

EXAMINING ORGANIZATIONAL COMMITMENT AND JOB SATISFACTION AS
PREDICTORS OF TURNOVER INTENTIONS AMONG URBAN FRONTLINE
REGISTERED NURSES

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Abstract

Last year, the COVID-19 pandemic placed a greater strain on hospital systems to keep their nursing teams at optimal levels to meet the increase demand. A loss of nursing staff can have a detrimental effect on patient care and safety, productivity, psychological well-being of the nursing staff, and overall organizational performance. The purpose of this quantitative study focused on examining the relationship between job satisfaction, organizational commitment, and turnover intentions among urban frontline nurses working in acute-care facilities. Social exchange theory and Jobs Demands-Resource Model represented the theoretical framework in the research study. Six research questions ascertained if a statistically significant relationship existed between job satisfaction, organizational commitment, and turnover intention. The hypothesis for the study was that there is no statistically significant relationship between the variables. Data was analyzed using Pearson's Product Moment Correlation and multiple regression analysis from a random sample of 135 frontline registered nurses working in Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Variables job satisfaction, organizational commitment, and turnover intention were measured using the Job Satisfaction Survey, Three-Component Model of Employee Commitment, and Turnover Intention Scale-6. The study demonstrated a statistically significant positive correlations between job satisfaction and turnover intention $r(135) = .62, p < .05$ and organizational commitment and turnover intention $r(135) = .42, p < .05$. The predictor variables explained 40.2% of the variance in turnover intention among frontline nurses. Future research should examine a nurse's perceptions of their work environment, contributing factors nurses face post-COVID-19, and job satisfaction factors driving turnover among nursing teams.

Dedication

First and foremost, I give thanks to God for giving me the patience, the strength, and courage to even think about starting this doctoral journey more than 6 years ago. Without this spiritual guidance, I may have never consider completing this journey. This dissertation is dedicated to my parents, Richard Jones, Sr., and my mother, Deborah A. Jones, who dedicated her life as a registered nurse and whose commitment to helping underserved populations in New York City for over 35 years was the main reason for pursuing my dissertation topic. My parents' love and support to pursue my dreams and continue my perseverance against adversities has been my motivation throughout this doctoral journey and in my professional career.

This dissertation is also dedicated to my stepmother, Tina Jones, other family members, friends and co-workers who have given me encouraging words to keep going to achieving my ultimate educational goal. I especially thank Ronald Sanchez and LaToya Norman for taking time to reviewing parts of my study to ensure my writing was coherent and flowed for the reader. Finally, this dissertation is dedicated to the hard-working registered nurses who continue to provide clinical and emotional support to all seeking care. Registered nurses continue to fight and improve healthcare outcomes for all! I thank you for your commitment to our care!!!

I thank you all!!!

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Chapter 1: Study Foundation

Study Introduction

Nurses represent the largest workforce of the global health care system (Drennan & Ross, 2019). Hospital frontlines nurses are the prominent clinical professionals spending significant time at the bedside with patients and their families. The World Health Organization (2020) notes nurses play a substantial role in quality improvement activities, health promotion, and the delivery of primary and specialty care. Hospital nurses are part of interprofessional teams in optimizing and improving patient experience of care, improve health outcomes and reduce costs (Salmond & Echevarria, 2017).

Prior to the COVID-19 pandemic, the nursing workforce was facing a significant shortage. Since the pandemic, the nursing shortage has reached crisis levels (Center for Infectious Disease Research and Policy, 2020). If hospitals cannot retain their nursing workforce, acute-care facilities will not be able to provide critical standard of care (Chenevert et al., 2016). There are several reasons for the nursing shortage, including - nursing faculty aging and not being replaced, a reduction in clinical training sites for student nurses, and nurses leaving the profession due to burnout, hostile work environment, and emotional distress (Paul et al., 2018).

For organizations, regardless of industry, the need to retain talent is a key retention strategy contributing to the company's success. Sun and Wang (2017) suggested organizations with high employee turnover endure high turnover costs, which can disrupt an organization to effectively compete in the market delivery. In the healthcare industry, nursing turnover can impact hospital financials, including new staff onboarding, recruitment, advertising, and training (Labraque et al., 2020).

Turnover is risky and costly for the healthcare industry. Analyzing factors that may lead to employees leaving their employer can help leaders determine appropriate retention strategies to support organizational initiatives (Nair & Salleh, 2017). The study fills a gap in business practices to help hospital leadership access the knowledge to retain registered nurses. Hospital leadership may also understand how the importance job satisfaction and commitment can improve the work environment and turnover intentions (Pandey & Singh, 2016; Vorina et al., 2017).

Background of the Problem

Hospital systems are looking for effective ways to improve margins, eliminate waste, and reduce other healthcare costs as an effort to increase their bottom-line. The main expenditure is the increased cost of personnel. LaPointe (2018) notes labor costs represent approximately 60 percent of hospital expenditures and the largest driver of operational expenses. Daly (2019) indicated labor cost increases are due to a tightening labor market and higher wages, an older population with increased health needs, population growth, and increased patient access points through physician practices, urgent care centers, and ambulatory surgical centers. Reducing labor costs allows hospitals to meet the demand for optimal health services. However, increases to voluntary staff turnover impedes hospitals to care for patients properly.

The nursing staff represents the largest of the hospital's clinical team and the highest in turnover. United States (U.S.) hospitals' registered nurses (RNs) turnover rate is 18.7%, with a vacancy rate at 9.9% (NSI Nursing Solutions Inc., 2021). The average turnover cost for a bedside RN is averaging \$40,038 with a range between \$28,400 to \$51,700 with the average hospital losing \$6.5m/year (NSI Nursing Solutions Inc., 2021). The turnover rate is likely to increase given the long-term impact the COVID-19 pandemic has on the nursing community (Laster et

al., 2020). This critical factor relates to the study on RNs on their intent on leaving their hospital position.

Kurnat-Thoma et al. (2017) noted hospital leadership needs to view nursing turnover as a key performance indicator to improve the fiscal health of the organization. Some hospital leaders lack critical data to assess the impact of nurse's intent on leaving their organization. Without the necessary data, management will not be capable of planning effective retention strategies, improving the satisfaction and commitment of their nursing teams, and enhancing care processes to improving patient satisfaction (Collini et al., 2015; Perry et al., 2018).

Nursing shortages may impact clinical teams working in acute-care facilities. Within the hospital system, registered nurses are often the clinical professional who spends the most time directly with patients in providing critical care around the clock. Nurses optimize patient care by working with other clinicians to help hospital leaders improve patient safety, improve quality of care, and render patient outcomes (American Nurses Association, 2017).

Problem Statement

The general problem is nurse turnover and shortages can have a detrimental effect on adequate staffing levels, productivity, and organizational effectiveness (Feather et al., 2018; Shimp, 2017). With an ongoing pandemic, the U.S. faces a more significant nursing shortage crisis. According to Letourneau (2020), the U.S. would need approximately 1.1 million new RNs to replace retirees and meet the population's growing needs and health expansions by 2022.

The specific problem is nurse's intent on leaving their position or the profession impacts the quality of care, reduces efficiency, and increases workloads for the remaining staff, leading to continued increases in turnover (Liu & Liu, 2016; Loft & Jensen, 2020). Previous research shows turnover intention directly correlates to a nurse's work environment, supervisors,

physicians, and satisfaction with work assignments (Galletta et al., 2016; Hashish, 2017; Labrague, McEnroe-Petitte, et al., 2018). Nurse turnover costs also consider the loss of intellectual capital stemming from experienced nurses (Smith, 2018). This quantitative study aimed to identify factors that are predictive of turnover. This study's results may provide necessary information to hospital leadership and nursing managers to improve job satisfaction and commitment and decrease employee turnover.

Purpose of the Study

The purpose of this research study was to examine whether a relationship exist between job satisfaction, organizational commitment and turnover intentions among urban RNs working in urban acute-care hospitals. This study's specific participants were urban frontline RNs working in the Northeastern region of the U.S. acute-care hospitals with at least one year of either full or part-time experience. This study's data may help hospital leaders create sustainable retention strategies and help towards decreasing labor hospital costs.

The independent variables in this research were job satisfaction and organizational commitment. Participants were asked to complete the Job Satisfaction Survey (Spector, 1985) to measure job satisfaction, and the Three-Component Model (TCM) of Employee Commitment (Meyer & Allen, 1991) to measure organizational commitment. The dependent variable is turnover intentions. Turnover intention was measured using the short version of the Turnover Intention Scale (TIS) survey (Bothma & Roodt, 2013). Pearson's correlation to measure the strength and direction of the relationships between two variables and multiple linear regression analyses to determine the magnitude of the relationships between the predictors and the outcome variables served as the analytics tools for the study. Social exchange theory (SET) and the job demands-resource (JD-R) theories served as the theoretical foundation to examine the

relationships between job satisfaction, organizational commitment, and turnover intentions (Agarwal & Sajid, 2017). Hashish (2017) concurs the importance of social exchanges and job resources between hospital leadership and nursing staff are dependent on each other to achieving optimal satisfaction, commitment, and organizational effectiveness.

Nature of the Study

This research study determined if a relationship exists between the predictor (independent) variables of job satisfaction and organizational commitment and the criterion (dependent) variable turnover intention among frontline RNs working in urban acute-care hospitals within the Northeastern region of the U.S. The data was analyzed using IBM Statistical Package for Social Sciences (SPSS). Centiment, a research platform company, handled the data collection for this study. Marti (2016) noted a quantitative research design enables a researcher to provide evidence-based data that might help an organization make and monitor changes to current operational processes. The quantitative method was appropriate for this study because the aim was to analyze numerical data and infer the results to a general population.

Three research designs could be used to explore the relationship – correlational, descriptive, and experimental (Gray et al., 2017). The correlational design is the best approach for this study. Köhler et al. (2017) cited a correlational design allows the researcher to examine statistical relationships between two or more variables. An experimental procedure is to determine a causal link between the independent and dependent variables (Gray et al., 2017).

The objective for the study was to identify a predictive model. The experimental design is not appropriate. A researcher conducts a descriptive research design to describe a population or phenomenon (Watkins et al., 2016). This study examined the possible relationships among

variables through reliable and validated scales; therefore, the descriptive design is not appropriate.

Theoretical Framework

Developing a theoretical framework is a necessary process for a dissertation inquiry. Under a deductive approach, a quantitative framework is used to evaluate existing theories by testing the study's predictions regarding relationships between phenomena (Grant & Osanloo, 2014). This study's goal was to examine if a relationship exists between organization commitment, job satisfaction, and turnover intention among frontline nurses working in urban acute-care facilities in the Northeastern region of the U.S. Two theories – social exchange theory and job demands-resources (JD-R) model provided the theoretical lens for this study.

Social Exchange Theory (SET)

Homans (1958) development of social exchange theory stems from reinforcement principles where the behavior of an individual and their activities can be tangible or intangible, and rewarding or costly, between the parties. Homan's five propositions is based on social behavior grounded on the premise of reward and punishments. The first proposition, success proposition, notes an individual's behavior generating a positive response is likely to be repeated (Cook et al., 2013). The second proposition, the stimulus proposition, states a past behavior rewarded will be repeated in a similar pattern. The third proposition, the value proposition, notes the more valuable an action is to an individual, the action will continually be performed. The fourth proposition, the deprivation-satiation proposition notes a reward loss its value if given repeatedly; and the frustration-approval proposition contends an individual will become angry if anticipated reward is not received (Cook et al., 2013).

Unlike Homan's behavioral viewpoints on social exchange, Blau's (1964; 1986) framework on social exchange is based on a position of reciprocity. Blau (1964) noted SET predicts an informal reciprocal exchange of valued resources within an interdependent relationship over the duration of such partnership. The development of a social exchange relationship relies on one party making an initial move by providing a value resource to another party with the expectation the other party will reciprocate. Harden et al. (2018) argue employees reciprocate by performing in a positive manner as noted by their satisfaction and commitment. Negative attitudes and an unfair increase work assignment will lead to reduce organizational commitment and job satisfaction and their intention to leaving the organization. The exchange can be based on monetary and nonmonetary values allowing an employee to maximizing their self-interest support. The exchange may result from feelings of self-autonomy, obligations, and mutual commitments (Khalid & Ali, 2017), and trust (Skiba & Wildman, 2019).

Job Demands-Resources (JD-R) Model

The foundation to the JD-R model was to understand the origins of burnout and engagement (Bakker & Demerouti, 2007; Demerouti & Bakker, 2011; Demerouti, Nachreiner, et al., 2001). The JD-R model may be applied in various occupations to examine how an employee's working conditions can influence an employee's health and commitment towards the organization through two psychological processes: health impairment (job demands) and motivation (job resources; Bakker & Demerouti, 2007; 2014). Employees will use different motivational processes and organizational resources to meet an employer's workload demands, which can influence job performance (Lesener et al., 2019).

Employees need supervisory support and appropriate resources to perform their job assignments. A lack of resources and direction can negatively impact an employee's

performance leaving the individual to feel a sense of helplessness, anxiety, occupational stress (Heckenberg et al., 2018) and family conflicts (McVicar, 2016). Grover et al. (2017) posits job demands operate a health impairment process increasing emotional demands, including psychological stress. Emotional demands require an increase in job resources (Demerouti et al., 2001). Emotional demands are stressors found among nursing workforces. In the long-term, such actions may force an employee to consider leaving an organization or voluntary turnover. Job resources are social, or organizational constructs that can increase growth, personal development, and reduce psychological costs and job demands (Bakker & Demerouti, 2007; 2014).

Moloney et al. (2018) have noted increases in emotional demands and self-efficacy had a stronger impact on nurses consider leaving their employee or the profession. Previous researchers have noted job resources such as social support, job control and feedback, and recognition are better indicators of engagement and commitment than job demands (Schaufeli, 2017) and higher life satisfaction and overall well-being (Upadyaya et al., 2016). Both the social exchange theory and the JD-R model provides the necessary theoretical framework to explore the deployment of attributes behaviors that can serve as predictors to nurses' intent on leaving their employer or profession. The frameworks aligned with this study's purpose to examine the relationship between job satisfaction, organizational commitment, and turnover intent among urban frontline nurses working in acute-care facilities.

Research Questions & Hypotheses

The purpose of the research study was to examine if a relationship exists between job satisfaction and organizational commitment factors and urban RN voluntary turnover intentions in acute-care hospitals. The following research questions and hypotheses guided this study:

R₁: What is the relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs?

H₀₁: There is no statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₁: There is a statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

R₂: What is the relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs?

H₀₂: There is not a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

H₂: There is a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

R₃: What is the relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs?

H₀₃: There is not a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

H₃: There is a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent

rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

R₄: To what extent does job satisfaction, and organizational commitment predict turnover intentions among frontline RNs?

H₀₄: There is not a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₄: There is a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

R₅: To what extent does the three components of organizational commitment (affective, normative, and continuance) predict turnover intentions among frontline RNs?

H₀₅: There is not a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

H₅: There is a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

R₆: To what extent does the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) predict turnover intentions among frontline RNs?

H₀₆: There is not a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

H₆: There is a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

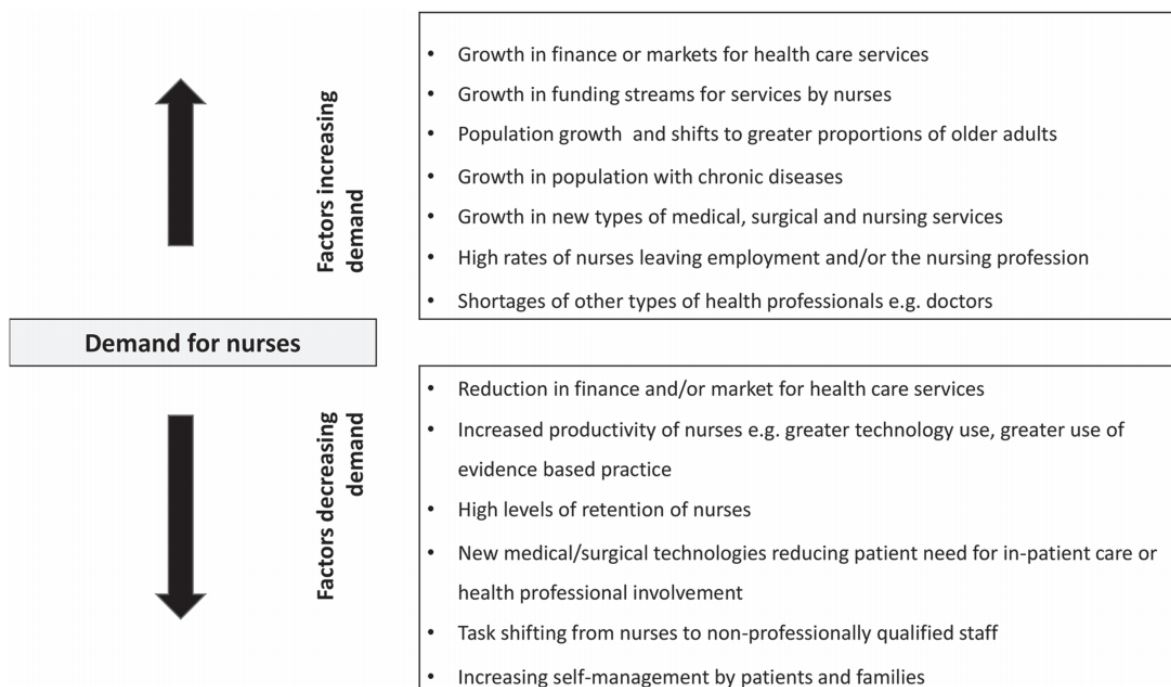
Significance of the Study

The U.S. health care system is a fragmented system requiring various stakeholders (providers, hospitals, governments, health insurers) to find the right balance in providing needed care for the public. The right balance includes quality health care services, planned care coordination, and strategies to improving patient and staff outcomes through cost effective methods (Geerligs et al., 2018). Hospitals have traditionally been providing medical care when the public warrants their services. Havaei et al. (2016) noted hospital leadership employs different care delivery models and nursing skills to meet individual and population demands. Part of the care models is to ensure patient safety is maintained, quality of care is delivered, and nursing staff is retained through improved workloads and increased professional development.

Hospital turnover can harm an organization's profit margins, increase job demands, reduce work productivity, and increase inefficiencies, leading to a disruption in care continuity (Fukui et al., 2019). Despite the literature review on retention strategies, organizations still struggle to make retention a key employment strategy in a competitive and diverse work environment (Diana et al., 2020; Kennedy, 2019; Li et al., 2020). Snavelly (2016) notes a nursing shortage fallout with a growing number of nursing vacancies can have a problematic effect at the local, regional, and national levels. Shortages occur when the demand for nurses outpace the number of nurses available for employment. Many factors can influence the demand for nurses, as outlined in Figure 1.

Figure 1

Factors increasing and decreasing the demand for nurses



Note: Taken from V.M. Drennan, and F. Ross, (2019). Global nurse shortages - the facts, the impact and action for change. *British Medical Journal*, 130, p. 29.

<https://doi.org/10.1093/bmb/ldz014>

Nurses provide an essential service to the public and to strengthening the country's health system. Nurses bring a patient-centered focus on improving health outcomes and cost-effective services to the communities they serve (WHO, 2016). Nurses are considered first responders to humanitarian crises, coordinators within clinical teams, and decision-makers coordinating and navigating through various healthcare delivery systems (Bavier, 2018).

Patient care is significantly impacted with a reduction in hospital nursing staff (Yarbrough et al., 2017). Kovner et al. (2016) notes nursing shortage affects patient safety, patient satisfaction, and increased medication errors. Previous research showed improved

retention policies enhanced quality of care, supportive team and supervisory relationships, and effective interpersonal communication (Adams et al., 2019; Henderson, 2020; Moreland et al., 2015).

Operational Terms

Utilizing accurate and concise definitions is a necessary process to measure each construct within the research. Hughes and Duffy (2018) defined operational definitions as part of the research process of identifying the study's concepts having a clear purpose and meaning. Several theoretical and operational terms are part of the study.

Affective commitment: an employee's emotional attachment with their organization (Meyer & Allen, 1991).

Burnout: physical and mental exhaustion that employees face caused by an increase in heavy job demands and stress (Boamah & Laschinger, 2016). Factors of burnout include emotional exhaustion, reduced personal achievement, and depersonalization.

Continuance commitment: an employee's assessment of their job roles and the cost factors associated with leaving their present employer (Meyer & Allen, 1991).

Job satisfaction: the extent one's needs, desires, and expectations are brought to the job are met (Agarwal & Sajid, 2017).

Normative commitment: an employee's sense of duty to remain loyal to the current employer (Meyer & Allen, 1991).

Organizational commitment: employee's psychological state concerning the employer's relationship (Agarwal & Sajid, 2017).

Registered nurse and frontline nursing staff: an individual educated in the art and science of nursing who uses objective data to assess a patient's biological, physical, and

behavioral needs to coordinate care across the health care spectrum (American Nurses Association, 2020). A registered nurse will need to be currently licensed by the state board in one of the Northeastern states from which the participants for this research was selected.

Self-efficacy: Self-efficacy is an individual's perceived ability to succeed in their work with a capacity to produce at a higher level of performance (Moloney et al., 2018).

Turnover intentions: one's tendency to switch jobs or occupation from being dissatisfied with the current organization (Kim et al., 2019).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are factors researchers consider to be valid without proof (Leedy & Ormrod, 2016). The first assumption is urban frontline nurses will answer the survey objectively with unbiased responses. Self-reported surveys rely on respondents to be honest in their answers, yet participants tend to present themselves positively rather than reveal their true feelings (Appelbaum et al., 2019).

The second assumption is that an urban hospital will have the same turnover factors as a rural hospital. Another assumption is all nurses will have access to a computer to answer the survey questions. The fourth assumption is that the nurse's responses will reflect their roles and experiences at their respective hospital system. The results from this study, while from a sample population can generalize a target population (Liu & Wronski, 2018).

Limitations

Limitations are unknown conditions or factors that researchers have no control over; however, they can weaken the study's internal validity (Leedy & Ormrod, 2016). The study solicited information from full-time or part-time nurses with at least two-year experience

working as urban frontline nurses in an acute-care hospital within the Northeastern region of the U.S. The limited geographical location may exclude other nurses, from nearby states, from expressing their opinions and experiences. Nursing respondents working in acute-care facilities may give bias responses to project a positive outlook on their work environment. The third limitation is whether the sample number of participants will be adequate to answer the research questions and hypotheses. As Fugard and Potts (2015) note having the correct sample size is a necessary factor in representing a given population and improving validity to the research.

Delimitations

Delimitations are conditions controlled by the researcher and define the study's boundaries (Leedy & Ormrod, 2016). The study was delimited to active registered nurses working at least one year as a frontline nurse either full or part-time for an acute-care facility. The working nurses can be newly registered nurses or mid-career nurses working in acute-care facilities. This study was delimited to gathering data from active RNs working and residing in the Northeastern United States: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

Chapter Summary

Nursing turnover continues to have a deterrent effect on hospital systems through the loss of organizational performance, efficiency, and financial consequences (Wilson-Chatman, 2020). Khan et al. (2019) concurs by indicating several factors are linked to increased turnover rates among urban frontline nurses, including working conditions, job pressure, burnout, and team dynamics. Chapter 1 included a discussion on the concepts of organizational commitment, job satisfaction, turnover intention, the background to the problem, and the study's purpose. Previous studies have examined turnover among hospital nursing staff showing a correlation

between environmental working conditions, job satisfaction, commitment, and turnover intentions (Bolima, 2015; De Simone et al., 2018; Edwards-Dandridge et al., 2020; Zaheer et al., 2019). Chapter 1 also included a discussion on the theoretical frameworks and the study's limitations, delimitations, and assumptions.

Chapter 2 reviewed the historical and current literature discussing the relationship between the variables concerning frontline RNs working in acute-care facilities. Chapter 3 focused on the methodology design in examining the relationship between job satisfaction, organizational commitment, and turnover intentions as measured by the Job Satisfaction Survey, Three-Component Employee Commitment Model, and Turnover Intention Scale-6 survey. Ethical considerations and limitations were also explored. Data analysis protocols and result interpretations were discussed in Chapter 4. Chapter 5 presented the summary, conclusions, and recommendations for future research.

Chapter 2: Literature Review

Introduction

The literature review contains a critical analysis and synthesis of literature to provide the appropriate context for the study's research questions: What is the relationship among job satisfaction, organizational commitment, and intent to stay for urban frontline nurses? What is the relationship between turnover intention and the three factors of organizational commitment (affective, normative, and continuance) with urban frontline nurses? What is the relationship between job satisfaction and turnover intention with urban frontline nurses? A literature review is essential to supporting the research question established for the study since the analysis provides the structure and scope of the research (Pretto & Currò, 2017). Chen et al. (2016) cites that literature review "goes beyond simply reporting the state of developments in a particular niche area" (p. 51), which is a crucial objective and goal in completing this literature review.

