ORIGINAL ARTICLE

INQUIRING VOLUNTARY TURNOVER FOR FEMALE NURSES IN PAKISTAN THROUGH FOCUSED ETHNOGRAPHY

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Background: Pakistan is a country with very low nurses to population rate. This problem becomes more prominent due to voluntary turnover; especially among female nurses. This problem could be attributed to several social and demographic factors. **Purpose:** This study sought to identify the factors affecting voluntary turnover of female nurses in Pakistan. **Method:** This study is qualitative in nature. Focused ethnography was used for detailed exploration of the issue of voluntary turnover among female nurses. Ethnographic interviews of informants were conducted to identify the social and organizational determinants of voluntary turnover among female nursing staff. **Results:** Social factors affecting voluntary turnover include religious beliefs, cultural values, lack of social respect, marital disruption, and lack of psychological support. While organizational factors affecting voluntary turnover include sexual harassment, work-family conflicts, workload and job stress, emotional labour, undefined career path and lack of promotion opportunities and bullying behaviour of co-workers. **Discussion:** Both social and organizational issues affect voluntary turnover among female nursing staff. Policymakers at national and organizational level must identify and address these issues to provide congenial work environment and to reduce turnover of female nurses in Pakistan.

Keywords: Voluntary turnover; Social and organizational factors; Nursing; Focused ethnography

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INTRODUCTION

Shortage of nursing staff has been identified as a key factor behind many health-related issues around the world. The problem is faced by both the developed as well as developing countries.[1] According to the report of ILO[2], USA had 6% shortage of nurses that was expected to rise to 29% by 2020. Similarly, UK had shortage of 53000 nursing staff in the year 2010. The situation is even worse in the developing countries like Pakistan. Despite the growing need and demand of the nursing staff in healthcare sector of Pakistan, it has been observed that quite a few female nurses quit their jobs and refuse to join the profession of nursing in the future. Pakistan Nursing Council (PNC)[3], which is a regulatory body of nurses, midwives and lady health visitors (LHVs) identified 3.2% rate of voluntary turnover among female nursing staff. Voluntary turnover especially among female nurses is an important issue that could be attributed to several social and demographic factors. However, the literature even in the context of countries other than Pakistan is very limited. Majority of the studies have discussed the notion of turnover intention with respect to its antecedents and outcomes.[4,5]

The primary aim of this study is to identify the factors affecting voluntary turnover of female nursing staff. Focused ethnography, which is the method for applying ethnography to focus on a distinct issue or shared experience in cultures or sub-cultures in a particular setting[6], has been used to identify the specific factors affecting voluntary turnover of female nurses.

The world is witnessing a serious shortage of nurses.[7] According to statistics; the nurse to population ratio found in India is 0.80/1000, in Bangladesh 1.07/1000, in Sri Lanka 1.75/1000, in Saudi Arabia 3.6/1000, in Bahrain 5.8/1000, in Bhutan 1.1/1000 and in Thailand 2.08/1000[8]. Pakistan, which is a developing county, is even far behind the other developing countries and is facing a huge shortage of female nursing staff[6]. According to the statistics provided by the World Bank development indicators, population of nurses in Pakistan was reported at 0.59 nurses per 1,000 individuals in 2014.[9]

According to the statistics of World Health Organization[10], Pakistan has one of the lowest nurses to population ratio as compared to the other countries of the region. In addition, quite a few female nurses quit their jobs and refuse to join the profession of nursing in the future and there is no organization in the country maintaining complete record of nursing staff along with their demographic characteristics.

