

**Organizational Climate and Turnover in the Health Sector.
The Case of the Korle-Bu Teaching Hospital in Ghana.**

By

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DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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ABSTRACT

The study examined organizational climate and turnover in the health sector of Ghana with particular reference to a case study on the country's premier teaching hospital formally called Korle-Bu Teaching Hospital. In the light of high uncertainty in retention of healthcare workers in Ghana, despite the several interventions of government in providing incentives and infrastructure, the issue of employee turnover has attracted academic interest among several researchers globally and locally. Most researches on turnover related issues in the healthcare sector of Ghana have focused on the influence of employees' overall job satisfaction. However, none has been able to neither explain nor investigate the influence of potent psychological features of the workplace on turnover.

This study undertook a comprehensive review of the current state of employees' turnover intentions in relation to the organizational climate and other working conditions prevalent at the Korle-Bu Teaching Hospital. The study was guided by the hypothesis that climate factors will emerge as a significant predictor of employees' turnover intentions. A sample size of 80 employees was used for the study.

Correlation and multiple regression analysis were used to analyze data obtained with a Likert scale designed questionnaire. The results of the study indicate that stress and organizational pride are the most proximal factors to employees' intentions to quit. Further analysis identified influences on stress and organizational pride and pointed to management priorities for reducing employee turnover.

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DEDICATION

To my daughters: Lilainie Adjei-Addo and Maxcinne Adjei-Addo for their patience and sacrifices.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Assuring access to quality healthcare services depends on a hospital's ability to retain qualified doctors and nurses. Predicted severe shortages in this regard and an increasing demand for healthcare services have made the retention of experienced, qualified staff a priority for healthcare organizations. High nurse turnover has been shown to have a negative impact on an organization's capacity to meet patient needs and provide quality care (Gray and Philips, 1996; Tai et al., 1998; Shields and Ward, 2001). Researchers have established that staff turnover is costly; it reduces the effectiveness and productivity of an organization and decreases the quality of patient care (Saratoga Institute and Kepner-Trogoe, 1999, Hay Group, 2001).

Available data indicates that there is a high rate of turnover among healthcare practitioners in Ghana. For example, from 1993 to 2002, Ghana lost 630 medical doctors; 410 pharmacists and about 11,300 nurses (Ministry of Health, 2002). The 2002 data on medical doctors indicated that, Ghana still needed 3,000 doctors but had only 964 doctors, leaving a deficit of 2,036. The national Doctor-Patient ratio in the year 2000 was 1:12,000 (Sagoe, 2000) and by 2002, it stood at 1:15,000 (MOH, 2002). High turnover rates for health care workers require the Government of Ghana to spend scarce resources for training, retention and recruitment of doctors and nurses, leaving considerably fewer resources for more direct aspects of health care delivery.

In a free and competitive job market, employees will periodically assess alternatives through highly visible advertising, movement of acquaintances or informal communications. Thus it is important that an organization assesses how it is evaluated relative to other

employers in the job market (Mobley, 1982a). The external economy of the Ghanaian job market is generally characterized by high unemployment, low job vacancy rates, low gross national product, and high inflation and trade imbalances in favored imports. But specifically in the health sector, the government of Ghana is the major employer and even though the demand for healthcare professionals far exceeds supply country wide, the job market and alternatives outside the government's establishments are less competitive and unattractive. Most doctors and nurses in government hospitals prefer to stay in their jobs while they practice on part-time basis in the privately owned hospitals than to be fully employed by private institutions.

The trend is that, if healthcare professionals decide to quit from the government establishments, the majority migrate out of the country while only a few get fully employed in private hospitals. For instance, between 1993 and 2003, the number of doctors trained by the government cumulated to 837 out of which 403 were still at post in government hospitals, 401 had migrated out of the country and 31 had been fully employed in the private hospitals by 2003 (Arkoh,2004).

The Korle-Bu Teaching Hospital is the largest and highly equipped hospital in Ghana with over 2,500 beds. The hospital employs the largest number of health professionals and accommodates three schools of the University of Ghana – the Ghana Medical School, School of Nursing and School of Health Sciences. The hospital also supports all the regional and minor hospitals, both public and private across the country. Korle-Bu was chosen for the study due to its large population of doctors and nurses most of who are accommodated on the premises of the hospital and data on their whereabouts are effectively managed. Hence the results of the study can be used as a fair representation of organizational climate and turnover issues in Ghana.

1.2 Problem Statement

To most researchers in Ghana, the problem of retaining Health workers is primarily related to job satisfaction, conditions of service, and motivational incentives. Efforts by the government in this regard over the years have periodically resulted in inciting healthcare workers to continually ask for more compensation or other inducements and incentives without having any significant effect on reducing the high degree of attrition in the health sector. This is making the numerous health policies including the National Health Insurance Scheme (NHIS) run into difficulties (Ministry of Health, 2002).

In 2001, professional bodies in the health sector such as the Ghana Medical Association (GMA) and the Ghana Registered Nurses Association (GRNA) presented a memorandum on key issues affecting their retention in the country. These issues centered on professional development; accommodation; future security; salary and transportation. In response, the government, since 2003, has released about five million dollars into a revolving fund for the purchase of cars for the various health professionals and has agreed in principle to provide a private housing scheme and to make it possible for them to build in any part of the country. The government has also undertaken various projects to improve infrastructure in the hospitals and has shown appreciable commitments in enhancing the salaries and working conditions of health workers by implementing the payment of extra duty allowance and other benefits to the health professionals.

Despite these efforts by the government, the two professional bodies continue to express dissatisfaction with persistent attrition of their members. They maintain that the attention being given to the improvement of their remuneration and conditions of service are still inadequate. Hence, this work was intended to look at whether the stance taken by these bodies could be supported with empirical data. Within the sphere of "conditions of

service" this study addresses the question: How does the perception by doctors and nurses of deeper aspects of their working conditions, such as their interpersonal relations with one another or their sense of autonomy in their work, influence their attrition in the hospitals? These concerns, collectively called organizational climate (James and Sells, 1981) will be investigated in the present research along with other potential factors in turnover in order to give a comprehensive understanding of the causes of high turnover in the health sector of Ghana.

1.3 Rationale for the Study

Building a knowledge base on what causes an employee to choose to leave an organization gives management the opportunity to curtail voluntary turnover and/or to manage the turnover process more effectively. This will enable the creation of employee retention strategies and develop desirable working environment. Studies have shown that the healthcare sector has one of the highest industry turnover rates (Numerof, Abrams, & Schank, 2002). Another premise of this study was that improving the remuneration of the country's doctors and nurses and making superficial improvements to working conditions was deemed not enough; there was the need to deal comprehensively with their organizational climate tapping into certain potent psychological features of the workplace.

This study made a case for organizational climate as a significant factor to the understanding of the causes and correlates of turnover behavior within the healthcare system in Ghana. The researcher believes that the intention of workers to quit their jobs in future stems from their current perception of their organizational climate conditions. In addition, it prioritizes the factors that contribute to employee turnover and also examines the influence of the Ghanaian job market on turnover behavior in the health sector of Ghana. So that

results from the study would aid policy makers in human resources in the health care sector develop strategies to curb the brain drain phenomenon in that sector.

1.4 Objectives of the Study

The aim of this study was to examine how organizational climate influences turnover among healthcare workers in Ghana. Specifically the study was guided by the following objectives:

1. Measure how employees' perceptions of the different facets of their job characteristics and other working conditions influence their decision to quit their jobs in the health sector of Ghana.
2. Assess the influence of the Ghanaian job market on the behavioral intentions of healthcare workers to quit their jobs or turnover.
3. Identify the most proximal organizational climate factors that significantly impact on the behavioral intentions of healthcare workers in Ghana to quit their jobs or turnover.

1.5 Research Questions

1. Do employees' perceptions of the different facets of their job characteristics and other working conditions influence their decision to quit their jobs in the health sector of Ghana?
2. Does the Ghanaian job market influence the behavioral intentions of healthcare workers to quit their jobs?
3. What are the most proximal organizational climate factors that significantly impact on the behavioral intentions of healthcare workers in Ghana to quit their jobs?

1.6 Research Hypotheses

From the research on the relationship between job satisfaction and turnover in the literature review section, it is clear that employees who are satisfied with their job are less likely to want to leave their organization. The present study will therefore test the hypothesis that:

H1: There is a negative relationship between job satisfaction and employee turnover intention.

Consistent with the theoretical and empirical findings on the relationship between commitment and turnover in the literature review, it is expected that employees who are committed to their job affectively or continually, will be less likely to quit their job. The study will verify the statement that:

H2: Affective commitment is negatively associated with turnover intention.

H3: Continuance commitment is negatively associated with turnover intention.

Decrease in autonomy or lack of psychological empowerment is known to have a negative impact on job satisfaction as shown by Larrabee et al. (2003) in the literature review. The study will verify this relationship through the hypothesis that:

H4: A lack of control or a deficiency in empowerment will result in job dissatisfaction and turnover intention of employees.

Satisfaction with Pay/benefits has been shown to contribute positively to the job satisfaction of employees and negatively with turnover intention. Findings from the literature review indicate that employees who are highly satisfied with their pay/benefits are also less likely to have intentions to quit. Thus, the study will investigate the proposition that:

H5: Pay/benefit satisfaction will show a significant positive relation with job satisfaction and a significant negative relation with intention to leave in the Ghanaian health sector.

Organizational climate factors have also been found to be significant in investigating turnover intention in several settings but with no emphasis in the health sector of Ghana.

This study will verify the significance of climate factors through the hypothesis that:

H6: Climate factors are the most significant predictors of quitting intentions within the Ghanaian health sector.

1.7 Scope of Study

The study was restricted to doctors and nurses staff of the Korle-bu Teaching Hospital in Ghana. Participants were voluntarily invited from a population of 318 doctors and 832 nurses from eleven of the seventeen departments of the hospital: The main variables of the study were climate factors, motivational factors, job satisfaction, and turnover intention (tendency to quit) among the staff.

1.8 Organization of the Thesis

Chapter one of this report deals with the Introduction to the study. It provides the background of the study, problem statement and the significance of the study. It also outlines the research questions, hypotheses and scope of the study. Chapter two provides a review of relevant literature to the study. Chapter three describes the research methods whilst Chapter four describes the findings from of the study. Finally chapter five discusses the findings and outlines its implications, limitations, issues for future research and conclusions.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 General Overview

Given the glaring paucity of research conducted within the health sector in the developing country of Ghana, it is necessary to draw upon our understanding of the turnover process gained largely from research conducted in the health sectors and other organizations from developed countries. Numerous studies from several disciplines have been undertaken to better understand turnover behavior; further research is needed to address causes and consequences of turnover within the healthcare system (Hayes et al., 2006). Turnover is the ultimate decision preceded by thoughts of leaving the organization, that is, turnover intention.

One of the earliest and perhaps most influential integrative models of employee turnover is presented by March and Simon (1958) in their analysis of organizations. The March and Simon scheme concerning employee mobility (desirability, and perceived ease of movement) illustrates their concepts of the major factors affecting perceived desirability of movement which are job satisfaction and perceived possibility of intra-organizational transfer, while perceived ease of movement depends on the availability of jobs for which one is qualified. Although the model has contributed to the study of turnover by focusing attention on the need to assess both economic – labor market and behavioral variables in studying the employee turnover process, it is criticized for having few direct evaluations of the multiple and sequential determinants of turnover suggested by this model. Overall the March and Simon model has provided the founding framework for all later turnover process models, and a valuable catalyst to move beyond simple bivariate relationships between job

satisfaction and turnover (Bowen,1982; Jackofsky, 1984; Jacofsky and Peters, 1983; Mobley, 1982a, 1982b; Price, 1977).

Mobley (1977) further contributed to the turnover literature with his Intermediate Linkages model, drawing attention to a number of critical sources of influence such as perceived job alternatives. Turnover, according to Mobley (1982a), “is an individual behavior” and “in order to better understand it, one must be concerned with how the individual perceives and evaluates the various organizational factors and how he integrates work and external-to-work factors”. According to him, employee turnover as related to the retention of doctors and nurses is dependent upon various aspects of organizational factors and related working conditions including satisfaction with job content, social support and pay/benefit satisfaction among others.

