

## CHAPTER IV

### RESEARCH FINDINGS

The first outcome of this study was the turnover rate of graduate nurses from the government hospital. The data was collected from the nursing Administration Record of respective hospitals from 1986 to 1990 from proposed hospitals (Bir hospital central Region Kathmandu, Nepaljung hospital (Mid western region) No Records available. Pokhara hospital (Western Region) Tribhuvan Smark hospital Biratnagar (Eastern Region). The higher turnover was 39.41% in 1987 the reason was stated that the Pokhara hospital has extent the bed but not increased the nurses Quater so nurses did not want to stay out side Which was not safe for them. the reasons why the policy maker concern least to the nursing management.

There was lowest turnover rate in 1990 (9.01) because that time there were available nurses resident in Pokhara hospital and provide extra allowance for resident. Bir hospital also started some incentive and transportation to those who were coming from the home. Some graduate nurses who were on without pay leave, half pay leave but they are not within my inclusion criteria.

## Data analysis procedure

An analysis is an important part of the thesis. It intends to summarize the data, gives indications about the association between variables, as well as to test the differences of outcome variables between groups or subgroups of the sample. There are different ways for data analysis depending upon the questions being asked, the design architecture as well as the data summary. In this study the data were summarized in proportions and the association between variables analysed by Multiple Logistic Regression Analysis.

**Data analysis: proportion and multiple logistic regression analysis.**

### Purpose of data analysis

1. To change data from an unprocessed form to understandable presentation.
2. To organize, tabulate and perform statistical Analysis.
3. To place the data in presentable form by using figures and tables.
4. To simplify the findings; ie different type of data need different methods to simplify the data.
5. To present data in such a way that leads to appropriate understanding such as presentation in charts,

graphs and tables.

### Coding and tabulating

Coding was done on variable in the hospital nursing Administration Record data collection forms, as well as variables in the questionnaire sheets and manager interview forms. If the answer to any question showed missing data, a value of 9 was used. For open ended questions, a different number was given to each of the possible categories in a given variable. Data were summarized by using percentage and means according to the type of variables. Variable was a symbol to which numerical or values are assigned. Usually, there are many variables in a given data set: such as age ,sex, religion, years of experience etc. Nominal measurement is one of the most simplest and the lowest form of data. All the useful information categories equal in ranking value.

