Evaluating Nurse Turnover: Comparing Attitude Surveys and Exit Interviews

Myron D. Fottler, Ph.D., is Professor and Director, Ph.D. Program in Administration–Health Services, School of Health-Related Professions, University of Alabama at Birmingham, and is a Faculty Associate of the College. Myra A. Crawford, Ph.D., is Research Associate Professor, School of Medicine, University of Alabama at Birmingham. Jose B. Quintana, Ph.D., is Health Services Research and Development Coordinator, Veterans Administration Medical Center, Birmingham, Alabama. John B. White, Ph.D., is Assistant Professor, Program in Health Services Administration, Department of Public Health, Western Kentucky University, Bowling Green.

Summary

High turnover rates among hospital nurses demand rigorous and valid processes of research to determine the reasons motivating such attrition. In most hospitals, the exit interview often provides the only relevant data. The case study reported here examines the relative effectiveness of exit interviews and an employee attitude survey in generating data that are useful in managing nurse retention. The conclusion reached is that the attitude survey generates more data and higher-quality data. Further, the study shows that the use of open-ended questions can provide useful information and probably should be the starting point in developing or supplementing an attitude survey for nurses. Recommendations for improving the usefulness and validity of nurse attitude surveys and exit interviews in managing nurse retention are provided.

Address correspondence and requests for reprints to Myron D. Fottler, Ph.D., Professor and Director, Ph.D. Program in Administration–Health Services, School of Health-Related Professions, University of Alabama at Birmingham, Webb Building 534, UAB Station, Birmingham, AL 35294.
The management of employee turnover in shortage occupations is imperative to ensure the continued ability of health care organizations to provide necessary services. Before this process can be managed, however, good data on retention and turnover are necessary. The major method for providing these data has been the exit interview. The effectiveness of exit interviews, as designed and implemented in most organizations, however, leaves much to be desired.

This article presents a case study of data generated by attitude surveys of existing nursing staff and exit interviews of terminating nurses in one hospital. In addition to illustrating the limitations of their present exit interview approach vis à vis an employee attitude survey, suggestions for improving the design and implementation of both exit interviews and attitude surveys are presented.

Evidence from the turnover literature suggests that nurse turnover rates are not only high, but high relative to other female-dominated occupations (Aiken 1983; Stamps and Piedmonte 1986). One survey revealed that 94 percent of nurse respondents indicated that they have considered leaving the profession altogether (Stamps and Piedmonte 1986). A synthesis of the literature suggests that personal and professional dimensions constitute the two overarching categories of factors influencing nurse turnover.

Early studies tended to focus on developing a composite of personal reasons for turnover including such variables as age, number and ages of children, wage rate of the nurse, years of professional nursing experience, and educational level. More recent studies have emphasized professional and organizational facets as the major stimuli in turnover behavior (Hinshaw, Smeltzer, and Atwood 1987; Presholdt, Lane, and Mathews 1987a, 1987b; Price and Mueller 1981; Seybolt 1986; Seybolt and Walker 1980; Sigmondson 1982; Taunton, Krampitz, and Woods 1989; Weisman, Alexander, and Chase 1981). These variables focus on the gap between the nurses’ professional value systems, motivations, and expectations regarding job or career facets and the reality of the typical nursing position.

The studies cited have advanced the notion that nurse turnover is, to a considerable extent, controllable by the health care organization. Several writers have called specific attention to the importance that contemporary professionals attribute to opportunities to develop their full professional potential and to employment that recognizes and rewards commitment to professional ideologies (Benziger 1986; Kramer 1974). In a review of nurse attitude research during the 1980s, Ford and Fottler (1991) identified workload/staffing, work scheduling, stress/tension, support from nursing and facility administrations, general communications, and professional autonomy as specific determinants of nurse retention.
Cotton and Tuttle (1986) did a meta-analysis of turnover/retention research on a wide range of occupations and identified three general categories of determinants—external environmental factors, personal factors, and work-related factors. Our interest here is only in the work-related factors, which Cotton and Tuttle (1986) identified as: pay; job performance; role clarity; job design; overall job satisfaction; satisfaction with pay, work itself, supervision, coworkers, and promotion opportunities; and organizational commitment.