In his book *Employee Turnover, Causes Consequences and Control*, Mobley (1982a) reiterates that understanding and effectively managing employee turnover requires the integration of individual, organizational and environmental perspectives in the design of strategies to deal with turnover and on the basis of employee perception among others. He further suggested that turnover is best predicted from the employee perspectives of job satisfaction; expectations and evaluations of alternative jobs outside and inside the organization; non-work values and roles and their relationship to job behavior and turnover behavioral intention.

Mobley presents a model of the turnover decision process which identifies possible intermediate linkages in the job satisfaction-turnover relationship, as presented in Figure 1. The model suggests that employees demonstrate thoughts of quitting when they embark on search evaluation and behavior and evaluation of alternatives, which may ultimately result in turnover if they become dissatisfied with their jobs.



Figure 1: Mobley's (1982) Intermediate Linkages Model

Even though the relationship between job satisfaction and turnover is not particularly strong, it has been consistent with many studies over time (Mobley 1982b). Dissatisfied employees are more likely to quit than satisfied ones and this suggests that measures of job satisfaction must be combined with other measures to effectively predict and understand turnover. For instance, one of the best individual predictors of turnover is employees' stated intentions to stay or leave. Such behavioral intention statements are helpful diagnostics of employee turnover (Kraut, 1975).

An individual's behavioral intention has been proven to be a good predictor of behavior (Locke, 1969, 1975, 1976; Fishbein and Ajzen, 1975; Mobley, 1977). Empirical findings in this regard show that behavioral intention to quit-stay measures are among the best individual-level predictors of turnover (Kraut, 1975; Miller et al., 1979, Mobley et al.,

1978; Newman, 1974; Waters et al., 1976). A major assumption of this model is that intention to quit is the variable which immediately precedes turnover.

Supporting this assumption and previous theoretical analyses, Irvine and Evans's (1995) meta-analysis revealed a strong positive relationship between behavioral intentions and turnover, a strong negative relationship between job satisfaction and behavioral intentions, and a small negative relationship between job satisfaction and turnover. The literature review by Tai et al. (1998) identified additional turnover predictors in the literature review as age, tenure, organizational commitment, perceived job possibilities and supervisor's behavior. Further, Yin and Yang's (2002) analysis revealed that internal environmental factors such as stress resulting from staffing shortages, leadership style, supervisory intentions, advancement opportunities and inflexible administrative policies were significantly related to turnover.

In developing a theoretical model of job retention for health care nurses, Ellenbecker (2004) commented that although additional studies have been done on turnover in the health sector, they are predominantly exploratory in nature and have focused on job satisfaction and turnover but not their antecedents. She identified certain psychological, organizational and demographic factors such as autonomy in profession, social support and pay/benefits among others as the antecedents of job satisfaction that can be used as a basis for the "evaluation of existing jobs" in Mobley's turnover process model. Ellenbecker categorizes the antecedents as intrinsic and extrinsic job characteristics and proposes among others that, individual characteristics of employees such as age, gender, marital status etc, are indirectly related to turnover through perceptions of job facets and organizational factors and through job satisfaction and the intention to quit. The model shown in Figure 2 is an integration of the findings of (a) empirical research related to job satisfaction and turnover,

(b) components of Neal’s theory of healthcare nursing practice, and (c) findings from earlier works on job satisfaction and turnover to develop an instrument to measure health workers’ job satisfaction and retention. Like Mobley, Ellenbacker also hypothesizes that the intention to quit is the variable that immediately precedes turnover.

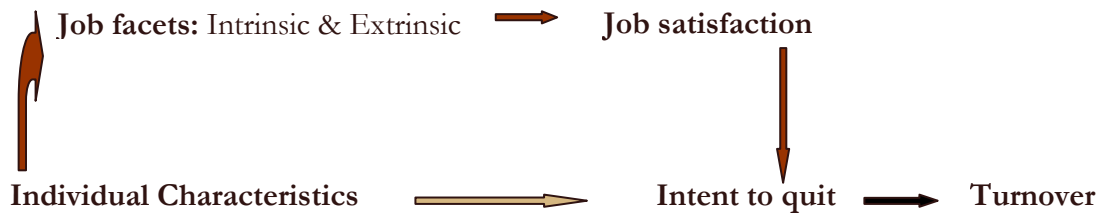


Figure 2: Ellenbecker's Model of Job Retention for Healthcare Workers

More recent findings (Hayes et al., 2006) were gained from an attention committed to understanding organizational, individual, and economic factors that influence turnover. Organizational climate and administrative strategies, in particular, have been investigated as having major effects on job satisfaction, intent to leave and actual turnover behavior. A further recent finding involves the effect of organizational commitment on turnover. This study investigated a comprehensive model of turnover intentions that included two proximal variables, (job satisfaction and organizational commitment), and the distal variables of organizational justice, work overload, among others. Results of the mediated regression analyses found that job satisfaction and affective commitment are significant mediators between those distal variables and turnover intentions (Wiley, 1987).

At the core of turnover models have been the proximal variables of job satisfaction and organizational commitment (Steel, 2002) and were mainly developed from the vast amount of research on job satisfaction and turnover (Porter and Steers, 1973). The models

were extended to include the effects of organizational commitment (Porter, Steers, Mowday, & Bouliam 1974). In this study, job satisfaction and organizational commitment will be considered as proximal antecedents as they are strong direct predictors of turnover intentions. Meyer and Allen (1997) also posit that organizational commitment is strongly associated with turnover intentions, and there is a reciprocal relationship between commitment and turnover intention, with lower commitment leading to greater intention to quit which, in turn, further lowers commitment (Elangovan 2001).

A further study by Lum et al. (1998) examined both the direct and indirect impact of certain pay policies upon the turnover intentions of paediatric nurses. Exploration of the causal pathways among job satisfaction, pay satisfaction, organizational commitment and demographic factors revealed that job satisfaction has only an indirect influence on the intention to quit, whereas organizational commitment has the strongest and most direct impact.

2.2 Job Satisfaction

Human resources research has well established the importance of job satisfaction for retention (Arthur 2001). Mobley (1977) and his colleagues (Mobley et al. 1979) were the first to theorize the effect of job dissatisfaction on thoughts about quitting and, ultimately, turnover. Defining and measuring job satisfaction has been a challenging process, which has been refined through decades of research and is still occurring. The study of job satisfaction grew out of several schools of management theory dating back to Taylor's early applications of the scientific method to factory problems in the first part of the 20th century (Locke, 1976). According to Cranny, Smith, and Stone (1992), job satisfaction is generally agreed upon by researchers to be an affective reaction to a job that results from the employee's comparison of actual outcomes with those that are desired.

Job satisfaction has been defined as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences” (Locke, 1976: 1300). Extensive research has been conducted about the relationship between job satisfaction and other work-related behaviors or attitudes such as job performance, stress and health, general life satisfaction, commitment to the organization, pro-organizational behaviors and ultimately the concept of employee turnover.

Improving job satisfaction thus appears to be instrumental for decreasing employee turnover (Zeytinoglu et al. 2007). Organizations with satisfied employees have satisfied customers/clients. This results in organizations with satisfied employees having higher levels of customer retention, which increases overall profitability (Reichheld and Sasser, 1990).

Satisfied workers have been found to be more committed to organizations, have more favorable attitudes towards work and the organization, to be more conscientious, to be more likely to help co-workers, to have greater willingness to report unethical behaviors, and to be less likely to leave their jobs than dissatisfied workers. George and Jones (1996) accede to this opinion when they posit that there is a weak to moderate negative relationship between job satisfaction and turnover. Cranny, Smith and Stone (1992) further note that job satisfaction has been shown to influence attendance at work, pro-organizational behaviors, voting for or against union representation, decisions to leave the organization or to retire, and psychological withdrawal behaviors.

Overtime, the findings of research have been inconsistent. This very well may be due, however, to the wide variation in definitions of job satisfaction and in the validity of methods used to measure it (Cranny, Smith, and Stone, 1992). However, an even more widely accepted relationship is the link between employee job satisfaction and employee turnover. Employee job satisfaction is perhaps the most critical factor in job retention.

Dissatisfied employees not only leave when more suitable employment has been found, but they tend to perform poorly once they have unofficially decided to leave. Satisfaction factors may include: compensation, the physical work environment, co-worker relations, and opportunities for advancement, job content, feedback, employee development, and supervision (Discenza and Gardner 1992).

Models of employee turnover almost universally propose a negative relationship between satisfaction and turnover (Hom and Griffeth, 1991; Hulin et al., 1985; March and Simon, 1958; Mobley et al., 1978; Price and Mueller, 1986; and Rusbult and Farrell, 1983). More importantly, Carsten and Spector, (1987); Hom and Griffeth, (1995); Steel and Ovalle, (1984) submit that three meta-analyses have concluded that such a link exists, and studies using structural equation modeling techniques support the viability of a causal relationship. (Hom and Griffeth, 1991; Price and Mueller, 1986).

Management research using the turnover theory showed that turnover intention is the best predictor of whether an employee will leave the organization (Steel 2002); and job satisfaction is one of the major factors affecting an individual's decision (Hom and Kiniki 2001; Griffeth, Hom and Gaertner 2000). This knowledge has guided management decisions by focusing on employees' job satisfaction in order to retain valued employees. Job satisfaction will therefore be included in this research because of its predictor strength of turnover intentions. Many researchers have shown that high levels of job satisfaction are negatively related to turnover intentions (Koslowsky, 1991), and turnover (Hom and Griffeth 1991). More importantly, three meta-analyses have concluded that there is a distinct link (Carsten and Spector, 1987; Hom and Griffeth, 1991; Steel and Ovalle, 1984).

2.3 Organizational Commitment

Organizational commitment has become one of the most accepted work attitudes studied by practitioners and researchers (Meyer, Allen & Smith, 1993; Mowday, Porter, & Steers, 1982). One of the main reasons for its popularity is that organizations have continued to find and maintain competitive advantage through teams of committed employees. Mowday, Porter and Steers (1982) and Meyer, Paunonen, Gellatley & Goffin and Jackson (1989) have found that committed employees are more likely to remain with the organization and strive towards the organization's mission, goals and objectives. Organizational commitment is defined as the degree to which the employee feels dedicated to their organization (Spector, 2000). Further research into this variable has concluded that commitment is a multidimensional construct. There is general acceptance that organizational commitment has three main facets: affective, continuance, and normative, each with its own underlying "psychological states" (Meyer & Allen, 1997). Affective commitment refers to the emotional bond and the identification the employee has with the organization. For the employees, the positives include enhanced feelings of devotion, belongingness, and stability (Meyer, Allen & Smith, 1993). Continuance (economic/calculative) commitment refers to what the employee will have to give up if they have to leave the organization or in other terms, the material benefits to be gained from remaining. Employees whose primary link to the organization is based on continuance commitment remain with the organization because they feel they need to do so for material benefits (Meyer, Allen & Smith, 1993). Therefore, if the employees believe that fewer viable alternatives are available their continuance commitment will be stronger to their current employer. Lastly, normative commitment or moral commitment (Jaros, Jermier, Koehler, & Sincich, 1993) reflects a feeling of obligation to continue employment. Employees with a high level of normative commitment feel that

they ought to remain with the organization (Bentein, Vandenberghe & Stinglhamber, 2005). Jaros et al. (1993) argue that the commitment is determined by being obligated to work in the organization, a sense of moral obligation following their parents, who may have been long-term employees of the organization and, therefore, a sense of duty to belong.

The association between affective commitment and turnover has been well established in previous research (Iverson & Buttigieg, 1999; Mathieu & Zajac 1990; Mowday, Porter and Steers, 1982). The meta-analysis of Griffeth, Hom & Gaertner (2000) draws the inference that affective commitment is one of the best predictors of voluntary turnover. Research of Jaros, Jermier, Koehler and Sincich, (1993) and Chen, Hui, and Segou, (1999) has found a negative relationship between continuance commitment and turnover intentions. Normative commitment was omitted from this research because the research of Meyer et al. (1993), and Sommers (1995) had found some overlapping of the constructs, normative commitment and affective commitment. Furthermore, affective commitment has had consistent empirical evidence to its suitability.

