


# What relationships can be found between nurses' working life and turnover? A mixed-methods approach

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## Abstract

**Aim:** This study aimed to describe why registered nurses decide to leave their work and to investigate relationships between registered nurses' working life and turnover (leaving the unit vs. leaving the profession).

**Background:** Much research has explored nurses' intention to leave, whereas less research has looked at turnover and especially leaving the profession.

**Methods:** Data were collected using questionnaires and interviews.

**Results:** The three most common reasons for both groups (leaving the profession,  $n = 40$ ; leaving unit but not profession,  $n = 256$ ) were high workload, low salary and applied for and got a new job. Multivariate logistic regression analysis revealed statistically significant relationships between turnover and empowering structures, such as access to resources and informal power as well as the factor learning in thriving.

**Conclusions:** Structural empowerment, such as good access to resources and informal power, is important to keeping nurses in the profession, whereas learning seems to increase the risk of leaving the profession when variables such as vitality, resources, informal power and age are held constant.

**Implications for Nursing Management:** To counteract nurses leaving the profession, managers must provide nurses with good access to resources and informal power, such as networks within and outside the organisation, and focus on nurses' vitality.

## KEYWORDS

registered nurses, resigning, structural conditions, thriving, turnover

## 1 | INTRODUCTION

There is a global shortage of nurses (World Health Organization, 2020) and a need to better understand why some nurses leave the profession. Across several studies, about one third of nurses have reported intention to leave their unit or hospital due to job dissatisfaction (e.g., Sasso et al., 2019; Wan et al., 2018), whereas the proportion intending to leave the profession is typically lower

(Heinen et al., 2013). Intention to leave, in turn, has been related to actual turnover (Nei et al., 2015). Turnover is sometimes natural (e.g., parental leave and retirement) and even good (e.g., further education and desire to have a broader knowledge base through working at different units), whereas other reasons are less desirable and can be changed, such as workload, salary, management and psychosocial work environment. The present study focuses on why registered nurses (RNs) leave the profession, exploring relationships between

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RNs' working life and turnover, measured as leaving the unit but remaining in the profession or leaving the unit and the profession in an attempt to describe why some leave the profession.

## 2 | BACKGROUND

In a study including 10 European countries (Heinen et al., 2013), 9% of nurses reported their intent to leave the profession and 33% reported their intent to leave their workplace. Figures on actual turnover among nurses vary across studies. One Australian study (Roche et al., 2015) found an annual turnover rate per ward of 15%, whereas a study from New Zealand (North et al., 2013) reported an average annual turnover rate of 44%.

A case-control study (Kerzman et al., 2020) of turnover found that resigning nurses had a higher educational degree, but fewer managerial positions and lower seniority in the hospital compared with remaining nurses. Furthermore, resigning nurses reported lower levels of professional autonomy and higher levels of aspiration for professional advancement (Kerzman et al., 2020). Another study of nurses' actual turnover and personal characteristics found increased likelihood of being single, aged 30 or younger, and  $\leq 3$  years of hospital working experience (Dewanto & Wardhani, 2018). Chao and Lu (2020) found that intention to stay was related to actual retention 2 years later; other predictive factors were married, optimization and low emotional exhaustion. A meta-analysis (Nei et al., 2015) of voluntary turnover found that nurses who had worked at the organisation for a longer period, were older and had higher network centrality, higher job control, perceived good leadership (supportive and communicative), higher commitment, job involvement and job satisfaction were less likely to leave. In contrast, turnover was more likely among nurses with greater role tension, job strain, more overtime and shift rotation, and nurses who felt they had other job opportunities, and who had turnover thoughts.

