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Research Article

Nurses with Low Willingness to Stay in New Hospital District and Need More Social Support: A Cross-Sectional Survey

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Abstract

Objective: To investigate the social support, work stress and retention intention of nurses in newly built hospital districts and to explore their correlation.

Methods: Convenience sampling, general information questionnaire, social support rating scale, nurses' work stressor scale, and nurses' willingness to stay in the job questionnaire were used to investigate 134 nurses in newly built hospital districts.

Results: The total score of willingness to stay (19.12±4.29), social support was significantly positively correlated with willingness to stay (R=0.354, P<0.01), and work stress was significantly negatively correlated with willingness to stay (R=-0.63, P<0.01).

Conclusions: Nursing managers should take appropriate measures to improve social support for nurses, reduce nurses' work pressure, and then enhance nurses' willingness to stay in their jobs and stabilize the nursing team.

Keywords: Intention to stay; Job stress; New hospital sites; Nurse; Social support

Introduction

With the continuous promotion of the "Healthy China" strategy, healthcare development has entered a new stage. The new hospitals of major healthcare institutions are being built to meet the diversified and high-quality healthcare needs of patients, in line with social demands and rapid development [1]. However, people have concerns and high expectations regarding the overall level of nursing staff in these new hospital districts, which adds to the stress of clinical work for nurses [2]. To ensure the safety of clinical patients and enhance the quality of nursing services, nurses require strong psychological resilience, which often depends on gaining support and understanding from society, patients, and families [3]. Prolonged high levels of work pressure can adversely affect both the physical and mental health of nurses and the quality of their work. In extreme cases, it could even lead to the departure of nurses from their profession [4]. Some studies suggest that nurses' willingness to stay is the primary factor in predicting nurse retention [5]. Additionally, nurses with high willingness to stay tend to have lower turnover rates. Therefore, increasing nurses' willingness to stay could improve nurse retention and decrease turnover rates.

In new tertiary general public hospitals, the nursing team is young and lacks cultural transmission. New nursing units are frequently opened for discipline construction, causing nursing staff to be temporarily seconded for support and resulting in an inability to immediately return to their specialties. Recruitment of nursing personnel with experience is challenging, as is the establishment and utilization of nursing staff hierarchies. The process of establishing a mature teaching and training system is lengthy, and the cycle of establishing a nursing quality control system is long. The workflow requires continuous integration and adjustment. Furthermore, the information system is unstable. [6] The instability of the nursing team can lead to the presence of safety hazards in clinical nursing, a decline in nursing quality, an increase in nurse-patient conflicts, and damage to the image of both nurses and the hospital district. This study examines nurses' willingness to remain in the recently established hospital district while analyzing the contributing factors alongside the correlation between social support, work pressure, and said willingness. The goal is to inform nursing managers on potential intervention strategies.

Objects and Methods

Objects of Study

A convenience sampling method was utilized to examine 134 registered nurses in the recently constructed hospital district of a tertiary hospital in Guangdong Province during July-August 2022 as the study sample. The inclusion criteria included obtaining a nursing practice license, fulfilling the job registration requirements, and being hospital district employees. Exclusion criteria: Individuals who were not present at work for three or more months during the survey period due to sickness, pregnancy, travel, or international assignments.

Research Methodology

Research Tools: (1) General Information Questionnaire (GIQ): This part was compiled by the researcher, including age, gender, marriage, emotional status, reproductive status (preparation for pregnancy, pregnancy), education, job title, preparation, year of entry, specific station, monthly income satisfaction, etc., totaling 13 items.

(2) Social Support Rating Scale (SSRS): It was compiled by domestic scholar Xiao Shuiyuan [7] in 1994 with reference to relevant foreign data based on the national situation, respectively, objective support (3 items), subjective support (4 items) and use of support (3 items), each item has a score value of 0 to 4 points, and the total score is 66 points, <33 points, low social support; 33 to 45 points, social support is average; >45 points, social support is high, the higher the score indicates higher social support, the scale has good reliability and validity, and is suitable for domestic research [8].

