**Mitigating nurse turnover, and improving nurse retention and resilience by implementing refined transition and orientation program strategy**

**1.Introduction**

World Health organisation approved the launch of a global code on international recruitment for the health professional in May 2010 (WHO, 2010). Article 3.6 of this Code reveals that member states should make an effort to create a sustainable health workforce and double their efforts toward theestablishment of effective planning, education and training, and retention strategies that would reduce the need to recruit migrant health personnel (WHO, 2010). In any health care setting, the importance of the nursing profession cannot be overemphasised. Accordingly, there is a high demand for this profession. Hence, the code makes it mandatory for member states to be more efficient and effective in their training and planning to be more sustainable in their use of health practitioners to foster strong retention. By so doing, the nurses are discouraged from going elsewhere seeking a sustainable working environment or better pay (Buchan, Naccarella and Brooks, 2011). Population increase worldwide has triggered the need for more health practitioners to cater to the population's corresponding health needs. As a result, nations are struggling to retain their health workforce. This retention has become an issue because there is always a country or another health organisation ready to provide better working conditions and increased pay. Therefore, implementing some strategies can be used in mitigating nurse turnover and improve nurse retention and resilience.

To a large extent, the health system's effectiveness and health services' quality depend on the skills, knowledge and motivation of health workers. Nurses are important as they spend a considerable amount of time with patients at every level of healthcare. They are usually described as serving on the frontlines of healthcare. Moreover, they spend much time monitoring patient's health. Nursing is the core of healthcare. However, the channel to attain excellence requires nurses' dynamic role from the bedside and beyond beside (Punjot, 2019). They primarily care for the sick. Additionally, their primary goal is to be their client's advocate and provide optimal care based on evidence obtained from studies (Tingen, Burnett, Murchison and Zhu, 2021). The World Health Organisation's Global Advisory Group acknowledges a global shortage of nurses due to increased demand for nurses, ageing of the current nurses and a limited number of people opting for nursing as a profession (Booth, 2002). Besides, global demographic changes have systematically increased the elderly population, burnout, ageing population and workforce, competitive career, family responsibilities, among others, constitute factors contributing to nursing shortages (Marć et al., 2018). According to a study conducted by Kaddourah, Abu-Shaheen and Al-Tannir (2018), in Saudi Arabia, 54.7% of nurses are dissatisfied with their work-life, while 94% indicate a turnover intention from their current hospital. Out of these nurses, 90.4% are female, 64.8% are married, and most have work experience ranging from one year to 5 years. This means that nursing in this category is ready to leave their current workplace as soon as a better opportunity arises. This will definitely affect Saudi Arabia healthcare system, hence the need to devise means to discourage this turnover.

Notably, workplace conditions are usually cited as the leading cause of nurse shortages (Duffield and O'Brien-Pallas, 2003). The working conditions could result from work overloads due to a significant number of patients, constant schedule changes, superior's lack of appreciation, inadequate pay, to mention a few. They may struggle with striking a work-life balance due to these. The nursing shortage is currently a global issue. Poor retention accounts for one of its major causes. According to World Health Organisation (2016) projection, there is about 14.5 million doctors, nurses and midwives global shortage, which could impede essential health-related interventions by 2030. This made Buchan, Shaffer and Caton (2018) submit that nurse workforce retention is a critical global issue to meet existing and emerging healthcare needs. Hence, this report seeks to determine strategies that could increase nurse retention. This report will discuss some of such strategies, including eliminating mandatory overtime, reducing weekly and incremental over time. Eliminating these enable the nurse to make out time to attend to other non-job related issue, such as spending more time with their families. This has a way of contributing to their positive mental health, leading to them giving their best on the job, which is a sign of job satisfaction.

For a robust understanding of this subject matter, this essay is structured into different sections and sub-sections. One section discusses planned change. This particular section is sub-divided into three. A sub-section deals with identifying external and internal drivers using PESTLE and SWOT analysis, another one for discussion on implementing planned change, among others. A section is earmarked for critical reflection on learning, while another one is used to derive the conclusion of the subject matter.

