Retaining Public Health Nurses in Rural British Columbia
The Influence of Job and Community Satisfaction

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ABSTRACT

Background: Although the need to retain rural registered nurses is pressing, little is known about what influences them to stay in their current employment. The objectives of the study were: to examine public health nurses’ (PHNs) job and community satisfaction; to relate job and community satisfaction to their decision to stay in their current employment in rural British Columbia.

Methods: A survey was mailed to all front-line PHNs in 48 rural and small urban communities in British Columbia. Of the 164 eligible PHNs, 124 responded (76\% response rate).

Results: PHNs were most satisfied with their professional status, professional interaction and autonomy, their communities’ acceptance of their partners, friendliness of the community and their friends. They were least satisfied with their salary. Job satisfaction or community satisfaction was not found to influence retention. Instead, “filter factors” such as age, retirement, family needs and the economy affected PHNs’ intent to stay or leave.

Conclusion: If PHNs are to be retained in rural areas, their economic and family life situations merit greater attention, as does their experience of living and working in rural communities.

METHODS

A self-administered questionnaire, with two mailed follow-ups,\textsuperscript{21} was sent in November 2000 to all 164 health authority-employed PHNs, who provide client level services through public health offices in 48 rural and small urban communities of the eight former rural health regions in British Columbia. The University of Northern British Columbia Research Ethics Committee provided ethical approval.
Instruments
The questionnaire was a modification of the University of North Dakota Rural Health Center questionnaire, which was based on Stamps and Piedmonte’s Work Satisfaction Index (WSI). The questionnaire contains three sections: job satisfaction, community satisfaction, and narrative comments.

Job satisfaction was measured by a 37-item scale, which questioned satisfaction with task requirements, salary, autonomy, professional status, professional interaction, organizational climate, benefits and rewards, and overall job satisfaction. Previous research reported Cronbach’s alpha coefficients of .88 to .89 for the scale. We found a Cronbach’s alpha of .83. Community satisfaction was addressed by a 12-item scale (Cronbach’s alpha .84) that was created by the first author from personal experience in a small community and pertinent literature.

Narrative data were provided through responses to open-ended questions about what would influence their remaining in or planning to leave their communities. These factors appear to act as a filter to retention, regardless of the PHNs’ job and community satisfaction scores.

Table I

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<td>56</td>
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RESULTS
Of the 124 respondents (76% response rate), 68 were from rural communities, and 56 were from small urban communities. Respondent characteristics and response rates between rural and small urban communities were similar. The PHNs were predominantly female (99%) and married (90%). Their mean age was 43 years, with 67% 40 years and older; 60% were first licensed 20 years or more. This compares to the mean age of all BC RNs (44.4 years). The top three occupations of the nurses’ spouses were professional (23%), forestry and related (17%), and trade (15%). Half of the PHN respondents (49%) were employed in part-time permanent positions, 48% in full-time permanent posi-
OPERATIONS. Seventy-seven percent of PHNs had lived in their present community for 5 years or more, and 50% of PHNs had already worked 5 years or longer in public health nursing. Forty-three percent of those 35 years or under (n = 29) had been in their community less than 5 years.

Job satisfaction

While the PHNs were satisfied overall with their jobs, they indicated most satisfaction with their professional status, professional interactions, and autonomy, and least satisfaction with salary. As no significant differences were found between rural and small urban PHN job satisfaction scores, the overall scores are presented (Table II).

The neutral organizational climate score (3.09) and mixed narrative comments suggest that PHNs had varied perceptions of their organizational environment. The finding of professional status, professional interaction and autonomy as the three most satisfying aspects of their practice is, however, consistent with other studies of rural and urban public health nurses.12,29-35

The results did not support a correlation between age and job satisfaction (r=0.041, p>0.05), contrary to the findings of other studies.29,36

Community satisfaction

Community satisfaction scores are shown in Table III. Community aspects that were considered to be most satisfying were friendly community, friends, trusting, and size of community. Least satisfying community aspects were distance from a major centre and ability to stay current in practice. Overall, 63% were satisfied to very satisfied with their community.

Rural and small urban PHNs were not significantly different in their community satisfaction, with one exception. Rural PHNs were less satisfied than were PHNs in small urban communities about being asked work-related questions outside of work (t = -3.14, df = 110, p<0.002, Cohen’s d effect .57). There was no difference between rural and small urban PHNs in their satisfaction with perceived level of anonymity, but 74% of rural PHNs reported low anonymity compared to 57% of the small urban PHNs (t = -2.47, df = 118, p<0.02, Cohen’s d effect .44). Being easily recognized in the rural community does not seem to be of concern but being asked work-related questions, a by-product of lack of anonymity, is an issue.

Influence of job and community satisfaction on retention

Overall, 52% of the PHNs indicated their intent to stay in their position for 5 years or more; 20% indicated plans to stay...
2-4 years. However, 28% of all PHNs, including 43% of those aged 35 years or younger, planned to leave in 2 or less years. No clear relationships were found between job satisfaction and retention or between community satisfaction and retention, however job and community satisfaction were correlated ($r = .48$, $p<0.01$ medium effect size).

