

CHAPTER II

REVIEW OF THE LITERATURE

The review of literatures are done and are divided into three issues for discussion. The first issue of the review of literature will be discussed about conceptual issues in the study of nursing turnover. The second, the conceptual framework which discusses a model of anticipated turnover and process of nursing turnover. And lastly the third issue will highlighted the relationship among variable and also include a review of the related research.

I CONCEPTUAL ISSUES IN NURSING TURNOVER

Actual turnover as a behavior

This study focused on anticipated turnover as a step immediately preceding actual turnover. Actual Turnover, or actually leaving a position within an organization, is a directly observable behavioral act. Anticipated turnover is a behavioral intention and can only be inferred. Because actual turnover and anticipated turnover represent two concepts on the attitude-belief-intention behavior continuum, it is appropriate to discuss that continuum.

First, however, a theoretical overview of actual turnover is offered. The concept of actual turnover is operationally defined more often than it is theoretically defined in the literature.

Henne and Locke (1985) have conceptualized that attitudes held by employees about their work may result in a number of possible consequences which may be behavioral

or psychological. Behavioral consequences include absenteeism and turnover, which can be thought of as types of withdrawal responses. Traditionally, absenteeism has been studied concurrently with turnover (Porter & Steers, 1973, Steers & Rhodes, 1978).

The theoretical definition of actual turnover for this study was as follows: "Actual turnover is one of a number of possible consequences which results from attitudes employees hold about their work. Actual turnover is a directly observable behavior. In some, but not all, cases, actual turnover may be considered an avoidance response" (Henne & Locke, 1985). Actual turnover is based on behavior of individuals, but is normally measured in terms of organizational turnover rates. As an aside, psychological (versus behavioral) consequences of employee attitudes toward work include changing perceptions of the work situation, changing one's values, changing reactions through defense mechanisms, and toleration (Henne & Locke, 1985).

Anticipated turnover as a Behavioral Intention

In contrast to actual turnover which is viewed as a behavior, anticipated turnover may be considered an intention.

For this study, the theoretical definition of anticipated turnover was as follows: "an employee's intention to withdraw from the work setting in an observable way by terminating his/her position eventually

at some unspecified time in the future" (Hinshaw & Atwood, 1987).

Fishbein and Ajzen (1975) held that intentions involve four different elements : the behavior, the target object at which the behavior is directed, the situation in which the behavior is to be performed, and the time at which the behavior is performed. A person intends to perform a particular act with respect to a given object in a specified situation at a given point in time (p. 292).

According to Fishbein's (1967) Model for the Prediction of Intentions, there are two major factors that determine behavioral intentions : a personal or attitudinal factor and a Social or normative factor (Fishbein & Ajzen, 1975, p. 301) The personal or attitudinal factor is proposed to be a function of the perceived consequences of performing that behavior. The social or normative factor deals with the influence of the social environment on behavior.

Voluntary or Involuntary Turnover

The literature reveals that two major types of turnover have been studied : Voluntary and involuntary turnover. Voluntary turnover was defined as an individual initiating termination or quitting an agency (Weisran, 1982 ; Mann and jefferson, 1988). Voluntary turnover is often viewed as the more avoidable or unnecessary type of turnover (Phillips, 1987).

In contrast, involuntary turnover was defined as the organization initiating the turnover or dismissing the employee (Price, 1977 ; Seybolt, Pavett, & Walkep, 1978). Employees who quit for health reasons (Such as permanent disability), die, retire, are fired, or fail to pass their probationary period are not always counted as leavers since their job separations were involuntary. Duxbury and Armstrong (1982) suggest that involuntary turnover is often less frequent in nursing settings than in non-nursing employment settings, so whether or not it is considered as part of the turnover indices may little practical difference. Involuntary separations are rarely studied, as noted by Phillips (1987).

Anticipated and Actual turnover

The focus of the present study was on anticipated voluntary turnover. One of its premises was that the behavior of voluntary turnover is normally preceded conceptually by the behavioral turnover intention.