The literature review was divided into 5 sections. The first section discussed hospital cost and impact on nursing turnover. The second section reviewed the theoretical foundation: social exchange theory (SET) and jobs demands-resource (JD-R) Model. The third section included theories related to job satisfaction, organizational commitment, and turnover intent. The fourth section included a discussion of the study's predictors (organizational commitment and job satisfaction). The fifth section consisted of several turnover cases utilizing the study's variables. The chapter concluded with a review of the main points and an introduction to Chapter 3.

Online database searches were the primary sources for the literature review. The literature review included peer-reviewed journal articles, government articles, websites, and books. This study utilized Franklin University's electronic databases including Business Source Complete, EBSCOhost databases, Emerald Insight, SAGE Journals, Science Direct, CINAHL

Plus, Health Source: Nursing/Academic Edition, and MEDLINE with Full Text. The study also accessed dissertations through ProQuest Dissertations and Theses Global, and websites focused on hospital personnel, revenue, and costs. The identifying words for this study's searches include *job satisfaction, organizational commitment, retention, employee turnover, turnover intentions, employee engagement, burnout, leadership, turnover intention, nursing turnover, managerial behavior, and social exchange theory, and job demands-resources model*. Table 1 outlines the summary of sources included in the literature review.

Table 1

Literature Review Source Summary

Literature Type	Greater than 5 Years (< 2016)	Within 5 Years 2016-2021	Total	Cumulative %
Peer-reviewed Journals	55	132	187	91.2%
Seminal and other books	7	1	8	3.9%
Dissertations	1	2	3	1.5%
Websites	2	4	6	3.6%
Total sources	65	139	204	
Percentage Total	32%	68%	100.0%	

Hospital Cost Implications & Nursing Turnover

Hospitals and other health care facilities are looking for effective ways to improve margins, eliminate waste, and reduce other healthcare costs as an effort to increase their bottom-line. One such expenditure getting attention is the increased cost in personnel. According to LaPointe (2018), labor costs represent approximately 60% of hospital expenditures and the largest driver of operational expenses. Daly (2019) concedes labor cost increases are due to: (i) a tightening labor market and higher wages; (ii) an older population with increased health needs; (iii) population growth; and (iv) increase patient access points through physician practices, urgent

care centers, and ambulatory surgical centers. Financial uncertainty due to lower reimbursements from payers, higher acuity patients, and growing competition from rival organizations have caused hospitals to consider reducing nurse staffing levels to increase profitability and reduce expenses (Everhart et al., 2013).

Nursing staff represents the largest of the hospital's clinical team and the highest in turnover. Among registered nurses staff members, the highest turnover rates by specialty include step down at 24.4%, behavioral health at 22.7%, emergency at 20%, telemetry at 19.3%, and critical care at 18.7% (NSI Solutions Inc., 2021). This critical economic factor relates to my dissertation topic on registered nurses on their intent on leaving their hospital position. A nursing shortage can undermine patient care and drive-up health care costs (Henderson, 2020; Snaveley, 2016).

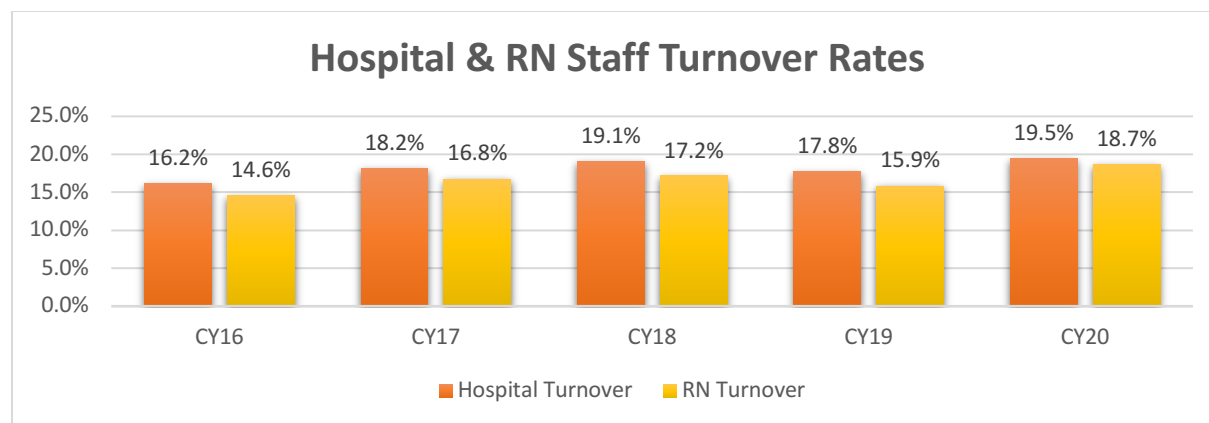
An increase in nursing turnover for hospitals are costly and disruptive, which can lead to a reduction in patient care, a decrease in worker job satisfaction, and decrease in organizational engagement (Brady, 2016). Employee turnover is a key metric and performance indicator that is evaluated to determine the fiscal and operational effectiveness (Kurnat-Thoma et al., 2017). The researchers further note turnover costs are due to the loss and replacement of qualified nurses, external market forces, regulatory controls, and the inability to directly link revenues to staffing costs (Kurnat-Thoma et al., 2017).

Hospital leadership lacking oversight to assess the severity of employee turnover fail to recognize the organizational resource impacting the hospital's financial interests, nursing care processes, patient outcomes, and whether the hospital system is providing a safe environment for patients and their families (Collini et al., 2015). The average turnover rate for bedside registered nurses increased from 15.9% in calendar year (CY) 2019 to 18.7% in CY 2020, as noted in

Figure 2 (NSI Nursing Solutions Inc., 2021). The average cost of a turnover bedside RN is \$40,038 and can range between \$28,400 to \$51,700 with an average hospital cost between \$3.6 million to \$6.5 million (NSI Nursing Solutions Inc., 2021).

Figure 2

Hospital & RN Staff Turnover Rates



Note: From “2021 NSI National Health Care Retention & RN Staffing Report,” by NSI Nursing Solutions, Inc. <https://www.nsinursingsolutions.com>.

Besides the financial burden, increased stress, burnout, dissatisfaction, and lack of commitment is placed on the remaining nursing staff (Labrague et al., 2019). The cost of nurse turnover considers a loss of intellectual capital stemming from experienced nurses (Smith, 2018). Hospital leadership needs to be aware of the factors that can have an impact on a nurse’s intent on leaving their organization.

Theoretical Framework

Social Exchange Theory

Social exchange theory (SET) explores the relationships between individuals and the interpersonal exchanges between them (Cropanzano & Mitchell, 2005). Social exchange research has its early development by Homans (1958). He defined the theory as an exchange, both tangible and intangible benefits, between two or more individuals. Homan’s research on social

exchange is based on tenets of social behavior and grounded on the premise of reward and punishments. The research is based on his five key propositions: (a) success proposition states that individuals are more likely to perform actions that are rewarded; (b) stimulus proposition states that if a particular action is connected to a reward, then the action would be repeated often; (c) value proposition states that the more valuable an action becomes to an individual, the action will continually be performed; (d) the deprivation proposition states that a reward becomes less valuable if it is received often; and (e) the frustration/approval proposition states that an expected or absence of a reward or punishment would trigger an individual's behavior to respond accordingly (Treviño, 2009).

In stark contrast to Homan's behavioral views of social exchange, Blau (1964, 1986) took a more economic view of social exchange. Instead, he focused on the reciprocal exchange between individuals and the social structure that affects the exchange. The basis of SET is the exchange of both monetary and nonmonetary rewards that allows an individual to maximize their self-interest. Health (1976) notes that the main differences between Homan's and Blau's concepts of social exchange depends on whether an individual is forward-looking or backward looking in determining what actions are taken next. The forward-looking viewpoint is based on individuals anticipating rewards that benefit them, so the course of action is always taken to maximize this benefit; while backwards looking approach refers to individuals valuing past rewards received to determine next steps (King, 2016). The rewards foster an exchange resulted from feelings of obligations, trust, and mutual commitments (Slack et al., 2015; Khalid & Ali, 2017). Social exchanges entrails general commitments that create future obligations and regulates the social interaction between individuals generating a development of a network of social relations and a functional group structure (Blau, 1986).

Under Blau (1960), the central concept underlying social exchange is the norm of reciprocity. The norm of reciprocity means individuals will help those who help them and have an obligation to assist in return (Gouldner, 1960). The concept reinforces and stabilizes the essence of social exchange and the dynamic group structures that form over the long-term of the relationships (Blau, 1986). With reciprocity, individuals believe that each person in the group structure fulfill their duties, and the mutual exchange of intrinsic and extrinsic benefits (i.e., advice, assistance, or compliance) occur naturally (Gouldner, 1960). As Mislin et al. (2015) indicated, reciprocity among individuals rely on their emotions toward each other to determine the appropriate action within the exchange.

Blau's (1964;1986) foundation of social exchange has been widely used in contemporary management research. Xerri and Reid (2018) used SET to explain the relationship between perceived innovative behavior, psychological, and satisfaction with teamwork and training opportunities among nurses working in Australia. The researchers further noted there was a positive correlation where mental wellbeing mediates the relationship between satisfaction and training opportunities, while there was a partial relationship between satisfaction of teamwork and innovative behavior among nursing staff (Xerri & Reid, 2018). Kim et al. (2015) noted managers must interact with their nursing teams to understand the staffing needs, and the manager's behavior and attitudes towards these relationships can affect an employee's level of engagement, satisfaction, and possible intent to leave their job and the organization.

Job Demands-Resource Model

The Job Demands Resource (JD-R) Model helps to explain employee engagement, job satisfaction, and turnover intention (Bon & Shire, 2017; Demerouti et al., 2001). Based on JD-R Model, different motivational processes are inherently used by employees to help them face job

demands and resources to deal with daily organizational tasks (Upadyaya et al., 2016). Bon and Shire (2017) suggests employees need supervisor and organization resources to provide the resources necessary to perform their workload since a lack of resources and direction can negatively affect organizational commitment, and turnover intentions. Without the necessary resources, an employee's commitment and satisfaction can negatively impact the employee to leaving their position.

Under the job demands construct, quantitative demands can impact a worker's performance and motivation. Quantitative demands refer to workloads that are extensive and intensive, under time pressure and conflicting demands (Eriksson et al., 2021; Hatch et al., 2019). As Kowalczyk et al. (2020) cites nurses working with excessive workloads can have negative consequences on their emotions, physical health, and family dynamics leading to possible burnout and increase sick leave. The impact of excessive workloads may cost a possible loss of employees for an organization. Dieter and Elsy (2016) cites attention demand refer to the amount of time work is monitor and job task responsibilities. Both demands may help clarify the sub-constructs of job demands to expand on how work design can impact an employee's performance, motivation, and attitude towards the organization.

Moloney et al. (2018) researched the relationship between job demands and resources to work engagement and found higher engagement resulted in lower intention for employees to leave their organization and profession. Greater emotional demands and higher levels of self-efficacy among registered nurses also carried a stronger effect on reducing intentions to leaving an organization and employee burnout (Moloney et al., 2018). Based on research exploring the JD-R model, job resources, such as a lack of supervisory support and professional resources when combined with key job demands, such as work overload, work-life interference, and lack

of formal rewards can impede nursing staff support and highlights the need to implement interventions to increase health-related and motivational outcomes to foster nurse retention (Broetje et al., 2020). Job resources also promote a higher life satisfaction and overall well-being (Upadyaya et al., 2016).

JD-R Model explains the relationship between work-family conflict, engagement, and satisfaction. Chen et al. (2017) found when nurses have an increasing workload and organizational blockers, they need to invest more resources to meeting job goals, which may lead to emotional exhaustion in the work environment and infiltrate the family domain to affect family conflict. Increased job demands, and higher levels of job stress were positively related to work family conflicts, while high levels of job resources and work engagement are positively correlated to job satisfaction (Mache et al., 2016). Yeh (2015) also found evidence that increase job resources increases job satisfaction, while job demands (i.e., work-family conflict) decrease satisfaction and quality of life.

Van Wingerden et al. (2017) used the job demands resource model as a foundation to show personal resources has a positive effect on work engagement and job performance. Personal resources are: (i) cognitive affective aspects of an individual's personality that contributes to oneself efficacy on taking on challenges and fulfilling those tasks; (ii) optimism in succeeding in present and future endeavors; (iii) fulfilling and establishing realist goals; and (iv) having resiliency when setbacks and adversity are present (Bakker & Demerouti, 2014; Grover et al., 2018). Vogt et al. (2016) suggested personal resources may lead to further positive outcomes for an individual. Vogt et al.'s findings indicated that there is a significant relationship exist between job resources, work engagement, and personal resources.

Relevant Theories

Several theories were reviewed that are relevant to job satisfaction, organizational commitment, and employee turnover intent. The theories considered relevant for this study include theory of engagement (Kahn, 1990), the motivation-hygiene theory (Herzberg, 1966), leader-member exchange theory (Dansereau et al., 1975), and conservation of resources theory (Hobfoll, 1989). This section includes an explanation for each of these theories. Certain aspects of each of these theories was applicable to this study; however, social exchange theory (Blau, 1960; 1964; 1986) and the job resources-demand model (Bakker & Demerouti, 2014) fit this study due to the theorist's explanation and demonstration of how managers can help increase satisfaction, engagement, and motivate nursing employees to grow within their divisional units, expand their skills in their job roles, and remain with their current employer.

Employee engagement theory. Kahn (1990) developed the theory of employee engagement to explore how individuals engage and disengage during work role performances. The level of engagement at work can vary depending on one's physical, cognitive, and emotional state. Employees will have different levels of engagements in their respective job duties depending on how they attach meaning to experiences when seeking meaning in their work assignments, work beliefs, work relationships, and resources at their disposal (Vermooten et al., 2019). In this regard, Kahn (1990) suggests work engagement is significantly influenced by psychological drivers that include: Psychological meaningfulness, psychological availability, and the psychological safety that stimulates individuals to engage in their work. Psychological meaningfulness entails the aspect of employees feeling highly valued, worthwhile, and useful when undertaking their duties at work (Guchait & Back, 2016). According to Gupta & Shaheen (2017), psychological meaningfulness is determined by the employees' anticipation of a return

on the investment of their personal physical, affective, and cognitive energies in undertaking their work-related tasks. The aspects of work interactions, roles, and tasks to be performed form the meaningfulness dimensions and when employees perceive these dimensions to be favorable, they will tend to commit their energies into undertaking their work roles, interact and support colleagues in the work environment (Gupta & Shaheen, 2017).

Jiang et al. (2015) contend psychological safety entails the aspect of employees' ability to disclose their authentic self at their work without necessarily fearing the negative outcome to their professional status, careers and or self-esteem. Management process and style, behavioral norms, group dynamics and interpersonal relationships are all dimensions of psychological safety (Karatepe & Kilic, 2015). Therefore, the psychological safety elements are highly related to trusting and supportive interpersonal relationships between employees and their co-workers, hierarchy of power, organizational norms, and supervisors. Browne & D'Eloia (2016) cited when employees perceive the existence of a lack of safety at their work, such as negative threats to an employee's self-esteem, there is a minimal degree of work engagement.

Gupta and Shaheen (2017) expressed that psychological availability entails the aspect of employees' sense of having all the necessarily resources required to undertake their duties. Browne & D'Eloia (2016) concurs noting when an individual has available the required resources to perform one's duties influences an individual to use their energy and resources at their respective workplaces thus enhancing work engagement and the opposite is true. Emotional energies, physical energies, and cognitive energies form vital dimensions of psychological availability.

Herzberg's motivation-hygiene theory. Herzberg's (1966) developed the motivation-hygiene theory to apply to workplace settings to focus on employee's two types of motivating

features: motivators (satisfiers), whose main features of job satisfaction may include achievements, advancements, and recognitions and hygiene factors (dissatisfiers), which can cause job dissatisfaction in employment areas such as working conditions, supervision, and company policies. Jones et al. (2017) suggests motivation-hygiene theory helps to provides insight regarding the aspect of predicting an employee's extrinsic and intrinsic job characteristic of work performance. The competing balances of extrinsic factors and intrinsic factors act as predictors of employee attitude and performance. According to Fletcher (2016), the intrinsic aspects of employees' work environment are critical predictors of job satisfaction.

Murphy (2015) found an employee's attitude at their respective workplace is influenced by organizational characteristics. The theory aids to explain more on the relationships among employees' job dissatisfaction and job satisfaction in their working environment (Barrick et al., 2015). According to the theory, there exist competing factors in an organization where others enhance employees' satisfaction and others leads to employee dissatisfaction and therefore it is important to understand these factors to avert cases of dissatisfactions which may result into high turnover intentions. There also exist several constructs that can affect the level of employee satisfaction and motivation, which include recognition, responsibility, employees' perceptions, the possibility of growth, advancement, and achievement (Akova et al., 2016).

Hygiene factors that affect job performance can include - supervision, compensation, physical working conditions, bonuses and benefits, job security, interpersonal relations, and company policies (Fox et al., 2018). On the other side, motivational factors include those aspects that enhance employees' attitudes to become extremely positive since their self-actualization needs have been met in a satisfactory manner (Fletcher, 2016). The theory also affirms the importance of trying to satisfy the motivating factors among the employees to increase

productivity and commitment to the organization through modifying employees' attitudes which play an important role in enhancing their performance (De Simone et al., 2018). The theory holds the view positive attitudes may lead to high performance and personal attachment to the work and organization as compared to negative attitudes towards their work and company which fuels the aspect of turnover intentions because of psychological withdrawal from the organization and job (Barrick et al., 2015). According to Lacey et al. (2015), job satisfaction is an important predictor of loyalty which in turn determines the rate of employee turnover and turnover intentions.

Leader-member exchange theory. Dansereau et al. (1975) developed the leader-member exchange (LMX) theory based on the working relationship between a leader and select employees (dyad) within a team or organization. The importance of the relationship is centrally based on the unique interaction between the leader and their subordinates over time within the organization (Graen & Uhl-bien, 1995). Based on previous research, managers exhibiting a high-level of LMX can increase employment experiences, enhance subordinates' commitments, and promote relationship building (Li, Liu et al., 2017). According to Wang et al. (2017), leaders exhibiting poor LMX relationships can increase employees' turnover intentions. Thus, managers must create a positive work environment for subordinates to develop and build a high level of trust, commitment, and respect (Clarke & Mahadi, 2017). As a branch of social exchange theory, LMX supports high quality relationships through successive exchanges between leader and follower through the norms of reciprocity, which has important implications for employee engagement and job satisfaction (Clarke & Mahadi, 2017; Gutermann et al., 2017).

Leader-member exchange theory is also based on the notion that leader-follower relationships are not on equal levels (Flickinger et al., 2016). According to Graen and Uhl-Bien

(1995), leaders subconsciously categories their employees in two categories: in-group and out-group employees over time. In-group employees have the trust of the leader, go beyond their job duties, receive an increase of attention from the manager and are more inclined to receive growth and career advancement opportunities; out-group employees tend to have limited work assignments, poorer job performance, are less engaged, are not satisfied, and are disillusioned with their job role (Graen & Uhl-Bien, 1995; Marler & Stanley, 2018). According to Salam (2017) holds the view that all employees equally deserve advancement, trust, and challenging work. Managers must understand team and individual dynamics and be able to establish effective relationships through proper coaching to enhance job satisfaction and employee engagement to minimize turnover intent and voluntary turnover. As Yildiz (2018) pointed out, managers need to delegate work tasks across all team members, open communication channels to creating a productive work environment with the hope of reducing turnover intentions, increasing employee performance, engagement, and satisfaction.

Conservation of resources theory. Hobfoll (1989) developed the conservation of resource (COR) theory to discuss the sources of stress and coping strategies individuals will implement to handle strains in their environment. COR theory contends individuals will retain, protect, and build resources to help them manage both personal and professional environments. The theory emerged from psychosocial and resource theories based on human motivation and stress (Hall et al., 2006). Debus and Unger (2017) concur noting that employees that face job insecurity, for example, would display a decrease in work engagement because they are protecting their remaining resources as a mechanism to manage their work and personal lives better. These resources fall into four categories – object, condition, personal characteristics, and energy (Hobfoll, 1989). Objects are resources of a physical presence, such as food and clothing;

condition resources are viewed as structures, such as marital status and health condition; personal characteristics are individual traits and coping skills, such as social support from family members or coworkers; and energy resources are an individual's skills and abilities that can be exchanged for other valued resources such as time and knowledge (Hobfoll, 1989; Kim et al., 2016; Prapanjaroensin et al., 2017).

The COR theory also explores how an employee's personal-organization fit influences work behavior and attitudes that shape an individual's goals and values (Jin et al., 2018). Individuals that are attracted to organizations that align with their own goals and values are less likely to leave an organization (Gould-Williams et al., 2015). Organizations that align with their employees will collectively maintain and protect their fit perceptions that may produce a positive behavioral effect to reduce turnover intention (Jin et al., 2018). However, when a manager's work demands increasingly begins to deplete an employee's resources at a rate where resources cannot be restored or replaced, then turnover intention increases.

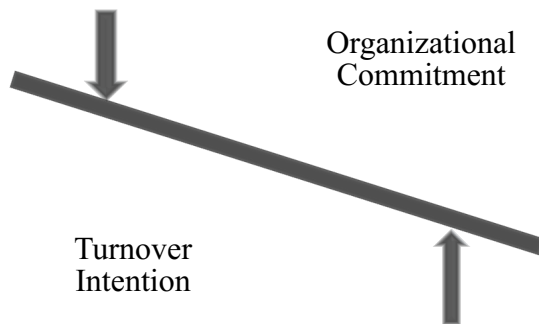
Kalifa et al. (2016) points out in their research on turnover intention among nurses, when individuals feel threatened with the loss of their resources, they are likely to suffer from psychological stress; individuals with fewer resources will always opt to preserve their current resources as opposed to risking resource depletion. A threat of resource depletion results in the development of risk aversion behaviors among employees as well as amplifying resistance to change. Khunou and Davhana-Maselesele (2016) shares the view that when employees sense their employer have implemented policies that threaten their most valuable resources, they will become less satisfied, and less engaged, which can also lead to employees developing turnover intentions or leaving the organization.

Organizational Commitment

Origins and Definition of Organizational Commitment

The advancement in organization commitment principles is based on several early theories: the side bet theory from Becker (1960); the affective dependence theory by Porter et al. (1974); and the multidimensional approach by Meyer and Allen (1984) and O'Reilly and Chatman (1986). Approaches to the definition of organizational commitment have varied over the years. Many of these definitions focused on commitment related attitudes and behaviors. Robbins and Judge (2008) studied organizational commitment as a condition in which employee sides with an organization and its goals to maintain a relationship within the organization. Wombacher and Felfe (2017) have noted employees can feel committed to multiple organizational settings concurrently, such as to team members, and managers.

Mowday et al. (1979) viewed organizational commitment as a dynamic relationship between an employee and organization; whereas the employee is willing to give themselves to contribute to the organization's well-being. The main driver in each of these definitions is that organizational commitment is a significant variable that influences several organizational outcomes such as job performance, job satisfaction, work autonomy, and turnover intention (Labrague et al., 2018). As noted in Figure 3, employees committed to an organization, their intent to remain with the employer is high and work towards achieving organizational objectives and goals (Mowday et al., 1982). On the opposite end, if commitment to the organization is low, then the employee's intent to leave is high (Mowday et al., 1982).

Figure 3*Inverse Relationship of Organizational Commitment & Turnover Intention*

Note: Taken from Larkin et al. (2016). Job satisfaction, organizational commitment, and turnover intention of online teachers in the K-12 setting. *Online Learning*, 20, p. 30.

<https://doi.org/10.24059/olij.v20i3.986>

Guest (1995) views organizational commitment at the center of human resource management and plays a critical role for employers to retain their high-performance employees. For this study, the definition of organizational commitment as “a psychological state that (a) characterizes the employee’s relationship with the organization, and (b) has implications for the decision to continue or discontinue membership in the organization” (Meyer & Allen, 1991, p. 67) was used. The Meyer and Allen model of commitment consists of a three-component framework. *Affective commitment* is the employee’s emotional attachment to the organization. *Continuance commitment* is the cost associated with leaving the employer. *Normative commitment* is the employee’s obligation to stay with the organization. Meyer and Allen’s Three-Component Model (TCM) was used to measure the nurse’s commitment to their hospital employer.

