



Research Article

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Healthcare Outcome and Patient Experience Consequent to Nurse Turnover

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Abstract

Aim: The purpose of this study was to determine the health outcome consequences and patient experience secondary to nurse turnover patterns in healthcare organizations and also to recommend strategies to overcome the problem.

Background: Healthcare organizations around the world are dealing with the challenge of higher attrition among healthcare professionals, especially among nurses.

Nurse turnover is a major concern globally, as it creates a widening supply-demand gaps in the healthcare industry. Despite the acknowledged importance of managing nurse turnover in hospitals, the consequences of turnover on clinical outcomes, patient experience, and satisfaction are inadequately understood and require further exploration.

Method and analysis: This study is an empirical, descriptive, quantitative survey-based research conducted in a private health-care facility.

Results: More than two-thirds (69.9%) of nurses surveyed showed intention to leave the organization. Higher nurse turnover intentions were significantly associated with lower job satisfaction ($p < 0.01$) and workload ($p < 0.001$). The study witnessed a significant reduction in patient satisfaction scores, reflecting negative impact on patient experience.

Conclusion: Key drivers of turnover decisions and nurses' intention to leave are job dissatisfaction due to an unfavorable work environment, higher workload, and lack of managerial support. Higher turnover had a significant impact on patient health outcomes. Lower patient satisfaction/patient experience implied decline in the quality of care.

Keywords: Patient satisfaction, Health outcomes, Patient experience, Staff turnover, Patient safety

Introduction

High staff attrition in any industry can be a matter of concern, especially in customer-centric firms. Global healthcare organiza-

tions are concerned about increasing healthcare professionals' attrition, resulting in a worldwide shortage of the healthcare workforce.



Healthcare workforce challenges vary from country to country and are influenced by economic, political, and social landscape. Inequality in healthcare workforce distribution can be attributed to globalization. Following globalization, there has been a movement healthcare worker including doctors and nurses, from developing countries to developed countries [11]. This trend of talent migration of specialized workforces has created a serious challenge for healthcare managers.

Nurse turnover is high worldwide, with rates ranging from 15% and 44%. In Australia it is about 15%, in Canada 20%, in the USA 27%, and in New Zealand 44% [6]. Nurse turnover has gained significance, especially in developing countries, in the two decades.

High nurse turnover has a significant impact on the healthcare outcome. It can disrupt services, be expensive, and lower the quality of care [15]. Turnover also affects staff efficiency, increases operational costs, and impacts the organization's performance [19]. High turnover also has a major effect on the performance of the healthcare system [5]. The current literature shows more studies on nurse turnover from Western countries. Researchers emphasize that nurse turnover needs immediate attention and action from leadership and health policymakers [1,12].

Managing nurse turnover in private hospitals in developing countries has become a priority because the private sector plays a major role in healthcare.

The rapid growth of the healthcare sector in the United Arab Emirates (UAE) to meet local needs and the rise of international medical tourism have challenged the healthcare stewardship. The ability of the UAE to provide the required human capital for the expanding healthcare industry needs to be viewed in the context of the global challenge of the nurse shortages caused by high turnover. It is equally important to address how this challenge affects healthcare outcomes and patient satisfaction.

Research Problem

Despite the acknowledged importance of nurse turnover in hospitals, the patterns, causes, and consequences of nurse turnover in the UAE are not well understood.

Objectives of Study

- i. To analyze the determinant of nurses' intention to leave their current job
- ii. To analyze the impact of nurse turnover on patient care outcome
- iii. To recommend managerial strategies to reduce nurse turnover

Review of Literature

Empirical Studies

In simple terms, turnover can be defined as any job change/move that is generally perceived as a permanent and final act. [15] The rate of nurse turnover varies from 15% to 44% [6]. Employee

turnover is broadly classified into different categories as voluntary/involuntary, functional/dysfunctional, avoidable/unavoidable, internal/external and skilled/unskilled [19].