Regarding turnover intentions, relationships have been found with lower relation-oriented leadership, younger age (Fontes et al., 2019), being male (Sasso et al., 2019), burnout or emotional exhaustion (Lee et al., 2020; Sasso et al., 2019), and ethical dilemmas (Hognestad Haaland et al., 2021). Factors found to decrease turnover intentions are good nurse-physician relationship, leadership (Sasso et al., 2019), supervisor support (Hognestad Haaland et al., 2021), work engagement (Wan et al., 2018), meaning of work (Hognestad Haaland et al., 2021), participation in hospital affairs, high job satisfaction, personal accomplishment (Sasso et al., 2019), organizational commitment, higher educational level (Lee et al., 2020) and supportive work practice environment (Lee et al., 2020; Wan et al., 2018). A study of intention to leave the *profession* in 10 European countries found the following relationships: lower odds for good nurse-physician relationships, leadership, participation in hospital affairs, working full time, and female gender and higher odds for older age and burnout (Heinen et al., 2013). Arslan Yürümezoğlu and Kocaman (2019) found that structural empowerment had an indirect effect on intention to leave the profession. In contexts outside health

care, turnover intention has been found negatively related to thriving at work (Chang & Busser, 2020; Hafeez, 2019; Kleine et al., 2019). Within nursing research, we have not found any studies on thriving and turnover. Thriving at work is an interesting construct and has been described as a positive psychological state, including both vitality and learning, which enhances staff health and personal development. Thriving at work is thought to be facilitated by decision-making discretion, broad information sharing, performance feedback and a climate that is characterized by civility and promotes diversity (Spreitzer et al., 2012). Within nursing, an increase in lean maturity (the 4P model: philosophy, processes, people and partners, and problem-solving) over time was related to an increase in thriving at work mediated by increased job resources (Kaltenbrunner et al., 2019). Furthermore, thriving has also been found to be a mediator between structural and psychological empowerment together with person-centred care and climate (Silén et al., 2019). A conclusion from a review of thriving at work was that the model could guide managers towards creating a healthy nursing workforce (Moloney et al., 2020). A systematic review (Kleine et al., 2019) of thriving at work (not specific to health care) reported positive associations with antecedents such as supportive co-workers, supportive and empowering leadership, trust and organizational support. Regarding outcomes, thriving was related to, for example, burnout, commitment, job satisfaction, task performance and turnover intention.

In sum, earlier research has shown high turnover rates as well as high rates of intention to leave among nurses. Most research conducted thus far has focused on intention to leave, whereas fewer studies have looked at actual turnover, specifically why some RNs decide to leave the profession. In the present study, we were also interested in constructs that focus on positive psychological states in working life. Thus, the aim of the present study was to describe why RNs decide to leave their work and to investigate relationships between RNs' working life (psychological empowerment, affective job satisfaction, thriving and empowering structures) and turnover (leaving the unit vs. leaving the profession).

## 3 | METHODS

### 3.1 | Design

The study had a descriptive correlative design and took a mixed-methods convergent parallel approach, in which interview data were used to illustrate the survey results.

### 3.2 | Sample

A convenience sample of 907 RNs working in four different hospitals and in primary care were asked to participate. All of them had ended their employment during the period December 2014 to March 2018. The response rate was 40.2% ( $n = 365$ ) after deleting four with missing values for the outcome. Nurses  $\geq 65$  years were thereafter

removed, and the remaining sample for the study included 296 nurses. Retirement age for minimum guaranteed pension in Sweden at the time of the study was 65 years, and the mean age for national old-age pension during 2014–2018 ranged from 64.5 to 64.6 years (Swedish Pensions Agency, 2019). Most participants were female ( $n = 262$ ), the mean age was 43 years and 40 reported having left the profession. There were statistically significant differences between the participants leaving their unit and those also leaving the profession with regard to age, work experience as an RN and total work experience in health care (Table 1). A purposive sample of seven nurses who had left the profession were also interviewed. The intention was to interview about 10 nurses, but this was challenging as 18 declined participation in an interview.

