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A Model of Registered Nurse Intent to Stay in Southern California Childrens' Hospitals

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A MODEL OF REGISTERED NURSE INTENT TO STAY IN SOUTHERN CALIFORNIA CHILDRENS' HOSPITALS

by

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ABSTRACT

A MODEL OF REGISTERED NURSE INTENT TO STAY IN SOUTHERN CALIFORNIA CHILDRENS' HOSPITALS

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The purpose of this study was to examine the interrelationships of professional image, organizational climate or domains thereof, professional commitment, organizational commitment, position satisfaction, and the influence of these variables on intent to stay employed. The path analytic model of intent to stay was temporally ordered and proposed that professional image and organizational climate affect intent to stay through professional commitment, organizational commitment, and position satisfaction. Subjects (n = 232) were both male and female registered nurses who worked per diem, part-time, or full-time on all shifts. They held clinical positions, delivered direct care, and had been employed in one of three Southern California Childrens' Hospitals for a minimum of 6 months. Professional image had inadequate predictive validity with the outcome variable, intent to stay, and was deleted from the model. The predictor variables explained 16% of the variance in intent to stay. Position satisfaction had 57% explained variance, with 34% variance explained for organizational commitment and less than 1% for professional commitment. Organizational commitment was the strongest predictor of intent to stay.

Post hoc analysis for hospital differences revealed that predictor variables accounted for 16% of explained variance in intent to stay for Hospital 1, 23% for Hospital 2, and 21% for Hospital 3. Content analysis of qualitative data regarding reasons to stay validated findings from quantitative measures.

DEDICATION

To My Mother

For her love, patience, and unwavering support of me throughout the years.

For her understanding of my professional commitments.

For always being there when I need her.

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CHAPTER I

INTRODUCTION

Problem

The shortage of nurses in the health care system prevails in all regions and in all types of agencies in the United States. This shortage appears to be neither short-term nor cyclical and may be nearing epidemic proportions in many areas (Fenner, 1988). The American Hospital Association (AHA) reported that 77% of hospitals are experiencing a shortage of nurses (Powills, 1988). In 1986, 24% of hospitals country-wide listed nurse vacancy rates of over 15% with turnover rates between 30-50% (American Hospital Association, 1987; Blegen & Mueller, 1987). California reported an increase in the RN vacancy rate from 8.9% in 1986 to 9.7% in 1987 which demonstrates an alarming trend previously seen only on the East coast.

Compounding the shortage is the increase in nurse to patient ratio that has resulted from an increased acuity and complexity of patient care demands. The nationwide decrease in length of stay due to prospective payment requirements has resulted in sicker hospitalized patients who have complex needs and require time intensive nursing care (Fagin & Maraldo, 1988). The national nurse to patient ratio has increased from 50 nurses per 100 patients in 1972 to 91

nurses per 100 patients in 1986. In California the RN percentage of total institutional full time equivalents (budgeted positions) increased from 20.5% in 1972 to 25.9% in 1986 (California Association of Hospitals & Health Systems, 1988).

The reasons cited for the shortage are complex and require multipronged strategies to address the various issues. Although the total registered nurse supply continued to grow during the 1980s, the number of graduate nurses has declined (Department of Health & Human Services, 1988; Donley & Flaherty, 1989). The Commission on Nursing, appointed by Health & Human Services Secretary Otis Bowen, MD, provided a report and corrective action plan for resolution of the nursing shortage. The plan delineated 16 specific recommendations in six general areas (Department of Health & Human Services, 1988). The six areas of recommendations were: utilization of nursing resources, nurse compensation, health care financing, nurse decision-making, development of nursing resources, and maintenance of nursing resources. The Commission stressed that the health of this nation will be at risk if changes suggested in these recommendations do not occur.

The stresses and demands of the nurse in practice today are far greater than they were just a few short years ago and have led to frustration and disillusionment. Nurses perceive the bureaucratic hospital environment as one which

does not allow for professional practice. Professional characteristics important to nurses and most frequently cited as absent in the hospital setting are: autonomy and control over the work environment and work hours; respect and recognition; and a salary structure that competes with many of those careers now attracting potential nursing students (California Association of Hospitals & Health Systems, 1988).

According to Buerhaus (1987), hospitals could experience interruptions in revenue if RN vacancy rates escalate and administrators are forced to close beds or entire patient care units. Whether or not bed closure occurs, nurse turnover costs the institution in several ways. Costs are incurred through recruitment, orientation, overpayment of the new nurse during orientation when not functioning at full capacity, and overtime or contracted work staff during the vacancy period (Brief, 1976; Kerfoot, 1988). Replacement costs for a registered nurse position can reach as high as $50,000 when all associated costs are considered. A nursing position may be vacant for as long as 60-90 days (Kerfoot, 1988; Wall, 1988). High turnover also affects staff morale and group productivity, resulting in decreased performance (Wolf, 1981).

Turnover is often a symptom indicating larger problems within an organization and, according to Wolf (1981), each institution must be analyzed for unique problems which are

amenable to tailor-made solutions for that particular institution. It has been assumed that a vast majority of nurses leave for reasons that the organization can control. Organizations that can identify antecedents of turnover will be able to design strategies which lead to employee satisfaction and commitment and decrease turnover (Abelson, 1984).

Purpose

Since administrators can greatly influence the clinical practice environment, it is imperative that research be done to delineate strategies that positively influence nurse satisfaction and retention. Therefore, the purpose of this study was to examine the interrelationships of professional image, organizational climate or domains thereof, organizational commitment, professional commitment, and position satisfaction and the influence of these variables on intent to stay. Organizational climate was measured in six domains: thrust, aloofness, hindrance, esprit, disengagement, and intimacy.

Theoretical Framework

A model of registered nurse intent to stay employed in their respective hospitals was formulated which demonstrated linkages and relationships of variables known to effect or predict turnover. Based on the Mobley (1977) model of turnover, intent to stay was the outcome variable since

whether or not one intends to stay has been shown to directly precede one's decision to actually stay or leave the current work setting. The interrelationships of variables and their influence on intent to stay are delineated in Figure 1.

The exogenous variable professional image can influence the endogenous variables of organizational commitment (McCloskey & McCain, 1987), and position satisfaction (Urden, 1988b). Organizational climate effects professional commitment (Urden, 1988b), organizational commitment (Bateman & Strasser, 1984; Glisson & Durick, 1988; Morris & Sherman, 1981; Parasuraman, Drake & Zammuto, 1982; Steers, 1977), position satisfaction (Ferris & Gilmore, 1984; Gray-Toft & Anderson, 1985; Hinshaw, Smeltzer & Atwood, 1987; Weisman, Alexander & Chase [1981a & 1981b]), and intent to stay (Hinshaw et al., 1987; and Weisman et al., 1981a). Professional commitment influences organizational commitment and position satisfaction (Moskowitz & Scanlon, 1986). Organizational commitment effects position satisfaction (Bateman & Strasser, 1984; Moskowitz & Scanton, 1986; Porter, Steers, Mowday & Boulian, 1974), and intent to stay (Porter et al., 1974). The linkage between position satisfaction and intent to stay was dervied from findings reported by Choi, Jameson, Brekke, Anderson and Podratz (1989), Farrell (1983), Hinshaw et al. (1987), Komoski and

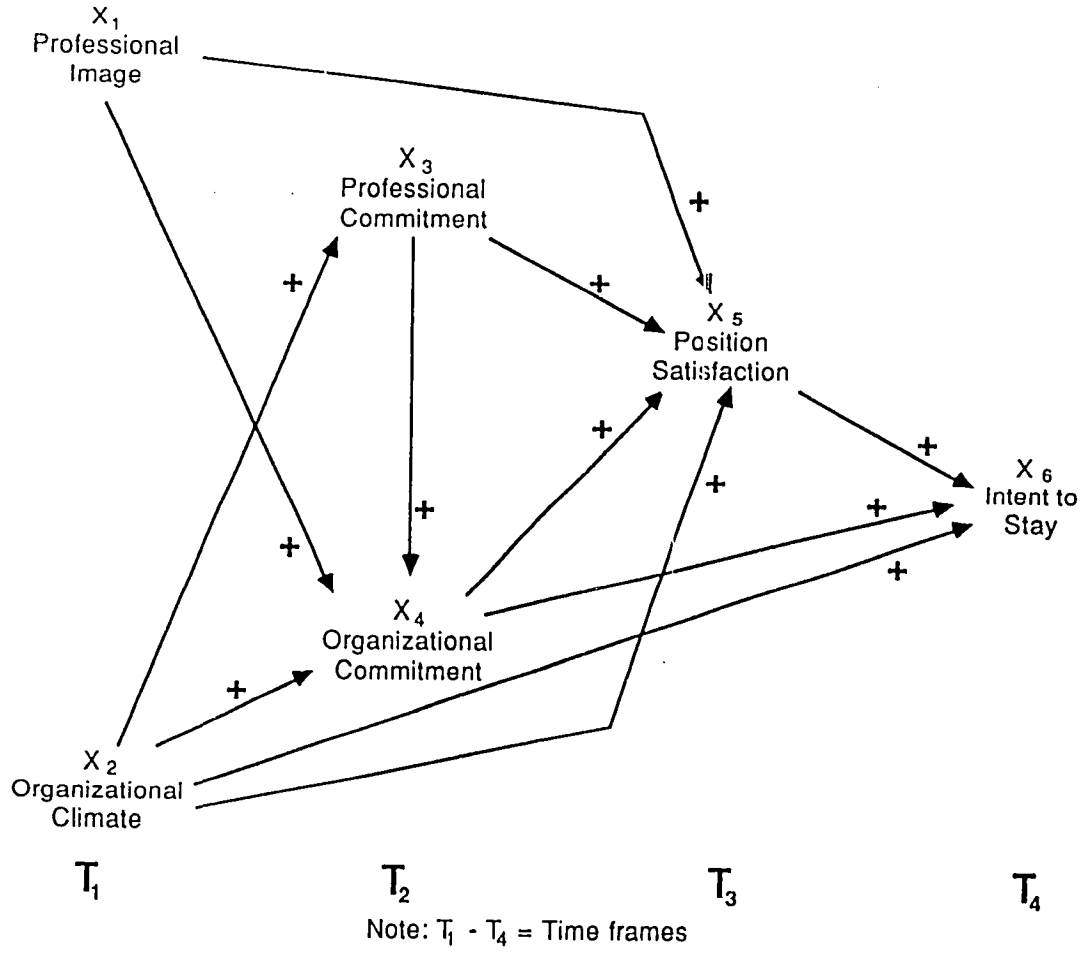

Figure 1. Hypothesized Causal Model of Pediatric Registered Nurse Intent to Stay in Southern California Childrens' Hospitals.

Calkin (1986), and Price and Mueller (1981). The four time orders (T_1 - T_4) in Figure 1 signify the causal ordering and theoretical predictions of the variables (i.e., the variables in the first-time order were expected to influence those in the second-time order).

Hypotheses

A total of 14 implied direct hypotheses were derived from the theoretical model presented in Figure 1. Eleven hypotheses were proposed to reach significance in this study and were written with arrows symbolizing direction along with signs (plus or minus) indicating the type of relationship. The 11 direct hypotheses were:

1. Professional image has a direct positive effect on organizational commitment.
2. Professional image has a direct positive effect on position satisfaction.
3. Organizational climate has a direct positive effect on professional commitment.
4. Organizational climate has a direct positive effect on organizational commitment.
5. Organizational climate has a direct positive effect on position satisfaction.
6. Organizational climate has a direct positive effect on intent to stay.

7. Professional commitment has a direct positive effect on organizational commitment.
8. Professional commitment has a direct positive effect on position satisfaction.
9. Organizational commitment has a direct positive effect on position satisfaction.
10. Organizational commitment has a direct positive effect on intent to stay.
11. Position satisfaction has a direct positive effect on intent to stay.

A total of nine indirect hypotheses were derived from the theoretical model. These were:

1. Intent to stay will be indirectly influenced by professional image through position satisfaction.
2. Intent to stay will be indirectly influenced by professional image through organizational commitment and position satisfaction.
3. Intent to stay will be indirectly influenced by organizational climate through organizational commitment and position satisfaction.
4. Intent to stay will be indirectly influenced by organizational climate through position satisfaction.
5. Intent to stay will be indirectly influenced by organizational climate through professional commitment and position satisfaction.

6. Intent to stay will be indirectly influenced by professional commitment through position satisfaction.
7. Intent to stay will be indirectly influenced by professional commitment through organizational commitment.
8. Intent to stay will be indirectly influenced by professional commitment through organizational commitment and position satisfaction.
9. Intent to stay will be indirectly influenced by organizational commitment through position satisfaction.

Significance of the Study

This study had significance for practice since it demonstrated linkages of variables which can be manipulated by nurse administrators to impact registered nurse intent to stay employed in their respective settings. In addition, professional factors were examined for their impact on the nurse and the work environment. Variables in this study addressed four of the general areas cited for action by the Commission on Nursing (DHHS, 1988): nurse compensation, nurse decision-making, development of nursing resources, and maintenance of nursing resources. The study was unique due to the total pediatric nurse sample in freestanding Childrens' Hospitals in the Southern California region. Both a collective model and individual hospital models of

intent to stay were delineated which will serve as a basis for developing strategies to address the model variables. There have been no studies reported which address registered nurse intent to stay in utilizing the variables in the theoretical model in a total pediatric population.

Theoretical Definitions

Professional image is the individual's perceptions that nursing is considered to be a worthy and respected professional occupation by other health care providers, other nurses, and by the public as operationalized by the Urden Professional Community Sanction Scale (Urden, 1988a).

Organizational climate refers to organizational characteristics that are relatively stable, differentiate organizations, and influence behaviors of members in the organization. The six dimensions of organizational climate are: aloofness, thrust, disengagement, hindrance, esprit, and intimacy. Climate is perceived by individuals in terms of subordinate behaviors and leader behaviors as operationalized by the six dimensions of the Nurse Organizational Climate Description Questionnaire (Duxbury, Henly & Armstrong, 1982).

Aloofness refers to behavior by the leader that is characterized as formal and impersonal. The leader

goes by the book, and is guided by rules and policies rather than dealing with subordinates in an informal, face-to-face situation.

Thrust is behavior by the leader that is characterized by an evident effort to move the organization and is marked not by close supervision, but by the leader's attempts to motivate the subordinates through the example he or she personally sets.

Disengagement describes a group that is going through the motion and not in gear with respect to the goal at hand.

Hindrance refers to the subordinates' feeling that the leader burdens them with routine duties, committee demands, and other requirements which they construe as unnecessary busywork.

Esprit refers to subordinate morale or to the feeling that social needs are being satisfied, and that at the same time there is a sense of accomplishment in the job.

Intimacy refers to the subordinates' enjoyment of friendly social relations with each other and describes a social-needs satisfaction not necessarily associated with task-accomplishment.

Professional commitment refers to one's perceptions toward and the amount of time one spends in activities related to the nursing profession, such as membership in professional organizations, reading journals,

participating in continuing or advanced educational endeavors as operationalized by the Urden Professional Commitment Scale (Urden, 1988a).

Organizational commitment is the relative strength of an individual's identification with and involvement in a particular organization. It is characterized by a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain membership in the organization as operationalized by the Organizational Commitment Questionnaire (Mowday, Steers & Porter, 1979).

Position satisfaction refers to the level of satisfaction with the position components of pay, autonomy, task requirements, organizational requirements, job status, and interactions as operationalized by the Index of Work Satisfaction-Part B (Stamps & Piedmonte, 1986).

Intent to stay is the individual's intention to remain employed in the current setting over a specified period of time. The expressed intention to stay represents actual retention of the individual (Mobley, 1977), and is operationalized by a question on the Demographic Questionnaire which asks whether or not the respondent intends to stay in the current position. The strength of the intent to stay is operationalized by a visual analogue scale on the Demographic Questionnaire.

CHAPTER II

REVIEW OF THE LITERATURE

Professional Image/Organizational Commitment/Satisfaction

McCloskey and McCain (1987) examined professionalism, commitment, and satisfaction of 150 newly employed registered nurses at three times during the first 12 months of employment. Nurses' commitment declined over the first 6 months but recovered slightly after 12 months. Satisfaction was significantly correlated with commitment at 1 month with even greater significance at 12 months. Professional behavior did not correlate with either satisfaction or commitment. Attitudes regarding professionalism correlated with commitment at both 1 and 12 months.

A study which examined nursing image as a determinant of position satisfaction was reported by Urden (1988b). The purpose of the study was to analyze whether or not attributes of professionalism are predictors of position satisfaction in nurses. Professionalism was conceptualized as having six dimensions: autonomy, commitment, community sanction, education, ethical behaviors, and creativity. A convenience sample of 62 nurses who worked in full-time, part-time, or per diem status on all shifts and in all job classifications who had been employed a minimum of 6 months in a Southern California Childrens' Hospital participated in

the study. Several statistically significant findings were noted in this study. Professional image was positively correlated with position satisfaction. Professional commitment was positively correlated with years of education, creativity, and autonomy, an organizational climate characteristic. Position satisfaction was also positively correlated with creativity and years of education; years of education correlated positively with creativity and autonomy. Ethical behaviors correlated negatively with position satisfaction.

The paucity of studies examining professional image, and the small sample in these studies make generalization and interpretation to other populations limited. Current trends in nursing and societal changes and expectations need to be examined as they relate to professional image. Image should be examined in combination with other variables that are known to affect nurses and the profession.