(3) Nurses' Work Stressors Scale: This scale was developed and tested for reliability and validity by Li Xiaomei and Liu Yanjun [9] in 2000 with reference to the relevant data according to the national situation, and was used to measure the work stressors of Chinese nurses. The scale consists of 35 items in 5 dimensions, namely, 7 items on nursing specialty and work, 5 items on workload and time allocation, 3 items on work environment and resources, 11 items on patient care, and 9 items on management and interpersonal relationships. The scale is a self-rating scale using a 5-point Likert scale, with 1-5 indicating "none", "very low", "moderate", "high", and "moderate", respectively; the lower the total score, the less work pressure nurses feel. The scale has good reliability, the Cronbach's alpha coefficient of the scale is 0.95, and the Cronbach's alpha coefficients of the dimensions are between 0.83 and 0.95. The scale has good reliability, and the scale Cronbach's alpha coefficient is 0.95 [10].

(4) Nurses' Willingness to Stay Questionnaire: Turnley and Feldman et al [11] developed the Willingness to Stay Scale in 1998, which is widely used in foreign countries, and the scale contains 6 entries, Likert 5-level scoring method, with very good internal reliability and validity. Tao Hong and Wang Lin [12], etc. further analyzed the factors influencing the willingness to stay in the job on the basis of Turnley's research results and translated and revised the theoretical model applicable to the willingness to stay in the job of China's nurses' group in 2010, which is a unidimensional questionnaire and consists of 6 entries. It was proved that the internal consistency Cronbach's alpha coefficient of the model was 0.766, with good internal reliability, which is of high significance for the related research of nursing managers in China.

Survey Methodology: This study uses a cross-sectional survey method, through the questionnaire star for the distribution and recovery of the questionnaire, the questionnaire explains the purpose of this survey, the content, the result of the survey is not linked to performance and the principle of confidentiality and so on. The questionnaire uses a unified guidance language, explaining the purpose and meaning, filled out independently by the survey respondents in an anonymous manner. All the questionnaire questions can be submitted only after the completion of the survey, after the completion of the survey, the researcher screened the recovered questionnaires in the background: excluding the response time <100s invalid questionnaires, questionnaires of regular answers or questionnaires with obvious errors, 134 valid questionnaires were recovered within one week.

Statistical Methods

SPSS22. 0 statistical software was used for data analysis. Descriptive statistics and Pearson correlation analysis were used to analyze the data, and $P < 0.05$ indicated that the difference was statistically significant.

Results

General information of nurses and correlation analysis with willingness to stay in the job, see Table 1

Item	Number of cases	Percentage	Willingness to stay in the job score	R-value	P-value
1、Age group				0.058	0.505
≤23years old	8	6.0%	17.63±3.74		
24-26years old	121	90.3%	19.12±4.19		
＞26years old	5	3.7%	21.75±6.88		
2、Gender				0.040	0.645
Male	11	8.2%	18.55±4.85		
Female	123	91.8%	19.17±4.25		
3、Emotional status				-0.109	0.208
Married	7	5.2%	21.57±5.86		
In a relationship	44	32.8%	19.18±4.11		
Single	83	62.0%	18.88±4.23		
4、Fertility Status				-0.273	0.001
Having given birth	1	0.7%			
Preparing to conceive	4	3.0%	22.75±2.99		
be pregnant	2	1.5%	22.50±6.36		
None	127	94.8%	18.87±4.16		
5 Job title				-0.222	0.010
Nurse	6	4.5%	23.5±3.99		
Nurse Practitioner	128	95.5%	18.91±4.21		
6、Position				-0.046	0.594
Specialty Team Leader	4	3.0%	20.25±5.68		
None	130	97.0%	19.08±4.26		
7、Year of entry				0.004	0.962
2019	70	52.2%	19.16±4.51		
2020	64	47.8%	19.02±4.07		
8、Whether to complete the regulation training				0.021	0.807
Yes	83	62.0%	19.05±4.59		
No	51	38.0%	19.24±3.79		
9、Income (satisfaction)					
Very satisfied	3	2.2%	25.67±4.51	-0.379	0.000
Quite satisfied	62	46.2%	20.47±3.99		
Dissatisfied	48	35.8%	18.06±4.07		
Less satisfied	15	11.2%	16.47±3.90		
Very dissatisfied	6	4.6%	17±1.90		

Table 1: General information of nurses and correlation analysis with willingness to stay (X±S).

Nurses' scores on the dimensions of the Job Stress Scale, see Table 2.1 and Table 2.2

Variant	Scoring Range	Actual Score Range	Total Score	Item Average Score
Nursing jobs and specialties	7-35	7-32	21.89±4.78	3.13±0.68
Workload and time allocation	5-25	5-25	17.62±4.67	3.52±0.93
Working environment & instruments	3-15	3-15	7.95±2.68	2.65±0.89
Patient care	11-55	11-55	30.00±7.43	2.73±0.68
Management and Interpersonal aspects	9-45	9-45	21.57±7.67	2.44±0.85
Summary table	35-175	35-172	99.03±23.00	2.98±0.65

Table 2.1: Nurses' scores on the dimensions of the Job Stress Scale (points, X±S).