Although high nurse-turnover rates have concerned health care executives for some time, two current developments emphasize the need for accurately evaluating the reasons why nurses resign their positions. The first is the persistent, pervasive, and growing nurse shortage (Aiken and Mullinix 1987; U.S. Department of Health and Human Services 1988). While there appears to be less of a shortage today than in the early 1990s, this situation is probably only temporary (Buerhaus 1994). Unless health care executives are able to identify reasons for nurse turnover and take steps to alleviate them, the resulting institutional shortage may jeopardize the quality of patient care and/or cause subunits of the institution to close. Second, nurse turnover is expensive at a time when health care institutions have come under increasing pressure for cost containment. Increasing nurse retention rates may make an institution more competitive in the market by keeping costs lower. Thus, the achievement of a variety of health care goals such as quality of care, access, and cost containment is facilitated when nurse retention is increased.

Exit Interviews versus Attitude Surveys

Exit Interviews

For most organizations, the most common technique for identifying the nature and causes of employee turnover is the exit interview. The exit interview may be a formal or informal, structured or relatively unstructured information-gathering session with departing employees. Rarely is the interview seen as a means of attempting to salvage the departing employee. Rather, it is viewed as a means of creating better public relations, checking for the soundness of initial selection procedures, or uncovering poor personnel practices and specific sources of job dissatisfaction (Lefkowitz and Katz 1969).

The accuracy and validity of the data derived from exit interviews remain open questions. The traditional criticisms of the technique are the difficulty of obtaining enough trained interviewers, the unknown accuracy of the interviewee's comments, and the possibility of distortion of facts or an unwillingness to discuss frankly the reasons for the individual's departure (Lefkowitz and Katz 1969; Yourman 1965). Another problem is that the managers conducting the exit interview are usually not completely objective (Hinrichs 1975). In addition to lacking skill in interviewing, they may be personally involved in the factors surrounding the individual's decision to
leave. As a result, a certain amount of defensiveness and selective perception is inevitable. Moreover, the terminating employee is often reluctant to be honest because he or she does not wish to jeopardize future employment references.

While the volume of research on the reliability and validity of the selection interview has been great, relatively little research has been conducted on the exit interview. Lefkowitz and Katz (1969) found no significant correlation between the reasons for termination given in exit interviews and a follow-up written questionnaire. They concluded that the validity of exit interviews is probably low, especially when the individual resigns voluntarily. Similar results were found by Zarandora and Caruso (1985) when they compared information given in exit interviews with that provided in a follow-up questionnaire.

Hinrichs (1975) evaluated three different information sources providing the reasons for voluntary resignation of professional employees in a large manufacturing company: (1) exit interviews conducted by company management; (2) follow-up attitude questionnaires mailed from the company's personnel department; and (3) exit interviews conducted by an outside consultant. His results suggest that exit interviews conducted by company management yield substantively different information from that obtained through follow-up questionnaires or by exit interviews conducted by an outside consultant (Hinrichs 1975). The company exit interview was particularly deficient in identifying the overall intensity of employee dissatisfaction as well as dissatisfaction and/or conflict with management (Hinrichs 1975).

In the only exit interview study in the health care industry, Weisman, Alexander, and Chase (1981) studied 1,259 nurses in two hospitals and compared exit interviews to a prospective panel study. The study questioned the nurses at baseline about a variety of job-related factors and then compared the nurses who resigned with those who remained. Weisman, Alexander, and Chase (1981) concluded that inferences based on exit interview data are simplistic and misleading for management purposes. The panel data yielded more information, although the managerial implications were more complex.

Despite these concerns regarding the validity of exit interviews, they remain the major data source on nurse turnover. Because of the expense of high employee turnover and the nation's shortage of nurses in the workforce, the importance of accurately assessing the reasons motivating this attrition is increasing, and the need to establish reliable processes of data collection, analysis, and dissemination to administration is crucial. One alternative to the exit interview is the attitude survey.

**Employee Attitude Surveys**

Employee attitude surveys have a long history in the United States. From responses to these surveys, management can learn how employees view their
jobs, their supervisors, their wages and benefits, their working conditions, and other aspects of their employment. Typically, attitude surveys utilize objective responses to predetermined questions that are scaled from low to high on a five- or seven-point scale. Jacoby (1988) estimates that use of employee attitude surveys increased from 7 percent of all U.S. employers in 1947 to 45 percent in 1982. In a 1989 survey of 429 human resource managers, 70 percent report that they have been involved in employee attitude surveys at least once during the past ten years (Gallup 1988). Such surveys can function as an employee “voice,” keeping the organization responsive to employee concerns. The costs of implementing attitude surveys have fallen steadily over time due to the ready availability of standardized instruments and improvements in the technology (i.e., machine-readable questionnaires).

