

Impact of Nursing Resignations on Annual Recruitment Strategies in Sudair Region Hospitals, Saudi Arabia: A Cross-sectional Study

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ABSTRACT

Introduction: Many healthcare organisations are grappling with a critical issue of having critically low nurse staff levels. This leads to high workload stress, job dissatisfaction, and frustration among nurses and triggers a disruptive cycle of high turnover. This turnover, in turn, disrupts the workforce, creating an urgent need for action. The negative impact on patient care is significant, compromising the quality of service and the well-being of patients. Nurses' resignations have become a global issue that has been researched over the last decade.

Aim: The present study aimed to evaluate the impact of nursing resignations on annual recruitment plans in hospitals in the Sudair region, Saudi Arabia.

Materials and Methods: The present cross-sectional study was conducted in Sudair area hospitals from November 2023 to January 2024. A total of 403 nurses completed a questionnaire about their experiences. Statistical analysis was done using the

Chi-square test and ANOVA, and a p-value less than 0.05 was considered statistically significant.

Results: A total of 403 nurses participated of which 135 (33.5%) of participants were aged 36-45 years, 118 (29.3%) aged 26-35 years, 82(20.3%) aged 20-25 years, and 68(16.9%) aged 46 years and above, most participants were Saudi nationals 388 (96.3%). The majority had a bachelor's degree, 123 (30.5%) had a diploma, and 54 (13.4%) were postgraduates. Nearly 97 (24.1%) had 10-15 years of experience. Participants' responses to motivation, effective leadership, and human resources strategies to reduce turnover ranged from 3.14 to 3.43, 2.93 to 3.3, and 3.1 to 3.28.

Conclusion: The present study highlights the need to understand workforce dynamics to create effective recruitment strategies for hospitals in the Sudair region, promoting staffing solutions and healthcare growth. Understanding workforce dynamics is vital for effective recruitment strategies in Sudair hospitals, helping address staffing challenges and promote growth.

Keywords: Healthcare workers, Quality of life, Workload

INTRODUCTION

Many healthcare organisations face challenges, resulting in insufficient nurse staff, increased work stress due to increased workloads [1], job dissatisfaction and productivity, and intent to resign and switch to other healthcare organisations. Increased turnover is detrimental to the patients' well-being [2]. A previous study found that higher nurse resignations lead to longer hospital stays and medical errors [3]. Consequently, it negatively impacts patients' need for appropriate, high-quality care. Resignation may also result in higher costs due to the need to replace employees, recruit and train temporary workers, and ensure service quality. Nursing staff shortages have already plagued healthcare systems worldwide. For example, Heinen discovered that nurses' intention to leave influences turnover, which ranges from 5% to 17% in European countries [4]. In one study in Lebanon, 62.5% of nurses stated that they planned to leave their current profession within the next 1-3 years [5]. Several factors, including job dissatisfaction [6,7] and Quality of Life (QoL) [8], have been linked to nurses' intention to leave. Salaries, promotions, and opportunities for professional advancement contribute to job satisfaction [9,10].

Furthermore, work stress can negatively impact employee productivity and job satisfaction, which may lead to a person's intention to leave the nursing profession [11]. The scope of the retention problems in the nursing workforce demonstrates the importance of developing policies aimed at improving retention. In addition, there is also a

potential to attract nurses back to the health workforce. In the USA for example, examining the results of the National Sample Survey of Registered Nurses, indicate that almost 18% of the registered nursing population was not employed in 2000. Altogether, there were approximately 500,000 registered nurses in 2000 in the USA who were not in the nursing labour market. Among those, 36,000 were seeking employment in nursing, 136,000 were working in non-nursing occupations, and 323,000 were not employed at all [12]. Comparing those figures with the total number of vacant positions for Registered nurses, which is between 126,000 and 153,000, shows the strong potential of a policy aimed at attracting back to nursing those who have left the nursing sector, even though a fraction of them would be unable or unwilling to practice again. Similarly, the Irish nurses organisation commissioned a survey of non-practicing nurses in Ireland, to assess the potential numbers of nurse "returnees" and to evaluate the likely effectiveness of different strategies to encourage nurses to return to nursing employment. The research highlighted the need to focus on providing flexible working hours and increased pay [13]. Finally, one should also consider the "pool of migrant nurses", which is important in any country. Furthermore, the inability to recruit and retain the right staff is likely to have some adverse effects on the delivery of health services, particularly on quality of care and costs. In Zimbabwe, high vacancy rates resulted in the closure of, or reduced access to, clinics and wards. Approximately, 38% of hospitals report emergency department overcrowding, 25% mention that they must divert emergency department patients, 23% have had to reduce