Organizational Climate and Satisfaction

One concern raised by organizational climate researchers was whether job satisfaction is redundant with organizational climate. Payne, Fineman, and Wall (1976) explained that there are no overlaps since the measures are conceptually different. LaFollette and Sims (1975) described organizational climate as measuring properties of the work environment whereas job satisfaction measures

affective responses to facets of the work environment. They analyzed organizational climate and job satisfaction of 1,161 medical center employees. There were significant correlations of climate with all but one job satisfaction factor (promotions). They concluded that affect tone toward management and others, job pressure, openness of upward communication and risk in decision-making were important organizational climate factors for medical center employees' job satisfaction. Freedom to communicate with superiors as well as supportive working relationships with superiors and peers was satisfying to employees. Employees also appeared to be gratified when ideas given to superiors were acted upon.

Early studies are reported from the fields of psychology, management and organizational behavior related to organizational climate and job satisfaction. Friedlander and Margulies (1969) studied 114 employees of an electronics industry. An investigator-developed questionnaire measured job satisfaction in the areas of interpersonal relations, self-realization, and opportunities for advancement. Strong positive correlations between job satisfaction and the climate dimensions of esprit, intimacy, thrust (leader behavior), and consideration were reported. There were equally strong negative correlations with job satisfaction and the dimensions of disengagement and hindrance. The researchers concluded that organizational climate has the

greatest impact upon satisfaction with interpersonal relationships on the job and, therefore, can be viewed primarily as a social and interpersonal phenomenon.

Pritchard and Karasick (1973) analyzed the organizational climate of 76 managers from two industrial organizations. Personality type, job satisfaction, performance, and job effectiveness were also measured. Climate was found to be highly correlated with job satisfaction and correlated less highly with performance. Joyce and Slocum (1984) examined the climate of 220 foremen in three different plants of a truck manufacturer. Again, performance was measured along with job satisfaction. Both hierarchical and nonhierarchical cluster analysis was performed which allowed for individual plant and aggregate climate measures. The individual plants contained two to eight climates each of which confirmed earlier research that multiple climates can be found within single formal organizations. Despite the existence of multiple climates within the organization, both climate and performance were positively correlated with job satisfaction.

Downey, Sheridan and Slocum (1975) utilized path-goal theory to study the relationship of a climate indicator, leader behavior, on subordinate job performance and satisfaction. They administered leadership behavior questionnaires and job satisfaction instruments, conducted structured interviews, and analyzed performance evaluations

of 124 machine operators of a steel firm. The results demonstrated that the supervisor's consideration was significantly related to the subordinate's job performance, motivation, and satisfaction.

Hospitals have been identified as important social organizations characterized by unique task demands, structures, environment and technologies, and neglected in organizational climate research (Wallace, Ivancevich & Lyon, 1975). In 1974, Lyon and Ivancevich measured the climate of 134 administrative staff and 65 registered nurses. Interviews were also conducted and a job satisfaction scale was administered. There were no significant differences in perception of climate and job satisfaction between the nurses and the administrators. A highly significant negative relationship between the disengagement and hindrance dimensions and job satisfaction was reported for the nurses. A nurse's satisfaction appeared to have some dependence on freedom from routine or busy work, and a sense of not merely going through the motions at work. Esprit and thrust were also positively significant for the nurses. Thus, nurses who perceived that they were successful in accomplishing tasks and who had motivating supervisors were more satisfied with their jobs.

Ivancevich, Matteson and McMahon (1980) reported another study analyzing the organizational climate of 687 registered nurses (134 were head nurses) and 305 medical

technologists (152 were supervisors). Multiple regression analyses revealed that three hypotheses were supported, i.e., there were differences between the registered nurse groups, the medical technologist groups and the entire registered nurse group and the medical technologist group. For nurses in general, hindrance, motivation and consideration were the most important climate variables. Low hindrance and high motivation were most significant in predicting satisfaction in the head nurse group. Subordinate nurse satisfaction was predicted by low hindrance and high consideration. For the general medical technologist group, a climate high in esprit predicted satisfaction, whereas individual climate variables differed between the two technologist groups.

Weisman et al. (1981b) examined organizational and nonorganizational determinants of job satisfaction among hospital nurses in a longitudinal study. Organizational attributes such as job and unit characteristics accounted for 52% of the explained variance in job satisfaction. Perceptions of autonomy and frequency of delegation of inappropriate tasks by physicians were consistently predictive of job satisfaction.

The organizational climate of Neonatal Intensive Care Units (NICU) was examined by Duxbury et al. (1982). The purpose of their study was to assess the validity of a revised organizational climate instrument and to investigate

the relationship between organizational climate and job satisfaction. They randomly sampled 682 registered nurses in 18 NICU's throughout the United States. Significant mean differences between NICU's were found which demonstrated the instrument's ability to differentiate organizations and climate measures. Statistically significant relationships were found between satisfaction and climate on three of the six climate dimensions -- thrust, esprit, and disengagement. The results indicated that nurses are most satisfied in their jobs when there is teamwork and concern for peers, high morale, and a leader who is a good progressive role model.

Ferris and Gilmore (1984) examined the moderating effects of organizational climate on the job complexity -- job satisfaction relationship. Data were collected from 104 female nursing service employees in a county skilled nursing care facility. Organizational climate, job satisfaction, skill variety, task identity, task significance, autonomy, and feedback were measured. The results were supportive of organizational climate as a moderator of the job complexity -- job satisfaction relationship. Subgroup correlations were examined for each possible relationship of variables. Job complexity was a source of satisfaction when the work climate was perceived to be favorable. However, when the climate was favorable, the nature of the job did not predict job satisfaction.

Gray-Toft and Anderson (1985) hypothesized a causal model of organizational stress in the hospital. They sampled clinical directors of nursing, nurse supervisors and full-time nursing staff on four surgical units and three psychiatric units in a large midwest teaching hospital. Findings indicated that job satisfaction was increased when interdepartmental conflicts were minimal and goals were established with action plans. Involvement of staff in decision-making led to increased job satisfaction, reduced absenteeism, and less role ambiguity. In addition, supportive supervisory behavior led to an open and supportive work environment. When stress was controlled, RNs were the most satisfied with their work.

Glisson and Durick (1988) studied 319 human service workers and analyzed the effects of job characteristics, organization characteristics and worker characteristics on job satisfaction and commitment. Organizational and worker characteristics accounted for 62% of the variance in job satisfaction and 56% of the variance in organizational commitment. Role ambiguity had a significantly negative effect on satisfaction; leadership positively effected satisfaction. Leadership had a significant positive effect on commitment, whereas role conflict and role ambiguity had significant negative effects on commitment. Education also had a significant negative effect on commitment.

In summary, a review of the literature has revealed multiple definitions of organizational climate, several instruments which have been formulated or modified to measure organizational climate, and a variety of conceptual models of the organizational climate construct. Despite variations in instrument dimensions and research methodologies, organizational climate has been demonstrated to be significantly correlated with job satisfaction in a variety of settings. The study of organizational climate is virtually untapped in nursing which is evidenced by the review of only five studies reported in the literature (Duxbury et al., 1982; Ferris & Gilmore, 1984; Gray-Toft & Anderson, 1985; Ivancevich et al., 1980; Lyon & Ivancevich, 1974). Although organizational climate has been consistently demonstrated to relate significantly with job satisfaction in numerous settings over a period of 25 years, few attempts have been made to link climate causally with other variables such as organizational commitment or intent to stay in the organization.

Professional Commitment and Satisfaction

Moskowitz and Scanlan (1986) studied organizational and professional commitment as predictors of job satisfaction among allied health education program directors. The survey population consisted of 157 subjects selected by clustering programs by geographic region, type of educational program

and discipline. Findings indicated that both organizational commitment and professional commitment had a significant positive relationship with job satisfaction. There was also a significant positive correlation between organizational commitment and professional commitment which demonstrated that the two were compatible yet different concepts. Stepwise multiple linear regression was conducted so that the independent contribution of each commitment measure toward job satisfaction could be determined. In combination, both types of commitment accounted for 24% of the observed variance. The researchers concluded that when differences in organizational commitment were controlled, program directors exhibited higher levels of professional commitment and were more satisfied with their jobs.

The other study which examined professional commitment (Urden, 1988b) has been reported earlier in this paper. The two studies (Moskowitz & Scanlan, 1986; Urden, 1988b) offer evidence that professional commitment does correlate with job satisfaction in two populations. Since there is a potential for conflict between professional and organizational loyalties, professional commitment should be studied in terms of its impact on other variables which may also impact the employee-employer relationship such as organizational climate, organizational commitment and satisfaction.

Organizational Commitment/Satisfaction/Intent to Stay

Porter et al. (1974) examined organizational commitment and job satisfaction of 84 psychiatric technicians at four points during a 10 month time period. The sample was divided into two groups: the "stayers" and the leavers". The mean age for stayers was significantly higher than the leavers. Discriminate analyses revealed that there were no significant differences between the groups in the first two time periods, but there were differences found in the last two time periods, indicating that attitudes regarding commitment and satisfaction are a better predictor of the decision to remain or stay at the time of termination. Twenty-one percent of the variance in commitment and job satisfaction predicted the subsequent decision to stay or leave the organization. They concluded that commitment to the organization was the most important variable in differentiating between stayers and leavers. Also noted was the shifts in degree of satisfaction over the time period of the study which may have indicated that one's level of satisfaction and commitment is transitory in nature.

Steers (1977) tested a preliminary model of antecedents and outcomes of organizational commitment for 382 hospital employees and 119 scientists and engineers. Stepwise multiple regression analyses demonstrated that six variables were significantly associated with commitment in both samples: need for achievement, group attitudes toward the

organization, education (inversely), organizational dependability, personal importance to the organization, and task identity. Pearson product moment correlations were run between commitment and each outcome variable in the model and demonstrated significant correlations between the desire to remain, intent to remain, and turnover (inverse) with commitment.

In a subsequent study, Morris and Sherman (1981) tested a path model of organizational climate which accounted for 47% of the variance in commitment within a heterogeneous sample. Three facilities involved in the care and training of developmentally disabled persons served as the sites, with a total of 506 subjects from all job classifications. Significant relationships were demonstrated between competence, role conflict (inverse), education (inverse), supervisor style, age and structure.

Feltham (1983) investigated the relationships among role stress conflict, role stress ambiguity, participation in decision-making, social support, job satisfaction, and organizational commitment in 200 randomly selected Army Nurse Corps officers. Role stress conflict and role stress ambiguity were inversely and significantly related to job satisfaction and organizational commitment. Participation in decision-making and social support were significantly and positively related to organizational commitment. Both participation in decision-making and social support

demonstrated positive significant correlation with organizational commitment; only participation in decision-making correlated positively and significantly with job satisfaction.

A multivariate longitudinal study of the presumed causes of commitment was reported by Bateman and Strasser (1984). Data were collected from all classifications of nursing staff in all departments from four hospitals located in a large southern city. Subjects were administered instruments to measure organizational commitment, leader reward and punishment, job characteristics, centralization, need for achievement, perceived environmental alternatives, job tension, job satisfaction, age, and job and career tenure. All variables with the exception of career and job tenure, education, age, and need for achievement had highly significant positive correlations with commitment. Subsequent regression analyses revealed that only two of the regression parameters indicated causal ordering. Leader punishment behavior demonstrated a negative impact on commitment, and commitment indicated a positive impact on job satisfaction. Commitment and environmental alternatives were the strongest predictors of job satisfaction. Contrary to most commonly held assumptions that job satisfaction preceded commitment, this study demonstrated that commitment was an antecedent of job satisfaction. Age and education, which had been significant predictors of commitment in

earlier studies (Morris & Sherman, 1981; Steers, 1977) were not found to be significant in this study sample. The researchers concluded that interventions such as improving the job or reducing job tension may result in higher satisfaction but not commitment.

In a third study of organizational commitment in the health care setting, Zahra (1985) randomly selected 439 employees in a tertiary hospital. Seven instruments were administered measuring organizational commitment (OCQ), job satisfaction, job characteristics, role variables, leadership variables, need for achievement (motivation), and demographic variables. Findings indicated that there were significant relationships between commitment and sex (females were more committed), education (inverse), need for achievement, and job satisfaction. Regression analyses revealed that the need for achievement was the major predictor of organizational commitment.

In summary, the studies examining organizational commitment have consistently established clear relationships with job satisfaction and yet conflicting evidence on variables such as education, sex, and various role attributes. Only recently have researchers begun to examine the effect of organizational commitment in health care settings. There are minimal studies that utilize nurses as subjects and, therefore, the generalizability of research

findings from numerous other settings can be extended into nursing practice with only limited generalizability.

Organizational Climate/Organizational Commitment/ Satisfaction/Intent to Stay

Mobley, Horner and Hollingsworth (1978) evaluated the precursors of turnover in 203 full-time employees in all job classifications in a medium-sized urban hospital in the southeast. They measured job satisfaction, thinking of quitting, and intent to quit. Turnover data were collected 47 weeks after the questionnaires were administered; voluntary turnover rate during the study was 10%. Correlation between intention to quit and actual turnover indicated a significantly stronger relationship than the satisfaction-turnover relationship. Regression analyses demonstrated that intention to quit was the only variable which correlated significantly with actual turnover.

Price and Mueller (1981) based their model of turnover on the work of Porter and Steers (1973), and Mobley (1977). The sample consisted of 1,091 nonsupervisory registered nurses, with three different levels of basic education, from seven medium-size hospitals in metropolitan communities. With intent to stay as the dependent variable, 24% of the variance was explained with seven variables demonstrating significance: opportunity, pay, promotional opportunity, education, kinship responsibility, job satisfaction, and length of service. Job satisfaction had the strongest

influence on intent to stay. The explained variance for actual turnover was 18% with only three variables having significant direct effects on it: promotional opportunity, kinship responsibility, and intent to stay, with the latter having the strongest effect. With only 18% of the variance in turnover explained, the authors concluded that there were variables exogenous to the model which need to be studied in order to explain greater variance in the turnover model: organizational commitment, organizational size, professionalism, and gender.

Weisman et al. (1981a) studied 1,259 staff nurses employed in two university-affiliated hospitals. They found that neither job satisfaction nor autonomy had a significant direct effect on turnover, but satisfaction did significantly predict intent to leave and autonomy was the strongest predictor of job satisfaction. Length of time in the job had a significant inverse effect on intent to stay; level of education had a significant inverse effect on job satisfaction only.

Similar findings were reported by Farrell (1983) who examined turnover among 282 staff nurses in four short-term acute care hospitals in the midwest. Job satisfaction affected turnover only indirectly through intent to job search and intent to stay. Job satisfaction did predict absenteeism and expected utility for the unit, position, and hospital.

Organizational commitment was found to be significantly and inversely related to intent to leave and subsequent turnover of nurses in two studies (Abelson, 1984; Parasuraman et al., 1982). There was a significant positive correlation between commitment and the night shift and job satisfaction, and a positive relationship between level of position and job satisfaction, i.e., nurses at higher job levels were more satisfied (Parasuraman et al., 1982). Job stress and tension was also significantly related to intent to stay in position (Sheridan & Abelson, 1983). Contradictory findings regarding commitment and turnover were reported by Wakefield, Curry, Price, Mueller and McCloskey (1988). They collected data from 822 staff and supervisory registered nurses, vocational nurses, nurse aides, and clerks in five community hospitals. Satisfaction was found to be significantly greater on labor-intensive units; commitment and turnover did not differ significantly by unit type. Satisfaction was significantly related to turnover but there was no significant relationship established between commitment and turnover. Obstetric and pediatric nurses demonstrated significantly greater satisfaction than nurses from other subspecialties, such as medicine, surgery, orthopedics, and neurology.

Kosmoski and Calkin (1986) measured satisfaction, locus of control, unit structure, and intent to stay or leave the institution for 214 registered nurses from adult critical

care units in two midwestern cities. The results demonstrated that the best predictor of intent to stay was satisfaction with work activities which explained 19% of the variance. The addition of education, working toward a degree, and work-related educational activities explained a total of 28% of the variance. All of these activities were associated significantly with intent to stay by zero order correlations. No explanation was given for the low explained variance, nor were additional variables relating to intent to stay suggested.

Prescott (1986) collected data from 1,044 staff nurses working on 90 patient care units in 15 hospitals from six geographic areas of the country over a 1 year period. Results from stepwise multiple regression indicated that 42% of the variance in turnover rates was explained by seven variables. Three variables demonstrated inverse significant relationships: staff satisfaction estimated by head nurse, staff to patient day shift ratio, and full-time employment. The remainder variables demonstrated positive significant relationships with turnover: proportion of nurses in first job, adequate working condition, staff to patient night shift ratio, and primary nursing.

Alexander (1988) proposed a model of turnover for hospital nurses which was based on organization variables at the unit level. Data were collected from 1,726 registered nurses and vocational nurses working in 146 units in 17

hospitals across the United States. Zero order correlation demonstrated significant relationships between turnover and nurse ratio, shift rotation, staff communication and nurse autonomy. Regression analyses revealed that registered nurse ratio, shift rotation, and communication were all significantly related to and predictive of turnover.

Cotton and Tuttle (1986) reviewed studies of employee turnover that had been reported in major journals in organizational behavior from 1979 to mid-1984 and performed meta-analyses on 120 sets of data. Correlates of turnover with strong confidence (p less than .0005) included pay, overall job satisfaction, satisfaction with supervisor, age, tenure, education, organizational commitment, and behavioral intentions. There were two variables that demonstrated moderate levels of correlation (p less than .005) with turnover: satisfaction with co-workers and role clarity. The multiplicity of variables that correlate with turnover would indicate the need to examine how variables are causally linked.