### Data from Office Records

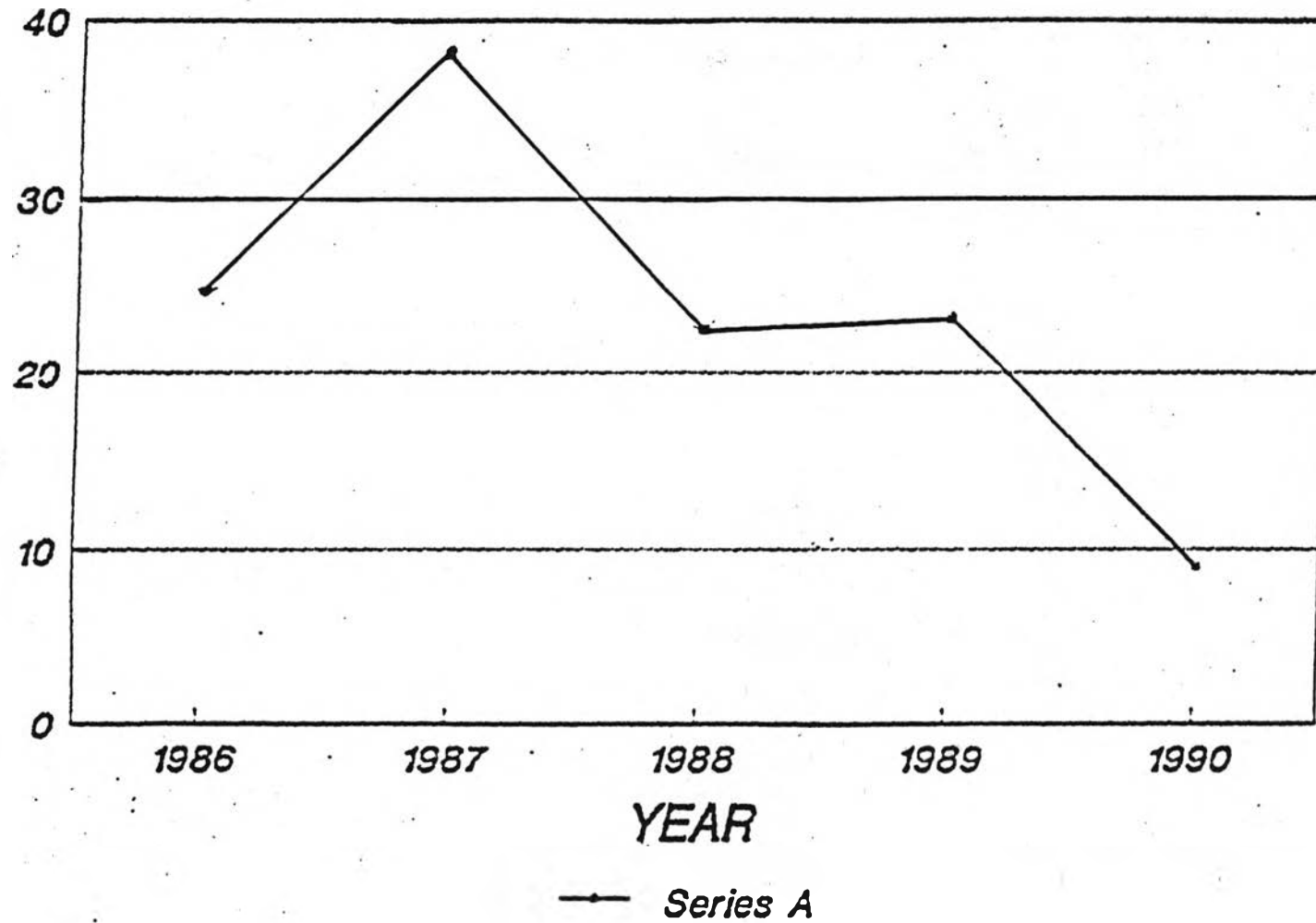
An administrative office usually requires and collects a large amount of information on all aspects of its operation. This information were already recorded on bureaucratic forms and was stored in office files. The office can supply the researcher with an inexhaustible amount of data. The researcher must have a good ideas of exactly what information he needs, sifting through the file

without a design about what information to look for was a waste of time and most offices probably would not allow it. Updating data from office records requires preparation before exerting an office. First the desired information should be decided. After deciding upon the desired information some form for recording the information need to be categorized. The form should be kept separate year to year. The office or the organization will not admit strangers to their office files. Hence a letter of introduction was sent from the University to the Ministry of health and from there, the authorized letters were issued to concern hospital Directors. These authorized letters were very helpful at the beginning of the research activities. In many hospitals, the records were kept according to custom and traditional style. This made it very difficult and time consuming to retrieve them. So the information with authorized letters, given before hand, helped facilitate the work. It prevented the hospital staffs from feeling that the research work was not interfering with their work which could have made the data collection to suffer.

#### Data processing

When data was completed they were entered in dbase process management program and later analysed with the SPSS plus program.

## Turnover rate in 4 different hospital in Nepal





### Data analysis

The dependent outcome of the study, the turnover of graduate nurses, was summarized in proportion. The Analysis of the reasons for turnover was done using Multiple Logistic Regression Analysis.

### Multivariate analysis

Of the total sample of 433, 98.2 % (425) subjects responded. Out of that, 254 were those who have not turnovered from the government hospitals, 179 were the turnover. Among them turnover, 115 went to the other government hospitals and 56 to Private sectors. (8 missing)

Cross tabulations of all independent variables by the turnover status (turnover or not turnover) were performed to separate the significant from the non significant variables. The same set of independent variables were used in Multiple Logistic Regression Analysis.