The existing literature on nursing and healthcare has specifically focused on the importance of nursing staff. According to a report published by World Health Organization[10] the profession of nursing has played vital role in the improvement of healthcare system in both developed and developing countries. However, selection

of nursing as a profession by females is still controversial especially in the context of developing countries.[11] Work environment of healthcare organizations of developed economies is quite dissimilar to the emerging economies that could have its effects on voluntary turnover of female workers.[12] According to Thomas[13], voluntary turnover is a type of turnover that occurs when employees willingly choose to leave their organizations. In the past decade, studies on nursing profession have put a considerable emphasis on the factors that could have powerful effect on making a decision to leave the organization or nursing profession willingly.[14] A longitudinal study conducted by Chen *et al*[15] among nursing staff in Taiwan identified various organizational factors such as supervisory support, workload, distributive justice and job satisfaction as determinants of voluntary turnover. Some other important determinants of voluntary turnover as identified in the literature include: work stress[16,17]; organizational trust and emotional labor[18]; organizational embeddedness[19,] organizational commitment, proactive personality, self-evaluation, job complexity and developmental feedback[20]; unpredictable working hours and inflexible work-schedules[11]; and work load[21].

Although several organizational factors have been identified in the existing studies as the determinants of voluntary turnover, there are two major limitations of these studies; first, they mainly focused on internal organizational environment, and second, most of these studies were conducted in the context of developed countries. Although, there are some studies available in the literature that have explored the subject in the context of developing countries; e.g. Jordan[22], Turkey[23], Taiwan[24], and Lebanon[25], these too have focused only on internal organizational environment. However, the fields of nursing research and HRM necessitate that external environmental factors especially the external social factors contributing to voluntary turnover of female nursing staff should be studied in the context of developing countries where the rate of voluntary turnover is considerably higher. Some of these issues related to external environment have been highlighted by researchers, such as Hollup[26] Majid and Yasir[27], who argues that in addition to internal issues faced by the workforce in nursing profession, cultural values and beliefs also create challenges for this profession. Although nursing as a profession has respectable position within a society due to its humanitarian services to the communities[28], in emerging economies like Pakistan, nursing staff is considered a demoralized and oppressed group and carries negative social image[29]. Unfortunately, nursing staff especially female nurses receive less respect in Pakistan due to culture values and lack of respect in society for nursing profession. Therefore, despite transformation in the healthcare systems around the world and the significant role of nurses therein, cultural beliefs and perceptions are the major forces affecting nursing profession.[30]

MATERIAL AND METHODS

This paper adopts ethnography as a research methodology. According to Venzon Cruz and Higginbottom[31], ethnography is the process and product of describing cultural behaviour. More specifically, it has been described as the process of learning about people through learning from them.[32] Venzon Cruz and Higginbottom[31] explain that ethnographic researchers submerge themselves in the world of participants hence reporting the real-life stories and the antecedents of participants' behaviours. In this process both the explicit and tacit aspects of a culture are explained by ethnography[32]. Thus, ethnography analyses culture and human behaviours in the real-life settings and explains the social phenomena that people themselves are sometimes unaware of.

Theoretical underpinnings of ethnography could be found in the philosophies of interpretivism[33], and criticalism.[34] Interpretivism, which is the philosophy focusing on experiential form of common-sense knowledge of human affairs, is an approach that overlaps with phenomenology and helps in enriching ethnographic data.[33] Criticalists, on the other hand, advocate that social world is governed by contextually situated multiple truths. Thus, ethnographic researchers must not limit themselves to a particular form or version of truth but should acknowledge the representation of multiple versions of truth in explaining a particular phenomenon.[31] Hence, as in ethnography, each version of truth has its own implications; no single version of truth should either be ignored or given authoritative privilege.

Gill, Stewart, Treasure, and Chadwick[35] explains that ethnography is both a process and a product. The process of ethnography allows researchers to collect phenomenological data about a particular social issue while, the product of ethnography is a study describing people. This explains that for an inclusive study that does not rely on a single version of truth, ethnographic researchers must collect data on several phenomenological perspectives. Sorrell and Redmond[36] in their discussion support this perspective by explaining that ethnographic interviews collect cultural knowledge of informants while phenomenological interviews collect data on a particular aspect. Considering these facts, our study is based on data collected using ethnographic interviews from female nursing staff regarding the factors affecting their voluntary turnover. Ethnographic interview structure allowed exploring several phenomenological perspectives that could lead to the identification of varied social factors affecting voluntary turnover of female nursing staff. Furthermore, focused ethnography was used for

detailed exploration of the distinct socio-cultural issue, i.e., factors affecting voluntary turnover of female nursing staff.

