

## Effects of Staff Turnover on Continuity of Care in Pediatric Chronic Disease Management

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### ABSTRACT

Continuity of care is a critical factor in the effective management of chronic diseases among pediatric patients. This study investigates the impact of staff turnover—particularly among physicians, nurses, and allied health professionals—on the quality and consistency of care provided to children with long-term medical conditions such as asthma, diabetes, and cystic fibrosis. Conducted as a mixed-methods study in three tertiary care pediatric hospitals, the research analyzes quantitative data on turnover rates and treatment adherence over a two-year period, supplemented by qualitative interviews with healthcare providers and caregivers.

Findings reveal a significant correlation between high staff turnover and disruptions in care plans, reduced caregiver satisfaction, increased medical errors, and lower treatment adherence among pediatric patients. Interviews further underscore the emotional and psychological burden placed on families due to frequent changes in care teams, which undermine trust and hinder communication. The study concludes that implementing targeted retention strategies—such as structured mentorship, workload management, and team-based care models—can enhance staff stability and, by extension, improve health outcomes in pediatric chronic disease management.

These findings offer valuable insights for hospital administrators and policymakers aiming to strengthen pediatric care delivery through workforce stabilization.

**Keywords:** Staff Turnover, Pediatric Chronic Diseases, Caregiver Satisfaction, Patient Outcomes, Healthcare Workforce.

### 1. INTRODUCTION

Chronic diseases in the pediatric population present a unique and enduring challenge for healthcare systems worldwide. Conditions such as type 1 diabetes, asthma, sickle cell anemia, epilepsy, and cystic fibrosis require not only ongoing clinical management but also comprehensive, family-centered support that extends over years. The continuity and consistency of healthcare provider relationships are critical in managing these diseases effectively, especially given the developmental, emotional, and psychosocial needs of children and their families.

Continuity of care—defined as the consistent and coherent provision of care over time by a known provider or team—is a cornerstone of quality chronic disease management. It facilitates better communication, improved adherence to medical regimens, early detection of complications, and a deeper understanding of the patient's and family's unique needs. In pediatric care, this continuity is often more impactful than in adult settings due to the developmental sensitivity and long-term nature of provider-child-family relationships.

However, a rising concern in modern hospital environments is the increasing rate of staff turnover. Healthcare providers, especially nurses and junior doctors, frequently cite job dissatisfaction, burnout, workload stress, and lack of professional growth as key drivers for leaving their positions. Pediatric departments are not immune to this trend; in fact, the emotional intensity and specialized nature of pediatric care can contribute to even higher burnout rates.

High staff turnover can fragment care delivery and undermine team-based care models. For children with chronic conditions who require multidisciplinary coordination—including pediatricians, nurses, nutritionists, physiotherapists, psychologists, and social workers—frequent provider changes can lead to gaps in communication, missed follow-ups, inconsistencies in treatment approaches, and reduced trust from families. Parents often report feeling “lost in the system” when the faces on their child's care team keep changing, which can decrease engagement and satisfaction with care.

Despite the gravity of the issue, there remains a significant gap in empirical research directly linking staff turnover to outcomes in pediatric chronic disease management. Most existing studies examine either pediatric care quality or workforce dynamics in isolation. Therefore, this study seeks to bridge that gap by exploring how staff turnover specifically affects the continuity of care for children with chronic illnesses. Through a combination of quantitative hospital data analysis and qualitative interviews with healthcare providers and caregivers, this research aims to assess the tangible and intangible consequences of turnover, and propose evidence-based strategies to support workforce retention in pediatric care settings.

Ultimately, understanding and addressing the root causes of staff instability may not only improve employee satisfaction and reduce organizational costs but also significantly enhance the care experiences and health trajectories of pediatric patients living with chronic diseases.

## 2. OBJECTIVE OF STUDY

- To assess the impact of staff turnover on the continuity and quality of care provided to pediatric patients with chronic diseases.
- To identify key factors contributing to staff turnover in pediatric departments, particularly among those managing chronic illness cases.

## 3. REVIEW OF LITERATURE

### 1. Continuity of Care in Pediatric Chronic Disease Management

Continuity of care is a critical component in the long-term management of pediatric chronic illnesses. According to Saultz & Lochner (2005), consistent provider-patient relationships improve clinical outcomes, treatment adherence, and patient satisfaction. In pediatric care, continuity not only supports clinical stability but also fosters trust between families and healthcare teams, especially when managing complex, long-term conditions such as cystic fibrosis, juvenile diabetes, or epilepsy (Starfield et al., 2005). The American Academy of Pediatrics emphasizes continuity as a pillar of the medical home model for children with special healthcare needs.