A software for Logistic Multiple Regression was employed in this study. This software allows us to find out the coefficient of these factors, the standard errors, the lower-upper limit of the coefficient, the odd ratio, the 95 percent confidence interval, and the z-test.

Table 4.1 Reliability test and retest (after two weeks)

Items	Range	
	Observed agreement	Kappa
Individual reasons	0. 11 - 1.	0. 17 - 0. 71
Advancement reasons	0. 50 - 0. 60	0. 17 - 0. 70
Salary reasons	0. 40 - 0. 90	0. 21 - 0. 87
Social reasons	0. 50 - 0. 90	0. 40 - 0. 77
Work condition reasons	0. 20 - 0. 70	0. 15 - 0. 90
Supervisors reasons	0. 40 - 0. 86	0. 11 - 0. 79
Organization policy	0. 40 - 0. 70	0. 20 - 0. 44

The table illustrate the proportion of working staffs in relation to sanction post concerning turnover rate from the followings:

1. Bir hospital in Kathmandu (Central Region)
2. Pokhara hospital in Pophara (Western Region)
3. Tribhuvan smark hospital in Biratnagar (Eastern Region)
4. Nepaljung hospital in Nepaljung (Mid western Region)

No Records from Nepaljung hospital.

Table 4.2 The graduate nurses turnover Records from nursing Administration of the hospitals.

Items	Hospital	1986	1987	1988	1989	1990
Study leave	1	0.82	0.00	1.65	1.65	0.68
	2	1.96	0.00	3.92	1.96	0.00
	3	0.00	6.25	6.25	0.00	0.00
Resigned	1	0.82	0.00	1.65	1.65	0.68
	2	0.00	0.00	1.19	1.36	1.63
	3	8.33	18.1	0.00	7.14	0.00
Transfer out	1	0.82	0.80	0.82	2.47	2.75
	2	4.00	6.70	0.00	0.00	3.27
	3	8.30	9.00	7.10	7.10	0.00
Total		24.78	39.41	22.49	22.58	9.01

There was high turnover but they can not include in the study because it was not within inclusion criteria. Most of them come and go less than three months, all vacant post were filled up by hire contract service nurses for one to two month on the other hand keeping of record system need to clear.



The analysis revealed that there were seven independent variables which significantly discriminate the status of turnover. The result of the analysis was summarized below:

Table 4.4 Significant variables

Variables	Coefficient	Std.error	Z	P-value	Sig.
(6 - 10 Years ) of experience	.0768	.0229	3.35	.002	*
To get high salary	.5304	.2536	2.09	.036	*
Night and evening duty	.8289	.2714	3.05	.003	*
Job pressure	.5337	.2363	2.26	.023	*
Education Opportunity	.6712	.2993	-2.24	.016	*
Transfer	.4944	.2319	2.13	.033	*

#### General Features of Respondents

##### 1. Religious and Ethnic composition

Of 598 graduate nurses in government service, 165 have been working in other area such as Family Planning Division and different areas Malaria, Tuberculosis and

leprosy. Some of them were the early turnovers out of 165 and not eligible for study.

Therefore, the total number of study sample was 433 which represented 72.4% of all graduate nurse. Of all the study 179 had left and 254 had remained in their work. Out of the 179 turnovers, 115 or 64.2% moved from one government hospital to another and 56 or 31.3% have moved to the private sector such as the School Health Programme, Nursing Homes and Project work.

The dependent variable is the turnover rate and the independent variables are the demographic and other variables. Analysis of the Demographic and other common variables in the sample provide and an understanding of the reasons which effect the turnover of graduate Nurses.

Of the 433 respondents, the majority (79%) belonged to the Hindu religious group, followed by the Budhist (62) 14.3% and others 6.7%. Since the Nepalese population largely comprises of Hindu, it is natural to expect a higher proportion of Hindu among the nursing profession (Table 1).

