The decision process of leaving nursing

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Abstract

This article reports the findings of a research study investigating the decision process of former division one nurses in deciding to leave the profession. Semi-structured interviews were conducted with 29 participants. For many participants, leaving nursing was not an easy decision. This article outlines the decision processes of five of the study participants to illustrate the complex psychological process associated with quitting. The insight gained may shed light on how to entice back nurses who have left the profession and address the needs of those thinking of leaving.

Aust Health Rev 2004: 28(3): 340–348

What is known about the topic?

A shortage of nurses is a major concern for the Australian health care system.

What does this paper add?

The five nurses presented in this article reported that stress and burn out relating to inadequate staffing and lack of support were significant factors in their decision to leave nursing.

What are the implications for practitioners?

Greater attention to providing support and reducing stress for practising nurses may assist in retaining nursing staff.

THE FEDERAL AND STATE governments have made combating the nursing shortage crisis one of their priorities. Inquiries, surveys and reviews have been commissioned to investigate nursing recruitment and retention strategies (DHS 2001), to review nursing and nursing education (Heath 2002; Senate Community Affairs References Committee 2002) and to improve nurses' working conditions (Australian Nursing Federation 1999; DHS 2001). Despite these efforts, the system continues to lose nurses. Unless urgent measures are taken, by 2006 Australia's health care system may have only 60% of the nurses it requires — a national shortfall of over 4000 graduates (Preston 2002).

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Burn out, poor working conditions, poor remuneration, lack of career structure, and family unfriendly working hours have been identified as contributing to many nurses leaving the profession (Irvine & Evans 1995; Yoder 1995; Buerhaus 1998; Prothero et al. 2000; DHS 2001; Buchanan & Considine 2002). The role of nurses is becoming increasingly complex and demanding because of downsizing, outsourcing and cost containment efforts (Seifert 2000; DHS 2001; Buchanan & Considine 2002), with the result that many have difficulty in maintaining appropriate standards of care (Wolfe 1999; Kersbergen 2000; DHS 2001; Buchanan & Considine 2002). Shortened hospital stays and a faster turnover of patients mean that nurses are caring for a higher volume of acute care patients requiring more complex technology. The demands on nurses within the increasingly complex health care system require that they possess exceptional coping skills (DHS 2001; Buchanan & Considine 2002).

A research study was conducted in 2002 to examine the decision process used by those who have left the nursing profession. This article reports the findings of the study, which focus on the complex decision processes identified by departing nurses. An understanding of the psychological process they have gone

through in deciding to leave the profession could provide some insights in developing retention strategies to stem the exodus of nurses.

Methods

Aim, framework and research design

This study aimed to understand nurses' decision-making when leaving their profession; specifically, to explore what triggered them to consider leaving, the process of leaving, and what might have changed their decision.

The theoretical framework for this study was based on Lee and Mitchell's Employee Turnover Model (Lee & Mitchell 1994; Lee et al. 1996) using Beach's image theory which argues that screening is an important mechanism for understanding decisions (Beach 1990). In a job turnover situation, screening is a process departing employees may use to ascertain fit or misfit of three domains: value, trajectory and strategic images in personal and organisational contexts. The value image is a set of general values, standards or principles important to a person. The trajectory image is the set of goals that motivates and directs their behaviour. The strategic image is the set of behavioural tactics and strategies an individual employs to attain his or her goals. The major components of Lee and Mitchell's model include: a 'shock' to the employee; the psychological analysis that precedes a decision to quit; and the act of quitting (Lee & Mitchell 1994). Shock triggers an employee to think about staying or leaving a job. The psychological analysis involves judging whether the shock can be integrated into one's value, trajectory or strategic images. If there is a lack of fit, the employee will either quit or change one or more of his/her images to accommodate the shock.

The research design was a qualitative approach using semi-structured interviews to collect data from former nurses who had left the profession. The study commenced after ethics approval was obtained from the Victoria University Human Research Ethics Committee.

Participants

Participants were recruited through advertisements on notice boards and electronic mail posted on the university and local hospital networks, local newspapers and national nursing newspapers. Participant section criteria included: Division I registered nurse; aged under 50 years; and left nursing practice voluntarily within the last 5 years.