### 3.3 | Data collection

In the survey, data were collected on RNs' background characteristics and reason for leaving their unit; validated instruments, all with good psychometric properties, were used to collect data on nurses' working life. Instruments used were Spreitzer's empowerment scale (Spreitzer, 1995), the Swedish version (Hochwalder & Bergsten Brucefors, 2005), the Brief Index of Affective Job Satisfaction (Thompson & Phua, 2012), the thriving scale (Porath et al., 2012) and, for structural empowerment, the Swedish version (Engström et al., 2011) of the Conditions of Work Effectiveness Questionnaire Version II (Laschinger et al., 2001). For a description of the instruments and factors, see Table 2. The interviews covered questions concerning thoughts on and expectations of the profession (whether they have been met and if not what has been missing), thoughts of leaving the profession and situations crucial to the decision as well as what could have changed the decision.

### 3.4 | Data analysis

Survey data were analysed using descriptive statistics, Fisher's exact test and logistics regression analysis, IBM SPSS Statistics 24. For relationships between variables, we began with one analysis for each variable, that is, structural empowerment, job satisfaction, thriving and psychological empowerment (included factors or total scale depending

on the instrument) as the independent variables and turnover as the dependent variable. All analyses were adjusted for age, as there were statistically significant differences in age between the two groups. Thereafter, the statistically significant variables were included in a final model. Transcribed interview data were analysed by the last author using qualitative inductive content analysis (Patton, 2002). First, the interview texts were read several times to obtain an understanding of the whole. Second, meaning units describing why the nurses left the profession and what they expressed as important aspects in the organisation and for the profession were selected and thereafter condensed. Third, each meaning unit was assigned a code describing its content. Fourth, the codes were compared for similarities and differences, and similar codes were grouped into subthemes. Fifth, similar subthemes were grouped into themes. The analysis process was discussed by the first and last author until consensus was reached.

### 3.5 | Ethical considerations

The study was approved by the Regional Ethical Review Board (Uppsala Reg. No. 2014/192). Participants received written information about the study and were assured confidentiality. The participants in the interviews gave their written informed consent. For the survey, a returned and completed questionnaire was regarded as consent to participate.

## 4 | RESULTS

### 4.1 | Reasons for leaving

In the group leaving the profession, the three most common reasons for leaving were 'too much work with high workload', 'low salary' and 'applied for a new job and got it'. The three most common reasons in the group 'left the unit' were also these three, but in a different order. A higher proportion of participants in the group 'left the profession' had started studying (17.5%;  $n = 7/40$ ) compared with the other group (5.1%;  $n = 13/256$ ),  $p = .010$  (Table 3). For the last question, regarding reason for leaving, the responses were open-ended and the results were inductively categorized. The most common reasons in both groups were management, followed by retirement before the

**TABLE 1** Participants' characteristics, survey data

	Leaving the profession		All participants $n = 296$	$p$ value
	Yes ( $n = 40$ )	No ( $n = 256$ )		
Gender (female), $n$ (%)	34 (85%)	228 (89.1%)	262 (88.5%)	.429 <sup>a</sup>
Age (years), mean (SD)	48.6 (13.4)	42.6 (12.2)	43.4 (12.5)	.005 <sup>b</sup>
Work experience as a nurse (years), mean (SD)	20.4 (13.7)	13.1 (11.2)	14.0 (11.8)	.004 <sup>b</sup>
Total work experience in health care (years), mean (SD)	27.0 (14.4)	19.1 (13.4)	20.2 (13.8)	.001 <sup>b</sup>

Abbreviation: SD, standard deviation.

<sup>a</sup>Fisher's exact test.

<sup>b</sup>Independent samples  $t$  test.