Nepalese society is composed of multiple but harmonic groups of Ethnicity. Overall, the Brahmin the and Chhetri are the ethnic groups with the highest proportion. However, it is interesting to observe that the study sample was largely dominated by the Newar community. Our result

revealed that the proportion of the Newar community in the nursing profession was 35.3% followed by Brahmin (22.9%) and Chhetri (22.2%). Other ethnic groups only constituted below 10% of the graduate nurses recruited in the study (Table 1).

## 2. Marital status :

Marriage is considered as universal in the Nepalese culture. Therefore, it is not surprising to find a high proportion of married nurses (77.1%) in this study population. The proportion of single woman among the study sample (18.1%) could also be considered as significantly high in the context of Nepalese culture. The figure suggested that females engaged in this profession might have delayed the age at marriage.

Nepal is among those countries where the fertility rate is high. Contrary to this, the average number of children born to nursing women in our sample was very low. The figure stood at 0.8% only. This is far below the National average (see Table 1).

## 3. Status of Experience:

The Majority of working nurses in the study were newly experienced. Nearly 42% of nurses had experiences of less than five years. The proportion of those with experiences between 6-10 years dropped to (17.3%). The (6-

10) years suggested that within last ten years, there had been a growing tendency of recruiting new nurses to replace those who had left. This might also indicated that there was a tendency of nurses to move from the hospitals after having some length of experience ( see table 4.5).

Table 4.5 Demographic features of turnover and not turnover graduate nurses.

	Not turnover		Turnover			
	G.H. (N = 254)		G.H. - G.H. (N = 115)		G.H. - Private (N = 56)	
	No	%	No	%	No	%
Age (in years):						
< - 19	22	11.2	14	12.1	9	16.0
20 - 30	106	54.0	36	31.3	39	69.6
31 - 40	47	23.9	42	36.5	8	14.2
41 - 54	21	10.7	20	17.3	-	-
Above 54	-	-	3	2.6	-	-
Sex:						
Male	3	1.2	-	-	-	-
Continue :						
Female	251	98.8	112	97.3	56	100.0
Religion:						
Hindu	163	64.1	98	85.2	43	76.7
Budhist	62	24.4	14	12.1	8	14.2
Other	29	11.4	3	2.6	4	7.1

Table 4.5 (Continued)

	Not turnover		Turnover			
	G.H. (N = 254)		G.H. - G.H. (N = 115)		G.H. - Private (N = 56)	
	No	%	No	%	No	%
<b>Ethnicity:</b>						
Brahman	11	4.3	39	33.9	13	23.2
Chhetri	99	38.9	15	13.0	18	32.1
Newar	153	60.2	51	44.3	14	25.0
Other	-	-	10	8.6	10	18.2
<b>Marital Status:</b>						
Single	46	18.1	28	24.3	14	25.0
Married	196	77.1	81	70.4	37	66.0
Divorced	7	2.7	4	3.4	2	3.5
Widow	5	1.9	2	1.7	3	5.3
<b>Children's age:</b>						
< - 5	104	43.8	31	42.4	22	39.2
6 - 16	101	42.6	27	36.9	15	26.7
17 - 27	30	12.6	13	15.0	16	28.5
28 - >	2	0.8	-	-	-	-
<b>Present Position:</b>						
Staff nurse	150	57.2	86	74.7	44	78.5
Tutor	24	9.0	27	23.4	12	21.4
Sister	85	32.4	-	-	-	-