Hinshaw et al. (1987) reported a five-stage model of nurse turnover. They collected data from 1,597 nursing staff members in urban and rural hospitals. For baccalaureate-prepared nurses, actual turnover was predicted by anticipated turnover. Anticipated turnover was moderately predicted by organizational and professional job satisfaction, group cohesion, and initial expectations of

tenure with 20% of the variance explained. Organizational job satisfaction was strongly predicted by group cohesion, job stress, control over practice, and autonomy and accounted for 57% variance. Professional job satisfaction was strongly effected by job stress, group cohesion, autonomy, and experience with 49% explained variance.

In diploma-prepared nurses, anticipated turnover did not influence actual turnover. Only organizational and professional job satisfaction influenced anticipated turnover. Organizational job satisfaction was predicted by group cohesion, job stress, control over practice and autonomy with 50% explained variance. Job stress was the only predictor of professional satisfaction ($\underline{R}^2$ = .38).

A model of nurse intent to resign which examined work schedule-related effects and satisfaction was described by Choi et al., (1989). A self-developed instrument measuring discrepancy in expectations of work schedules, satisfaction, and intent to leave the job was administered to 792 nurses in a large tertiary care, magnet hospital. The overall satisfaction of nurses (R^2 = .22) was the strongest predictor of intent to leave the job. Discrepancy between schedule expectations and actual work schedules explained 26% of the variance in satisfaction. There were no correlations between the discrepancy scores and intent to leave the job. Nurses who worked part-time were shown to be more likely to leave the job. Work shifts per se had no

significant impact on satisfaction or intent to leave. Older nurses were less likely to leave their jobs.

In summary, the concentration of the reported research on turnover has been primarily on personal variables and attributes as they relate to intention to quit and actual turnover. Recently, researchers have begun to examine organizational and work unit factors that may influence turnover. Satisfaction with one's work is clearly correlated with turnover, but not necessarily predictive of actual turnover. The intent to stay in the job has been demonstrated consistently to immediately precede actual job search and turnover and appears to be a valid indicator of turnover. A variety of methodologies and instrumentation has been utilized in the cited studies which serves to both substantiate findings across samples and studies. A summary of correlational studies is provided in Table 1, and predictive studies are summarized in Table 2. Since there have been consistent findings among studies of numerous variables, linkages of those variables utilizing causal modeling techniques will demonstrate a strong and useful model of intent to stay.

Table 1

Summary of Correlational Studies

Variable	Researcher(s)	Sample	Instrument(s)	Relational Variable(s)	Correlation Coefficient
Professional Image	McCloskey & McCain (1987)	156 Registered Nurses	Organizational Commitment Questionnaire	Commitment	.347***
			Hall Professionalism Scale		
	Urden (1988b)	62 Registered Nurses	Urden Professional Community Sanction Scale	Position Satisfaction	.284**
			Job Descriptive Index		
Organizational Climate	Friedlander & Margulies (1969)	114 Electronics Industry Workers	Organizational Climate Description Questionnaire	Job Satisfaction	
				Esprit	.43**
				Intimacy	.30**
				Thrust	.44**
			Friedlander Satisfaction Questionnaire	Consideration	.30**
				Disengagement	-.22*
				Hinderance	-.46**
	Pritchard & Karasick (1973)	76 Industrial Managers	Organizational Climate Measure	Job Satisfaction	.32**
			Minnesota Satisfaction Questionnaire		
	Downey, Sheridan & Slocum (1975)	124 Machine Operators	Leader Behavior Description Questionnaire	Job Satisfaction	.67**
			Job Descriptive Index		

* p< .05
** p< .01
*** p< .001

Table 1

Summary of Correlational Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Relational Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	La Follette & Sims (1975)	1161 Medical Center Employees	Organizational Climate Questionnaire Job Descriptive Index	Job Satisfaction	.42***
	Feltham (1983)	200 Army Nurse Corps Officers	Participation in Decision-Making Scale Job Satisfaction Index	Job Satisfaction	.404***
	Lyon & Ivancevich (1974)	134 Administrators & 65 RNs	Organizational Climate Description Questionnaire Lyon & Ivancevich Job Satisfaction Questionnaire	Job Satisfaction Esprit Thrust Hindrance Disengagement	 .42* .40* -.48** -.44**
	Ivancevich, Matteson & McMahon (1980)	687 RNs 305 Med Techs	Organizational Climate Description Questionnaire Porter's Need Satisfaction Self-Report Questionnaire	Job Satisfaction Esprit Thrust Consideration Intimacy Hindrance Disengagement Production (Corr. Coefficient not reported)	 + * + * + * + * - * - * - *

* p< .05
** p< .01
*** p< .001

Table 1

Summary of Correlational Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Relational Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	Duxbury, Henly & Armstrong (1982)	682 NICU RNs	Nurse Organizational Climate Description Questionnaire	Job Satisfaction Esprit Thrust Disengagement	 .71** .52** -.47*
			Minnesota Satisfaction Questionnaire		
	Urden (1988b)	62 Registered Nurses	Quality of Employment Survey	Professional Commitment	.358*
			Urden Professional Commitment Scale		
Organization Commitment	Feltham (1983)	200 Army Nurse Corps Officers	Organizational Commitment Questionnaire	Organizational Climate	.320***
			Participation in Decision-Making Scale		
	Steers (1977)	382 Hospital Employees & 119 Scientists & Engineers	Organizational Commitment Questionnaire	Intent to Remain	.31***
			Intent to Remain Item		
			Turnover Data	Turnover	-.17**

* $p < .05$
** $p < .01$
*** $p < 001$

Table 1

Summary of Correlational Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Relational Variable(s)	Correlation Coefficient
Turnover	Cotton & Tuttle (1986)	Meta-analysis		Pay	$p < .0005$
				Overall Job Satisfaction	$p < .0005$
				Satisfaction with Supervision	$p < .0005$
				Organizational Commitment	$p < .0005$
				Satisfaction with Co-workers	$p < .005$
				Role Clarity	$p < .005$

Table 2

Summary of Predictive Studies

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Climate	Weisman, Alexander & Chase (1981b)	853 Registered Nurses	Rotten Internal-External Locus of Control (Adaptation) Job Descriptive Index	Job Satisfaction	$F = 5.51^{**}$ Adj. $R^2 = .52$
	Ferris & Gilmore (1984)	104 Nursing Staff of Skilled Nursing Care Facility	Job Description Survey Gavin Organizational Climate Measure	Job Satisfaction	$F = 4.27^{*}$ Adj. $R^2 = .04$
	Gray-Toft & Anderson (1985)	159 RNs	Gray-Toft & Anderson Organizational Questionnaire Job Descriptive Index	Job Satisfaction	Multiple R = .72
	Glisson & Durick (1988)	319 Human Service Workers	Job Diagnostic Survey Role Conflict/ Role Ambiguity Scale	Job Satisfaction Organizational Characteristics Organizational Commitment	Job Tasks $F = 92.66^{***}$ Job Tasks $F = 3.64^{**}$ Adj. $R^2 = .62$ Job Tasks $F = 20.28^{***}$ Organizational Characteristics $F = 39.44^{***}$ Adj. $R^2 = .56$

* p <.05
** p <.01
** p <.001

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	Steers (1977)	382 Hospital Employees	Organizational Commitment Questionnaire Perceived Job Characteristics Scale	Organizational Commitment	Multiple R = .64 F = 47.86**
	Morris & Sherman (1981)	506 Health Care Employees	Role Conflict/Role Ambiguity Scale Organizational Commitment Questionnaire	Organizational Commitment	F = 63.95*** Adj. R^2 = .47
	Bateman & Strasser (1984)	374 Nursing Staff	Organizational Commitment Questionnaire	Organizational Commitment	Leadership Punishment Behavior b = -.14* Adj. R^2 = .08
			Leader Reward/ Punishment Scale Job Diagnostic Survey	Job Satisfaction	Organizational Commitment F = 8.64** b = .25 Adj. R^2 = .04 Leader Punishment Behavior F = 9.28** b = -.22 Adj. R^2 = .04 Leader Reward Behavior F = 4.73* b = -.20 Adj. R^2 = .02

* $p < .05$
** $p < .01$
*** $p < .001$

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	Parasuraman, Drake & Zammuto (1982)	420 Staff Nurses	Frequency of Perceived Job Pressure Index	Organizational Commitment	F = 5.83**
			Hoppock Job Satisfaction Scale	Job Satisfaction	F = 6.26***
			Alutto, Hrebiniak & Alonso Organizational Commitment Scale		
			Mobley Intent to Resign Item		
	Joyce & Slocum (1984)	220 Foremen	Organizational Climate Measure	Job Satisfaction	F = 26.37*** F = 4.80***
			Job Descriptive Index		
	Zahara (1985)	439 Hospital Employees	Organizational Commitment Questionnaire	Organizational Commitment	b = .16*
			Leader Behavior Description Questionnaire		

* p < .05
** p < .01
*** p < .001

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	Weisman, Alexander & Chase (1981a)	1,259 Staff RNs	Job Descriptive Index	Job Satisfaction	b = .56*
			Quality of Employment Survey		
			Mobley Intent to Leave Item	Intent to Leave	b = -.21*
			Turnover Data	Turnover	b = -.16*
	Price & Mueller (1981)	1,091 Non-Supervisory RNs	Nadler & Price Satisfaction Survey	Job Satisfaction	Routinization b = -.31*** Participation b = .12*** Instrumental Communication b = .20***
			Intent to Stay Item		
			Turnover Data		
	Prescott (1986)	1,044 Staff RNs	Prescott Measure of Organizational Variables	Turnover	Working Condition Adequacy F = 7.29* R^2 = .31
			Turnover Data		
	Alexander (1988)	1,726 RNs & LVNs	Alexander Questionnaire	Turnover	RN Influence in Unit Decisions F = 3.71* b = .16 Accuracy of Evaluation F = 9.80** b = -.05
			Turnover Data		

* $p < .05$
** $p < .01$
*** $p < .001$

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Climate (Cont'd)	Hinshaw, Smeltzer & Atwood (1987)	1,597 Nursing Staff	Nurse Job Satisfaction Scale	Professional Job Satisfaction	(BSN Nurses) Group Cohesion b = .17* Autonomy b = .18*
			Byrnes Group Cohesion Scale	Anticipated Turnover	(BSN Nurses) Group Cohesion b = -.18
Professional Commitment	Moskowitz & Scanlon (1986)	157 Allied Health Program Directors	Organizational Commitment Questionnaire	Job Satisfaction	b = .219** R^2 = .24
			Professional Commitment Questionnaire		
			Job Description Index	Organizational Commitment	Pearson Correlation .271**
Organizational Commitment	Moskowitz & Scanlon (1986)	as above	As Above	Job Satisfaction	b = .379** R^2 = .19

* p < .05
** p < .01
*** p < .001

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instrument(s)	Dependent Variable(s)	Correlation Coefficient
Organizational Commitment (Cont'd)	Porter, Steers, Mowday & Boulian (1974)	89 Psych Techs	Organizational Commitment Questionnaire Job Descriptive Index Turnover	Job Satisfaction	Work b = -.50* Supervision b = -.24* Promotion b = .52*
				Intent to Stay	Organizational Commitment and Job Satisfaction Combined R^2 = .21
	Bateman & Strasser (1984)	374 Nursing Staff	Organizational Commitment Questionnaire Job Descriptive Index	Job Satisfaction	F = 8.64** b = .25 Adj. R^2 = .04
	Abelson (1984)	184 Nursing Home Staff	Mobley Intent to Leave Item Index of Job Satisfaction Turnover Data	Turnover	F = 5.7**
Position Satisfaction	Abelson (1984)	as above	as above	Turnover	F = 8.6***

* p <.05
** p <.01
*** p <.001

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instruments	Dependent Variable(s)	Correlation Coefficient
Position Satisfaction (Cont'd)	Price & Mueller (1981)	1,091 Non-supervisory RNs	Nadler & Price Satisfaction Survey	Intent to Stay	b = .26*** Adj. R^2 = .24
			Turnover Data	Turnover	b = -.11** Adj. R^2 = .07
	Zahra (1985)	439 Hospital Employees	Organizational Commitment Questionnaire	Organizational Commitment	b = .16*
			Minnesota Satisfaction Questionnaire		
	Farrell (1983)	282 Staff RNs	Minnesota Satisfaction Questionnaire	Intent to Search	F = 4.12* r = -.29 b = -.126
			Intent to Stay Item		
			Turnover Data		
	Kosmoski & Calkin (1986)	214 ICU RNs	Kosmoski & Calkin Questionaire	Intent to Stay	F = 39.54* r = .43 b = .79 Adj. R^2 = .19
			Job Descriptive Index		
			Intent to Stay Item		

* $p < .05$
** $p < .01$
*** $p < .001$

Table 2

Summary of Predictive Studies Cont'd

Variable	Research(s)	Sample	Instruments	Dependent Variable(s)	Correlation Coefficient
Position Satisfaction (Cont'd)	Hinshaw, Smeltzer & Atwood (1987)	1,597 Nursing Staff	Nurse Job Satisfaction Scale	Anticipated Turnover	(BSN Nurses) Professional Job Satisfaction b = -.17* Organizational Job Satisfaction b = -.23*
	Choi, Jameson, Brekke, Anderson & Podratz (1989)	806 RNs and LVNs	Choi et al. Discrepancy Scale	Intent to Leave	b = -.560** R^2 = .31
Intent to Stay	Mobley, Horner & Hollingsworth (1978) (Intent to Quit)	203 Hospital Employees	Intent to Stay Item Turnover Data	Turnover	b = .58**
	Weisman, Alexander & Chase (1981a) (Intent to Leave)	1,259 Staff RNs	Intent to Leave Item Turnover Data	Turnover	b = .12*
	Price & Mueller (1981)	1,091 Non-Supervisory RNs	Intent to Stay Item Turnover Data	Turnover	b = -.37*** Adj. R^2 = .18
	Abelson (1984) (Intent to Quit)	184 Nursing Home Staff	Intent to Quit Item Turnover Data	Turnover	F = 7.5**

* p< .05
** p< .01
*** p< .001

Table 2

Summary of Predictive Studies Cont'd

Variable	Researcher(s)	Sample	Instruments	Dependent Variable(s)	Correlation Coefficient
Intent to Stay (Cont'd)	Hinshaw, Smeltzer & Atwood (1987) (Anticipated Turnover)	1,597 Nursing Staff	Turnover Data	Turnover	(BSN Nurses) b = .15*
	Wakefield, Curry, Price, Mueller & McCloskey (1988) (Job Satisfaction)	822 Staff Nurses	Rothe Job Satisfaction Index Turnover Data	Turnover	F = 2.01*

*p< .05
**p< .01
***p< .001

CHAPTER III

METHODOLOGY

Design

The path analytic model of intent to stay (see Figure 1) and proposed that professional image (X_1) organizational climate (X_2) effect intent to stay (X_6) through professional commitment (X_3), organizational commitment (X_4), and position satisfaction (X_5). The model was applied separately to each of the hospital groups and to the total sample to determine variance explained in the outcome variable (X_6) by the predictor variables (X_1, X_2, X_3, X_4, X_5).

Correlational design using causal modeling techniques was selected for this study due to its power to evaluate and predict the effects of exogenous and endogenous variables on intent to stay. The use of a causal model further allowed the decomposition of simple correlations into direct and indirect effects through all the identified paths between exogenous and endogenous variables and the dependent variable. Path analysis provided a means for estimating residual effects of each independent model variable.

Structural Equations

The structural equations for the over-identified path analytic model of pediatric registered nurse intent to stay were:

Professional Image

$$X_1 = e_1$$

Organizational Climate

$$X_2 = e_2$$

Professional Commitment

$$X_3 = P_{32} X_2 + e_3$$

Organizational Commitment

$$X_4 = P_{41} X_1 + P_{42} X_2 + P_{43} X_3 + e_4$$

Position Satisfaction

$$X_5 = P_{51} X_1 + P_{52} X_2 + P_{53} X_3 + P_{54} X_4 + e_5$$

Intent to Stay

$$X_6 = P_{62} X_2 + P_{64} X_4 + P_{65} X_5 + e_6$$

Sample

This investigation utilized a total sample of 232 respondents. Subjects were both male and female registered nurses who worked per diem, part-time, or full-time on all shifts. They held clinical registered nurse positions, delivered direct care, and had been employed in one of a total of three Southern California Childrens' Hospitals for a minimum of 6 months. There were 238 responses with 232 usable data sets from the total 600 subjects, indicating a

39% return rate. Response was fairly equal across the three hospital settings (32%, 35%, 33%).

Power analysis was performed based on the procedures described by Cohen (1977). For the collective model, given a sample size of 232 subjects, a power of greater than .995 was obtained for this study based on an effect size of 42.2, nine independent variables, and a probability level of .05. For Hospital 1, a power of .66 was demonstrated, based on an effect size of 12. For Hospital 2, a power of .91 was obtained based on an effect size of 21. Hospital 3 demonstrated a power of .86 based on an effect size of 18.

The mean age of respondents was 32 years (SD = 7.1) with an average of 15.3 years of education (SD = 1). Fifty-five percent were prepared at the baccalaureate level; 30% reported ADN education; 14% had obtained diploma education; and 1% were prepared at the master's level.

The average length of employment in the institution was 5.3 years (SD = 60.4), with a mean of 8.2 years as a registered nurse (SD = 84.1). The majority of subjects worked the day shift (60%) with 6% on the evening shift, 34% on the night shift, and 3% on a rotating shift schedule. Respondents worked an average of 65.9 hours per 2-week pay period (SD = 14.5).