Subjects of this focused ethnography were females who had been working as professional nurses in any of the seven selected public sector hospitals and voluntarily left their jobs in the last five years. Information about such female nurses was obtained from hospitals' employee record. Initially, 112 cases of females were identified who had formerly been serving as professional nurses in any of the seven selected hospitals. Each of the selected cases was individually studied by trained female research associates (RAs) to identify the reasons of their voluntary withdrawal from job and their current status. The results revealed that in 33 cases, nurses either left their jobs to avail another better opportunity or relocated to another town/city and started new jobs of nursing there. Thus, only 79 cases were identified and selected for final study wherein the nurses voluntarily left their jobs as well as the profession of nursing along with it. Ethical approval for the study was obtained from the university's ethical review committee as well as the hospitals' administration.

In the first stage of data collection, secondary data such as personal profile and contact information of selected informants was collected from the hospitals' employee record. Informants were approached by female RAs using their available phone numbers or through personal visits at their home addresses. As a result, 9 respondents refused to take part in the study while 16 others could not be accessed due to incorrect/outdated contact information available in the hospital records. Hence, 54 informants who expressed their availability were finally selected for the study. After explaining the purpose of study, RAs fixed the location and time for interview at the convenience of the informants. It is interesting to note here that the majority of the informants were very enthusiastic about sharing the stories of their voluntary withdrawal from nursing profession and considered it a positive step towards addressing social issues facing female nurses in Pakistan.

In the second stage, open-ended interviews were conducted during the period from March 2017 to August 2017. Ethnographic interview structure as proposed by Sorrell and Redmond[36] was adopted for this study, the detail of which is as follows.

Interviews are considered among the important tools of data collection in qualitative research.[35] As in other areas of qualitative research, they are widely used in ethnography for the collection of data.[34] Although many researchers do not recognize or recommend any particular form of interviews for ethnography, Sorrell and Redmond[36] specifically addressed this issue. According to them, ethnographic interviews have their own unique purpose and style, which is different from other related practices such as phenomenological interviews. Whereas, the purpose of ethnographic interviews is describing cultural knowledge of informants, phenomenological interviews focus on finding knowledge related to a specific phenomenon.[36] As ethnographic interviews could generate more in-depth knowledge of culture and social issues related to informants, for the purpose of this study, we have adopted the guidelines provided by Sorrell and Redmond[36] for ethnographic interviewing. The detail of ethnographic interviewing model used in this study is given out in the following table-1:

Table-1: Ethnographic interviews

	Guidelines	Implementation Procedure
Purpose	Designed to discover cultural meanings which exist within a social group emphasize interaction, social context, and the social construction of reality a series of friendly/ informal conversations with a clear and specific research agenda used to discover categories of meanings in a culture The interviewer is interested in what people think and how one person's perspective compares with another; to identify shared values among members of a cultural group	One-to-one meetings with the respondents to identify personal reasons of leaving their jobs Recording individual perceptions about social issues facing female nurses Recruitment of female RAs to ensure the respondents freely share their thoughts Comparing the responses to identify socio-cultural dynamics related to voluntary turnover
Style	Participants are either referred to as 'key actors', describing an individual who is a member of the social group under study, or 'informants' who are a source of information about the important components, values and mores of their culture A free-flowing approach is used in which the interviewer is responsive to the information and cues provided by the informant Three stylistic elements used to categorize and organize perception of reality by the ethnographic interviewers are: explicit purpose, ethnographic explanations and ethnographic questioning	Participants in our study were primarily 'informants' because they had previously been associated with profession of nursing therefore, were the direct source of information on social issues leading to turnover of female nurses. Open-ended interviews conducted by female RAs in natural environment (mostly at homes of respondents) to allow free-flow of information. Interviewers asked questions whenever required to get further clarification of social issues affecting voluntary turnover of informants
Sequence of questions	Three types of questions are introduced in sequence: beginning with descriptive questions, adding structural questions, and then concurrently using descriptive and structural questions Ending with contrast questions to uncover specifics about the cultural meanings in the data Ongoing data analysis Follow-up interviews to answer additional questions	Interviewers started the discussion with questions focusing on general experiences of informants while serving as a professional nurse; in the next stage the discussion was focused on their role as a female nurse, their individual experiences, and general problems faced by female nurses; in the final stage, discussion was focused on socio-cultural factors affecting female nurses in general which was followed by particular factors that motivated the informant to leave the profession of nursing
Based on Sorrell and Redmond[3]		