	Not turnover		Turnover			
	G.H. (N = 254)		G.H. - G.H. (N = 115)		G.H. - Private (N = 56)	
	No	%	No	%	No	%
Matron/Chief nurse	3	1.1	2	1.7	-	-
Professional education:						
Certificate	220	86.6	90	78.2	50	89.2
B.Sc.	34	13.3	23	20.0	6	10.7
M.Sc.	-	-	2	1.7	-	-
Length of experience (Years):						
1 - 5	60	23.6	24	20.8	18	32.1
6 - 10	42	16.5	20	17.3	20	35.7
11 - 15	60	23.6	26	22.6	11	19.6
16 - 20	30	11.8	20	17.3	7	12.5
21 - 25	24	9.4	16	13.9	-	-
26 - 30	36	14.1	9	7.8	-	-
31 - 35	2	0.7	-	-	-	-

Table 4.6 The most important reasons for turnover to private sector

Reasons	No of response	%	Priority
To get high salary	27	48.2	1
Problem of evening and night duty	15	26.8	2
Facilities of children	4	7.1	3
Bonus system good	4	7.1	4
Supervisor is justice	2	3.6	5
Conflict with Administrator	2	3.2	6
Unreasonable transfer	1	1.8	7
Facilities of family resident	1	1.8	8
Total	56	100.0	-

There are multiple reasons for turnover from the government hospitals to the private sectors. The most important reason is that the nurses could get a higher salary in private sector. Everywhere, there are shortages of nurses. Experienced nurses are highly demanded. moreover, nurses could get comparatively more facilities from the private sectors. In private sector, nurses are also paid a higher scale according to their knowledge, experiences and skills whereas in the Government it is difficult to make them consider paying nurses according to newly obtained skills. In addition, adjusting the salary scales could involve a long process.

Second most important reason for turnover related to the need to cover the night and evening shifts. Up to 26.8% of the nurses reported this as the reasons for their turnover. These nurses have family and other social commitments which interfered with their responsibility to cover the evening and night shifts.

The third contributing reason was manifested in the characteristics of women dual role of household work (including responsibility for children) and official duty. This accounted for 7.1% of the reasons for turnover.

The other important components for turnover of nurses included the attraction to the bonus system in the private sector (7.1%), the conflict with supervisors (3.6%), conflicts with the administrators (3.2%), unreasonable transfer (1.8%) and lack of facilities for family residence (1.8%). Lack of remuneration and other facilities played a minimal role for turnover. Consequently inspiration and good working relationship with a understanding leader could reduce the chance of transfer.



Table 4.7 The most important reason for turnover to other hospital

Reasons	No of response	%	Priority
Transfer for promotion	62	53.9	1
Social problem (family children education and husband transfer )	23	20.0	2
Carrier development (higher education)	11	9.6	3
Speciality	8	7.0	4
Health problem	5	4.3	5
Conflict with incharge	3	2.8	6
No evaluation of work	2	1.7	7
Lack of incentive	1	0.9	8
Total	115	100.0	-

There were many "most dominant" reasons for turnover of nurses from one hospital to another hospital. Some individuals left the services because they were promoted (53.9%). If an individual was promoted she might not get the post in the hospital she was working and had to transfer to another government hospital where a post was vacant or a new post created. The flow was usually from a District hospital to a Zonal or a Regional hospital.

Other nurses left the service due to social problems (20%). Some nurses might be asked to go where they did not want to go which could lead to half-pay leave or request for transfer to other hospitals. Others might move because of need to be with the family, the difficult access to schoolings for the children and the need to care their ageing parents.

Another dominant reason is that the place where they were posted did not have work situation according their specialities and the desire to work in different units of hospital. The majority of nurses who were transferred demanded to work in hospitals located in the Central Region where facilities were available as compared to other hospital.

Lack of carrier development opportunity for higher education, participation in seminar, workshop, short term training and specialized training in interested subject were among the reasons for turnover in (9.6 %).

Some nurses had conflict with incharge and management about the results of their evaluation such as reward and punishment. Up to 2.6 % reported this reason for turnover.