**2. Discussion of planned change**

**2.1 Identifying External and internal drivers: PESTLE and SWOT Analysis**

Series of approaches have been proposed to manage change in any organisation. According to Burnes et al.(2016) and Libhart and Lorenzo (2010), two approaches to change stand out: emergent and planned approaches. The emergent approach is a random one and cannot be predicted (Burnes, 2005). Additionally, it lacks ethics due to the tendency for enforcement and manipulation (Burnes and By, 2012). On the other hand, the planned approach is effective to control process of change and is considered a significant factor for success (Shirey, 2013). However, studies have noted the connection between the planned and unplanned change (Sackman et al., 2009; Burnes, 2005 and Cunha & Cunha, 2003). Therefore, in a real-world case, planned change initiates emergent results; as such, the two approaches may not be totally significantly different from each other. For instance, according to Lau and Ng (2014), a high workload can lead to emergent results, which may influence the new change plan negatively. However, according to Livne-Tarandach and Bartunek (2009), consciously planned change is seen as a better choice than emergent change. These are the two opposing dominant approaches in an organisation that can be adopted in change management, although a planned change could bring about some emergent changes. For that reason, this work tends to adopt planned change as the alternative, which is the emergent change must be addressed in reality.

Since we are adopting planned change for this work, its management's external and internal drivers need to be identified to inform the change management. Wanderly (2014) states that external drivers are those force beyond the organisation's control, and they are usually identified through PESTLE analysis. This type of analysis considers the political, economic, social, technological, legal, and environmental factors that can impact the proposed change (Sridhar et al., 2016). Internal drivers and the forces within the organisation can be controlled (Wanderley, 2014). SWOT analysis is the most effective tool to analyse the strength, weakness, opportunities and threats of internal factors that can influence change in an organisation. These two tools are adopted to examine the planned change proposed for this study. PESTLE analysis is conducted to identify the external drivers which can influence the planned change, i.e. mitigation of nurse turnover and improve retention and resilience in Saudi Arabia healthcare system.

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| Political factor | Ministry of Health (MOH) in Saudi Arabia is the government agency in charge of the healthcare system. It provides 60% of health service at different levels ranging from primary through secondary and tertiary healthcare services. Twenty per cent of health services are provided by other government organisation, while the remaining 20% is provided by the private sector (MOH, 2011). Since the government is the largest healthcare provider, they invest heavily into the system to provide quality service. This means change is crucial in implementing good practice. Therefore, it is expedient to invest heavily into the health workforce in terms of training, conducive working environment, better pay, to mention a few. This can stop nurse turnover and enhance job satisfaction leading to improved nurse retention and resilience. |
| Economic factor | Oil is the major source of revenue generation for the government. However, the tourism sector is getting more attention. Since the government is the major financier of the health sector, there are times a fall in oil prices could affect healthcare funding. This, in turn, can negatively impact the nursing workforce in terms of salary cut and a reduction in the fringe benefit of the workers to cut. If this situation persists, nursing staff may want to look elsewhere for jobs, especially expatriate nurses. Nonetheless, tourism, another source of revenue generation, can act as a shock absorber and cushion the effect, which means that despite the oil shock, the salary and other emoluments of the nursing staff are not affected. Their level of job satisfaction is also reinforced. This can reduce turnover and improve retention |
| Social factor | Islam has a massive influence on the socio-cultural activities of the country. However, this does not stop the people from enjoying quality healthcare from the health facilities across the country irrespective of who the nursing staff is and his or her place of origin. The study conducted by (Alshareef, 2019) found no significant difference in the nurses' intention to leave in Saudi Arabia based on religion. This means that migrant nurses who are not Muslims will have access to improved working conditions, quality pay, among others, as the Muslims or Saudi Arabians. This non-discriminatory move can influence intention to stay, thereby reinforces retention and resilience of the nurses. |
| Technological factor | The government is investing heavily into this sector, which encompasses investment in improved technology-driven healthcare facilities. This makes caring for patients easier and improves the quality of service rendered to the patients. Furthermore, it can reduce the workload on the nursing practitioners, thereby reducing nurse turnover. |
| Legal factor | The Ministry of Health (MoH) oversees the health care sector in the country and thus regulates the sector from time to time to meet international standard. The government has instituted different policies to safeguard the practice of healthcare workers. This, therefore, can provide a good ground for nursing staffs to practice their craft and influence their intention to stay. |
| Environmental factor |  |