Factors Influencing Organizational Commitment

The concept of organizational commitment is well researched, covering a variety of work-related perspectives (Al-Jabari & Ghazzawi, 2019). Dwi Putranti (2018) reflects an individual's identification and involvement in work as predictors to determining whether an employee stays with their employer. According to Mowday et al. (1982), organizational commitment is a psychological factor when an individual will remain with an employer until work pressures force an individual to assess whether they will stay or leave. Berberoglu (2018) also found an organization's climate is directly correlated with employee commitment and performance.

Randall (1987) focused on how an individual's commitment to an organization is based on that individual's identity and involvement with the organization. An individual's commitment can be viewed as low to moderate to high. With each level of organizational commitment, there can be both positive and negative consequences for the employee and the organization. Table 2 presents a summary of the various levels of commitment affecting both entities.

Randall's (1987) research shows individuals with a lower level of commitment tend to have positive outcomes resulting from individual creativity but would have a slower chance of career advancement. For organizations, a positive response would be disengaged employees leaving the organization; however, the negative consequence of this disengagement is a higher turnover rate (Randall, 1987). The researcher further notes an employee with a moderate level of organizational commitment will show positive behavior and good performance, but may exhibit dissatisfaction, such as lack of advancement opportunities (Randall, 1987). For organizations, a moderate level of commitment would show decreased turnover and increased retention (Randall,

1987). The adverse outcomes may lead to a decrease in organizational effectiveness and an uneven work-life balance for employees.

Employees that show a higher level of organizational commitment tend to be rewarded for the loyalty. Haque et al. (2019) looking at organizational leadership and employee turnover concurs noting employees loyal to their employer tend to align to the values of the organization and its leadership to give themselves meaning and identity. A drawback to such loyalties may have employees willing to turn a blind eye to organizational misdeeds; thus, preserving their continuance and normative commitments to the organization (Aruoren & Oboreh, 2020). For organizations and leadership to enforce a positive cohesive working environment, policies and procedures should be implemented to foster an employee's satisfaction, and engagement with an understanding all employees are influenced by different factors that may affect their overall commitment to the organization (Albrecht & Marty, 2020; Haque et al., 2019; Randall, 1987)

Table 2

Consequences of Commitment Levels

		Individual		Organizational	
		Positive	Negative	Positive	Negative
Level of Commitment	Low	<i>Individual creativity, innovation and originality</i> <i>More effective human resource utilization</i>	<i>Slower career advancement and promotion</i> <i>Personal costs as a result of whistle-blowing</i> <i>Possible expulsion, exit, or effort to defeat organizational goals</i>	<i>Turnover of disruptive/poor performing employees limiting damage, increasing morale, bringing in replacements</i> <i>Whistle-blowing with beneficial consequences for the organization</i>	<i>Greater turnover, tardiness, absenteeism, lack of intention to stay, low quantity of work, disloyalty to the firm, illegal activity against the firm, limited extra-role behavior, damaging role modeling, whistle-blowing with damaging consequences, limited organizational control over employees</i>
	Moderate	<i>Enhanced feelings of belongingness, security, efficacy, loyalty, and duty</i> <i>Creative individualism</i> <i>Maintenance of identity distinct from the organization</i>	<i>Career advancement and promotion opportunities may be limited</i> <i>Uneasy compromise between segmental commitments</i>	<i>Increased employee tenure, limited intention to quit, limited turnover, and greater job satisfaction</i>	<i>Employees may limit extra-role behavior and citizenship behaviors</i> <i>Employees may balance organization demands with nonwork demands</i> <i>Possible decrease in organizational effectiveness</i>
	High	<i>Individual career advancement and compensation enhanced</i> <i>Behavior is rewarded by the organization</i> <i>Individual provided with a passionate pursuit</i>	<i>Individual growth, creativity, innovation, and opportunities for mobility are stifled</i> <i>Bureaucratic resistance to change</i> <i>Stress and tension in social and family relationships</i> <i>Lack of peer solidarity</i> <i>Limited time and energy for nonwork organizations</i>	<i>Secure and stable work force</i> <i>Employees accept the organization's demands for greater production</i> <i>High levels of task competition and performance</i> <i>Organizational goals can be met</i>	<i>Ineffective utilization of human resources</i> <i>Lack of organizational flexibility, innovation, and adaptability</i> <i>Inviolate trust in past policies and procedures</i> <i>Irritation and antagonism from overzealous workers</i> <i>Illegal/unethical acts committed on behalf of the organization</i>

Note: Taken from Randall, D.M. (2009). Commitment and the organization: The organization man revisited. *Academy of Management Review*, 12, p. 462. <https://doi.org/10.2307/258513>

Impact of organizational commitment. Previous studies have noted that organizational commitment has a positive correlation to work participant and job performance (Hashempour et al., 2018; Hendri, 2019; Jin et al., 2018). Cesário and Chamel (2017) noted that when employees are engaged and committed to their organization, employees have a positive attitude towards their job duties and roles when presented with adequate work conditions and an atmosphere of well-being. An increased work-engagement oriented human resources practices result in increased commitment and productivity from employees.

Loes and Tobin (2020) had similar findings that a cohesive work environment and trust lead to positive organizational commitment. When managers have a sense of confidence in their

employees, they have higher levels of empowerment, which can translate to an increasing commitment to stay with the organization. According to Agarwal and Sajid (2017), employees who have high levels of organizational commitment and job satisfaction tend to have reduced workplace conflicts, work harder to meeting organizational goals, and more often stay with their employer. Karami et al. (2017) proposed human resource managers need to create and promote professional competency and commitment initiatives to foster a supportive environment for nursing employees. Thus, the main objective of the cited literature is for managers to build organizational commitment to improving engagement and job performance (Cesário & Chamel, 2017; Hashempour et al., 2018; Hendri, 2019; Jin et al., 2018).

Organizational commitment to nursing. Organizational commitment is a relevant performance concept that is particularly important to the nursing community (Arbabisarjou et al., 2016). According to Miedaner et al. (2018), organizational commitment has been studied from different perspectives; yet organizational commitment from hospital nurses warrants further review that can affect turnover intentions. Research shows that organizational commitment is linked to nurses' intentions on leaving their current employer (Kamau et al., 2015; Labrague et al., 2018; Yürümczöglü et al., 2019). Factors that may contribute to an employee's level of organizational commitment are split into four separate categories: demographic variables (age, gender, education, tenure); individual differences (locus control and self-efficacy); work experiences (organizational support, role ambiguity, and role conflict); and alternatives/investments (Meyer et al., 2002).

In a study by Chen et al. (2015), looking at the effects of organizational commitment among hospital nurses in Taiwan noted a direct correlation of organizational commitment, trust, and organizational justice based on age, seniority, gender, marital status, and job title. In a

research study of 126 Bangladesh nurses working in a public hospital, Bishwajit et al. (2016) indicated a moderate positive correlation between organizational commitment and job satisfaction. The researchers further noted nurses had a moderate level of supervisory support, which allowed room for emotional growth, professional development, and performance feedback, and was consistent with previous studies that show job satisfaction has a direct impact on a level of pay, job advancement, supervision, organizational commitment, and work environment (Bishwajit et al., 2016).

Ruvimbo and Hlanganipai (2016) examined organizational commitment and retention among South African hospital nurses. They noted that organizational commitment had a significant positive relationship when nurses received a competitive salary and benefits package and fair performance evaluation. A hospital system where leadership reinforces a supportive work environment found nurses staying with the organization. Similar results were found in research conducted by Gholami et al. (2019) with nurses working for teaching hospitals in Iran. In this study, organizational commitment was examined in conjunction with job empowerment and corporate trust. Findings showed nurses were effective when managers give meaning to their work, supported their job roles, and was given the necessary resources in fulfilling their job duties (Gholami et al., 2019).

Israel et al. (2017) study showed Ethiopia nurses had a low level of organizational commitment. Factors indicated this low level included a lack of corporate support, relationship with the manager, job satisfaction, and work environment. The above studies show a common trend from previous research where organizational commitment affects several work-related factors, including low morale, weak leadership, poor working conditions, and increased workload can contribute to an increase in nursing turnover intentions (Moriarity, 2017).

Registered nurses working in the U.S. acute care facilities face similar challenges as their foreign counterparts relating to commitment to their employer. Hauck et al. (2011) studied empowerment and turnover intention for 257 critical nurses working in a tertiary university hospital in the northeastern United States. Hauck et al. (2011) found a relationship between nurses' perceived empowerment structures and their intention of leaving their position. Nurses who are empowered display higher levels of organizational commitment (Fragkos et al., 2020). In a research study with 162 nurses working in a midwestern hospital, Levine et al. (2020) cited organizational commitment had a positive correlation with there is an open communication channel with their supervisor. However, organizational commitment was negatively related to interpersonal consequences related to the reporting of medical errors. A supportive culture and work environment contribute to a nurse's commitment to their job, patient safety, and patient care (Jafarpanah & Rezaei, 2020).

Employee Engagement

One of the antecedents to employee turnover as noted by researchers is employee engagement (Albrecht & Marty, 2020; Bakker & Albrecht, 2018; Basbous & Malkawi, 2017). While researchers differ on how to define and measure employee engagement, engagement is often defined as a positive, fulfilling state of behavior that is characterized by an individual's vigor, dedication, and absorption (Albrecht et al., 2015). Vigor is defined as one's energy to invest in their job role and related tasks; dedication is characterized by one's strong commitment, pride, and inspiration to the organization; and absorption involves an individual being greatly engrossed in their work to the extent that time is not a factor, and the individual has trouble detaching from their work (Bakker & Albrecht, 2018).

Employees who have values and goals that align with their organization's values and goals have increased engagement in their job role and tend to have a strong commitment to the organization (Gupta et al., 2017). As Cesário and Chambel (2017) expressed in their research, organizational commitment and engagement are predictors of an organization's effectiveness and an individual's work achievement, wellbeing, high performance, and intention to stay. Mehrzi and Singh (2016) shared similar views noting employee engagement is a positive force that binds employees and their organization through shared commitment, which can increase performance and productivity. Engagement and commitment are mediated by the effects of job resources and social support from supervisors and team members (Kim et al., 2017).

Employee engagement is closely related to an increase in organizational effectiveness and subordinate's self-efficacy. As Yon et al. (2016) pointed out a high level of organizational effectiveness enhances employee's organizational commitment allowing employees to improve on performance, and self-efficacy. Breevaart and Bakker (2017) note leadership behavior plays a sufficient role in challenging employees to think through problems that give employees opportunities to learn and increase competence in their work environment.

Research conducted by White et al. (2017) views employee engagement as an emotional state connecting an individual's commitment and satisfaction with their job role, work tasks, and organizational initiatives as related to improving the quality of healthcare. Managers and subordinates that collaborated in improving patient care outcomes strikes a correct balance of job demands and job resources allowing care teams to better engage in patient Care (White et al., 2017). Such opportunities and behaviors can increase an employee's self-efficacy and engagement. In this respect, positive employee engagement helps to enhance productivity, employee development and retention.

Gupta et al. (2017) is of the view that employee engagement reflects the degree to which an individual's psychological capital is committed to organizational initiatives within the job and beyond job duties. Psychological capital consists of four capacities: efficacy, hope, optimism, and reliance (Gupta et al., 2017; Luthans, 2002). Efficacy refers to an employee's confidence in their abilities to perform their job duties; hope refers to an employee's energy in performing and accomplishing their work duties; optimism is succeeding as an employee now and in the future; and resilience in an employee's capability of dealing and surviving a turbulent work environment. (Luthans, 2002; Luthans et al., 2007). Psychological capital has shown to have positive outcomes increasing job performance, organizational citizenship behavior, and a decrease in turnover intentions (Alessandri et al., 2018; Gupta et al., 2017; Karatepe & Karadas, 2015).

Hospital Employee Engagement

According to Shimp (2017), many hospitals have realized the significance of determining employee engagement levels more than just annually through employee surveys. A periodic review of employee's concerns should be used to adequately address inadequate resources to meeting patient needs (Shimp, 2017). According to White et al. (2017), employee engagement in healthcare workers is not determined by functional drivers like benefits and pay but more on professional development. The authors further states there is need for hospital leaders to aid healthcare workers to develop a strong feeling of attachment and employee development; thus, the objective of encouraging employee engagement in a hospital environment is to enhance the safety of patients, minimize the claims of malpractice, increase employee retention, increase the quality-of-care services, and enhance patient satisfaction (White et al., 2017). The three fundamental factors that influence employee engagement particularly for healthcare workers

include the ability to empower workers, supportive management, and a collaborative organizational culture (Papathanasious et al., 2014).

Lowe (2012) notes that engaged employees in a healthcare setting creates a positive workforce where high-quality patient care is mutually supportive. As Lowe (2012) points out employee engagement are under three factors – emotional, rational, and behavioral drivers. These drivers help managers advocate for their nurses with hospitals implementing professional development and growth (Lowe, 2012). Based on a survey conducted by the Ontario Hospital association, the drivers of an effective employee engagement include work environment, job characteristics, and organizational support. Findings indicated that a high level of employee engagement is related to retention, patient-centered care, and patient safety (Lowe, 2012). Tullar et al. (2016) had similar findings on increasing employee engagement in hospitals where interventions can reduce turnover rates and reduced vacancy.

In a study conducted by Dempsey and Reilly (2016), a loss of productivity and disengagement has influence on nurse retention. Based on data from the Press Ganey National Database of Nursing Quality Indicators (NDNQI) measuring a nurse's work environment, experience, job satisfaction, and engagement, a nurse's level of commitment to the organization and to the profession drives overall engagement (Dempsey et al., 2015). The key drivers noted included: (i) organizations providing high-quality care and services; (ii) organizations treating employees with respect, (iii) nurses liking their work and profession, (iv) a work environment that allows employees to go above and beyond their role duties, (v) compensation is fair, (vi) nurses having the ability to fully use their skills and decision-making competencies, (vii) organizations having the necessary tools and resources to provide the necessary care for patients, (viii) organizations providing career development opportunities, (ix) organizations conducting

business in an ethical manner, and (x) patient safety is a priority for the entire organization (Dempsey et al., 2015).

Gupta and J (2017) expressed similar findings in an employee engagement study focused on improving patient care and employee retention within the hospital environment. An increase in engagement positively impacts an increase in retention, low absenteeism, high performance, and low turnover (Gupta & J, 2017). Manning's (2016) research on the role of nurse managers indicates nurse managers play a pivotal role in influencing engagement and performance within the nursing teams. Nurse managers can empower, motivate, and guide nursing staff to meeting organizational goals and objectives, which can lead to improve satisfaction and intent to stay (Manning, 2016). Based on a study conducted by the Institute of Medicine (2010), nurse leadership development is a necessity to effectively impact and change staff nursing practices and behaviors. Hospital leadership must engage nursing managers with the proper tools to nurture a healthy work environment with their nursing staff (McKnight, 2017).

Udod et al. (2017) pointed out in their research on nurse manager's stressors, such as working with limited resources, responding to continuous change, and a disconnect with senior administrators, can lead to high turnover rate, a hostile hospital floor units, burnout, fatigue, and poorer health outcomes across the entire nursing teams. Leadership needs to develop proactive and strategic interventions to create change in the hospital and improve the relationship with its community stakeholders (Udod et al., 2017). These interventions can also improve nursing outcomes, such as autonomy, self-efficacy, and organizational support (Huddleston et al., 2017).

Employee engagement has been viewed as a major driver in human resource and business strategy (Jolton et al., 2017). Some researchers have also suggested employee engagement has a direct correlation to employee job performance (Martin, 2017; Sekhar et al., 2018); while other

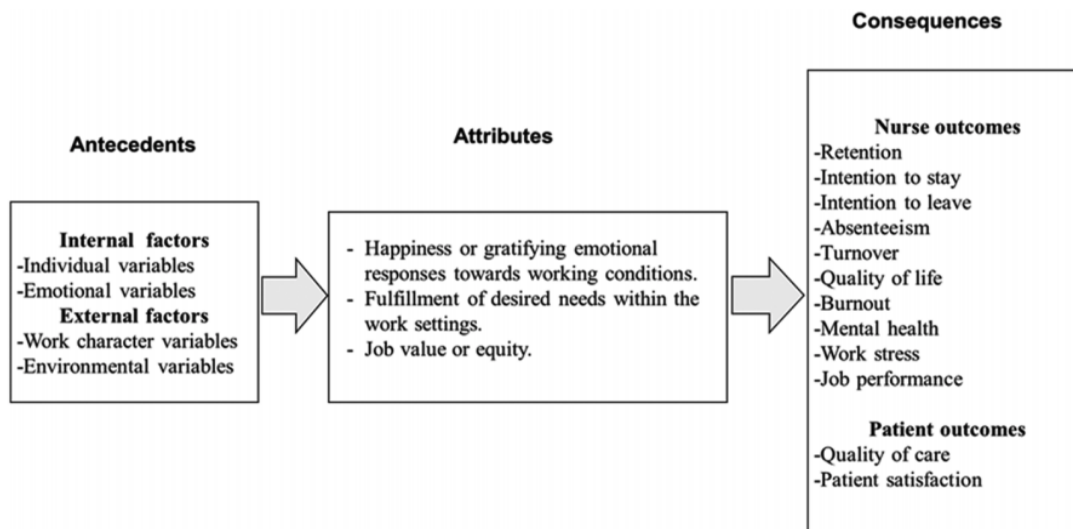
scholars contend a link exists between employee engagement outcomes and an organization's performance (Ogbonnaya & Valizade, 2018). Yousaf et al. (2015) have stipulated employee engagement may impact an individual's organizational commitment to an employer that can drive employee turnover intentions. While employee engagement can have positively affected an organization, researchers suggest that this human resource construct still present challenges to measure with certainty (Byrne et al., 2016).

Job Satisfaction

Research indicates job satisfaction is one of the best predictors in determining turnover intentions among individuals (Lu et al., 2016; Modaresnezhad et al., 2021; Salam, 2017; Vorina et al., 2017; Yanchus et al., 2015). De Simone et al. (2018) views job satisfaction as one of the main components of voluntary turnover in nurses. As a nurse's job satisfaction decreases, their turnover intention increases (De Simone et al., 2018). Leider et al. (2016) argues that the level of job satisfaction among employees, which includes pay satisfaction, organizational support, and employee involvement, depends on the employee's perceptions of the workplace environment. An employee's perception of their workplace is based on such factors as: (1) having the opportunities to apply their knowledge and skills, (2) having the opportunities for further development and training, (3) managers rewarding creativity and innovation, and (4) having a reasonable workload, and (5) working well with a diverse team (Leider et al., 2016). Luthans (2011) had earlier addressed similar dimensions that influence an individual's responses to job satisfaction. These dimensions include the work itself, pay, promotion opportunities, supervision, and coworkers (Luthans, 2011). Chiedu et al. (2017) also contends that job satisfaction plays an instrumental role in an employee's commitment to the organization and whether an employee's extrinsic and intrinsic values can determine whether they stay within an organization.

In a study conducted by Masum et al. (2016), a negative association between job satisfaction and intent to quit was identified. However, the same study showed a strong association between the intent to leave and supervisor support. According to a study by Tampubolon (2016), job satisfaction emerged as a vital antecedent of employee turnover. The study proved that job satisfaction is influenced indirectly by a variety of environmental, demographic, and organizational elements. Based on a study conducted by Kaur et al. (2015), job satisfaction also impacts the levels of organizational citizenship behavior (OCB) and on work performance.

Employees who are satisfied and passionate about their work tend to display a positive OCB that creates an effective work environment for the organization (Qadeer et al., 2016). Akova et al. (2016) affirm that employees who are satisfied with their work tend to stay with their employer for the long-term because their job role fulfills a need until a force causes them to rethink their obligations. Liu et al. (2016) notes the attributes in job satisfaction for nurses are shaped by common themes: (1) a positive emotional response towards their working conditions, (2) fulfillment of desired needs within the working environment, and (3) have value in their work. The attributes are influenced by antecedent factors such as demographics, work characteristics, and environmental variables. Without the appropriate organizational support, these attributes can impact a nurses' and patient outcomes as illustrated in Figure 4.

Figure 4*Conceptual Model of Job Satisfaction in Nursing*

Note: Taken from Liu et al. (2016). Job satisfaction in nursing: A concept analysis study.

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Job Satisfaction and Organizational Culture

Research indicates that organizational culture can impact job satisfaction (Cronley & Kim, 2017; Rozika et al., 2018; Sharma, 2017; Sow et al., 2017). Research conducted by Fattah (2017) concluded organizational culture had a direct positive effect on job satisfaction. Rozika et al., 2018 shares similar thoughts noting organizational culture provides a sense of identity for employees that allows them to commitment to something greater than self. Organizational culture also helps to improve stability with the company and sets the appropriate behavior for employees to follow (Cronley & Kim, 2017).

Tepeci (2005) identifies seven dimensions of organizational culture that effectiveness employee's satisfaction, and commitment. The dimensions include – (1) honesty and people orientation, (2) team orientation, (3) innovation, (4) valuing customers or service quality, (5) employee development, (6) results orientation, and (7) fair compensation. Within these

dimensions, team orientation, honesty and people orientation, and employee development, can influence employee intention to stay within an organization. Guchait et al. (2016) indicates an organization exhibiting these dimensions create a positive and inclusive organizational culture impacting teamwork, security, and respect for individuals.

Hospitals fostering this work environment among their nursing personnel fosters employee loyalty and a long-term commitment to the organization. Guchait et al. (2016) suggests a strong cohesion group among clinical staff can lower stress, increase organizational support, and a willingness to stay with the hospital. Kutney-Lee et al. (2016) in their research on nursing engagement share similar views that organizations with an established shared governance will foster a cohesive environment over-time can lead to increases in job satisfaction, retention, job performance, patient safety climate, and a decrease in nurse burnout and intentions to leave.

Various studies revealed that job satisfaction of employees is impacted by a supportive organizational culture, while an employee's job satisfaction and organizational commitment can be hindered by a bureaucratic culture (Sharma, 2017; Sow et al., 2017). Sow et al. (2017) indicated organizational culture and job satisfaction are shaped by leadership's attitudes towards creating a work environment that is flexible for both parties to create shared beliefs, values, assumptions, and behaviors that can be sustainable over the long-term. For hospital nurses, a cohesive organizational culture that fosters teamwork, shared beliefs and values, and a commitment to patient care garners a higher level of job satisfaction and a sense of belonging (Kim et al., 2017); and a perceived higher level of organizational commitment, work performance, and a possible reduction in turnover intentions (Abou Hashish, 2017).

Measuring job satisfaction. The concept of job satisfaction on organizational behavior continues to be research due to the construct's influence in addressing organizational issues

(O'Connor, 2018; Özpehlivan & Acar, 2015). Scholars contend job satisfaction has been studied across a variety of industries due to the construct's effect on an individual's organizational commitment, and performance within an organization (O'Connor, 2018). Job satisfaction has also been identified as a primary antecedent to turnover intention (Lambert et al., 2001; O'Connor, 2018; Srimindarti et al., 2017).

There are a variety of factors that can affect job satisfaction and can be surveyed to measure an individual's level of job satisfaction, such as job security, supervision, and work conditions (Aslan, 2017). However, researchers do recognize one's level of job satisfaction is unique to the individual and thus will vary across business sectors (Frempong et al., 2018). According to Lepold et al. (2018), depending on the research design, job satisfaction as a measurement can be used as an organizational indicator to help leadership develop workplace interventions and can be seen as a predictor and outcome variable for job-related factors.

Saane et al. (2003) have knowledge job satisfaction can be measured and interpreted in through various instruments. Saane et al. (2003) have noted that there are three groups of instruments to test job satisfaction: (1) multidimensional instruments for jobs in general, (2) multidimensional instruments for specific jobs, and (3) global multi-item job satisfaction instruments. Within their research, Eason et al. (2018) noted the validity and reliability of seven instruments to measure job satisfaction on the individual level. While Paudel et al. (2017) in research to measure job satisfaction among vision personnel noted three validated instruments that are specific to the health care sector. Abugre (2014) noted several instruments to measure job satisfaction among public sector employees. Two of these scales, the Job Satisfaction Survey (JSS) and the Minnesota Satisfaction Questionnaire (MSQ) remain relevant scales to explore job satisfaction in both public and private sectors. Originally developed for the social sector, the JSS

has been a reliable tool across several industries to measure job satisfaction (Li & Huang, 2017). The survey measures 36 items with nine subscales including: salary, promotion, co-workers, and nature of work (Spector, 1985). The MSQ, whether in the long form measuring 100 items or the short form measuring 20 items is used to provide a single level of satisfaction measuring both extrinsic and intrinsic factors of employees (Abugre, 2014; Weiss et al., 1967).