Twenty-nine former nurses participated; two males and 27 females. Their ages ranged from the mid 20s to late 40s and they were recruited from metropolitan, regional, and rural areas of Victoria, as well as from Queensland, South Australia and New South Wales. They had varying levels of responsibility and experience when they left nursing, from Grade 1 to Grade 5, and from one to over 20 years of experience. The areas of practice of the participants varied from medical, surgical, aged care, psychiatry, community, operating room, paediatrics, critical care, and accident and emergency nursing to rehabilitation, education, and reproductive and sexual health.

Data collection

Data were collected by semi-structured, in-depth interviews and included 20 face-to-face interviews and eight telephone interviews, depending on the preference of participants. Face-to-face interviews were held in the participant's place of choice. With permission of the participants, interviews were taped and lasted between 45 and 60 minutes. In addition, one participant responded by e-mail to the interview questions. Participants were informed that at any time during the interview they could withdraw their permission and end the interview. None chose to withdraw. All participants were given pseudonyms to protect their identity. By the twenty-seventh interviews, saturation of data occurred as no new information emerged, but all who volunteered to participate were interviewed.

Data management and data analysis

All interview data were transcribed verbatim. Each transcript was read several times by two researchers who analysed them separately and

independently. Data were analysed for common categories, constructs and themes that described the types of triggers, the types of and image violations that drove them to leave; their decision paths and stages; sequences of the leaving process; common value patterns or factors that attracted them to nursing; and strategies that could have kept them in the profession. The N5 computer program (Richards 2000) was used for data management, coding and retrieval.

To ensure reliability of the interpretation, the researchers read the transcripts independently. The research team met weekly to discuss emerging themes and categories. Disagreements on findings were resolved through joint discussions and revisiting the original transcripts. All categories and themes were supported by participants' accounts.

Findings

The decision to leave the profession, for many former nurses, did not come suddenly and easily. The initial trigger (shock) that led to their quitting decision was a general dissatisfaction with the working conditions, continual shortages of nurses, and disillusionment with the lack of career structure. Many had been contemplating leaving for a number of months or years and had started looking for alternative career paths. Additional education had been obtained in preparation for moving to another profession. Some participants reduced their hours of work from full-time to part-time to support themselves while they studied, or in an attempt to ease the stress they were facing. Over 50% of the participants in the study followed this strategy until they made a career change. Others tolerated the unsatisfactory working conditions until they reported they were burnt out. Some left even though they had no other employment. Three left because they were no longer able to continue working due to the physical and emotional abuse they received at work. For these three, the decision to leave nursing was more sudden, but no less difficult.

At the time of interview, three participants were unemployed. The remainder had changed careers and worked as an ambulance officer, business manager, care manager, company director, massage therapist, pharmaceutical salesperson, psychologist, social worker, and service manager.

This article presents the leaving process of five of the participants to illustrate the various types of image violation that triggered a leaving decision and the complex quitting process.

Olga

Olga was in her late 20s. She had a Bachelor of Nursing with Honours and a degree in Arts. She had left nursing 6 months before the interview. At the time of leaving, she was a full-time grade 2 nurse in critical care with more than 1 year experience. At the time of the interview, she was a medical student and occasionally worked one agency shift to support her studies.

Olga's leaving decision was triggered by violation of value and trajectory images. Inadequate resources, mediocre nursing culture, lack of autonomy, and lack of recognition for nursing work violated her personal and professional value images. She found understaffing dissatisfactory and frustrating; she said:

> The ward was busy and the patients were often quite unwell. We were given between 6 and 8 to look after. I used to get to the end of the day after having run around like crazy not having done everything for everyone. And there was always that feeling of general dissatisfaction.

She was disappointed with the mediocre nursing culture. She recounted:

> I was quite junior really but I was getting really annoyed that things were so inefficient. And I spoke to my unit manager about it, and she said "Look it's always going to be like this, maybe you are in the wrong line of work, you'll always be frustrated. This is the way it is, and you have to find some way of just dealing with it. I was like you 20 years ago".