Written comments from 98% of the respondents helped with understanding why PHNs would stay or leave their positions. Many comments echoed and supported the elements of the job and community satisfaction scales. In addition, factors related to demographics, personal circumstances and opportunities beyond the nurses’ control emerged (Table IV).

The researchers named these factors “filter factors”, as they acted as a filter to retention, regardless of the PHNs’ job and community satisfaction scores. For example, the closure of the local school or a pulp mill could require a move even though the PHN was satisfied with her job and the community.

**DISCUSSION**

In summary, the PHNs in rural areas of BC are moderately satisfied with their jobs and communities, but this satisfaction is not strongly related to their intent to stay in their present position (retention). Demographic factors, personal circumstances and opportunities, all additional reasons for staying in or leaving their communities, influence retention for these PHNs. The narrative comments reveal some of the complexity of retention for these nurses. While satisfaction with the job and with the community may be important, these other reasons appear to act as a filter to retention (Figure 2).

Filter factors can either promote or limit retention. The foremost demographic issue is the fact that most PHNs in rural areas are female and married. Many are in the communities because of their partners’ employment. A change in spouses’ or partners’ employment through retirement can affect the PHNs’ intentions to stay or leave. An older partner’s retirement may enhance retention because of the PHN’s wish to continue working. At the same time, a partner’s retirement may prompt the PHN to retire early.

PHNs’ personal circumstances involve financial need, need for medical and health services, family commitments and the nurses’ perceived need for professional growth. All these factors can contribute in some situations to PHNs staying in their communities and jobs, and in others to prompting the PHNs to seek employment or schooling for themselves and their children elsewhere. Opportunities for employment for the PHNs’ spouses can be affected by a down turn in the economy. In some instances, this means that the PHNs will stay in the community as the sole income earner. In other cases, the family leaves the community. The retention of rural PHNs may be linked more strongly to local employment conditions for nurses’ spouses or partners than to the PHNs’ job or community satisfaction. Consequently, for PHNs in rural areas, job satisfaction occurs within the context of their community lives.

This research has identified the difficulties with the concept of anonymity. The narrative comments varied. For example, one person indicated that there was a lack of anonymity, but it was not problematic: “lots of people know me, I like it, or rather I am not bothered by it”. Others expressed more difficulty with it. Consistent with a Saskatchewan study, a lack of anonymity did not appear to be an issue for rural PHNs. The issue of concern is the side effect of low anonymity and familiarity, that is, being consulted about work-related concerns outside work hours. Although 27% of rural PHNs were dissatisfied with this aspect of the community as compared to only 5% of small urban PHNs, a full 41% were neutral on this issue. Caution should be used when conceptualizing and defining the importance of anonymity.

The limitations of this study include the fact that all the study PHNs lived in rural and small urban communities in British Columbia, and were employed by regional health authorities. Most communities were resource-based. Different employers, employment settings, and types of communities may affect PHN job and community satisfaction and retention differently.

In summary, retention of PHNs in rural areas of British Columbia was found to be complex. While PHNs perceived moderate overall job and community satisfaction, there were some substantial areas of their work life that caused them some difficulties. These included the ability to stay current, and infringement on their private time. The PHNs’ written comments suggested that while job and community satisfaction are important to consider in retention, filter factors – which are prompts for
some to stay, and limiters for others – merit further consideration. If rural health authorities are to successfully address the retention of public health nurses, it will be important to enhance the PHNs’ practice environment, such as providing new ways for nurses to stay current or developing innovative communities of practice models. The findings also point towards the need for health authorities to work with other community partners and industries to enhance the economic and social well-being of rural communities, features that may perhaps be most important in retaining this component of the rural health workforce.

REFERENCES


Received: December 9, 2002
Accepted: June 6, 2003

RÉSUMÉ

Contexte : Malgré le besoin pressant de retenir les infirmières et infirmiers autorisés en milieu rural, on connaît très peu ce qui influence leur décision de conserver leur emploi actuel. Notre étude avait deux objectifs : analyser la satisfaction des infirmières et infirmiers de santé publique (ISP) à l’égard de leur emploi et de leur collectivité ; et associer la satisfaction à l’égard de l’emploi et de la collectivité à la décision de conserver son emploi actuel dans les zones rurales de la Colombie-Britannique.

Méthode : Nous avons posté un sondage à tous les ISP de première ligne de 48 collectivités rurales et petites collectivités urbaines de la Colombie-Britannique. Sur les 164 ISP admissibles, 124 ont répondu (taux de réponse de 76 %).


Conclusion : Si l’on veut retenir les ISP en milieu rural, leurs circonstances familiales et économiques mériteraient une attention plus grande, tout comme leur expérience de vie et de travail dans les collectivités rurales.