This study is based on focused ethnography, which is a method used to identify distinct issues facing the informants in particular culture or sub-culture.[31] To collect the desired data, trained research assistants maintained detailed record of ethnographic interviews of informants. Later, the interviews were transcribed to identify specific factors affecting voluntary turnover of female nurses. After the collection of data, analysis was performed to extract the themes identified by each informant that were then compared and combined to develop key themes around factors affecting voluntary turnover.[37] Constant comparison method identified by Glaser and Strauss[38] (p.101-16) involving a search for similarities and differences by making systematic comparisons across units of data was employed. Thus, themes were developed by taking pairs of expressions from the responses of same informant and from difference informants.

To scrutinize the expressions not already associated with any theme[37] interview data was read and re-read several times. Therefore, as suggested by Ryan and Bernard[37], besides identifying the themes related to actual experiences of informants; working conditions, social context, verbal and non-verbal cues, as well as metaphors were analysed to develop key themes. At every stage, new themes were compared with the existing themes to identify if they were similar to or different from the existing themes. The resultant themes, therefore, were based on direct responses of informants as well as indirect connotations derived from focused ethnographic interviews.

RESULTS

Informants' demographic characteristics are presented in table-2. The age of informants ranged between 23–41 years. Among the informants (nurses), 43 nurses (80%) were employed at the time of interviews in the fields other than nursing profession while 11 (20%) were jobless. The informants had been associated with medical nursing (43%), surgical nursing (24%), psychiatric-mental health nursing (17%), intensive care nursing (9%), and labour and delivery nursing (7%). The details of the demographic characteristics of nurses are given out in the following table-2.

The analysis of data collected using focused ethnographic interviews revealed both emic and etic themes explaining voluntary turnover of female nurses. Nurses reported various aspects of their decision to leave the profession of nursing while, the detailed analysis of discussions about their decision resulted in the emergence of eleven different themes. These themes included (a) religious values (b) cultural beliefs (c) lack of societal respect (d) marital disruption (e) lack of psychological support (f) sexual harassment (g) work-family conflicts (h) workload and job stress (i) emotional labour (j) undefined career path and lack of promotion opportunities and (k) bullying behaviour of co-workers. Five among these themes could be categorized as social factors while six themes were related to organizational factors.

Table-2: Demographic characteristics of nurses

Age
22–26: 15
27–31: 27
32–36: 8
37–41: 4
Marital Status
Married: 19
Unmarried: 27
Divorced: 8
Level of Education
1 year Diploma: 6 2 years Diploma: 9 3 years Diploma: 11 4 years BSN Degree: 23 2 Years Post BSN Degree: 5
Nature of Job
Medical nursing: 23
Surgical nursing: 13
Psychiatric-mental health nursing: 9
Intensive care nursing: 5
Labour and delivery nursing: 4
Was nursing your first experience as a career?
Yes: 41
No: 13
Currently Employed in other organization
Yes: 43
No: 11

The informants identified religious beliefs as an important ground to leave their jobs. The highlighted religious beliefs, in this case, were Islamic teachings of wearing veil (*Hijab/Pardah*), and avoidance of working in close proximity with male counterparts. The informants noted that females associated with profession of nursing never enjoy due respect in society mainly because of prevailing religious values in the society. Additionally, the informants believed that they felt personal dissatisfaction as well due to the guilt of violating Islamic values. A nurse commented, "*Working with male staff members during late hours is contrary to our Islamic teachings*" (30 years old, unmarried, employed). Another nurse stated, "Most *of our colleagues and bosses were male and we were supposed to work alongside them. I personally felt uneasy as I thought I was going against Islamic principles*" (24 years old, married, employed).