Forty-five percent of the subjects indicated that they held Clinical Nurse I positions, while 38% were Clinical Nurse II, 10% were Clinical Nurse III, 4% were Per Diem and

3% were Primary Nurse. Respondents represented major nursing units: 33% NICU; 31% general medical-surgical; 14% PICU; 9% oncology; 6% intermediate care units; 4% operating room; 2% outpatient departments; and 1% emergency room.

Data Collection Procedure

A letter of intent to conduct research was sent to the Chief Nurse Executives of the three Southern California Childrens' Hospitals utilized in the study. An explanation of the study purpose and significance was provided (see Appendix A). The investigator met with the Chief Nurse Executive and nursing administrative staff at two hospitals, and the Nursing Research Committee at the third hospital to discuss specific data collection procedures.

Human subjects approval for the research study was obtained from the University of San Diego Committee on the Protection of Human Subjects, and the hospital institutional Human Subjects Committees and Nursing Research Committees. Since there was no risk to subjects and signed consent forms were not required, a Disclaimer Letter was utilized (see Appendix B).

Two hundred subjects were randomly selected from unit work schedule rosters at each study hospital. Research packets were prepared which contained the following: Disclaimer Letter, instruments, and a self-addressed stamped return envelope. Instruments were color-coded to reflect

the three hospital settings. Nurse managers distributed the packets to subjects. The completed packets were returned to the investigator within 1 month. Upon completion of the study and data analysis, presentations were given to each hospital's Nurse Executive staff.

Instrumentation

Six instruments and a demographic questionnaire were utilized for this study. An instrumentation summary is provided in Table 3.

Urden Professional Community Sanction Scale (UPCSS)

The UPCSS (Urden, 1988a) is a nine-item, Likert-type unidimensional scale which measures the individual's perceptions that nursing is considered to be a worthy and respected professional occupation by other health care providers, other nurses, and by the public. The UPCSS (see Appendix C) operationalizes the Professional Image variable. Scale items are scored using a six-point range from 1 = "completely disagree" to 6 = "completely agree". Reliability for the scale was established with a Cronbach alpha coefficient of .79. Content validity was demonstrated via Index of Content Validity of .85 by an expert judge panel. Discriminant validity was established by correlating the UPCSS with the Nurses Self-Description Form with a Cronbach alpha coefficient of .07 (Urden, 1988b). The

Table 3

Instrumentation Summary

Concept	Measure	Reference	Validity	Reliability	Current Study Reliability
1. Professional Image	Urden Professional Community Sanction Scale (UPCSS)	Urden (1988a)	Content Discriminant	*a .79	a .36
2. Organizational Climate	Nurse Organizational Climate Description Questionnaire (NOCDQ)	Duxbury, Henly & Armstrong (1982)	Content Discriminant	median .69	a .66
	Dimensions:				
	- Thrust			a 78	a .84
	- Esprit			a 71	a .71
	- Intimacy			a 73	a .67
	- Aloofness			a 67	a .47
	- Disengagement			a 65	a .53
	- Hindrance			a 45	a .64
3. Organizational Commitment	Organizational Commitment Questionnaire (OCQ)	Mowday, Steers & Porter (1979)	Convergent Discriminate Predictive	a .84-.92 Test-retest .53-.75	a .86
4. Professional Commitment	Urden Professional Commitment Scale (UPCS)	Urden (1988a)	Content Discriminate	a .92	a .91
5. Position Satisfaction	Index of Work Satisfaction, Part B (IWS)	Stamps & Piedmonte (1986)	Content Convergent Discriminant	a .70-.90	a .88 Kendall-Tau .80-.90
	Dimensions:				
	- Pay			a .80	a .84
	- Autonomy			a .68	a .71
	- Task Requirement			a .70	a .71
	- Organizational Requirements			a .78	a .70
	- Job Status			a .77	a .47
	- Interaction			a .80	a .81
6. Intent to Stay	Intent to Stay (ITS)	Urden (1989)	Content		

*a = Cronbach Alpha coefficient.

Cronbach alpha coefficient of the UPCSS for the current study was .76.

Nurse Organizational Climate Description Questionnaire (NOCDQ)

The NOCDQ (Duxbury et al., 1982) is a 26-item, Likert-type, multidimensional scale which measures the individual's perceptions regarding four types of co-worker behaviors -- disengagement, hindrance, esprit, intimacy -- and two leader behaviors -- aloofness and thrust. The NOCDQ (see Appendix D) operationalizes the Organizational Climate variable. Scale items are scored using a four-point range from 1 = "rarely occurs" to 4 = "very frequently occurs". One item (number 22) is reverse scored, and all items are summed for a total score. Reliability was reported with Cronbach alpha coefficients of the subscales ranging from .45 to .78, with a median of .69. No overall scale reliability was reported. Content validity was established using an expert judge panel. Discriminate reliability was demonstrated by correlating the NOCDQ with the Minnesota Satisfaction Questionnaire (r = .03 to .52). Cronbach alpha reliabilities for the current study were the following: overall scale .66; thrust .84; esprit .71; intimacy .67; aloofness .47; disengagement .53; and hindrance .64.

Urden Professional Commitment Scale (UPCS)

The UPCS (Urden, 1988a) is a unidimensional scale which measures the individual's perceptions toward and the amount

of time spent in activities related to the nursing profession, such as membership in professional organizations, reading journals, and participating in continuing and advanced educational endeavors. The UPCS (see Appendix E) operationalizes the Professional Commitment variable. The 20-item, Likert-type scale is scored using a six-point response range from 1 = "completely disagree" to 6 = "completely agree". Item scores are summed for a total professional commitment score. Reliability was established with a Cronbach alpha of .92 and content validity was reported to be .93 via a Content Validity Index. Discriminate validity was demonstrated by correlating the UPCS with the Job Satisfaction index (r = .14). The Cronbach alpha of the UPCS for the current study was .91.

Organizational Commitment Questionnaire (OCQ)

The OCQ (Mowday et al., 1979) is a unidimensional scale which measures the individual's belief in and acceptance of the organization goals and values, willingness to exert a considerable effort on behalf of the organization, and a desire to maintain membership in the organization. The OCQ (see Appendix F) operationalizes the Organizational Commitment variable. The 15-item, Likert-type scale is scored using a seven-point response range from 1 = "strongly disagree" to 7 = "strongly agree". Items 3, 7, 9, 11, 12, and 15 are reverse scored. Responses are summed and averaged to derive an indicator of employee commitment.

Test-retest reliabilities ranged from .53 to .75 over a 4 month period. Convergent validity with the Sources of Organizational Attachment Questionnaire across six samples ranged from .63 to .74. Cronbach alpha coefficient for the current study was .86.

Index of Work Satisfaction (IWS)

The IWS is a two-part instrument which measures an individual's satisfaction with six components of work: task requirements, autonomy, pay, interaction, professional status, and organizational requirements (Stamps & Piedmonte, 1986). Task requirements are those things that must be done as a regular part of the job, whereas organizational requirements are constraints or limits imposed upon work activities by the organization's management. Pay is dollar renumeration and fringe benefits received for work done. Autonomy is the amount of work-related independence and freedom either permitted or required in daily work activities. Job status is the overall importance felt about the job at the personal level as well as its importance to the organization and the community. Interaction refers to the opportunities and requirements for formal and informal social and professional contact during working hours. IWS-Part A consists of 15 sets of paired comparisons of the six work components. The IWS-Part B (see Appendix G) operationalizes the Position Satisfaction variable. The IWS-Part B is a 44-item Likert-type scale which measures the

current level of satisfaction for each of the six work components. The scale is scored using a seven-point response range from 1 = "completely disagree" to 7 = "completely agree". Half of the items are reverse scored and results are summed to derive an indicator of individual satisfaction. Content validity was reported by the researchers. Reliability was established with Cronbach alpha coefficients ranging from .70 to .90 and with Kendall-Tau ranging from .80 to .90. Cronbach alpha coefficients for the current study were the following: overall scale .88; pay .84; autonomy .71; task requirement .71; organizational requirements .70; job status .47; and interaction .81.

Intent to Stay (ITS)

The ITS questions assess the individual's likelihood of remaining or leaving the current work setting (Mobley, 1977). The first question asks whether the respondent intends to remain employed in the institution for the next six months. The respondent circles either the "yes" answer or the "no" answers. Question 2 asks the respondent to estimate the strength of intent to stay by placing a mark on a visual analogue scale with "0" at one end, and "10" at the other end. Visual analogue scales are usually 100 millimeters in length, simple to use, and more sensitive than graphic rating or Likert-type scales in measuring subjective sensations (Gift, 1989). The ITS scale is scored

by measuring the horizontal line with a standardized ruler using a response range from 0 to 129 mm. Measuring the strength of the intent in this way increases the variability of response for comparisons (Carlsson, 1983). Validity and reliability of the ITS analogue scale have not been established and present a study limitation in measurement which necessitates further study through test-retest and inter-rater reliability methods. The strength of intent operationalizes the dependent variable, Intent to Stay. The two ITS questions are found in the Demographic Questionnaire (see Appendix H).

Demographic Questionnaire

A demographic questionnaire (see Appendix H) recorded age, educational level, length of current employment, length of years as a nurse, shift, hours worked per pay period, job classification, work unit, and the two ITS questions.

Data Analysis

Data were analyzed through a process of data reduction, hypotheses testing, testing of assumptions, and post hoc analysis.

Path analysis was used to explain the model. In testing the causal model, regression techniques were utilized and output was examined for beta weights, significance level, amount of variance (R^2), and adjusted R^2 to account for sample size. The Statistical Package for the

Social Sciences Data Analysis System (SPSS-X Inc., 1988) was used for all statistical analyses. A simplified causal model was constructed which included only linkages that demonstrated significance ($p < .05$) or saliency ($\underline{b} = .10$) (Munro, Visintainer & Page, 1986).

CHAPTER IV

RESULTS

The study results presented in this chapter are organized in the following order: data reduction, hypotheses testing, testing the assumptions, and post hoc analyses. Data reduction discussion includes findings from correlations of all variables and of the multidimensional instruments. Regression analysis and hypotheses testing are delineated in the hypotheses testing section. Testing the assumptions includes the results of the residual analysis. The post hoc analyses contain additional findings regarding individual hospitals, differences between the three hospitals, and qualitative analysis of subject comments regarding intent to stay or leave their respective hospitals.

Data Reduction

Prior to path analysis, statistical tests were conducted to determine if the path assumptions of linearity, normality, and homoskedasticity were met. The bivariate correlation matrix (see Table 4) reflecting subscales of the Nurse Organizational Climate Description Questionnaire revealed only partial intercorrelations among the subscales. Due to the multidimensionality of the instrument with both positive and negative relationships, the six dimensions of

Table 4

Correlation Matrix for NOCDQ Subscales

Scale	THR	ESP	INTI	AL	DIS	HIN
THR		.4134***	.1359*	-.0574	-.0937	-.0730
ESP			.1102*	.0073	-.2706***	-.2531***
INTI				.1650**	.0679	.1099*
AL					.1063	.1708**
DIS						.2814***
HIN						

Key: THR = Thrust; ESP = Esprit; INTI = Intimacy; AL = Aloofness; DIS = Disengagement; HIN = Hindrance

* $p < .05$
** $p < .01$
*** $p < .001$

organizational climate were entered into the model. Bivariate correlations of the IWS demonstrated intercorrelations among the subscales, indicating unidimensionality (see Table 5). Position satisfaction was retained in the model as a single variable. Examination of the correlation matrix for all model variables (see Table 6) indicated that multicollinearity was not a problem since the bivariate correlations between the variables in the model did not exceed the level of .70.

Hypotheses Testing

Regression Analysis

Multiple regression analysis was performed to assess the strength and pattern of relationships between the independent variables and each successive dependent variable in the model. Since bivariate correlations established both positive and negative relationships with each of the organizational climate dimensions, the six dimensions were added to the model. In other words, the global organizational climate variable was removed and replaced with the following exogenous variables: thrust, esprit, intimacy, aloofness, disengagement, and hindrance. Using ordinary regression with simple inclusion, the regressions began with the earliest dependent variables and concluded with the final outcome (dependent) variable. This technique was applied to the collective model and to each hospital subgroup, that is, Hospital 1, Hospital 2, and Hospital 3.

Table 5

Correlation Matrix for IWS Subscales

Scale	PAY	AUT	TR	OR	JS	INTE
PAY		.2386***	.1849**	.4082***	.1893**	.2028***
AUT			.3226***	.4671***	.4298***	.5777***
TR				.3708***	.1531**	.2024***
OR					.2629***	.3837***
JS						.3986***
INTE						

Key: PAY = Pay
AUT = Autonomy
TR = Task Requirements
OR = Organizational Requirements
JS = Job Status
INTE = Interactions

* $p < .05$
** $p < .01$
*** $p < .001$

Table 6

Correlation Matrix for All Model Variables

Variable	ITS	PS	OC	PC	HIN	DIS	AL	INTI	ESP	THR
PI	.1331	.2079***	.2569***	.0177	-.2427***	-.1701**	-.0173	-.0713	.3118***	.1708**
THR	.1462*	.4037***	.3742***	.1559**	-.0730	-.0937	-.0574	.1359*	.4134***	
ESP	.2410***	.5875***	.4667***	.0604	-.2531***	.2706***	.0073	.1102*		
INTI	.1174*	.0190	-.0092	.0307	.1099*	.0679	.1650**			
AL	-.0101	-.1885**	-.1022	-.0965	.1708**	.0163				
DIS	-.2089***	-.3956***	-.3893**	.0199	.2814***					
HIN	-.0839	-.4370***	-.1816**	-.0469						
PC	.0275*	.0656	.1740**							
OC	.3938***	.5913***								
PS	.3330***									
ITS										

KEY:
PI = Professional Image
THR = Thrust
ESP = Esprit
INTI = Intimacy
AL = Aloofness
DIS = Disengagement
HIN = Hindrance
PC = Professional Commitment
OC = Organizational Commitment
PS = Position Satisfaction
ITS = Intent to Stay

* $p < .05$
** $p < .01$
*** $p < .001$

The standardized partial regression coefficients (betas) were used to determine the direct effect of each predictor variable on successive dependent variables. Regression output was examined for beta weights and their significance level, the amount of variance (R^2) accounted for by the variables in each equation, and the adjusted R^2 which accounts for sample size (Munro et al., 1986). Predictive validity was determined by a significance level of .05, or a beta weight of .10. If these criteria were met, the variable was retained in the model.

Results by Hypotheses

Further examination of the results by hypotheses revealed that four of the research hypotheses were in the specified direction for the direct effect of previous variables in the collective simplified model (see Table 7). The effect of professional image on the subsequent variables in the conceptual model was insufficient (b = .04-.09) to allow retention in the simplified model. The path coefficient (b = .04) for the organizational climate variable was also insufficient for retention. However, the six individual climate dimensions demonstrated significant predictive validity with intent to stay and were therefore entered separately into the model (see Figure 2). A summary of analysis by hypotheses is displayed in Table 7.