Determinants of Nurse Turnover/Turnover Decision

Some of key factors identified are heavy workload, pay disparities, unclear work and work environment, inappropriate staffing practices, lack of career growth opportunities supervisory/leadership issues, work family conflict [4].

a) Work environment (job satisfaction/workload/work pressure/stress) factors

i. Job dissatisfaction

Mahoney (2018) in the US found that job dissatisfaction was especially linked to lack of administrative support and well-defined policies contributing to turnover intention.

ii. Workload / Work stress

Halter, et al. (2017) [17] observed that job dissatisfaction and stress at work were key drivers of turnover. Dewato and Wardhani (2018) identified external attraction, poor work environment, uncomfortable working conditions, low benefits, and personal reasons contributing to turnover. Cote (2016) [3] observed erratic work schedule, unmet needs, and inability to practice their skills to their potential, lack of supervision and support, self-fulfillment in other sphere of life, and lack of professional development opportunities as reasons for their turnover decision. Siti, et al. (2019) [20] examined the job stress-related consequences and observed a significant positive influence of role ambiguity on job stress.

b) Leadership factors

Nursing leadership plays a crucial role in mentoring and empowering young nurses. Furtado, Batista & Silva (2011) [9] observed that sharing leadership styles promoted nurse retention. Similarly, Hayward, et al. (2016) [13] reported that gaps in leadership support were a major reason for nurses' turnover decisions.

c) Organizational Factors

Small privately managed hospitals with fewer nurses per hundred beds had higher nurse turnover rates compared to larger hospitals [2]. Nantsupawat, et al.'s (2016) [18] study in five university hospitals in Thailand revealed lower turnover rates among nurses in these hospitals.

Impact of Nurse Turnover

a) Patient care and health outcome

Patient fall, medication error, length of hospital stay, and patient satisfaction are the general care outcome measures used to assess the quality of care. Stalpers, et al. (2015) [21] found that fewer patient falls occurred during favorable staffing hours in nursing units. MacPhee, et al. (2017) [16] noted higher nurse workload is linked to adverse patient outcomes, such as higher patient falls,

medication errors, and infections. *Hockenberry and Becker* (2016) [14] opined that increasing the number of registered nurses per bed improves in patient satisfaction.

b) Cost on Healthcare

The major impact of increased turnover is visible with increasing operational costs burdening healthcare expenditure [6]. Indirect costs include new hiring costs and compensating for medico-legal issues arising out of poor quality of care.

c) Organizational performance

Rajan D (2013) [19], *Dewato and Wardhani* (2018) [5], and *Eric G* (2018) [7] reported the organizational impact such as frequent service disruptions, loss of productivity, loss of reputation, and brand image, due to higher turnover.

An Indonesian study by *Dewanto and Wardhani* in 2018 analyzed the causes and consequences of nurse turnover in private hospitals based on the hospital managers' viewpoint. Our study is based on future research recommendations of that Indonesian study. We intend to understand the nurses' perspective in demystify the nurse turnover problem, as nurses are the primary stakeholders in their turnover decision. Our study also analyzed the impact of turnover on health outcomes and patient experience.

Research Methodology

Study design

This study is an explanatory causal research using a deductive approach. This quantitative study used a survey method to collect primary data from the participants.

Study Population

The study included licensed nurses and nurse managers working in private tertiary hospitals in the UAE. The study sample was of a probabilistic type. Nurses and nurse managers of critical and non-critical care areas such as accident and emergency, labour and delivery, NICU, ICU, Operation theatre, Medical and surgical wards) participated on voluntary basis

Methodology

The study was approved by the institutional authorities prior

to the conduct of research. Two questionnaires were designed for the survey. Questionnaire 1 was for nurses working in clinical care units, while Questionnaire 2 was for nurse managers. The questionnaires included structured, close-ended and open-ended questions related to nurse turnover, patient outcome measures such as patient fall, medication error, and patient satisfaction scores for nursing services. The validated questionnaires were pilot tested before being sent to all participants.

Sample size

A total of seventy nurses (response rate of sixty-eight percent) and twenty-three nurse managers (response rate of ninety-two percent) participated the survey.

Statistical methodology

Study data were analyzed using SPSS 26. Descriptive statistics, such as the median, minimum, maximum, and range of scores were calculated. The chi-square test was used to determine association. The Wilcoxon rank sum test was used to test the median of two groups and the Kruskal-Wallis test was used for more than two groups.

Results

Among study participant, 92.9% of nurses and 95.7% nurse managers believed that the nurse turnover has increased in the hospital over the year. Most nurse managers (87%) agreed that the nurse to patient ratio is not ideal in nursing units. 95.7% of respondents felt that they face nurse shortage in their respective units or department. All nurses except one said that nurse turnover results in nurse shortage and disrupts staffing in their unit. They admitted that increased turnover increases nursing workload.