**TABLE 2** Survey instruments and descriptions of the constructs and factors

Instruments and dimensions	Description	References
<b>The Psychological Empowerment Scale</b> Response alternatives 7-point Likert scale from 1 to 7	<i>'Psychological empowerment is defined as a motivational construct manifested in four cognitions: meaning, competence, self-determination, and impact. Together, these four cognitions reflect an active, rather than a passive, orientation to a work role'</i>	Spreitzer, 1995, p. 1444
• Meaning (3 items, $\alpha$ .85)	<i>'the value of a work goal or purpose, judged in relation to an individual's own ideals or standards'</i>	Spreitzer, 1995, p. 1443
• Competence (3 items, $\alpha$ .90)	Belief in oneself in relation to work role <i>'capability to perform activities with skill'</i>	
• Self-determination (3 items, $\alpha$ .87)	Sense of autonomy in relation to work role <i>'autonomy in the initiation and continuation of work behaviors and processes'</i>	
• Impact (3 items, $\alpha$ .90)	<i>'the degree to which an individual can influence strategic, administrative, or operating outcomes at work'</i>	
<b>The Brief Index of Affective Job Satisfaction</b> (4 items, $\alpha$ .76) Response alternatives 5-point Likert scale from 1 to 5	The instrument assesses affective job satisfaction, an individual's overall feeling about the job <i>'how much people subjectively and emotively like their job as a whole'</i>	Thompson & Phua, 2012, p. 277
<b>The thriving at work scale</b> Response alternatives ranging from 1 to 7	<i>'Thriving is defined as the psychological state in which individuals experience both a sense of vitality and learning'</i>	Porath et al., 2012, p. 250
• Vitality (5 items, $\alpha$ .83)	<i>'People who are thriving experience growth and momentum marked by both a sense of feeling energized and alive (vitality)</i>	
• Learning (5 items, $\alpha$ .88)	<i>and a sense that they are continually improving and getting better at what they do (learning)'</i>	
<b>Structural empowerment, measured with the Conditions of Work Effectiveness Questionnaire II (CWEQ-II)</b> Response alternatives ranging from 1 to 5	The instrument CWEQ is based on Kanter's Theory of Organizational Empowerment (Kanter, 1993). Structures in the organisation that help the employees to feel empowered	Laschinger et al., 2001; Spence Laschinger et al., 2010
• Opportunities (3 items, $\alpha$ .80)	Access to job conditions with opportunity to learn and grow	
• Information (3 items, $\alpha$ .92)	Access to information about the organisation and work	
• Support (3 items, $\alpha$ .85)	Access to support and feedback about work performance	
• Resources (3 items, $\alpha$ .82)	Access to resources such as time and equipment needed for the work to be done	
• Formal power (3 items, $\alpha$ .70)	A visible and central job in relation to the organisation's goal	
• Informal power (4 items, $\alpha$ .67)	Networks within and outside the organisation that facilitate work	

Note: Cronbach's alpha ( $\alpha$ ) values in the present study.

age of 65. Looking at participants who responded to the open-ended question ( $n = 136$ ), there were significant differences regarding the reasons management ( $p = .050$ ) and earlier retirement ( $p = .003$ ), with a higher proportion reporting this in the group 'left the profession' than in the other group (Table 4).

The analysis of the interviews revealed four themes that described the reason for leaving the profession: 'preconditions', 'leadership', 'how the work was structured and organized' and 'culture'. The analysis also provided a fifth theme that described the focus on patients and the willingness to help and give care as the most important reason they wanted to become nurses in the first place. For themes, subthemes and examples of quotes, see Table 5. The participants reported that the reason for leaving was the sum of several aspects, where the most frequent could be related to poor

preconditions, leadership and how the work was structured and organized. This together with laborious working hours, low wages and the fact they could see no signs of change had finally caused them to leave the profession. A few participants also highlighted the culture on their unit as a problem, indicating they felt a lack of support from their colleagues. At the same time, some participants reported feeling they had support from their colleagues but not from management.

