

## CHAPTER V

### DISCUSSION

This research was focused on nurses who graduated with a bachelor degree in nursing from 1988 to 1992, and aged between 21-23 years. Many previous researches found that age was associated with resignation. Similar the finding of Cheunchom chalearnyut (1989) who found that groups of nurses who planned to resign from their employment an average of 28 years and 5 years experience. Similar the finding of Seybolt, Pavett and Wallker studied that the pattern of employee's turnover by the expected model of "Vroom", who discovered that those at younger ages with shorter years of work have a high tendency to switch jobs more than those that were older. Therefore, the researcher has focused on this group. This study found that nurses in the case group, had an average age of 26.41 years, with a range between 22 and 30 years. It was almost the same in the control group, the average age was 26.44 years, with a range between 21 and 32 years.

Marital status was not found to be associated with Brain Drain. This fact was similar the finding of Thanya Kaewsri (1986) who found that marital status was not a significant association with job satisfaction. Spouse's occupation however, was a significant negative association.

However, for nurses in the case group 56.25% and 71.43% in the control group, the spouse's occupation was a bureaucrat. This study showed that married nurses whose husband were not bureaucrats tend to resign from their jobs more than those nurses with husbands who are bureaucrats. This may be mainly due to high living costs. The number of dependents did not have a significant association with Brain Drain, as researched by Suksiri (2535) who concluded that the number of dependents was associated with job satisfaction at middle level. Family income was not a significant association with Brain Drain. However, nurses in the case group 87.42% and 85.33% in the control group had a family income that was adequate. Convenience of travelling to work was a significant negative association with Brain Drain. However, nurses in the case group 10.60% and in the control group of convenient 26.00% considered their travel inconvenient. This association was negative due to the number of nurses in the case group less than the control group, and also it may be that the present traffic problems are worse than in the past. With regard to transportation means, the majority of 52.98% in the case group walk to work but 39.33% in the control group go to work by bus. The percentage difference indicates that this cause may have a significant negative association with Brain Drain.

Nurses who were dissatisfied with their salary, 94.44% in the case group and 89.63% in the control group. Test of association found that dissatisfaction with salary was not a

significant association with Brain Drain but found that reward such as overtime pay, on-shift duty pay and living costs were a significant negative association with Brain Drain. This study showed that salary might not be the main cause of nurses' resignation but other compensations in terms of money differentials, had a significant association with Brain Drain. Possibly most nurses could accept a regular salary and the Government try to improve new salary rate. This research found that there was only a slight difference in nurses' salary offered the by public and private sectors but compensations were different. Thus, rewards like overtime pay, on-shift duty pay and living cost allowances might be critical factors causing Brain Drain. For example, overtime pay should be at least 1.5 times the hourly salary so as to comply with the labour laws. Instead of being abiding by the labour law, the public sector pays less than 1.5 times the hourly salary. For overtime private sector pays overtime higher than that in the public sector. Hence, nurses tend not to engaged in overtime work, unless they could not deny to do so, due to insufficient nurses being on duty. Other reasons may be that nurses expecte that they should be receive the appropriate compensations for overtime work. On-shift duty pay is set in the public sector at the lowest rates, between 20-80 baht and in the private sector 150-250 baht. Due to this particular fact, nurses working in the public sector will eventually resign and join in the private sector, for they will get

better compensations. Living cost and year-end bonuses were also factors resulting in a transfer of nurses from the public to the private sector. This takes place frequently, because generally the public sector does not offer living cost allowances and year-end bonuses for this reason these factors may be encourage nurses to transfer from public to private sector hospital. The analysis found that this association was a significant negative association may in time change and there may be other potential factors related to Brain Drain.

With regard to fringe benefit, it is found that 34.25% of nurses in the case group and 42.34% of nurses in the control group were dissatisfied. Test of association found that fringe benefits were not a significant association with Brain Drain, no difference between both groups. Generally, fringe benefits given by the public sector were more than those of the private sector. However, some fringe benefit like dormitory, food, place for exercise may not be good or acceptable and health benefits like annual health check-up may not be available in the public sector. Nurses were dissatisfied with their working condition, the percentage of dissatisfaction among nurses in the case group was 54.14% and 65.93% in the control group. Test of association found that working condition was a significant negative association. This finding corresponds to the studies carried out by Jaroonsri Rungsuwan, et al (1984) who identified the reason for nurses resign from Maharaj Nakorn Chiangmai Hospital. The

results found that poor working condition these included the insufficient number of medical instruments for operations. In theory, Herzberg states that working condition as "hygiene factor" prevents the cause of dissatisfaction. This study shows that nurses who were dissatisfied, resigned less than the number of nurses who remained in the public sector, mainly because of time changing or other supporting factors.

Nurses who were dissatisfied with work itself registered 44.85% in the case group and 45.11% in the control group. Test of association found that this was not asignificant association with Brain Drain, that is no difference between both groups. This study was different from the previous studiy by Cheunchom Chalearnyut (1989) and Vipaporn Karnjanaraj (1980) who found that being on duty will cause problems in daily life and will eventually lead to the resignation due to the monotonous routine and lack of autonomy at work. This study showed that no difference between the job descriptions of nurses in the public and private sector. The job is routine and not complicated, and it is day-to-day work, So there are not tasks left over to resume on the following day. Changing shift, and on-shift duties may be easily extra job for extra pay.