the number of beds, and 19% report an increased waiting time for surgery [14]. Shortages may lower quality and productivity. Shortage is also likely to reduce productivity levels if, for example, nurses must perform tasks for which they were not well prepared or if hospitals must recruit and place lower-skilled workers in skilled positions. Moreover, high resignation rates may lead to higher provider costs and affect the quality of care, due to the loss of work group efficiency and disruption of organisational performance. Direct provider costs of turnover include recruitment and training of new staff, overtime and use of temporary agency staff to fill gaps. Indirect costs associated with turnover include an initial reduction in the efficiency of new staff and decreased staff morale and group productivity. The literature shows that the costs associated with recruitment and retention problems can be substantial [15,16].

Nurses' resignation has become a global issue that has been researched over the last decade. Turnover intention is one of the most significant challenges that several healthcare organisations face, resulting in insufficient nurse staffing, increased work stress due to increased workloads [17], job dissatisfaction and productivity, and intent to resign and switch to other healthcare organisations. Increased resignation is also detrimental to patients' well-being. Poor QoL can lead to problems later in life, such as job dissatisfaction and increased turnover. Poor QoL in healthcare delivery systems is likely to impact patient safety negatively. These are the significant concerns in Saudi Arabia. The nursing workforce in Saudi Arabia is primarily expatriate with Saudi nurses accounting for only 18% of the total workforce [18]. Empowering nurses to exercise professional discretion and involving supervisors in consistent recognition efforts can significantly enhance job satisfaction. Ultimately, adapting leadership styles to meet the emotional and professional needs of staff is essential for improving retention, performance, and the overall work environment in hospitals.

Therefore, this study aimed to evaluate the impact of nursing resignations on annual recruitment plans in hospitals in the Sudair region of Saudi Arabia.

MATERIALS AND METHODS

The present cross-sectional study was conducted in the Sudair region, Saudi Arabia, from November 2023 to January 2024. A total of 403 dedicated nurses completed a questionnaire about their experiences. Ethical approval was granted by the Institutional Review Board (IRB) of King Fahad Medical City (number 23546C) on 14 November 2023.

Inclusion criteria:

- Nurses employed in hospitals within the Sudair region, Saudi Arabia;
- Nurses actively working during the study period;
- Nurses who expressed willingness to participate in the study;
- Nurses are accessible and able to complete the electronic questionnaire.

Exclusion criteria:

- Nurses who declined to participate in the study;
- Nurses who were unavailable or inaccessible during the questionnaire distribution period;
- Nurses not employed at hospitals in the Sudair region during the specified study duration.

Sample size selection: A convenience sampling technique was used. By using this specific sampling method, we were able to successfully assemble a four-hundred and three-member group of varied nurses.

Study Procedure

It included a total of 30 well-designed questions, formulated by an experienced senior nursing officer, to gather important insights. The questions focused on specific aspects of patient care and experiences, helping us capture a variety of perspectives and

information. The questionnaire demonstrated validity and reliability, ensuring accurate and consistent data collection. Designed as a comprehensive tool, it allowed participants to effectively express their perspectives in writing and was divided into two distinct sections for ease of response. The questionnaire was carefully separated into two different sections for convenience. Early on in the research, the participants' demographic information was gathered (educational backgrounds, years of experience, ages, and other factors that might have affected their views). The second half concentrated on the many retention strategies utilised by the several hospitals included in the study. This part aimed to look into and evaluate the strategies created to handle the problem of nursing profession personnel turnover. A questionnaire covering 30 variables was used as a tool for data collection to assess retention strategies implemented in selected hospitals. In determining the effect of nursing resignations on the annual recruitment plan, there were 10 criteria to measure participants' responses related to motivation strategies implemented in hospitals to reduce turnover. The form link was distributed via professional email specifically targeting individuals meeting predetermined criteria such as age, occupation, and relevant experience, ensuring recruitment of suitable participants.