One study of U.S. corporations sponsored by the New York Stock Exchange found that employee attitude surveys were viewed as “very successful” by 22 percent of respondents, “somewhat successful” by 47 percent, and “unsuccessful” by only 3 percent (Freund and Epstein 1984). The other 28 percent did not provide a response to this question. Another study of 101 industrial firms found that those utilizing employee attitude surveys had better financial performance, higher financial ratings, and better employee relations (Carson 1985). The literature presents many examples of companies that have successfully used attitude surveys to enhance productivity and profitability while reducing employee turnover (Goldberg and Gordon 1978).

The present analysis of exit interview and attitude survey data from one hospital explores the usefulness of these data and provides suggestions concerning how to enhance nurse retention. Two issues are explored: (1) Do exit interviews of terminating nurses or attitude surveys of nursing staff provide the most useful and valid information concerning factors associated with nurse retention? (2) Do exit interview or attitude survey questions regarding specific recommendations the nurses would like to see implemented add additional information beyond that which can be generated by asking directly which factors impact the likelihood (or reality) of leaving?

A Case Study

Subjects

We retrospectively examined existing exit interview forms completed by 70 nurses leaving a major southeastern tertiary care medical facility during the three-year period 1989–1991. The institution where these data were collected is a federally funded 250-bed tertiary care hospital offering a wide variety of services to patients throughout the southeastern United States. It is closely affiliated with a major medical school. Although the exit interview form
included space for both quantitative and qualitative responses, only the open-ended qualitative responses are included in the present analysis because of problems with the objective questions used by the institution (e.g., more than one factor listed for a given item).

All registered nurses (RNs) voluntarily leaving the medical facility during the period of study were included in the sample. A total of 70 RNs (60 females, 10 males) terminated their employment during the period of study and completed exit interviews. The mean age for this subsample at the time of separation was 33.5 years, with an average tenure of 3.2 years. The average salary at termination was $24,628, which approximated the community average over the time period (1989–1991). A majority of the sample had received a baccalaureate degree or higher in nursing (58.6 percent). The nursing population of the hospital averaged 186, with approximately 61 budgeted positions unfilled. Thus, the average annual nurse turnover rate was approximately 13 percent (23.3/186), and the three-year turnover rate was 37.6 percent (70/186).

In March 1992 all nurses were asked to complete an attitude survey. The survey included only open-ended questions. Because this survey was voluntary, 72 of 186 nurses completed it (a response rate of 39 percent). In this institution, attitude surveys are not given periodically, rather, the survey was given as part of a data collection effort by the hospital quality improvement team. One explanation for the rather low response rate may have been the perceived lack of administration follow-up to various concerns and suggestions generated in previous attitude surveys (based on comments made by nurses to the authors of this study and made on the attitude surveys). The mean age of this subsample of surveyed nurses was 37.2 years, and the average tenure at the hospital was 4.8 years. The average salary was $28,462, and 57.5 percent had a baccalaureate degree or higher.

**Instruments**

All individuals terminating employment in the hospital are required to complete a confidential exit interview prior to receiving their final paycheck. The exit interview consists of two parts. First, the departing employee is counseled by an interviewer from the personnel department, during which time any questions regarding his or her rights and potential benefits as a former employee are discussed. Second, the employee is given the opportunity to identify problems or areas of concern that may need attention by senior or middle management staff. During this part of the process, remarks may be positive, negative, or mixed. The Record of Exit Interview Form is used to record this process. A single sheet of paper divided into three sections, front and back, the form is completed by the hospital's personnel specialist based on comments made by the departing nurse. During the time period studied,
three different individuals conducted the exit interviews and recorded the
information.

A third section of the Record of Exit Interview Form specifically asks
for employee opinions, including two open-ended questions and a space for
remarks: (1) What factors caused you to terminate your employment here
at [hospital’s name]? and (2) What recommendations or suggestions do you
have to improve operations and working conditions here at [hospital’s name]?

The attitude survey for current staff nurses also included two open-
ended questions: (1) What factors might cause you or other nurses to leave
[hospital’s name] sometime in the future? and (2) What recommendations or
suggestions do you have to improve operations and working conditions here
at [hospital’s name]?