An employee who has a high organizational commitment is willing to exhibit extra effort on behalf of the organization. Thus, employees with a strong emotional attachment (affective commitment) tend to work harder and therefore are more productive and have a strong emotional desire to remain with the organization (Meyer et al. 1993). In contrast, the employee with economical /calculative ties to the organization (continuance commitment) will stay because of the ‘side bets’ they have invested in the organization. The side bets can be monetary value, a pension plan, specific skills acquired whilst working there or status (Becker, 1960) and would be lost if he/she decides to leave.

Drawing from the research findings so far, it is expected that both affective and continuance commitment will be negatively associated with turnover intentions (Meyer,

Stanley, Hershcovich & Topolynytsky, 2002). So the present work will also consider the possibility that affective commitment will be negatively associated with turnover intentions and that Continuance commitment will be negatively associated with turnover intentions.

2.4 Organizational Climate

The concept of organizational climate captures workers' perceptions of the psychologically potent or influential features of the work place, such as whether workers have autonomy, pride in their work, good working relations with other workers including their superiors, and many other working conditions (James, 1982). A major issue is the extent and multiplicity of dimensions used, as there is no generally agreed upon set of dimensions used to measure organizational climate (Davidson et al. 2003). Various researchers have tried to analyze the concept from different angles. For example, Pritchard and Karasick (1973) factor analyzed climate dimensions; and James and Jones (1976) also sought which dimensions of climate could be generalized from many studies completed. However, according to James and Sells (1981) organizational climate concerns the individual's cognitive representations of relatively proximal situational events, expressed in terms that reflect the psychological meaning and significance of the situation to the individual; climate dimensions are interpretative, abstract, generalized, and inferential such as autonomy, psychological empowerment, social support, pride, respect, supervision and perceived stress.

When defined and described in these ways, organizational climate holds promise for theory and research concerning organizational conditions and employees' behavioral intentions of quitting their jobs since these psychological factors have also been identified as antecedents of the job satisfaction-turnover literature (Zeytinoglu et al. 2007). Organizational climate was adopted for this study as it will investigate the influence of these

factors – which are climate conditions on turnover. Other organizational variables will also be assessed.

To the researcher, and from the theories reviewed on turnover, the relevance of employees' perceptions of the various organizational factors, job satisfaction and their intent to quit is significant in the study of turnover in developing countries such as Ghana. The researcher believes that, in the Ghanaian health sector where high employee attrition is attributed more to brain drain and competition in the job market, in relation to one's income, than effects of certain potential psychological features of the workplace, the issue of employee turnover can be explained through an understanding of how health workers perceive their job facets and working environment against their turnover intentions..

Although the proposed model will conform generally to the established approach, it places particular emphasis on the relative importance of specific dimensions of job satisfaction which are the climate factors that influence intention to quit and turnover. Drawing from the background information on the Ghanaian health sector and the efforts made by the government in trying to improve the conditions and reduce the high attrition among the health workers, the researcher expects that the influence of the motivational incentives and other factors will be minimal and that organizational climate will be the most important predictor of job satisfaction and intention to quit. It is expected that the climate factors will emerge as the strongest predictors of job satisfaction and turnover intention within the Ghanaian health system in the present work.

2.5 Empirical Model Specification

The conceptual model of this study, shown in Figure 3, was based on Mobley's and his colleagues' work, as well as the recent findings on turnover theory.

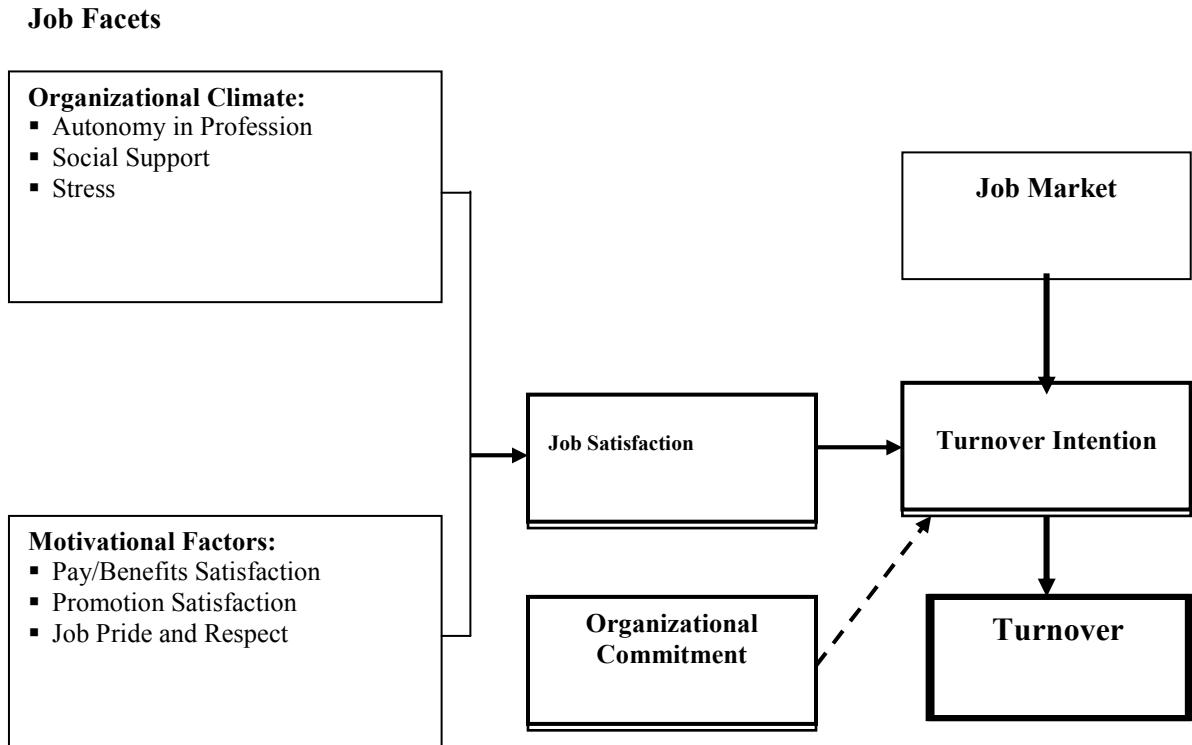


Figure 3: Researcher's proposed model of health care worker turnover

Job satisfaction, as an employee outcome, is the dependent variable in the first analysis. In the analysis of turnover intention, job satisfaction is one of the independent variables affecting employee behavior of turnover intention. Turnover intention is an organizational outcome and the main dependent variable in this study.

The organizational climate factors are independent variables associated with job satisfaction and turnover intention. Organizational climate factors include workers' perceptions of: autonomy, social support systems, stress, and job pride/respect.

2.6 Psychological Empowerment and Autonomy

Structural empowerment is the presence or absence of empowering conditions in the workplace, psychological empowerment is the employees' psychological interpretation or reaction to these conditions (Laschinger et al. 2004). Although studies have demonstrated that empowerment is associated with job satisfaction, a direct link with nurse turnover was

has not been determined. Larrabee et al. (2003) concluded that the major predictor of intent to leave was job dissatisfaction and the major predictor of job satisfaction was psychological empowerment. Laschinger et al. (2004) used a longitudinal predictive design to test a model linking changes in structural empowerment (opportunity, information, support, resources, formal power, and informal power) and psychological empowerment (meaningful work, competence, autonomy, and impact) to changes in job satisfaction. Changes in perceived structural empowerment had direct effects on changes in psychological empowerment and job satisfaction. Changes in psychological empowerment did not explain additional variance in job satisfaction beyond that explained by structural empowerment. The results suggest that fostering environments that enhance perceptions of empowerment can have enduring positive effects on employees.

Autonomy is defined as the sense of independence and freedom of initiative present in a job. It has also been conceptualized as locus of control, individual responsibility, power or independence and as task decision autonomy (Bucknell & Thomas 1996). In this study, it exists as psychological empowerment and independence in patient relationships, and as autonomy in the profession. Although task autonomy in the role of the nurse is well understood, the sense of professional autonomy satisfying to doctors and nurses in Ghana (the Korle-Bu Teaching hospital) has yet to be identified. Mobley (1979) conclude that satisfaction with autonomy is among the strongest satisfaction correlates of turnover in recent research. There is strong evidence that the independence and professional autonomy in the role of a health worker is the major aspect of job satisfaction (Lynch 1994, Mahoney 2000, Neal 2000, Ellenbecker 2004). Research findings indicate that autonomy is directly related to intent to stay and indirectly related (although intent to stay) to retention (Klemm & Schreiber 1992, Alexander et al. 1998, Tai et al. 1998, Boyle et al. 1999). According to

Neal (2000), nurses who achieve this autonomy stay and do not leave. This indicates that an employee who feels empowered and perceives to have autonomy in performing a job will be more likely to be satisfied with the job and less likely to quit the job. Therefore this study will test the hypothesis that: a lack of control or decrease in autonomy will result in job dissatisfaction.

2.7 Social Support

Social support refers to a worker's perception of the amount of support received from peers and supervisors. It is also conceptualized as perception of integration into the organization and presence of a collegial environment. The results from numerous studies support a positive relationship between group cohesion and retention: the greater the social cohesion among workers, the less likely a nurse is to leave the job (Leveck & Jones, 1996, Alexander et al., 1998, Tai et al. 1998, Boyle et al. 1999, Shader et al. 2001). It is reported that as a supervisor develops trust in a worker's clinical assessment and supports the worker's decision making in clinical situations, a positive relationship develops, enhancing the worker's sense of professional autonomy (Neal, 2000).

2.8 Stress

Job stress has been found to affect nurses' intent to stay and job retention. Job stress is also identified as Burnout, overload or being overwhelmed (Alexander et al. 1998, Tai et al. 1998, Boyle et al. 1999). It occurs when the work environment adversely affects a worker's ability to manage or give effective healthcare (Boswell 1992). As job stress increases, nurses become less satisfied with their jobs and are more likely to leave. The evidence suggests that job stress, when examined as a separate variable, affects intent to leave and turnover by its strong association with job satisfaction; numerous studies have

demonstrated a significant negative relationship between job stress and job satisfaction among nurses in all work settings (Johnston 1997, Buchan 1999) and among those working in home healthcare (Traynor 1993). Nurses and physicians most frequently report workload as a stressor (Moore & Katz 1996). Simmons et al. (2001) report that changes in the health care system are becoming increasingly stressful to the workers.

Empirical research on turnover shows a number of other related variables: motivational (pay, benefits and promotion) and demographic characteristics are factors affecting workers' job satisfaction and turnover intentions. In this model, demographic characteristics are treated as control variables.

2.9 Pay/Benefit Satisfaction

Several causes of pay satisfaction have been proposed. These include personal and job inputs, monetary and nonmonetary outcomes, the comparison process, and pay policies and administration. Contemporary models of pay satisfaction continue to have their basis in concepts of equity theory (Adams, 1965). Equity theory emphasizes that pay satisfaction is caused by feelings regarding the equity of one's pay. These feelings result from perceptual and comparative processes. The theory holds that an employee formulates a ratio of outcomes (including pay) to inputs. This ratio is then compared to the outcome/input ratio of some referent source. If the ratios correspond, pay equity and satisfaction result. If an employee's pay is perceived to be less than another's, feelings of being inequitably underpaid may ensue. Lawler (1971) offers a similar approach suggesting that pay satisfaction or dissatisfaction is a function of discrepancy between what one feels one should receive and how much one does receive. Pay dissatisfaction is sufficiently common that a finding of a

lower rate of satisfaction with pay than with other job components can be anticipated, and even predicted (Lawler, 1990).

Reported consequences of pay dissatisfaction include a variety of unwanted employee behaviors such as turnover, absenteeism, willingness to strike, and lowered job performance (Heneman, 1985a). Weiner (1980) assessed the pay satisfaction of blue- and white-collar employees in a public sector organization. Pay satisfaction was found to be significantly predictive of both absenteeism and turnover, though the strength of the relationships was not particularly large. Motowidlo (1983) used pay satisfaction to predict turnover intentions and actual turnover among sales representatives. He concluded that pay has an impact on turnover only through its effects on pay satisfaction which, in turn, impacts turnover only through its effects on turnover intentions. Newman (1974) reported that satisfaction with pay was found to be a marginally significant predictor variable for intended turnover of nursing home staff.