Michaels and Spectop (1982) emphasized that turnover appears to be the result of a process occurring over time ; that turnover, though it is a behavior, is not merely an act that is clearly separable from its antecedent attitudes, beliefs, and intentions. In general, they held that a causal chain operates in the process which culminates in actual turnover. That is, individual and organizational factors influence perceptions held by the employee which, in turn, influence intent to stay or leave as well actual turnover.

The view of turnover being the result of a process distinguishes between anticipated and actual turnover and places anticipated turnover in temporal precedence to actual turnover (Hinshaw, Smeltzer & Atwood, 1987 ; Arnold & Feldman, 1982).

Hinshaw, Smeltzer & Atwood(1987) defined anticipated turnover as " the degree to which nursing staff members perceived they would terminate their positions eventually at some unspecified time in the future."

Positive and Negative Consequences of Turnover

In addition to the several dichotomies already noted in turnover research (behavior versus intentions ; voluntary versus involuntary turnover ; and anticipated versus actual turnover), the literature deals with both beneficial and adverse consequences of actual turnover. Phillips (1987) posited that there is no set turnover rate beyond which damage will always occur to an organization. It is possible that turnover as a process can yield both positive and negative consequences for the individual and the organization, at whatever rate it occurs.

Positive Impact Not all turnover among employees carries with it a negative impact (Prescott & Bowen, 1987 ; phillips, 1987). While emphasizing the high costs of turnover, Prescott and Bowen (1987. p.65) acknowledged that, "Turnover does open opportunities for hospitals to weed out non-productive employees...to make organizational adjustments and update job descriptions with less danger to

staff morale Vacancies enable administrators to bring in the new ideas, skills, and talents they need to initiate change."

Negative Impact The negative impact, or cost, of turnover was divided into three main areas by Stryker (1981) : (1) financial ; (2) quality of care ; and (3) staff morale

Financial Cost. Hinshaw, Smeltzer and Atwood (1987) stated that, "The negative effects of turnover are detrimental to a system trying to maintain quality of care while decreasing costs" (p. 8). Employee turnover is thought to be responsible for 5-7% of the total wage bill (Stryker, 1981). Price (1977) and Brief (1976) suggested that employee turnover is the greatest cause of fiscal loss in personnel management.

Taking into consideration the cost of recruiting, interviewing, selecting, placing, training, and orienting a new employee, Price (1977) estimated that the cost of replacing one member of staff could be as high as four times the monthly salary involved. Recruiting and orienting a professional nurse to an institution may range from \$ 3,000 to \$5,000 (Donovan, 1980). For critical care nurses, the cost of recruiting nad orienting has been estimated at \$ 7,000 to \$8,000 by Weisman and Nathanson (1985).

Quality of care Consequences. Stryker's (1981) second cost of turnover was reduced quality of care. The inverse relationship between quality of patient care and level of employee turnover has been cited in the literature

at least since the 1960's when Revans (1964) found that higher turnover of nurses in British acute hospitals was related to longer length of stay for patients with acute conditions. The implication was that high turnover was associated with poorer care and thus longer convalescent periods. Garabaldi, Broodine and Matsumiya (1981), in their study of seven nursing homes, observed that the physical care of long-term patients in nursing homes may also deteriorate during high staff turnover, possibly leading to an increased prevalence of infections among geriatric patients.

Evidence also exists to support the possibility that long-term patients also suffer psychologically when staff turnover is high and staff-patient relationships are continually disrupted. For example, Kahne (1964) noted a positive correlation between rates of new employees and patient suicides in mental hospitals.

Cost to Staff Morale. The group morale of staff who remain employed in an organization experiencing a high turnover rate may be affected adversely. Stryker (1981) suggested that there may be weakened agreement on goals and standards of care. In addition, when staff have to shift their time from caring for patients to training and orienting new staff, work satisfaction can be reduced for them.