More than two thirds of the participants (69.6%) who currently work in the hospital showed intention to leave the hospital. Remaining nurses are either unsure of their decision at the time of survey or had the intention to continue working (Table 1).

Nurses were asked about the possible reasons for their intention to leave with questions focused on job satisfaction and work load/work stress. (Table 2)

Table 1: Nurses intention to leave hospital.

Variable	Category	Frequency	Percentage
Nurse intention to leave the hospital	Yes	48	69.6
	No	21	30.4
	Total	69	100

Table 2: Determinants of Nurses Intentions to Leave.

Reasons for Turnover intention			Likert scale					
			Neutral	Agree	Strongly agree	Total		
Strongly disagree								
Disagree								
Job dissatisfaction	High individual work load	Frequency	-	1	6	16	46	69
		Percentage	-	1.4	8.7	23.2	66.7	100
	Lack of support from supervisor	Frequency	6	10	12	19	22	69
		Percentage	8.7	14.5	17.4	27.5	31.9	100
	Leaders lack of concern	Frequency	5	2	12	18	32	69
		Percentage	7.2	2.9	17.4	26.1	46.4	100
	Low compensation	Frequency	3	5	7	13	41	69
		Percentage	4.3	7.2	10.1	18.8	59.4	100
Work load / Work stress	Higher work load due to nurse shortage	Frequency	-	4	1	4	60	69
		Percentage	-	5.8	1.4	5.8	87	100
	Frequent change of work unit	Frequency	14	12	6	14	23	69
		Percentage	20.3	17.4	8.7	20.3	33.3	100
	Time pressure and deadline	Frequency	3	3	8	18	37	69
		Percentage	4.3	4.3	11.6	26.1	53.6	100
	Unrealistic expectations by seniors	Frequency	2	8	10	24	25	69
		Percentage	2.9	11.6	14.5	34.8	36.2	100

Job satisfaction

Job dissatisfaction was reported with higher individual work load (89.9%), lack of supervisory support (59.4%) and leadership support (72.5%) and lower perks and benefits (78.2%) as contributory factors.

Workload/Work stress

Nursing shortage is the key contributors for higher workload

(92.8%). 79.7% felt they had to work under time pressure, unrealistic work expectations from their seniors (71%) and burnout (95.7%)

Job dissatisfaction and work load were significantly ($p < 0.01$ and < 0.001 respectively) associated with nurse intention to leave the organization (Table 3).

Impact of nurse turnover on nurse outcome and patient care outcome were analyzed. (Table 4).

Table 3: Association of Nurse Turnover intention with job satisfaction and work load.

Intention to Leave		Job dissatisfaction	Work load
No	Median	11	10
	Minimum	1	2
	Maximum	16	15
	Range	15	13
	N	21	21
Yes	Median	15	14
	Minimum	5	5
	Maximum	16	16
	Range	11	11
	N	48	48

Total	Median	13	12
	Minimum	1	2
	Maximum	16	16
	Range	15	14
	N	69	69
	P value	<0.01	<0.001

Table 4: Impact of Nurse Turnover.

Impact of Nurse turnover			Nurses		Nurse Managers	
			Agree	Disagree		
			Agree	Disagree		
Impact on nurse job outcome	Results in nurse shortage & disturbs staffing	Frequency	68	1	23	-
		Percentage	98.6	1.4	100	-
	Increases workload /burnout on existing nurses	Frequency	68	1	22	1
		Percentage	98.6	1.4	95.7	4.3
	Increased professional errors & reduced nursing quality care	Frequency	66	3	23	-
		Percentage	95.7	4.3	100	-
	Newly joined nurses take longer time to adopt/Disrupts service	Frequency	60	9	8	15
		Percentage	87.1	12.9	34.8	65.2
	Increase in patient safety related incidents	Frequency	6	63	7	16
		Percentage	8.6	91.4	30.4	69.6
Impact on patient care outcome	Noncompliance to Patient safety goals/ standards	Frequency	22	47	6	17
		Percentage	32.9	67.1	26.1	73.9
	Increase in patient complaints	Frequency	63	5	23	-
		Percentage	92.9	7.1	100	-
	Patient satisfaction score decreased	Frequency	55	14	22	1
		Percentage	80	20	95.7	4.3

Both nurses and nurse managers broadly had similar views on the negative impact of high turnover on nurse job outcome and patient healthcare outcomes.