In nursing, a number of studies have included pay satisfaction as a component of a multi-dimensional measure of job satisfaction (Frisina, Murray and Arid 1988). Typically, nurses have not rated pay as a high priority in their job satisfaction (Frisina et al. 1988). However, in recent years nurses have expressed increasing concern about their salary and benefits. In 1988, Murray and Smith explored the career, job and hospital satisfaction of staff nurses in metropolitan hospitals of a large Canadian city. They found only 10 per cent of the nurses were satisfied with their pay and 46 per cent were dissatisfied. The significance of this finding was not that so many of the nurses were dissatisfied with their pay, But that this was the single largest expression of dissatisfaction of all the satisfaction rating scales in their study (Murray and Smith 1988, p.68). Bateman and Strasser (1984) have reported that nurses' satisfaction with work, coworkers and supervisors were strong predictors of

commitment but not of pay satisfaction. As far as nurses are concerned, there are no studies which report the concurrent effects of pay supplements upon pay satisfaction and turnover intent.

The effects of benefits and promotion satisfaction on job satisfaction, intent to stay and retention are mixed (Traynor 1993, Goodell & Coeling 1994, Johnston 1997, McNeese-Smith 1999). The effects of salary, benefits and promotion on retention have in the past been considered to be so minimal (McNeese-Smith 1999) that these characteristics were very seldom included in retention studies (Tai et al. 1998). Some evidence suggests that salary and benefits become important in times of economic uncertainty or job stress (Molassiotis & Haberman 1996, Johnston 1997). The importance of pay and benefits to intent to stay and retention also may depend on whether they are reported by staff nurses or administrators. In a recent study of administrators' perceptions, salaries and benefits were the most frequently mentioned characteristics that positively contribute to retention, although similar data collected from nurses in earlier studies suggest that their contribution is minimal (Cushman et al. 2001). Based on the controversy on the relationship between pay/benefits satisfaction and turnover, and on the history of the turnover behavior of health workers in Ghana, it thus becomes apparent that pay/benefit will have minimum impact on their job satisfaction and behavioral intentions. It was therefore hypothesized in the present study that: Pay/benefit satisfaction will be less significant to job satisfaction and intention to leave in the Ghanaian health sector than in the Western societies studied previously.

2.10 Promotion Satisfaction

Career development and life-long learning activities in nursing promote job satisfaction, increased retention of nurses and enable continued provision of high-quality

care (Yoder, 1995; Kennington, 1995; Donner and Wheeler, 2001; Davidson et al., 1997; Collins et al., 2000). Dissatisfaction with promotion and training opportunities has shown to have a stronger impact on nurse turnover than workload or pay (Shields and Ward, 2001). Multivariate analysis of data collected by Davidson et al. (1997) in a longitudinal survey of nurses in one hospital indicated that predictors of intent to leave were the perception of little promotional opportunities, high routinization, low decision latitude and poor communication. Perceived interest in one's career development and feelings of being valued influence nurses' intent to stay (Yoder, 1995). Similarly, Szigeti et al. (1991) used correlational analysis to investigate the potential factors that relate to the desire of registered nurses (RNs) and Licensed practical nurses (LPNs) to continue practicing in rural hospitals. Overall, job satisfaction and performance constraints were the only variables to make significant contributions to the predictions of turnover intention for both RNs and LPNs. Satisfaction with promotion was the only work related variable to make a significant contribution to the prediction of turnover intention for RNs. Performance constraints, role ambiguity and shift work were the only work related variables contributing to the prediction of turnover for LPNs.

2.11 Job Market Opportunities

Job market conditions may be expected to have a profound influence on employee turnover since employees are less likely to quit if there are few alternative job opportunities. Since job market opportunities (for a particular class of employee) are the same for all, researchers have tended to treat this as an external given, seeking explanations as to why particular individuals stay or leave. Nevertheless, employees' perceive that alternative employment opportunities exist and expect that these will offer higher returns, not only in

remuneration but also in relation to other factors affecting job satisfaction (Gerhart 1990; Steel and Griffith 1989). Perceptions of alternative opportunities and the ease of movement have been found to vary with the organization's financial rewards (Dreher 1982; Jackofsky 1984; Shwab 1991), again suggesting a complex interaction of factors. Low unemployment rates should be positively associated with employee turnover, since tight job markets provide more opportunities for alternative employment. However, there are intervening variables such as the quality and utility of alternative employment (Hom and Griffith 1995) and work/family issues. Availability of job opportunities and economic prosperity can increase quitting among workers who had not contemplated leaving earlier (Lee et al. 1996), But high rates of unemployment do not necessarily dampen turnover as might be expected (Taplin et al 2003). Some workers quit only to take a lower paying job in another sector, suggesting job market effects are indirect (Hom and Griffith 1995) and that other variables are at work (Hom and Kinicki 2001).

However, hypothesized internal relationships involving the probability of finding an acceptable alternative has not been made clear. Peculiar to the health sector in Ghana, the researcher believes that some of the employees who demonstrate quitting intentions are caught between intentions to quit and actually turning over due to the unavailability of desirable alternatives in the Ghanaian job market and other socio-economic constraints while the majority migrate out of the country. Therefore, combining Mobley's theory with Ellenbecker's proposition, this research holds the influence of Individual Characteristics constant and proposes that organizational climate factors such as perceptions of autonomy in profession, social support, pay/benefits satisfaction, promotion satisfaction, stress, organizational commitment, and job pride/respect are indirectly related to turnover through job satisfaction, intent – to – quit and turnover as shown in Figure 3. The researcher expects

that employees' perception of the different organizational climate factors will correlate their behavior towards job satisfaction and directly influence their intention and turnover. Quitting intentions and decisions of an employee who is dissatisfied may be influenced by desirable alternatives on the job market or may be independent of the probability of finding an acceptable alternative on the job market (Mobley et al., 1978; Coverdale & Terborg, 1980). This research therefore holds that as the Ghanaian job market is tight in the sense that there are fewer job opportunities for workers, especially in the health sector, employees who feel dissatisfied with their jobs will either quit their profession entirely or travel abroad to pursue their career aspirations. However, since findings in this regard have proven that high unemployment rate reduces turnover, the researcher believes that the influence of the job market conditions will have less impact on the high attrition rate among the health workers. It was therefore hypothesized in the present study that: Job market conditions (perceptions of job alternatives) will not have a significant impact on the turnover intentions of health workers in Ghana.

CHAPTER THREE

3.0 RESEARCH METHODS

The chapter covers the methods used to achieve the outlined objectives of the study. It discusses the data collection, data descriptions and sources, research design, estimation techniques and some diagnostic checks.

3.1 Participants

The study involved participants from the Korle-Bu Teaching Hospital situated in Accra, the national capital of Ghana in the Greater Accra region. The Accra Metropolitan Area, which is 80% urban, lies within longitude 0.03⁰ and 0.25⁰ West and latitude 5.30⁰ and 5.33⁰ north. It covers an area of approximately 786.59km² with a population of about 1,719,860 and a growth rate of 3.36% per annum (Ghana Statistical Service, 2005). The Korle-Bu Teaching Hospital is located on the Coastal Savannah belt covering an area of 441 acres. It is the second largest teaching hospital in the West African sub-region and also serves as the ultimate referral institution to which difficult cases are referred from countries in the sub-region.

Potential participants were the 318 doctors and 832 nurses who worked in eleven of the seventeen departments of the hospital: Emergency; Cardiothoracic; Surgical; Medical; Obstetrics/Gynecology; Pediatrics/Child health; Anesthetics; Laboratory; Orthopedic surgery; Ophthalmology and ENT. A total number of 400 doctors and nurses were invited to participate in the study, out of which 80 respondents (36 doctors and 44 nurses) formed the sample size for the study. This sample consisted of 35 females (very predominantly nurses) and 45 males (very predominantly doctors) bringing the response rate to 20% before some further loss of cases due to missing data for some data analyses. When possible,

further case loss was minimized by using pairwise deletion of cases for missing data. Listwise deletion was used in multiple regression analyses and the resulting sample sizes will be apparent from the reported degrees of freedom.

3.2 Procedure

After ethics clearance was received from the researcher's home university, the researcher dispatched letters to the Chief Executive Officer, Head of Administration, Human Resource Manager, and Head of Nursing Services at the Korle-Bu Teaching hospital for permission to conduct the survey. Upon approval, announcements were posted in all the departments, dining halls and lounges of doctors and nurses informing them of an upcoming research and urging them to voluntarily be part of it while assuring them of their safety.

On the designated survey day, the researcher met participants in their lounges or department work areas and, after brief introductions, distributed the questionnaires to those who were willing to take part at that time. Each questionnaire had attached to it a letter of introduction entitled "Study Information for Participants" that again reiterated all conditions under which the survey was being conducted and about the rights and safety of potential participants. It was stated that participation was completely voluntary and participants were assured of their freedom to withdraw from the study at any time if they so wish and that their decision to participate or not will have no influence on their employment.

The researcher came back daily to provide questionnaires to those who had postponed their participation and to collect completed questionnaires from those who had responded and placed their questionnaires in locked boxes provided by the researcher. The researcher established good rapport and familiarity with all the hospital authorities, thus, resulting in maximum co-operation from the hospital authorities and participants. For example, upon each visit, in addition to providing some participants with lunch, the

researcher contributed to a favored charity of the doctors and nurses as compensation to the participants.

3.3 Study Materials

The primary materials used for the study consisted of a questionnaire (see Appendix) that was self administered at the hospital. The questionnaire was made up of 99 survey items to obtain responses about respondents' perceptions under eleven sections: Job satisfaction, Psychological empowerment, Social support, Job search behavior, Pay benefits satisfaction, Promotion satisfaction, Stress, Organizational commitment, Quitting intentions, Job pride/Respect, and Demographic Information. The contents of each section are explained further in the following:

Job satisfaction. Questions in this section dealt with the general feelings of participants about their jobs such as "Generally speaking, I am satisfied with this job". Participants indicated, with a circle, how much they agreed with each statement. The statements were rated on a 7 point Likert scale ranging from Strongly disagree (1) to Strongly Agree (7) as propounded by (Hackman & Oldman, 1974; Quinn & Shepard, 1974).

Autonomy in profession. This part of the questionnaire reflects participants' autonomy in initiating and continuing their work behaviors and processes such as making decisions about work methods, pace and effort. It includes statements such as "I have a great deal of control over what happens in my department" and asks participants to indicate in each case how much choice they have in initiating and regulating actions by circling the rated responses from a 7 point Likert scale ranging from Strongly disagree (1) to Strongly agree (7) as propounded by (Spreitzer & Gretchen M, 1995; Academy of Management Journal, 38(5) 1442-1465).

Social support. This section contains statements that describe the support that participants perceived was available from their supervisors and co-workers, such as “I enjoy the amount of support and guidance I receive from my supervisor”. Participants indicated with a circle on the number that best describes how they perceived the support received from supervisors and co-workers on a scale ranging from No such person (1), to Very much (5). (Caplan et al, 1980; Spector, 1985).

Job market. This section contains statements that describe how participants perceived the availability of alternative jobs and the extent to which their services were in demand in the job market. It includes statements such as “There simply aren’t very many jobs for people like me in the job market.” Participants indicated, with a circle, the number that best described their perception from a 5 point Likert scale such as: Strongly disagree (1) to Strongly Agree (5) (Spector, 1985).

Pay/Benefits satisfaction. This section contains items that describe facets of participants’ job with respect to Pay and Benefits Satisfaction such as “I feel I am being paid a fair amount for the work I do”. Participants circled the degree to which they agreed with each of the statements on a 7 point Likert Scale ranging from Strongly disagree (1) to Strongly Agree (7) (Spector, 1985).

Promotion satisfaction. This section also contains statements that describe another facet of participants’ jobs, relating to participants’ perception and satisfaction with the promotional structure present in their organization. It includes statements such as “There are no definite chances of promotion in my job.” Participants again were instructed to circle the number that best described the degree to which they agreed on a 7 point Likert Scale ranging from Strongly disagree (1) to Strongly agree (7). (Spector, 1985).

Stress. This section contains statements that describe participants' feelings and thoughts related to stress during the last month such as "In the last month, I have been upset because of something that happened unexpectedly". In each case, participants indicated the extent to which they agreed or disagreed on a 7 point Likert Scale ranging from Strongly disagree (1) to Strongly agree (7). (Ivancevich & Matteson, 1980).

