Exploring the Influence of Gender on Registered Nurses' Intentions to Leave the Profession

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Abstract: An aim of this study was to uncover the visible and invisible influences of gender as a social structure in respect to the decision to leave the nursing profession. Semi-structured interviews were conducted with eleven female registered nurses who had serious intentions of leaving the nursing profession. Based on the findings of this study, strategies to influence recruitment, practice, and retention in nursing can be developed.

Introduction

The United States is in the midst of a severe shortage of registered nurses, which is predicted to worsen over the next ten years. This prediction is based on the increasing number of individuals that will require healthcare services, the number of registered nurses who plan to retire, a shortage of nursing faculty, and increased capabilities to treat complex conditions (Schuman, 2003). Further complicating the shortage is the number of nurses who have intentions to leave the profession. Between 11 and 50% of registered nurses have indicated an intention to leave nursing (Borkowski, Amann, Song, & Weiss, 2007; Bowles & Candela, 2005, Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges, & Marchionni, 2008; Nogueras, 2006; Whittock et al., 2002). Research investigating factors which influence decisions to leave the profession have primarily focused on job satisfaction and have resulted in various findings with few consistencies. However, many of the factors examined directly relate to problems in the workplace and have not been investigated from the actual experiences and perceptions of the registered nurse. Additionally, nursing has historically remained a predominantly female profession and few studies have explored an aspect of the nursing shortage from a gendered perspective. Only a handful of studies have examined the influence of gender on nursing practice and retention (Herron, 2007; Jones & Gates, 2004; Miranda, 2007, Seymour & Buscherhoff, 1991). In adult education, there are calls to explicitly examine the power and status of a particular group (Brookfield, 2005; English & Irving, 2008), and Bierema (2003) has called for more research on exploring sexist work environments in an effort to address women's career development. In the workplace, women have been consistently marginalized, and the hidden curriculum in organizations often teaches women to assimilate to the patriarchal culture and not challenge the status quo (Bierema, 2001; Hayes & Flannery, 2000). Adult educators have explored women's experience in the workplace in respect to workplace training (Howell, Carter, & Schied, 2002), women's consciousness of gendered power relations in the workplace (Bierema, 2003), and women's experiences in mid-level management positions (Clark, Caffarella, & Ingram, 1999). They have found that women often lack gender consciousness in relation to career experiences (Bierema, 2003; Clark et al.1999). As can be seen, there has been some investigation into women's experiences in the workplace, but there is a lack of data based research that really examines the gendering of work, the gendered nature of experiences in the workplace, or the reasons women choose to leave the nursing profession. Therefore, the purpose of this qualitative study is to explore the perceptions of registered nurses who have intentions to

leave the profession with particular attention to the influence of gender. The specific research questions that guided this study were: 1) What factors have influenced a female registered nurse's intentions to leave the profession? 2) How do female registered nurses who have intentions to leave perceive their practice in a female dominated profession? 3) How do female registered nurses who have intentions to leave the profession perceive the influence of gender on their decision?

Theoretical Framework

This study is informed by the theoretical framework of feminist poststructuralism. Poststructuralism challenges the notion that an underlying organized system of social structures exists (English, 2006). The addition of feminism to poststructuralism places gender and the gendered nature of experience as the central focus of analysis. Assumptions related to absolute knowledge are questioned in this framework in an effort to explore how discourse functions and is historically produced (St. Pierre, 2000). Additionally, this framework is concerned with how social structures, such as race, gender, class, ethnicity, and sexuality, influence the construction of the self (Tisdell, 1998). The current research base exploring intentions to leave the nursing profession has found that the majority of the reasons deal directly with the work environment, which undergirds the necessity to utilize a framework that enables analysis of underlying social structures, such as gender, on workplace experiences and career decisions.

Methodology

This study utilized a basic interpretive qualitative design that was informed by feminist poststructuralism. Snowball sampling was used to seek female registered nurses who had serious intentions of leaving the nursing profession. Participants needed to have at least 3 years of nursing experience and currently be working in a patient care position. Semi-structured face to face interviews were the primary means of data collection. Eleven interviews were conducted at a location selected by the participant. Participants ranged in age from 29 to 59 years and their years of nursing experience ranged from 3 to 33 years. They worked in various settings and had varying levels of nursing education. Because an aim of feminist research is to address and attempt to correct "both the *invisibility* and *distortion* of female experience in ways relevant to ending women's unequal social position" (Lather, 1991, p. 71), there was an attempt during data analysis to illuminate the dominant discourses that influenced participant identities and their understanding of contextual power relations (Cheek, 2000).