Interpersonal relation among nurses showed that 17.52% in the case group and 10.88% in the control were dissatisfied. Test of association found that was not a significant

association with Brain Drain, no significant difference between both groups.

Nurses in case group 39.86% and 24.14% in the control group were dissatisfied with supervision. Test of association found that this was a significant association at ( $p < 0.5$ ) and relative risk showed that nurses who were dissatisfied with supervision have the tendency to resign at 2.63 times of those with satisfaction. Herzberg stated theoretically, that supervision is a "hygiene factor" which may result in dissatisfaction. This theory, however, corresponded to the finding by Suthera Ayudhwat (1972) who dealt with problems relating to nurses working abroad. He stated that lack of social support and a caring attitude by the supervisor may result in resignation. This study showed that dissatisfaction with supervision among both groups may be due to the style of the supervision, behavior of the supervisor, for example, lack of impartiality and lack of social support. Correspond by Duxbury, Mitzi L. (1984) who has done a research on Head Nurse leadership style with staff nurse burnout and job satisfaction. This study found that leadership style was human relation style was associated with job satisfaction, the task-directed style was associated with job satisfaction. Factors influencing job satisfaction were low quality supervision, lack of participate, lack of impartiality and lack of autonomy. Similar to Falgenhagen, Kim. (1985) studies found that the human relation style was associated

with job satisfaction and the task-directed style was not associated with job satisfaction. This study found that supervision was the only factor which had a direct significant association which was different from the other three factors of spouse's occupation, compensation, and working condition. It may be that supervision is the only factor which always remains unchanged. Although times change but supervisor seem to be same person, and style of supervision remain static.

Advancement opportunity for nurses, it has been found that 67.86% in the case group and 71.23% in the control group were dissatisfied. Test of association found no significant difference. This finding contrasted with the previous studies made by Yauwaluk Lauhachinda (1976) who has researched on work satisfaction, intention to remain, and resignation among nurses. This study found that a low level of satisfaction with advancement opportunity influenced resignation. Nurses in the case group 44.29% and 47.29% in the control group were dissatisfied with policy and administration. Test of association found that there was no significant difference between both groups.

Multiple logistic regression could not be used for this research, due to the only one factor of positive association, and other four factors were significant negative association. The significant negative association may be artificial association due to bias from recall bias, selected

bias, and by chance. For this reason, it was unable to analyse predictive factors to Brain Drain.

#### Nurses recommendation.

It has emerged for the study that nurses made recommendation regarding the possible consequential loss of staff to the private sector these included that salary and compensation must be commensurate with economic conditions. Increased fringe benefits should be provide for example, accommodation at the hospital, food, transportation allowance and annual health check up. Professional fees should be provided appropriate.

Management should consider improvements work itself and working condition as follows: To crease the number of nurses commensurate with the workload, decreased heavy shift duty. Introduce the new technology, organise the prevention of transferable disease from patients to nurses, for example strict procedure and safety measures etc. to guard against for example A.I.D.S. transmission. Provision of a better working environment.

Management should provide a solid managerial framework for the recognition and advancement of special skills and effort. Should provide both internal and external traning courses, develop working ability with on the job traning schem regardless of the nurses seniority.



Supervisors should encourage a team spirit and carefully consider all comments by subordinates. Supervisors should be carried out in a totally objective and humanitarian way and by extending this principle to all staff a positive and helpful team will be formed and good working relationships formed with subordinates.

Hospital management policy and administration should be improved by the positive actions of the management encourage the staff to be proud to work for the hospital, to delete unnecessary policies and rules, manage positively a management structure which allows promotion by merit and not just length of service, policies should be flexible.

Possible misjudgment of studies.

1. Sample selection.

This study was based on a selection case group and might not be appropriate because the questions being asked were retrospective, which might cause a recall bias within the case group. The present situation might be different from the past two years in which the researcher was unable to control. However, if these studies is to be resumption, the selection of the case group must be, newly resigned nurses, so as to minimize bias from recall bias.

2. Data collection by Questionnaire.

Some information may not be reliable, for example,

salary and fringe benefits may not be realistic. The researcher has tried to set up the questions in a way that the feedback is reliable, but this may lead to a errors.

Recommendation for use this study.

From this study it was found that the only one factor influencing Brain Drain was supervision.

1. This study assists the set up of measures to prevent nurses' resigning. This research must be studied more factors and continued further in order to advantageous using.

2. To get a better result of this analysis, future researchers should control the confounding factors which are influential within this research, such as knowledge, attitude, and stress. A prospective study will have to carried out.

3. Since analysis research of this matter has never taken place in Thailand, Further studies should be made to compare the differences, in order to obtain high advantage.

4. The result of this study is that hospital management authorities must establish supervision and management traning schemes. To create a new type of management better than at present.

Suggestion for further study.

1. Researchers should study the comparison of nurses working in the public sector with newly resigned, nurses in order to minimize recall bias.

2. Researchers should carry out further research by interview.
3. Researchers should also study about attitude and stress, due to this study found that it may be confounding factors.