The internal drivers in planned change are evaluated with the SWOT analysis tool. This tool is used widely in the healthcare profession and sector to identify both the merits and demerits of the new strategic change (Helms and Nixon, 2010). The strength in the SWOT tool is about the positive influence, while the weakness is about the negative influence. The tool's opportunities and threats are the internal factors, and they are both positive and negative influences, respectively. Thus, identifying these factors would help create awareness of every aspect that could be affected by the planned change and assist in achieving successful decision making (Helms & Nixon, 2010; Fojtíková, 2014). Therefore, the SWOT tool to implement a strategy to mitigate nurse turnover and improve nurse retention and resilience in Saudi Arabia health sector has brought possibility through strength and opportunities factors for the change to take place and conversely the negative factors in terms of the weakness and threat of the potential hindrance for the planned change. Furthermore, it will look for possible resolutions to overcome such negativity in future.

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| **Internal factors** | **External factors** |
| **Strengths** | **Weaknesses** |
| * Availability of expert nursing staff. * A good interdisciplinary workplace with social support. * High-quality patient care. * Availability of job description for nurses at all levels. * Availability of in-service educational program. | * Ageing workforce. * Increased responsibilities for the nursing staff. * A rise in the need to float nurses related to insufficient nursing staff can overlap duties among the nurses. * High level of job stress among the experienced nursing staff. |
| **Opportunities** | **Threats** |
| * Strong relationships and enhanced collaboration among nurses at different levels. * Encourages additional research into effective and efficient staffing methods. * Improved patient outcomes and reduction in mortality rates. * Possibility for a scholarship program for the old and new nursing staff to enhance their skills in nursing practice which in turn benefit the healthcare sector. | * A rise in expenditure such as increased salary and other fringe benefits. * Nurse burnout. * Private hospital sectors could entice the nursing staff with better pay, more befitting their level than the government pay. * Attractive to a new graduate who will come to join the workforce without experience. |

**2.2 Implementing the planned change**

Change management is significant to achieving a better future outcome. In healthcare service, for instance, change management that is effectively executed can help improve the provision of better quality care for patients (McDeavitt et al., 2012). Implementing change is challenging in the healthcare setting; as such,, different stages of change must be initiated and followed to conquer the challenges (Allen, 2016). The first stage entails preparation for the change through sufficient time allocation as well as attention for provision of solid base preparation. The second stage entails the implementation of the change by ensuring its high effectiveness and lastly, it entails continuous assessment of the change process for sustainable delivery. According to Tamilarasu (2012), there is a need for a strong leadership role in driving this change process. The essence is to enhance the performance of an individual to improve the teams, which will have a resultant positive effect on the staff and the organisation as a whole (Muls et al., 2015). Characteristics such as creativity, innovative connector, grit together with perseverance and trust are needed for effective leadership to drive the planned change (Moravec et al., 2013; Kramer, 2013); Duckworth et al., 2007; Oreg et al., 2011)

The stated effective leadership characteristics are needed to influence the choice of leadership style. The style of leadership chosen is a motivation for the successful implementation of planned change (Van Rossum et al., 2016). According to Burnes et al.(2016), this planned change can never be effective without the involvement of the worker. Thus, different stakeholders such as old nursing staffs, new nursing staffs, team leaders, nursing leaders will be factored in. An effective leader would then ensure that all the stated stakeholders are engaged and communicate effectively with the patients they are caring for. This will lead to achieving a better result. Based on that, effective leaders must adopt the most appropriate leadership style to achieve the desired changes (Burnes and By, 2012).

Various leadership styles exist, and they can influence the planned change quality. Yang et al. (2011) opine that transformational and transactional leadership styles are the most effective, but both are opposite of each other. The former focuses on the synergy existing between the organisation leader and the subordinates. This connection needs trust and teamwork before it can achieve the set organisational objective (Giltinane, 2013). This leadership style considers the ethical and moral values of the subordinate to ensure persistent change (Sohmen, 2016). Moreover, it needs commitment from the leader (Van Rossum et al., 2016), which will motivate the staffs to be part of the change process for the delivery of quality care for patients (Giltinane, 2013). The latter style is a 'give and take' phenomenon, where the subordinates are rewarded for carrying out the order of the leaders (Van Rossum et al., 2016). This leadership style has a limitation, in that its effectiveness is felt only when the task is needed to be completed on time. Contrarily, for sustainable patient care, it is not effective (Giltinane, 2013). When compared, the transformational style is the most suitable for the current planned change.