Note that the second question is identical for both the exit interviews
and the attitude survey questionnaires. The first question is similar for both,
although the exit interview asks for factors associated with actual termination
while the attitude survey question asks the nurse to project why he or she
or other nurses might leave at some time in the future.

The first step of this study was to determine the relative frequency of job-
related and nonjob-related reasons for voluntary termination generated by the
open-ended interview question on that topic. The second step was to compare
these responses for the exit interview of terminating nurses with those of
existing nursing staff on the attitude survey. Third, the suggestions for change
recommended by both departing nurses and nursing staff in response to
the other open-ended interview question were compiled. Our expectation
was that the suggestions for change would add significant new information
beyond that generated by responses to the question concerning the reasons
for voluntary termination. Again, comparisons were made between responses
of departing nurses in exit interviews with those of nursing staff in the
attitude survey. Note, however, that no statistical testing of the significance
of the differences will be shown because we would be comparing a behavioral
intention with a behavior and applying a parametric statistical test to data
that do not meet the assumptions of such a test.

The qualitative analysis for this study was conducted using grounded
theory methodology introduced by Glaser and Strauss (1967) and refined by
Glaser (1978). Grounded theory data analysis generates theory from data that
have been systematically obtained from social research. When coding data
from interviews, emerging concepts are extracted, many of which appear as
gerunds and are coded so to determine action. Many of these concepts are
later collapsed. The constantly looping process includes the steps of theoreti-
cal sampling, coding, memoing, sorting, and writing, which continues until
the law of diminishing returns is in effect and saturation of concept build-
ing is achieved. Following these procedures provides a systematic method
for constant empirical verification of the hypotheses or concepts that are emerging from the data.

Because the data analyzed here are based on open-ended questions, the initial range of responses was enormous. Grounded theory procedures were required to reduce the responses to a reasonable number of distinct categories. The method was modified in that the investigators did not prepare the instrument or participate in the data collection. Despite the problems with validity and reliability in single-rater qualitative data, the grounded theory methodology has been shown to provide valid substantive analyses (Crawford 1985; Mullen and Reynolds 1978).

Limitations

It should be emphasized that the data presented here are used for illustrative purposes only. The reader should be cautious in generalizing the specific findings since we will examine exit interviews and attitude surveys from only one institution that may not necessarily be representative of U.S. hospitals. As compared to our study site, the typical U.S. hospital has fewer beds, is not-for-profit, and is not affiliated with a medical school.

Our choice of study site, however, does not necessarily limit the generalizability of the results. Our unit of analysis is the individual nurse who moves freely between different hospitals in the community. It appears that the nurses in our study population are representative of hospital nurses. In 1989, the typical U.S. hospital nurse was 37.3 years of age, employed in the particular institution for 4.3 years, female (96.7 percent), 11.1 percent representing minorities, and made $28,383 per year (National League of Nursing 1990). By comparison, our two subsamples (terminating and nonterminating nurses) had a mean age of 35.5 years, a mean tenure of 4.2 years, were 97.2 percent female, 14.1 percent representing minorities, and earned a salary of $26,628. Hence, there do not appear to be any significant demographic differences between nurses in our study facility and those in U.S. hospitals in general.

The most reasonable assumption, however, is that the generalizability of our specific results is not known with certainty. No single site is representative of all other sites. While most of the problems we identify here are generalizable to other settings, some may not be. For example, our facility is located in the downtown area of a large city with little parking available. Although parking might also be a problem in other facilities located in downtown areas, it would probably not be a problem in suburban and rural locations. Even if some of the specifics are not generalizable, our focus is on the differences in the quantity and quality of data generated by exit interviews versus attitude surveys.

It should also be noted that the attitude survey subgroup differs from the exit interview subgroup by virtue of the obvious fact that the exit interview
group respondents have left and the attitude survey respondents have not. In addition, the attitude survey subgroup was a bit older (37.2 years vs. 33.5 years), had a longer tenure (4.9 years vs. 3.2 years), and was paid more on average ($28,462 vs. $24,628). Such differences might have affected the quantity and quality of their responses to either the exit interview or the attitude survey. Thus, we should be cautious in attributing all the differences in response entirely to the instrument being used.

Finally, a single coder was used in categorizing the qualitative data generated by open-ended questions. There could be systematic coder bias in how particular responses were coded. A possible result might be an overstatement or understatment of the significance of a particular factor.