Antecedents to Nursing Turnover

Quality of Work Life (QWL)

According to Salam (2017), committed, motivated and competent healthcare employees play an instrumental role in delivering quality services in healthcare organizations. A high quality of work life (QWL) coupled with a dynamic work environment are vital components of attracting and retaining qualified and motivated healthcare personnel (Kaddourah et al., 2018; Kelbiso et al., 2017). According to Masum et al. (2016), quality of work life entails the aspect of employees being satisfied with their work life and more so focuses on the quality of relationships established between the working environment and employees.

Khunou and Maselesele (2016) holds the view that the quality-of-life work involves a multi-dimensional concept that encompasses the feelings of employees towards the contents of their jobs, pay, physical work environment, teamwork, promotions, autonomy, participating in decision-making processes that affects their work, job security, work-life balance, managers and colleagues support, communication, occupational health, and safety. Kalifa et al. (2016) shares the views that a high-quality work life plays an instrumental role in keeping nursing staff engaged and satisfied to enhance their job performance. Thus, organizational leaders need to create a healthy culture that is paramount to enhance healthcare workers' quality of work life to

minimize burnout, absenteeism, enhance job satisfaction, increase organizational commitment, and lower turnover (Scruth et al., 2018).

Leadership

According to Hobfoll et al. (2015), nursing managers act as mentors tasked with directing and outlaying a nursing teams' duties and roles within a given a unit. Choi et al. (2016) contend positive leadership can empower the work environment among the nursing staff to reduce the sense of helplessness while promoting a culture of intelligence and rational thinking. Portoghese et al. (2015) research findings show similar patterns where leadership impact on work design and enrich job duties can result in more satisfied workers, decreased turnover and absenteeism. Roche et al. (2015) in their research echo the same sentiment that managers can enhance nurses' empowerment, organizational commitment, and professional development that can further increase the feasibility of turnover intention among nursing staff.

Advancement Opportunities

Hobfoll et al. (2015) suggests opportunities for career advancement in the current workforce helps to enhance employee satisfaction thus reducing employee turnover. When employees feel their organizations lack opportunities for advancement or development opportunities to grow further in their career, employees may become disillusioned with their current job role and duties and consider leaving the organization for better opportunities (Hayward et al., 2016). Takase et al. (2016) in their research cite advancement opportunities may enhance a nurse's capacity to improving their abilities and emotional attachment to their current employer; these enhancements are known contributors to a nurse's intentions to remain with their current organization. Previous studies have shown that opportunities for promotion (Kovner, Brwer, Greene, & Fairchild, 2009), educational opportunities (Estryn-Behar et al.,

2010), and professional development (Van Dam et al., 2013) perceived by nurses are negatively correlated with their intention to leave.

Organizational Factors

According to Liebermann et al. (2015), organizational factors entail aspects such as organizational characteristics, organizational culture and climate, and the interpersonal relations established within the organizations can have a direct impact on retaining and attracting employees. For hospital employers, organizational characteristics such as profitability, unionization, and the hospital's teaching and magnet status are vital antecedents of turnover intention in the nursing profession (Liebermann et al., 2015). When the hospital is perceived to be profitable and has allowed nurses to agitate for their rights and grievances through a well-structured union, then chances of nurses leaving or having intentions to leave becomes minimal. Moreover, the hospital's ability to attract and hold onto more experienced nurses coupled with the ability to train nurses also plays an important role in enhancing nurses' job satisfaction thus, averting turnover intention among the nursing teams.

Khunou and Maselesele (2016) cite that an organization's environment and culture entail factors such as the congruence between the values systems of employees and organizations, organizational perceived support, and the organizational ethical environment. Masum et al. (2016) shares similar views that an employer working in an collaborative environment tends to gear towards enhancing professional development and growth also aids to determine the nurses' turnover intention in the sense that when nurses perceive their hospital to lack a culture that supports their professional development and growth, then they will tend to develop turnover intentions as they search for hospitals that have culture that supports their professional development and growth.

Masum et al. (2016) indicated organizational ethical environment as well as the congruence between the value systems of employees and organization are also key factors that aid to determine the nurses' turnover intention when there is congruence between the employees' value systems and that of the healthcare organizations, chances of employees becoming satisfied with their jobs are very high thus, minimizing the rate of turnover intentions among nurses.

Liebermann et al. (2015) held the view that an unethical environment makes employees dissatisfied with their organizations thus increasing the rate of turnover intentions as more employees want to associate with organizations that have built a strong ethical climate where all employees behave in an ethical manner.

Organizational justice is another vital organizational factor that can be an antecedent to both turnover and turnover intentions among nursing staff where organizational justice is seen as a motivational tool for organizational behaviors (Tourani et al., 2016). Greenberg (1987) developed the theory of organizational justice referring to an employee's perspective of whether their organization is treating them fairly based on organizational policies and the employee's internal feelings and behaviors. Top and Tekingunduz (2018) in their research on job stress among hospital workers cite that organizational justice contributes to trust development among hospital staff. Lower levels of trust among hospital organizations creates an environment where employees tend to be less creative, less productive, have a lower level of morale, increase stress, and are less inclined in fulfilling organizational outcomes; improving such behaviors helps hospital leadership retain staff and improve upon fairness across the organizational spectrum (Top & Tekingunduz, 2018).

Chen et al. (2015) expressed similar findings that trust creates a work environment that promotes cooperation between employees and managers, organizational commitment among the

nursing staff, and the ability for hospitals to retain their workforce. Cao et al. (2020) examined organizational justice, work engagement, perception of care quality, and turnover intention and noted organizational justice was directly related to low turnover intention, and high work engagement. The researchers further suggest keeping nursing turnover and nurse shortages low, hospital organizations need to give organizational justice a priority in developing policies allowing nurses' feedback on improving quality of patient care and understanding their nursing teams' internal feelings (Cao et al., 2020). Yon et al. (2016) similarly contends when employees believe that their respective organizations treat all employees same and perceive the existence of equity in all employee aspects, then chances of them quitting or even consider leaving be minimal.

Work-Related Factors

Several work-related factors, such as nursing job dynamics, and environmental conditions play an instrumental role in employee turnover and turnover intentions (Yang et al., 2017; Yon et al., 2016). For example, when employees are given roles and duties that conflict, nurses tend to be unengaged and dissatisfied with their roles in the organization, which may lead to employees leaving the organization or unit for a better opportunity (Yang et al., 2017). A lack of employee autonomy in performing their duties can negatively affect their level of job satisfaction thus, increasing turnover outcomes (Labrague et al., 2018). High patient acuity, increased workloads, and ineffective professional relationships (Hayward et al., 2016; Hobfoll et al., 2015), pay inequities (Hobfoll et al., 2015; Wang et al., 2015), and workforce diversity (Buttner & Lowe, 2017) can also contribute to nurses leaving an organization.

Another work-related factor that may have an impact on nursing turnover intention or actual turnover is workplace violence. Workplace violence is behavior including physical and

mental violations. Behavior can include verbal abuse, bullying, and harassment (Evans, 2017). These adverse challenges can directly affect a nurse's work performance, morale, deteriorate a patient's trust (Aytac et al., 2016). Yang and Caughlin (2017) suggest continued uncivility creating an unstable or negative work environment may force an employee to voluntarily leave their employer. Change et al. (2018) research on workplace violence against nurses significantly influences turnover intention, frustration and issues impacting physical and psychological health. Choi and Lee (2017) in similar research cited workplace violence among staff can decrease quality of life and can impact turnover intention possibly leading to actual turnover.

Meaning-Based Perspective

Meaning-based theoretical views focus on how an individual is influenced by their job involvement and whether such involvement is meaningful to driving one's motivation, job satisfaction, self-esteem, and identity with the organization (Rosso et al., 2010). The meaning-based viewpoint when focused on employee turnover can be focused on two pathways – turnover from the profession and turnover from the organization (Elangovan et al., 2021). Turnover needs to be examined with an individual's work into *meaning in work* and *meaning at work* (Pratt & Ashforth, 2003).

Pratt and Ashforth (2003) described meaning at work based on the relationships an individual forges within the organization where the work is done. Relationships with management, co-workers, and other stakeholders are impacted by the culture and team structure an individual faces to fulfilling their duties. Meaning in work is based on the value of work the individual performs. Meaningful work contributes to shaping an employee's identity and lends to transparency of the direction needed to connecting work-life and personal life (Pratt & Ashforth, 2003). Lysova et al. (2019) contends in their research on meaningful work an individual's work

is impacted by societal, economic, and cultural factors within their personal domain. The authors further contend an organization's human resource practices focused on engagement, recruitment, socialization, and career development can have a lasting impact on meaningful work for an individual (Lysova et al., 2019).

Nurses able to experience high meaning at work tends to have a positive commitment to the workplace and a decrease in leaving the organization; whereas a lower or negative meaning at work signals a weak attachment hampered by unsupportive leadership, workplace violence, and poor working conditions (Elangovan et al., 2021). Registered nurses can face four pathways that may determine if they leave the organization, leave the profession, or both – move within, move out, move on, and move towards as depicted in Figure 5 (Elangovan et al., 2021).

Figure 5

Meaning-Based View of Nurses' Turnover

Meaning <i>in</i> work	High	Move out (leave organization, stay in profession)	Move towards (stay in organization and profession)
	Low	Move on (leave organization and profession)	Move within (stay in organization, leave profession)
		Low	High
		Meaning <i>at</i> work	

Note: Taken from Elangovan et al. (2021). Meaning moves: A meaning-based view of nurses' turnover. *Health Services Management Research*, 0, p. 5.

<https://doi.org/10.1177/09514848211010427>

Move within is low meaning work with high meaning at work; nurses view the work they do meaningful but may not view nursing as a profession as meaningful (Elangovan et al., 2021).

Nurses may look for alternative roles with current employer. Move out denotes high meaning at work with low meaning at work; nurses are engaged in their work but feels frustrated working in an unsupportive working environment (Elangovan et al., 2021). Nurses may run the risk of burnout and overtime consider leaving the organization to seek other nursing positions. Move on is low meaning in work with low meaning at work; nurses find neither work nor the organizational to be meaningful (Elangovan et al., 2021). While there may be other job opportunities for the nurse to pursue, personal influences may be preventing from leaving the organization in the short-term. However, when the opportunity is available to finally take on, then intention to leave is high. Move towards is high meaning in work and high meaning at work; nurses seeing their work as meaningful and appreciates the organization and its support system, and culture (Elangovan et al., 2021). Move towards is an ideal win-win situation for both the nurse employer and the organization. A supportive work and team environment increases the longevity a nurse is satisfied and committed to the organization, the profession, and reduces the chances of the nurse leaving.

Turnover Studies Reviewed

Chan and Ao (2019) examined the mediating roles job satisfaction and organizational commitment has on turnover intention in relationships between pay satisfaction and work-family conflict among casino employees. The results showcased job satisfaction and organizational commitment mediated the effects of pay satisfaction and work-family conflicts on turnover intentions (Chan & Ao, 2019). The authors further noted managers should consider stress levels employees face and provide acceptable incentives to balance job demands and work-life conflicts even when employees are satisfied with their level of pay (Chan & Ao, 2019).

Cho et al. (2017) conducted an examination on how job satisfaction and organizational commitment impacts turnover intention from retail frontline employees using employee's emotions as a mediator between variables. The study reported emotional exhaustion was the largest factor in predicting job satisfaction but was not significant direct predictor of affective organizational commitment, but did significantly predict turnover intentions (Cho et al., 2017). Surface acting emotions predicted turnover intentions and had the greatest impact on an employee's intentions on leaving their employer. However, job satisfaction and affective organizational commitment were not significantly related to turnover intentions. Surface acting emotions takes place when employees fake emotions and deep acting happens when employees modify their feelings (Grandey, 2015).

Li et al. (2020) examined the effects of organizational commitment, job satisfaction, and workplace violence has on turnover intentions among emergency room (ER) nurses. Based on the results from 415 ER nurses working in Beijing, China, Li et al. (2020) was able to show many ER nurses had a significant positive effect on workplace violence. Organizational commitment had a positive impact on job satisfaction and a negative effect on turnover intention. Workplace violence had a negative impact on job satisfaction and appositive impact on turnover intention (Li et al., 2020). Job satisfaction had a. Direct negative impact on turnover intentions.

Li et al. (2018) conducted a study to determine if leader-member exchange (LMX) had an indirect relationship with turnover intention through mediators of sales performance, job performance, and organizational commitment. The results of the study showed LMX had a positive relationship with sales performance, job satisfaction, and organizational commitment, and a negative correlation with turnover intention of salespersons (Li et al., 2018). Additionally, sales performance was positively correlated with job satisfaction and organizational

commitment, and negatively correlated with turnover intention. Lastly, LMX had an indirect significant relationship with turnover intention through sales performance then organizational commitment.

Hung et al., (2018) investigated organizational commitment and turnover intentions of life insurance employees in Taiwan. Part of this study included examining the effects salary satisfaction has on working pressure on organizational climate to organizational commitment and turnover intention. The results based on 771 valid questionnaires revealed organizational climate had an indirect negative effect and can predict the level of turnover intention (Hung et al., 2018). Pay satisfaction directly impacted the work pressure on organizational commitment and employee turnover intention; hence, when salary satisfaction is high, there is less stress, when salary satisfaction is low, working pressure is high. Additionally, organizational climate has a positive effect on organizational commitment and a negative influence on turnover intention. Organizational climate is viewed as employee's perception about their work environment, attitudes, sense of belonging and work performance (Berberoglu, 2018).

Chapter Summary

The concept of turnover was explored through the foundational theories of social exchange and the Job Demands-Resources Model. There are several factors affecting job satisfaction, organizational commitment, and turnover intentions, such as how this influence can impact a nurse's morale, behavior, and empowerment on their professional and organizational values. Relevant theories were also presented to show the influence in understanding why nurses may leave their position or profession.

This literature review provides evidence how a work environment factors can affect organizational behavior. Research provides evidence that a stressful working culture, increased

workload, employee relationship, and an inadequate nursing staffing levels are factors that can lead nurses to leave their job (Majeed & Jamshed, 2021; Boamah & Laschinger, 2016).

Examining the literature relating to a nurse's satisfaction, commitment, and turnover intentions provided relevant information in understanding the adverse effects of employee turnover can impact turnover and nursing civility.

To determine if a correlation exist between job satisfaction, organizational commitment, and turnover intention among urban frontline nurses in acute-care hospitals needs an appropriate research method. The following three factors support why using a correlational design was the best design and method for this study:

- (1) Correlational research can predict values of one variable based on the values of the other (Gary et al., 2017).
- (2) Quantitative design measures support using statistical analysis to determine a possible relationship between job satisfaction, organizational commitment, and turnover intention; and
- (3) This study is using a non-experimental correlation research and did not attempt causation (Gary et al., 2017).

Therefore, using a quantitative correlational design provided a foundation for exploring the relationship between job satisfaction, organizational commitment, and turnover intention using the Pearson's correlation to statistically test the hypotheses to determine a positive or negative correlation has been established (Gray et al., 2017).

Chapter 3 highlighted the research methodology and design use to answer the research questions and related hypotheses. The instrumentations to measure the variables include the Job Satisfaction Survey (JSS) for job satisfaction, the Three Component Model (TCM) of Employee

Commitment Survey for organizational commitment, and Turnover Intention Scale-6 (TIS-6) for turnover intentions. The population and sample size were determined to inform future researchers interested in duplicating the study. An examination of the instrumentation's reliability and validity as well as the data collection process is discussed. The chapter concluded with data collection, and data analysis procedures followed by ethical considerations for the study.

Chapter 3: Research Methodology

Introduction

The study's aim was to determine if a relationship exists between job satisfaction, organizational commitment, and turnover intention among urban frontline registered nurses working in acute-care facilities. Lee and Kim (2020) and Saleh et al. (2018) both concur a rise in nurse turnover impacts clinical services, productivity, operational costs, and working conditions. The general problem is nurse turnover and shortages can have a detrimental effect on adequate staffing levels, productivity, and organizational effectiveness (Feather et al., 2018; Shimp, 2017). Nurse turnover and its operational efficiency, profitability, and organizational performance have also challenged hospital leadership (Dechawatanapaisal, 2018; Mantler et al., 2015). Previous studies on nurse turnover have identified a direct correlation between job satisfaction, organizational commitment, and nursing shortage as antecedents of nurse turnover intention (Dechawatanapaisal, 2018; Hashish, 2017; Parry, 2008). This predictive correlational study examined the predictive relationship between job satisfaction, organizational commitment, and turnover intentions of urban frontline registered nurses working in acute-care facilities.

Chapter 3 contains a review of the methodology description, the justification for using a correlational research design with regression analysis to uncover the associations between the variables. The population and the study's sample size are discussed as well as the sampling method being used for the research. The research questions and accommodating hypotheses are restated. The instrumentations used for the study's survey, data collection, analyses, and the validity and reliability of the survey instruments are explored. The chapter concludes with a discussion on the ethical considerations for the study.

Research Method and Design

A quantitative method is used to study the extent to which a relationship exists between variables. A quantitative methodology was appropriate for this study, where the purpose of the study was to examine if a relationship exists between the three variables of focus. Stahl et al. (2019) notes a quantitative approach focuses on a controlled, randomized selection and interpretation of numerical data through measurement instrumentation and statistical processes leading to inferences and generalizations.

The research survey contained three instruments to examine the relationship between the predictor variables and the outcome variable. Three tools were selected to determine the relationship between the predictor variables: Job Satisfaction Survey (JSS), the Three-Component Model (TCM) Employee Commitment Survey, and the outcome variable, Turnover Intention Scale-6 (TIS-6). These instruments were selected since each tool have consistently measure employee behavior across a variety of occupations providing reliability, validity, and normative data (Abbas et al., 2019; Carter, 2020; Jacobs & Roodt, 2019; Mohammed & Eleswed, 2013; O'Donnell, 2019; Wilson-Chatman, 2020). Appendixes D, F, and H provides permissions to use each instrument. Boudrias et al. (2020) and Zeffane and Melhem, (2017) have indicated turnover intentions is an appropriate and impactful variable in improving organizational performance.

Research Method

With a quantitative methodology, the study's objective was to identify if a relationship exists between the supported variables. The study aims to determine if there is a correlation between the predictor variables: job satisfaction, organizational commitment, and turnover intention (outcome variable) among urban frontline registered nurses working in acute-care

facilities. The data can be used to make predictions by confirming or rejecting the given hypotheses (Rahman, 2017). The quantitative method allows researchers to measure multiple characteristics of a group to determine interrelation, and the application of inferential statistics allows researchers to draw inferences from a sample population to generalize for a larger population (Zhu et al., 2018).

Research analysis can consist of one of three methods: qualitative, quantitative, and mixed methods. Wohlin and Aurum (2015) cited researchers must choose an appropriate method and design to answer the study's research question(s). Ridder (2017) and Zhu et al. (2018) concurred researchers use a qualitative approach when the study's purpose is to gain meaningful insight into the subject's personal experiences through the process of data saturation and information redundancy, which can be subjective and potentially influence the data collection. According to Denzin and Lincoln (2018), a mixed-methods approach is appropriate when a study combines qualitative and quantitative components to answer complex questions needing a statistical analysis and a narrative description. Creamer (2018) notes the mixed-methods approach allows the researcher to integrate open-ended qualitative data with quantitative close-ended data to produce a complete story.

Gray et al. (2017) notes a quantitative approach, as a deductive approach, allows a researcher to collect data to explain the study's purpose by testing the given hypotheses. Shaw (2017) concurs a deductive approach allows a researcher the opportunity to test and possibly reject the null hypothesis from a dataset to support the study's research question and hypothesis. Thus, a quantitative approach was suitable for this study involving measurable variables, research questions with corresponding hypotheses, and a sample of participants drawn from the nursing profession.

Research Design

The study employed a nonexperimental correlational design. Curtis et al. (2016) suggests using a correlational design when examining the relationships between several variables with a specify population is warranted. The need to explore the relationship between a nurse's commitment, satisfaction, and intention to leave their employer is consistent with a correlational design. A nursing survey was part of the study to create the dataset needed to test the hypotheses. As Quratulain and Khan (2015) and Younas and Porr (2018) observed, surveys are useful tools to seek answers on a particular phenomenon to determine a given targeted population's behavior and observations.

A descriptive and experimental designs are not appropriate for this study. Leedy and Ormrod (2016) noted a descriptive design is useful if a researcher is looking to identify trends and draw conclusions about the variables' causal relationship. These variables are manipulated and randomly assigned under controlled environments (Cokley & Awad, 2013). Both designs are not appropriate for this study since the data was not used to test for causation nor manipulate experimental variables. This study examined how the two predictors impacted the outcome variable; therefore, the correlational design was the appropriate choice for this study.

Population and Sampling

The study population consisted of currently licensed urban frontline RNs in the Northeastern region of the United States working in an acute-care facility. The Northeastern region consist of the following states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The targeted population included both male and female nurses working either part-time or full-time with at least 1 year of experience. No distinction was made if the survey participants held any leadership positions,

such as nursing manager, or head nurse. By not distinguishing between management and non-management nursing staff, the result for this research study could be generalized to all facets of RNs who may be represented in the study.

Sampling Method

El-Masri (2017) cites probability sampling involves randomly selecting research participants from a designated target population. Probability sampling minimizes errors that can compromise the generalization of the research findings. Several probability sampling techniques can be considered for research: systematic, stratified, cluster, and simple samplings. Strand (2017) indicates systematic sampling requires splitting the population sample into discontinuous partitions and using one of the partitions for analysis. This technique is not appropriate for this study since the study did not split the population into groups and taking information from one group to give inference to the general population.

With a stratified random sample technique, researchers look to breakdown the population into smaller groups where a sample becomes part of the review (Lone et al., 2017). This technique is not appropriate for the study since the respondents were not stratified into separate groups for comparisons. Cluster sampling is a technique used for selecting entire groups, not individuals, within a defined population sharing similar characteristics (Sharma & Khan, 2015). This method was not appropriate for the study since the focus was on individual RN's experiences and not as a group.

The simple random sampling technique was appropriate for the study. Leahy (2013) highlights a simple random sampling is an effective method allowing an equal chance a potential participant can be selected to take the survey from the general population. Larkin-Perkins (2017)

indicated researchers use this technique to gain useful data from the sample population that is not delimited to a specific group.

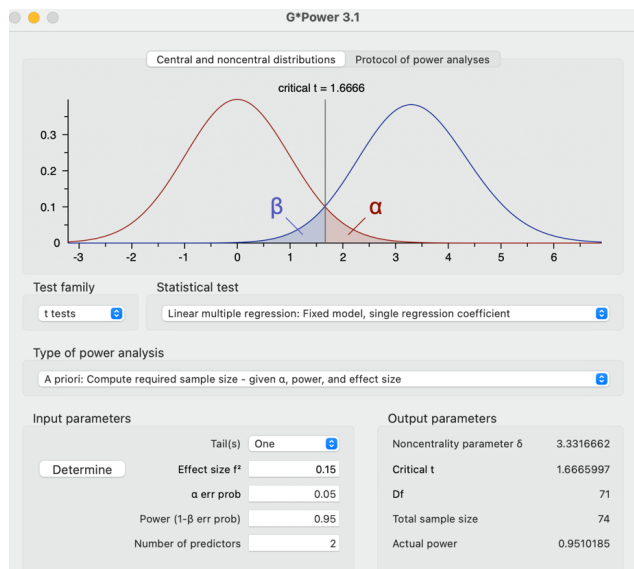
Sample Size

The selection of calculating an appropriate sample size depends on the research question(s), the number of variables to be tested, and the measurement scale (Tabachnick & Fidell, 2013). The most common method of determining a sample size is a power analysis. Several statistical programs can be used to estimate sample size. G*Power is the most prevalent power analysis program to determine the appropriate sample size for a quantitative study in the social and behavioral sciences (Faul et al., 2009; Perugini et al., 2018).

A priori power analysis was conducted using G*Power 3.1.9.6 to determine the sample size (Heinrich Heine University, 2020). The sample size was calculated using a one-tail linear multiple regression for a single regression coefficient with the following parameters: (a) power = 0.95, (b) effect size = 0.15, (c) alpha level = 0.05, and two predictors representing the study's two independent variables. The required sample size based on the G*Power computation was 74 frontline urban RN participants to achieve a statistical power of 95% confidence level with a margin of error of 5% as seen in Figure 6.

Figure 6

*Screen Shot of Sample Size Multiple Linear Regression G*Power*



Note: Adapted from Faul et al. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavioral Research Methods*, 41, 1149-1160.