Change implementation models are available, but the most suitable in healthcare service change management are Kotter's model and Lewin's model (Burnes et al., 2016). For this current planned change, Lewin's model is chosen due to ease of use, practicality and it easy to understand (Shirley, 2013). Its weakness is that it does not consider group interactions (Burnes, 2014). As this model is implemented, the limitations would be considered and minimised.

2.3 **Implementing Change through Lewin's model**

Sutherland (2013) states that this model provide a planned approach for successful implementation of change management, and it's usually adopted in the healthcare industry. The model developed force field analysis (FFA) which aims at the psychological behaviours of the stakeholders involved in the planned change (Kaminski, 2011). There are two types of forces here: driving and restraining forces. The former cause changes while the latter hinders it. Consequently, the needed change will emerge when the former overcomes the latter (Shirley, 2013). The SWOT analysis conducted shows that the driving force is more than the restraining force, which means the desired change is feasible.

The model has three stages, and effective leadership in the three stages can bring about the driving forces to cause a change (Manchester, 2014). The three stages are unfreezing, moving and freezing

**Unfreezing**

This helps prepare for stakeholders' engagement to motivate them for the change. It entails preparing for the change through identification of the need for change (Shirley, 2013). Transformational leadership at this stage entails setting up group meeting with the new nurses, old nurses, team leaders, nurse leaders, among others, who are the stakeholders to exchange ideas and information on implementing the nurse retention and resilience strategy to mitigate turnover. When a leader communicates effectively with the stakeholders with all honesty, change resistance will be reduced among them (Sutherland, 2003). Besides, through evidence-based rationale, the need for change is highlighted. FFA analysis will require driving force identification, which may need to have committed and satisfied nursing staff in the hospital to provide quality care for the patients and save lives. On the opposing side, unfavourable working condition, low pay, too much workload could be the restraining forces. The change will occur when the driving force is strengthened against the restraining forces (Shirey, 2013; Sutherland, 2013; Kaminski, 2011). However, leaders with high emotional and behavioural intelligence can work with the stakeholders to overcome their resistance to change by understanding their needs (Delmatoff and Lazarus, 2014) and would strike a balance by altering one or two restraining forces.

**Moving**

This stage is the most productive and requires lots of attention, time and money (Kaminski, 2011). A sustained effort from every stakeholder at all level is needed because every stakeholder has a role to play to mitigate nurse turnover by following through the planned stage. For instance, new nurses must improve on their service offering by acquiring the necessary skills. Also, the old nurses must ensure to put the new nurses through by sharing information and forming a working bond, among others. Since leadership is a collaborative effort between all the stakeholders and leaders (Kumar, 2015) in change, the leader must ensure proper monitoring of all the change process stages and smooth communication between stakeholders(Sutherland, 2013). Moreover, since the stage here is challenging due to doubt and fear (Shirley, 2013), for example, experienced nurses could decline putting the new ones through for the fear of taking over their jobs. Leaders would do well to notice this kind of attitude and address it appropriately.

**Refreezing**

Here, the leader must remain resolute and supportive for the stakeholders to become comfortable with the new change to maintain the change (Sutherland, 2013). A leader has to factor in the FFA as support is given to the stakeholders and focus on the driving force, enhancing the change and preventing the opposing forces (Shirley, 2013). Consistent training and assurance must be given to the stakeholders to keep the change permanent (Wojciechowski et al., 2016). This assurance must be able to trigger satisfaction of the stakeholders on the job. Since this is the needed change to reduce nurse turnover, once it is permanent, the new behaviour is locked. The new change is sustained (Shirley, 2013).

**3. Critical reflection on learning**

Grant et al. (2017) state that learning by reflection is seen as more effective whenever a framework is applied to encourage structured guidance by the reflection process. Series of frameworks were modelled to guide personal reflection (Borton, 1970; Kolb, 1984; Gibbs, 1988). They all posit that learning from experience is central to and imply forward movement of the reflective process cyclically or sequentially. This work's reflection adopts Borton (1970) reflection framework. Based on the work of Nicol and Dosser (2016), this framework is flexible and easy to remember and reflect on before, during and after the action. However, it is criticised as even though it gives a useful starting point, it may skip exploring additional challenging issue which may not be comfortable (Jasper, 2013). Nonetheless, this can be resolved by collaborative work. Thus, the model is appropriate for the reflective analysis needed for this work.