When relationships on a patient care unit are disrupted as a result of workers terminating their employment, Phillips (1987) postulated that there may be a



snowball effect. High turnover may lead to further dissatisfaction, and staff may leave the work situation more willingly than they would if in a low turnover work situation. Thus, it is possible that turnover begets more turnover.

II CONCEPTUAL MODELS OF NURSING TURNOVER

Although nursing administrators have been concerned about nursing turnover rates for some time (Kramer, 1974), conceptual models of the turnover process in nursing have been developed only within the last 12 years. The models described each includes the step of anticipated turnover as a precursor to actual turnover.

Beginning with the most current, the two models are (1) Hinshaw, Smeltzer and Atwood's (1987) Anticipated Turnover Model; (2) Weisman, Alexander, and Chase's (1981) Professional Autonomy and Turnover Model.

Anticipated Turnover Model by Hinshaw, Smeltzer and Atwood (1987)

Hinshaw, Smeltzer, and Atwood (1987) specified the organizational and individual factors predicted to influence turnover in their five-stage theoretical model. Positive and negative relationships were specified among nine major variables which were conceptualized as influencing anticipated or actual turnover.

The model is displayed in Figure 1.

Stages in the Model

Stage I Two variables, initial expectations of tenure and mobility factors were cited in this stage. These were considered personal factors in a nursing staff member's life that may operate to predispose him/her to anticipated turnover.

Initial expectation of tenure was defined as how long the staff member intended to stay when initially employed. This variable is viewed as having a direct negative relationship with anticipated turnover.

Mobility factors included these indicators : age, education, kinship responsibilities, nursing experience, and tenure in the agency. These variables as a group were seen as having various influences on several other intervening variables in the model rather than any direct effect on anticipated turnover.

Stage II This stage, which addressed some contextual variables, consisted of four factors : group cohesion, Job stress, control over nursing practice, and autonomy.

Group cohesion was defined as the degree to which a nursing staff member felt integrated into the work group and the organization. It was postulated that this variable would have a positive relationship with job satisfaction and a negative effect on anticipated turnover.