#### 4.2 | Relationships between RNs' working life and turnover (leaving the unit vs. leaving the profession)

In the multivariate analyses of structural empowerment (the included factors), statistically significant relationships were found between

**TABLE 3** Reasons for leaving (yes group = left the profession; no group = left the unit but still in the profession)

Reasons for leaving the profession	Yes (n = 40)	No (n = 256)	All (n = 296)	p value <sup>a</sup>
Too much work with high workload	19 (47.5%)	102 (39.8%)	121 (40.9%)	.390
Low salary	13 (32.5%)	122 (47.7%)	135 (45.6%)	.088
Applied for a new job and got it	9 (22.5%)	100 (39.1%)	109 (36.8%)	.052
Bad working hours	8 (20%)	79 (30.9%)	87 (29.4%)	.193
Health reasons	8 (20%)	36 (14.1%)	44 (14.9%)	.340
Unhappy in the workplace	7 (17.5%)	46 (18%)	53 (17.9%)	1.000
Irregular working hours	7 (17.5%)	71 (27.7%)	78 (26.4%)	.246
Started studying	7 (17.5%)	13 (5.1%)	20 (6.8%)	<b>.010</b>
Changed place of residence	4 (10%)	30 (11.7%)	34 (11.5%)	1.000
The temporary position ended	1 (2.5%)	1 (0.4%)	2 (0.7%)	.252
Dismissed	0	0	0	
Reorganization	0	6 (2.3%)	6 (2.0%)	1.000

Note: Bold text/figures indicate statistically significant values.

<sup>a</sup>Fisher's exact test.

**TABLE 4** Inductively categorized open-ended responses (n = 136) regarding reasons for leaving (yes group = left the profession; no group = left the unit but still in the profession)

Reasons for leaving the profession	Yes (n = 20)	No (n = 116)	All
Management	9	26	35
Retirement (before the age of 65)	8	13	21
Work environment	2	20	22
Other	1	15	16
Travelling to and from the job	0	7	7
Opportunities for development	0	12	12
Salary	0	4	4
Private/family reasons	0	6	6
Working hours	0	6	6
Offered a new job	0	7	7

Note: Fisher's exact test was only tested for the three most common open-ended responses: management,  $p = .050$ ; retirement (before the age of 65),  $p = .003$ ; and work environment,  $p = .529$ .

turnover and the factors 'resources' ( $p = .002$ ) and 'informal power' ( $p = .003$ ) (Table 6). An increase of one unit in resources decreased the risk of leaving the profession by odds ratio (OR) 0.47, and an increase of one unit in informal power decreased the risk of leaving the profession by OR 0.45, controlling for the other factors and age. In the interviews, the subthemes to the theme preconditions confirm that access to resources is one important aspect of why the nurses left the profession. The interviewees described experiencing the organisation as understaffed and reported having to spend considerable time on administration and the work of other professions, all of which was not related to care. 'Look at what RNs do all day, they sit in front of a computer' (I1). They experienced time constraints and could not give patients as much time as they wished. One nurse said: 'It is terribly unsatisfying when you cannot provide the care you want and give patients the time you want to' (I1). Another nurse said: 'You do not get the time you need to do a good job. In the end you get tired of it' (I5).

For the other factors in structural empowerment and for all factors in psychological empowerment and the total job satisfaction scale, the results were non-significant. This was also clear in the analysis of the interviews. The reason for leaving the profession was not because the nurses did not find their profession satisfying or because they felt they did not have the competence to perform the work. The participants said they were proud of their profession and that the reason they wanted to be a nurse was to make a difference for the patients, to help them and provide care. But their perception was that this was impossible given the circumstances (cf. survey data on workload—question reasons for leaving and the factor resources in structural empowerment). The interviewees who had been in the profession for many years described a change over time in their possibilities to carry out their profession. The conditions for doing a good job were worse today than previously. The participants who had only been in the profession a short period after graduating described that

**TABLE 5** Overview of themes, subthemes and examples of quotes describing why the nurses left the profession and what they expressed as important aspects in the organisation and for the profession