There are three sequential stages applicable to the experience under reflection by Borton's model: ' what?', 'so what?', and 'now what?' (Stonehouse, 2011). This work applies those questions to reflect on the experience in order to inform personal leadership practice.

**What?**

This change is proposed for two reasons; my experience as a nurse and the current economic situation in Saudi Arabia due to the Coronavirus pandemic. As a nursing staff, I realised many of my colleagues have the intention to leave. Some have left to access better working condition, improved pay package, to mention a few, elsewhere. I discover that this will not mean well for the healthcare sector in the short and long run, as this turnover has left those on the ground with increased workload to cover for the vacuum. More importantly, this is leading to job dissatisfaction already. Secondly, the novel coronavirus pandemic has hit my country hard due to the lockdown measure to curb the spread, which has impacted revenue inflow negatively. Thus, the government is cutting cost, and this has impacted the funding of the healthcare sector. Consequently, the change I proposed will help mitigate the turnover to improve the retention of nursing staff.

My working knowledge in the healthcare sector and information gathering from my colleagues informed this reflective process, hence the simple leadership approach, model and framework chosen for this work. Thus I feel it is sensible to initiate a change that can be achieved in the short run with massive impact in the long run.

**So what?**

I have learned that before a particular leadership style is considered suitable, the leader's skill set, the stakeholders, and organisation culture must be factored. I used to believe the transactional leadership style would get things done effectively. However, with knowledge addition and experience, I discovered the transformational leadership style is more suitable due to its emphasis on teamwork and effective communication. My viewpoint has changed with that; I am now conscious that other people's needs are equally important as my need to deliver the change if I am to succeed in the long run.

My knowledge in this area has improved. In the past, I would have driven this change by my experience, and this would have been my undoing due to my biases on certain issues. Nevertheless, with PESTLE and SWOT tool, I now have an impartial tool to work with to drive the change management process. The tools allowed me to identify driving and restraining forces and apply a structured approach to change by identifying the strength and inherent weakness. Lewin's model has changed my perspective and makes me understand change processes to be more than just implementing the change only, so I now know leadership is essential through all the stages of change.

**Now what?**

Within the purview of my skillsets, I still need to evolve some more to be effective in my transformational leadership style. I can achieve this by improving my communication and negotiating skills to build a team with an open atmosphere for change. As a leader, it has become imperative to work on my listening ability, which is important to overcoming effective communication barriers. I must report to the management from the start to carry them along and seek their support in implementing the change.

A thorough PESTLE and SWOT analysis are needed in planning for the change. Since I now know what it means to understand other people's needs, I accept to consider the valid input of others. This will be needed to craft a true picture of the baseline position and put me in a strategic position to plan the change. FFA will be used to identify the important areas of resistance to leverage on it to overcome the resistance to achieve the planned change.

**Conclusion**

Extant literature and latest findings show concern for the increase in the rate of nurse turnover globally. Given the high dependency on nurses as the chief carer for patients in the healthcare sector, using Saudi Arabia as a case study is reasonable. Implementing the strategy to mitigate nurse turnover and improve retention and resilience, which will eventually improve patient care, is important. This change followed a strategically planned approach which was able to identify the external and internal drivers driving the changes through PESTLE and SWOT analysis tools. It was discovered that implementing a change is possible irrespective of the prevailing challenges that could be encountered. Transformational leadership style was the preferred and adopted style of leadership needed to drive the proposed change because its aim is on teamwork and reinforcement of effective communication strategy among the stakeholder who parts of the planned change. Lewin's model was the selected model for understanding the change process because of its 3-stage framework. It sees change as a continuous process and wants to keep it persistent and simple. Practical value and the ease that comes with its understanding make it very appropriate due to the user's inexperience. The critical reflection on learning made use of Borton's framework was adopted. It was chosen due to its simplicity and the possibility to highlight new learning curves and areas to improve on, like communication and negotiation and other stakeholders in the PESTLE and SWOT processes. The development of these areas is affirmed to enhance the possibility of long- term success for the planned change.

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