<https://doi.org/10.3758/BRM.41.4.1149>

Calculating the correct sample size gives researchers the appropriate size to conduct their research (Akobeng, 2016); and test the hypothesized interactions between variables (Shieh, 2018). Anderson et al. (2017) note obtaining the correct sample size is required to have the right level of statistical power based on the population size for the given research. A sample size too small may not yield an outcome suitable for the study, creating unwarranted Type I or Type II errors and bias to affect the study's validity.

Recruitment Method

Centiment, a third-party provider to recruit and randomly invite RN participants to the online survey based on the criteria selection, was contracted to support the research study. Centiment is a platform provider of web-based solutions to academic institutions that conduct research (Centiment, 2020). The company has access to a panel of diverse participants providing an extensive population pool for researchers (Carrion, 2020). If the potential RN participant

meets the criteria selection, then Centiment allowed the participant to move to the survey area and read the researcher's Informed Consent Letter (see Appendix I). When the participant consented to the study, the participant was authorized to move forward and take the online survey. As noted by Carrion (2020) and Hart (2019), the benefits of using a third-party provider are follows: (a) enhanced safety and security of the data; (b) limited access to participant identifiable information; (c) protection of the participant's confidentiality and anonymity; (d) can properly manage the informed consent process; thus, protecting participants from the researcher, and (e) serves as a viable option based on cost, time, and convenience feasibility.

Study Instrumentation

This study involved the use of three validated and established instruments: the Three-Component Model (TCM) of Employee Commitment, Job Satisfaction Survey (JSS), and the short version of the Turnover Intention Survey (TIS-6) to measure organizational commitment, job satisfaction, and turnover intentions respectively. The study's instrumentations were incorporated into the study's survey entitled: *Nursing Turnover Intentions Survey* (see Appendix J) and was administered by Centiment. The survey also contained demographic variables, including age, gender, education level, employment years, employment status, and employment state. The survey included four sections with each section representing the variables under consideration and a demographics section. The survey includes 66 fixed-questions and statements identifying the levels of an RN's commitment, job satisfaction, and intent to leave their current employer. Table 3 depicts the (1) main sections of the questions/statements, (2) corresponding variables under review, (3) definitions of the variables, and (4) the number of questions in each part. Respondents were required to complete all questions in each section.

Table 3*Nursing Turnover Intention (NTI) Survey Components*

Section	Variable	Variable Definition	Number of Questions
One	Demographics	Age, education, years at work, etc.	6
Two	Organizational Commitment	Measuring an employee's behavior and commitment towards an organization.	18
Three	Job Satisfaction	Measurement of a nurse's level of satisfaction at work.	36
Four	Turnover Intentions	Nurse's level of desire to leave their employer.	6

Table 4 summarizes (1) the scale to use in each section, (2) the author(s) and date of origin for each scale, (3) the type of scale used in each section, and (4) sample questions from each scale.

The data collected was coded and inputted into IBM SPSS software to conduct the statistical analysis.

Table 4*Scales Description to be used for the Nursing Turnover Intentions (NTI) Survey*

Section	Scale Origin	Scale Type	Sample Questions
One	Meyer, Allen, & Smith (1993)	Revised Three-Component Model (TCM) of Commitment	<ul style="list-style-type: none"> • I would be very happy to spend the rest of my career with this organization. • I feel that I have too few options to consider leaving this organization. • This organization deserves my loyalty.
Two	Paul Spector (1985)	Job Satisfaction Survey (JSS)	<ul style="list-style-type: none"> • Communications seem good within this organization. • My supervisor is unfair to me. • Work assignments are not fully explained.

Three	Gert Roodt (2004)	Turnover Intention Scale (TIS-6)	<ul style="list-style-type: none"> • How often have you considered leaving your job? • How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals? • How often do you look forward to another day at work?
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The use of online questionnaire surveys has increased over the years as a simplified method for collecting data (Saleh & Bista, 2017). Utilizing the online platform can lead to higher response rates than the traditional paper surveys (Saleh & Bista, 2017; Zhang et al., 2017). Maymone et al. (2018) suggest an online method can lower delivery costs, give researchers user-friendly development tools in creating the survey, faster data collection and analysis, and fewer errors due to manual data entry. While questionnaires are a useful method for collecting data in social science research, Taherdoost (2016) notes the importance of using a questionnaire instrument needs to be reliable and valid for the research investigation.

Three-Component Model (TCM) of Commitment. Organizational commitment was measured using the revised shorter version of Three-Component Model (TCM) of Commitment instrument developed by Meyer and Allen (1991) with a shorter-version by Meyer et al. (1993). The survey measures organizational commitment by examining the three levels of commitment: affective commitment (desire), continuance commitment (cost awareness), and normative commitment (obligation). This study used the revised 18-item survey with a 7-point Likert scale (Meyer & Allen, 1997). Each of the 18 statements have seven choices ranging from strongly disagree (1) to strongly agree (7), with negative statements having reversed scoring. With the

revised version, Allen and Meyer (1996) reported that Cronbach's alpha of organizational commitment's subscales was between 0.74 and 0.83, confirming the survey's high reliability.

In a cross-sectional study of 332 nurses examining their attitudes towards managerial behaviors, the TCM showed good internal consistency with values above 0.80 (Radzuan et al., 2020). The Cronbach's alpha values averaged 0.858 to 0.862. Results showed nurses were most influenced by the normative commitment and less by continuance and affective commitments. In a research study translating the TCM survey into Urdu, researchers used the survey to explore teachers' commitment to their school organizations. A sample of 360 teachers used the translated version. The Cronbach's alpha for the three subscales was 0.81, 0.81, and 0.83 for affective, continuance, normative subscales, respectively, and 0.85 for the full scale (Abbas et al., 2019). This study has test-retest reliability aligned with the English version of the scale.

Job Satisfaction Survey (JSS). Job satisfaction was measured using the Job Satisfaction Survey (JSS) developed by Spector (1985). The Job Satisfaction Survey covers nine dimensions to assess an employee's attitudes and aspects regarding their job. The dimensions include pay, promotion, supervision, benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. The survey consists of 36 statements exploring job satisfaction dimensions (Batura et al., 2016). The survey uses a six-point Likert-type scale where 1 = disagree very much, 2 = disagree moderately, 3 = disagree slightly, 4 = agree slightly, 5 = agree moderately, and 6 = agree very much. The summation for this survey is reverse-scored, which means the Likert-type scale is 1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, and 6 = 1 (Spector, 1985). The reliability coefficients (coefficient alphas) based on a sample size of 2,870 and the test-retest reliability for the survey are listed in Table 5.

Table 5*Reliabilities for the JSS*

Scale	Description	Coefficient Alpha	Test-Retest Reliability
Pay	Pay remuneration	0.75	0.45
Promotion	Promotion opportunity	0.73	0.62
Supervision	Immediate supervisor	0.82	0.55
Benefits	Monetary and nonmonetary fringe benefits	0.73	0.37
Contingent Rewards	Appreciation, recognition, and rewards good work	0.76	0.59
Operating Procedures	Operating policies and procedures	0.62	0.74
Coworkers	People you work with	0.60	0.74
Nature of Work	Job tasks themselves	0.78	0.54
Communication	Communication with the organization	0.71	0.65
Total Satisfaction		0.91	0.71

Note: Adapted from Spector, P.E. (1985). Measurement of human service staff satisfaction:

Development of the Job Satisfaction Survey. *American Journal of Community Psychology*, 13, p. 700. <https://doi.org/10.1007/BF00929796>

Turnover Intention Scale (TIS-6). The outcome variable was measured using the short version of the Turnover Intention Scale (TIS-6) developed by Roodt (2004). The revised version was adapted from the original 15-item scale developed by Roodt. The TIS-6 is comprised of 6 Likert-type items scored on a 5-point intensity response scale (Martin & Roodt, 2008).

Bothma and Roodt (2013) conducted a study with a sample size of 2,429 nonmanagerial employees. Results reveal that with a Cronbach's alpha reliability coefficient of 0.80 for the TIS-6 construct validity and internal reliability. The TIS-6 is a useful tool for measuring turnover intention and for predicting actual turnover (Bothma & Roodt, 2013). In research conducted by Ribeiro et al. (2016), the TIS-6 scale used yielded an acceptable Cronbach alpha of .81. Both

studies showed the short version of the turnover scale was a reliable version that can be explored for further studies involving turnover intentions for an organization.

Study Reliability and Validity

A research study's quality relies on the data being valid and reliable to ensure the research questions and hypotheses can be adequately evaluated. Reliability refers to the consistency a measurement produces approximately the same results each time the measurement is repeated (Heale & Twycross, 2015). Leung (2015) notes reliability is replicating the research and results. Reliability consists of three main attributes: internal consistency, stability, and equivalence. Internal consistency is the degree to which an instrument's scale measures the same construct. Cronbach alpha is the standard psychometric instrument for social and behavioral studies and was evaluated for this study as a measure of reliability. The Cronbach's alpha was used to showcase scales that have been constructed to meet the internal consistency and reliability of the given instrument (Taber, 2018). Heo et al. (2015) and Mohamad et al. (2015) both concur instruments with a high Cronbach alpha have a greater statistical power and a strong correlation between variables, whereas a lower coefficient alpha represents a weaker correlation between the variables. The scales applied in this study have an acceptable Cronbach's alpha with an acceptable test-retest results.

Stability measures a construct's consistency over time commonly referred to test-retest (Heale & Twycross, 2015). Equivalence is the consistency of the way an assessment of an instrument's scales covers the same content (Heale & Twycross, 2015). Reliability and validity were ensured by using instruments that have been validated and reliable across multiple research purposes spanning a variety of industries.

Internal validity. Internal validity examines whether the study's design allows for truthful answers to the research questions (Andrade, 2018). This study's internal validity depended on its ability to accurately capture the experiences of urban frontline nurses working in acute-care facilities. Flannelly et al. (2018) noted several classic threats to internal validity: history, maturation, testing, instrument decay, statistical regression, selection, and mortality. If not adequately controlled, these threats can impact a causal relationship between the independent variable and dependent variable under experimental designs. This study is a nonexperimental design; therefore, the results should not yield causation. There is no intention of testing the effects of variables on test groups, common among experimental or quasi-experimental studies (Dutra & Reis, 2016). The three validated survey instruments assessed the correlations between organizational commitment, job satisfaction, and turnover intention among urban frontline nurses in acute-care facilities to avoid any potential threats.

External validity. External validity analyzes if researching results can be generalized to other populations (Andrade, 2018). This research study examined individual urban frontline nurses' experiences working in acute-care facilities. The goal of using the sample population is to extend the study's results to make predictions and generalize experiences to other nursing work environments. A potential limitation for this study could affect its external validity. The limited sampling of nurses with this study may fall short of generalizing the entire population of urban frontline nursing populations within the Northeastern region of the U.S. Threats to external validity include selection bias, multiple treatment interference, pre-or post-testing effects (Torre & Picho, 2016). This study did not have multiple treatments nor pre-testing of the instruments; therefore, the external validity is eliminated. The participants in this study were anonymous and had no interaction with the researcher; therefore, selection bias and interaction threat was

eliminated. Additionally, participants were not offered an incentive by the researcher to take the survey to avoid undue influence in answering the survey in a particular manner.

Data Collection and Data Management

Franklin University's Institutional Review Board (IRB) gave approval to move forward with this study under IRB#: 2021-25. With approval, Centiment was instructed to recruit, screen participants based on the inclusion criteria, and allow the participants to enter the survey area upon the acceptance of the researcher's consent form. The survey was designed to take no longer than 25 minutes to avoid survey fatigue. Taking an online survey increases a participants' anonymity and privacy (Höglinger et al., 2016). The use of online surveys allows the researcher to have responses automated, enable the participant to answer the questions at their own pace, and limit data errors (Zhang et al., 2017). There are a few issues that can occur when using online surveys. Respondents may elect to skip questions, submit the questionnaire multiple times or misread statements (Niessen et al., 2016; Ward & Pond, 2015). Participants were only allowed to enter the survey area once to mitigate potential errors and biases.

Data collection occurred over a two-week period and achieved 135 RN respondents more than the predetermined sample of 74 needed for the study. Returned data from Centiment was password protected, which the researcher only had access. Upon receipt of the data by the researcher and was accepted and approved, Centiment automatically deleted the project data. To protect the data, Centiment uses a transport layer security (TLS) protocol for the security/encryption of all transmitted data (Centiment, 2020b). All data collected will remain secure for five years by the researcher before deleting the files.

Data Analysis

Data analysis for quantitative studies is necessary to answer the research question(s) and process the raw data, including missing data, draw useful information, and enable comparison by establishing statistical relationships between variables (Abulela & Harwell, 2020). To answer the research questions and hypotheses, SPSS was used to conduct the data analysis. SPSS is the most widely accepted software to analyze quantitative data (Masood, & Lodhi, 2016). IBM SPSS version 27 handled the ad-hoc analysis, hypothesis testing, and reporting for this study. The steps of data analysis included (1) handling missing data, (2) descriptive and inferential statistical analysis, (3) assumptions and the violations of using a multiple linear regression model, and (4) hypothesis testing.

Handling missing data. A valid dataset to answer the research questions and test the hypotheses is paramount to increasing urban frontline nurses' support. Part of the data analysis is reviewing all surveys having missing responses to determine if any of the responses can be extracted towards the final analysis. Failing to account for missing data may bias the study's conclusions and interpretations (Lang & Little, 2018). Once the survey period has closed, the first step is to review surveys with incomplete responses and implement data cleaning procedures (Thissen, 2017). Data cleaning allows a researcher to improve each data record's accuracy before examining and analyzing the entire dataset (Thissen, 2017).

No participants withdrew from the survey was removed from the study. Upon review of the final dataset, there was no missing data answers from any of the 66 statements items the RN respondents needed to answer; thus, no imputation process needed to be implemented.

Imputation is a process where the researcher can predict plausible values for the missing data

from other observed values, which gives the researcher a complete dataset as if the original dataset is full (McNeish, 2017).

Descriptive and Inferential statistical analysis. The descriptive analysis allows for determining the central tendency and the standard deviations for each quantitative variable (Green & Salkind, 2017). The descriptive statistical analysis was employed to draw observations regarding the nursing participants' demographics, such as age, gender, and years with the employer. Inferential statistical analysis helps researchers to determine the extent to which there is a relationship between the variables based on a given sample and to make predictions on how the variables relate to the larger population (Guetterman, 2019).

Pearson Correlation Coefficient Analysis. The Pearson correlation was used to determine the strength and direction of the linear relationship between two continuous variables (Cohen, 1988). With this correlation, the predictor variables were examined to notice the magnitude the predictor variables to the outcome variable (Schober et al., 2018). The magnitude can range from -1 for a negative relationship to +1 for a positive relationship, while a value of zero indicates no relationship between two variables (Laerd Statistics, 2015).

Multiple Linear Regression Assumptions & Violations. In addition to the Pearson correlation, the multiple linear regression (MLR) model was used to determine if a relationship exists between numerous independent variables with a dependent variable (Schroeder et al., 2017). The advantage of using multiple linear regression analysis is the model's capability of assessing unique relationships. Using SPSS, researchers can compute the MLR model to observe the relationships between various independent variables and the study's dependent variable (Brown et al., 2018). For this study, the MLR equation connecting the predictor variables to the outcome variable was $\hat{Y} = b_0 + b_1X_1 + b_2X_2 + \varepsilon$. In this equation, \hat{Y} represented the expected

value of the outcome variable (turnover intentions), X_1 and X_2 represent the predictor variables (organizational commitment and job satisfaction), b_0 represents the value of Y when the independent variables equal 0; the values of b_1 and b_2 represent the estimated regression coefficients, and ϵ represents the errors ((Laerd Statistics, 2015; Schroeder et al., 2017). This step of the data analysis will address the assumptions associated with using the multiple linear regression model. The underlying assumptions made with the MLR technique can have significant implications that can affect subsequent data analysis and the results generated (Bangdiwala, 2018). The MLR assumptions are (a) multicollinearity, (b) outliers, (c) linearity, (d) homoscedasticity, and (e) normality (Laerd Statistics, 2015).

Hypothesis Testing. Hypothesis testing was focused on rejecting or failing to accept the null hypothesis. The research questions center on the relationship between job satisfaction, organizational commitment, and turnover intentions among urban RNs. This study examined the correlation coefficient values, r , to determine the direction and the magnitude between the variables (Green & Salkind, 2017) and the casual and effect relationship between the predictor variables with the outcome variable through MLR (Ong & Puteh, 2017). The data results should answer the research question(s) and the reason the results were given with a clear understanding of the data's meaning (Sutton & Austin, 2015).

Ethical Considerations

Researchers must consider ethical issues when planning and conducting research. Whitley and Kite (2013) cite the four ethical issues that should be under consideration: the risk of harm to the participants, voluntary participation in the study, informed consent to participate in the survey, and deceiving participants. Respondents gave their consent before entering the survey area. Participation was voluntary, and the respondents were allowed to withdraw by

exiting the survey. Ross et al. (2018) notes participants undertaking research studies should be capable of (1) having a sense of the research project, (2) understanding the survey's statements, and (3) answering the survey honestly. A potential participant giving consent serves two purposes: (1) autonomy protection and (2) control of personal information that suits their needs (Gelinas, Wertheimer, & Miller, 2016).

All participants were ethically protected and respected as outlined in the Belmont Report (Miracle, 2016; US Department of Health & Human Services, 1979). The *Belmont Report* governs the three basic ethical principles for research – respect for persons, beneficence, and justice (Redman & Caplan, 2020; Vollmer & Howard, 2010). Personal information that would put the participant's personal information or their place of employment at risk was not collected.

Chapter Summary

Chapter 3 focused on the study's methodology, the research method and design, and why the quantitative method was the appropriate method. The design method, nonexperimental correlational, was also explored to explain its importance in answering the research questions, and hypotheses. For this research, a minimum sample of 74 urban frontline RNs from the Northeastern region of the United States with at least 1 year working experience in an acute-care facility was required to examine the correlation and regression between the predictor and outcome variables.

Descriptive statistics, missing data protocols, and multiple linear regression and Pearson's correlation analysis interpreted the collected data. The three instruments measuring data on the predictors and outcome variable included: (a) Three-Component Model (TCM) of Employee Commitment for organizational commitment, (b) Job Satisfaction Survey (JSS) for job satisfaction, and (c) the Turnover Intention Scale-6 (TIS-6) for turnover intention. Data

collection was handled by Centiment. Chapter 3 also discussed research validity, reliability, and ethical considerations. Chapters 4 and 5 showcases the study's findings, identify opportunities for future research endeavors, and explore how hospital leadership can improve retention strategies for their nursing teams.

Chapter 4: Data Collection and Analysis

Introduction

The purpose of this predictive correlational study was to examine the predictive relationship between job satisfaction, organizational commitment, and turnover intention among urban frontline registered nurses (RNs) working in acute care hospitals. This study surveyed working RNs with at least one year full- or part-time frontline experience. The independent, or predictor variables were job satisfaction and organizational commitment as measured by the Job Satisfaction Survey (JSS) and the Three-Component Model (TCM) employee commitment survey, respectively. The dependent, or outcome variable is turnover intention scale as measured by the Turnover Intention Scale-6 (TIS-6). In addition to the validated instruments, respondents were required to complete six demographic questions. The descriptive statistics for the three survey instruments: Job Satisfaction Scale (JSS), Three-Component Model (TCM) Employee Commitment Survey, and the Turnover Intention Scale-6 (TIS-6) are listed in Table 6.

Table 6*Psychometric Descriptive for Instrumentation Scales*

Scale	Number of Items	<i>M</i>	SD	Minimum	Maximum	α
Pay	4	3.48	1.25	1.00	6.00	.78
Promotion	4	3.45	1.10	1.00	6.00	.74
Supervision	4	4.23	1.28	1.00	6.00	.82
Fringe Benefits	4	3.63	1.14	1.00	6.00	.75
Contingent Rewards	4	3.46	1.28	1.00	6.00	.82
Operating Conditions	4	3.30	1.07	1.00	6.00	.59
Coworkers	4	4.24	1.07	1.00	6.00	.76
Nature of Work	4	4.68	.91	2.00	6.00	.69
Communication	4	3.98	1.08	1.50	6.00	.69
Total Satisfaction (JSS)	36	4.47	.86	1.72	5.89	.94

Affective Commitment	6	4.51	1.18	1.50	7.00	.73
Continuance Commitment	6	4.44	1.21	1.50	7.00	.75
Normative Commitment	6	4.45	1.16	1.33	7.00	.76
Total Commitment (TCM)	18	4.47	.82	1.83	6.50	.73
Turnover Intention (TIS-6)	6	3.08	.86	1.00	4.83	.79

Chapter 4 describes the data collection process, research findings, and the results used to address the research questions and hypotheses. The chapter details the descriptive analysis to describe the sample dataset and the measures taken to answer the research questions and hypotheses. The research questions were addressed using a multiple linear regression analysis to test the hypotheses and Pearson's correlation to determine the strength and direction of the predictor variables on the outcome variable.

Research Questions and Hypotheses

The research questions and related hypotheses for this study were as follows:

R₁: What is the relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs?

H₀₁: There is no statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₁: There is a statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

R₂: What is the relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs?

H₀₂: There is not a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

H₂: There is a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

R₃: What is the relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs?

H₀₃: There is not a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

H₃: There is a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

R₄: To what extent does job satisfaction, and organizational commitment predict turnover intentions among frontline RNs?

H₀₄: There is not a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₄: There is a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

R₅: To what extent does the three components of organizational commitment (affective, normative, and continuance) predict turnover intentions among frontline RNs?

H₀₅: There is not a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

H₅: There is a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

R₆: To what extent does the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) predict turnover intentions among frontline RNs?

H₀₆: There is not a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

H₆: There is a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

Data Collection Results

A random selection of RN participants was conducted by Centiment to achieve the required sample size of 74 respondents. The sample size was achieved by using the G*Power analysis using a one-tail linear multiple regression for a single regression coefficient with the

following parameters: (a) power = 0.95, (b) effect size = 0.15, (c) alpha level = 0.05, and two predictors representing the study's two independent variables. Data collection took place on March 23, 2021 and ended on April 6, 2021. A total of 135 RNs agreed to participate in the survey with no participants rejecting the informed consent process. The final sample was a total of 135 RNs contributing to the study. Each survey item required a response; therefore, there was no missing data.

The raw dataset file was exported from the Centiment website in two formats – Microsoft Excel and SPSS. Within the Microsoft Excel file, a data dictionary was created to name and define the appropriate variables. Data cleaning was done to delete several data columns not needed for the study and was removed from the dataset. These deleted columns (informed consent, session ID, publish ID, collector, start date, end date, progress, and duration) had no impact to the data analysis. The raw dataset was examined to identify any blank cells. Upon review, there were no blank cells among the responses from the participants.

Descriptive Analysis

The targeted population for this study were current urban frontline nurses working in acute-care hospitals in one of the nine states that make up the Northeastern region of the U.S. These states include Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The participant sample consisted of 135 RN respondents employed either full-time or part-time in an acute-care hospital, with a minimum of one year work experience. Survey was open to all RNs, whether they held a managerial position or not. Since this study is not separated between management and non-management RN staff, the study's results may be generalized for all facets of RNs who may be represented in the Northeastern region of the U.S.

Frequencies and percentages of RN respondents' demographic characteristics are presented in Table 7. The statistics on the self-reported information from the survey respondents ($N = 135$) identified that 87% were women ($n = 118$), and 13% were men ($n = 17$), with 98 full-time RNs and 37 part-time RNs. The study included age demographics for the study participants. The age ranges were categorized into five-year increments. Participants' age range with the highest percentile of RNs responding were within age category 35-40 years old ($n = 23$) at 17% followed by the age range of 25-30 years old ($n = 20$) at 14.8%. The data also revealed that among the working urban RNs participating across the nine states within the Northeastern region, Pennsylvania ($n = 52$) at 35.5% and New York ($n = 31$) at 23% were the top two states participating in this study. For the nursing experience, the data was separated into five categories.

The RN participants had 2-4 years of experience ($n = 45$) at 33.3% followed by more than 13 years of experience ($n = 36$) at 26.7%. For the highest educational attainment of participants, the categories ranged from high school diploma to doctorate degree. Many of the participants (93.2%) have a college degree ($n = 126$) with the largest percentile (53.3%) having at least a bachelor's degree ($n = 72$).