Organizational commitment. This section contains statements that describe participants' commitment to the organization in which they worked, such as "I enjoy discussing my organization with people outside of it". Participants indicated the extent to which they agreed or disagreed with each statement on a 7 point Likert Scale ranging from strongly disagree (1) to strongly agree (7) (Meyer & Allen, 1997).

Quitting intention. This section contains questions designed to investigate the intentions of participants to quit their jobs in the near future. Some of the questions include "How often do you feel like quitting your job in this organization?" Participants answered these questions by circling rated responses that best described their intentions. The rated responses are; Almost Never/ Very Unlikely (1 – 3), Somewhat Likely/ Sometimes (4), Almost Everyday/Very likely (5 – 7) (Mobley, 1982a).

It also contains items designed to investigate activities of the participant towards the search for alternative jobs on the job market. Participants responded to statements such as "I am actively seeking an alternative job/role" and indicated their agreement or disagreement on a 5 point Likert Scale ranging from Strongly disagree (1) to Strongly agree (5) (Mobley, 1982a).

Pride/Respect. This section contains statements that best describe how proud participants felt about their jobs and with their organization. It contains statements such as "I am proud to be working for this organization". Participants indicated the extent to which

they agreed or disagreed with each of the statements on a 7 point Likert Scale ranging from Strongly disagree (1) to Strongly agree (7) (Author's design).

Demographic information. This section consists of questions about participants. It was intended to be used for classification and tracking of all participants after six months whether they have left or are still at post. It contains individual characteristic items such as: gender, age, marital status, job title, department and email address. In the latter part of this section, participants were requested to give a personal identification symbol that will be used to match their responses on the return survey to investigate their turnover (Author's design).

3.4 Data Analysis

All questionnaire responses obtained in the study were subjected to analysis. Principal Components Analysis (PCA) was used as a pre-analytical tool to obtain reliable (internally consistent) scales from questionnaire items on topics such as Organizational Commitment, Social Support, Job Satisfaction and Pride/Respect.

Basic descriptive statistics such as means and standard deviation together with correlation and regression analysis were then used to characterize the data. Following that, Cronbach's alpha was computed for all scales to describe the scales' reliabilities. Pearson correlation coefficients were used first to examine associations between variables, presented in a correlation matrix style. Finally a sequence of multiple regression analyses was employed to test the various hypotheses and to identify the variables that were independently (or uniquely) and significantly predictive of turnover intention and of the immediate influences on turnover intention. The analyses were done using the Statistical Package for Social Sciences (SPSS), Version 14 (see SPSS, Inc., 2006).

CHAPTER FOUR

4.0 RESULTS

4.1 Factor Analyses of a Priori Sets of Survey Item

Principal Component Analyses (PCAs) with Varimax rotation were used to determine the number of factors underlying the items that measure Commitment, Social Support, Job Satisfaction and Pride. Items were then combined (averaged) in accordance with PCA results to form scales that measured Commitment and the other conceptual variables.

Organizational commitment: Results presented in Table 1 show three factors extracted from the 12 items concerning organizational commitment. These three factors accounted for 59.55% of the variance in the scores (eigenvalues = 3.71, 2.09, and 1.34).

The three factor solution clearly distinguished between the three types of commitment: Affective commitment (items 1 and 2) concerns an employee's emotional attachment to, identification with, and involvement in the organization; Continuance commitment (8,9,10,11,12) concerns commitment associated with the costs that employees perceive are related to leaving the organization; and finally, Normative commitment (3,4,5,6,7) reflects pressures on an employee to remain with an organization resulting from a personal sense of obligation. There were no complex variables (i.e., no questionnaire items had sizable loadings on more than one factor). These results confirm that the original dimensions of the scale as developed by Meyer and Allen apply to this sample.

Social support: For this construct, PCA factor analysis grouped all initial 14 items into a 4 factor solution. However, the outcome did not entirely follow the pattern as expected. For instance, item grouping in factor 1 (1, 3, 5, 7, 12, 13 and 14) measured

supervisory support and item grouping under factor 2 (4, 8, and 9), measured support received from others/co-workers. However, items under factors 3 (2, 11) and 4 (6, 10) had no common relationships with each other, making them meaningless and so were taken out. This narrowed the number of items from 14 to 10 in total. Following this, the two factor solution in Table 2 was obtained on the remaining 10 items. This two-factor solution (with eigenvalues of 4.79 and 1.13). was more interpretable and useful, with items grouping into those concerning supervisory support (Factor 1 in Table 2) and co-worker support (Factor 2).

Job satisfaction: The PCA in Table 3 provides a two factor solution from the 6 items in the initial analysis, (eigenvalues = 3.0 and 1.0). The first factor consisted of items 1, 2 and 4 which had a common interpretation of how much an employee is satisfied with the job he or she does (thus describing an employee's satisfaction with the job performed) whereas items 3,5 and 6, loading on the second factor, also described the employee's satisfaction with the hospital as a place of work.

Pride/Respect: Finally, the PCA in Table 4 provided a three factor solution for the initial 12 items (eigenvalues = 3.87, 2.13 and 1.39) under this category. Items grouping under factor 1 (5, 6,8 and 9) concern the employees' perceptions about whether they are mistreated by co-workers or the supervisor. Factor 2 (4, 7, 10, 11 and 12) captures whether employees feel respected by co-workers and the organization. Factor 3 (1, 2, and 3) involves pride in one's affiliation with the organization (also referred to as organizational pride).

4.2 Descriptive Statistics

The means and standard deviations calculated for all variables are reported in Table 5. Table 5 also provides Cronbach's alphas obtained when items were combined into composite scores by obtaining averages of the items grouped as indicated in the factor

analysis tables or a priori scoring stated in the Method section. With the exception of the value of .57 for affective commitment, all alphas exceeded the value of .60 that some researchers consider to be a minimum for the further analyses planned here (involving correlations and regressions). Twelve of 16 alphas exceed .70 as well, which is another commonly used benchmark.

4.3 Correlations

Results from Table 6 show the correlations between all variables, including both the hypothesized predictors and outcomes. The key results are as follows.

Correlations among predictor variables: The potential predictors for Quitting intention were Psychological empowerment/autonomy, Supervisory support, Co-worker support, Stress, Pay/Benefits satisfaction, Promotion satisfaction, Organizational pride, Respect, Mis-treatment (reverse-scored), Affective commitment, Continuance commitment, Normative commitment, Job market opportunities, Job satisfaction and Satisfaction with place of work. Findings from the correlations in Table 6 among these variables indicate that there is a moderate positive correlation between Empowerment and social support—both Supervisory support and Co-worker support ($r=.39, p<0.01$ and $r=.24, p<0.01$) respectively. This indicates that higher levels of social support may also lead to higher levels of the psychological empowerment of employees. Empowerment was negatively correlated with Stress ($r=-.32, p<0.01$) and there was also a positive correlation between Empowerment and Promotion satisfaction ($r=.25, p<0.05$) as well as with both Organizational pride ($r=.26, p<0.05$) and Respect ($r=.26, p<0.05$).

Furthermore, Supervisory support was positively correlated with Co-worker support ($r=.63, p<0.01$) and negatively correlated with Stress ($r=-.27, p<0.05$). There was a moderately positive correlation between Supervisory support and Mis-treatment ($r=.32,$

$p < 0.01$), Respect ($r = .36, p < 0.01$) and Organizational pride ($r = .25, *p < 0.05$). Supervisory support was found to be negatively correlated with Continuance commitment ($r = -.30, p < 0.05$). Co-worker support on the other hand was positively correlated with Respect ($r = .41, p < 0.01$) and with Mis-treatment ($r = .35, p < 0.01$).

Pay/benefits satisfaction was positively correlated with Mis-treatment ($r = .31, p < 0.05$). Also, Promotion satisfaction was found to be positively correlated with Affective ($r = .38, p < 0.01$) and Normative commitment ($r = .26, p < 0.05$).

Organizational Pride moderately correlated with Normative commitment ($r = .41, p < 0.01$), continuance commitment ($r = .31, p < 0.01$) and Mis-treatment ($r = .38, p < 0.01$). In addition, Respect was positively correlated with Normative commitment ($r = .28, p < 0.05$) and with organizational pride ($r = .28, p < 0.05$).

Finally, Job market opportunities negatively correlated with continuance commitment ($r = -.34, p < 0.01$).

Correlations among Outcome Variables: There were two kinds of outcome variables involved in the model as outlined in the Literature Review section. These are Quitting intention and the two subscales of satisfaction, Job satisfaction and Satisfaction with place of work. Although both Job satisfaction and satisfaction with place of work were expected to be significantly negatively correlated with Quitting intention, the results indicated less significance of this attribute. This may be due to the fact that most respondents felt they were disclosing very personal information. This does not strongly support the predictions that higher levels of job satisfaction may lead to lower quitting intentions of employees. Also, there was a significant correlation between Job satisfaction and Satisfaction with place of work ($r = .55, p < 0.01$).

Correlations between Predictor and Outcome Variables: Empowerment was moderately correlated with Job satisfaction (both employee and place of work) ($r=.32, p<0.01$ and $r=.46, p<0.01$). This supports the expectation that empowerment will be strongly correlated with job satisfaction. This indicated that employees who have higher levels of empowerment may be satisfied with both the job performed and their place of work. Similarly, Pay/benefit satisfaction though weakly correlated with the employee's job satisfaction was moderately correlating with the employee's place of work ($r=.33, p<0.01$). Thus, an organization which has a higher pay and benefit system may have a higher employee satisfaction with the organization. Again, Stress negatively correlated with employee Job satisfaction ($r=-.26, p<0.05$). Organizational pride positively correlated with both Job satisfaction (employee), and Job satisfaction (place of work) ($r=.26, p<0.01$ and $r=.51, p<0.01$).

It is worth noting that though in line with the hypothesized predictions (H1) that Job satisfaction (employee and place of work) will correlate with Quitting intention, this was not significant. That is to say that higher level of job satisfaction may not necessarily lead to lower intention to quit. Also Job market and Stress have a positive correlation ($r=.35, p<0.01$ and $r=.43, p<0.01$) with quitting intention. In addition, Organizational pride and Co-worker pride were found to have negative correlations with Quitting intention ($r=-.39, p<0.01$ and $(r=-.27, p<0.05)$ respectively).

All the other predictors which included Pay/benefit satisfaction, Promotion satisfaction, Affective, Continuance and Normative commitment, Fairness pride and Supervisory support were negatively correlated with quitting intention and thereby supporting the hypothesis of the study. On the other hand, Empowerment and co-worker support had a positive correlation with Quitting intention though weak.

4.4 Multiple Regression Results

This section of this thesis will report the multiple regression analysis results. The first of several analyses sought to identify the unique (statistically independent) and statistically significant predictors of quitting intention (turnover intention) by allowing other measured variables to have the opportunity to enter the multiple regression equation for predicting quitting intention. Then the predictors of *these* predictors of quitting intention then were sought in further multiple regression analyses.

The relatively large number of potential predictors relative to the number of respondents made it necessary to establish *a priori* rules for how to proceed in these analyses. (Without constraints, seemingly significant results could more readily appear by chance or "over-fitting" the model.) The rules were that (1) all potential predictors must be causally prior (in accordance with Figure 3) to the final outcome variable (quitting intention for the first analysis, but its predictors in subsequent analyses) *and* (2) must show a sizable correlation with the outcome in the Pearson correlation matrix. This second rule was intended to reduce the opportunity for "over-fitting" of weak bivariate predictors—a special hazard because of the relatively small ratio of predictor variables to cases. Further, after using the two rules to select the predictor variables to be entered into a particular regression analysis, (3) backward stepwise elimination of predictors was employed to do away with variables that do not provide independent and significant prediction of the outcome.

Accordingly, the variables included as potential predictors in the initial analysis (e.g., due to their sizable correlations with quitting intention) were job market conditions, perceived stress, organizational pride, respect, and satisfaction with employer. After backward elimination, only stress and organizational pride emerged as statistically significant predictors of quitting intention. Table 7 presents the multiple regression findings. The

adjusted R^2 indicates that 41.4% of the variation in quitting intention is explained by the predictors. The F-ratio also indicates that the predictors are jointly significant in explaining the variation in the dependent variable (Quitting intention). All the predictors had the correct signs.