Findings

The participants discussed many factors which were influencing their decision to leave the nursing profession. They had various reasons for wanting to leave, but despite these individual differences, they reported many similarities in their work experiences. Even though poststructural feminism resists the notions of categorization in an effort to coherently tell the data story, the data analysis coding process resulted in themes of findings. The five themes were: feelings of duty and obligation, the power distribution in the hierarchy, growing incongruity between working conditions and patient care, interpersonal communication, and shifting perspectives on work and self.

Feelings of duty and obligation

The participants expressed general feelings of wanting to care for others, which included a sense of meeting family expectations in respect to career choice and economic need. For many of the participants, the choice to enter nursing was influenced by family members, and they felt compelled to meet career expectations. Many of the participants took different jobs at certain points in their careers in order to meet family needs. In respect to gender, one participant shared that her husband grew up in an "immaculate" household and socio-culturally, it was expected that she take responsibility for the majority of the household tasks and child-rearing despite the fact that she worked full time. She also discussed that she had wanted to leave nursing for 15 years, but felt that she was unable to pursue additional education because of her familial obligations. A few of the participants discussed the fact that career options were limited for women at the time they were making career choices. This sense of obligation and duty extended beyond family and into their work as nurses. The participants expressed overwhelming desires of wanting to take care of others and to provide the best patient care possible, including the emotional and psychological aspects of care. As one participant stated, nurses "will throw themselves under a rolling train for their patients." Some of the participants perceived that female nurses focus more on the emotional aspects of care than men. They reported feeling guilty when they were unable to meet their obligation to care, which created personal conflicts.

The power distribution in the hierarchy

The participants' perceptions of power were influencing their intentions to leave the nursing profession. This finding incorporates their sense of positionality in the hierarchy, a lack of compensation, limited opportunities for advancement, and an inaccessibility to power structures. Participants perceived that they were at the "bottom" of the hierarchy and this positionality contributed to how they were treated by administrators, physicians, direct managers, and patients. In addition to feeling weight from above, there was also a sense that every action was being monitored. As stated by one participant, "They're always on the backside of your computer looking to see how well you do things." They also provided examples of being demeaned in the workplace. In respect to compensation, they were satisfied with their salaries, but they felt like they were not adequately compensated for completing mandatory requirements and received few rewards. Three of the participants, who all worked in home-health, discussed that overtime was often not reported because of a fear of repercussions. As stated by one participant, "They tell you you're not allowed to work off the clock but it's impossible. If you have too much overtime, then you're counseled. Yet they tell you, you can't work off the clock, but yet they give you more work than you can do in an 8 hour day. So you're caught sort of between." Additionally, they perceived they had limited opportunities to expand their nursing knowledge. The power of the hierarchy also influenced the participant's perceptions of opportunities for advancement. There was a sense upward mobility was limited and neither education nor experience seemed to count in seeking other positions. Three participants all used the phrase "feeling stuck" to describe the lack of mobility they felt in the workplace. Furthermore, the participants perceived that they had a lack of power, which they felt distributed inequitably in the workplace. Power was sensed as being omnipresent, and the lack of access to power made them feel frustrated and angry at times; it was also seen as silencing their voice. Some of the participants were very discouraged when they made attempts to offer solutions to problems and met resistance. One participant acknowledged that not having anyone to listen to you "is very hard to reconcile." She went on to say, "It makes it very hard to sleep at night knowing I just have to keep my mouth shut, but I have to keep my mouth shut to keep my job." In respect to gender, there was a sense amongst the participants that the perceived lack of

compensation was related to nursing being a female profession. One participant described nursing as a "pink collar" profession, which she said is associated with being paid less and being demeaned. Another participant discussed the fact that organizations exploit the fact that nursing is a female profession, because they know women will continue to do the work despite less than ideal conditions. Some participants perceived that male nurses were given more privileges and had more opportunities for advancement in the hierarchy. There was also the perception that having more men in nursing would positively affect the profession. Gender was a conscious presence within this finding. The power structure of the organizational hierarchy was found to be affecting many aspects of their work as nurses, and it was influencing the decision to leave.