Olga believed that the role of nurses was misunderstood by many of the health care professionals. Nurses were perceived to be minor play-

ers in health care and were subservient to all other disciplines. She found that the misunderstanding of the role of nurses was disappointing and frustrating, specifically, the lack of autonomy and recognition. She said:

> Nursing is one of those things that people will see it for what it was maybe 30–40 years ago. No one knows that it's actually evolved and moved on and we do different things. And there's a constant conflict even within your work, where you've gotta do the menial things as well as the highly technical things, and people see you doing both, and they get confused. It's difficult for us 'cause we're on one side wiping butts, but it's the other side where you know programming in how many mls an hour of adrenaline or something . . . I think something seriously needs to be done but . . . I'm not sure exactly how to fix it.

Olga had never thought of nursing as her preferred career and the lack of career path in nursing violated her trajectory image. She started nursing because she could not think of anything else to do. Although she did come to like nursing, she was disappointed that there was no clear career path. She said, "You move up the ladder till your eighth year but then that's the end."

Olga's exit plan included searching for other jobs and further studies. She explored and evaluated her options. She said, "It took me ages before I went and [started] that exam for medicine".

For Olga, the leaving process was not psychologically traumatic. She had thought of medicine as a career but was unsure if she could manage it. She was surprised that she was accepted into medical school. She is now in the fourth year of medicine as the entrance examination gave her credits for the first 3 years.

What could have changed her mind? According to Olga, the system needs to change. She said:

> It would've been pretty hard because they're the big issues, like how nurses are perceived in public or by the government and things like that . . . but I think it's one of those things that you know you can't just change it.

Olga's decision to leave nursing was brought by nursing's failure to satisfy her personal values and career goals. Although nursing still has a place in her heart, she is quite happy that she has left.

Colin

Colin was in his mid 20s, with a Degree in Nursing and a Post Graduate Certificate in Emergency Nursing. He was studying a Law Degree and worked part-time to finance his studies. At the time of interview, he was a grade 2 nurse with over 5 years of experience, and was in the process of completing his Law degree.

A violation of trajectory image triggered Colin's decision to leave. The specific event that triggered this followed a conversation with a colleague. This colleague had a post graduate degree and 20 years experience in Emergency nursing, but his wage was little more than Colin's. This started Colin thinking about his future. He said:

> That whole realisation that perhaps I could get to 40 and still be doing the same thing . . . At the time I was living at home and my pay packet was going, and I thought how the hell do you do this with three kids? And that sort of scared me a little bit. I thought one day I'm going to have kids and a mortgage and at the moment I've got no bills, no responsibilities and it all goes after a fortnight and I thought this can't be right. It sounds greedy that money was probably the main thing but it was more . . . No not just money but opportunity.

Colin had planned to work in management. However, he discovered the remuneration and recognition of nurses with management degrees and experience was well below that of similarly experienced and educated managers in the corporate sector. Furthermore, nurses were restricted to work in nursing management, whereas those with degrees such as law and management had greater opportunities to move across disciplines. He said:

> Once I'd gone and had a look on the web sites of MBAs and looked at what their graduates — what opportunities graduates had in other industries, I thought well there's

> no way that I'd do Masters of Management and stay in health care.

Colin did not experience psychological trauma during the decision-making and leaving process. He had an exit plan; he investigated his options within and outside of nursing. He decided to study law and financed his studies with part-time nursing work.

He believed there was nothing that could have been done to entice him to stay. He believed that the 'system' needed to change to better remunerate nurses, and in particular nurses in management. He also believed that the recognition of nurses by the nursing, medical and allied health professions, and professions external to health, needed to change. He did not believe that either of these changes would happen in the foreseeable future.

Barbara

Barbara was in her mid 30s and graduated with a hospital certificate. At the time of the interview, she was on maternity leave and starting up her own cottage craft business. She had left nursing 2 years previously, after working for over 15 years. Her last post in nursing was in an acute general surgical unit as a part-time grade 2 nurse.