Table 7

Frequencies and Percentages of RN Respondents' Demographic Characteristics

		Frequency	Percent
Gender	Female	118	87.4
	Male	17	12.6
Age	20 - 24	6	4.4
	25 - 30	20	14.8
	31 - 34	16	11.9
	35 - 40	23	17.0
	41 - 44	12	8.9

	45 - 49	10	7.4
	50 - 54	15	11.1
	55 - 59	15	11.1
	60 - 64	15	11.1
	65 - 69	3	2.2
Employment Status	Full-time	98	72.6
	Part-time	37	27.4
Employment State	Connecticut	12	8.9
	Maine	8	5.9
	Massachusetts	9	6.7
	New Hampshire	4	3.0
	New Jersey	13	9.6
	New York	31	23.0
	Pennsylvania	52	38.5
	Rhode Island	4	3.0
	Vermont	2	1.5
Work Experience	2 - 4 Years	45	33.3
	5 - 7 Years	26	19.3
	8 - 10 Years	19	14.1
	11 – 13 Years	9	6.7
	More than 13 Years	36	26.7
Education Level	Associates Degree	40	29.6
	Bachelor's Degree	72	53.3
	Doctorate Degree	3	2.2
	High School Diploma	9	6.7
	Master's Degree	11	8.1

Instrumentation Reliability

Job Satisfaction

The Job Satisfaction Survey (JSS) provided the data for the predictor variable job satisfaction. The JSS has 36-item statements using a Likert scale that consist of nine subscales:

pay, promotion, supervision, benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication (see Appendix B). Each subscale is measured with four items (see Table 8). The Likert scale has six choices ranging from 1 (disagree very much) to 6 (agree very much).

Table 8

JSS Subscales & Corresponding Question Items

Subscale	Item Numbers
Pay	1, 10, 19, 28
Promotion	2, 11, 20, 33
Supervision	3, 12, 21, 30
Fringe Benefits	4, 13, 22, 29
Contingent Rewards	5, 14, 23, 32
Operating Conditions	6, 15, 24, 31
Coworkers	7, 16, 25, 34
Nature of Work	8, 17, 27, 35
Communication	9, 18, 26, 36
Total Satisfaction	1-36

Scores on each of the nine subscales can range from 4 to 24; while the scores for total satisfaction, based on all 36 items, can range from 36 to 216 (Spector, 1997). High scores represent job satisfaction. The negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, and 34 were reversed coded. At the time this survey was administered, due to a data entry error, negatively worded item statement 36 was changed from “Work assignments are not fully explained,” to “Work assignments are fully explained;” therefore, the item was not reversed coded.

The JSS assess job satisfaction on a continuum. Scoring for the 36-item total scale and the 4-item subscales are represented by their mean scores. Mean scores of 4 or more represents

satisfaction, whereas a mean score of 3 or less represents dissatisfaction. Mean scores between 3 and 4 are ambivalence.

Spector (1985) noted the internal consistency reliabilities of the JSS, based on a sample of 2,870 respondents were: total survey of .91, and the nine subscales as .75, .73, .82, .73, .76, .62, .60, .78, and .71. The Cronbach's alpha for this study was .94 (see Table 6). The Cronbach's alpha analysis was also conducted on each of the nine subscales: pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication. Respectively, the subscales' alphas were .78, .74, .82, .75, .82, .59, .76, .69, and .68 (see Table 6). All the subscales indicated there was an adequate level of inter-item reliability except the subscale operating condition. Upon further analysis of this subscale revealed that by deleting item number 15, "My efforts to do a good job are seldom blocked by red tape," the alpha could be raised to .74.

Organizational Commitment

The Three-Component Model (TCM) of Employee Commitment instrument was used to provide data for the predictor variable organizational commitment (see Appendix A). This study used Meyer and Allen's (1997) revised TCM survey where the normative commitment subscale, one of the subscales of the TCM, measures an employee's feeling of obligation to remain with their employer. The remaining TCM subscales include affective commitment (desire-based) and continuance commitment (cost-based). Scoring on each subscale is done independently, and a combined score is obtained to indicate total commitment.

The revised TCM is an 18-item seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). A score for the subscales is averaged to determine a score for each component. Subscale's scores should range from 1 to 7, with higher scores indicating a

stronger commitment to the organization. Meyer and Allen's (1997) reliability testing for the subscales yielded a Cronbach's alpha of .85, .79, and .73 for affective, continuance, and normative commitment, respectively. Cronbach's alpha for TCM in this study was .73 (see Table 6). The subscales' alphas were .73, .75, and .76 for affective, continuance, and normative, respectively, which aligns with previous studies (see Table 6).

Turnover Intention

The Turnover Intention Scale-6 (TIS-6) provided data for the outcome variable turnover intention (see Appendix C). The TIS-6 is a six-item 5-point Likert scale ranging from 1 (never) to 5 (always) establishing whether individuals will stay with their organization. Item questions 1, 3, 4, and 5 were in negative to positive direction, while items 2 and 6 were in positive to negative directions. To account for the positive to negative direction, items 2 and 6 underwent reversed coding. Bothma and Roodt's (2013) reliability of turnover intention yielded a Cronbach's alpha of .80. The Cronbach's analysis on the TIS-6 for this study had an alpha level of .79 (see Table 6).

The instruments were administered using Centiment's secure platform. The instruments plus a section for demographics made-up the online survey called the *Nursing Turnover Intentions Survey*. The survey included 66 fixed-questions and statements identifying the levels of an RN's commitment, job satisfaction, and intent to leave their current employer (see Appendix J).

Data Analysis

The review of the dataset began with differential statistics followed by an inferential statistics analysis. Data was first examined for univariate outliers through visual examination. Boxplots were used utilized to visually examine the two predictor variables: job satisfaction and

organizational commitment and the outcome variable turnover intention (see Figures 7, 8, and 9). Except for the TIS-6 scale, the boxplots for JSS and TCM did note outliers. The outliers were referenced back to the dataset and reviewed. The entry points given by the respondents were align within the Likert scale responses; thus, no abnormalities were discovered. Therefore, further test was performed, and the outliers remained as part of this study’s data analysis to capture all participants’ responses to the survey.

Figure 7

Boxplot for Predictor Variable Job Satisfaction

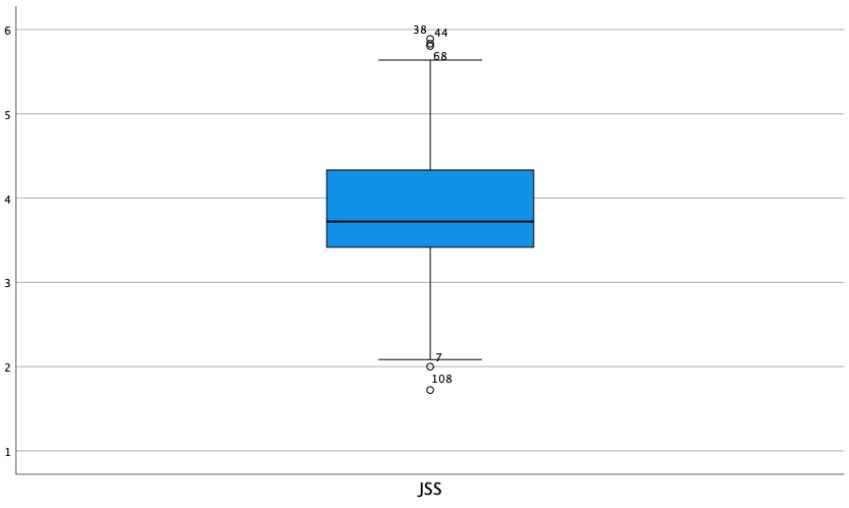
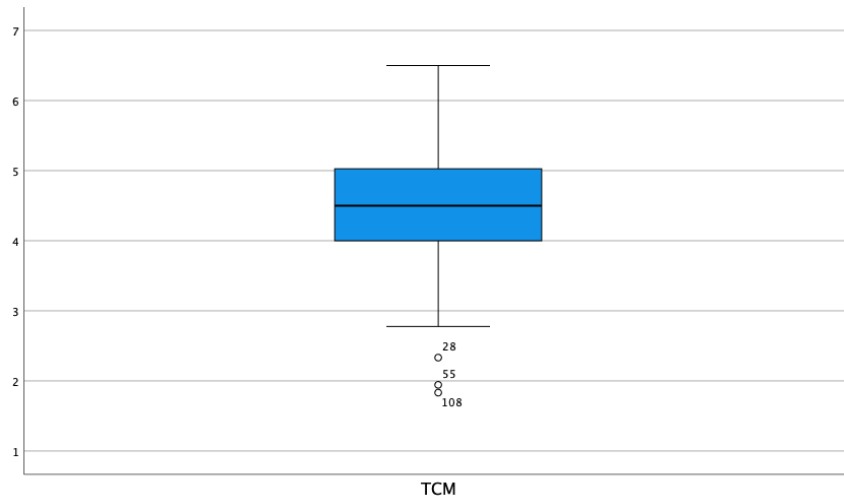
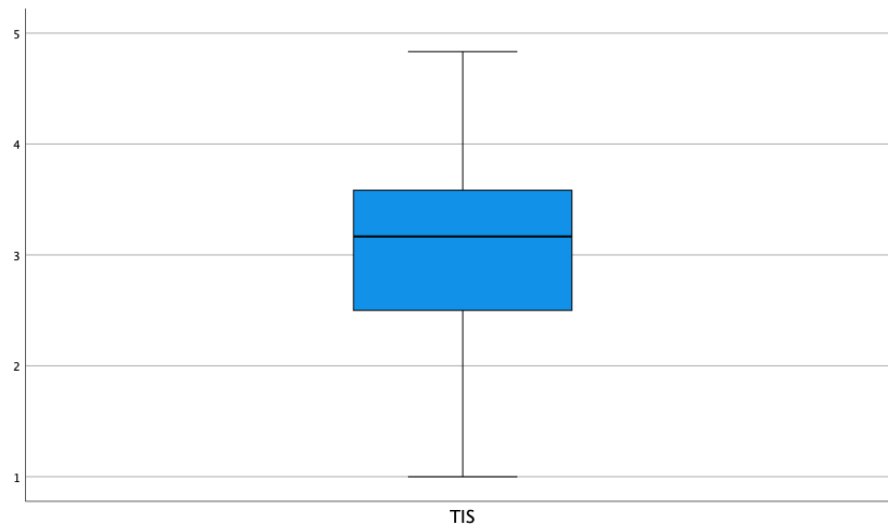


Figure 8

Boxplot for Predictor Variable Organizational Commitment

**Figure 9**

Boxplot for Outcome Variable Turnover Intention



Normality Testing

The variable dataset was screened for normality using the Shapiro-Wilk test. The Job Satisfaction Survey, the Three-Component Model Employee Commitment Survey, and the Turnover Intention Scale were examined for normality. Under the Shapiro-Wilk test, when $p >$

0.05, the null hypothesis is accepted and suggest normality (Mishra et al., 2019). The instrumentation scales were found to be approximately normally distributed (see Table 9).

Table 9

Shapiro-Wilk Test for Normality

	Shapiro-Wilk		
	Statistic	df	Sig.
TIS_6	0.985	135	0.159
TCM	0.984	135	0.122
JSS	0.983	135	0.090

The dataset was also used to examine other numerical and visual outputs such as skewness and kurtosis. Skewness and kurtosis statistics were used to examine for normality of distribution. As noted by Cain et al. (2017), skewness assesses the symmetry of the distribution of the data, while kurtosis denotes the tail and the height of the distribution. The acceptable skewness statistics should fall between -1.0 and +1.0. The desired kurtosis should be close to zero and no more than twice the standard error. A Shapiro-Wilk test ($p > .05$) and visual examinations of the histogram, and normal Q-Q plots show that the Job Satisfaction Survey were approximately normally disturbed with a skewness of 0.227 ($SE = 0.209$) and kurtosis of -0.194 ($SE = 0.414$; see Figure 10 and 11). Organizational commitment and turnover intention scores were also approximately normally distributed (see Table 10 and Figures 12, 13, 14, and 15).

Table 10

Skewness and Kurtosis of Scales

	N	Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error
TIS_6	135	-0.077	0.209	-0.259	0.414
TCM	135	-0.426	0.209	0.830	0.414
JSS	135	0.227	0.209	-0.194	0.414

Figure 10

Histogram for JSS

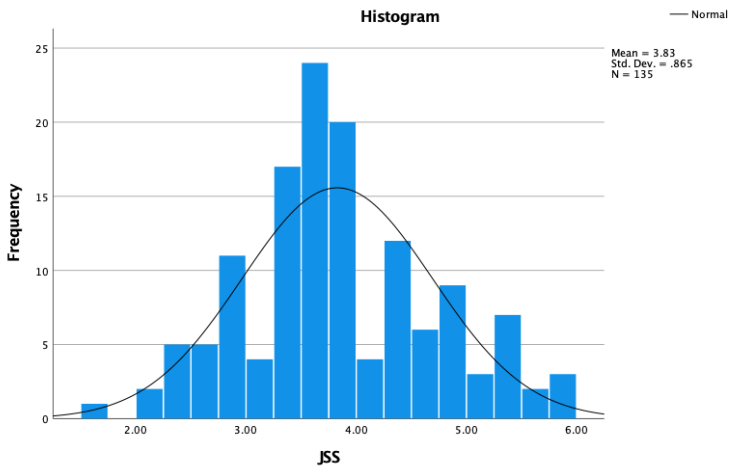


Figure 11

Normal Q-Q Plot JSS

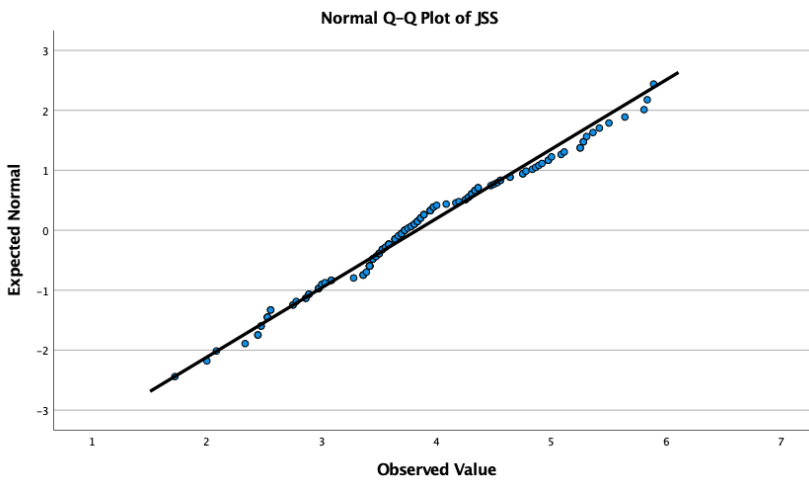


Figure 12

Histogram for TCM

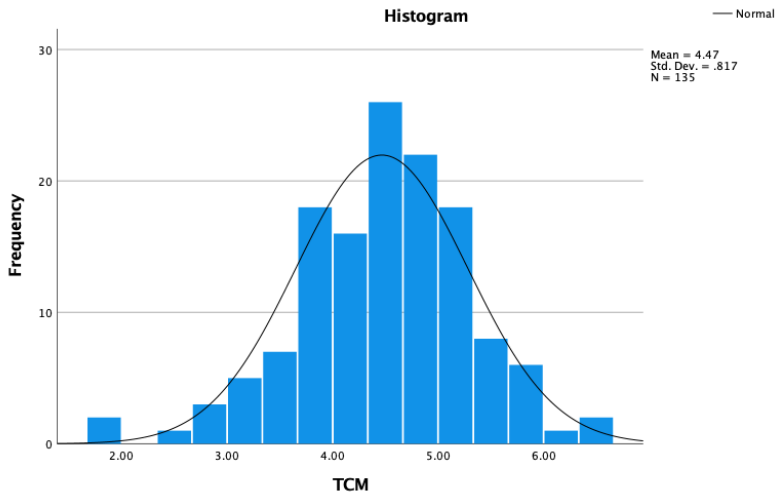


Figure 13

Normal Q-Q Plot TCM

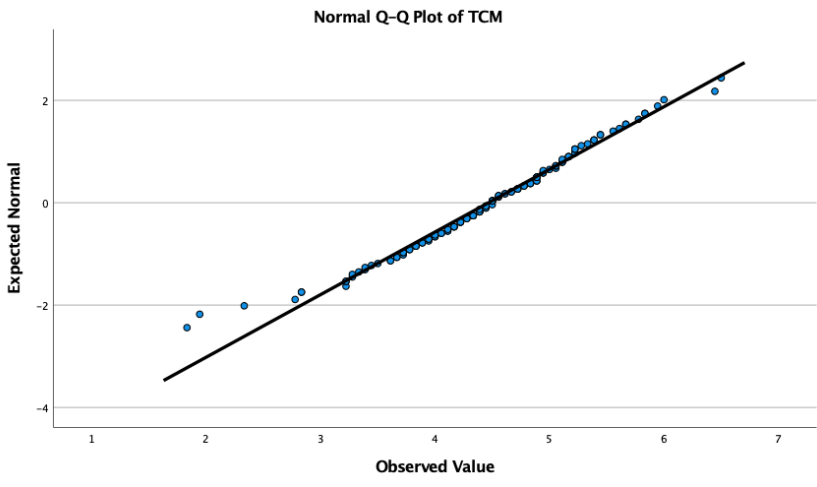


Figure 14

Histogram for TIS-6

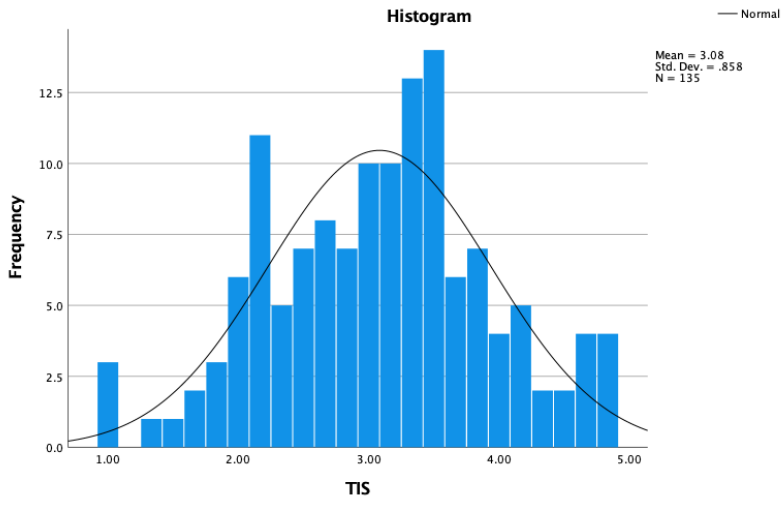
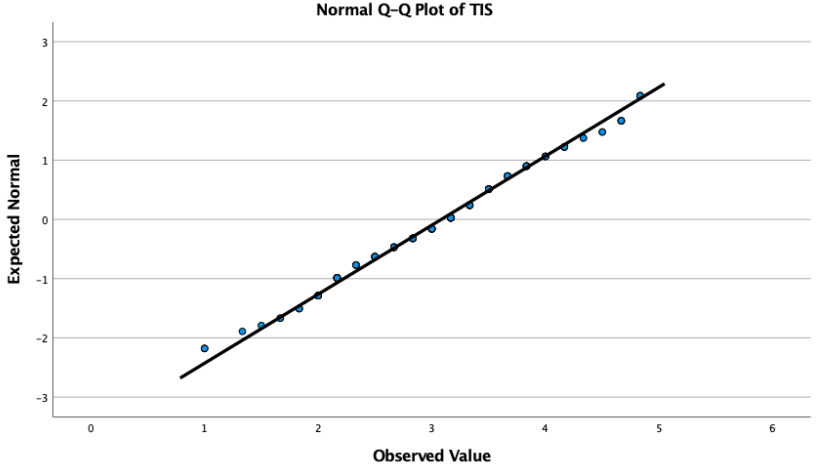


Figure 15

Normal Q-Q Plot TIS-6



Tests of Assumptions

Prior to examining the research questions and its related hypotheses, statistical assumptions were assessed to determine if any violations exist. For a multiple linear regression, the assumptions are as follows: continuous dependent variable; two or more independent variables that are either continuous or categorical; there is a linear relationship between the

dependent variable and each independent variable; homoscedasticity; and data do not show multicollinearity (Ernst & Albers, 2017; Laerd Statistics, 2015).

The study's dataset was measured on an interval scale; therefore, all variables were continuous and met the measurement assumption. For the assumption of normality, independent, and linearity, the Shapiro-Wilk test and a visual examination of each variable's histogram and the Normal Q-Q Plots was proven (see Table 10 and Figures 9, 10, 11, 12, 13 and 14). Multicollinearity was examined and all scales and subscales met the cutoff values of Tolerance of $>.1$ and variance inflation factor (VIF) < 10 (see Tables 11, 12, and 13). All the assumptions of the multiple linear regression were met. Since the assumptions were met, MLR was used to test the study's hypotheses.

Table 11

Tolerance $>.1$ and VIF < 10 of Scales

	Tolerance	VIF
TCM	0.763	1.310
JSS	0.763	1.310

Table 12

Tolerance $>.1$ and VIF < 10 of TCM Subscales

	Tolerance	VIF
Affective Commitment	0.615	1.627
Normative Commitment Continuance Commitment	0.59	1.694
	0.841	1.188

Table 13*Tolerance > .1 and VIF < 10 of JSS Subscales*

	Tolerance	VIF
Pay	0.32	3.124
Promotion	0.621	2.612
Supervision	0.371	2.698
Fringe Benefits	0.561	1.783
Contingent Rewards	0.26	3.842
Operating Conditions	0.705	1.418
Coworkers	0.415	2.41
Nature of Work	0.524	1.91
Communication	0.359	2.786

Homogeneity of variance in the sample dataset was confirmed using the Levene's test ($p > .05$). The results of the Levene's test showed the following results: job satisfaction $F(1,133) = .057, p = .812$, organizational commitment $F(1,133) = .332, p = .565$, and turnover intention $F(1,133) = 3.79, p = .054$. Table 14 has the subscale values for organizational commitment and job satisfaction and turnover intention. The findings of the Levene's test revealed many of the scales were non-significant. The test revealed the promotion subscale was statistically significant so equal variances could not be assumed.

Table 14*Levene's Test for Homogeneity of Variance*

Scale	Levene Statistic	Sig.
Pay	.753	.387
Promotion	4.34	.039
Supervision	.864	.354
Fringe Benefits	.207	.650
Contingent Rewards	.871	.352
Operating Rewards	.562	.455
Coworkers	.754	.387
Nature of Work	.148	.701
Communication	.767	.383
Total JSS	.057	.812

Affective Commitment	1.42	.236
Continuance Commitment	3.03	.084
Normative Commitment	.483	.488
Total TCM	.332	.565
TIS-6	3.79	.054

Research Questions, Hypotheses, and Research Design

The purpose of this quantitative correlational research design was to draw conclusions about the extent and strength the relationships exist between the variables. This study examined the relationships between job satisfaction, organizational commitment, and turnover intention among urban frontline RNs working in acute-care facility. Research questions and hypotheses were explored using multiple regression analysis as well as Pearson r correlation to determine the strength of the relationship between the variables.

Research Results

The IBM SPSS Statistics 27 software was used in conducting a Pearson's correlation analysis. The main research question focused on the following:

Research Question 1

What is the relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs?

H₀₁: There is no statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₁: There is a statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

To test the relationship between the variables of job satisfaction, organizational commitment, and turnover intentions among frontline nurses, Pearson's correlation analyses were conducted. Pearson's correlation analyses were appropriate because the variables

considered were normally distributed. The results of the correlation analyses are presented in Table 15. The results showed there was a statistically significant, moderate positive correlation between organizational commitment and turnover intention, $r(135) = .42, p < .05$, with organizational commitment explaining 18% of the variation in turnover intention. There was a statistically significant, strong positive correlation between job satisfaction, using the JSS scale, and turnover intention, using the TIS-6 scale, $r(135) = .42, p < .05$, with job satisfaction explaining 38% of the variation in turnover intention. The positive correlation coefficients determined that the variables of job satisfaction, organizational commitment, and turnover intentions are positively associated. This implies that higher job satisfaction and organizational commitment scores relate to higher turnover intentions among frontline nurses. The results of the correlation analyses determined there was sufficient evidence to reject the null hypothesis and accept the alternative hypothesis.

Table 15

Pearson's Correlation Analysis Between JSS, TCM, and TIS-6

	TIS_6	TCM	JSS
TIS_6	1	.422**	.618**
TCM		1	.487**
JSS			1

** . Correlation is significant at the 0.01 level (2-tailed).

Research Question 2

What is the relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs?