Themes	Preconditions	Leadership	How the work was structured and organized	Culture	Focus on patients and the willingness to help and give care	
Examples of subthemes	Administration	Management's competence	Receptive managers	Hierarchies	Working group	Patient focus
Quotes	<p>The reason you want to be a nurse is to help people in need [...]. That's not possible because there's so much with computer records and lots of registers to be filled in.</p>	<p>But you have to stick to the schedule 100% when there are more and more patients and less time. You do not get the time you need to do a good job, instead you have to rush. Then you get tired of it in the end.</p>	<p>They do not want to acknowledge when good staff members have solutions to problems.</p>	<p>If you work far from the patient, then you are supposed to wear regular clothes with your ID on the side and carrying a folder. Then you are higher up in the hierarchy.</p>	<p>Felt like it was a bit hard to fit in there. It was like 'who are you to come in here and be a little ...'. The manager told me later on that there was a certain mentality or culture among the X.</p>	<p>The feeling of those times when you make a difference for someone, I think that's been really fantastic. I mean, what I'm doing for you now, when you get that response and you feel like, 'this really turned out well'. I've liked caring for people.</p>

**TABLE 6** Relationships between nurses' working life (independent variables) and turnover (leaving the unit vs. leaving the unit and the profession, dependent variable), one model for each variable/instrument (Models 1–4) and thereafter a final model

Variables	Models adjusted for age <sup>a</sup> Exp(B) (95% CI)	p values
Model 1		
Psychological empowerment		
Meaning	0.804 (0.598, 1.080)	.147
Competence	0.899 (0.626, 1.290)	.563
Self-determination	1.000 (0.757, 1.322)	1.000
Impact	1.082 (0.834, 1.404)	.551
Model 2		
The Brief Index of Affective Job Satisfaction	0.707 (0.479, 1.044)	.081
Model 3		
Thriving		
Learning	1.649 (1.079, 2.520)	<b>.021</b>
Vitality	0.578 (0.392, 0.853)	<b>.006</b>
Model 4		
Structural empowerment		
Opportunities	1.003 (0.609, 1.651)	.992
Information	1.218 (0.828, 1.790)	.317
Support	0.877 (0.526, 1.459)	.612
Resources	0.470 (0.293, 0.754)	<b>.002</b>
Formal power	1.701 (0.929, 3.115)	.085
Informal power	0.452 (0.270, 0.757)	<b>.003</b>
Model 5/final model including significant factors from Models 1–4		
Learning	1.736 (1.125, 2.679)	<b>.013</b>
Vitality	0.682 (0.455, 1.023)	.064
Resources	0.545 (0.349, 0.850)	<b>.007</b>
Informal power	0.523 (0.327, 0.836)	<b>.007</b>

Note: Bold text/figures indicate statistically significant values.

Abbreviation: CI, confidence interval.

<sup>a</sup>Multivariate logistic regression analyses, reference category is leaving the unit and age was controlled for in all models.

working life did not match the expectations they had concerning what one should do in the profession.

From the survey, a higher proportion gave management ( $p = .050$ ) as a reason for leaving in the group 'left the profession' than did in the other group. The interviewees who had left the profession described the organisation as being characterized by top-down management. 'Too many decisions are taken at the top, and they do not understand what things are like farther down in the organization' (I7). They reported feeling the managers did not know the employees or their competences. Top-down management resulted in limited opportunities to have an influence. The participants also pointed out that the managers did not respond to or consider ideas and suggestions for change that came from the employees. One nurse said: 'Early

on I started thinking that I'm not going to keep working here if they do not go back and run things like they used to, when they took advantage of the staff and their ideas and opinions' (I2). The management did not ask the staff to help with problem-solving. 'They take things up in their closed management group, and if they cannot solve the problem themselves they bring in a consultant' (I2). This resulted in the feeling of not being seen and not being taken seriously for the competence the participants actually had.