The indication here with stress as a significant predictor is that the higher the stress level of the health worker the more the health worker would be willing to consider quitting. For instance, from the beta coefficient in the table, if the stress levels increase by an extent corresponding to one standard deviation along the measure of stress, quitting intention is expected to go up by nearly half a standard deviation (.49). Concerning organizational pride and quitting intention, the result indicates that if the organizational pride of employees increases by an extent corresponding to one standard deviation along the measure of organizational pride, quitting intention is expected to decrease by little more than a third of a standard deviation (.37). Thus when people have higher pride for this organization, their intentions to quit are lower.

It must be noted however that in this analysis, the measure of perceptions of job market favorability was included only as a control and is assumed to be determined by aspects of the individual's personal situation, not conditions in their organization such as work climate. Therefore, this variable will not be further examined. However, for the variables concerning workplace experience and work attitudes which predicted quitting intention, it was of keen interest whether other variables assessed on the questionnaire could shed light on their origins. Accordingly, these predictors of quitting intention were analyzed subsequently as outcome variables relative to other variables on the questionnaire (excluding quitting intention, stress, and organizational pride according to the first rule of the multiple regression design). Results of these subsequent multiple regression analyses appear next.

Table 8 below displays findings with stress as an outcome variable. Predictors included in the original multiple regression analyses in accordance with the a priori rules for inclusion of variables and backward elimination, were empowerment, supervisory support, respect, job satisfaction and satisfaction with place of work. Empowerment emerged as significant inverse predictor of stress, and supervisory support yielded marginal statistical significance ($.10 > p > .05$), also in the expected, inverse direction. However, because of its consistency with previous research on work stress (e.g., Ivancevich & Matteson, 1980) and its practical implications, it is included in the table of results. The adjusted R^2 indicates that 21% of the variation in stress is explained by these two predictors.

The third regression analysis, in Table 9, shows organizational pride as the outcome variable. Predictors included in the original multiple regression analyses in accordance with the stated rules and by using the backward elimination method were empowerment, supervisory support, co-worker support, respect, mistreatment and job satisfaction, out of which respect and mistreatment emerged as the most significant predictors of organizational pride (each with the expected sign or direction of association). The adjusted R^2 indicates that 13% of the variation in organizational pride is explained by these predictors.

CHAPTER FIVE

5.0 DISCUSSION AND CONCLUSION

The study set out to examine how organizational climate influences turnover intentions among healthcare workers in Ghana. Specifically, the study investigated various job characteristics and other working conditions and reactions to those conditions such as satisfaction with the job and place of work, social support (support from supervisors and co-workers), empowerment, stress, organizational pride, respect, mistreatment, organizational commitment (affective, normative and continuance commitment), pay/benefits satisfaction, and promotion satisfaction. When using multiple regression analysis to examine these variables' possible influences on employees' intentions to quit, employees' perceptions of the Ghanaian job market were held constant.

This chapter will review the major findings from the two primary kinds of analysis (Pearson correlations and multiple regression analyses) and then discuss them in terms of implications, limitations, and prospects for future research.

Correlation Analysis

Bivariate correlation analysis was used to examine the relationships of all measured variables with each other and specifically to investigate the various hypotheses stated regarding job satisfaction, commitment; psychological empowerment and pay/benefit satisfaction on quitting intentions.

Satisfaction at Work and Quitting Intentions

Based on findings from a factor analysis of part of the study's survey questionnaire (Table 3) two aspects of satisfaction at work were distinguished and examined, namely employee Job Satisfaction and Satisfaction with the employee's place of work. From both

perspectives, correlation results pointed to the expected, negative relationships, although both relationships failed to reach statistical significance. This result therefore did not strongly support the hypothesis that, *there is a strong negative relationship between job satisfaction and quitting intentions*. However, other results suggest that the decision of healthcare workers to quit their jobs is driven by factors that are more specific and specifiable than job dissatisfaction.

Organizational Commitment and Quitting Intentions

Organizational commitment was analyzed from two perspectives— affective and continuance. (As indicated earlier in the review of related literature, previous research did not provide a solid basis for predicting effects of normative commitment, the third of three aspects of commitment generally recognized.) Affective commitment relates to the employee's attitudinal and emotional bond to the organization, while continuance commitment refers to the extent to which relative gains obtained by the employee determines his/her degree of attachment and dedication to the organization.

As hypothesized earlier, both affective and continuance commitment were expected to be negatively correlated to turnover intentions. Although, the findings from this study seem to agree with this assertion, it was found to be insignificant to the sample. This indicates that, emotional attachment on the part of healthcare workers is not as important in Ghana as can be found in other developed countries. Their continuous stay in the healthcare profession might be attributable to their professional dedication rather affective commitment. Similarly, continuance commitment did not show a significant relationship with turnover intentions.

Pay/Benefit and Quitting Intentions

It is commonly accepted that pay/benefits relates positively with job satisfaction and negatively with quitting intentions. In line with this, it was hypothesized that *Pay/benefit*

satisfaction will show a significant positive relation with job satisfaction and a significant negative relation with intention to leave in the Ghanaian health sector. Even though the relationship between pay/benefit and job satisfaction was generally positive, the relationship between pay/benefit and employee job satisfaction was found to be insignificant while that of pay/benefit and employee's satisfaction with place of work was significant. Because it is the employer ("place of work") which provides pay and benefits, it is quite understandable that this is the aspect of satisfaction that would show a significant positive effect of higher pay and benefit evaluations.

Empowerment and Quitting Intentions

Based on Larrabee et al (2003) it was hypothesized that: *lack of control or a deficiency in empowerment will result in job dissatisfaction and turnover intentions of employees.* Analyses of the correlation results indicated that, although empowerment significantly related to job satisfaction, it was insignificantly related to quitting intentions. This suggests that psychological empowerment was a significant incubator for enhancing job satisfaction among employees but has no direct influence on their quitting intentions (i.e., other than influences on potential causes of quitting intentions). This study therefore suggests that organizational managers need to ensure that work practices incorporate job design factors that foster employee empowerment as an important organizational goal if they are seeking to improve the overall job satisfaction of workers.

Multiple Regression Analysis

Taking a broad view of the correlation results, it was evident that most of the variables had the expected relationship with quitting intentions, though many of these relationships were not statistically significant. Variable with statistically significant bivariate

relationships with quitting intentions were retained for multiple regression analysis, according to the regression rules discussed in the preceding chapter.

The objective of subjecting the more significant factors to multiple regression analysis was to find out which of them was most proximal to quitting intentions, and which were uniquely, distinctly, or independently significant predictors of quitting intentions. This was to investigate the hypothesis that *Climate factors are the most significant predictors of quitting intentions within the Ghanaian health sector*. The results indicated that organizational pride and stress were the most proximal, distinct factors in quitting intentions. It was also found that empowerment and supervisory support were causal predictors of stress, and respect and mistreatment predicted organizational pride.

Practical Implications

From the results discussed above, there are several implications for HR practice especially in Ghana and among healthcare workers.

Stress

This research provided evidence that stress plays a major role in turnover intentions. The indication here with stress as a significant predictor is that the higher the stress level of the health worker the more the health worker would be willing to consider quitting. Therefore, managers of organizations need to put in place human resource practices that will mitigate job stress within the organization. Drawing from findings of this study, managers need to be aware that they can shape organizational (situational) factors through job enrichment such as employee empowerment/work autonomy as well as supervisory support systems that allow employee participation in the decision making process.

Organizational Pride

Other studies' results indicate that although health workers in Ghana are experiencing high job stress, their high level of commitment to their profession helps to keep them in the profession. This study's results indicate that keeping health workers with a particular employer depends partly on employees' pride in the employing organization. Organizational pride can be expected also to enhance employees' job performance, to reduce absenteeism and to promote intrinsic motivation. Therefore managers of health care organizations should do all they can to instill pride in the organization.

Further findings (Table 9) tell some of the conditions that managers should foster in order to instill this pride. Specifically, managers need to be aware of factors such as the level of respect and mistreatment that exist among co-workers and supervisors.

A Revised Model for Turnover Intention

Results of this study thus indicate that the model initially proposed for explaining quitting intentions in the health sector of Ghana should be revised. Instead of job satisfaction being the most immediate precursor to turnover intentions, the study indicates that stress and organizational pride are rather the most proximal factors to turnover intentions. This causal flow is illustrated in Figure 4.

Organization Climate Variables

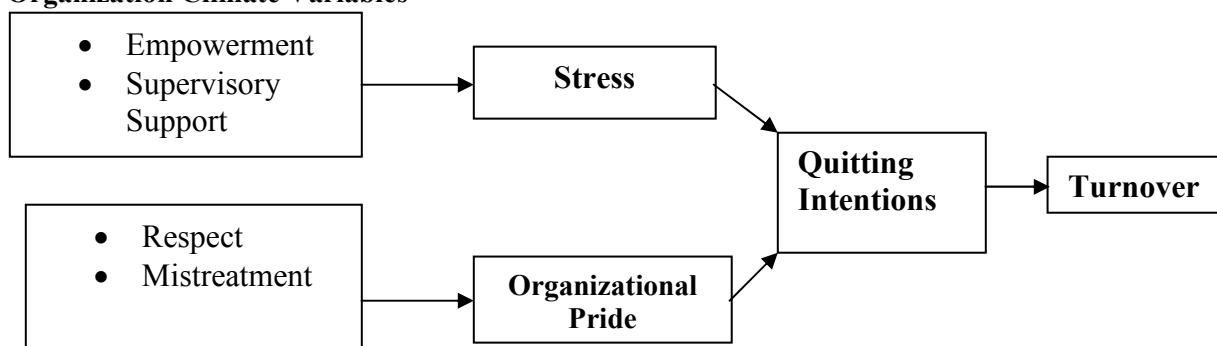


Figure 4: Researcher's New Model for Determinants of Turnover

Limitations

The study has an implied premise that the intentions of healthcare workers to quit are a determinant of actual turnover, as indicated in Figure 4. However, due to time constraints, the study was unable to verify this connection through actual turnover figures. Other research on turnover and on intentions (e.g., Ajzen & Fishbein, 1980) supports this connection, however.

As noted earlier, another key limitation is the relatively small size of the sample. However, this sample size did not make it impossible to obtain statistically significant results, and precautions were taken (e.g., in the multiple regression analysis design) to avoid capitalizing on chance patterns in the data stemming from the small sample size.

Another limitation to the study was the fact that it was undertaken in only one healthcare institution in Ghana. In addition, the participants came from a range of positions and locations within the hospital so the findings cannot be generalized to other organizations. Despite this, I believe that for the most part the findings should be relevant to other similar occupations and professions in similar organizations because the work roles and conditions were typical of hospitals in Ghana.

Some notable problems encountered in the process of data collection included the following:

- Difficulty in obtaining the consent of individual doctors and nurses to voluntarily participate in the study: The researcher sought the assistance of colleagues working in the hospital to serve as mediators in convincing most of the doctors and nurses who had initially refused to take part in the study to change their mind.

- Participants' holdup and misplacement of already given questionnaires. The researcher frequently took the telephone numbers and email addresses of participants who postponed the submission of completed questionnaires and constantly reminded them. In addition, the researcher made available more questionnaires on each visit, either in person or through those contracted to those who had misplaced theirs.

Strengths of the Research

The present study had a number of strengths, including the comprehensiveness of the model and the novelty and policy importance of undertaking research on turnover intentions specifically within a Ghanaian context. In addition this research built on the existing knowledge of what could cause employees to have turnover intentions, building on a comprehensive review of literature on turnover—both generic and health care-related. Consequently this study provided an opportunity to broaden the field's knowledge about turnover intentions by including the organizational climate factors and other working conditions that may influence employee turnover intentions.

Future Research

Future research should continue to develop theoretical understanding of the turnover intentions process, because the theory needs to keep pace with ongoing changes in the modern work environment. The model presented in this research can provide a starting point for these future developments.

In regard to job satisfaction, deeper investigation needs to take place in its relationship with turnover intentions. The melting pot of different satisfaction spheres provides managers of organizations with new challenges. Examining the relationship of these variables could prove valuable in how they operate in today's environment, their

influence with each other and turnover intentions. There is a considerable amount of empirical research left to be done to have a greater understanding of the impact of stress and organizational pride and its relationship with turnover intentions.