H₀₂: There is not a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

H₂: There is a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

To test the relationship between the components of organizational commitment and turnover intentions among frontline nurses, Pearson's correlation analyses was conducted. The results of the correlation analyses are presented in Table 16. The results showed there was a statistically significant, moderate positive correlation between affective commitment and turnover intention, $r(135) = .48, p < .05$, with affective commitment explaining 23% of the variation in turnover intention. There was a statistically significant, moderate positive correlation between normative commitment and turnover intention, $r(135) = .36, p < .05$, with normative commitment explaining 13% of the variation in turnover intention. There was no statistically significant between continuance commitment and turnover intention, $r(135) = .05, p = .59$, with continuance commitment explaining 0.25% of the variation in turnover intention. The results of the correlation analyses determined there was sufficient evidence to reject the null hypothesis for both affective and normative commitments and accept the alternative hypothesis, while accepting the null hypothesis for continuance commitment.

Table 16

Pearson's Correlation Analyses Between TIS-6 and TCM Components

	TIS_6	Affective Commitment	Normative Commitment	Continuance Commitment
TIS_6	1	.476**	.360**	0.047
Affective Commitment		1	.557**	-0.133
Normative Commitment			1	.237**
Continuance Commitment				1

** . Correlation is significant at the 0.01 level (2-tailed).

Research Question 3

What is the relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs?

H₀₃: There is not a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

H₃: There is a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

To test the relationship between the components of job satisfaction and turnover intentions among frontline nurses, Pearson's correlation analyses were also conducted. The results of the correlation analyses are presented in Table 17. The results showed the subdomains of job satisfaction, using the JSS scale, were statistically significant, positive correlation with turnover intention, $p < .05$. The strongest correlation was observed for Contingent Reward ($r = .56$), Pay ($r = .55$), Fringe Benefits ($r = .51$), and Supervision ($r = .51$). The coefficient of determination for the JSS domains ranged from 11% (Operating Conditions) to 31% (Contingent Rewards) to explain the variations in turnover intention. The results of the correlation analyses determined there was sufficient evidence to reject the null hypothesis for each subdomain and accept the alternative hypotheses.

Table 17*Pearson's Correlation Analyses Between TIS-6 and JSS Components*

	TIS 6
Pay	.549**
Promotion	.425**
Supervision	.506**
Fringe Benefits	.507**
Contingent Rewards	.559**
Operating Conditions	.331**
Coworkers	.474**
Nature of Work	.423**
Communication	.445**

** . Correlation is significant at the 0.01 level (2-tailed).

Regression Analysis

Research Question 4

To what extent does job satisfaction, and organizational commitment predict turnover intentions among frontline RNs?

H₀₄: There is not a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₄: There is a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

The fourth research question is focused on whether variables of job satisfaction and organizational commitment predict the turnover intentions among frontline nurses. To examine predictive relationships between variables, a multiple linear regression analysis was conducted. The assumptions of the linear regression analysis were tested previously. Based on the

assumptions testing, all assumptions were met. The analysis involved job satisfaction and organizational commitment scores as predictors and turnover intentions as the outcome variable.

The multiple regression model statistically significantly predicted turnover intention, $F(2,132) = 44.288, p < .05, R^2 = .40$. All two variables added statistically significantly to the predictions, $p < .05$. Regression coefficients and standard errors can be found in Table 18 (below). The predictor variables of organizational commitment and job satisfaction explained 40.2% of the variation in turnover intention. Therefore, there was sufficient evidence to reject the fourth null hypothesis and accept the alternative hypothesis.

Table 18

Regression Analysis for Turnover Intention with Organizational Commitment and Job Satisfaction as Predictors

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
1 (Constant)	0.286	0.341		0.838	0.403
TCM	0.167	0.081	0.159	2.061	0.041
JSS	0.536	0.076	0.541	7.020	0.000

a. Dependent Variable: TIS_6; $F(2,134) = 44.288, p < .01, R\text{-squared} = .402$

Research Question 5

To what extent does the three components of organizational commitment (affective, normative, and continuance) predict turnover intentions among frontline RNs?

H₀₅: There is not a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

H₅: There is a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

The fifth research question was focused on whether the components of organizational commitment predict the turnover intentions among frontline nurses. The multiple linear regression analysis involved affective commitment, normative commitment, and continuance commitment scores as predictors and turnover intentions as the outcome variable. The result of the multiple linear regression analysis is presented in Table 19. The result of the multiple regression analysis determined affective commitment was a statistically significant predictor of turnover intention ($\beta = .430, p < .05$). Normative commitment ($\beta = .101, p = .31$) and continuance commitment scores ($\beta = .081, p = .33$) were not significant in predicting turnover intention scores. The model was determined to be statistically significant in predicting turnover intention, $F(3,131) = 14.149, p < .05, R^2 = .25$. The predictor variables explained 25% of the variation in turnover intention. There was sufficient evidence to reject the fifth null hypothesis and accept the alternative hypothesis which states there is statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

Table 19

Regression Analysis for Turnover Intention with Components of Organizational Commitment as Predictors

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.086	0.377		2.879	0.005

Affective Commitment	0.313	0.070	0.430	4.442	0.000
Normative Commitment	0.075	0.073	0.101	1.019	0.310
Continuance Commitment	0.057	0.058	0.081	0.976	0.331

a. Dependent Variable: TIS_6; $F(3,134) = 14.149, p < .01, R\text{-squared} = .245$

Research Question 6

To what extent does the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) predict turnover intentions among frontline RNs?

H₀₆: There is not a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

H₆: There is a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

The sixth research question is focused on whether the components of job satisfaction predict the turnover intentions among frontline nurses. The multiple linear regression analysis involved the domains of job satisfaction - pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication scores as the predictor variables and turnover intention as the outcome variable. The result of the regression analysis is presented in Table 20. The result of the regression analysis determined the job satisfaction component of fringe benefits was a significant predictor of turnover intentions ($\beta = .159, p = .023$). Other components of job satisfaction were not significant predictors of turnover intention among frontline nurses ($p > .05$). Collectively, the job satisfaction domains

were determined to be statistically significant in predicting the turnover intention scores of participants, $F(9,134) = 9.661$, $p < .05$, $R^2 = .41$. The predictor variables explained 41% of the variation in turnover intention. The result showed there were sufficient evidence to reject the sixth null hypothesis and accept the alternative hypothesis which stated there is a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

Table 20

Regression Analysis for Turnover Intention with Components of Job Satisfaction as Predictors

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	0.845	0.368		2.298	0.023
Pay	0.114	0.083	0.166	1.363	0.175
Promotion	0.051	0.068	0.066	0.753	0.453
Supervision	0.110	0.075	0.166	1.468	0.145
Fringe Benefits	0.159	0.069	0.211	2.299	0.023
Contingent Rewards	0.088	0.091	0.130	0.964	0.337
Operating Conditions	0.027	0.066	0.034	0.412	0.681
Coworkers	0.050	0.085	0.063	0.588	0.557
Nature of Work	0.073	0.090	0.077	0.808	0.421
Communication	-0.081	0.091	-0.101	-0.882	0.379

a. Dependent Variable: TIS_6; $F(9,134) = 9.661$, $p < .01$, R-squared = .410

Chapter Summary

The goal of this quantitative research study was to determine if a relationship exists between job satisfaction, organizational commitment, and turnover intention among urban frontline RNs working in acute-care hospitals in the Northeastern states of Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The data utilized for this study was gathered from a sample of 135 registered nurses' responses to three validated instruments: Job Satisfaction Survey (JSS), Three-Component Model (TCM) Employee Commitment survey, and the Turnover Intention Scale-6 (TIS-6) that were part of the Nursing Turnover Intentions Survey, which included a demographics questions section. SPSS statistical software, version 27 aided in the data analysis. Chapter 4 provided a visual and descriptive interpretation of the data that included histograms, tables, and boxplots.

The Pearson's product-moment correlation was conducted to assess the strength and direction of the predictor variables (job satisfaction and organizational commitment) and the subscales of the predictor variables on the outcome variable (turnover intention). The results showed that job satisfaction had a statistically significant strong positive relationship to turnover intention, whereas organizational commitment had a statistically significant moderate positive relationship with turnover intention. Multiple regression analysis examined the predictive nature of the variables on the turnover intention of urban frontline RNs. The regression model's findings that both job satisfaction and organizational commitment accounted for 40% of the variation in turnover intentions with statistically significant values at $p < .05$. Under the predictor's subscales, affective commitment was statistically significant of turnover intentions at $p < .05$, while fringe benefits, under job satisfaction, was statistically significant to turnover intentions at $p = .023$.

Chapter 4 highlighted the data analysis and results to provide purposeful understanding into the relationship between the study's variables job satisfaction, organizational commitment, and turnover intention among urban frontline RNs working in an acute-care facility. Chapter 5 provides a discussion on the implications, significance, and importance of the research study. Chapter 5 also provides recommendations for hospital leadership to consider and future research exploring turnover intentions among nursing teams.

Chapter 5: Conclusion and Recommendations

Introduction

There are approximately 4.3 million registered nurses in the United States (National Council of State Boards of Nursing, 2021). The nursing workforce continues to be one of the most significant segments of the US workforce and the largest component of the healthcare workforce (American Association of Colleges of Nursing, 2021). Depending on the nursing specialty and location, the national average for turnover rates among the nursing staff can range from 8.8% to 37% (Haddad et al., 2020). RNs, on average, had a turnover rate of 18.7%, which can reflect the challenges faced by the COVID-19 pandemic (NSI Nursing Solutions, 2021). Given the current hospital landscape, the pandemic's impact has taken on frontline RNs working in acute-care hospitals within the Northeastern states (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont). The objective of this quantitative study was to examine the relationship between two predictor variables, job satisfaction, organizational commitment, and the criterion variable turnover intention.

Research Questions and Hypotheses

This research study utilized quantitative research with a correlational and predictive design to explore the relationship between job satisfaction, organizational commitment, and turnover intentions among urban frontline RNs. The results of the Job Satisfaction Survey (JSS), Three-Component Model (TCM) of Employee Commitment, and the Turnover Intention Scale-6 (TIS-6) instruments obtained from 135 RN study participants were used to test the hypotheses and to draw inferences. Six research questions drove this study and were addressed as follows:

R₁: What is the relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs?

H₀₁: There is no statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₁: There is a statistically significant relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

Conclusion to Research Question 1. Based on Pearson's product-moment coefficient r and p - values, there was a statistically significant strong positive correlation between organizational commitment and turnover intention among frontline RNs. There was a statistically significant moderate positive correlation between job satisfaction and turnover intention among frontline RNs. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis.

R₂: What is the relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs?

H₀₂: There is no statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

H₂: There is a statistically significant relationship between turnover intention and the three components of organizational commitment (affective, normative, and continuance) with frontline RNs.

Conclusion to Research Question 2. Based on Pearson's product-moment coefficient r and p - values, there was a statistically significant moderate positive correlation between affective commitment (AC) and normative commitment (NC) and turnover intention among frontline RNs. Both AC and NC were statistically significant predictor of frontline RN turnover intention. However, continuance commitment (CC) was not statistically significant with turnover intention

among frontline RNs. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis for AC and NC and accept the null hypothesis for CC.

R₃: What is the relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs?

H₀₃: There is no statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

H₃: There is a statistically significant relationship between turnover intention and the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) with frontline RNs.

Conclusion to Research Question 3. Based on Pearson's product-moment coefficient r and p - values, there was a statistically significant strong moderate positive correlation between pay, supervision, fringe benefits, contingent rewards components, and turnover intention among frontline RNs. There was a moderate positive correlation between coworkers, nature of work, and communication and turnover intention. Operating conditions were a statistically significant weak positive correlation with turnover intentions. The subscales of the JSS were a statistically significant predictor of frontline RNs' turnover intentions. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis.

R₄: To what extent do job satisfaction and organizational commitment predict turnover intentions among frontline RNs?

H₀₄: There is no statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

H₄: There is a statistically significant predictive relationship between job satisfaction, organizational commitment, and turnover intentions among frontline RNs.

Conclusion to Research Question 4. Based on the linear regression analysis, organizational commitment and job satisfaction were statistically significant to turnover intentions among frontline RNs. Collectively, the predictor variables organizational commitment and job satisfaction TCM and JSS predicted 40.2% of turnover intentions. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis.

R₅: To what extent do the three components of organizational commitment (affective, normative, and continuance) predict turnover intentions among frontline RNs?

H₀₅: There is no statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

H₅: There is a statistically significant predictive relationship between the three components of organizational commitment (affective, normative, and continuance) and turnover intentions among frontline RNs.

Conclusion to Research Question 5. Based on the linear regression analysis, AC was a statistically significant predictor of turnover intentions among RN turnover intentions. Both NC and CC were not statistically significant predictors of turnover intentions among frontline RNs. Collectively, the TCM subscales explained 24.5% of the variance in turnover intentions among frontline RNs. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis for AC and accept the null hypothesis for NC and CC.

R₆: To what extent do the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) predict turnover intentions among frontline RNs?

H₀₆: There is no statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

H₆: There is a statistically significant predictive relationship between the nine components of job satisfaction (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) and turnover intentions among frontline RNs.

Conclusion to Question 6. Based on the linear regression analysis, fringe benefit was the statistically significant predictor of turnover intentions among frontline RNs. Collectively, the subscales of job satisfaction accounted for 41% of the variance in turnover intentions among frontline RNs. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis for fringe benefits and accept the null hypothesis for the remaining components – pay, promotion, supervision, contingent rewards, operating conditions, coworkers, nature of work, and communication.

Discussion of Findings

Globally, healthcare systems continue to struggle with an increase in nursing shortages. According to the International Council of Nurses (2021), with the aging nurse workforce retiring in a few years and the impact of the COVID-19 pandemic, an estimate of 13 million nurses is needed to fill the global nursing gap. Nationally, the United States will need approximately 1.1

million RNs to avoid a nursing shortage and replace retirees by 2022 (American Nurses Association, 2021). Hospitals struggling to fill their nursing shortages or expand nursing staff leads dissatisfaction from supervisors or peers, increased workloads, lack of autonomy at work, and increased operational costs (Bakhamis et al., 2019; Gebregziabher et al., 2020).

There was little research known if a relationship existed between job satisfaction, organizational commitment, and turnover intention among urban frontline RNs working in an acute care facility within the Northeastern states. Previous research studies have investigated the variables job satisfaction, organizational commitment, and turnover intentions of registered nurses in a variety of settings and other countries, whether separately or in a combination of other workplace variables (Burmeister et al., 2019; Chegini et al., 2019; Gebregziabher et al., 2020; Kim et al., 2020; Labrague et al., 2020; Li et al., 2020; Putra et al., 2020).

This research was essential to the subject of nurse turnover, especially in a post-pandemic environment. Healthcare stakeholders, including patients, providers, payors, policymakers, media, regulators, and research communities, need to understand the impact nursing turnover plays on the healthcare industry (Lübbecke et al., 2019). Given the significance of the role of RNs, this research adds to the growing literature at a micro-level on how nurse's job satisfaction and organizational commitment are related to urban frontline RN's turnover intention.

Pearson correlation coefficient and multiple linear regression analysis were used to examine the research questions and hypotheses. The relationship between job satisfaction (JS), organizational commitment (OC), and frontline registered nurses' turnover intention (TI) was examined using Pearson's product-moment, resulting in a statistically significant positive correlation among frontline RNs. Therefore, the null hypothesis was not substantial. The results

allowed the null hypothesis to be rejected, with the alternative hypothesis to be accepted. The study outcome was contrary to previous research conducted by Al Sabeit et al. (2020), Zhao et al. (2021), and Yasin et al. (2020).

Al Sabeit et al.'s (2020) study noted how a nurse's work environment affects turnover intention, job burnout, and quality care noted TI confirmed a significant negative relationship between nurse satisfaction and a nurse's intent to leave. The researchers noted that each additional point in job satisfaction was associated with a 71% decrease in nurses' T.I. ($p < .001$, 95% CI = 0.16-0.53). The results embraced the notion that a positive working area for nurses promotes better nurse retention and less voluntary turnover when job satisfaction is high (Al Sabeit et al., 2020).

Zhao et al. (2021) examined the relationships between job satisfaction, social support, and resilience concerning nurses' turnover intention within tertiary hospitals in China. Turnover intention was negatively correlated with job satisfaction ($r = -0.48$, $p < .01$). Job satisfaction had a positive correlation with resilience and social support. The author further notes that nurses younger than 30 years of age and nurses with no children had the highest turnover intention rate. This category of nurses either believe they have other suitable job opportunities or felt more psychological pressure at work, which should be monitor by nursing leadership (Zhao et al., 2021).

Yasin et al. (2020) researched to determine the factors affecting job satisfaction among rural and urban acute care settings. When measuring job satisfaction with turnover intention, job satisfaction was negatively associated with TI. Regression analysis showed JS was a negative significant predictor of turnover intention ($\beta = -0.548$, $p < .001$) and accounted for 30% of the variance in TI, $F(1,340) = 145.71$, $p < .001$. Yasin et al. noted that dissatisfaction included work

overload, long work hours, and increased patient care with complex needs, which was common among rural and urban acute care settings.

The relationship between the nine domains of JSS and TI among frontline RNs was examined using Pearson's product-moment coefficient, which resulted in a significant positive correlation between all sub-variables of the JSS and TI. Spector (1985) classifies job satisfaction into nine domains: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. The null hypothesis was rejected, and the alternative hypothesis was accepted. The study's findings supported some similar results noted in studies conducted by Masum et al. (2016), Azeez et al. (2016), and Wang et al. (2016).

In Masum et al. (2016) study, JSS was positively correlated with supervision and coworkers. However, the findings were divergent with a negative correlation with contingent rewards, fringe benefits, and pay and were highly related to a nurse's intention to quit. Job satisfaction was significantly negatively associated with turnover intention among the nursing staff. A positive association between JS and TI can be found in other industries exploring job satisfaction and turnover intentions. Azeez et al. (2016) noted a significantly positive association between JS and TI among state university employees. Wang et al. (2016) had similar findings among casino workers.

The relationship between OC and TI was also examined using Pearson's correlation coefficient resulting in a significant positive correlation. The null hypothesis was rejected, and the alternative hypothesis was accepted. The research study findings on this relationship deviate slightly from previous studies exploring organizational commitment and turnover intentions. There was a positive correlation between TI and OC ($r = 0.436, p < 0.001$) and JS ($r = 0.452, p < 0.001$) among hospital employees (Mosadeghrad et al., 2008). Mosadeghrad et al. noted external

factors, such as job market conditions and workforce mobility, may have been forced employees to stay with their employer. Nia and Aref's (2014) study found OC had a significant positive correlation on nurse's turnover intention ($\beta = 0.22, p < .05$). Their results showed internal marketing, job rotation, and OC had a positive relationship with the intention of nurses to leave.

Research studies have shown a negative association between OC and nurse turnover intention. Kwon (2019) studied the effects associated with OC and TI among nurses in South Korea. Their findings showed a negative correlation ($r = -.046, p < 0.001$) between OC and TI. In a secondary analysis of TI factors (flexible work systems and quality of life), a regression analysis showed TI as the dependent variable, and OC was negative with TI ($\beta = -0.389$). Rawashaden and Tamimi (2020) study similarly demonstrated a significant negative correlation between OC and nurse turnover intention among Jordanian hospital nurses. Rawashaden and Tamimi noted nurses, between 21-30 years of age, are more inclined to leave employers early in their careers.

The relationship between the domains of OC (affective commitment, continuance commitment, and normative commitment) and turnover intentions among urban frontline RNs were examined. Using Pearson's correlation coefficient resulted in a significant positive correlation between the subdomains affective commitment and normative and turnover intention among frontline nurses. The results postulated were sufficient to reject the null hypothesis and accept the alternative hypothesis. Continuance commitment resulted in no statistically significant correlation with frontline RNs' turnover intention. The results were sufficient to accept the null hypothesis.

Continuance commitment is the employee's need to remain with their employer based on the monetary cost of leaving the organization (Meyers & Allen, 1997). Continuance commitment

in this study indicated no relationship with nurse turnover intention. This result was not aligned with prior research noting either a positive or negative association between continuance commitment and turnover intention - studies reporting a statistically significant negative correlation between the two variables (Fernet et al., 2017; Labrague et al., 2018) and a positive correlation within Christopher et al.'s (2017) study.

Affective commitment is an employee's emotional attachment to an organization (Meyers & Allen, 1997). Normative commitment reflects an employee's feeling of obligation to remain with their employer (Meyers & Allen, 1997). In this study, affective commitment and normative commitment positively correlated with urban frontline RNs' intention to leave their hospital employer. Yürümezoğlu et al.'s (2019) and Labrague et al.'s (2018) studies showed affective and normative commitment had a significant negative correlation with an intent of nurses leaving their employer. Dasgupta's (2016) research showed similar results affective commitment was negatively significant to nurses and turnover intentions.

Research Gap

Putra et al. (2020) notes that job satisfaction, organizational commitment, and nurse turnover intention has a direct impact on nurse retention requiring further exploration for nurse managers and human resource partners to developing sustainable retention strategies. Labrague et al. (2020) suggest the need for testing interventions to address occupational stress and burnout among hospital nurses to reduce their intention to leave. Chegini et al. (2019) study was approached from quality of work-life (QWL) perspective to develop interventions and policies to improve nurse retention, work-life balance, and empowerment initiatives to reduce turnover intentions. Chegini et al. suggest future studies should examine QWL and occupational stress across all nursing levels to determine the impact of turnover intention.

Theoretical foundations. The theoretical frameworks providing the foundation of this research study were Blau's (1964) perspective on social exchange theory and Bakker and Demerouti's (2007) Job Demands-Resources Model. Blau notes connected exchanges are developed through a social structure paradigm, creating inequalities between actors, who come with a certain level of status and power differences influencing human behavior and social relations. Cropanzano and Mitchell (2005) assert that social exchange implies an exchange relationship between employee and their supervisor through an employment contract.

The Job Demands-Resources (JD-R) Model examines how two psychological factors (burnout and engagement) can directly and indirectly influence an employee's health and commitment to an organization (Bakker & Demerouti, 2007). The JD-R Model represents how working conditions, job demands, and job resources may precipitate burnout and engagement (Bakker & Demerouti, 2007). The inclusion of both theories as part of the theoretical framework supporting this research study was that each approach complemented the other when combined to explore the employment dynamics relationships to enhance the framework.

Hospital systems and leaders must recognize the need to implement evidence-based research exploring how working conditions can improve the nurses' job duties and roles. The findings of this research are consistent with previous research concluding reducing nursing turnover, improving retention, and patient care at optimal levels. Additionally, the results provide evidence to support leadership strategy to improving nurse culture and team collaboration (Hølge-Hazelton & Berthelsen, 2020; Wang et al., 2018). Recent studies focusing on the impact of the COVID-19 pandemic have cited hospital management and nurse leadership to support and embrace a collaborative work environment to reduce burnout, psychological wellbeing, and

compassion fatigue to improve satisfaction, reduce turnover and improve patient quality of care (Kakemam et al., 2021; Monroe et al., 2021).

Steers and Mowday's (1981) model of turnover proposed that employees' decision to stay or leave their employer depends on whether job expectations are being met. An individual's affective responses to a job depend on external influences. Steers and Mowday's model demonstrate how job satisfaction and an employee's commitment can directly affect job performance and organizational reality. While the study results showed a significant positive relationship between job satisfaction, corporate loyalty, and turnover intentions, Steers and Mowday's (1981) seminal work reinforces the theoretical perspective. The research study reinforces the need for leadership to understand the impact job satisfaction and organizational commitment have in decreasing nurse turnover.

Practical implications. The research results expanded the literature on the relationship between job satisfaction, organizational commitment, and nurse turnover intention. The study's findings give the realization to the ongoing problems with nurse turnover. Current nurse turnover data suggest that working conditions, psychological wellbeing, lack of managerial support, and lack of professional development result from turnover intention materializing into actual turnover (Denning et al., 2021; Loft & Jensen, 2020; Moloney et al., 2018).

Registered nurses play a pivotal role within the clinical care team. A disruption to nurses leaving their position impacts the remaining staff. It may reduce the quality and safety of patient care, patient satisfaction, and human capital when the nursing workforce will deteriorate (Brook et al., 2019; Khan et al., 2019; Lee & Kim, 2020; Satoh et al., 2017). Retaining skilled and experienced nurses is a growing concern as the nursing shortage continues to rise due to the COVID-19 pandemic. Therefore, hospital leaders need to proactively plan to improve job control

through a creative and collaborative work environment that can stabilize the nursing workforce and provide a workable solution to improving onboarding costs, organizational cohesion, and improved focus on patient safety and quality care patient satisfaction.

Future implications. The study results noted a significant positive correlation between job satisfaction and turnover intention and a significant positive correlation between organizational commitment and turnover intention. Future research opportunities may assess a nurse's perceptions of their work environment to gain a better understanding. Future research should focus on contributing factors nurses faced due to the COVID-19 pandemic. Other patterns exploring a nurse's satisfaction, commitment, and turnover intention using validated scales would provide hospital leadership needed information to investigate areas impacting urban frontline nurses' turnover and retention.