From the survey results on thriving (the included factors), there were statistically significant relationships between turnover and the factors 'learning' ( $p = .021$ ) and 'vitality' ( $p = .006$ ) (Table 6). An increase of one unit in vitality decreased the risk of leaving the profession by OR 0.58, controlling for learning and age, whereas an increase of one unit in learning increased the risk of leaving the profession by OR 1.65, controlling for vitality and age. In the interviews, one nurse said: 'If I do not feel the passion or the calling I have, that I want to help someone, if I feel I could help someone by having a good caring conversation, but I do not have any opportunity to do that, why should I be there?' (I4). Such a statement may be an indication of lack of vitality.

In the final model, including the significant variables and adjusted for age, the results revealed that nurses who scored higher on resources (OR 0.55;  $p = .007$ ) and higher on informal power (OR 0.52;  $p = .007$ ) were more likely not to leave the profession, whereas a higher score on learning (OR 1.7;  $p = .013$ ) increased the risk of leaving the profession (given a fixed value of the other variables; resources, informal power and vitality) (Table 6). The  $p$  value for omnibus test of the model was  $p \leq .001$ , and summary Nagelkerke  $R$  was .183.

## 5 | DISCUSSION

Our results confirm the importance of empowering structures such as access to resources and informal power. However, they also point out the importance of learning in combination with vitality, that is, if you learn but do not experience vitality, there is a higher risk of turnover in the form of leaving the profession than in the form of leaving the unit but remaining in the profession. In the interviews, the informants who had left the profession also indicated that lack of resources was one of the main reasons for leaving, in combination with management.

The results are in line with the theory of structural empowerment and the model of thriving at work. According to Kanter's (1993) theory of structural empowerment, having good access to resources, information, support and opportunities is of importance to staff well-being and effectiveness. Informal power (alliances/networks within and outside the organisation that facilitate work) and formal power (work that is visible and central in the organisation), in turn, facilitate staff access to the mentioned structures. In our multivariate analysis, access to informal power (networks) and access to resources remained significant. In a meta-analysis (Nei et al., 2015) of turnover, factors such as high network centrality decreased turnover and

factors such as greater role tension, job strain, more overtime and shift rotation increased turnover. In regard to thriving, our results demonstrate the importance of both having a sense of vitality and learning at work, which is in line with Spreitzer's description of a socially embedded model of thriving at work, where learning without vitality, that is, without feelings of aliveness and having energy available, may instead diminish thriving (Spreitzer et al., 2005). And as Porath et al. (2012) (p. 251) wrote: 'If one is learning but feels depleted, thriving suffers'—and this, in turn, hampers development. In our multivariate analysis, learning seemed to increase the risk of leaving the profession when variables such as vitality, resources, informal power and age were held constant. Our results also show that a higher proportion of participants in the group 'left the profession' had started studying compared with those in the other group, which might indicate their need for development and growth. In a case-control study (Kerzman et al., 2020), resigning nurses reported higher levels of aspiration for professional advancement than did remaining nurses. Interviewees who had been RNs for a short period reported that working life did not match their expectations of what they would be doing as nurses. This mismatch might influence their vitality, and thus, it needs to be investigated in future studies. Factors that enable thriving, such as decision-making discretion, may help (Spreitzer et al., 2012), as may leadership styles such as authentic leadership. In our interviews, the participants described how top-down management gave limited opportunities for having an influence. Mortier et al. (2016) found that authentic leadership was positively related to thriving among nurses and that the relationship was mediated by emphatic managers for vitality, but not for learning. Interestingly, positive cognitions towards work role—as measured in psychological empowerment, that is, meaning, competence, self-determination and impact—were not related to turnover (leaving the profession vs. leaving the unit) or the affective feeling of job satisfaction, whereas a sense of thriving at work was. Thus, the combination of continually learning (cf. feeling of competence in psychological empowerment that was non-significant) and vitality (feeling energized and alive), as in thriving, seems to be more important. According to Spreitzer et al. (2012, p. 161), employees today want a job in which they can thrive, because they 'aren't content to be merely satisfied with their work'.

