

Turnover Intention among Long-term Care Staff: Three Possible Culprits

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Abstract

The study investigated the impact of workload, role-conflict, role-ambiguity and stress at work on turnover intention among long-term care staff in the state of Virginia, USA. A rigorous review of literature enabled to develop hypotheses to be examined. A cross-sectional design was used to collect data through a self-administered questionnaire from a total of five hundred eleven staff members from ten different organizations. Pearson correlations and regression analysis techniques were used in data analysis. Findings revealed that role-conflict, role-ambiguity and stress at work significantly affect turnover intention. Workload itself did not contribute to turnover intention. Organisation should use the strategies, and policies to minimize role-conflict role-ambiguity and stress at work to minimize turnover intention. Role conceptions are the key determinants of turnover intention. Future research should use positive social science virtuous paradigm to study turnover intention in a cross cultural samples from various human service professions. Implications and limitations of the findings were discussed.

Keywords: Cross-sectional design, Health care administration, Long-Term care, Role-conflict, Role-ambiguity, Stress at work, Turnover intention and Workload.

1. Introduction

Turnover intention is most likely to lead to actual turnover (Meeusen et al., 2011). This issue has been of interest to scholars as well as to policy makers for a long time as is evident in periodic literature reviews (Mor Barak et al., 2001; Hayes et al., 2006; Hayes et al., 2012; Kim and Kao 2014). In human services, turnover studies have focused on various occupational groups in various countries, for example, in Australia-Alcohol and other drug workers (Duraisingham et al.,2009); Correctional workers (Brough and Biggs 2011); Occupational therapists (Scanlan and Still,2013) ; Residential Care Nurses (Gao et al.,2014); in Belgium-Nurses (Van Bogaert et al.,2012); in Canada -Teachers (Pomaki et al.,2010); Health-care sector employees (Hill et al.,2015); in China-Village doctors (Fang et al.,2014) ; employees from multiple organizations (Zhan et al., 2012); Physicians (Zhang and Feng,2011) ; in England-Nurses (Cartar and Tohrangeali,2012); in Jordan-Psychiatric nurses (Alsarairh et al., 2014) ; in the Netherlands-Intensive care nurses (Van Dam,2012) ; Sweden-Social workers in child welfare (Tham,2007) , Nurses (Rudman et al.,2014); in the United States- Health-care providers in nursing homes (Avgar et al.,2014); Social workers in mental health services (Acker 2004); Social service workers (Vasupaleti et al.,2009), and child welfare workers (Kim and Morbark,2015). Most of the studies have focused on the antecedents of turnover intention, but little work has been done on its impact on cost (Mukanal et al., 2009) and on the quality of care (Bae et al., 2010; Castle and Lin, 2010). Only some of the findings have been discussed using any theoretical perspective, for example System theory (O'BrinPallis et al., 2010); Role theory, Conflict theory (Hill et al., 2014) Equity theory (Adams, 1965), and Social-Exchange theory (Cropanzano et al., 2005).Due to growth in the size of ageing populations, one or the other types of institutional long-term care are the only viable options available to most people and health care organisations are facing challenges in continuously increasing turnover, something that has definite effect on staff-client relations and quality of care to patients(Dill et al., 2012; Thomas et al., 2012; Gao et al., 2012; Kuo et al., 2014).

The objective of this paper is to examine the impact of selected antecedents, specifically workload, role-conflict and role-ambiguity and stress at work, on turnover intention among long-term care staff, and explain the findings using conventional theories and suggest an emerging framework to study turnover intention among professional social workers from around the globe.

2. Previous Research

In this section first, each predictor of turnover intention will be defined, followed by the findings within existing published reviews and then by a discussion of conclusions reported in recent specific studies.