The trigger that led to Barbara's leaving was a violation of values image. Barbara felt that she was unable to deliver the quality of care that she believed patients required, because of understaffing. This affected her adversely and led her to become quite stressed. She said:

> And on night duty, you sometimes got 10 [patients], and 5 or 6 of those would have epidurals or PCA's . . . which meant hourly and 2-hourly observations. So for those few hours I was running. And I don't mind running but I don't like running and then having to hand over a whole list of things that hadn't been achieved and still coming home and thinking [about them]. Oh this is just too hard.

She was disappointed that administration did not care about nurses 'on the floor', as they were viewed only as 'numbers'. She said:

> [On most days, when we were busy], I had relatives yelling at me 'My mother's been needing pain relief an hour ago' and I'm thinking 'Yes I know, but there's nothing I can do about it'. . . . On the very slim occasion, very slim, we would have an easier day . . . if another ward was busy they would come and grab someone — "But you've got six on this morning". Doesn't matter that you could use five but that sixth person could be restocking the drug trolley that sixth person would have to be shunted off to another ward . . .

When she was on her first maternity leave she started to realise how stressed she had been at work, and recongised that she was becoming burnt out. When she returned to work from this maternity leave she worked part-time. However, she felt that this was unsatisfactory because each shift was so busy that she could not manage to fit into the shift everything that she was meant to do. As a result, Barbara was working without adequate breaks and for longer than her rostered hours in order to give the care patients required.

During one shift, her son was injured and she was not able to leave work to be with him. She felt that when she was working she was so busy and stressed that she could not see what was happening to her. Her working conditions had a detrimental effect on her health as well as her relationships within her family. She decided to quit nursing during the second maternity leave.

The psychological process of leaving was difficult for her. She loved nursing but was unwilling to return under the conditions that she had been enduring. Once she recognised that her health and family took priority, the decision to leave was easy. However she did struggle with the fact that she was leaving a profession that she enjoyed. She said:

> I suppose my tears, my anger, all of that accumulated to get me to the point where I said no, this is enough. [It] was just frustration, frustration at not being able to do everything I'd like done for myself, and to give a frightened [patient] just 10 minutes, 'cause I didn't have ten minutes, I just didn't.

Barbara believed that she might have stayed if there had been sufficient resources for her to deliver the quality of nursing care that she believed was essential. She said:

> Nurse patient ratios — that stood out so blatantly that it had to change, there was just no two ways about it, it just had to change.

She is happy now and does not intend to return to nursing. She is willing to maintain her registration by working the minimum number of hours necessary to keep her registration. She is conscious of the unpredictability of the future and may consider returning to nursing if absolutely necessary, but only in an area where stress levels are markedly less than those she previously had been exposed to.

Vikki was in her early 50s. She had left nursing 5 years before the interview, having worked for more than 20 years in nursing. She graduated with a hospital certificate and gained a certificate in Operating Room Nursing. Her last nursing position was as a full time Nurse Unit Manager (grade 4) in an Operating Room. At the time of the interview she was a company director in a family interior decorating business.

The trigger for Vikki to leave was value image violation. It was an accumulation of events over 4 to 5 years. All events revolved around inadequate staffing levels in the operating suite. Vikki believed that the surgeons, nursing staff, and patients had been inconvenienced and their needs neglected. She felt that this was morally and ethically unacceptable to herself and the patients. She saw the standard of care slipping and tried to put her argument for appropriate staffing forward to the nursing administration but received no support from them.

The specific event that triggered her to leave was, as she recalled:

> Administration really have no idea about management of theatres and they were taking my key staff to work in various other areas, which I found very difficult. That was the straw that broke the camel's back really because I found that staffing levels were very low. If we worked through the night I would have to cancel lists the following day, so that was inconveniencing surgeons and inconveniencing the patients. And it was just horrible to see these people who had been prepared — they may have been having major bowel surgery or something like that — and all their preparations down the drain. Not to mention the emotional problems and the finances and economics of the whole thing, because being in a country area they travelled, they had to get people to look after their children.

The leaving process was difficult for her. She had never entertained the idea of leaving nursing before this point. She had loved the profession. She said:

> I absolutely loved it . . . when I go into a hospital I sort of get the adrenaline going . . . I had very good staff rapport and had very good rapport with the surgeons and I had a lot of support from the surgeons but not our administration.