Another important reason of voluntary turnover identified by informants was the prevailing cultural values and beliefs. In the primarily male dominated

society of Pakistan, females are discouraged to work alongside male workers especially during late hours or for night shifts. Thus during interview, one of the informants stated, "*Most of the times, female nurses are implicitly labelled as prostitutes in Pakistani culture because they are working with male medical staff for the night*". Some informants also reported that in Pakistani culture, female nursing staff is a particularly demoralized and oppressed group because of the negative social image associated with their profession. They also stressed upon the need to improve the image of professional nursing especially for females due to its importance in healthcare industry. One informant stated,

> "*building the value and image of nursing profession is significant because various decisions of potential young nurses depend on it e.g. joining nursing as a profession; adopting it as a lifetime career and suggesting others to make it a career choice*" (25-year-old, jobless).

Associated with and directly linked to religious beliefs and cultural values is the factor of lack of social respect that was reported by all informants as a serious problem facing female nurses. Participants expressed that lack of respect from society is a major barrier preventing females to adopt nursing as a profession. An information stated, "*we were laughed upon ... we were treated as we were doing some sinful job… we were humiliated by passing derogatory remarks*" (24 years old, currently employed). Many times, these negative feelings result in sexual harassment of nurses from patients and their attendants. These sentiments were reported by an informant as,

> "*We were called names and treated as sex workers not only in our workplace but also in the community ... every day we had to face immodest and hateful expressions and comments from male as well as female members in the community and even from our patients and their attendants*."

Another important factor identified as the reason of voluntary turnover of females is the fear of marital disruption because of their work as a professional nurse. The informants reported that they had been struggling to maintain a balance between their family and work responsibilities especially after getting married. Some of the informants also stated that their marriages ended up in divorce or separation due to their commitment to the profession of nursing. Tough work schedules as well as physiological and social difficulties from night shift work often make it impossible for female nurses to maintain healthy marriage relations. A participant reported, "*My husband (a retail shopkeeper) was against my night shift duty, he repeatedly expressed his displeasure over it violently, so I resigned…* " (27 years old, married, jobless). Similarly, another participant stated, "*my husband and I were on the verge of divorce due to the nursing profession, but thanks God! I left the profession and saved my marriage*" (31 years old, married, unemployed).

Some of our informants reported lack of psychological support from family, friends and society as a factor of voluntary turnover from nursing profession. It was reported that nurses usually have to work for long hours that also include frequent night shifts resulting in physical and mental stress. However, most of the times they do not receive the required psychological support to offset this stress. One of the informants commented,

> "*After a long tiring day, what I needed the most was the psychological support from my family; however, it was not there for me because of my nursing profession. I was living in a continuous state of tension because I needed to continue my job to support my family but my husband (also associated with healthcare) who has otherwise been supportive, wanted me to find another [respectable] place to work. I liked working as a nurse but I had to quit my job. I am more satisfied now because I am getting the required psychological support from my family"* (30 years old, married, employed).

Sexual harassment from male co-workers is a serious problem facing women at workplace. The issue is much serious in healthcare industry where women need to work more closely alongside men and frequently perform their duties even for evening and night shifts. Several informants revealed that they were sexually harassed by hospital staff and male doctors while performing their duties. An informant (29 years old, married) reported,

> "*Many times while working as a nurse, I was left in a really embarrassing situation when a male colleague attempted to touch me inappropriately or tried to have physical intimacy in the presence of other male workers who seemed completely indifferent to the situation and, appallingly, seemed to be enjoying it. I was left in a state of utter distress when a male physician once said to me that female nurses want themselves to be sexually exploited and they do not object to any such advances from male co-workers".*

Sexual favours demanded by bosses in return for their help in solving job-related issues were also reported by some informants. An informant reported,

> "*Once I requested my boss to grant me leave for 5 days as I had to look after my ailing*

mother. He made me pay several visits to his office and kept me waiting for hours but did not approve my leave request. Later that day, when I was alone with him in his office, he groped me and asked for sexual favors to which I resisted violently. As a result, he not only rejected my leave request but also created countless hurdles in work, making it impossible for me to continue my job. He is the main reason that I left the profession of nursing forever" (30 years old, divorced, employed).

