANOVAs $\alpha = 0.05$

1. There is statistically significant relationship between choice and retention of nursing as a carrier. ($p < 0.05$).
2. There is also significant relationship between retention and turnover. ($p < 0.05$)
3. Nurses who are motivated by personal interest, job satisfaction, employer encouragement are more likely to be retained than those that are not. ($p < 0.05$)

Discussion

Most of the respondents (64.9%) were between ages 41 -50 years, with mean age of 40.9 ± 6.4 . This shows the aging workforce in nursing as majority of the respondents will be retiring within the next decade. The study is in line with vacancy situation in South Africa [18][21] revealed that majority of the

nursing leadership positions in Borno State is vacant and this is as a result of their professional qualification. This gave room for administrators and medical practitioners at the helms of affairs in decision making regarding nursing ????. Respondents 63.3% were female and 36.7% made up of male. This encourage discussion around nursing being a female dominated profession. Findings from several studies on professional socialization have highlighted that nursing is viewed predominantly as a career for white, middle class women (Bough, 2001; Bough & Lentini 1999; Hemsley-Brown & Foskett, 1999; Magnussen, 1998; Muldoon & Reilly, 2003 Whitehead et al.).

For 81.1% (Role model) whose career choice was influenced by a person or event, the two main categories of responses were family

members/significant others and nursing-in-action. Family members/significant others consisted of family members (nurses and no nurses), friends, and teachers. Influential family members who were nurses included the following: grandmothers (n=3), mothers (n=2), other relatives and friends.

Other participants observed family members or significant others who were cared for by nurses. Most often, the grandmother or 'self' were listed as the ill family member.

Focus on others included helping people, caring for others, serving others, nurturing, and the ability to have an impact on others. Focus on self included statements about pay (economic reason) 50.8%, and an interest in health care 67.7%. People and experiences that were influential in their decision to enter nursing as a career included nurses, high school health career teachers, family members, friends (parents guidance 38.8%), and work experience in a health care setting.

An overwhelming number of participants reported that helping people and making a difference in people's lives were the most positive aspects of being a nurse. Several participants reported personal contact with people and the intimate involvement in another's life were the most positive aspects of nursing as a career. In addition, other participants 47.4% (prestige) described the high respect from society as the most positive aspect of being a nurse. Career opportunities were the most positive aspects of nursing as indicated by the following participant statements: "part of a growing profession," "flexible schedule," "many possibilities," "so many choices," and "a broad range of fields." These findings are consistent with those reported by Stevens and Walker (1993) and Boughn and Lentini (1999). The Borno state government hospitals have retention policies.

However, it appears these policies were not usually utilized to the letter. Capacity building for nurses appears to be the priority of all health institutions in Borno State towards retention as reported by Borno State Civil service. Findings revealed that the Government engage in replacement of retired or exited nurses rather than increasing retaining efforts. This probably is due to the cost associated with turnover, which is in line with a study conducted on turnover intention among new graduate nurses as reported by Beechcroft, Dorey, F., & Wenten, M. (2008).

The study suggests understaffing exists in Borno State hospitals as reported all over the world as findings from this study revealed that nurses perceived understaffing as existing in their hospitals and some have once committed an omission in the line of duty as a result of workload. This supports the findings from researches conducted by the Agency for Healthcare Research and Quality where shortage of registered nurses, in combination with an increased workload found to pose a potential threat to the quality of care. (AHRQ2007)

The study revealed a wide gap between the efforts of employers towards ensuring retention and what nurses perceived is being done towards retention. The best factor that influences the nurses to keep working in their hospitals according to this study was increment in salary and allowance as it ranked first among other factors. This finding clearly corroborates the finding by Prescott and Bowen that salary and benefits are leading factors influencing nurses to stay in a workplace and also the supply and demand curves of labor market where when the wages increase (P axis), more people are willing to be employed (Q axis). (2009) Findings from the study revealed that sense of job security, Opportunities for career development, good working environment and opportunities for training and workshops were major factors influencing retention. This finding corroborates that there is no single key retention strategy but a multifaceted approach is necessary to create milieu and an environment that retains nurses. As reported by Sourdif, job satisfaction was the most consistent predictor of nurses' intentions to remain employed.

Also, the salary scale used at the Federal level is more robust than that of the State level in Borno State. Interestingly this increases the turnover rate. Statistical significant association was found between age and retention of nurses. This indicates that retention efforts should focus on nurses within the age bracket 20 - 30 years and 51 - 60, as young nurses tend to leave their jobs for better ones and experienced nurses plan to leave as a result of retirement.

Duration of qualification post RN was found to be significantly associated with retention agreeing with the study of Oyeleye et al. (2009) where significant relationships were found among turnover intentions, total years of nursing experience, and RN education levels. Additional professional qualification in nursing is usually not equivalent to promotion or increase in pay in the

clinical setting, except for rising above the bar of Grade level 14, it was therefore not surprising that there is no statistically significant association between highest professional qualification of respondents and retention. While monetary incentives influences retention of nurses, Work autonomy does not. Nurses' feeling of job security in respect to the reputation of their hospital and the buoyancy of their salary seems to influence their retention than work autonomy.

Conclusions

Nursing workforce is essential to quality health care. The strategies for choice and retention of nurses in Borno State were explored to explain the dwindling work force in nursing. Although the factors influencing choice and retention of nurses are multifaceted and vary from one health organizations to the other, the strategy for retention compare to what to obtain in other places however retentions was largely dependent on financial factors. This may be a product of poor and uneven circulation of resources in Nigeria that predispose to the search for a greener pasture.

The knowledge of these influencing factors provides nurse managers with evidence-based information from which they can develop policies and engage best practice management, which is expected to enhance positive patient' health outcomes and nurses' well-being, hence improve retention efforts.

The concern about the wellbeing and retention of nurses is relatively new, hence, the major strength of this study is that it is one of the few studies in Borno State on choice and retention of nurses.

Limitation

Nurses working outside of the clinical settings were not included in the study.

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