	Average value（`X）	Standard deviation
Frequent shift work	3.82	1.123
Too much work	3.63	1.045
Too much useless paperwork	3.55	1.114

Table 2.2: Top three nurses' job stressor scores (X).

The total score of nurses' willingness to stay in their jobs and the scores of each dimension are shown in Table 3

Variable	Total points
The likelihood that you would continue to work in nursing	3.66±0.81
Your consideration of leaving your current nursing job if other job opportunities were available	2.51±0.94
Frequency of your efforts to seek a new job (e.g., reading information in newspapers or advertisements, calling to ask questions． Sending out resumes, etc.)	4.03±0.95
You have never considered leaving nursing	2.57±1.13
You will definitely not be looking for a new job in the next year (non-nursing in nature)	3.31±0.90
Which of the following statements reflects your thoughts most clearly	3.04±0.84
Summary table	19.12±4.29

Table 3: Total score of nurses' willingness to stay and scores of each dimension (points, X±S).

Nurses' scores on the dimensions of the social support scale, see Table 4

Variable	Total points
Subjective support	18.45±4.07
Objective support	6.60±2.59
Support utilization	7.27±1.82
Summary table	32.32±6.96

Table 4: Nurses' scores on the dimensions of the social support scale (points, X±S).

Correlation analysis of nurses' willingness to stay in their jobs and their social stress, see Table 5

Variable	Nursing specialties and jobs	Workload and time allocation	Work environment and resources	Patient care	Management and interpersonal relationships	Total nurse work stress score
Total score of willingness to stay in the job	-0.493	-0.603	-0.457	-0.517	-0.563	-0.633

Table 5: Correlation analysis between nurses' willingness to stay in their jobs and their job stress (r-value).

Correlation analysis of nurses' willingness to stay and their social support, see Table 6

Social support	Subjective support	Objective support	Support stilization	Social support scale sum score
Willingness to stay	0.306	0.239	0.333	0.354

Table 6: Correlation analysis between nurses' willingness to stay in their jobs and their social support (r-value).

Discussion

Nurses' willingness to stay in their jobs is at a moderate level

The results of the survey showed that the willingness of the nurses in this study to stay in their jobs was (19.12±4.29), which was at a medium level. Similar to the results of related domestic studies [13], this fully demonstrates that the current nursing team is relatively unstable, and the willingness to stay in the job needs to be further improved. Nursing managers should actively take appropriate measures to stabilize the nursing team according to the present situation of the hospital nursing team, improve the willingness to stay in the job, and reduce the departure rate. The difference in willingness to stay scores between different ages, genders, qualifications, emotional conditions, years of entry and whether they have completed training or not are not statistically significant (P>0.05). Meanwhile, it was found that the difference in the willingness to stay in scores of nurses with different fertility status, title and income satisfaction level was statistically significant (P<0.05), which may be related to the fact that the above groups have relatively stable families and jobs, and relatively high income and social status, and therefore have a stronger willingness to stay in their jobs.

Nurses' work stress The higher the work stress, the lower the nurses' willingness to stay in their jobs

According to the results of this survey study, the overall mean work stress score of the sample was at the level of moderate stress (2.98 ± 0.65). Work stress was negatively correlated with the willingness to stay in the job (P < 0.05), indicating that the higher the work stress, the lower the nurses' willingness to stay in the job, which is similar to the findings of Zhao Genghua [14]. Workload and time allocation (3.52±0.93) and nursing work and specialty (3.13±0.68) were at a high level of stress; work environment and instrumentation (2.65±0.89), patient care (2.73±0.68), and management and interpersonal relationships (2.44±0. 85) were at a moderate level of stress, indicating that nurses' work stressors are multifaceted, in which the top three stressors rated by nurses were frequent shift work, too much workload, and too much useless paperwork, which are similar to the findings of He Han [15]. Work stress is caused by an imbalance between the demands of the work environment and the responsiveness of the nurses, which can have a serious impact on the physical and mental health of nurses and the quality of care [16].