Limitations

Several limitations were identified, which should be considered before replicating or conducting similar research on nursing turnover. The limitations are as follows:

1. This study was limited to two drivers of turnover intentions. The study did not examine other workplace attributes for RNs' turnover intention.
2. The study was limited to full- and part-time RNs in the Northeastern states (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont) working in an acute-care facility. The study findings may not be generalizable to RNs working outside an acute-care facility.
3. The study was limited to using research instruments given through an online survey that relied on the participants' self-reporting on their responses.

4. Participation in the study was voluntary and thus created a chance of inaccuracy of the responses and possible bias.

Recommendations to Hospital Leadership

Research has shown the pandemic has caused adverse mental health challenges and anxiety among frontline nurses, which has led to dissatisfaction and turnover (De los Santos & Labrague, 2021; Pappa et al., 2020). The first recommendation for hospital leadership is to improve the wellbeing of their nursing teams by planning and implementing preventative and promotion activities in mental health. Programs to reduce stress, depression, and anxiety may lead to increase satisfaction, commitment, and reduction in turnover (Cleveland Clinic, 2021).

The second recommendation for hospital leaders is to create a working environment with an adequate support system, including redesigning the ratio of RNs to the number of patients on a hospital unit (Schoenfelder et al., 2020). Redesigning the work environment can improve nurses' perceptions of their work environment and the ability to embrace their duties. By empowering nurses to take a proactive role in hospital affairs creates an atmosphere of increased quality of care, reduce turnover, and improved patient satisfaction (Al Sabei et al., 2020). The third recommendation for hospital leaders is to cultivate a team culture allowing supportive and trained nurse leaders to understand the needs of their nursing staff and equip their teams with encouragement to not quit in stressful conditions; thus, lowering expectations of nurses leaving the organization (Majeed & Jamshed, 2021; Robson & Robson, 2016).

The current study examined the overall job satisfaction about turnover intention. The results showed a strong positive association between job satisfaction and urban frontline registered nurses' turnover intention. The fourth recommendation for hospital management is to consider examining the nine domains of job satisfaction (pay, promotion,

supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communication) to develop initiatives to attract, recruit, and retain nurses.

Developing strategies around these domains to support, encourage, and motivate nurses should improve satisfaction, commitment to the employer and improve nurse retention.

Recommendations for Future Research

The purpose of this research study was to examine the relationship between job satisfaction, organizational commitment, and turnover intention among urban frontline RNs working in an acute-care facility. The study population was limited to registered nurses working in the Northeastern region of the United States. The first recommendation is to replicate the study using frontline registered nurses in other areas of the US working in different healthcare settings such as ambulatory care centers or skilled nursing facilities.

The second recommendation is to focus nursing research and workplace attitudes from a male nurse perspective. The number of male participants in this study was 12.6%, which is a percentage consistent with other similar research on the nursing profession. An all-male nurse perspective may give insights into their workplace behaviors that are either on par or differ from their female counterpart. Based on a 2019 report from the U.S. Bureau of Labor Statistics, more than 12% of RNs in the US are men (Brusie, 2020).

The research study used quantitation, correlation, and predictive design to investigate how the strength and relationship exist between job organization, organizational commitment, and turnover intention. Therefore, the third recommendation for future research is to conduct a qualitative study. By completing qualitative research with registered nurses, the researcher can comprehensively view a nurse's lived experiences, attitudes, and decision-making process while exploring the personal and environmental conditions that may impact their decision to leave or

stay within an organization. The themes generated from a qualitative study may help hospital leadership to develop and implement strategies that may increase nurses' satisfaction, commitment, and retention to the organization.

The fourth recommendation is to replicate this study or explore other research opportunities regarding licensed practical nurses/licensed vocational nurses (LPNs/LVNs). Hospitals continue to be the primary employer setting for LPNs/LVNs. This group of nurses faces a host of workforce challenges including, but not limited to diversity, pay, professional opportunities, and advancements (Smiley et al., 2021). According to the National Council of State Boards of Nursing (2021), there are approximately 967K active LPN/LVN licenses in the U.S. as of mid-August 2021.

The fifth research recommendation is to explore other workplace variables contributing to a nurse's turnover intention or actual turnover. Since the COVID-19 pandemic, new challenges have emerged within the hospital landscape that requires further investigation. This research will be essential given the limited evidence about the pandemic's effects on patients, clinical staff, and communities at large.

Conclusion

Before the COVID-19 pandemic, hospitals and other healthcare facilities were facing a growing nursing shortage. With the onslaught of the pandemic, hospitals and other health systems' infrastructures and workforce were strained in meeting the increasing demand for care. Frontline nurses were faced with considerable challenges both personally and professionally in meeting those demands. Hospital organizations and their human resource partners must access and develop new strategies to retain and attract nurses to decrease nursing shortage and turnover. This research study sought to add to the existing knowledge related to job satisfaction,

organizational commitment, and turnover intention among urban frontline registered nurses. This study used a quantitative research design to investigate the correlation and regression between job satisfaction, organizational commitment, and turnover intention.

The results can provide hospital leadership and human resources the data to understand how job satisfaction and organizational commitment can impact nurse turnover intention. The results offer valuable insights on how improving the working conditions, advancement, team morale, and mental wellbeing for nursing staff may improve job satisfaction. Commitment can lead to improvements in turnover retention and attract new nurses to the organization. The study also included recommendations to strengthen the nursing workforce within a hospital system and explore other research opportunities to improve the nursing experience. While hospital systems are still learning how the COVID-19 pandemic will impact clinical teams for the long term, hospital leaders should begin developing and implementing strategies to decrease nursing shortage and turnover, reduce operational costs, and sustain patient satisfaction and quality of care. Healthcare stakeholders should follow research outcomes to support improving working environments, job satisfaction, and organizational commitment to influence turnover among the hospital's frontline registered nurses.

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Appendix A: TCM Employee Commitment Survey

Commitment Scales

Instructions

Listed below is a series of statements that represent feelings that individuals might have about the company or organization for which they work. With respect to your own feelings about the particular organization for which you are now working, please indicate the degree of your agreement or disagreement with each statement by circling a number from 1 to 7 using the scale below.

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = undecided
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

Revised Version (Meyer, Allen, & Smith, 1993)

Affective Commitment Scale

1. I would be very happy to spend the rest of my career with this organization.
2. I really feel as if this organization's problems are my own.
3. I do not feel a strong sense of "belonging" to my organization. (R)
4. I do not feel "emotionally attached" to this organization. (R)
5. I do not feel like "part of the family" at my organization. (R)
6. This organization has a great deal of personal meaning for me.

Continuance Commitment Scale

1. Right now, staying with my organization is a matter of necessity as much as desire.
2. It would be very hard for me to leave my organization right now, even if I wanted to.
3. Too much of my life would be disrupted if I decided I wanted to leave my organization now.
4. I feel that I have too few options to consider leaving this organization.
5. If I had not already put so much of myself into this organization, I

might consider working elsewhere.

6. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.

Normative Commitment Scale

1. I do not feel any obligation to remain with my current employer. (R)
2. Even if it were to my advantage, I do not feel it would be right to leave my organization now.
3. I would feel guilty if I left my organization now.
4. This organization deserves my loyalty.
5. I would not leave my organization right now because I have a sense of obligation to the people in it.
6. I owe a great deal to my organization.

Note. (R) indicates a reverse-keyed item. Scores on these items should be reflected (i.e., 1 = 7, 2 = 6, 3 = 5, 4 = 4, 5 = 3, 6 = 2, 7 = 1) before computing scale scores.

Appendix B: Job Satisfaction Survey (JSS)

JOB SATISFACTION SURVEY Paul E. Spector Department of Psychology University of South Florida Copyright Paul E. Spector 1994, All rights reserved.							
PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		Disagree very much Disagree moderately Disagree slightly Agree slightly Agree moderately Agree very much					
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT. Copyright Paul E. Spector 1994, All rights reserved.		Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

Appendix C: Turnover Intention Scale (TIS-6)

TURNOVER INTENTION SCALE (TIS)

Copyright © 2004, G. Roodt

The following section aims to ascertain the extent to which you intend to stay at the organisation.

Please read each question and indicate your response using the scale provided for each question:

DURING THE PAST 9 MONTHS.....

1	How often have you considered leaving your job?	Never	1-----2-----3-----4-----5	Always
2	How frequently do you scan the newspapers in search of alternative job opportunities?	Never	1-----2-----3-----4-----5	All the time
3	How satisfying is your job in fulfilling your personal needs?	Very satisfying	1-----2-----3-----4-----5	Totally dissatisfying
4	How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	Never	1-----2-----3-----4-----5	Always
5	How often are your personal values at work compromised?	Never	1-----2-----3-----4-----5	Always
6	How often do you dream about getting another job that will better suit your personal needs?	Never	1-----2-----3-----4-----5	Always
7	How likely are you to accept another job at the same compensation level should it be offered to you?	Highly unlikely	1-----2-----3-----4-----5	Highly likely
8	How often do you look forward to another day at work?	Always	1-----2-----3-----4-----5	Never
9	How often do you think about starting your own business?	Never	1-----2-----3-----4-----5	Always
10R	To what extent do responsibilities prevent you from quitting your job?	To no extent	1-----2-----3-----4-----5	To a very large extent
11R	To what extent do the benefits associated with your current job prevent you from quitting your job?	To no extent	1-----2-----3-----4-----5	To a very large extent
12	How frequently are you emotionally agitated when arriving home after work?	Never	1-----2-----3-----4-----5	All of the time
13	To what extent does your current job have a negative effect on your personal well-being?	To no extent	1-----2-----3-----4-----5	To a very large extent
14R	To what extent does the "fear of the unknown", prevent you from quitting?	To no extent	1-----2-----3-----4-----5	To a very large extent
15	How frequently do you scan the internet in search of alternative job opportunities?	Never	1-----2-----3-----4-----5	All of the time

Appendix D: Permission Granted to Use TCM Employee Commitment Survey

Subject: TCM Employee Commitment Survey - File Download is now Available!
Date: Monday, March 16, 2020 at 1:19:17 AM Eastern Daylight Time
From: InnoVerify
To: Richard Jones

Hello Richard,

Thank you for your purchase of Academic License. You may log in to download the product at this URL:
[hSp://innoverify.com/shop/download/?pid=54dcf78c2007a](https://innoverify.com/shop/download/?pid=54dcf78c2007a)

Log in using your email address above. Your access password has been set to: XXXXXXXXXX

Please save this message, or the URL for future reference.

Regards,
TCM Employee Commitment Survey

Why are you receiving this email?

You have recently purchased or requested access to Academic License at TCM Employee Commitment Survey. The registration, transaction and access to your product is protected securely via the [InnoVerify - Gateway to Secured Innovations Online](#) portal.

Still have questions?

Please contact a representative at [TCM Employee Commitment Survey](#).

Appendix E: Permission to Use Job Satisfaction Survey (JSS)

From: Richard Jones [<mailto:jonesr03@email.franklin.edu>]
Sent: Sunday, April 26, 2020 1:52 AM
To: Spector, Paul <pspector@usf.edu>
Subject: [QUAR] Job Satisfaction Survey Permission Request
Importance: Low

Good Evening Dr. Spector:

I am a doctoral student at Franklin University pursuing a Doctor of Healthcare Administration degree. My doctoral project is entitled: "An Examination of Organizational Commitment and Job Satisfaction as Predictors of Nursing Turnover Intentions." I am requesting your permission to use and reproduce your job satisfaction survey for my research. I am requesting to use this instrument under the following conditions: I will use the survey instrument only for my research. I will not sell or use the tool for my compensation means, and I will send a copy of my doctoral study that uses this instrument upon final approval.

If these terms and conditions are acceptable, please indicate so by emailing a written approval by replying to this email and giving your written consent.

Thank you in advance for your assistance.

Sincerely,

Richard Jones, Jr., B.A., MBA, MPA.
Doctoral Student
Franklin University
College of Health & Public Administration

Appendix F: Permission Granted to Use Job Satisfaction Survey (JSS)

Subject: RE: Job Satisfaction Survey Permission Request
Date: Sunday, April 26, 2020 at 9:04:44 AM Eastern Daylight Time
From: Spector, Paul
To: Richard Jones

Dear Richard:

You have my permission to use the JSS in your research. You can find copies of the scale in the original English and several other languages, as well as details about the scale's development and norms, in the Assessments/Our Assessments section of my website: paulspector.com. I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included, "Copyright Paul E. Spector 1994, All rights reserved." Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation). You also have permission to translate the JSS into another language under the same conditions in addition to sharing a copy of the translation with me. Be sure to include the copyright statement, as well as credit the person who did the translation with the year.

Thank you for your interest in the JSS, and good luck with your research.

Best,
Paul Spector, Distinguished Professor
University of South Florida



This email originated from outside of USF Do not click links or open attachments unless you recognize the sender or understand the content is safe.

Appendix G: Permission to Use Turnover Intention Scale (TIS-6)

From: Richard Jones <jonesr03@email.franklin.edu>
Sent: Sunday, 26 April 2020 07:57
To: Roodt, Gerhard <grootd@uj.ac.za>
Subject: Turnover Intention Scale Permission Request

Good Evening Dr. Roodt:

I am a doctoral student at Franklin University pursuing a Doctor of Healthcare Administration degree. My doctoral project is entitled: "An Examination of Organizational Commitment and Job Satisfaction as Predictors of Nursing Turnover Intentions." I am requesting your permission to use and reproduce your Turnover Intention Scale for my research. I am requesting to use this instrument under the following conditions: I will use the survey instrument only for my research. I will not sell or use the tool for my compensation means, and I will send a copy of my doctoral study that uses this instrument upon final approval.

If these terms and conditions are acceptable, please indicate so by emailing a written approval by replying to this email and giving your written consent.

Thank you in advance for your assistance.

Sincerely,

Richard Jones, Jr., B.A., MBA, MPA.
Doctoral Student
Franklin University
College of Health & Public Administration

This email and all contents are subject to the following disclaimer:

<http://disclaimer.uj.ac.za>

Appendix H: Permission Granted to Use Turnover Intention Scale (TIS-6)

Subject: RE: Turnover Intention Scale Permission Request
Date: Monday, April 27, 2020 at 3:51:11 AM Eastern Daylight Time
From: roodtg8@gmail.com
To: Richard Jones
Attachments: Turnover intentions questionnaire - v4.doc

Dear Richard

You are welcome to use the TIS for your research. For this purpose please find the TIS-15 attached for your convenience. This TIS-6 (version 4) consists of the first six items high-lighted in yellow. You may use any one of these two versions. The TIS is based on the Theory of Planned Behaviour.

The only two conditions for using the TIS are that it may not be used for commercial purposes and second that it should be properly referenced as (Roodt, 2004) as in the article by Bothma & Roodt (2013) in the SA Journal of Human Resource Management (open access).

It is easy to score the TIS-6. Merely add the item scores to get a total score. The midpoint of the scale is 18 (3 x 6). If the total score is below 18 then it indicates a desire to stay. If the scores are above 18 it indicates a desire to leave the organisation. The minimum a person can get is 6 (6 x 1) and the maximum is 30 (5 x 6). No item scores need to be reflected (reverse scored).

It is recommended that you conduct a CFA on the item scores to assess the dimensionality of the scale. We found that respondents with a matric (grade 12) tertiary school qualification tend to understand the items better and consequently a uni-dimensional factor structure is obtained.

If you wish to translate the TIS in a local language, you are welcome to do so. It is recommended that a language expert is used in the translate - back translate method.

I wish you all the best with your research!

Best regards

Prof Gert Roodt

Appendix I: Informed Consent

Consent to Participate in a Research Study

Richard Jones, Jr., Principal Investigator

Project Title: Examining Organizational Commitment & Job Satisfaction as Predictors of Turnover Intentions Among Urban Frontline Nurses

Hello, my name is Richard Jones, Jr. and you are invited to take part in a research study. I am a graduate student in the Doctoral Program in Healthcare Administration at Franklin University in Columbus, Ohio. As part of the requirements for earning my doctorate, I am doing a research project.

I am inviting all registered nurses currently working in an acute-care facility within the Northeastern region of the U.S. to get their views on their satisfaction, and commitment with their current employer, and whether you have considered leaving the organization. The Northeastern region consist of the following states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

What am I being asked to do?

You will be asked to fill out a survey. If you agree to be a part of this study, you will be asked to:

- Read the Informed Consent to understand the purpose of the study.
- Complete the Nursing Intentions Survey by clicking the link below.

Taking part in this study is your choice.

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss of benefits you would normally have.

Why is this study being done?

The purpose of this study is to examine the relationship between organizational commitment, job satisfaction and the potential for nurses leaving their organization. I am inviting you to participate in my project because to gain an understanding on how working conditions have affected a registered nurse's satisfaction with their current role and duties and commitment to their employer.

To be included in the study you must meet the following criteria:

1. You must have an active registered nurse license in either CT, ME, MA, NH, NJ, NY, PA, RI, or VT.
2. You must have at least one year of frontline experience working in an acute care facility in CT, ME, MA, NH, NJ, NY, PA, RI, or VT.
3. You must currently be employed either full or part-time experience at the acute-care facility.

What will happen if I decide to take part in this study?

The survey will consist of 66 questions and approximately 25 minutes to complete. The survey will consist of 4 components exploring the following:

- Demographic Questions
- Three-Component Employee Commitment Model

- Job Satisfaction Survey
- Turnover Intention Survey

Here are some sample questions/statements that will appear:

- How satisfying is your job in fulfilling your personal needs?
- My supervisor shows too little interest in the feelings of subordinates.
- This organization has a great deal of personal meaning for me.
- Right now, staying with my organization is a matter of necessity as much as desire.
- I was taught to believe in the value of remaining loyal to one's organization.

What are the risks and benefits of taking part in this study?

I believe there is little risk to you for participating in this research project. You may become stressed or uncomfortable answering any of the survey questions. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop taking the survey or you can withdraw from the project altogether.

There will be no direct benefit to you for participating in this survey. The results of this project may help hospital leaders looking to improve their retention strategies in keeping talented RNs as part of their clinical care teams and to continue improving optimal care to the communities being served.

Confidentiality and Privacy:

I will not ask you for any personal information, such as your name or address. Please do not include any personal information in your survey responses. Data will be transmitted securely from Centiment to me to process the final results. Data will be kept secure by the use of password protection and stored securely on my external drive. Data will be kept for a period of at least 5 years. Only my Franklin University dissertation chair and I will have access to the information. Other agencies that have legal permission have the right to review research records. The Franklin University IRB has the right to review research records for this study.

Questions:

If you have any questions about this study, please email me at jonesr03@email.franklin.edu. You may also contact my dissertation chair, Dr. Gail Frankle, at gail.frankle@franklin.edu. If you have any questions regarding your rights as a research participant, please contact the Franklin University IRB Office at 614-947-6037 or irb@franklin.edu.

To Access the Survey: By checking “Yes” you agree to move forward and participate in the survey. If do not wish to participate, click “No” and the survey window will close out you’re your browser window. Thank you for your time and consideration.

- Yes – I gave my consent to participating in the survey.
- No – I do not give my consent to participating in the survey.

Appendix J: Nursing Turnover Intentions Survey

Nursing Turnover Intentions Survey

Directions: Thank you for participating in my doctoral study on turnover intentions among urban frontline registered nurses (RNs) working in an acute-care facility within the Northeastern region of the United States. This 66-question survey will take appropriately 25 minutes to complete. There are 4 parts to this survey: Part I: Demographics, Part II: Three-Component Model (TCM) of Employee Commitment, Part III: Job Satisfaction Survey (JSS), and Part IV: Turnover Intentions Survey (TIS-6).

Please be assured that your responses are and will remain confidential. All survey results will be used only in aggregate. Participation in this survey is voluntary.

Part I: Demographics Information

1. What is your gender?

Male Female

2. What age range do you fall in?

20-24 25-30 31-34 35-40 41-44 45-49
 50-54 55-59 60-64 65-69 70+

3. Which state are you currently working in as an urban frontline registered nurse (RN)?

Connecticut Maine Massachusetts New Hampshire
 New Jersey New York Pennsylvania Rhode Island
 Vermont

4. Employment Status:

Full-time Part-time

5. How long have you been working at your current hospital organization?

1-4 years 5-7 years 8-10 years 11-13 years > 13 years

6. What is the highest level of education completed?

High School Diploma Associates Bachelors Masters Doctoral

Part II: Three-Component Model (TCM) of Employee Commitment

Listed below is a series of statements that represent feelings that individuals might have about the company or organization for which they work. With respect to your own feelings about the particular organization for which you are now working, please indicate the degree of your agreement or disagreement with each statement by inputting a number from 1 to 7 using the scale below.

1 = strongly disagree

2 = disagree

3 = slightly disagree

4 = undecided

5 = slightly agree

6 = agree

7 = strongly agree

STATEMENTS

1. I would be very happy to spend the rest of my career with this organization.
2. I really feel as if this organization's problems are my own.
3. Right now, staying with my organization is a matter of necessity as much as desire.
4. It would be very hard for me to leave my organization right now, even if I wanted to.
5. I would not leave my organization right now because I have a sense of obligation to the people in it.
6. I owe a great deal to my organization.
7. I do not feel like "part of the family" at my organization.
8. This organization has a great deal of personal meaning for me.
9. Too much of my life would be disrupted if I decided I wanted to leave my organization now.
10. I feel that I have too few options to consider leaving this organization.
11. I do not feel any obligation to remain with my current employer.
12. Even if it were to my advantage, I do not feel it would be right to leave my organization now.
13. If I had not already put so much of myself into this organization, I might consider working elsewhere.
14. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.
15. I do not feel a strong sense of "belonging" to my organization.
16. I do not feel "emotionally attached" to this organization.
17. I would feel guilty if I left my organization now.
18. This organization deserves my loyalty.

RESPONSE**Part III: Job Satisfaction – Job Satisfaction Survey (JSS)**

The following 36 statements are about how satisfied you are at work. Please read each statement carefully and choose the option that comes the closest to reflecting your opinion. Please use the following scale:

- 1 = Disagree Very Much**
- 2 = Disagree Moderately**
- 3 = Disagree Slightly**
- 4 = Agree Slightly**
- 5 = Agree Moderately**
- 6 = Agree Very Much**

STATEMENTS

19. I feel I am being paid a fair amount for the work I do.
20. There is really too little chance for promotion on my job.
21. My supervisor is quite competent in doing his/her job.

RESPONSE

22. I am not satisfied with the benefits I receive.
23. I am not satisfied with the benefits I receive.
24. When I do a good job, I receive the recognition for it
That I should receive.
25. Many of our rules and procedures make doing a good job difficult.
26. I like the people I work with.
27. I sometimes feel my job is meaningless.
28. Communications seem good within this organization.
29. Raises are too few and far between.
30. Those who do well on the job stand a fair chance of being promoted.
31. My supervisor is unfair to me.
32. The benefits we receive are as good as most other organizations
offer.
33. I do not feel that the work I do is appreciated.
34. My efforts to do a good job are seldom blocked by red tape.
35. I find I have to work harder at y job because of the incompetence
of people I work with.
36. I like doing the things I do at work.
37. The goals of this organization are not clear to me.
38. I feel unappreciated by the organization when I think about what
they pay me.
39. People get ahead as fast here as they do in other places.
40. My supervisor shows too little interest in the feelings of subordinates.
41. The benefit package we have is equitable.
42. There are few rewards for those who work here.
43. I have too much to do at work.
44. I enjoy my coworkers.
45. I often feel that I do not know what is going on with the organization.
46. I feel a sense of pride in doing my job.
47. I feel satisfied with my chances for salary increases.
48. There are benefits we do not have which we should have.
49. I like my supervisor.
50. I have too much paperwork.
51. I don't feel my efforts are rewarded the way they should be.
52. I am satisfied with my chances for promotion.
53. There is too much bickering and fighting at work.
54. My job is enjoyable.
55. Work assignments are not fully explained.

Part IV: Employee Turnover – Turnover Intention Scale (TIS-6)

The following 6 statements are to ascertain the extent to which you intend to stay with your organization. Please read each question and indicate your response. Please use the following scale:

- 1 = Never**
- 2 = Rarely (Once a month or less)**
- 3 = Sometimes (A few times a month)**
- 4 = Often (Once a week)**
- 5 = Always**

QUESTIONS

RESPONSE

- 56. How often have you considered leaving your job?
- 57. How satisfying is your job in fulfilling your personal needs?
- 58. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?
- 59. How often do you dream about getting another job that will better suit your personal needs?
- 60. How likely are you to accept another job at the same compensation level should it be offered to you?
- 61. How often do you look forward to another day at work?