STATISTICAL ANALYSIS

Statistical analysis was done using Statistical Package for Social Sciences (SPSS) for Windows, version 20. Important statistical outcomes, including frequencies, means, and standard deviations, were calculated to illustrate the patterns and distributions of data effectively. Various statistical tests, such as the Chi-square test, analysis of variance (ANOVA), and regression analyses, were selected based on variable characteristics. ANOVA was applied to compare means among nurse groups categorised by years of experience to identify statistically significant differences in responses to key questionnaire items. Normality assumptions for ANOVA were evaluated using appropriate preliminary tests rather than ANOVA itself.

RESULTS

Approximately, one-third of the participants, 135 (33.5%), were aged 36-45 years. It was found that most participants were Saudi nationals 388 (96.3%). The majority had a bachelor's degree; 123 (30.5%) had a diploma, and 54 (13.4%) were postgraduates. Nearly 97 (24.1%) participants had 10-15 years of experience [Table/Fig-1].

Variables	Categories	Frequency (n)	Percentage (%)
Age group in years	20-25 years	82	20.3
	26-35 years	118	29.3
	36-45 years	135	33.5
	46+ years	68	16.9
Gender	Male	234	58.1
	Female	169	41.9
Nationality	Saudi	388	96.3
	Non-Saudi	15	3.7
Educational level	Diploma	123	30.5
	Bachelor's degree	226	56.1
	Postgraduate	54	13.4
Work experience in years	<1 year	43	10.7
	2-5 years	56	13.9
	6-10 years	114	28.3
	10-15 years	97	24.1
	15+ years	93	23.1

[Table/Fig-1]: Shows the distribution of participants according to demographic characteristics.

As illustrated in [Table/Fig-2], there were 10 criteria to measure participants' responses related to motivation strategies implemented

in hospitals to reduce turnover. All answers ranged from 3.14 to 3.43, where 'I feel respected and worthy in my organisation' got the highest score. This was followed by 'My ideas are valued' and 'My work gives me satisfaction.'

As illustrated in [Table/Fig-3], there were 10 criteria to measure participants' responses to effective leadership strategies implemented

in hospitals to reduce turnover. All answers ranged from 2.93 to 3.3, where 'My supervisor provides opportunities for explanation and clarification if staff is unable and unwilling to do their jobs' got the highest score.

As illustrated in [Table/Fig-4], there were 10 criteria to measure participants' responses related to human resources strategies

Statement		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean
I feel respected and worthy in my organisation	N	15	116	26	174	72	3.43
	%	3.7	28.8	6.5	43.2	17.9	
I am appreciated at work	N	23	108	38	177	57	3.34
	%	5.7	26.8	9.4	43.9	14.1	
My ideas are valued (about daily work)	N	11	117	40	179	56	3.38
	%	2.7	29	9.9	44.4	13.9	
My work gives me satisfaction	N	20	104	45	185	49	3.34
	%	5	25.8	11.2	45.9	12.2	
I have good working conditions	N	23	113	58	163	46	3.24
	%	5.7	28	14.4	40.4	11.4	
I understand how my job contributes to the achievement of the institutional goals	N	28	93	81	157	44	3.20
	%	6.9	23.1	20.1	39	10.9	
I am placed in jobs where I have the most training and aptitude	N	30	109	64	151	49	3.14
	%	7.4	27	15.9	37.5	12.2	
I am involved in the decision-making related to the nature of my job	N	25	136	40	163	39	3.20
	%	6.2	33.7	9.9	40.4	9.7	
My needs are taken into consideration at work	N	20	116	67	163	37	3.16
	%	5	28.8	16.6	40.4	9.2	
I am given opportunity to learn variety of skills to enhance my performance	N	30	117	60	151	45	3.27
	%	7.44	29	14.9	37.4	11.2	

[Table/Fig-2]: Shows the distribution of participants according to responses related to motivation strategies implemented in hospitals to reduce turnover.