Discussion

Our study observed that more nurses left their in the hospital over the past year. This observation is similar to the global trend as shown by other studies. Our research showed that high turnover led to a nurse shortage. Nurse-to-patient ratios were not optimal. Frequent changes in working units led to poor teamwork and more work stress. Our study wanted to leave their current job.

Impact of Nurse Turnover on patient care/patient outcome

Our study clearly showed how nurse turnover can affect patient health and their experience. Turnover directly impacted the patient outcomes (patient safety/quality of care), and indirectly the patient satisfaction and patient experience.

Quality of nursing care

Our study observed that higher nurse turnover affected the overall nurse outcomes. More work and pressure made nurses less united (group cohesion), led to professional errors, and lowered the quality of nursing care.

Patient safety

Our study did not witness increase in nurse-reported patient safety events, such as patient falls and medication errors. However, we noticed nurses were unable which might mean patient safety was compromised. Other studies by *MacPhee, Dahinten & Have* (2017), *Van Bogaert, et al.* (2014) found more patient falls and medication errors.

Patient experience and patient satisfaction

Patient experience and patient satisfaction are the most important performance measures in the healthcare industry. They reflect the quality of care and patient response to care respectively.

Larson, et al. (2019) emphasized that patient-centered care should be measured with a clear goals. Both measures (patient experience measure to evaluate the quality of care and patient satisfaction measure to track patient response to care) can help to hold the health system accountable. It also determines the objective of the healthcare organization – where the aim is to provide high-quality care (patient experience) or meeting patient expectations (patient satisfaction) or both. This is more relevant in the contemporary competitive business environment.

Our study observed a significant reduction in patient satisfaction scores, especially for nursing care in the hospital. Similar observations were made by Van Bogaert, et al. (2014) and Stimpfel, Sloane & Aiken (2012).

Conclusion

Nurse turnover leading to shortages continues to be a burning global healthcare problem, despite the well-known ill effects of the same. Our study tried to understand this issue from a regional perspective. This study revealed that high workload, job stress, burnout, and lack of leadership support all lead to job dissatisfaction, a key driver of turnover decisions. The current instability/uncertainty in the nursing workforce affects patient care and implies adverse healthcare outcomes. This should be an eye-opener for healthcare managers especially in the context of a perceived notion of deteriorating quality of care in the healthcare setup. Patient satisfaction, a key healthcare outcome measure (true reflection of overall care), showed a declining trend in our study. This trend is concerning and adds no value to our customers. Healthcare policy makers/administrators urgently need to take corrective and preventive measures to minimize the damage. Enhancing patient safety, health outcomes, and overall experience helps create high-reliability healthcare organizations.

Limitations of the study

A study conducted in a teaching hospital affiliated to medical university may have had confounding factors affecting the nursing work environment. More research with larger groups is essential to better understand the effects of nurse turnover and is crucial for exploring the unidentified processes and outcomes. This may provide better remedial measures/solutions for the unresolved issue of nurse turnover.

Recommendations

A multi-pronged approach is essential to address nurse turnover. Healthcare leadership strategies should include immediate (short-term) intervention coupled with long-term goals. Long-term strategies should focus on building an organizational culture that values safety and commitment to enhancing staff satisfaction and retention. Effective analysis and management of patient experience and satisfaction data should guide data-driven decisions for continued quality improvement in healthcare.

Human resource intervention

A robust manpower planning and recruitment system, effective hiring and staffing strategies, competitive pay and benefits, and programs that keep nurses engaged like rewards, training, and stress management support are important. These initiatives should be sustained and facilitate nurse retention.

Nurse leaders' intervention

Mentorship can be strengthened by giving leadership roles to nurse managers or unit's supervisors with appropriate qualifications, competency, experience and a better understanding of people.

These comprehensive strategies, effective implementation and consistent practice is expected to help healthcare leaders address the global issue of nurse turnover and thereby minimize or nullify consequential effects.