### Results

Table 1 presents a comparison of the reasons for potential voluntary termination provided by nursing staff on the attitude survey and actual reasons provided by terminating nurses on the exit interview. The reasons given were classified into job-related or nonjob-related categories based on the taxonomy given in Abelson (1987) and Dalton, Krackhardt, and Porter (1981). The specific categories were based on summaries of previous research (Cotton and Tuttle 1986; Ford and Fottler 1991), as well as some unique responses provided by nurses in our sample. We classified the various open-ended responses into various categories as described earlier so that interpretations were done consistently.

For each of the two subsamples of nurses, Table 1 provides the following for 211 reasons: the absolute number of times this reason was given (columns 1 and 4); the percentage of total responses represented by this response (columns 2 and 5); and the percentage of each sample of nurses making this response (columns 3 and 6). The percentage of responses totaled 100 percent or 99 percent due to rounding (columns 2 and 5). However, the percent of each sample will not total 100 percent; it will total different percentages depending on the number of nurse responses to a given question (columns 3 and 6). For example, inadequate staffing (reason number 4) was selected by 31 of the 72 nurses responding to the attitude survey as a potential reason for leaving. This represents 12 percent of all responses and 43 percent of the nurses in this sample.

It is obvious that the terminating nurses were much more likely than nursing staff to identify nonjob-related factors as determinants of termination. This may be due to the reluctance of departing nurses to criticize the organization for fear of alienating the interviewer and jeopardizing future job references. This interpretation is supported by the relative reluctance of departing nurses to give reasons for turnover (1.1 reason per respondent...
<table>
<thead>
<tr>
<th>Reasons</th>
<th>Nursing Staff (n = 72)</th>
<th>Terminating Nurses (n = 70)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) No. of Responses</td>
<td>(2) % of Responses</td>
</tr>
<tr>
<td>Nonjob-related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Personal/family problems</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Relocation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Returning to school</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Job-related</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Inadequate staffing/high workload</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>5. Management bias/favoritism</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>6. Work schedule problems</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>7. Lack of appreciation/respect/recognition</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>8. Bureaucracy/paperwork</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>9. Inadequate pay relative to merit/experience</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>10. Inadequate parking</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>11. Poor communication/conflict with management</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>12. Poor communication/conflict with colleagues</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>13. Burnout/stress</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>14. Inadequate support services/staff</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>15. Lack of promotions/upward mobility</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>16. Tolerance of nonproductive employees</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>17. Inadequate professionalism/quality service</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>18. Inadequate orientation/training support</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>19. Unmet expectations and promises</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>20. Lack of uniform policies across departments</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>21. Institutional resistance to change</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>22. Other (i.e., negative publicity, lack of discounts)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>23. Better job opportunity elsewhere</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24. General job dissatisfaction</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>257</td>
<td>98</td>
</tr>
<tr>
<td>Totals</td>
<td>259</td>
<td>99</td>
</tr>
<tr>
<td>Number of reasons per respondent</td>
<td>3.6</td>
<td>1.1</td>
</tr>
</tbody>
</table>
The nursing staff was much more willing to identify job-related turnover factors than were the departing nurses.

An initial examination of the self-reported reasons for separation among the terminating nurses indicates that 50 percent were leaving for nonjob-related reasons, compared to only 3 percent of the nursing staff. Probing by the exit interviewers, however, might have elicited greater specificity and detail concerning the nature and causes of their departure. The interviewers might also have probed why there were better jobs elsewhere or why the nurses were experiencing general job dissatisfaction (reasons 23 and 24). On the quantitative scale of the exit interview (not shown here), respondents ranked various factors and could add comments. Dissatisfaction with pay, working conditions, and promotional opportunities were evident. The respondents typically did not mention these to the interviewer in open-ended questions about reasons for leaving. This underreporting of job-related reasons for resignation is consistent with similar results found by Lefkowitz and Katz (1969) and Hinrichs (1975).

In fact, many of the most serious issues identified on the attitude survey by the nursing staff were not mentioned by the departing nurses. More than one-quarter of the nurses identified inadequate staffing, management bias or favoritism, work scheduling, and lack of appreciation or recognition as potential causes for leaving. Only the staffing/workload issue was mentioned by departing nurses, and then only by 6 percent compared to the 43 percent of the nursing staff. A reluctance to raise and discuss work-related causes for their leaving is evident here. Even when criticism is implied (i.e., “better job opportunity elsewhere” or “general job dissatisfaction”), the specific concerns are avoided as the departing nurses apparently sought refuge in generalizations.