Statement		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean
My supervisor compliments me for the value I am adding to the institution	N	22	115	36	194	36	3.27
	%	5.5	28.5	8.9	48.1	8.9	
My supervisor is accessible	N	15	119	52	177	40	3.11
	%	3.7	29.5	12.9	43.9	9.9	
I have good relations with my supervisor	N	26	126	58	163	30	3.00
	%	6.5	31.3	14.4	40.4	7.4	
My supervisor encourages input from the staff	N	36	141	46	148	32	3.05
	%	8.9	35	11.4	36.7	7.9	
My supervisor actively seeks to understand my needs	N	29	142	49	147	36	3.1
	%	7.2	35.2	12.2	36.5	8.9	
My supervisor encourages me to meet my goals	N	35	103	77	161	27	3.06
	%	8.7	25.6	19.1	40	6.7	
My supervisor has a clear understanding of the institution's value system	N	28	137	44	170	24	2.93
	%	6.9	34	10.9	42.2	6	
My supervisor involves staff in decision making	N	50	122	65	139	27	3.04
	%	12.4	30.3	16.1	34.5	6.7	
My supervisor provides emotional support	N	53	102	62	147	39	3.09
	%	13.2	25.3	15.4	36.5	9.7	
My supervisor provides opportunities for explanation and clarification if staff are unable and unwilling to do their jobs	N	50	104	54	151	44	3.3
	%	12.41	25.81	13.40	37.47	10.92	

[Table/Fig-3]: Shows the distribution of participants according to their responses related to effective leadership strategies implemented in hospitals to reduce turnover.

Statement		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean
I feel valued in my institution	N	14	119	41	191	38	3.24
	%	3.5	29.5	10.2	47.4	9.4	
My institution provides me with job security	N	23	96	82	166	36	3.28
	%	5.7	23.8	20.3	41.2	8.9	

My job performance contributes to the overall effectiveness of the institution	N	22	104	61	171	45	3.15
	%	5.5	25.8	15.1	42.4	11.2	
My institution provides mentorship programmes for new employees	N	23	140	48	139	53	3.15
	%	5.7	34.7	11.9	34.5	13.2	
Opportunities are created to improve intellectual capacity of the staff	N	28	114	70	152	39	3.18
	%	6.9	28.3	17.4	37.7	9.7	
Rewards are provided fairly and equitably	N	25	127	40	172	39	3.14
	%	6.2	31.5	9.9	42.7	9.7	
My institution offers competitive employee benefits	N	31	117	66	143	46	3.21
	%	7.7	29	16.4	35.5	11.4	
There is a direct linkage of performance to incentives	N	26	122	40	173	42	3.1
	%	6.5	30.3	9.9	42.9	10.4	
My institution provides an effective training and orientation programme for new employees	N	22	150	41	144	46	3.18
	%	5.5	37.2	10.2	35.7	11.4	
There are fair disciplinary policies in place	N	19	129	63	146	46	3.17
	%	4.7	32	15.6	36.2	11.4	

[Table/Fig-4]: Shows distribution of participants according to their response related to human resources strategies implemented in hospitals to reduce turnover.

implemented in hospitals to reduce turnover. All answers ranged from 3.1 to 3.28, where ‘My institution provides me with job security’ got the highest score. This was followed by ‘I feel valued in my institution’ and ‘My institution offers competitive employee benefits’.

The study revealed statistically significant associations between nurses’ intention to resign and the strategies related to motivation, effective leadership, and human resource management, with p-values less than 0.05 as shown in [Table/Fig-4].