Table 4.8 Reasons for retaining in tthe government hospital

Reasons	No of response	%	Priority
1. Educational opportunity carrier development	62	24.4	1
2. Hospital is accessible distance	47	18.5	2
3. Family problem	30	11.8	3
4. For experience	25	9.8	4
5. Good Remuneration	22	8.7	5
6. Good relationship with management	21	8.3	6
7. No motive change hospital	11	4.3	7
8. Good relationship with colleagues	9	3.5	8
9. Posting by government	5	2.0	9
10. Self interest	5	2.0	10
11. For promotion	3	1.2	11
12. Need money	2	0.7	12
13. Social respect	1	0.4	14
14. Light work	1	0.4	15
15. No response	31	12.2	16
Total	254	100.0	-

Note : Total do not match with aggregate due to multiple response.

The three major dominant factors for the retaining in the government job among the nurses working in the hospital were social causes, hope of education and carrier development opportunities and for enhancement of experiences. Up to 18.5 % of the respondents reported that they stayed in the hospital, because the hospital was within accessible distances from the home and 11.8 % singled Family reasons as contributing to their staying in the hospital. The cumulative figure of 30.3 % thus accounted for the social contribution for the retention.

The second dominant factor was hope of further educational opportunities, participation in seminar, workshop, training and opportunities to work in different units of hospital. the figure for these reasons stood at 24.4 %. It was worth noting that the majority of nurses who responded to this answer belong to Bir hospital, the Central hospital of Nepal, where the highest number of nurses were working and where more facilities were available as compared to other hospitals.

The third dominant factor was that the nurses were working just to gain the experience of work. The fourth contributing factor was the realization of good remuneration. This category belonged to the hospital which provide additional 50 % remuneration on top of their salary.

Good relationship with the hospital management stood at the fifth position. The proportion of respondents who reported, good personal relationship with managerial staffs as a cause for retaining in the hospital was 8.3.

Table 4.9 Number and percentages of the subjects reporting various individual reasons for turnover from government to government and government to private sectors.

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Better job	106	22	20.7	51	7	13.7
Freedom	110	54	49.0	52	29	55.7
Suitable assign	114	45	39.1	54	16	29.6
Secure position	112	56	50.0	54	19	35.1
Job pressure	114	53	46.4	53	22	39.3
Routine work	113	31	27.0	55	12	21.8
Long duty hour	112	42	36.5	56	15	26.7

Note: Govern = Government

The majority of nurses left their jobs due to unsuitable work assignment (39.1%) such as assignment to jobs that did not take into account their interests and specialities. In such cases, they have to make significant adjustment to the new jobs they were assigned.

After having experiences and skills, many nurses had no authority for making decision. As many as 27.4% of the nurses reported that the work was mostly routine, leading to to boredom.

In this study, 36.5% and 26.7% of the nurses who moved to government and private sectors respectively reported that they were unable to do night and evening duty due to their household responsibility.

Table 4.10 Number and percentages of turnovers from government to government and from government to private sectors: those reporting the various reasons related to advancement opportunity.

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Inservice education	110	67	60.9	54	36	66.6
Higher education	113	94	83.1	35	35	64.8
Adequate supervision	111	97	87.3	55	37	67.2
Information	112	98	87.3	54	45	83.3
Conference	116	94	81.0	55	45	81.8

After long periods of service, the nurses reported that they had not been given adequate opportunity for advancement such as inservice education (60.9 and 66.6),

higher education (83.1% and 64.8), supervision (87.3 and 67.2), adequate information about change in government plans and policy (87.3 and 83.3) and conferences (81 and 81.8%). In comparison to other medical personnel, programme for conferences among the nurses were of the least concern by the managers. But turnover nurses faced the same problem in Private sector who focussed more on giving satisfactory services than on ongoing education.

Table 4.11 Reasons for turnover due to financial problem

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Financial problem	109	68	62.3	54	34	62.9
Suitable work incentive	109	59	54.1	51	26	50.9
To get high salary	104	63	50.5	54	20	37.0
Attraction on bonus	107	77	79.9	52	36	69.2
Night and evening allowance	112	105	93.7	54	47	87.0

The majority of nurses reported (62.3) the current level of salary was not rewarding as per their work responsibility.