Growing incongruity between working conditions and patient care

For many of the participants, the work they were performing was not in line with the role they had envisioned. They discussed that organizations currently emphasize productivity rather than patient care, which was not consistent with their reasons for entering nursing. They felt that patient care was the "least that you do." Three factors were discussed as particularly having a negative impact on their ability to provide good patient care: workload, the physical environment, and the use of technology in the clinical setting. In respect to workload, they used words such as "hectic", "chaotic", "frazzled", and "unbelievable" to describe their typical day at work. They perceived that work assignments were often not realistic and patient acuity was not considered. The participants felt that newer nursing units were designed for customer service rather than patient safety. They also felt that computerized documentation had exponentially increased the time they spent on charting, which took time away from patient care. As stated by one participant, "You spend all of your time at the computer now. And it's so important that everything be documented, documented, documented. It's almost as important that you document it even if you don't do it." The presence of gender was found embedded in this finding. The structure of nursing work was not portrayed as being in line with the caring work of nursing, which was seen as devalued by the healthcare organization because measureable, objective outcomes were emphasized over subjective and emotional aspects of care which are associated with feminine attributes.

Interpersonal relationships

The participants perceived communication to be ineffective in the workplace, and interactions with other nurses were seen as particularly problematic. Gender was discussed as an influence on interpersonal relationships, as well as communication styles between nurses. Two participants stated that there is a lot of "cattiness" between female nurses, and three participants talked about how nurses have a reputation for "eating their young." Male nurses were perceived as being able to mediate relationships in the workplace and to be more effective communicators. Some of the participants shared that they were frustrated when healthcare providers failed to see issues from perspectives that were different from their own. A few participants shared insights into the origins of ineffective communication patterns, but most of the participants seemed perplexed by them. In any case, ineffective communication affected relationships in the workplace and were a source of dissatisfaction contributing to the decision to leave nursing.

Shifting perspectives on work and self

The participants were experiencing a shift in their personal views regarding work. They expressed that they needed to care more for themselves, and all of the participants had experienced some type of health problem, which had led them to reflect on their career choice. As one participant stated, "It's like my soul is saying you have to or you're gonna die in some way. It may be a spiritual death, but you're gonna die if you don't listen to your heart and go

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with it." Many of the participants were searching to find passion in their work, which they currently were not experiencing in nursing. there was also fear about leaving nursing, because it provided them with economic stability. However, the decision to leave nursing was difficult for many of the participants to make because it provided them with economic stability.

Discussion

Most of the findings of this study are consistent with the current body of literature on intentions to leave the nursing profession and supports previous research that the majority of the reasons are related to the work environment rather than individual factors. This study supports the concept that gender role socialization influences career choices. Many of the participants had entered nursing to fulfill obligations to others, and the inability to perform this duty was a source of dissatisfaction. Thus, the reasons for entering nursing were related to the reasons for exiting nursing, which has not been previously discussed. In utilizing a feminist poststructural lens for analysis, the social construction of nursing as women's work can be seen through the feminine language used to discuss career choice. Furthermore, the subjectivity of a nurse was positioned as a care-taker. Structural barriers in the workplace were perceived as affecting positionality and access to power, which were found to be influencing career intentions. Foucault's concept of hierarchical observation, which is a form of disciplinary power (Brookfield, 2005) can be found in the participant accounts of feeling watched and with the use of computerized documentation. Not only can actions be constantly monitored, but they emphasize time on task rather than patient care. The dissatisfaction with computerized documentation and the physical environment are both new findings. Additionally, the exclusion of nurses from seeking additional education suggests a lack of value for nursing knowledge. The findings of this study also suggest that work experiences and career intentions are affected not only by social structures, but also by the intersection of these structures on the self. The influence of gender was consciously and unconsciously present throughout the study. Many of the participant responses regarding the influence of gender concerned male nurses, which underscores the need to heighten awareness regarding the unconscious influence of gender in the workplace. This study is significant to the theoretical framework of feminist poststructuralism and to the fields of both nursing and workplace education. Issues related to gender and power are present on a daily basis in the workplace, yet they are rarely articulated. Without exploration into the underlying reasons behind women's career decisions, masculine models of career development will continue to be prominent and power differentials in the workplace will not be addressed (Bierema, 2003). It is imperative that the fields of nursing and workplace education pose challenges to the social construction of nurses and their work, which can ultimately influence practice and retention in a profession that is already experiencing a shortage of workers. Understanding power relations and how voice is constructed within an organization are necessary tenets to negotiate structures of power and to gain access to decision-making opportunities and professional development.

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