Then she started to suffer health problems due to the stress. She knew that she was not going to get any better under the circumstances. She said:

> I'd get up in the morning and think, my God, you know. I'd be stressed before I even drove out the driveway because I was thinking, what am I going to find today? How am I going to roster the staff? . . . I'm straight out eight to five. I would be there at seven because I would have to sort things out, and even then you'd always be there late at night.

Her final decision to leave was quick. She did not find the decision difficult. She just felt that it was time to leave, and she felt very relieved when she had made the decision.

What could make her stay? She said:

> If administration had listened to the ideas we had. As a team we sat down and worked it out ourselves; how we could improve the situation, and of course it was employing extra staff and . . . a permanent night staff.

She has no regrets about leaving nursing. She is very happy in her new career and does not intend to return to nursing.

Beth

Beth was in her late 40s. She initially graduated with a hospital certificate and then completed Graduate Diplomas in Advanced Nursing, Gerontology and Faith Counselor Nursing. She had left nursing 3 years before the interview. Her last nursing position was in Aged Care as a grade 2 part-time nurse. Before the event that led to Beth's leaving, she worked full-time as a grade 5. She had over 20 years of nursing experience when she left the profession.

A traumatic value image violation led to Beth's decision to leave: she was attacked by a patient with a knife and received no support from her employer or her family. Her family was unable to support her because they did not understand what she was going through and her husband had been transferred to work in another town and was not there to support her.

The specific event was as she described:

> I was the evening supervisor in the nursing home part, and I was called to come and see a resident who was actually a resident of the hostel part. When I got up to him, he was just yelling and carrying on and I followed him into the bathroom where he was. And was just talking to him quite quietly, you know just asking him what was wrong. And he was settling down. Then he talked on about, "the motorbike hit me" or . . . you know it wasn't really making any sense in what I knew, and I just thought, oh yeah, oh maybe he was crossing a crossing today and somebody went past. Then he just said, "I'm going to stab myself and I'm going to stab you", and he lunged at me three times with a knife and just missed me in the chest. And I really got no support after that from the people that I worked with.

Although she suffered no physical injury in this incident, the emotional trauma that she suffered has affected her whole life. Despite reporting the incident to her superior, no one at the hospital asked her how she was doing. She recounted:

> Over the next couple of weeks I actually heard, "Oh you shouldn't have done that, oh you should've done this. Oh he would never hurt a fly. Oh it must've been your fault". You know it just went through the whole gamut of excuses, other than to say what happened, and you did the right thing. I guess after a while I lost confidence.

It was four weeks after the attack that she was offered counselling. The attack on her caused her to have panic attacks when she was surrounded by a number of people, rendering her unable to go to the shopping centre. She lost confidence in her ability as a nurse. She explained:

> I got to the point where . . . I would check tablets about 15 times before I gave them . . . I'd still go home thinking have I, have I given the right tablet?

At the time of the attack, she was a hospital supervisor in a 300-bed geriatric hospital. From this time until she left nursing, when she was able to work, she was only able to function as a Grade 2 nurse in a part-time capacity. During some of the times that she was unable to work as a nurse, she had tried to regain her confidence by being a 'flower lady' in a hospital. She was only able to stay for about an hour before she found she had to leave. She said:

> I just had absolutely no confidence at all and I got to the point where I guess I was suicidal . . . I had spent quite a bit of time under psychiatrists . . . I ended up having ECT [electroconvulsive therapy].

She is no longer suicidal but she still suffers panic attacks and loss of confidence. She was attacked 5 years before she actually left nursing. She stayed in nursing because of financial commitment. She said:

> I had three kids, one at boarding school, two at uni and I needed the money to keep supporting them . . . I needed to keep working . . . I used to think no I've just gotta [leave], I just can't do it but there was always this overriding financial thing.