An important consideration for contemporary management is how organizations can attract and retain highly valuable employees. A number of organizations are offering mentoring and career development programs to attract and retain high caliber employees to their organizations (see Mesmer, 1988; Underhill, 2006). Although these programs have their place, the present study suggests that attention should be given in the future as well to the working conditions studied here, to determine whether employee attraction as well as retention are improved through stress management, social behaviour management (as when supervisor support is promoted and employee mistreatment is deterred) and the other management actions pointed to by the present study's findings.

Finally as previously mentioned it would be beneficial to conduct larger-scale studies as well as longitudinal studies to overcome the limitations discussed. Longitudinal research would enable stronger causal conclusions to be made about the turnover intentions process.

Conclusion

The present study found support for stress and organizational pride as proximal variables with turnover intentions. It further identified the organizational climate variables responsible for these factors. For stress, empowerment and supervisory support emerged as predictors while respect and mistreatment predicted organizational pride. Therefore organizations should focus on how to foster organizational pride and reduce job stress in the work place to enhance employee retention. The findings of this study provide information that will be useful to organizations, personnel researchers, behavioral scientists and management practitioners.

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Table 1: Varimax Rotated Factor Loadings for Organizational Commitment Items

	Factor		
	1	2	3
1. I enjoy discussing my organization with people outside of it. (R)	.16	.08	.74
2. I think that I could easily become as attached to another organization as I am to this one.	-.22	-.00	.77
3. I think that people these days move from employer to employer too often. (R)	-.07	.66	.34
4. One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain. (R)	.07	.77	.14
5. If I got another offer for a better job elsewhere I would not feel it was right to leave my organization. (R)	.16	.66	.13
6. I was taught to believe in the value of remaining loyal to one organization. (R)	.17	.65	-.27
7. Things were better in the days when people stayed with one organization for most of their careers. (R)	.14	.69	-.16
8. It will be very hard for me to leave my organization right now, even if I wanted to.	.76	.13	-.03
9. Too much in my life would be disrupted if I decide I wanted to leave my organization now.	.85	.10	-.04
10. Right now staying with my organization is a matter of necessity as much as desire.	.82	.21	-.08
11. I feel that I have too few options to consider leaving this organization.	.74	.06	.15
12. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice -another organization may not match the overall benefits that I have here.	.75	.03	-.11

Note: Items denoted with (R) were reversed scored before conducting the factor analysis, reliability calculations and computation of scale scores.

Table 2: Varimax Rotated factor Loadings of Social Support Items

	Factors	
	1	2
How much does each of these people go out of their way to do things to help make your work life easier for you? A. Your immediate supervisor	.67	.44
How easy is it to talk to each of the following people? A. Your immediate supervisor	.64	.45
How easy is it to talk to each of the following people? B. Other people at work	.37	.64
How much can each of these people be relied on when things get tough at work? A. Your immediate supervisor	.79	.14
How much is each of the following people willing to listen to your personal problems? A. Your immediate supervisor	.58	.55
How much is each of the following people willing to listen to your personal problems? B. Other people at work	.05	.83
How much do you like the people you work with?	.23	.62
I enjoy the amount of support and guidance I receive from my supervisor.	.86	.27
I receive the respect and recognition I need from my supervisor.	.73	.42
I like the overall quality of the supervision I receive from my work.	.81	.11

Table 3: Varimax Rotated factor Loadings for Job Satisfaction Items

	Factors	
	1	2
Generally speaking, I am very satisfied with this job	.70	.29
My job is similar to my ideal job	.83	.20
Overall I am satisfied with my hospital as a place to work	.50	.65
My job measures up to the sort of job I wanted when I took it	.73	.70
I am generally satisfied with the kind of work I do in this hospital	.33	.72
I would recommend applying for a job with my employer if a good friend were to ask whether to apply here	.00	.94

Table 4: Varimax Rotated factor Loadings of Pride Items

	Factors		
	1	2	3
1. I am proud to be working for this organization.	.16	.04	.77
2. I am glad to be part of what my hospital accomplishes.	.14	.09	.83
3. In my organization, we set very high standards for performance.	.16	.10	.83
4. I feel I am treated in a polite manner by everyone I work with.	.31	.63	.22
5. Sometimes co-workers make improper comments to me. (R)	.81	.10	-.12
6. Sometimes supervisors or superiors make improper comments to me. (R)	.80	.10	.22
7. I receive the respect I need in working with others here.	.14	.70	.01
8. Too often, co-workers are inconsiderate to me. (R)	.72	.20	.29
9. Too often, supervisors or superiors are inconsiderate to me. (R)	.79	-.02	.18
10. The way other hospital workers act toward me upholds my dignity.	-.27	.35	.35
11. The organization treats me with sensitivity.	.02	.91	-.04
12. My rights are respected in my organization.	.00	.85	.17

Note: Items denoted with (R) were reversed scored before conducting the factor analysis, reliability calculations and computation of scale scores.

Table 5: Descriptive Statistics for All Variables

Variables	N	Minimum	Maximum	Mean	Std. Deviation	Alpha Reliability
Empowerment	73	1.00	6.50	3.83	1.45	.87
Supervisory support	70	1.00	5.00	4.01	.85	.91
Co-worker support	70	1.67	5.00	4.04	.72	.61
Stress	68	1.57	5.86	3.81	.85	.75
Pay benefit satisfaction	64	1.13	4.88	2.96	.99	.65
Promotion Satisfaction	70	1.00	7.00	3.75	1.44	.75
Pride (Organizational)	69	1.00	7.00	5.15	1.23	.79
Respect	69	1.40	6.20	4.12	1.15	.75
Mis-treatment (reversed)	70	1.00	7.00	3.83	1.42	.81
Affective commitment	68	1.00	7.00	4.20	1.49	.57
Normative commitment	70	1.00	6.60	3.68	1.20	.74
Continuance commitment	70	1.00	7.00	3.51	1.51	.85
Job market	66	1.93	4.14	3.26	.51	.70
Job satisfaction	72	1.33	7.00	4.51	1.44	.69
Satisfaction (place of work)	71	1.33	7.00	4.31	1.47	.76
Quitting intention	71	1.00	6.33	3.23	1.44	.76

Table 6: Pearson Correlation among All Variables Using All Participant Data

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Empowerment	1															
2 Supervisory support	.39**	1														
3 Co-worker support	.24*	.63**	1													
4 Stress	-.32**	-.26*	-.18	1												
5 Pay/benefit Satisfaction	.20	.19	.04	-.20	1											
6 Promotion satisfaction	.26*	.23	-.09	-.18	.25	1										
7 Pride (Organizational)	.26*	.25*	.22	-.24	.12	.24	1									
8 Respect	.26*	.37**	.41**	-.22	.19	.14	.28*	1								
9 Mistreatment	-.19	-.32**	-.36**	.18	-.31*	.09	-.33**	-.22	1							
10 Affective Commitment	.15	.04	-.17	.07	.04	.38**	.14	.06	.10	1						
11 Normative Commitment	.18	.13	.10	-.13	.20	.26*	.41**	.28*	-.10	.09	1					
12 Continuance Commitment	-.11	-.31*	-.11	.13	.16	.03	.31**	.18	.02	-.01	.23	1				
13 Job market	.16	.19	.09	.09	-.03	.22	-.01	.10	-.03	.01	.22	-.34**	1			
14 Job satisfaction	.32**	.13	.06	-.26*	.24	.17	.26*	.06	-.21	.03	.10	.11	-.02	1		
15 Satisfaction (place of work)	.46**	.22	.14	-.22	.33**	.19	.51**	.13	-.30*	.19	.01	.20	-.17	.55**	1	
16 Quitting Intention	.07	-.04	.03	.43**	-.19	-.21	-.40**	-.28*	.13	-.09	-.12	-.11	.38**	-.12	-.23	1

** $p < 0.01$, * $p < 0.05$

Table 7: Multiple Regression with Quitting Intention as Dependent Variable

	β	t
Job Market	1.19	4.19***
Stress	0.49	2.72***
Organizational Pride	-0.37	-3.17***

R ²	0.44
Adjusted R ²	0.41
F (3, 56)	= 14.42***

* $P < 0.10$, ** $P < 0.05$, *** $P < 0.01$

Table 8: Multiple Regression Results with Stress as the Outcome Variable

	β	t
Empowerment	-0.18	-2.45***
Supervisory support	-0.25	-1.86*

R ²	0.24
Adjusted R ²	0.21
F (2, 56)	= 8.31***

* $P < 0.10$, ** $P < 0.05$, *** $P < 0.01$

Table 9: Multiple Regression Results with Pride as the Outcome Variable

	β	t
Respect	0.24	1.85*
Mistreatment	-0.24	-2.28**

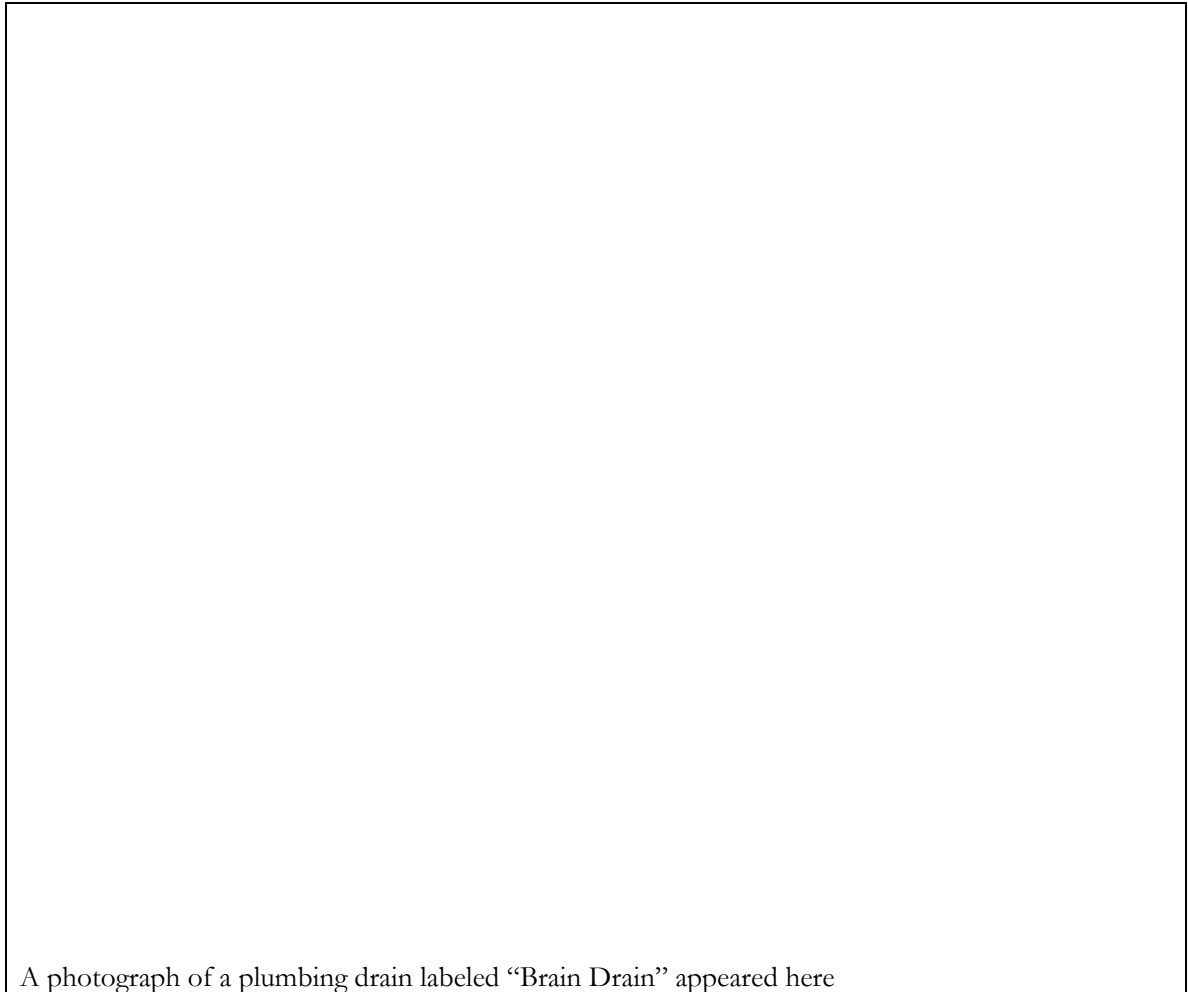
R ²	0.15
Adjusted R ²	0.13
F (2, 63)	= 5.53***

* $P < 0.10$, ** $P < 0.05$, *** $P < 0.01$

APPENDIX

Questionnaire

Organizational Climate and Turnover: A Case Study of the Korle-Bu Teaching Hospital



Susana Adjei-Appiah
University of Waterloo



Prof. John Michela
(Supervisor)

The present questionnaire focuses on how employees of the Korle-Bu Teaching Hospital perceive the various organizational factors in relation to their jobs.