This issue was highlighted during in-depth analysis of ethnographic interviews. Informants, especially those who were married at the time of their job, reported work-family conflict as a serious problem that affected their performance. Twelve informants acknowledged that work-family conflict reduced their level of performance as well as satisfaction with nursing profession. One of the informants commented,

"*I was unable to fulfil my duties as a wife and as a mother because of my work. I felt that my kids were suffering and I was unable to give them proper attention, as I had to work both day and night shifts as per my duty roster*" (36-year-old, married, unemployed).

Another important problem that emerged during interviews of informants was heavy workload and the associated job stress. The informants reported that frequent accidents and emergencies in the country, shortage of nursing staff, and lack of expertise and facilities to handle serious medical cases in most of the hospitals ultimately increases workload and job stress for the staff of few available hospitals. The medical staff always remains on call and many times they have to get back to work during holidays and their vacations are cancelled. One of the informants reported, "*we were ok with the routine 8 hours shift, but almost always we were supposed to work beyond our normal shift*" (26 years old, married, employed). Another informant stated, "*Our workload was hard to manage and there was physical exhaustion in our job, due to which we felt stressed and perturbed"* (30 years old, divorced, employed).

In addition to job stress, several informants reported intense emotional labour in nursing profession as a main cause of their turnover. One of the informants who worked in emergency department of a hospital told, "*terrifying images of mutilated bodies of bomb blast victims still haunt me in my dreams and never let me sleep peacefully*" (22 years old, unmarried, employed). Informants of this study also reported that the profession of nursing causes emotional stress upon nurses especially when they have to handle patients suffering from acute and chronic diseases. An informant reported,

"*Shouting attendants, crying kids, and suffering patients caused us extreme emotional stress. Watching the patients in pain particularly when we could do nothing to improve their condition right away, further added to our stress*" (24 years old, unmarried, employed).

Another important reason of voluntary turnover identified by informants was undefined career path that was linked with lack of promotion opportunities. According to an informant, *"for six years I worked with full dedication as nurse in medical ward but received no promotion or even appreciation from my bosses*" (30 years old, married, currently employed). Similar ideas could be noticed in the data derived from other interviews. Another informant reported,

"*I have wasted several years of my professional career working as a nurse but was absolutely blank about where would I stand in the future and had no hope of promotion so, the only option available with me was to find another better job"* (32 years old, divorced, employed).

Some of our informants also identified bullying/aggressive behavior of coworkers and senior staff as a reason for leaving their nursing profession. A former nurse reported,

"*When we didn't obey irrelevant orders of administrative staff, we faced frequent transfers from one department to another in the name of job rotation. Delay in payment of salaries, changes in work shifts, and false calls for explanation linked to negligence in performing duties were routine practices*" (29 years old, married, unemployed).

DISCUSSION AND CONCLUSION

The basic aim of this research was to use focused ethnographic interviews for exploring the key factors affecting voluntary turnover among female nursing staff. Informants of this research included females who had formerly been serving as a nurse in any of the selected public sector hospital and voluntarily left the profession of nursing. Themes identified during interviews of informants could be broadly classified into two categories, i.e., social and organizational factors. These factors provide important insight into the reasons identified by female nursing staff for voluntarily quitting the profession of nursing. A detailed analysis of data derived from the results of ethnographic interviews identified five social factors and six organizational factors affecting voluntary turnover of female nurses. Thus, it could be safely

stated that both the social and organizational factors are responsible for voluntary turnover of female nurses in Pakistan.

