



Workload Demands Driving an Exodus of Intensive Care Nurse Practitioners

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INTRODUCTION

Objectives: To determine the various workload factors that influence the high turnover of intensive care nurses working in a Saudi Arabian hospital.

Design: Using a convergent parallel mixed methods design, data were collected by means of semi structured interviews, with 20 participants in the qualitative phase. A survey questionnaire, that was developed and adapted from the Job Demand Resource (JDR) model, was used to collect data from 200 participants. The quantitative data were analyzed using the latest version 25 of SPSS and qualitative data were analysed using Tesch's method of data analysis.

Setting: Intensive care unit in a Saudi Arabian healthcare organization in the Southern region of Saudi Arabia participants in the first phase of the study was qualitative n=20 participants and 2nd phase quantitative n=200 participants whom were in direct patient care.

Main outcomes measures: The study was aligned to the Job demand resource model and provided evidence that ICU nurses experienced various workload factors that influenced their well being which resulted in exodus from the profession. The increase in workload the work demands resulted in ICU nurses ending work contracts and a strategy to retain nurses must be the focus for the future of skilled ICU nurses.

The findings eluded that the high job demands caused strain and health impairment, which are associated with decreased job satisfaction of staff working in the ICUs of Saudi Arabian hospitals. On the basis of these findings, the high turnover of skilled ICU nurses resulted within this organization in Saudi Arabia. The researcher proposed and developed guidelines for the implementation of a comprehensive managerial

framework that explicated workload factors that influence the well being of the ICU nurses and recommended to formulate a very attractive ICU nurse retention strategy. The proposed framework can be utilized as an interactive tool that will set out clear actionable steps, providing ongoing guidelines on how healthcare organizations should plan and implement suitable workloads, efficiently and effectively, to ensure staff health and wellbeing.

DESCRIPTION

All diabetic patients in Finland who need antidiabetic drug therapy receive it free of charge according to the sickness insurance act. The social insurance institution maintains a central register of diabetic subjects who receive drug reimbursement. Based on this register, we identified all diabetic patients aged 45 to 64 years who were born and living in the Kuopio university hospital district (East Finland) and in the Turku university central hospital district (West Finland). The formation of the final patient population, consisting of 510 diabetic subjects (253 men and 257 women) who participated in this study in East Finland (participation rate, 83%) and 549 diabetic subjects (328 men and 221 women) who participated in the study in West Finland (participation rate, 79%), has been previously described in detail. Insulin dependent diabetes was excluded in all insulin treated NIDDM patients by C-peptide measurements. None of the patients classified as having NIDDM according to the World Health Organization (WHO) criteria 14 and included in the final study population had a history of ketoacidosis. Thirty three patients (23 men and 10 women) with elevated serum creatinine levels of >120 µmol/L and 9 patients (7 men and 2 women) for whom serum uric acid measurement was not available were excluded from statistical analyses. Of the 1017

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NIDDM patients, 88 men and 54 women were treated with diet only, 393 men and 345 women with oral hypoglycemic drugs, and 70 men and 67 women with insulin. The proportion of diet treated patients in our study was 16.5% in East Finland and 11.5% in West Finland. It is unlikely, however, that the underrepresentation of diet treated diabetic patients in our series could influence our results concerning the main study objective (the evaluation of risk factors for stroke in patients with NIDDM), because the mode of treatment of diabetes appeared to be quite similar in both study areas. The mean \pm SD age of diabetic men was 57.2 ± 0.2 years and that of diabetic women 59.0 ± 0.2 years.

CONCLUSION

Environmental characteristics, examined in this study, have ranged from staffing and resource adequacy to the support of

unit level and organization wide managerial support. A variety of job related experiences was linked with high turnover as well as impaired well being factors related to job demand resources. In this study, workload played an important mediating role between the extent of well being and emotional exhaustion among ICU nurses resulting in exodus of highly skilled nurses.