The content is a set of questions to which you may respond. Note that these will be completely confidential and anonymous. This information will be only used for research purposes to the benefit of Ghana in improving the current status of the health sector.

First, we begin by asking some general questions about your overall satisfaction with your job, then questions about how you perceive the various organizational facets follows, and finally questions about yourself. In order to answer all of them you just have to follow the instructions preceding the questions while guided by the following, that:

- There is no right or wrong answer,
- There is no limited time to fill it in,
- It is best to answer the questions with the first thought that comes into mind.

Your cooperation is continually critical to the advancement of research, and without your help it would not be possible to move forward in science.

Thanks in advance

Job Satisfaction

* Below is a list of statements dealing with your general feelings about your job. Please, read each statement carefully and indicate, with a circle, your own personal feelings about your job. How much do you agree with each statement?

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. Generally speaking, I am very satisfied with this job	1	2	3	4	5	6	7
2. My job is similar to my ideal job	1	2	3	4	5	6	7
3. Overall I am satisfied with my hospital as a place to work	1	2	3	4	5	6	7
4. My job measures up to the sort of job I wanted when I took it	1	2	3	4	5	6	7
5. I am generally satisfied with the kind of work I do in this hospital	1	2	3	4	5	6	7
6. I would recommend applying for a job with my employer if a good friend were to ask whether to apply here	1	2	3	4	5	6	7

Psychological Empowerment

This part of the questionnaire asks you to describe your individual sense of how much choice you have in initiating and regulating actions. It reflects your autonomy in the initiating and continuation of work behaviors and processes such as making decisions about work methods, pace and effort. Please circle the number that most accurately describes your feelings.

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. I have a great deal of control over what happens in my department.	1	2	3	4	5	6	7
2. My impact on what happens in my department is large	1	2	3	4	5	6	7
3. I have significant influence over what happens in my department	1	2	3	4	5	6	7
4. I have considerable opportunity for independence and freedom in how I do my job.	1	2	3	4	5	6	7
5. I can decide on my own how to go about doing my work.	1	2	3	4	5	6	7
6. I have significant autonomy in determining how I do my job.	1	2	3	4	5	6	7

Social Support

This section contains subscales that describes the support that you perceive is available from your supervisor and co-workers. Please indicate, with a circle, the one which best describes your perceptions about the support you receive.

	No such person	Not at all	A little	Somewhat	Very Much
1. How much does each of these people go out of their way to do things to help make your work life easier for you? A. Your immediate supervisor B. Other people at work	1 1	2 2	3 3	4 4	5 5
2. How easy is it to talk to each of the following people? A. Your immediate supervisor B. Other people at work	1 1	2 2	3 3	4 4	5 5
3. How much can each of these people be relied on when things get tough at work? A. Your immediate supervisor B. Other people at work	1 1	2 2	3 3	4 4	5 5
4. How much is each of the following people willing to listen to your personal problems? A. Your immediate supervisor B. Other people at work	1 1	2 2	3 3	4 4	5 5
5. How much do you like the people you work with?	1	2	3	4	5
6. To what extent would you say you enjoy your co-workers?	1	2	3	4	5
7. How much bickering and disagreement would you say is at your workplace?	1	2	3	4	5
8. I enjoy the amount of support and guidance I receive from my supervisor.	1	2	3	4	5
9. I receive the respect and recognition I need from my supervisor.	1	2	3	4	5
10. I like the overall quality of the supervision I receive from my work.	1	2	3	4	5

Job Market Opportunities

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. There simply aren't very many jobs for people like me in the job market.	1	2	3	4	5
2. Given my qualifications and experience, getting a new job would not be very hard at all.	1	2	3	4	5
3. I can think of a number of organizations that would probably offer me a job if I was looking.	1	2	3	4	5
4. If I looked for a job, I would probably wind up with a better job than the one I have now.	1	2	3	4	5
5. By and large, the jobs I could get if I left here are superior to the job I have now.	1	2	3	4	5
6. Most of the jobs I could get would be an improvement over my present circumstances.	1	2	3	4	5
7. I have a far-reaching "network" of contacts which could help me find out about other job opportunities.	1	2	3	4	5
8. I have contacts in other companies who might help me line up a new job.	1	2	3	4	5
9. My work and/or social activities tend to bring me in contact with a number of people who might help me line up a new job.	1	2	3	4	5
10. Right now, I have a job offer "on the table" from another employer, if I choose to take it.	1	2	3	4	5
11. I have found a better alternative than my present job.	1	2	3	4	5
12. I am unable to move to another place of residence now even if a better job came around.	1	2	3	4	5
13. My spouse's career makes it very difficult for me to leave.	1	2	3	4	5
14. There are factors in my personal life (eg. school age children, relatives, etc.) which makes it very difficult for me to leave in the near future.	1	2	3	4	5

Pay/Benefits Satisfaction

This section contains items that describe facets of your job. The job facets here include pay and benefits satisfaction. Please circle the degree to which you perceive these job facets within your organization.

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. I feel I am being paid a fair amount for the work I do.							
2. Raises are too few and far between.							
3. I am unappreciated by the organization when I think about what they pay me.							
4. I feel satisfied with my chances for salary increases.							
5. I am not satisfied with the benefits I receive.							
6. The benefits we receive are as good as most other organizations offer.							
7. The benefit package we have is equitable.							
8. There are benefits we do not have which we should have.							

Promotion Satisfaction

This following section also contains items that describe another facet of your job, relating to promotion. This measures your perception and satisfaction with the promotional structure present in your organization. Please circle the degree to which you agree with these items.

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. There are definite chances of promotion on my job.							
2. Those who do well on the job stand a fair chance of being promoted.							
3. People get ahead as fast here as they do in other places.							
4. I am satisfied with my chances for promotion.							

Perceived Stress

This part describes your feelings and thoughts during the last month. In each case, you are to describe the extent to which you agree or disagree to each item with a circle.

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. In the last month, I have often been upset because of something that happened unexpectedly.			1 2 3 4 5 6 7				
2. In the last month, I have often felt that I was unable to control the important things in my life.			1 2 3 4 5 6 7				
3. In the last month, I have often felt nervous and “stressed”.			1 2 3 4 5 6 7				
4. In the last month, I have often dealt successfully with irritating life hassles.			1 2 3 4 5 6 7				
5. In the last month, I have often felt that I was effectively coping with important changes that were occurring in my life.			1 2 3 4 5 6 7				
6. In the last month, I have often felt confident about my ability to handle my personal problems.			1 2 3 4 5 6 7				

7. In the last month, I have often felt that things were going my way.	1 2 3 4 5 6 7
8. In the last month, I have often found that I could not cope with all things that I had to do.	1 2 3 4 5 6 7
9. In the last month, I have often been able to control irritations in my life.	1 2 3 4 5 6 7
10. In the last month, I have often felt that I was on top of things.	1 2 3 4 5 6 7
11. In the last month, I have often been angered because of things that happened that were outside of my control.	1 2 3 4 5 6 7
12. In the last month, I have often found myself thinking about things that I have to accomplish.	1 2 3 4 5 6 7
13. In the last month, I have often been able to control the way I spend my time.	1 2 3 4 5 6 7
14. In the last month, I have often felt difficulties were piling up so high that I could not overcome them.	1 2 3 4 5 6 7

Organizational Commitment

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. I enjoy discussing my organization with people outside of it.	1	2	3	4	5	6	7
2. I think that I could easily become as attached to another organization as I am to this one.	1	2	3	4	5	6	7
3. I think that people these days move from employer to employer too often.	1	2	3	4	5	6	7
4. One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.	1	2	3	4	5	6	7
5. If I got another offer for a better job elsewhere I would not feel it was right to leave my organization.	1	2	3	4	5	6	7
6. I was taught to believe in the value of remaining loyal to one organization.	1	2	3	4	5	6	7
7. Things were better in the days when people stayed with one organization for most of their careers.	1	2	3	4	5	6	7

<p>8. It will be very hard for me to leave my organization right now, even if I wanted to.</p>	<p>1 2 3 4 5 6 7</p>
<p>9. Too much in my life would be disrupted if I decide I wanted to leave my organization now.</p>	<p>1 2 3 4 5 6 7</p>
<p>10. Right now staying with my organization is a matter of necessity as much as desire.</p>	<p>1 2 3 4 5 6 7</p>
<p>11. I feel that I have too few options to consider leaving this organization.</p>	<p>1 2 3 4 5 6 7</p>
<p>12. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice –another organization may not match the overall benefits that I have here.</p>	<p>1 2 3 4 5 6 7</p>

Quitting intention

	<p>Almost Never</p> <p>Sometimes</p> <p>Almost Everyday</p>
1. How often do you feel like quitting your job in this organization?	1 2 3 4 5 6 7

	<p>Very Unlikely</p> <p>Somewhat Likely</p> <p>Very Likely</p>
2. How likely is it that you will actually leave your organization in the next one year?	1 2 3 4 5 6 7

	<p>Strongly Disagree</p> <p>Disagree</p> <p>Neutral</p> <p>Agree</p> <p>Strongly Agree</p>
3. I am actively seeking an alternative job/role (an activity other than my present job).	1 2 3 4 5

Pride/Respect

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. I am proud to be working for this organization.	1	2	3	4	5	6	7
2. I am glad to be part of what my hospital accomplishes.	1	2	3	4	5	6	7
3. In my organization, we set very high standards for performance.	1	2	3	4	5	6	7
4. I feel I am treated in a polite manner by everyone I work with.	1	2	3	4	5	6	7
5. Sometimes <u>co-workers</u> make improper comments to me.	1	2	3	4	5	6	7
6. Sometimes <u>supervisors or superiors</u> make improper comments to me.	1	2	3	4	5	6	7
7. I receive the respect I need in working with others here.	1	2	3	4	5	6	7
8. Too often, <u>co-workers</u> are inconsiderate to me.	1	2	3	4	5	6	7

9. Too often, supervisors or superiors are inconsiderate to me.	1 2 3 4 5 6 7
10. The way other hospital workers act toward me upholds my dignity.	1 2 3 4 5 6 7
11. The organization treats me with sensitivity.	1 2 3 4 5 6 7
12. My rights are respected in my organization.	1 2 3 4 5 6 7

Demographic Information

This section consists of questions about you. Please note that **All** your responses will remain confidential and you may decline answering any questions that you prefer not to answer although it will be only used for purposes of research.

What is your gender? Female ___ Male ___

What is your age? -----

Marital status:

 Married ___

 Single ___

Job Title:

 Doctor ___

 Nurse ___

Department

 --- Emergency unit

 ---Cardiology

 --- Surgical unit

 --- Medical

 --- Others

Email address/Telephone Number (Note: This may be used to contact you only for the purpose of this study):

.....

Turnover data will be collected in six months. As part of this research, we will want to know whether you are still working here. Therefore we need a way to determine which questionnaires are from people who stayed and which are from people who left.

However, we do NOT want to have your actual name on this questionnaire. We need to use a different way of matching up this questionnaire with whether you are still working here in six months. This matching will be possible if you make up a “code name” for yourself and write it in the following box.

In six months we will re-contact you and ask you what you wrote in this box. PLEASE choose a code name that you will be able to remember!

Many people use their mother’s maiden name because it would not be known by your employer--and therefore your identity will be kept secret if you use your mother’s maiden name as your code. Or you can use the name of a pet or a place. Please choose a code name that is NOT likely to be used by anyone else.

If you leave the box on this page blank, you may still be in the study But without our being able to look at turnover with your data.

THANK YOU VERY MUCH