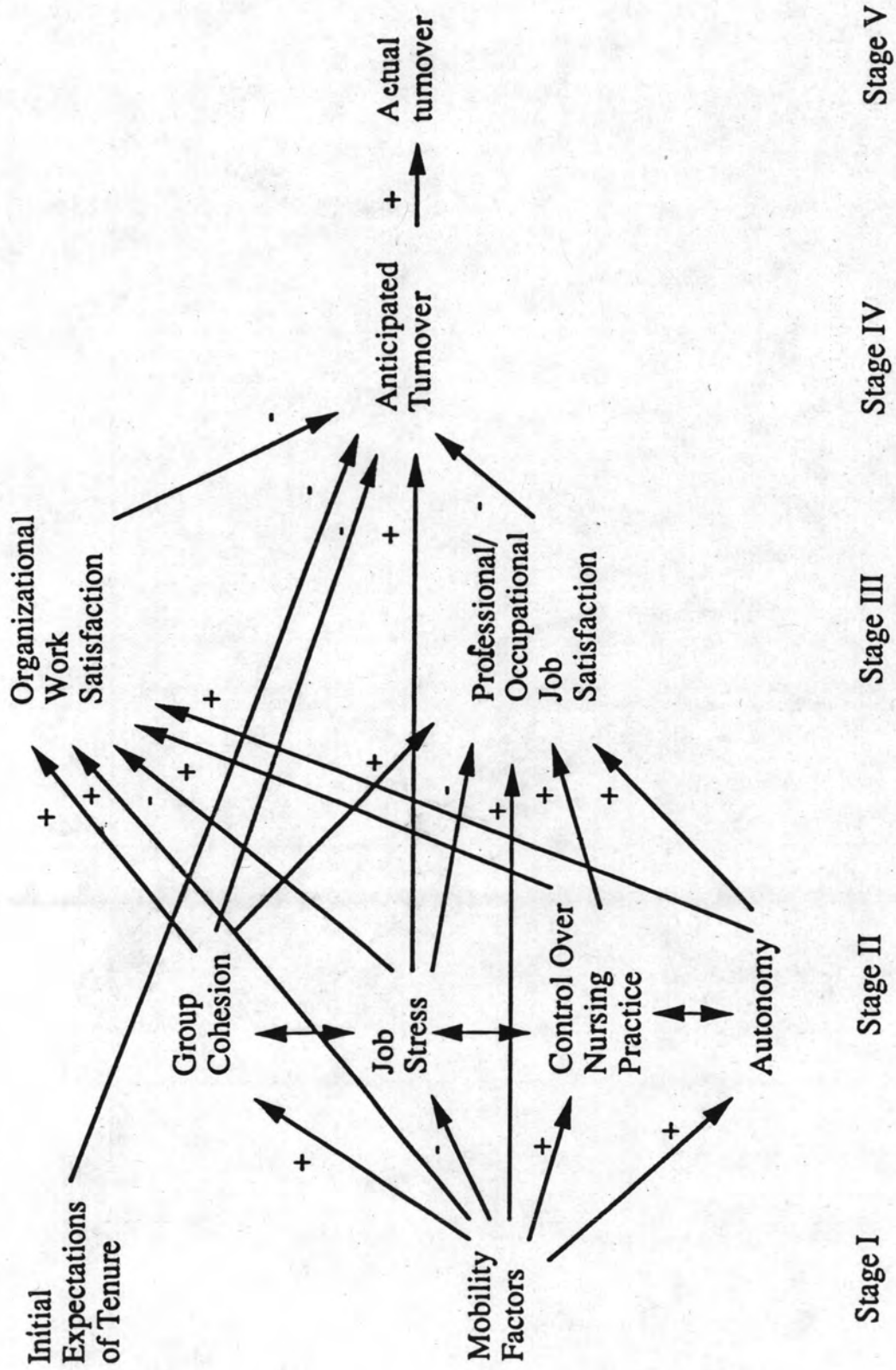


Figure 1. Theoretical Model:
Anticipated Turnover Among Nursing Staff

Job stress was defined as a nonspecific response of the body to any demand on it, including eustress and distress (Selye, 1976). Stressors included decision-making, conflict resolution, and the existence of multiple, simultaneous demands. Job stress was predicted to influence job satisfaction negatively and to influence anticipated turnover positively.

Control over nursing practice referred to the concept of centralization and the degree of decision-making allotted to individual staff members. A direct positive relationship between controlover nursing practice and job satisfaction was predicted in the model.

The final variable in the second stage of the model was autonomy. Autonomy was defined in terms of characteristics of the position that allowed or encouraged individual decision-making with daily operational activities. Autonomy was predicted to have a direct positive relationship wiht job satisfaction.

Stage III Two types of job satisfaction were addressed in Stage III : (1) organizational job satisfaction, and (2) Professional/occupational job satisfaction. Stage I and Stage II variables were predicted to influence the two types of job satisfaction differently, aa noted above.

Organizational job satisfaction was defined as a staff member's positive or negative opinion of the job in terms of pay or reward, nursing administration style,

professional status accorded, and interaction with colleagues. It was expected that organizational job satisfaction would have a negative influence on anticipated turnover.

Professional/occupational job satisfaction was defined as the personal opinion of the quality of care he or she delivered, time to conduct his or her care activities, and general enjoyment of his or her position. This type of job satisfaction was predicted to have a direct negative relationship with anticipated turnover.

Stage IV This is the the stage of anticipated turnover, defined as the degree to which the nursing staff member perceived he or she would terminate his or her position eventually at some unspecified time in the future. The model suggests a direct positive relationship between anticipated turnover and actual turnover. Although voluntary in nature, retirement was considered an exception to this behavioral intention for purposes of the study.

Stage V This is the stage of actual turnover, the ultimate outcome of the process. Actual turnover was defined as voluntary termination from the agency. Only one variable in the model, anticipated turnover, was predicted to influence actual turnover directly. The remainder of the variables were proposed to exert an indirect influence.