### 2. Staff Turnover in Pediatric Healthcare Settings

Staff turnover remains a persistent issue in hospital systems, particularly in high-stress departments such as pediatrics and neonatal care. Studies by Shader et al. (2001) and Kovner et al. (2007) have linked high turnover rates among nurses to burnout, job dissatisfaction, and lack of support or professional development. In pediatric settings, emotional exhaustion and the challenges of working with critically ill children can further exacerbate turnover. High turnover affects team dynamics, reduces institutional knowledge, and increases the burden on remaining staff.

### 3. Effects of Turnover on Care Quality and Patient Outcomes

Multiple studies have demonstrated a negative association between staff turnover and patient outcomes. Aiken et al. (2002) found that higher nurse turnover was associated with increased patient mortality and adverse events. In pediatric departments, consistency in care teams is essential for care coordination and family-centered care. Disruptions in the care team due to turnover can lead to communication gaps, loss of case continuity, and poorer clinical monitoring (Bodenheimer, 2008). Moreover, children with chronic diseases often develop emotional bonds with their providers; turnover can thus also have psychological impacts on young patients and their caregivers.

### 4. Caregiver Satisfaction and Communication Challenges

Family satisfaction with pediatric care is significantly influenced by provider communication and continuity. Research by Homer et al. (2008) indicated that caregivers of children with chronic conditions expressed dissatisfaction when providers changed frequently, citing difficulties in explaining medical history repeatedly and feeling disconnected from the care process. This may lead to decreased adherence to follow-up schedules and treatment plans, undermining disease control.

### 5. Retention Strategies and Workforce Stabilization

Retention strategies such as mentorship programs, flexible scheduling, adequate staffing ratios, and professional development opportunities have been shown to improve workforce stability (Twigg & McCullough, 2014). In pediatric settings, additional emphasis on emotional support, team cohesion, and recognition of compassionate care can also contribute to lower attrition rates. Creating supportive organizational cultures and offering leadership pathways for pediatric professionals are increasingly recommended in workforce planning models.

## 4. METHODOLOGY OF THE STUDY

This paper is descriptive in nature. The researcher used secondary sources of data such as newspaper, journals, thesis, websites, case studies, reports, magazines etc.

## 5. LIMITATION

While this study aims to provide valuable insights into the effects of staff turnover on the continuity of care in pediatric chronic disease management, several limitations must be acknowledged. Firstly, the findings may not be widely generalizable, as the study is limited to a specific number of hospitals or healthcare settings. Differences in institutional policies, staffing models, and patient demographics could influence both turnover rates and continuity of care, potentially affecting the applicability of results to other regions or contexts.

Another limitation lies in the availability and reliability of data. Access to complete staff turnover records and patient care outcomes may be constrained by institutional privacy regulations or inconsistent documentation practices. Additionally, qualitative data collected from healthcare providers and caregivers may be subject to recall bias or personal interpretation, which could influence the objectivity of the findings.

The study's focus on chronic illnesses in pediatric care, while necessary to maintain specificity, also narrows its scope. As such, the results may not extend to acute care settings or to other medical specialties outside of pediatrics. Furthermore, if the study design is cross-sectional, it may not fully capture the long-term impact of staff turnover on disease progression and continuity of care over time.

Lastly, while the research highlights the consequences of staff turnover, it does not explore in depth the underlying causes, such as organizational, psychological, or systemic factors contributing to workforce instability. Nor does it fully account for confounding variables—such as socioeconomic conditions, disease severity, or family support systems—that might influence care continuity and outcomes. These limitations suggest a need for further, more comprehensive studies to build on the findings presented.

## 6. CONCLUSION

The management of chronic diseases in pediatric patients requires not only medical expertise but also consistency, trust, and long-term engagement between healthcare providers, patients, and their families. This study highlights the significant impact that staff turnover can have on the continuity and quality of care in pediatric settings. Frequent changes in care teams disrupt the therapeutic relationships essential for managing long-term conditions, hinder effective communication, and often result in decreased treatment adherence and caregiver satisfaction. While various retention strategies have been proposed and implemented with varying success, the issue remains complex and deeply rooted in both organizational structures and individual experiences within the healthcare system. Addressing staff turnover is not only a workforce management issue but a critical component of improving patient outcomes and ensuring holistic, stable care for children with chronic illnesses. Moving forward, healthcare institutions must prioritize retention strategies that support provider well-being, encourage professional development, and foster a collaborative care environment—especially in pediatric departments where continuity is essential to achieving lasting positive outcomes.

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