Table 7
Results of Analysis of Hypotheses

Dependent Variable	Independent Variable	Hypothesized Direction		Direct Effect Beta	Significance
Intent to Stay	Position Satisfaction		+	.181	< .06
	Organizational Commitment		+	.299	< .001
	Professional Commitment		0	-.028	
	Intimacy	+	0	.123	< .06
	Disengagement	-	0	-.046	
	Esprit	+	0	-.009	
	Hindrance	-	0	.048	
	Aloofness	-	0	.026	
	Thrust	+	0	-.054	
Position Satisfaction	Organizational Commitment		+	.327	< .001
	Professional Commitment		+	-.055	
	Intimacy	+	0	.018	
	Disengagement	-	0	-.101	< .05
	Esprit	+	0	.309	< .001
	Hindrance	-	0	-.267	< .001
	Aloofness	-	0	-.103	< .05
	Thrust	+	0	.138	< .01
Organizational Commitment	Professional Commitment		+	.116	< .05
	Intimacy	+	0	-.041	
	Disengagement	-	0	-.274	< .001
	Esprit	+	0	.285	< .001
	Hindrance	-	0	.022	
	Aloofness	-	0	-.048	
	Thrust	+	0	.202	< .001
Professional Commitment	Intimacy	+	0	.028	
	Disengagement	-	0	.006	
	Esprit	+	0	.006	
	Hindrance	-	0	-.030	
	Aloofness	-	0	-.088	
	Thrust	+	0	.150	< .05

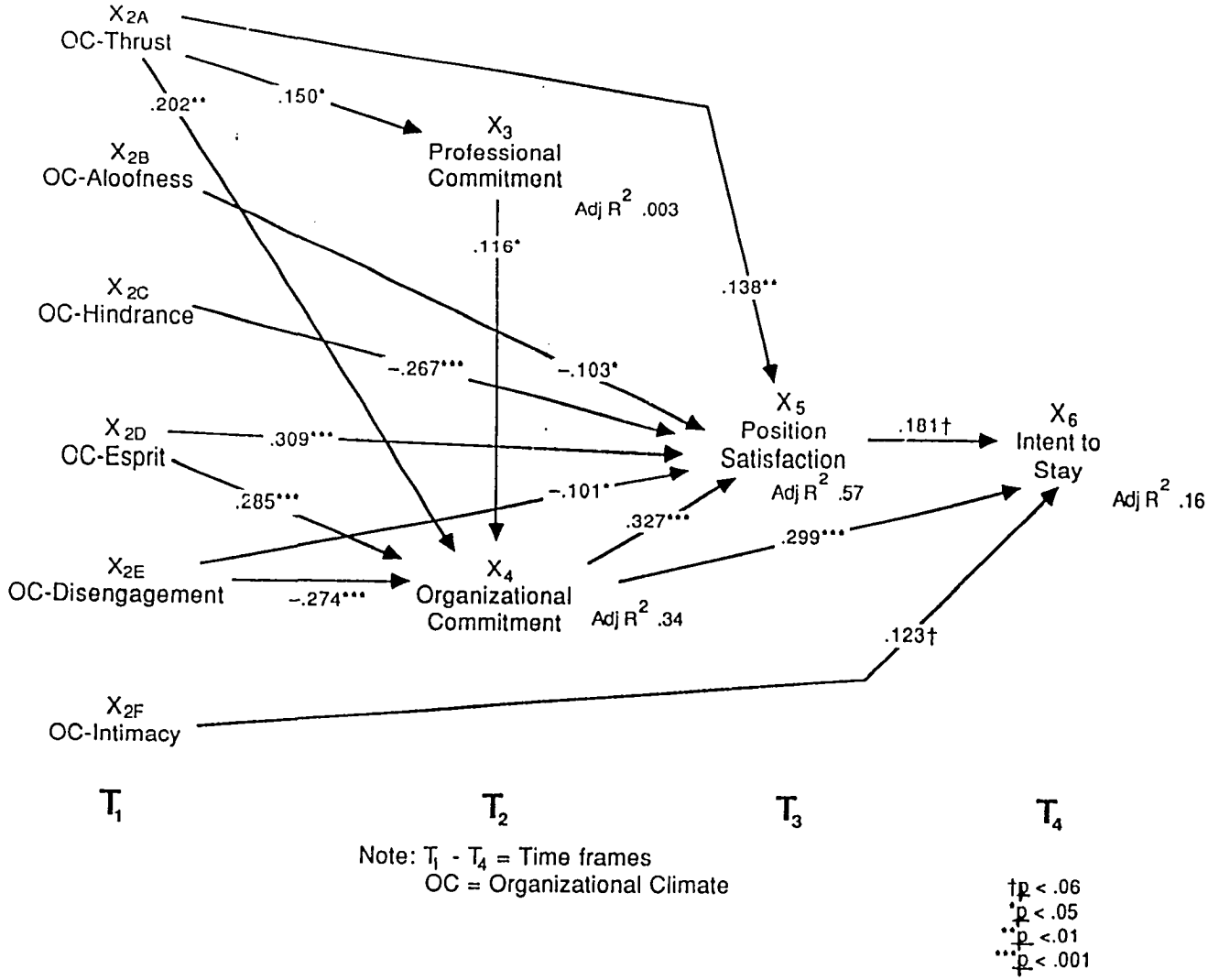

Figure 2. Simplified Path Model Relating Intent to Stay to Predictor Variables for all Hospitals.

Hypothesis 1 was not supported as professional image did not have a direct positive effect on organizational commitment.

Hypothesis 2 was not supported as professional image did not have a direct positive effect on position satisfaction.

Hypotheses 3-6 were written considering organizational climate as an aggregate concept effecting the dependent variables in a positive manner. When individually added to the model, the organizational climate variables were expected to influence model variables according to the negative or positive definitions of the climate dimensions.

Hypothesis 3 was supported as one climate dimension, thrust (b = .150, p < .05) demonstrated a significant and direct positive effect on professional commitment.

Hypothesis 4 was supported as esprit (b = .285, p < .001) and thrust (b = .202, p < .001) had positive effects on organizational commitment. In addition, disengagement (b = -.274, p < .001) exerted negative effects on organizational commitment.

Hypothesis 5 was supported as esprit (b = .309, p < .001), and thrust (b = .138, p < .01) demonstrated positive effects on position satisfaction. In addition, disengagement (b = -.101, p < .05), hindrance

(b = -.267, p < .001), and aloofness (b = 0.103, p < .05) exerted negative effects on position satisfaction.

Hypothesis 6 was supported as intimacy (b = .123, p < .06) demonstrated a trend with a direct influence on intent to stay.

Hypothesis 7 was supported as professional commitment had a direct positive effect on organizational commitment, (b = .116, p < .05).

Hypothesis 8 was not supported as professional commitment did not have a direct positive effect on position satisfaction.

Hypothesis 9 was supported as organizational commitment had a direct positive effect on position satisfaction (b = .327, p < .001).

Hypothesis 10 was supported as organizational commitment had a direct positive effect on intent to stay (b .299, p < .001).

Hypothesis 11 demonstrated only a trend support as position satisfaction had a direct positive effect on intent to stay (b = .181, p < .06).

The conceptual model implied nine indirect hypotheses.

Hypothesis 1 was not supported as intent to stay was not influenced by professional image through position satisfaction.

Hypothesis 2 was not supported as intent to stay, was not indirectly influenced by professional image through organizational commitment and position satisfaction.

Hypothesis 3 was supported as intent to stay, was indirectly influenced by thrust, esprit, and disengagement through organizational commitment and position satisfaction.

Hypothesis 4 was supported as intent to stay, was indirectly influenced by aloofness, hindrance, esprit, and disengagement through position satisfaction.

Hypothesis 5 was not supported as intent to stay was not indirectly influenced by organizational climate through professional commitment and position satisfaction.

Hypothesis 6 was not supported as intent to stay, was not indirectly influenced by professional commitment through position satisfaction.

Hypothesis 7 was supported as intent to stay, was indirectly influenced by professional commitment through organizational commitment.

Hypothesis 8 was supported as intent to stay, was indirectly influenced by professional commitment through organizational commitment and position satisfaction.

Hypothesis 9 was supported as intent to stay, was indirectly influenced by organizational commitment through position satisfaction.

Collective Model

When entered into the model, professional image correlated with endogenous variables, but had inadequate predictive validity with the outcome variable, intent to stay, and was, therefore, deleted from the model (see Figure 2). Thrust was the only predictor of professional commitment (b = .150, p < .05) with less than 1% of the variance explained.

For the next time ordering, organizational commitment was regressed on professional commitment and each of the six exogenous variables. Thrust, esprit, disengagement, and professional commitment accounted for 34% of the variance in organizational commitment with the greatest influence exerted by esprit (b = .285, p < .001) and disengagement (b = -274, p < .001).

Thrust, aloofness, hindrance, esprit, disengagement, and organizational commitment explained 57% of the variance in position satisfaction with organizational commitment demonstrating the strongest effect (b = .327, p < .001).

Thrust had a positive, direct effect on position satisfaction (b = .138, p < .01) as did esprit (b = .309, p < .001), and organizational commitment (b = .327, p < .001). In contrast, aloofness (b = -.103, p < .05), hindrance (b = -.267, p < .001), and disengagement (b = -.101, p < .05) were negatively related to position satisfaction.

Over 91% of respondents indicated that they intended to stay at their hospital with only 10 or 4.3% intending to leave. Ten subjects did not answer the question. Of the 10 who intended to leave, 3 were from Hospital 1, and 7 were from Hospital 2. For this study, the mean strength of intent to stay of all subjects was 101 (SD = 34.9), whereas the mean strength of intent to stay of respondents indicating that they would leave was 25.5. For the outcome variable, intent to stay, 16% of the variance was accounted for by the predictor variables of intimacy, organizational commitment, and position satisfaction. Organizational commitment demonstrated the only significant relationship (b = .299, p < .001) with trends illustrated by intimacy (b = .123, p < .06) and position satisfaction (b = .181, p < .06).

The indirect effects of thrust, aloofness, hindrance, esprit, disengagement, professional commitment, and organizational commitment on intent to stay are illustrated in Appendix I. Esprit (b = .085) and disengagement (b = -.082) demonstrated the strongest indirect effects, whereas the weakest indirect effects were indicated by professional commitment (b = -.019), aloofness (b = -.019), and thrust (b = .025).

In summary, the results of the path analysis reveal the direct and indirect effects of organizational climate dimensions of thrust, aloofness, esprit, hindrance,

disengagement, and intimacy, professional commitment, organizational commitment, and job satisfaction on intent to stay. Direct effect and indirect effect for each endogenous variable in the model is detailed in Table 8. Organizational commitment was the strongest predictor of intent to stay. All of the predictor variables in the model accounted for 16% of the variance in intent to stay.

Testing the Assumptions

Residual analysis was done to assess the effects of variables which were not included in the model. Residuals are assumed to be uncorrelated with any variable preceding them in the model and uncorrelated with each other. Residual analysis is a method to determine whether or not underlying assumptions have been violated (Verran & Feriketich, 1987).

Scattergrams plotted to test the linearity assumptions of correlation and multiple regression analyses confirmed equal variance and linearity in the relationships of the independent variables with the dependent variable. The scatter of the points were equal and random around the zero line and demonstrated no curvature. The histogram confirmed normal distribution of the residuals.

Table 8

Effects of Independent Variables on Intent to Stay, Position Satisfaction, Organizational Commitment, and Professional Commitment

Variables	Effect		
	Direct	Indirect	Total
	ON INTENT TO STAY		
Position Satisfaction	.181#	-	.181
Organizational Commitment	.299***	.059	.358
Professional Commitment	-.028	-.019	-.047
Intimacy	.123#	-	.123
Disengagement	-.046	-.082	-.128
Esprit	-.009	.085	.076
Hindrance	.048	-.048	.000
Aloofness	.026	-.019	.007
Thrust	-.054	.025	-.029
	ON POSITION SATISFACTION		
Organizational Commitment	.327***	-	.317
Professional Commitment	-.055	.038	-.017
Intimacy	.018	-	.018
Disengagement	-.101*	-.090	-.191
Esprit	.309***	.093	.402
Hindrance	-.267***	-	-.267
Aloofness	-.103*	-	-.103
Thrust	.138**	.066	.204
	ON ORGANIZATIONAL COMMITMENT		
Professional Commitment	.116*	-	.116
Intimacy	-.041	-	-.041
Disengagement	-.274***	-	-.274
Esprit	.285***	-	.285
Hindrance	.022	-	.022
Aloofness	-.048	-	-.048
Thrust	.202***	.017	.219
	ON PROFESSIONAL COMMITMENT		
Intimacy	.028	-	.028
Disengagement	.006	-	.006
Esprit	.006	-	.006
Hindrance	-.030	-	.030
Aloofness	-.088	-	-.088
Thrust	.150*	-	.150

Note: Direct effect = path coefficient; indirect effect = path coefficients multiplied according to the pattern of causation specified in the model; total effects = sum of direct and indirects.

\# $p < .06$
* $p < .05$
** $p < .01$
*** $p < .001$

Post Hoc Analyses

Hospital 1

Analyzing the same predictor variables found in the collective model, esprit (b = .297, p < .05) was demonstrated to be the only predictor of professional commitment for Hospital 1 with 7% explained variance (see Figure 3). The relationship between esprit and professional commitment was not demonstrated in the collective model.

Esprit (b = .250, p < .05), disengagement (b = -.251, p < .05) and professional commitment (b = .277, p < .01) predicted organizational commitment with 46% explained variance. The relationship between esprit and organizational commitment was unique to Hospital 1.

Seventy percent of variance in position satisfaction was accounted for by hindrance (b = -.252, p < .05), esprit (b = .382, p < .001), intimacy (b = .135, p < .06), professional commitment (b = -.203, p < .01), and organizational commitment (b = .440, p < .001). The relationships between professional commitment and position satisfaction, and intimacy and position satisfaction were found only in Hospital 1.

For the outcome variable, intent to stay, 16% of the variance was explained. Intimacy (b = .223, p < .06) was the only direct predictor of intent to stay.

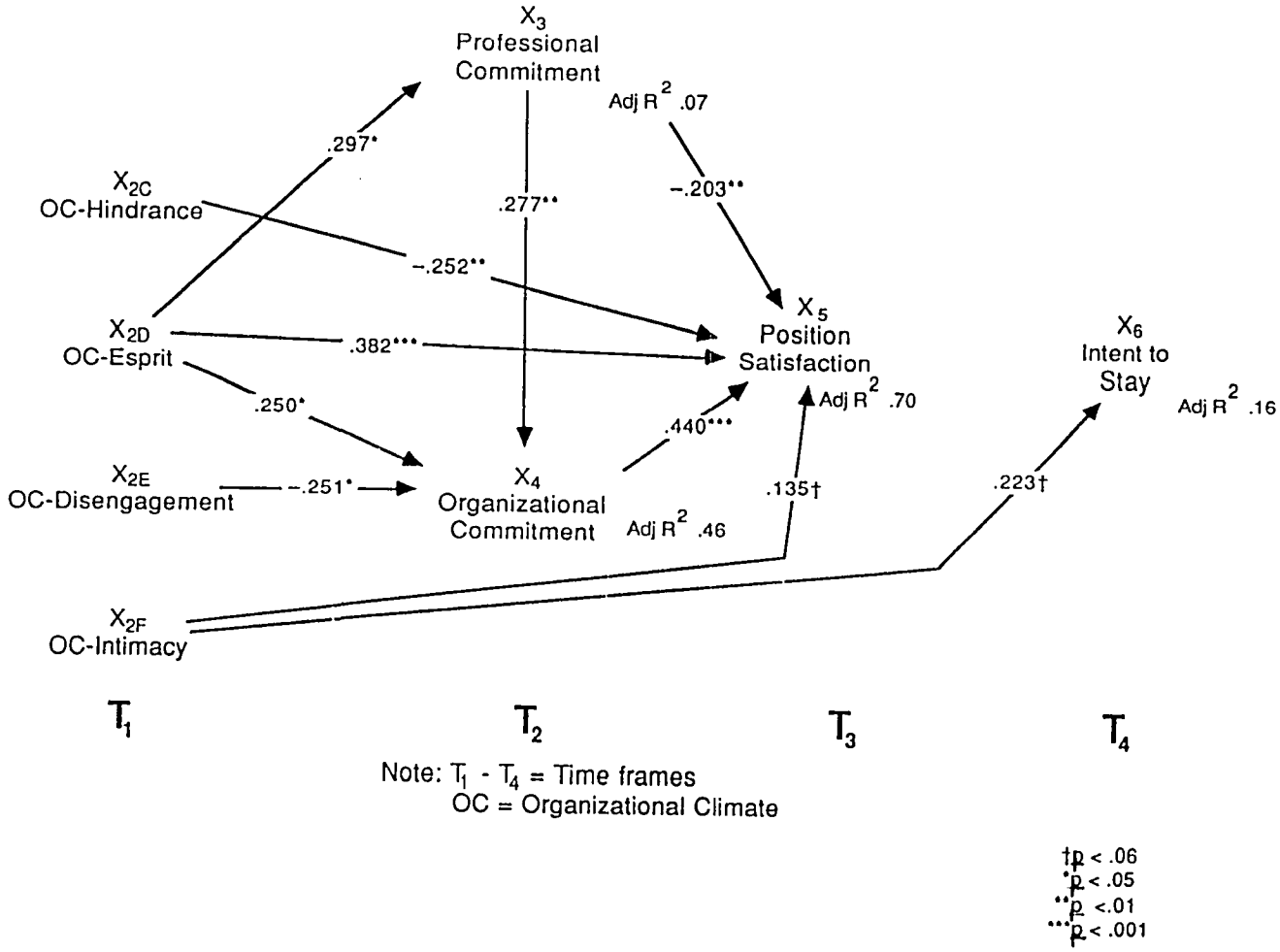

Figure 3. Simplified Path Model Relating Intent to Stay to Predictor Variables for Hospital 1.

Hospital 2

Thrust (b = .240, p < .05), aloofness (b = -.253, p < .05), esprit (b = -.260, p < .06), and intimacy (b = .252, p < .05) were predictive of professional commitment with 11% explained variance (see Figure 4). The relationship between thrust and professional commitment, and between intimacy and professional commitment was unique to Hospital 2. The relationship between esprit and professional commitment was found also in Hospital 1. Of interest to note is the negative association of esprit with professional commitment.

Thrust (b = .300, p < .01) and disengagement (b = .356, p < .01) accounted for 23% of the variance in organizational commitment.

Position satisfaction (Adj. R_2 = .46) was predicted by thrust (b = .205, p < .05), esprit (b = .261, p < .05), and organizational commitment (b = .330, p < .01).

Organizational commitment (b = .288, p < .05) exerted the only direct effect on intent to stay. The model variables explain 23% of intent to stay for Hospital 2.