There were limited opportunity for adequate incentive and overtime pay system such as incentive to

compensate for the long duty in night shift (12 hours). Right now, many nurses have to take responsibility for night shifts but the salary was the same as those who do not have night shift responsibility.

Where as in the Private Sector there was a system for incentive and bonus, as well as a variation in salary scale for the night and evening shift.

Therefore the nurses turnover to get higher salary and better facilities. They were also attracted to a better bonus system in the non government sector. As many as 93.7% of the nurses considered salary compensations for night and evening duties as every important. On the whole, the salary should be adjusted and issued according to the standard of market price.

Table 4.12 Turnover due to social problems

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Available resident	109	90	82.5	55	41	74.5
Facility of Nursery	72	28	38.8	55	31	56.3
Working area is accessible distance	109	70	64.2	56	38	67.8
Can join with family	107	37	34.5	56	23	41.0
Husband's work in same district	99	50	50.5	23	31	57.4

Note: Govern = Government





In table 4.12, it could be appreciated that one of the most crucial problems is the availability of residential facilities for the nursing professional. As many as 82.5 % of nurses in the government hospitals reported insufficient residential facilities for nurses especially for those working outside the Katmandu Valley. They had to rent houses which very often were not near the working places and there was no provision for transportation to and from work. Outside the Kathmandu Valley, very few hospitals had provision for residence. Therefore, the nurses who had to take Night and Evening duty felt that it was not safe for them.

Another reason was the situation of the married nurses with children. These nurses complained of the lack of provision for Nursery. Therefore, they tended to search for jobs that provided such facilities for the children. As soon as they found such a job, they would leave the government work (Table 4.12).

Due to the cultural behavior of Nepalese, there was a preferences among the females to stay with their family. It is gratifying to note that as many as 77 % of the married Nurses had opportunity to work in same District as their husbands (Table). However, this meant that up to 23% of the married nurses were not as lucky. They had to be separated from the family if they wanted to take on the

government assigned jobs. Whereas in private Sector, husbands and wives could select jobs according their need and where both of them could stay together in the same District.

Table 4.13 Turnover due to Dissatisfaction to assign Unit

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Co-worker co-operate	110	54	49.0	56	37	66.0
Provision of incentive substitute incharge	112	85	75.8	56	19	33.9
Suitable Job for health	114	72	63.1	56	34	60.7
New experience and skill but least concern	113	31	27.0	55	32	58.1
Difficult to adjust	115	73	63.4	53	37	69.8
Employee co-operate to achieve Goal	112	24	21.4	55	13	23.6

This table illustrates that the working environment (suitable assignment) was one of the most important factors leading to turnover. If the work conditions were good the amount of work could be done without any problem and a high level of co-operation of workers could be assured.

There was no provision for extra incentive to substitute for the incharge's duty. There was neither a \*consideration for skill and experience for work. These situations were reported by 73.8% of the nurses.

Due to unfair assignment, many nurses reported that it was difficult to adjust and continue the work.

Another important reason for turnover was that the employees did not have the sense of belonging to the government organization, whereas in the Private sector it was available.

Table 4.14 Turnover due to conflict with supervisor

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Supervisor justice	113	40	35.3	55	31	56.3
Supervisor good leader	113	45	39.8	54	32	59.2
Supervise effectively	111	48	43.2	55	36	65.4
Makes easy to work	111	35	31.5	54	34	62.9
Recommended for reward	108	58	53.7	54	30	55.5
Rigid Supervisor	105	80	76.1	55	36	63.4
Forwarded punishment	109	76	69.7	56	36	64.2

Table 4.14 emphasis the possible conflicts

associated with the activities and concerns of the supervisors towards the nursing staffs. To run the Unit, the Supervisor had an important role. As many as 35.3% of nurses reported that their Supervisor did not have enough justice. She was unable to distinguish good workers from the bad ones.