Table 2 presents a comparison of recommendations to improve operations and working conditions made by nursing staff and terminating nurses. The nursing staff provided significantly more recommendations on the attitude survey than the departing nurses did on the exit interview (an average of 3.9 vs. 1.4).

The recommendations made in Table 2 do not seem to duplicate the information found in Table 1. Rather, Table 2 seems to provide additional, complementary information. Several concerns not mentioned specifically in response to the question as to which factors influenced potential turnover among staff nurses were among the recommendations. Many of the most common recommendations concerning employee parking, administrative support services, and follow-up on employee and patient concerns were not mentioned as actual or potential reasons for leaving (see Table 1). Perhaps such recommendations are viewed as minor irritants that alone are not
<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Nursing Staff (n = 72)</th>
<th>Terminating Nurses (n = 70)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) No. of Responses</td>
<td>(2) % of Responses</td>
</tr>
<tr>
<td>1. Increase/improve parking</td>
<td>34</td>
<td>12</td>
</tr>
<tr>
<td>2. Increase administrative support services (i.e., lab, cafeteria, child care)</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>3. Increase staffing/scheduling flexibility</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>4. Improve communications through direct contact/meetings</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>5. Follow up on employee/patient concerns</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td>6. Reallocate tasks to ensure adequate staffing</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>7. Upgrade nursing staff through continuing education/degree programs</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>8. Reduce bias in discipline/staffing/promotions</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>9. Improve staffing (lower work loads)</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>10. Pay larger salary differentials based on education, experience, and specialization</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>11. Hire nursing assistants</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>12. Provide more appreciation/positive feedback</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>13. Treat patients and employees with more caring/dignity/respect</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>14. Implement periodic attitude surveys</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>15. Discipline/discharge unproductive/negative employees</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>16. Improve cleanliness of facility</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>17. Provide a fitness center</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>18. Increase promotional opportunities</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>19. Reduce bureaucracy, delays, and paperwork</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>20. Miscellaneous suggestions</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>284</td>
<td>100</td>
</tr>
<tr>
<td>Average number of recommendations per respondent</td>
<td>3.9</td>
<td>—</td>
</tr>
</tbody>
</table>

**Table 2**

A Comparison of Recommendations to Improve Operations and Working Conditions at the Facility Given by Nursing Staff on Attitude Surveys and Terminating Nurses on Exit Interviews
sufficient to cause a nurse to leave the facility. They may serve, however, to exacerbate negative feelings caused by factors that were identified in Table 1 (e.g., workload) and therefore contribute to nurse turnover.

As was the case in Table 1, the pattern of responses for terminating nurses in exit interviews not only provides less depth and detail but is significantly different than the pattern of responses of nursing staff on the attitude survey. The terminating nurses emphasized improvements in staffing and scheduling flexibility while staff nurses were more concerned with parking, administrative support services, communications, and administrative follow-up on suggestions.

**Discussion**

Shortages and high rates of turnover among hospital nurses pose a challenge to health care executives in this decade. Such shortages may adversely affect the institution’s competitive position (Fottler et al. 1990). It is crucial to manage nurse retention based on an accurate assessment of factors impacting such retention in a particular facility.

While the exit interview has been the standard approach to generating such information, the present study calls into question its effectiveness. In the study institution, the exit interview provided inadequate and deficient information relative to an attitude survey of the existing nursing staff. The typical terminating nurse tended to focus on personal reasons for leaving while avoiding the identification of job-related reasons that could help the facility improve and prevent further turnover. Both the quantity and quality of data generated through the exit interview were deficient relative to the attitude survey data. In addition to their data advantage, it should also be noted that attitude surveys, unlike exit interviews, give managers some time to intervene positively and address the problems that are identified before the individual employee leaves the facility.

The study facility and its nursing staff may or may not be representative of other facilities nationally. However, one fairly recent literature review (Ford and Fottler 1991) found many of the same concerns in the 15 empirical nurse retention studies they reviewed. More specifically, those other studies found nurses in a wide variety of settings expressing concern about stress/tension, work scheduling, lack of administrative support, lack of respect, inadequate staffing, and poor communications. These factors were identified by the nurses studied here as factors that would (or did) influence their willingness to remain on the job. Specific recommendations for improvement (see Table 2) included improved parking, more support services, increased scheduling/staffing flexibility, improved communications, follow-up on employee/patient concerns, and task reallocation.
Our purpose here is not to discuss the specific problems in the organization we studied but to determine the best method of generating valid data for managing the nurse retention process. Our finding that exit interviews in this case were inadequate for generating such information is consistent with previous research (Hinrichs 1975; Lefkowitz and Katz 1969; Weisman, Alexander, and Chase 1981).