Hospital 3

Esprit (b = .365, p < .01), disengagement (b = -.243, p < .05), and intimacy (b = -.214, p < .05) accounted for 27% of the variance in organizational commitment (see Figure 5). It is interesting to note that the relationship between

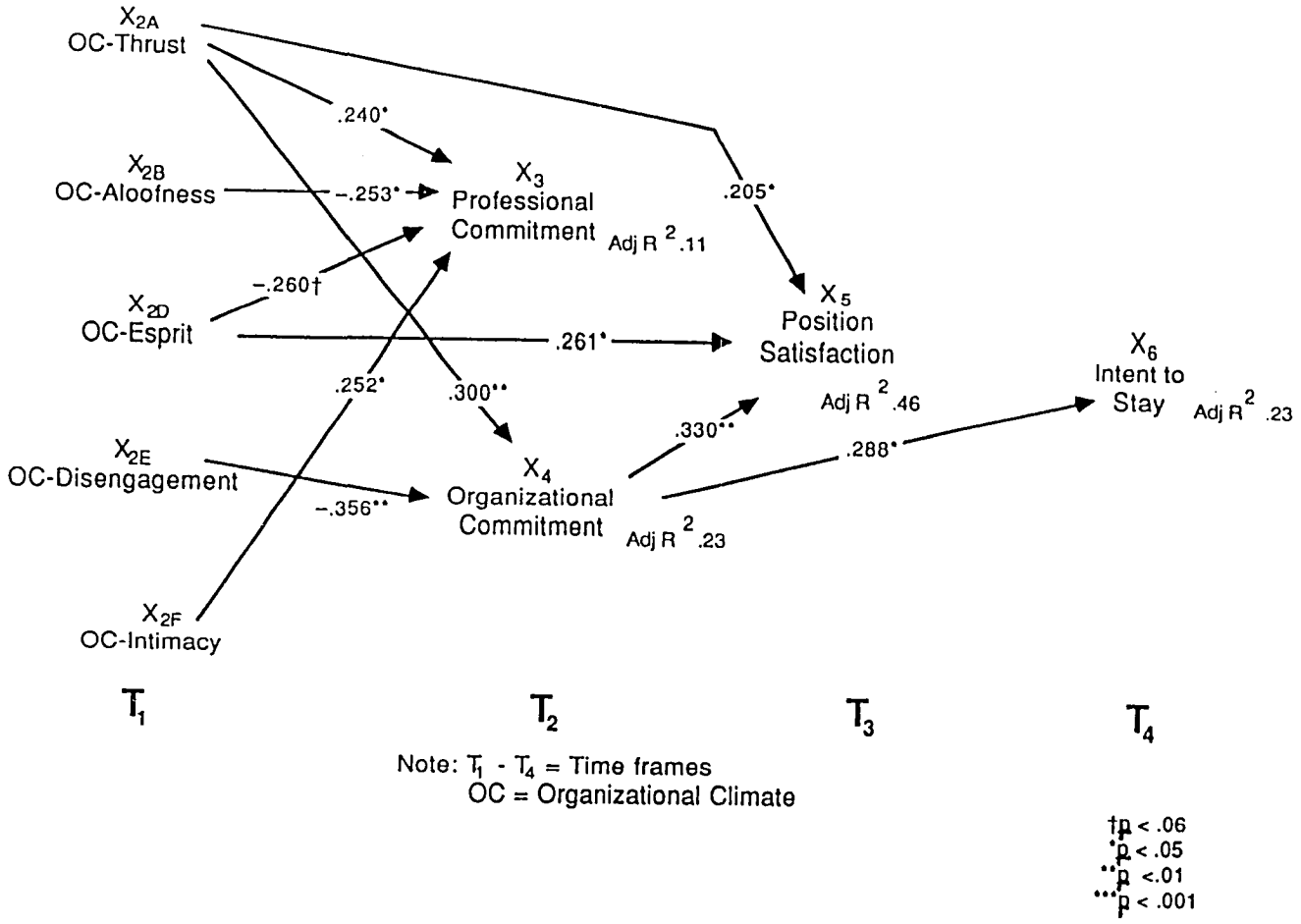

Figure 4. Simplified Path Model Relating Intent to Stay to Predictor Variables for Hospital 2.

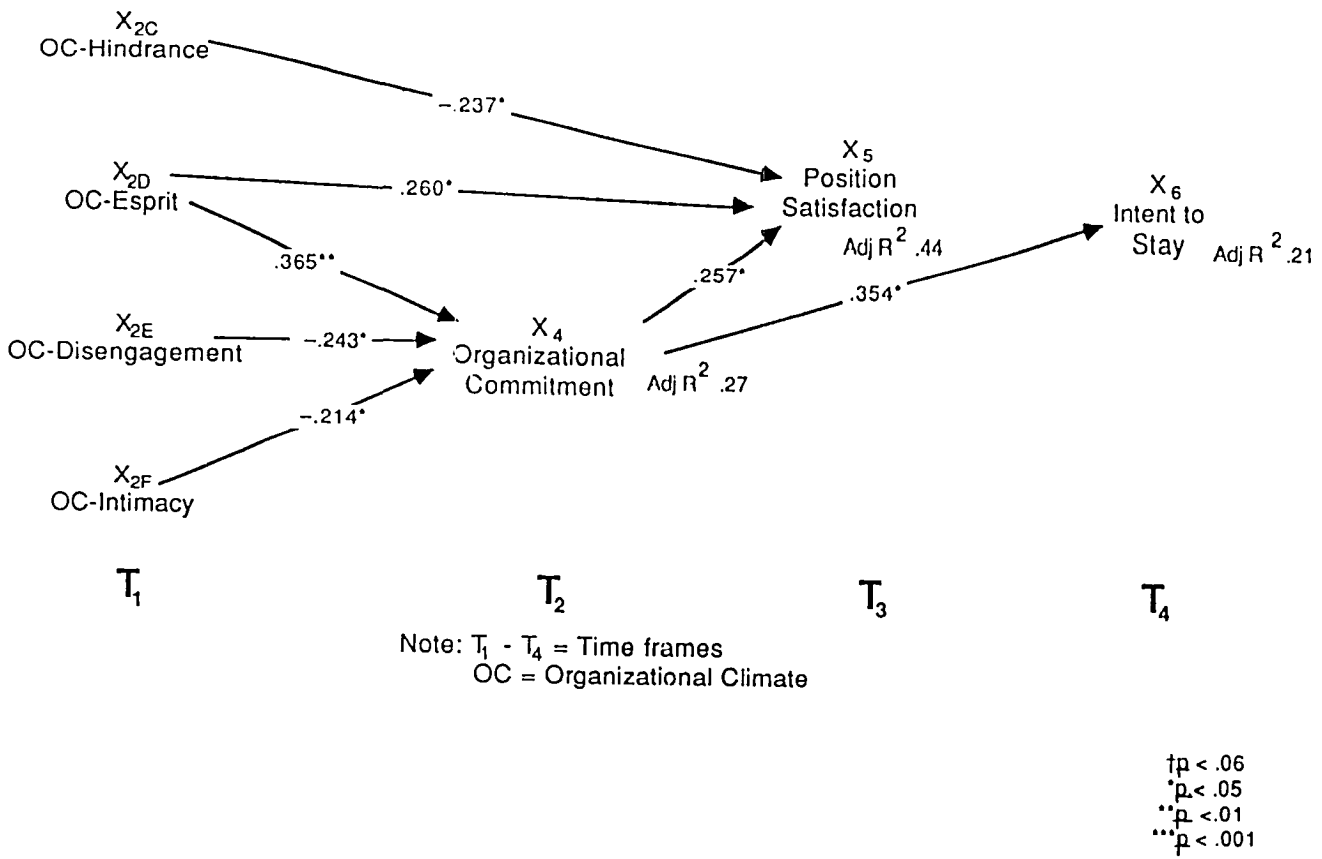

Figure 5. Simplified Path Model Relating Intent to Stay to Predictor Variables for Hospital 3.

intimacy and organizational commitment was unique to Hospital 3 and that the relationship was inverse.

Hindrance (b = -.237, p < .05), esprit (b = .260, p < .05), and organizational commitment (b = .257, p < .05) exerted direct effects on position satisfaction and accounted for 44% of the variance.

Organizational commitment (b .354, p < .05) exerted the only direct effect on intent to stay. The model variables explained 21% of the variance of intent to stay in Hospital 3.

Differences Between Hospitals

A series of one-way analysis of variance (ANOVA) techniques was performed to examine differences between the hospitals. The Student-Newman-Keuls (SNK) Procedure was chosen due to its ability to account for unequal sample sizes. When conducting post hoc tests following an ANOVA, the SNK method is the most powerful statistic (Hinkle, Wiersma & Jurs, 1979). Bartlett-Box F tests were performed and were found to be non-significant, thereby demonstrating homogeneity of variance and meeting the assumptions for ANOVA.

Significant differences among the hospitals were found in three variables. Hospital 2 reported more intimacy than Hospital 1. Hospital 3 indicated greater Figure 12 hindrance than either Hospital 1 or Hospital 2. Finally, Hospital 3 reported less position satisfaction than both

Hospital 1 and Hospital 2. Means, standards deviations, and paired groups of the differences among hospitals are displayed in Table 9.

Qualitative Analysis

Responses to questions regarding reasons for staying and reasons that would influence subjects to stay if they intended to leave were analyzed. By incorporating open-ended questions into this study, reasons to stay or leave that were not measured via instruments were revealed with respondent written comments. Data were analyzed and categorized by the method described by Chenitz and Swanson (1986).

Reasons to stay. There were a total of 198 comments for major reasons to stay (Hospital 1, 62; Hospital 2, 67; and Hospital 3, 69). Twenty-three common reasons to stay were listed by all respondents. The top ranked reason was coworker communication/support, followed by schedule/shift, job satisfaction, experience/challenges, and salary. Also of importance to a majority of subjects were RN respect/ input, philosophy/environment, and RN to patient ratio.

For Hospital 1, the five most important reasons to stay were schedule/shift, salary, experiences/challenges, RN respect/input, and coworker communication/support. Hospital 2 differed in that the first ranked reason to stay was job satisfaction, followed by coworker communication/support, schedule/shift, RN to patient ratio, and RN respect and

Table 9

Means, Standard Deviations of Significant Differences for Model Variables in Three Hospitals

Variable	Hospital 1 M/(SD)	Hospital 2 M/(SD)	Hospital 3 M/(SD)	F-Ratio
INTIMACY	10.84 (2.56)	12.04 (2.41)	11.32 (2.34)	4.75**
HINDRANCE	11.39 (2.67)	10.80 (2.75)	12.90 (2.79)	12.16***
POSITION SATISFACTION	199.51 (31.38)	196.81 (24.48)	183.61 (27.13)	7.22***

** $p < .01$
*** $p < .001$

input. For Hospital 3, coworker communication/support was ranked first, followed by love kids, job satisfaction, experiences/challenges, and schedule/shift. Availability of Clinical Nurse Specialist, tuition reimbursement, and financial need to work were noted only by Hospital 1 respondents, whereas weather/city and inability to do anything else was indicated only by Hospital 3. The "love kids" reason was highly ranked by Hospital 3, ranked low by Hospital 2, and not indicated by Hospital 1. Reasons to stay are delineated in Table 10.

Reasons to leave. Six reasons to leave were given by those subjects who indicated they intended to leave within six months: low salary, poor schedule/shift, poor management support/communication, poor RN to patient ratio, move from the area, and travel. Although the question was directed toward subjects who intended to leave, 103 comments were given by respondents who indicated that they would stay. A total of 16 common reasons to stay represented all hospitals.

The top ranked reason to leave by all hospitals was low salary, followed by poor benefits, little recognition/ respect/input, little schedule/shift, and career opportunity elsewhere. Of these five reasons, schedule/shift and salary were among the top five reasons to stay at all hospitals.

Table 10

Rankings for Reasons to Stay

Reason	Hospital			
	All (n = 198)	1 (n = 62)	2 (n = 67)	3 (n = 69)
Coworker communication/support	1	5	2	1
Schedule/shift	2	1	3	5
Job satisfaction	3	13	1	3
Experiences/challenges	4	3	8	4
Salary	5	2	16	6
RNs are respected/have input	6	4	5	-
Philosophy/environment	7	7	12	7
RN to patient ratio	8	9	4	15
Benefits	9	6	11	10
Supportive administration/managers	10	8	14	12
Love kids	11	-	17	2
Quality of care/hospital reputation	12	10	6	13
Seniority	13	12	10	9
Total pediatric hospital	14	11	15	8
Career development/opportunities	15	14	13	11
Job security/stability	16	15	9	16
Proximity to home	17	19	7	18
Tuition reimbursement	18	18	-	14
Teaching hospital	19	16	18	-
Availability of CNS	20	17	-	-
Weather/city	21	-	-	17
Can't do anything else	22	-	-	19
Financial need to work	23	20	-	-

For Hospital 1, the top five ranked reasons to leave were low salary, poor schedule/shift, poor benefits, poor management support/communication, and career opportunity elsewhere. The same reasons were ranked highly by Hospital 2 with the exception of poor management/communication. Instead, the lack of tuition reimbursement was a major factor in the decision to leave. For Hospital 3, little recognition/respect/input ranked more important than poor management/support/ communication. The other four top ranked reasons to leave were the same as Hospital 1 and Hospital 2. Reasons to leave are listed in Table 11.

Table 11

Rankings for Reasons to Leave

Reason	All (n = 212)	Hospital 1 (n = 62)	2 (n = 80)	3 (n = 70)
Low salary	1*	1*	1	1
Poor benefits	2	3	2	2
Poor schedule/shift	3*	2*	3	-
Little recognition/respect/input	4	6	7	3
Career opportunity elsewhere	5	5	5	4
Poor management support/communication	6	4*	11	5
Poor RN to patient ratio	7	12	9	6
Move from area	8*	8	6*	8
No tuition reimbursement	9	-	4	-
Poor collegial communication	10	10	10	-
Inadequate child care	11	13	8	-
Too much paperwork	12	7	-	9
New career outside of nursing	13	9	-	-
To work with an all-RN staff elsewhere	14	-	-	7
Other job closer to home	15	11	-	-
Travel	16	-	11*	-

* Reasons given by subjects who indicated that they plan to leave the hospital.

CHAPTER V

DISCUSSION, RECOMMENDATIONS, AND SUMMARY

Discussion

Findings from this study lend further support to previous research on organizational climate, organizational commitment, satisfaction, and intent to stay. For the total sample, the central variable of organizational commitment was found to be the strongest predictor of intent to stay. Although less strong, position satisfaction and intimacy remained in the simplified model as significant predictors of intent to stay. Thrust, aloofness, hindrance, esprit, disengagement, and professional commitment indirectly influenced intent to stay.

Intent to Stay

The predictor variables accounted for 16% of the variance in intent to stay. One possible explanation for the low level of explained variance in intent to stay in the present study is that the results were constrained by the low number of subjects indicating that they intend to leave (n = 10). Another explanation might be that there were only two direct links by predictor variables in the model. Additionally, since there were no established psychometrics on the newly developed Intent to Stay visual analogue scale, the measure may not have been a sensitive measure of intent

to stay. Previous research examining models of intent to stay reported explained variance ranging from 16% to 28% (Choi et al., 1989; Hinshaw et al., 1987; Kosmoski & Calkin, 1986; Porter et al., 1974; Price & Mueller, 1981; Weisman et al., 1981a).

This study had findings similar to those of Choi et al. (1989), Kosmoski and Calkin (1986), and Price and Mueller (1981) who established satisfaction as a predictor of intent to stay. All findings demonstrated positive relationships; however, the current research findings indicated a weaker link with a level of significance at .06. This finding may have been due to the strong relationship between organizational commitment and intent to stay. Whether or not one is satisfied did not appear to have strong predictive validity with intent to stay in the current sample. The current study confirmed earlier research by establishing organizational commitment as the strongest predictor of intent to stay (Porter et al., 1974). As in the earlier studies, satisfaction was secondary to commitment in predicting intent to stay.

Findings similar to those of this study regarding organizational climate dimensions as both direct and indirect predictors of intent to stay were reported by Weisman et al. (1981a). They found autonomy and head nurse communication to directly effect both satisfaction and intent to leave, whereas this study revealed thrust,

aloofness, hindrance, esprit and disengagement to influence intent to stay indirectly through position satisfaction. However, for this study, autonomy was a dimension of job satisfaction which did directly influence intent to stay which was consistent with findings of Weisman et al. Intimacy was the only climate dimension that directly effected intent, although the relationship was weak with a probability level of .06.

The present study supported the findings of Hinshaw et al. (1987) who demonstrated climate dimensions to indirectly effect anticipated turnover through job satisfaction. Findings from this study were similar to those of Hinshaw et al. (1987) in terms of the amount of explained variance in anticipated turnover (20%, BSN; 16%, diploma) and organizational job satisfaction (57%, BSN; 50%, diploma). In addition, they analyzed critical care and medical-surgical specialties and found greater explained variance (31%) in anticipated turnover for the critical care group. Review of the six previous studies (Choi, et al., 1989; Hinshaw et al., 1987; Kosmoski & Calkin, 1986; Porter et al., 1974; Price & Mueller, 1981; Weisman et al., 1981a) and the current study revealed that the amount of explained variance in intent to stay is relatively low (16-28%) regardless of model variables.

Position Satisfaction

It was interesting to note that position satisfaction had the greatest amount of explained variance (57%) of all variables in the study's simplified model. Only three predictor variables did not influence position satisfaction (professional commitment, disengagement, and intimacy). These findings indicated that the model may be one of position satisfaction rather than intent to stay. The importance of the influence of climate variables (i.e., aloofness, hindrance, esprit, and disengagement) on registered nurse satisfaction was a major finding in this study.

The current study supported previous research on organizational climate indicators as directly effecting satisfaction (Ferris & Gilmore, 1984; Gray-Toft & Anderson, 1985; Joyce & Slocum, 1984; Weisman et al., 1981b). For the population under study, thrust, or progressive leader role modeling, and esprit, or morale, positively influenced position satisfaction. Aloofness (formal, impersonal leader), hindrance (unnecessary busy work), and disengagement (staff actions not congruent with goals) inversely predicted satisfaction. Intimacy, another climate dimension, had no effect on position satisfaction.

Glisson and Durick (1988) reported findings which were validated by this study that organizational climate both directly influences satisfaction and indirectly influences

it through organizational commitment. Similar findings were demonstrated by Parasuraman et al. (1982) who established direct links between organizational climate and satisfaction, and between organizational climate and organizational commitment. The current study also supported earlier research by Bateman and Strasser (1984) who found that organizational commitment directly influenced satisfaction, whereas organizational climate indirectly effected satisfaction through commitment. However, the total amount of explained variance for satisfaction in their study was only 16%.