Testing the Anticipated Turnover Model

In a nonexperimental, causal modeling design, Hinshaw, Smeltzer, and Atwood (1987) administered confidential, Self-report questionnaires to 1,597 nursing staff members in seven urban and eight rural hospitals. Record audits were performed one year after the questionnaire to identify number of days to actual turnover, if it occurred.

Measures with known psychometric properties were used to measure all variables in the model. Alpha and theta estimates of internal consistency reliability were moderate to strong for each instrument, ranging from .73 to .88. Construct validity was also moderate to strong.

Data analysis consisted of multiple regression techniques to determine the extent of explained and unexplained variance in the criterion variable, actual turnover. From the analysis, actual turnover was weakly predicted by anticipated turnover. For Baccalaureate-prepared registered nurses, 2% of the variance in actual turnover was explained by anticipated turnover. For Diploma-prepared registered nurses, 6% of the variance was explained by anticipated turnover.

Although the variance in actual turnover was weakly predicted by the anticipated turnover variable, a major finding in the test of this model was that job stress was buffered by job satisfaction that, in turn, led to less anticipated turnover. For medical-surgical nurses, 58% of

the variance in anticipated turnover was explained by the two types of job satisfaction in the model.

Research implications from the test of the model included the fact that there was a great deal of unexplained variance in actual turnover that was not accounted for by the variables in this model. Existence of economic alternatives, for example, may have played an important role. However, 72.61% of the stayers in the 15 hospitals could be predicted by their self-reported anticipated turnover scores, education level and clinical service. More education was related to more turnover in the absence of retention strategies.

With regard to clinical service, the group cohesion variable was important. For the medical-surgical nurses, the group cohesion variable explained 39% of the variance in organizational job satisfaction and 13% of the variance in anticipated turnover. In the critical care nurse group, group cohesion explained 14% of the variance in anticipated turnover. In addition, for the critical care nurses, group cohesion was the only variable in Stage II which was directly related to anticipated turnover, separate for its effect on job satisfaction.

The Hinshaw, Smeltzer, and Atwood (1987) Anticipated Turnover Model and the next model to be presented are more similar than they are different. The basic difference is that the next model suggests that specific patient care unit level variables such as workload

and interpersonal relationships must be measured as determinants of turnover.

Professional Autonomy and Turnover Model

By Weisman, Alexander and Chase (1981)

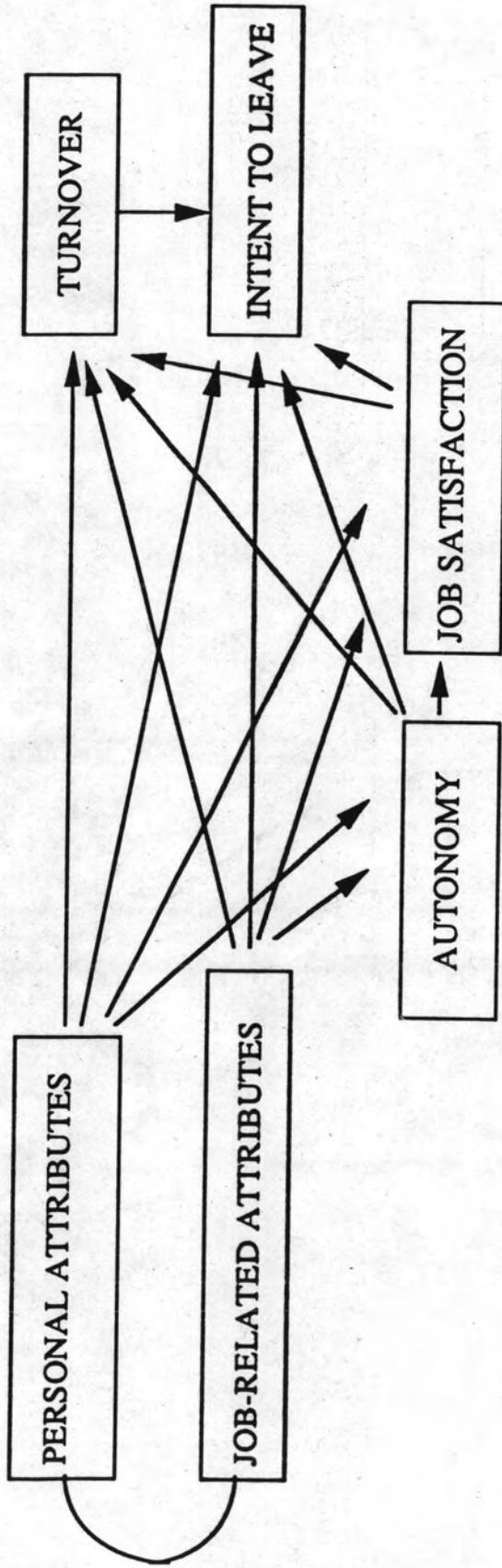
The authors of this causal model viewed nursing turnover as a process which depends on personal characteristics of the nurse as well as job-related characteristics within the organization. They aimed to overturn the conception that turnover was most strongly related to personal characteristics of the nurse, such as family obligations. From the literature, they gleaned many variables at the individual, patient care unit and organizational levels for the model they termed eclectic.