While this study and previous research indicates that attitude surveys generally generate more and better data than exit interviews, a balanced view is that health care organizations could use both, in complement with each other. The attitude survey would collect data from all employees while the exit interview would focus only on the "leavers." Consequently, the key job factors identified and the recommendations of the responders may vary under these two approaches because leavers differ in important respects from "stayers." For example, leavers may be more concerned with "opportunities for advancement" than stayers.

Some guidelines for enhancing the quality and effectiveness of exit interviews follow.

1. **Human resource professionals (rather than immediate supervisors) should conduct the exit interview.** Obviously, the employee may be reluctant to disclose negative evaluations of the department or its management to an individual who has primary responsibility for those conditions. Ideally, the interviews should be conducted away from the responder's work site, no criticism of responses should be made, information should be confidential, and the reference letter should be given in advance of the interview.

2. **Human resource professionals should be trained to conduct exit interviews.** They should be trained to probe and elicit more information when superficial responses are provided. They should use a standard interviewing format that utilizes open-ended questions. An example is one that covers resources; job information and training; job challenge and opportunity for advancement; relations with supervisors, coworkers, and other departments; comfort and working conditions; financial factors; company policies; and general, broad questions (Zima 1983). Appropriate questions might include: overall, What were some of the good features of your job and this organization? What were some of the less desirable features of your job and this organization? What improvements would you suggest? What were your major reasons for leaving?

3. **As a supplement to the exit interview process, health care organizations might also consider the occasional use of interviews by an**
Nurses’ attitudes and behavior are complex. Determining reasons for their turnover or potential turnover is equally complex. No single approach can provide all the information necessary to minimize turnover. Previous research has shown that factors identified in attitude surveys can only explain up to 25 percent of the variation in turnover (Cotton and Tuttle 1986). While attitude surveys appear to be preferable to exit interviews of terminating nurses, certain caveats are in order. If a health care organization is not willing to invest the time and money to conduct the attitude survey properly, to report the major findings of the survey to employees, and to take action to address the problems identified in the survey, then it may not be worth doing at all (Tagliaferri 1988; York 1985). Attitude surveys may cause employees to become angry and resentful if their expectations are raised but management fails to act on the comments or complaints.

A more positive approach to enhancing nurse retention would involve planning the attitude survey with input from managers, nursing supervisors, and staff nurses. A questionnaire can be designed with both objective and open-ended questions based on such input. The closed-ended questions should be developed on the basis of either a previous survey utilizing open-ended questions or input from a panel of staff nurses. If a commercial attitude survey is used, it may need to be supplemented if it does not cover all relevant areas. The nature and purpose of the survey should be communicated orally and in writing both prior to and during the administration of the survey. The usual procedure is to administer the questionnaire anonymously to large groups during working hours. A tabulation of survey results should be broken down by department, occupation, and any other meaningful subgroups so that problems of particular subgroups are identified. Comparisons should be made for the same categories over time if data are available from previous surveys. Once problems are identified, feedback on survey results and the follow-up action that management plans should be provided to employees.

While both exit interviews and attitude surveys can provide useful data for managing nurse retention, there is no sense in developing high-quality data if no follow-up is to occur. These data should be carefully analyzed and organizational problems addressed. Most employees are reasonable and
understand management cannot do everything they want, but as long as
they know their views are being considered, they get feedback on their
concerns, and some positive changes are made, most employees should be
satisfied (Farnham 1989). A lack of follow-up, however, will result in increased
cynicism and (perhaps) higher turnover.

Future research efforts are needed to enhance our understanding of both
nurse retention processes and the most cost-effective types of data to collect
in enhancing such retention. While published research may suggest where
problems may lie, each health care facility needs to identify it own strengths
and weaknesses in this regard. Since the number of variables affecting nurse
retention is very large, institution-specific data are needed. To overcome some
of the limitations of the present study, future research should gather baseline
demographic, institutional, and attitudinal data for a larger sample of nurses
and then follow them over time to determine what factors are associated with
longevity on a particular job or within a particular institution.

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