Moskowitz and Scanlan (1986) also reported that organizational commitment directly effected satisfaction. They also established that professional commitment directly influenced satisfaction, which was hypothesized but not found in the current study. This contradiction in findings regarding the predictive validity of professional commitment may be due to differences in sample size, populations, or instrumentation.

Previous studies have reported differing degrees of explained variance for satisfaction when organizational climate attributes were entered as predictor variables. Low variance (4-26%) was reported by Choi et al. (1989), Ferris and Gilmore (1984), Kosmoski and Calkin (1986), Price and Mueller (1981), and Weisman et al. (1981b). Greater variance (44-50%) was reported by Hinshaw et al. (1987), and

Weisman et al. (1981a). The current study was unique due to the high amount of explained variance (57%) for position satisfaction, which indicated a more complete model of satisfaction than found in previous research models.

Organizational Commitment

This study found that predictor variables explained 34% of the variance in organizational commitment which exerted the greatest influence on position satisfaction ($\underline{b}$ = .327, $\underline{p}$ < .001), with slightly less influence on intent to stay ($\underline{b}$ = .299, $\underline{p}$ < .001). In other words, the more committed one is to the organization, the more satisfied one is with his position and the more likely he is to stay in the organization. For this sample, organizational commitment was the most important predictor variable of intent to stay. Professional commitment and three climate variables (thrust, esprit and disengagement) exerted direct effects on organizational commitment with esprit and disengagement demonstrating stronger effects. The findings of this study were consistent with those of Morris and Sherman (1981), Steers (1977), and Zahara (1985) who established that climate indicators directly predicted organizational climate. Morris and Sherman (1981), and Steers (1977) reported greater explained variance for organizational commitment (47% and 65%) than the current study. However, both studies entered variables in addition to organizational

climate attributes, i.e., personal characteristics and role ambiguity.

Professional Commitment

A unique finding in the current study was the direct prediction of organizational commitment by professional commitment. Earlier research (Moskowitz & Scanlan, 1986; Urden, 1988b) had demonstrated significant positive correlations between the two concepts; however, there has been no other research reported in this area. Also unique to this study was the direct influence of thrust, or leader role modeling, on professional commitment. Although the explained variance of professional commitment was less than 1%, it was retained in the model since it demonstrated a direct effect on organizational commitment, the most important predictor of intent to stay. The professional commitment variable has not been reported in other models and necessitates further study.

Professional Image

Professional image was eliminated from the simplified model due to poor predictive validity with subsequent variables in the model. This may have been due to the homogeneity of the subjects regarding professional image perceptions. Previous researchers had established significant correlations between image and commitment (McCloskey & McCain, 1987), and image and position

satisfaction (Urden, 1988b); however, other such links were not reported in the literature. In the current study, there were significant correlations between professional image and other variables. These findings indicated that image is an important variable which necessitates further study to determine its relationship with variables of importance to professional nursing practice.

Post Hoc Analyses

Further examination of individual hospital findings revealed differences in the explained variance of intent to stay and predictor variables. Findings from Hospital 1 demonstrated that the predictor variables explained 16% of intent to stay. Organizational commitment and position satisfaction had no direct effect on intent to stay, whereas intimacy did directly influence intent to stay. Again, organizational commitment had a highly significant effect on position satisfaction ($p < .001$). Predictor variables explained 70% of the variance in position satisfaction.

An interesting finding in Hospital 1 was that professional commitment had an inverse effect on position satisfaction. In other words, those persons who were most professionally committed were less satisfied with their position. This may be due to higher career goals, constraints of the position or climate, or unmet expectations regarding their professional role. These findings indicated that professional commitment was an

important variable in the position satisfaction for Hospital 1. Thrust and aloofness were not important to this population and were eliminated from the simplified model for Hospital 1. The greater amount of variance (46%) in organizational commitment indicated the importance of professional commitment and climate (esprit and disengagement) for Hospital 1.

For Hospital 2, there was greater explained variance in intent to stay (23%), and professional commitment (11%), and less for position satisfaction (46%) and organizational commitment (23%) than the collective model. The only direct effect on intent to stay was from organizational commitment. Again, thrust and organizational commitment directly influenced position satisfaction. Esprit was the only climate variable that directly effected satisfaction, whereas thrust and disengagement demonstrated a direct influence on organizational commitment. Thrust, esprit, aloofness, and intimacy accounted for a greater variance in professional commitment (11%) than in the collective model; however, professional commitment had no predictive validity with subsequent model variables. However, it was retained in the simplified model for Hospital 2 due to its significant relationship with climate variables.

For Hospital 3, organizational commitment was the only direct predictor of intent to stay. As in the simplified models for Hospitals 1 and 2, organizational commitment

directly effected position satisfaction. Organizational commitment was predicted only by climate variables (esprit, disengagement, and intimacy). Hindrance and esprit were the only climate variables that directly influenced satisfaction. Professional commitment demonstrated no linkages with other variables and was deleted from simplified model for Hospital 3. With the exception of intent to stay (21%), there was less explained variance in model variables for Hospital 3 (position satisfaction, 44%; organizational commitment, 27%) than the collective hospital model.

When a series of ANOVA techniques were performed, differences among hospitals were found in three variables (see Table 8). Intimacy was significantly greater in Hospital 2 than in Hospital 1, which indicated that those subjects' social needs in the work setting were satisfied to a greater degree. For Hospital 2, intimacy played a role in the professional commitment of subjects. There was a significantly greater amount of hindrance for Hospital 3 than either Hospital 1 or Hospital 2. In other words, the subjects in Hospital 3 perceived that they were burdened with unnecessary duties which detracted from their clinical responsibilities. Position satisfaction was significantly less in Hospital 3 than in either Hospital 1 or Hospital 2. These findings implied that Hospital 3 subjects were less satisfied with pay, autonomy, organizational and task

requirements, job status in the organization and interactions.

Analysis of respondent qualitative data regarding reasons to stay or leave indicated congruence with the quantitative analysis. Of the top ranked five reasons to stay by all subjects, three (coworker communication/ support, experiences/challenges, and schedule/shift) were climate indicators, whereas two (job satisfaction and pay) were reflective of position satisfaction (see Table 9). These findings were consistent among individual hospital rankings with the exception of the reason "love kids" by Hospital 3. This unique response necessitates further analysis for possible incorporation into the model with another concept such as organizational commitment, or inclusion as a separate variable. The five most important reasons to leave (see Table 10) by all subjects were related to position satisfaction (salary and benefits), and climate (shift/schedule, management support/communication, and recognition/ respect/input). An additional response, "career opportunity" was given by respondents from all hospitals. This concept appeared to be related to professional commitment, which was a weak predictor variable in the empirical model.

In summary, the study results indicated that intent to stay is directly influenced by intimacy, organizational commitment and position satisfaction with commitment having

the greatest effect. Other organizational climate indicators and professional commitment effected intent to stay indirectly through organizational commitment and position satisfaction. Antecedent variables explained 57% of the variance in position satisfaction, 34% of organizational commitment, and less than 1% of professional commitment. The variance explained in intent to stay was low (16%), but is within the range demonstrated in other reported intent to stay models. The possibility that unmeasured variables not included in this study may provide additional explanation of the variation in intent to stay cannot be ruled out. Overall, the results of this study was consistent with earlier research and provided interesting new insights into position satisfaction and nurses' intentions to stay in their position.

Recommendations

Recommendations for nursing were made in the areas of research, administration, and education.

Nursing Research

Study findings were consistent with earlier research regarding the relationships among variables that influence intent to stay. Study variables accounted for only 16% of the variance of intent to stay, which was within the range of previously reported intent to stay models. Additional research is necessary to determine unidentified variables

effecting intent to stay, to examine different methodologies, and to analyze the presence of variables among different samples. Incorporation of additional variables, i.e., age, educational level, professional and organizational tenure, specialty, work unit, and shift into the theoretical model of intent to stay may provide a more complete model. Since post-hoc analysis demonstrated differences among the three study sites, more meaningful findings for individual institutions could be obtained by increasing sample size or conducting singular studies specific to each institution. Although qualitative data from this study validated quantitative findings, additional reasons to stay or leave emerged, i.e., tuition reimbursement, child care, total pediatric facility. For this reason, a qualitative methodology could be utilized in studies examining intent to stay unique to individual hospitals.

Another recommendation is to replicate the study in other populations such as adult, university affiliated, or corporate hospitals. Longitudinal studies examining the impact of variables on actual turnover would further demonstrate additional insights regarding intent to stay. Intervention studies, based on these research findings, could be designed which examine the impact of strategies addressing model variables. The final research implication is for further validation and refinement of the newly

developed Intent to Stay visual analogue scale through establishment of psychometric properties.

Nursing Administration

The multivariate approach in this study has demonstrated that there is no panacea nor simple answer to retention strategies. Rather, a combination of approaches is necessary to address these complex issues. It is a top priority for nurse administrators and managers to plan and implement strategies that will meet the unique needs of their staff and institution. Strategies are delineated for the variables demonstrated to influence intent to stay.

Organizational climate strategies. Strategies addressing the climate variable thrust will influence professional commitment, organizational commitment, and position satisfaction. Interventions to decrease aloofness and hindrance will directly impact satisfaction. Both satisfaction and organizational commitment will be influenced by strategies aimed at esprit and disengagement. Interventions specific to intimacy will directly influence intent to stay.

Proactive management which allows individual autonomy and flexibility while maintaining a known set of values characterizes thrust and is conducive to staff commitment and quality work performance. Open communication between nurse administrators and nurses, involvement of staff in the change process, and providing opportunities to give input

will decrease aloofness and disengagement and allow staff participation in decisions that affect their practice. Leaders who are able to instill vision and values with genuine respect and caring for all staff are essential elements in the work environment.

Aloofness and hindrance are diminished in a work climate that fosters and encourages risk-taking and entrepreneurship. Such an environment allows for growth and development of both individuals and groups, and results in commitment, ownership and pride. Research, committee work, special projects, and development and participation in new programs are activities that support the entrepreneurial nurse. It is through these activities that cost reduction, increased productivity, and innovation in care modalities often occur. Designing team building programs and activities that will increase and maintain group motivation and cohesiveness will positively impact the esprit, intimacy, and disengagement components of staff nurse work environment.

Professional commitment strategies. Interventions specific to professional commitment will directly influence organizational commitment. Support and encouragement of staff participation in professional organizations fosters professional commitment and strengthens individual practice through exposure to changing professional trends and standards. Visibility of nursing's unique contributions in

both the organization and the community can be enhanced by supporting staff participation in activities such as health fairs, professional education or outreach programs, community education activities, or "adopt a school" projects. These activities also effect position satisfaction through a positive impact on job status.

Educational opportunities are important for personal growth, professional and organizational commitment, and strengthening of clinical practice. An environment which fosters education and scholarly endeavors will support and enhance the growth and development needs of staff. Tuition reimbursement programs, flexible scheduling, and ongoing support is essential for the practicing nurse returning to school. In this type of environment, nurses will have a renewed sense of commitment, be creative and innovative in practice and positively impact the quality of care. Career counseling is a type of staff development support that can be carried out via a formal department or as a service of the education, personnel, or recruitment/retention department. Wherever its placement, career counseling assists staff with their professional goals regarding advancement within their institution, within their present job, or with advanced academic education.

Organizational commitment strategies. Organizational commitment is influenced by thrust, esprit, disengagement, and professional commitment. Strategies designed to address

these variables must begin with orientation of the new employee and prevail throughout the environment. Orientation of new staff should be individualized with a variety of teaching methodologies and planned appropriately for transition into a new environment. Resource staff for the new employee, particularly a new graduate nurse or one entering a new specialty, provides back-up support and continuity in orientation.

Continuing education can be facilitated through lectures, seminars, or workshops and can be developed within the organization, or through use of outside consultants. Paid days off to attend conferences, conference registration reimbursement, and travel expenses can be designated for staff to attend programs.

Recognition for a job well done can result in improved morale, self-esteem, professional and organizational commitment, pride in the profession, and overall satisfaction. Recognition activities can play an important role in an overall, ongoing, and comprehensive retention program. An annual nurse recognition day or week provides an opportunity to acknowledge the unique contributions that nurses make. Acknowledgement for tenure, outstanding performance, special accomplishments, and promotions can take place both on the unit and institution-wide throughout the year. Such recognition activities will also decrease

disengagement and serve as group as well as individual motivators.

Position satisfaction strategies. Position satisfaction is directly influenced by thrust, aloofness, hindrance, esprit, disengagement, and organizational commitment. Strategies to increase position satisfaction are those which address the six components of satisfaction, i.e., pay, autonomy, task and organizational requirements, job status, and interaction. Interventions specific to satisfaction directly influence intent to stay.

Internal promotion and career advancement opportunities acknowledge individual growth and reward expertise. Career ladder programs allow staff to specialize in an area of practice, i.e., clinical, administrative, or education, and enhance job status and self-concept, as well as commitment. Credentialing of nurses through professional organizations recognizes competence and excellence in clinical practice, leadership, and education. Variable billing by acuity for nursing services identifies the contributions of professional nurses and acknowledges nursing as a powerful revenue-producing department. Collaboration with other disciplines is essential and empowers both the individual nurse and the nursing profession. Through collaboration, job status is elevated and the nurse's operational base is expanded.

Traditional bureaucratic organizational structures in nursing departments have allowed little to no decision-making at the staff nursing level regarding professional nursing practice. Alternate nursing care delivery systems, such as primary nursing, case management, specialized nursing care centers, or independent nursing practice, provide autonomy, decision-making authority and power to the staff nurse. Creativity, commitment and pride in work is enhanced. Current staff nurse responsibilities and tasks need to be assessed for work flow, appropriateness, and necessary skill level in order to diminish hindrance. Obstacles for nurses that prevent fulfilling professional nursing responsibilities, such as clerical tasks, housekeeping duties, transport of patients, and various kinds of paperwork that are not directly related to patient care, need to be removed. By job redesign or enrichment, autonomy, accountability, feelings of importance and self-worth, and a sense of job accomplishment will occur.

Peer review is another strategy by which nurses have input into personal and peer practice. Shared governance models allow for varying degrees of management/staff control over practice. Joint practice committees demonstrate collaboration between medicine and nursing, and mutually acknowledge each other's areas of expertise. Input into scheduling and flexibility in hours and staffing patterns are other areas for staff nurse involvement. Efficient and

effective scheduling benefits both the nurse and the institution. No one method is universally successful and the needs of individual units or client populations must be considered. Management's willingness to adapt to the personal needs of its staff is crucial.

Nursing salaries and benefits must be both competitive and attractive, offering options and flexibility. Salaries must be closely scrutinized for internal and external equity and be based on education, experience, and scope of responsibilities. Both depth and breadth of salary must be examined, i.e., the beginning wage as well as the range of salary accrued over a career must be appropriate. Salary compression is not conducive to professional or organizational commitment. Exempt salaried status for staff nurses can be implemented. Bonuses by way of monetary awards, educational leave, or sabbaticals can be given for increased productivity with quality or exemplary performance. Creative benefit packages must be available with consideration given to child care, relocation assistance, personal wage and professional liability insurance protection, investment plans, and retirement plans with short-term investiture.

Nursing Education

An important implication of this research for nursing education is collaboration with nursing service. Collaborative relationships can take many forms, and a

variety of efforts are possible. Whether or not formal affiliative or contractual arrangements are made, ongoing open communication must be present. It is through consistent contact with service setting staff that educators can be cognizant of issues which impact staff nurse satisfaction and retention.

Having "first-hand" knowledge of issues confronting both nurse administrators and staff nurses, educators will be able to modify or design curricula congruent with current issues and trends. At the undergraduate level, students should receive basic information on motivation, leadership styles, communication techniques, assertiveness, role transition, and change theory which will assist them to make a successful transition into the work setting. Graduate education should provide more in depth study of organizational and change theory, group theory, alternative nursing care delivery methods, role theory, and advanced management skills. Graduate students should have clinical residencies with nurse leaders who are creative, proactive, and entrepreneurial in their field. It is through role modeling with a practicing nurse manager and an educator experienced in administrative issues that a well prepared nurse manager will emerge.

Summary

This correlational study examined the influence of professional image, organizational climate, professional commitment, organizational commitment, and position satisfaction on intent to stay. A study limitation may have been related to the researcher as an employee of one of the study sites. In order to minimize this effect, the data collection procedure was consistent among all study sites. The variable relationships were supported by the literature and theoretical framework and precedence of cause and presence of effect was established. Results were credible since findings were consistent with findings from previous studies. Based on the explanation and translation fidelity, demonstrated relationships, and credible results of the study, the research has strong internal and external validity (Krathwohl, 1985). An additional strength of the study was the use of triangulation methodology. The qualitative data obtained regarding subjects' reasons to stay or leave validated quantitative data. The research contributed toward further understanding of registered nurse position satisfaction and intent to stay in Southern California Childrens' Hospitals.

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APPENDICES

APPENDIX A

Chief Nurse Executive Letter of Inquiry

APPENDIX

CHIEF NURSE EXECUTIVE LETTER OF INQUIRY

6509 Seaman Street
San Diego, CA 92120
(619) 576-5941/229-0768

Dear _____,

I am a doctoral candidate in nursing at the University of San Diego and the Director of Staff/Program Development at Childrens' Hospital, San Diego. My doctoral dissertation topic is, "A Model of Registered Nurse Intent to Remain in Southern California Childrens' Hospitals." The proposed research will examine multiple variables which are known to correlate with nurse retention, i.e., organizational climate, professional image, professional commitment, organizational commitment, job satisfaction, and intent to remain in position. this study is unique since the variables are proposed in a causal model, that is, they are constructed so that predictions can be made. It is also unique due to the total pediatric sample and the geographic location of Southern California. the resultant model of nurse intent to remain in position will be valuable in designing strategies for our institutions as we all seek solutions to common problems and issues.