Their (Weisman, Alexander & Chase, 1981, p. 433) presentation of their model (Figure 2) portrayed personal attributes and job-related attributes as independent variables affecting two intervening variables, autonomy and job satisfaction, and also affecting two outcome variables—intent to leave and actual turnover.

Personal Attributes : The authors suggested six variables at the level of the individual which may influence intent to leave. These are marital status, length of employment in the organization, whether or not this is the first hospital position held, education, number of children, and locus of control.

FIGURE 11

Professional Autonomy and Turnover Model by Weisman Chase, and Alexander (1981)



Marital Status. Marital status is frequently cited as a correlate of nursing turnover (Sloan, 1975; Seybolt, Pavett, & walker, 1978; Weisman, Alexander, & Chase, 1980-81; Kramer, 1974), with turnover of married personnel lower than that of those who are unmarried. In this model, marital status was operationalized as a dichotomous variable.

Length of Employment. Shorter tenure in the organization has been correlated with turnover (Sloan, 1975; Seybolt, Pavett, & Walker, 1978; Weisman, Alexander, & Chase, Winter 1980-81; Kramer, 1974). That is, employees who are new to the organization have a higher rate of turnover than those with more tenure. Length of employment was operationalized as number of months employed at the hospital.

First position. Incumbency in one's first hospital position has been correlated with turnover (Sloan, 1975; Seybolt, Pavett, & Walker, 1978; Weisman, Alexander & Chase Winter 1980-1981; Kramer, 1974). That is, nurses whose current employment represents their first job in a hospital are more likely to have higher rates of turnover than nurses with prior employment in hospitals. This attribute was operationalized as dichotomous variable.

Education. Baccalaureate prepared nurses have demonstrated greater degrees of role strain and job dissatisfaction than nurses prepared at the Diploma and Association Degree levels (Kramer, 1974; Corwin, 1961;

Brief, Aldag, Vansell, Melone, 1979). Education level was operationalized as a dichotomous variable.

Number of children. Among women workers, number of children (as a continuous variable) has been correlated with job satisfaction levels (Andrisani, 1978). In economic theory, number of children is a component of the supply of hours model (Link & Settle, 1980) which forecasted labor force participation among married women.

Locus of Control. internal control refers to a trait which reflects the degree to which an individual perceives that his behavior is controlled by chance or through his own initiative or skill (Rotter, 1966). Internal locus of control has been cited as a correlate of job satisfaction among women (Rotter, 1966) and among employees in general (Locke, 1976; Slavitt, Stamps, Piedmonte, & Haase, 1979). Job-related Attributes Weisman, Alexander, and Chase (1981) studied eleven job-related variables at the patient care unit level. These variables described nurses' jobs and attributes of nursing units. These included objective measures of the amount of overtime work, frequency of shift rotation, position level, workload, proportion of Baccalaureate prepared nurses on the unit, proportion of unit nurses in their first hospital job, type of nursing care delivery system, and duration of communication with the Head Nurse in a average week. In addition to the objective job-related measures, nurses' perceptions of Head Nurse responsiveness, appropriateness of physician task delegation, and professional time adequacy were measured.