In the analysis of correlation factors and willingness to stay in the job for each dimension of this survey, workload and time allocation had the largest correlation coefficient (R=-0.603). Domestic surveys have shown that nursing specialty and work-related problems are the most important stressors for clinical nurses in China. [17] is different from the results of this survey, the reason for the difference may be that the new hospital district to carry out the initial construction of various disciplines is in the period of figuring out and grinding, at the same time, the transformation of the nursing model and the increase of young nurses to learn the knowledge of the path to professional knowledge of the strengthening of professional knowledge, therefore, this survey of the nursing profession and work is not the primary pressure. However, due to the development of new knowledge and technology, the service area and workload of nursing staff gradually expand, and the service demand of patients continues to improve. This suggests that managers should strengthen the allocation of human resources to reduce the psychological pressure of clinical nurses and ensure the smooth implementation of quality nursing services. [18] And clinical nurses have to face not only the medical professional work, but also the warehouse manager, sensory controller, precious materials manager, human resources and teaching training and other tasks, which not only increases the workload and delays the off-duty time, which leads to an increase

in the willingness to quit in the long run. Therefore, departmental nursing managers should reasonably assess the workload distribution of personnel, so that nursing staff can combine work and rest to maintain the stability of the nursing team.

In addition, management and interpersonal relationships had the next highest correlation with willingness to stay (R=-0.563). The possible reason is that the new hospital nursing managers and nursing staff are in the stage of mutual learning and mutual progress, but also the beginning of the establishment of interpersonal relationships, managers of the department's decision-making, whether to lead the department team upward, whether to treat their subordinates fair and impartial and so on will have an impact on the willingness of nursing staff to stay in the job. And this survey is a group of young nurses, enter the community for a short time, due to the social role of the transition can not adapt well to the hospital, patients and their families or doctors and colleagues of the interpersonal relationship, work performance is poor, easy to produce anxiety or depression and other negative emotions, increasing the potential rate of departure and nursing risk, reducing the quality of care and nursing team stability [19], therefore, nursing managers must not ignore the departmental harmony, to help maintain a stable departmental relationship, to help maintain a stable departmental relationship. help maintain stable departmental relationships.

The higher the level of nurses' social support, the higher the willingness to stay in the job.

The study results indicate that the social support provided to nurses was at a lower middle level (32.32±6.96) points, which was below the domestic norm (34.56±3.73) [20] points. The level of willingness to remain in the nursing team was positively associated with the overall social support score, as well as subjective, objective, and utilization of support. Therefore, it can be inferred that higher levels of social support result in stronger willingness to remain and better team stability. These findings are consistent with the research conducted by Liu Ke [21] and Zhao Genghua [14]. The score for subjective support (18.45±4.07) exceeded that of objective support (6.60±2.59) and utilization of support (7.27±1.82), consistent with Chen Caifeng's [22] results. Greater scores in the subjective support dimension suggest that nurses feel more emotionally respected, supported, and understood by their social group. The lower score on the objective support dimension can be attributed to the fact that respondents in this study are located in a first-tier city with a fast pace of life and weak neighborhood relationships [23].

In this study, among respondents aged 23-27, 61.9% of nurses were single. Additionally, 56.72% of them did not reside in the same city as their relatives and friends, resulting in a lack of familial support. Furthermore, 60.45% of the participants were only casually acquainted with their neighbors, potentially due to the distant location of the newly constructed hospital area. Further regression analysis revealed a significant correlation (R=0.333) between the utilization of social support and job retention. However, this sample's social support usage scored the lowest, implying respondents were unable to effectively employ social supports to mitigate problems, ultimately resulting in a heightened willingness to leave the job. Consequently, it is recommended that management provide greater assistance and care to young nurses and help establish a more comprehensive social support system. Provide practical and visible support resources, objectively designed [24], to increase the willingness of nurses to remain employed.

Conclusions

Lower work pressure for nurses in the newly constructed hospital area correlates with a higher likelihood of job retention. Additionally, stronger social support also corresponds to a greater willingness to remain in the position. In nursing management, objective measures should be taken to address current issues. Attention must be paid to the needs and psychological changes of nurses, and work should be allocated fairly to reduce their workload. Hospitals should prioritize job security, provide ample opportunities for career growth, and enhance social support to increase job satisfaction and the retention rate of nursing staff. Such actions will contribute to the stability of the nursing team.

Limitations

However, this study has limitations due to the small sample size of only one hospital district. Thus, there is a need to expand the sample size and coverage to implement more targeted measures to enhance nurses' willingness to stay in newly constructed hospital districts, improve the quality of nursing care, and meet patient needs.

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