I am writing to you to solicit support for my research at your institution. I have contacted Lynn Rogers who chairs the Nursing Research Committee at CHOC, and will be submitting my proposal to her and the committee in the near future.

If you have any questions or need further clarification, please contact me. I look forward to meeting and working with your staff during the data collection phase, and presenting my research findings upon completion of the study.

Sincerely,

Linda D. Urden, MN, RN, CNA
Doctoral Candidate, Nursing
University of San Diego

Director Staff/Program Development
Childrens' Hospital, San Diego

APPENDIX B

Disclaimer Letter to Subjects

APPENDIX

DISCLAIMER LETTER TO COLLEAGUE

Dear Colleague:

I am a doctoral candidate in nursing at the University of San Diego. I am writing to ask you to participate in a study which will form the basis for my doctoral dissertation. My dissertation topic is "Registered Nurse Intent to Stay in Southern California Childrens' Hospitals."

You are included in a group of randomly selected registered nurses who are being asked to answer the enclosed questionnaires. the questionnaires take approximately 30-45 minutes to complete. If you choose to participate in the study, please return the completed questionnaires in the enclosed self-addressed envelope by May 10, 1989.

Questionnaires will be coded for data purposes only and your anonymity will be maintained. It is not required that you sign the questionnaires. Participation in the study is voluntary and you may refuse to participate in the study or withdraw at any time. Completion and return of the questionnaires is evidence of your consent to participate in this study. there is no cost for participation in this study and you will not be compensated for your participation. You are expected to complete the questionnaires on non-work time. the study has been approved by the research committee of your institution and by the University of San Diego Committee on the Protection of Human Subjects.

Your participation and input should provide valuable information about variables that impact pediatric staff nurse recruitment and retention. If you have any questions regarding the conduct of this study, feel free to contact me at (619) 576-6941 or (619) 229-0768.

Thank you for your cooperation and assistance.

Sincerely,

Linda D. Urden, MN, RN, CNA
Doctoral Candidate, Nursing
University of San Diego

APPENDIX C

Urden Professional Community Sanction Scale

UPCSS

Please read the statements listed below and circle the number which best describes the amount of agreement which you have regarding the statement based on the following scale:

1	2	3	4	5	6
Completely Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree

1. Some people believe that members of a predominantly female occupation can achieve professional status, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

2. Some people believe that the public is well-informed of the responsibilities and capabilities of the nursing profession, while others do not agree. To what extent to you agree?
   1 2 3 4 5 6

3. Some people believe that nursing is portrayed in a positive manner in the news media, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

4. Some people believe that members of society regard nursing as important and essential, while others do not agree. To what extent to you agree?
   1 2 3 4 5 6

5. Some people believe that nurses are portrayed positive in television, movies, and public literature, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

6. Some people believe that nursing is recognized legally as a profession, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

7. Some people believe that nursing holds a high status in society, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

8. Some people believe that nursing represents a strong political force, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

9. Some people feel that nursing is viewed as professional by other professions, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

APPENDIX D

Nurse Organizational Climate Description Questionnaire

APPENDIX E

Urden Professional Commitment Scale

UPCS

Please read the statements listed below and circle the number which best describes the amount of agreement or disagreement which you have regarding the statement based on the following scale:

1	2	3	4	5	6
Completely Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree

1. Some people believe that continuing education should be mandatory for relicensure, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

2. Some people believe that one should hold membership in organizations of their professions, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

3. Some people believe that one should actively participate in professional organizations, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

4. Some people believe that education at the baccalaureate level is necessary for entry into practice, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

5. Some people believe that a graduate degree is essential for advanced practice in nursing, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

6. Some people believe that participating in nursing committees and projects in their work setting is essential, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

7. Some people believe that one must spend a great deal of time in activities which are directly related to one's occupation in order to be considered professional, while others do to agree. To what extent do you agree?
   1 2 3 4 5 6

8. Some people believe that participating in activities which further define, analyze and validate their profession, i.e., research, is essential, while others do not agree. To what extent to you agree?
   1 2 3 4 5 6

9. Some people believe that education in one's specific discipline is essential when seeking advanced degrees, while others do not agree. To what extent do you agree?
   1 2 3 4 5 6

—PLEASE TURN PAGE—

1	2	3	4	5	6
Completely Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree

10. Some people believe that advanced education is necessary for persons in nursing to hold positions of leadership, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

11. Some people believe that an education program which incorporates liberal arts with science is necessary for nurses, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

12. Some people believe that certification in one's specialty area is essential, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

13. Some people believe that reading journals and newsletters which relate to one's occupation is essential, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

14. Some people believe that the amount of education which one acquires relates to the degree of professionalism which one possesses, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

15. Some people believe that ongoing educational activities are essential, while others do no agree. To what extent do you agree?
    1 2 3 4 5 6

16. Some people believe that mentoring other members of their profession is essential, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

17. Some people believe that all nurses should have the same educational preparation, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

18. Some people feel that nurses must unite in order to implement changes, while others do not agree. To what extent do you agree.
    1 2 3 4 5 6

19. Some people believe that nursing is based on a certain body of specialized knowledge, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

20. Some people believe that there are differing expectations for nurses with differing levels of educational preparation, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

1	2	3	4	5	6
Completely Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Completely Agree

21. Some people believe that knowledge is a combination of intellectual and practical knowing, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

22. Some people believe that attending nursing meetings and conventions is essential, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

23. Some people believe that writing for publication in nursing literature is necessary, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

24. Some people believe that networking and maintaining a collegiality among members of nursing is essential, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

25. Some people believe that in order to be a professional, one must work full-time in one's occupation, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

26. Some people believe that the most respected and qualified persons in nursing are those who have advanced educational degrees, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

27. Some people believe that nurses are committed and dedicated to clients for which they care, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

28. Some people believe that an education based on scientific theory is essential for nursing, while others do not. To what extent do you agree?
    1 2 3 4 5 6

29. Some people believe that one should actively interact and recruit young people into learning about nursing in order to secure its future, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

30. Some people believe that education at an institution of higher learning is essential for nursing, while others do not agree. To what extent do you agree?
    1 2 3 4 5 6

APPENDIX F

Organizational Commitment Questionnaire

APPENDIX G

Index of Work Satisfaction

APPENDIX H

Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

Please circle the number of your answer for each question. Write out comments in the area designated as appropriate.

1. What is your age? _____

2. What is the highest level of educational degree you have attained?

   1. Diploma
   2. AD Nursing
   3. BSN
   4. BA/BS (what field?) _____
   5. Master's degree in Nursing
   6. Other Master's degree (what field?) _____
   7. Other _____

3. What is your length of employment in your current institution?

   _____ years _____ months

4. How many years have you been a nurse?

   _____ years _____ months

5. Which shift do you work over 50% of the time? _____

6. How many hours per two week pay period do you work? (excluding overtime)

   _____ hours

7. What best describes your current position?

   1. Clinical Nurse I
   2. Clinical Nurse II
   3. Clinical Nurse III
   4. Clinical Nurse IV
   5. Other _____

8. What best describes the unit/department in which you currently work?

   1. General Medical-Surgical
   2. Pediatric Intensive Care Unit
   3. Intermediate Care Unit
   4. Neonatal Intensive Care Unit
   5. Emergency Room
   6. Outpatient Department
   7. Operating Room/Post Anesthesia Care Unit
   8. Oncology
   9. Other _____

--PLEASE TURN PAGE--

9. Do you intend to remain employed in this hospital for the next six months? (please circle)

   1. Yes
   2. No

10. Please estimate the strength of your intent, with 0 = weak intent and 10 = strong intent, by placing a mark on the line below.

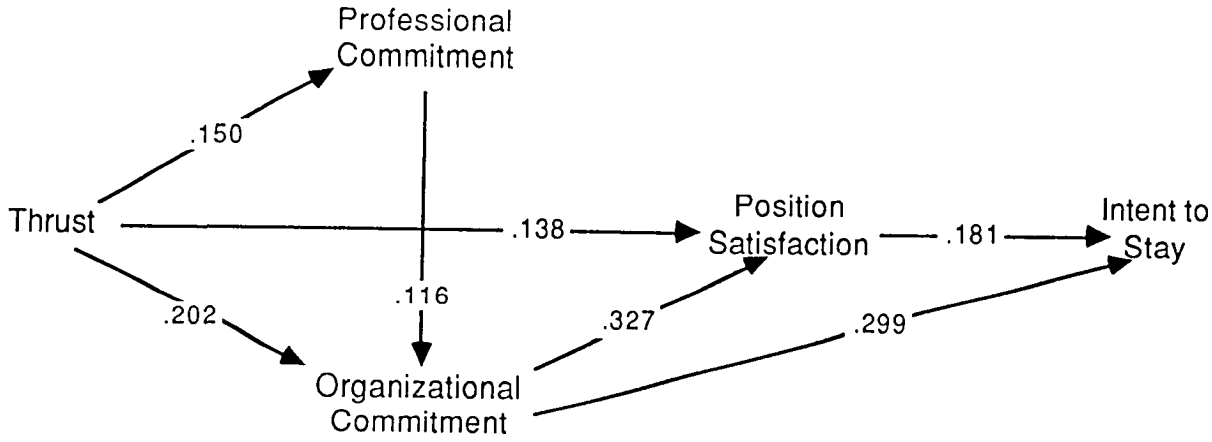
Weak Intent	Strong Intent
0	10

11. If you intend to stay employed in this hospital, what are the major reasons for staying?

12. If you intend to leave this hospital, what would influence you to stay?

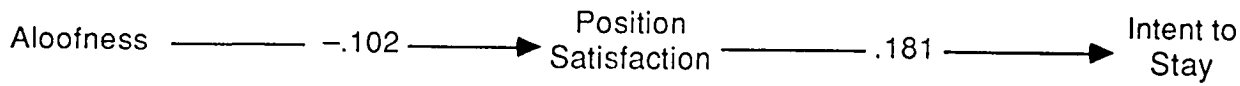
APPENDIX I

Models of Indirect Effects on Intent to Stay



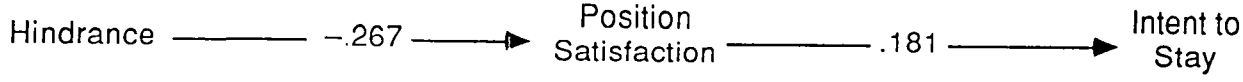
Total Effects	−.029
Direct Effects	−.054
Indirect Effects	.025

Indirect Effects of Thrust on Intent to Stay.



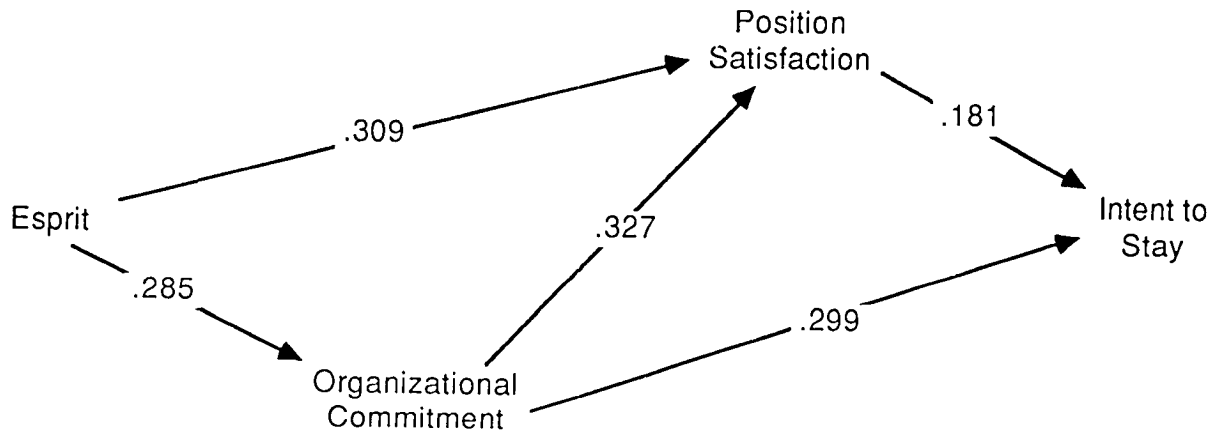
Total Effects	.007
Direct Effects	.026
Indirect Effects	−.019

Indirect Effects of Aloofness on Intent to Stay.



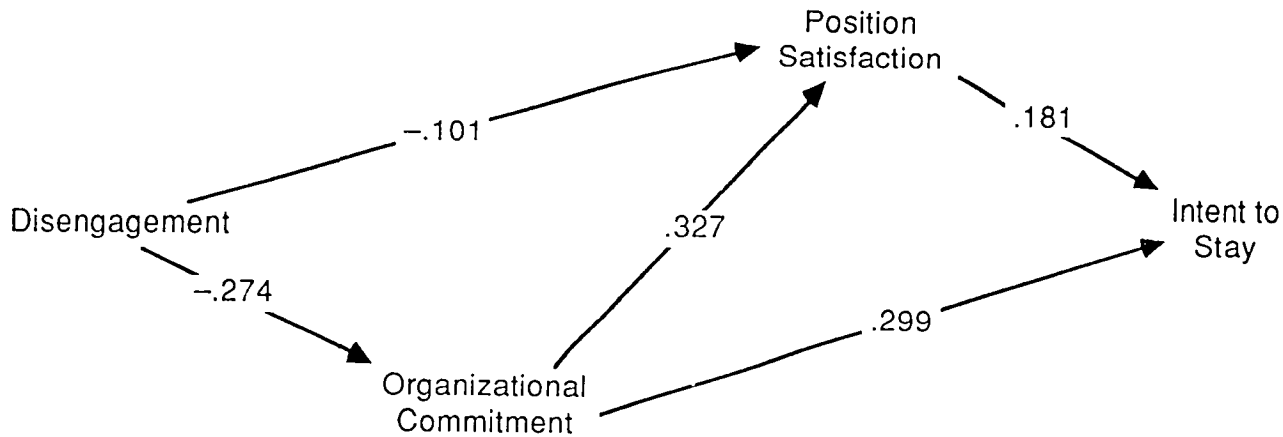
Total Effects	.000
Direct Effects	.048
Indirect Effects	−.048

Indirect Effects of Hindrance on Intent to Stay.



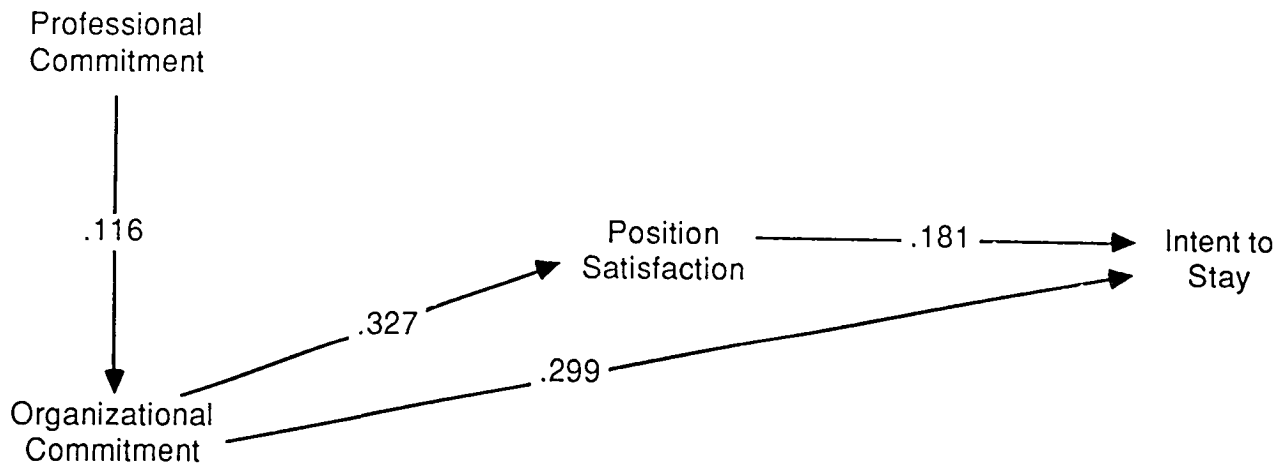
Total Effects	.076
Direct Effects	−.009
Indirect Effects	.085

Indirect Effects of Esprit on Intent to Stay.



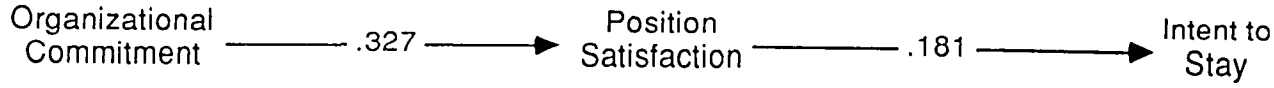
Total Effects	−.128
Direct Effects	−.046
Indirect Effects	−.082

Indirect Effects of Disengagement on Intent to Stay.



Total Effects	−.047
Direct Effects	−.028
Indirect Effects	−.019

Indirect Effects of Professional Commitment on Intent to Stay.



Total Effects	.358
Direct Effects	.299
Indirect Effects	.059

Indirect Effects of Organizational Commitment on Intent to Stay.