Our results from the open-ended question concerning reasons for leaving reveal a higher proportion reporting management as a reason for leaving in the group 'left the profession' than in the other group. Management and leadership have been found to be related to turnover (Nei et al., 2015) as has intention to leave the profession (Heinen et al., 2013). Furthermore, leadership styles such as empowering leadership, supportive leadership (Kleine et al., 2019) and authentic leadership (Mortier et al., 2016) have been shown to be related to thriving at work. It was clear from the interviews that the reason for leaving the profession was multifaceted, a finding also seen in other interviews covering reasons for staying or leaving (Kerzman et al., 2020). The same reasons for leaving, highlighted in the interviews, can also be found in the survey. For both groups, the three most common reasons were 'too much work with high workload', 'low salary' and

'applied for a new job and got it', and the most common reason found in answers to the open-ended question was management. In the interviews, the participants commented on their reason for leaving the profession as follows: bad management, managers do not listen to staff, high workload, understaffing, top-down management and far too few nurses. Of these reasons, bad management, managers do not listen to staff and top-down management have similarities with antecedents described for thriving at work (Kleine et al., 2019; Spreitzer et al., 2012), and understaffing and far too few nurses constitute a lack of resources (cf. empowering structures) (Spence Laschinger et al., 2010).

## 6 | METHODOLOGICAL CONSIDERATIONS

Using cross-sectional data and convenience sampling of nurses limit the ability to study cause and effect as well as the generalizability of the results. However, earlier research, the theory of structural empowerment and the socially embedded model of thriving at work support the results, as does the use of validated scales with good psychometric properties.

## 7 | CONCLUSIONS

Having good access to empowering structures such as resources and informal power (alliances within and outside the organisation that facilitate work) is important to keeping nurses in the profession. On the other hand, when variables such as vitality, resources, informal power and age are held constant, learning seems to increase the risk of leaving the profession. Thus, the positive effects of learning can be negative if feelings of vitality are kept at the same level. These results are also in line the model of thriving at work, which emphasizes the importance of both learning and vitality in healthy organisations. Working with aspects such as resources, informal power and thriving at work may provide an opportunity to get more people to stay in the nursing profession.

## 8 | IMPLICATIONS FOR NURSING MANAGEMENT

The study adds to the body of positive organizational scholarship, especially new knowledge regarding thriving at work and its relationship with turnover (leaving the profession) among RNs. With global shortage of nurses, high turnover rates and increasing demands on health care, there is a need to focus more on how we can improve positive psychological states among staff and good access to empowering structures. Our results showed that to prevent nurses from leaving the profession, managers should strive to provide staff with good access to empowering structures such as resources and informal power. Informal power, such as networks within and outside the organisation that facilitate the work, may help nurses to perform



their work and feel connected to others and decrease the risk of nurses leaving the profession. In addition, the positive psychological state of thriving at work, that is, having a sense of both learning and vitality (a sense of feeling energized and alive), is essential to staff personal development and growth. However, regarding nurse turnover, learning without a sense of vitality may counteract development and increase the risk of nurses leaving the profession. Learning without an increase in vitality may increase the risk of feeling depleted (Porath et al., 2012). Thus, to increase overall thriving, managers need to strive for increased staff thriving through the antecedents of thriving, which include relational aspects (e.g., supportive colleagues, supportive leadership, empowering leadership, organizational support and trust) (Kleine et al., 2019), decision-making discretion, broad information sharing, feedback and a climate of civility (Porath et al., 2012).

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#### CONFLICT OF INTERESTS

The authors declare no conflicts of interest.

#### ETHICS STATEMENT

The study was approved by the Regional Ethical Review Board (Uppsala Reg. No. 2014/192).

#### AUTHOR CONTRIBUTIONS

All the authors designed the study. M. E. and A. S. analysed the data and wrote the manuscript, which was critically revised by Y. P. and G. M. All the authors read and approved the final version of the manuscript.

#### DATA AVAILABILITY STATEMENT

The authors elect to not share data due to privacy/ethical restrictions.

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