Overtime work. Operationalized as a dichotomous variable, number of hours worked beyond the forty hour week for a full-time employee has been cited by resigning nurses as a problem (McCloskey, 1974; Seybolt, Pavett, and Walker, 1978).

Workload. Anecdotal data from resigning nurses has revealed that high work load has been a problem leading to their resignation (Everly and Falcione, 1976). In the model, workload was operationalized as an aggregate, unit level variable, as follows:

$$\text{Workload} = \frac{\text{Number of R.N. FTE's on the unit}}{\text{Mean number of beds filled}}$$

R.N. = resigning nurse

FTE = full-time employee

A smaller ratio value would mean a higher workload.

Rotating Shifts. Shift rotation has been cited as a problem by resigning nurses (Brief, 1976; Everly & Falcione, 1976). The frequent changes of working hours within short periods of time and the fact that some night workers are not volunteers are the specific complaints.

Position Level. Most hospitals distinguish several levels of staff nurses. Nurses at higher position levels seem to be aware of limited advancement opportunities which may increase their level of turnover. Prescott and Bowen (1987) observed that on the surface, promoting a nurse may increase the nurse's immediate satisfaction but may actually lead to turnover if the nurse

can no longer see remaining promotional opportunities within the organization.

Proportion of BSN's on the unit. This objectively measured variable was suggested as a correlate of turnover by Munson and Heda (1974).

Proportion in first hospital job. This unit-level variable was also suggested by Munson and Heda (1974) as a correlate of turnover. Employees in their first hospital job often have greater turnover than those who have been in the workforce longer.

Type of Nursing Care delivery system. Marram (1974) suggested that primary nursing may be a variable related to improved levels of job satisfaction because of its influence on perceived autonomy. In the model, type of nursing care delivery system was operationalized as a dichotomous variable - either primary nursing or "other" type of nursing

Head Nurse responsiveness and communication. Anecdotal notes from resigning nurses cited unresponsive head nurse leadership and inadequate communication as problems leading to a turnover decision (Everly & Falcione, 1976). In the model, head nurse responsiveness was measured in terms of nurses' perceptions of responsiveness of their Head Nurse. Communication was measured in an objective fashion, measuring the duration of direct communication with the Head Nurse in an average week.

Tasks delegated by physicians. Anecdotal notes from resigning nurses suggest that physicians' inappropriate delegation of tasks to nurses is an issue considered during the turnover decision-making process. In the model, this variable was operationalized as nurses' perceptions of frequency of delegation of inappropriate tasks by physicians, ranging from never to almost daily. An example of inappropriate delegation of a task might be asking the nurse to apply pressure to a catheter removal site for an extended period of time, making it impossible for the nurse to continue duties with other patients.

Professional Time adequacy. This variable refers to the desire of nurses to have sufficient time afforded on the job for professional development (McCloskey, 1974). In the model, this variable was operationalized as the nurses' perceptions of time spent on professional development.

Endogenous Variables Weisman, Alexander, and Chase (1981) considered autonomy, job satisfaction, and intent to leave as those variables which intervene between the individual /job-related variables and actual turnover.

Autonomy. This was defined (Quian & Shephard, 1974) in the model as the perceived extent to which nurses can make decisions pertaining to the conduct of their jobs.

Job Satisfaction. Not theoretically defined in the model, job satisfaction was operationalized as responses to items on the 72-item job Descriptive Index (Smith, Kendall, & Hulin, 1969).

Intent to Leave. This was operationalized in the model as the number of times a nurse reports that he or she has seriously looked for another job while working at the hospital. It is the reverse of the nurses's desire to maintain organizational membership.