Leaving nursing was a hard decision for Beth because she had wanted to be a nurse since she

was 11 years old. She had invested over 25 years of her life in nursing and she had continued to study to expand her knowledge in her area of interest. She struggled with the decision; she said:

> This is my livelihood. This is what I worked for all my life. This is what I studied for. This is what I've gone to uni for. I want to keep doing it.

She was hanging on to the thought that she might work again by continuing with some nursing studies. Even though she wanted to stay in nursing, she acknowledged that she might never work again. She firmly believed that if she had had the support of her colleagues and superiors at the time of the attack she would not have been as emotionally traumatised as she was and that she would probably still be able to work.

Discussion

Lee and Mitchell's model provided a useful framework to examine the psychological process participants experienced in deciding to leave their profession (Lee & Mitchell 1994; Lee et al. 1996). 'Shock' and/or job dissatisfactions that triggered them to think about quitting were similar to those reported in the literature (DHS 2001; Buchanan & Considine 2002; Heath 2002). However, the screening process of evaluating fit or misfit of value, trajectory and strategy images, and deliberation about adjusting their images or quitting varied among the participants. The screening processes used by these participants support Lee et al's assertion that value images are harder to change and deliberation is usually substantial. The five participants' quitting processes described in this article were typical of many participants in this study.

Younger participants, male or female, when experiencing career trajectory and strategic images violation (ie, when nursing was not meeting their career goal and plan), made best use of their nursing qualification and experience to explore other career options and planned strategies to achieve their goals. Deliberation about quitting did not take a lot of time and the decision process was easy and not traumatic.

Both Olga and Colin believed that a degree in nursing was a stepping-stone to other career opportunities. Colin said:

> I think one of nursing's strengths, and also perhaps to some extent its weakness, is the fact that you get a degree. . . . So it's very easy to look at the university web site and go, oh I can get a law degree in 3 years, that's alright.

To attract this cohort back to the profession, the system needs to change. Nursing has to promote a positive public image and offer improved career paths and opportunities for promotion.

Those who left because of value image violations were generally over 30 and had been nursing for over 10 years. They enjoyed nursing; it was their career choice. The value image violation they experienced was traumatic and emotional and it took a longer time for them to decide. The psychological process of leaving was difficult for Barbara, Vikki and Beth. Both Barbara and Vikki suffered burn out and stress due to staff shortage and lack of support from nursing administration. When they started to realise that their own health was being affected, and that their family took priority, their final decision to leave was not difficult. In Beth's situation, however, she had to continue to work because of her financial needs while she endured the traumatic effect of the incident. Her decision to leave was difficult and the process of leaving took a few years. Many of the participants reduced their hours from full-time to part-time to cope with stress if their situation allowed.

In comparison, those under 30 with a degree planned their exit earlier, perhaps preventing burn out. They started working part-time to finance their study for a change of career.

To attract the cohort that experience value image violation back to nursing, working conditions have to improve so they can work safely

and without fear, anxiety or burn out. Improved conditions should include better nurse–patient ratios and skill mix, more permanent staff, support and counselling services for those who are victims of violence, and improved working conditions based on feedback from regular staff-satisfaction surveys. Above all is the need to ensure recognition and appreciation of their contribution.

Conclusion

The decision to leave nursing was difficult for many of the participants; it was not just a change of job, but also leaving a profession for which they had trained. The study's findings provide additional information on the complex psychological process involved in making a decision to quit in a profession at a time of acute nursing shortage. This article provides insight into how decisions are made to leave nursing and the process that was followed by five of the participants. Individual circumstances and nurses' deliberation about the situations in relation to their own personal and professional values, career goal and strategies shaped the different paths they took in leaving nursing. Nursing leaders need to be cognisant of conditions that lead to job dissatisfaction and to put in place strategies to improve working conditions, especially adequate resources and safety procedures. They need to give appropriate support, recognition and acknowledgement to their staff. They also need to recognise the effects of job dissatisfaction and stress on staff, and provide stress reduction management strategies.

Acknowledgements

This project was supported by the Victoria University's 2001 Research Seeding Grant. I wish to thank the research team and all the participants who contributed their valuable time and efforts to support the project.

Competing interests

None identified.

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(Received 29 Sep 2003, accepted 28 Sep 2004) □