The majority of informants who voluntarily left the profession of nursing admitted that their decision to quit was due to lack of societal respect, religious and cultural values. In addition, they expressed that marital disruptions and lack of psychological support were the major reasons for their voluntary turnover. The informants of this study also reported that female nurses in Pakistan frequently face sexual harassment and bullying by co-workers. From the review of literature and social practices, it could easily be gathered that wherever this sort of problems exists, the employees opt for voluntary withdrawal. The same was proved by Longo and Sherman[39] and Murrells, Robinson, and Griffiths[40] in their studies on nurses. Similarly, the informants reported that nurses often experience extreme emotional labour, undertake heavy workloads, feel job stress, and face work-life conflicts due to poor organizational policies and work environment. Work-family conflicts, workload and job stress were also acknowledged by the informants of this study as their reasons for leaving the profession of nursing. Chen, Chiang, and Huang[41] also established the fact that work-family conflict is a major reason for turnover of female nursing staff. They argued that most of the nursing staff remained unsuccessful to maintain a balance between their work and non-work roles due to various work-related imperative challenges. The themes of emotional labour and work-life conflicts, as identified in this study, were also found by de-Paula Moura and Moura[11]. The themes of workload and job stress were recognized by researchers like Sjogren *et al*[16], Leiter & Maslach[17], and Hayne *et al*[21]. All the social and organizational issues identified in the current study reduce the level of satisfaction of employees, as is evident from the studies of Vahey *et al*[42], and Young, Stuenkel, & Bawel-Brinkley[43]. Reduced job satisfaction in-turn results in voluntary turnover as proved by the studies of Alsaraireh *et al*[22]; Ugur Gok and Kocaman[23]; Tsai & Wu[24]; El-Jardali *et al*[25].

Results of this study suggest that although the majority of organizational issues identified by informants could be found in the other industries and organizations as well, social issues were mainly unique to the profession of nursing. Furthermore, it is evident from the nature of organizational problems that they could be easily addressed by developing and implementing formal rules that might ensure the provision of safe and undiscriminating work environment for women. However, social issues identified by informants are critical in nature and much harder to resolve. One of the important findings of current study is that major issues facing female nurses could be attributed to social factors. Due to the weaknesses in social system, most of the informants reported to have faced disrespect in society, lack of psychological support, strained relationships, and guilt of violating religious principles. The informants of this study held that they had to leave the profession of nursing as a last resort to avoid the condemnation of society. However, during interviews, it was revealed that most of the participants were very excited at the time of choosing the profession of nursing but their expectations were shattered when they faced bitter realities of nursing profession in Pakistan. The participants did express their guilt of not working as a nurse, but none of them was willing to return to their previous profession.

It is evident from the findings of this study that despite several claims by female nurses of facing social and organizational issues due to their profession of nursing, appropriate mechanisms for identifying and addressing them have not been developed so far. Therefore, both the poor organizational strategies and the weaknesses inherent in the social system of Pakistan could be held responsible for refraining female nurses from keeping their profession. Highlighting the social and organizational problems facing female nursing staff in Pakistan is a significant contribution of this study. Additionally, the use of focused ethnographic interviews has helped us in identifying the issues lying deep in the social and organizational systems. These issues could be addressed by the policymakers at national and organizational level to provide safe and healthy work environment for female nurses in Pakistan.

Limitations of this study include a relatively small sample of female nurses, as all the nurses who had left their profession could not be accessed either because of non-availability of data or because of their reluctance to take part in this research. The use of in-depth interviews based on the techniques of focused ethnography helped us in overcoming this issue to a certain extent. However, since participants reported various factors responsible for their turnover from nursing profession, it is yet to be determined whether the findings of this study could be replicated on a larger scale.

Further research is needed to explore whether social factors or organizational factors are more responsible for the turnover of female nurses. For deeper insights into the subject, research involving other stakeholders is required to dig the issue out and help the decision makers in developing effective strategies to provide congenial work

environment for females attached to the profession of nursing in Pakistan.

AUTHORS' CONTRIBUTION

MY: Conceptual framework development; data analysis. AM: Literature review; data analysis and discussion. AJ: Data analysis; development of findings. ZAK: Literature review; and data coding. SM: Data collection; data coding and discussion. FN: Data collection; development of findings. EUl: Data interpretation; editing and proofreading

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