References

1. Bria M, Băban A, Andreica S, Dumitraşcu DL (2013) Burnout and turnover intentions among Romanian ambulance personnel. *Procedia - Social and Behavioral Sciences* 84: 801-805.
2. Cho HK, Lee TY, Kim CW (2015) Hospital nurse turnover rate and structural characteristics of the hospital. *Journal of the Korea Academia-Industrial Cooperation Society* 16(1): 453-461.
3. Côté N (2016) Understanding turnover as a lifecycle process: The case of young nurses. *Industrial Relations* 71(2): 203-223.
4. Dasgupta P (2014) Nurses' intention to leave: A qualitative study in private hospitals. *Globsyn Management Journal* 8 (1/2): 77-87.
5. Dewanto A, Wardhani V (2018) Nurse turnover and perceived causes and consequences: a preliminary study at private hospitals in Indonesia. *BMC Nursing* 17(S2).
6. Duffield CM, Roche MA, Homer C, Buchan J, Dimitrelis S (2014) A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing* 70(12): 2703-2712.
7. Eric G Kirby (2018) Patient center care and turnover in hospice care organizations. *Journal of Health and Human Services Administration* 41(1): 26-51.
8. Elysia Larson, Jigyasa Sharma, Meghan A Bohren, Ozge Tuncalp (2019) When the patient is expert: Measuring patient experience and satisfaction with care. *Bulletin of WHO* 97(8): 563-569.
9. Furtado LC do R, Batista, M da GC, Silva FJF (2011) Leadership's Impact in Turnover and Career Abandonment Intention: The Azorean Hospital Nurses Case. *Hospital Topics* 89(3): 51-58.
10. Halter M, Boiko O, Pelone F, Beighton C, Harris R, et al. (2017) The determinants and consequences of adult nursing staff turnover: a systematic review of systematic reviews. *BMC Health Services Research* 17(1).
11. Hannawi S, Salmi IA (2013) Health workforce in the United Arab Emirates: analytic point of view. *The International Journal of Health Planning and Management* 29(4): 332-341.
12. Hayes LJ, O'Brien-Pallas L, Duffield C, Shamian J, Buchan J, et al. (2012) Nurse turnover: A literature review—An update. *International Journal of Nursing Studies* 49(7): 887-905.

13. Hayward D, Bungay V, Wolff AC, MacDonald V (2016) A qualitative study of experienced nurses' voluntary turnover: learning from their perspectives. *Journal of Clinical Nursing* 25(9-10): 1336-1345.
14. Hockenberry JM, Becker ER (2016) How do hospital nurse staffing strategies affect patient satisfaction? *ILR Review* 69(4): 890-910.
15. Kovner CT, Brewer CS, Fatehi F, Jun J (2014) What does nurse turnover rate mean, and what is the rate? *Policy, polit nurs pract* 15(3-4): 64-71.
16. MacPhee M, Dahinten V, Havaei F (2017) The impact of heavy perceived nurse workloads on patient and nurse outcomes. *Administrative Sciences* 7(1): 1-17.
17. Mahoney CB (2018) Differences in turnover intentions of nurse practitioners by practice area in the United States. *Journal of Organizational Psychology* 18(5): 73-84.
18. Nantsupawat A, Nantsupawat R, Kunaviktikul W, Wichaikhum O, Thienthong H (2016) The relationship between nurse practice environment and nurse staffing levels and selected nursing-sensitive indicators in university hospitals in Thailand. *International Journal of Evidence-Based Healthcare* 14: S19.
19. Rajan D (2013) Impact of nurses' turnover on organization performance. *Afro Asian Journal of Social Sciences* 4(4.4): 1-18.
20. Siti Norasyikin Abdul Hamid, Muhammad Naeem Shahid, Waseem-Ul-Hameed, Muhammad Amin, Shahid Mehmood (2019) Antecedents of job stress and its impact on nurse's job satisfaction and turnover intention in public and private hospitals of Punjab Pakistan, *International Journal of Scientific & Technology Research* 8(10): 129-137.
21. Stalpers D, de Brouwer BJM, Kaljouw MJ, Schuurmans MJ (2015) Associations between characteristics of the nurse work environment and five nurse-sensitive patient outcomes in hospitals: A systematic review of literature. *International Journal of Nursing Studies* 52(4): 817-835.
22. Stimpfel AW, Sloane DM, Aiken LH (2012) The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs* 31(11): 2501-2509.
23. Van Bogaert P, Timmermans O, Weeks SM, van Heusden D, Wouters K, et al. (2014) Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events—A cross-sectional survey. *International Journal of Nursing Studies* 51(8): 1123-1134.