The supervisor did not have enough leadership quality. Due to the ignorance of the supervisor, as many as 43.2% of nurses were frequently blamed by others. Many nurses (31.5%) felt that there was mismanagement in the Unit and the supervisor never attempted to create a favorable working situation.

Another reported reason for turnover was that the action recommended by the supervisor to punish the workers was poor and at time too rigid making the work of the nurses difficult.

The nurses who moved to the private sector reported that the supervisor in the private Sector was effective, fair, and put adequate emphasis on the quality of the work as a basis for their reward and punishment. Supervisor often gave counselling about the workers' personal problems. She was also a good listener.

Table 4.15 Turnover due to unclear to policy and administration

Items	Govern. to Govern. (N=115)			Govern. to Private (N=56)		
	N	No	%	N	No	%
Good promotion system	113	91	80.5	56	19	33.9
Good evaluation system	114	86	76.3	53	37	69.8
Sense of belonging	103	62	60.1	54	32	59.2
Unreasonable transfer	111	69	62.1	56	23	41.0
system of overtime payment	113	81	71.6	56	19	33.9
Problem not reliase by Hospital	106	46	43.3	54	36	66.6

Table 4.15 illustrates the climate of the hospital which could have an effect on the worker. A reason for turnover was related to the hospital policy. Many nurses (80.55%) reported that they were dissatisfied with the existing Evaluation and Promotion system (76.3%, 80.5%), not only with respect to the mechanism of promotion but also the promotion policy as well. It was felt that the promotion and the evaluation policy was not clearly formulated.

Another problem was that the hospital management seldom took individual problems into serious consideration.

Table 4.16 Manager's perception for graduate nurses turnover

	No of respondents	% of respondents
Normal	8	32
Very high	17	68
Total	25	100

68% of the respondents perceived the turnover rates to be very high.

Table 4.17 Impact of turnover

	Number of respondents	Percentage
Increased the work burden to others	14	66.66
Negative effect on taking care of patients	7	33.33
Total	21	100.00

Of all 30 managers interviewed, 21 perceived that turnover of nurses had created a negative impact on the performance of the organization. Up to 66.66% thought that the turnover had increased the work load of staffs on duty, and 33.33% gathered that the turnover had caused problems with respect to patient care due to shortage of staff nurses on duty, ie. the nurses who were on duty were unable to give proper attention and time to the patients enrolled

in the hospital.

Table 4.18 Manager's perceived major reasons for turnover

Reasons	Numbers	percent
1. low salary	10	38.5
2. Poor facility	9	34.6
3. Family problem	9	34.0
4. Poor policy	10	38.5
5. Health problem	1	0.4
Total	26	100.0

Note: Total do not tally with aggregate figures due to multiple answers.

With respect to the causes of turnover, low salary, poor facilities, family problems and poor policies were perceived as the major contributing factors.

2. The perception of Managers about the enrollment of new nursing staffs.

The high turnover rate posed an important question on how the hospitals could run with the shortage of nursing manpower. One strategy to deal with the problem was to recruit new staffs. Therefore, the managers were asked about their perceptions on the enrollment of new nursing staffs. The data on this issue were summarized in Table 4.19.

Table 4.19 Manager's perceived about policy

	Number of respondent	Percent
1. Shortage of applicants	0	0
2. High number of applicants but lack of the skill	3	12
3. Financial constrain restricts the new enrollment	16	64
4. Bureaucratic process is too long for new enrollment	15	60
Total	25	100

Note: Total do not match with aggregate due to multiple response

One might expect that where there was high turnover, the applicants interested for nursing services might be low. On the contrary, it was found that the number of applicants had never been low. There has been always a floating of high number of nurses for the job. Consequently, no managers perceived that there was a shortage of applicants for nursing posts. Only 12 % of the respondents perceived the lack of skill of the applicants. In contrast, more than 60% of the respondents thought that the major constraints for new enrollment were associated with too long and delayed administrative processes and the lack of funds on the part of the government to create new posts of nurses.