There was no statistical relationship between age group, gender, educational level, experience, and the participants’ thoughts regarding resigning from their current job and (p-value >0.05), while there was a statistical relationship between nationality and the participants’ thoughts regarding resigning from their current job and (p-value <0.05).

DISCUSSION

The study evaluated how nurse resignations affect hospital recruitment planning in the Sudair region. The participant group represented a mix of genders, age groups, qualifications, and levels of experience. Most nurses had moderate to high levels of education and work experience. A prominent pattern emerged—nurses with greater age and longer tenure were more likely to consider resigning. The demographic analysis aligns with previous studies, indicating that factors such as age and tenure significantly influence nurses’ decisions to leave their positions. Previous studies suggest that advanced age and longer job duration are associated with higher turnover rates. These findings are consistent with the present study, highlighting the need for targeted retention strategies for experienced nursing staff [19,20].

Survey responses regarding supervisory support revealed scores ranging from 2.93 to 3.30. The highest-rated statement, “My supervisor provides opportunities for explanation and clarification if staff are unable and unwilling to do their jobs,” indicates a perception of strong support and understanding from leadership. Similarly, the statement, “My supervisor compliments me for the value I add to the institution,” underscores the importance of recognition in fostering a positive work environment. However, the statement, “My supervisor clearly understands the institution’s value system,” received the lowest rating, suggesting potential misalignment between leadership actions and organisational values. This finding is consistent with studies [3,5,6] highlighting the impact of management practices on job satisfaction and turnover intentions among nurses.

Regarding human resources strategies, scores ranged from 3.10 to 3.28. The statement, “My institution provides me with job security,”

received the highest rating, emphasising the critical role of stability in employee retention. Conversely, “There is a direct linkage of performance to incentives” received the lowest rating, indicating a perceived disconnect between performance and rewards. This aligns with existing literature suggesting that clear and fair incentive structures are vital for employee satisfaction and retention [21].

The study also found that only 30% of nurses expressed a willingness to resign, a figure comparable to findings by [22], indicating relatively low turnover rates. This suggests that while certain areas require improvement, overall job satisfaction may be sufficient to retain the majority of nursing staff.

The apparent disconnect between performance and reward systems suggests a need for hospitals to reevaluate how contributions are recognised and incentivised. Designing clear, merit-based reward mechanisms can play a crucial role in boosting motivation, especially in high-stress healthcare environments. Furthermore, bridging the gap between leadership understanding and institutional values may foster a stronger sense of purpose and cohesion within teams [23]. The study underscores the importance of supportive leadership, transparent incentive systems, and value-driven management in sustaining nursing staff. These insights can inform more targeted recruitment and retention strategies, ultimately enhancing workforce stability and the quality of patient care.

Limitation(s)

One of the limitations of this study is its geographic focus on the Sudair region, which, while offering a unique research context, is characterised by limited healthcare infrastructure compared to more densely populated areas in Saudi Arabia. The region’s vast and sparsely populated nature, coupled with a shortage of hospitals, may restrict the generalisability of the findings to other settings with more comprehensive medical services. Another limitation of the study was that, due to time constraints, sample size calculation was not performed.

CONCLUSION(S)

This study highlights the critical role of supportive leadership in fostering employee motivation and performance within the healthcare sector. The findings suggest that when supervisors align with individual goals, offer emotional support, and maintain open communication staff is more likely to feel valued and committed to their roles. However, many respondents reported a lack of recognition for their efforts and contributions, which may contribute to dissatisfaction and turnover. Moreover, the lack of autonomy emerged as a key concern, echoing existing literature that identifies restricted decision-

making power as a major factor influencing nurses' intentions to leave their positions. Empowering nurses to exercise professional discretion and involving supervisors in consistent recognition efforts can significantly enhance job satisfaction. Ultimately, adapting leadership styles to meet the emotional and professional needs of staff is essential for improving retention, performance, and the overall work environment in hospitals.

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