Testing the Professional Autonomy and Turnover Model

In a longitudinal desing, non-supervisory nurses employed in two university-affiliated hospitals composed the sample. They represented 105 patient care units. The multiple data collection methods ware interview, questionnaire, Head Nurse objective input on structural attributes, personnel records to identify actual turnover, and hospital documents indicating bed size and activity.

In general, results at both hospitals were consistent with the model. Explained variance was highest when job satisfaction was the outcome variable, and lowest when actual turnover (a dichotomous variable) was the outcome. Length of employment and intent to leave had significant direct effects on turnover.

Neither job satisfaction nor autonomy had a significant direct effect on turnover, although they predicted other variables in the causal chain. Job satisfaction exerted a strong direct, negative effect on intent to leave.

At one hospital, these four variables had significant direct effects on intent to leave: (1)

incumbency in one's first hospital position; (2) a higher staff nurse position level; (3) a higher unit workload; and (4) a lower proportion of first-position nurses on the unit. In contrast, results from the other hospital revealed that the variables with significant direct effects on intent to leave were: (1) job satisfaction (2) position level; and (3) communication with the Head Nurse.

REVIEW OF THE RELATED RESEARCH

Several studies demonstrated inconsistent relationships between personal characteristics, job satisfaction, and anticipated turnover. Blegen and Mueller (1987) reported that higher levels of satisfaction were correlated with older age, advanced tenure, higher positions in the hospital, and day shift.

Simpson (1985) reported differences in correlations between sex, marital status, tenure, and educational level with job satisfaction depending on the respondents' position in the organization. For staff nurses, sex ($r = .11, p < .001$), year graduated ($r = .07, p < .05$) correlated significantly with job satisfaction.

Hinshaw et al. (1987) reported a negative relationship between job stress and anticipated turnover for medical-surgical nurses ($B = -.25$) which did not support the theoretical model of their study was not offered, the researchers suggested that job satisfaction actually buffered the effects of job stress on anticipated turnover.

Jacobson (1983) conducted a study investigating the nature of psychological stressor of 60 neonatal intensive care unit nurses. She found significant interaction between coping factors and stress levels.

Similar findings were reported by Anderson and Baystens (1981) who studied 182 critical care nurses from 17 different hospitals in the Milwaukee area. The most common sources of stress in this study were situations involving a patient's death, staffing and workload problems, and communication difficulties with physicians.

Donohue (1986) reported an inverse relationship between length of employment and job satisfaction in a study of faculty members. As the age of faculty members increased, but satisfaction with job supervision decreased. Other researchers have reported differences in RN job satisfaction depending on the nurses' specialty area and educational preparation.

THE RELATED RESEARCH IN THAILAND

Researches in Thailand on anticipated turnover and knowledge of turnover process in nursing is somewhat limited. But there are some researches relevant to nurses' turnover.

Aree Preuksaraj, et al. (1991) studied a survey of nursing job satisfaction involved 440 registered nurses at Siriraj Hospital; 40.7% of those survey indicated that they were dissatisfied with their jobs. The causes of job

dissatisfaction leading to resignation were having to work on night shifts and difficult work, low salary, lack of job promotion and "burn-out".

Vichian Taveelarp (1978) mentioned that there are many problems in nurse career, receive low salary, less progression of work, frustration among colleagues, no chance for higher education, work hard, being on night shift causes them not to be in good health and try to leave their nursing position.

Pornthip Virochsangaroon (1985) referred to Beiley's research entitle "Factors affecting tension of nurses working in Community Hospital in Northeastern part of Thailand " that tension of nurses could considered by absence from work, fatigue, low quality of work, low morality.

Tuntisirinta, L.(1977) studied the job satisfaction of professional nurses in government hospital. She studied in relation to organization structure, tasks to be performed, interpersonal relationship, and environment. The result found that job satisfaction for the combined factors was at a moderate level. There was statistically significant difference in job satisfaction among nurses in central and regional hospitals and among the head nurses and the staff nurses.