2.1 Workload

Those employed in a profession in any organization, in any culture and society frequently express concerns about their workload. Workload could be characterised as too many cases, inmates, nursing home residents, patients, students in the class, too many hours spent at work and too much time used in work-related travel or subjective perception of difficulty due to nature of job and too little time to complete the assigned tasks (Ganster et al., 2001). A recent meta-analytic study (Bowling et al., 2015) based on 336 articles published from 1966 to 2012 predicted that workload will be positively but weakly related to turnover intention. This maybe because turnover intention is often result of non-work factors such as spouse-career changes, forces one to quit his or her own job. Also workers may perceive their immediate supervisor, their work group, the nature of the job or even their own behaviour as determining the level of workload. A study of nurses in two psychiatric hospitals found that higher workload does not always have negative impact on turnover intention as long as the nurses have sufficient control over their daily work (Van Bogaert et al., 2012). In another study of intensive care staff, it was found that perceived work pressure did not contribute to the prediction of turnover intention (Yan Dam et al., 2010). Thus contrary to popular belief there are inconsistent findings about the relationship between workload and turnover intention.

2.2 Role-Conflict and Role-Ambiguity

Role-conflict is defined as the degree to which expectations of a role of an individual are incompatible or incongruent with the values, abilities, and expertise of the role incumbent. Role-ambiguity is the extent to which an individual is unclear about the expectations of others as well as the degree of uncertainty associated with one's own performance (Kahn et al., 1964). Rizzo, House, & Lirtzman (1970) developed Likert type Scales to measure these two different but related variables using the survey method. Since then a plethora of studies have been conducted on role-conflict and role-ambiguity. Earlier studies (Van sell, Brief, & Schuler, 1981; Fisher & Gitelson, 1983; Jackson & Schuler, 1985; Turbe & Collins, 2000; Ortqvist & Vincent, 2006) have reported a positive relationship between role-conflict and role-ambiguity and turnover intention. Recently in a meta-analytic review of turnover intention in US Child welfare workers, it was reported that role-conflict and role-ambiguity had positive but medium-size effects on turnover intention (Kim and Kao 2014). A longitudinal analysis revealed that changes in leader-member exchange (LMX) and perceived organisational support (POS) mediated the relationship between changes in role-conflict, role-ambiguity and turnover intention during the first six months' but not during the other two time-periods. (Kim and Mor Barak, 2015). In a study of employees from multiple organisations enrolled in a weekend psychology course in China, it was noted that the relationship between role-conflict and role-ambiguity and turnover intention is mediated by leader member exchange (Zhang et al., 2013). Finally the positive relationship between role-conflict and role-ambiguity is mediated by relationship conflict in healthcare sector workers (Hill et al., 2015).

2.3 Stress at Work

Stress at work refers to psychological, physical and behavioural responses to work-related demands over a period of time (Dollaid et al., 2013). It is the perceptual intake and result of demands made by the work environment. It is considered a significant component of work-related quality of life (Van Laar et al., 2007). A meta-analytic review based on 22 studies published between 1960 and 2013 reported that overall stress showed a very positive relationship with turnover intention which suggests that stressed workers are more likely to have turnover intention (Kim and Kao, 2014). Along-term care study noted that the relationship between stress and turnover intention is mediated by job-satisfaction (Kuo et al., 2014). In a study of Australian alcohol, drug and other workers (Durusingam et al., 2009), it was observed that one in five workers reported high levels of stress, which was strongly associated with turnover intention, i.e., workers who reported high level of stress also reported high level of turnover intention.

However a literature review of nurse turnover based on 68 published studies between 2006 and 2011 (Hayes et al., 2012) concluded that a high-demand work-situation does not necessarily lead to turnover intention. Turnover intention is more likely when work demand is combined with low job-control, less team-support and other resources, and where work becomes so demanding both psychically and mentally, that workers perceive they are too busy to provide good quality care and the resultant stress could lead to turnover intention. Overall, this review attests that significant number of studies have been carried out on nurses and in child welfare workers. In the field of healthcare, predominantly the studies have focused on nurses and less on physicians, physical therapists, occupational therapists and technical support staff. In long-term care, studies have included only nurses, or registered or licensed nurses or nursing assistants. However studies focusing on total long-term care staff as a members of people sustaining organisation has been fewer.

3.1 Research Question: Can work load, role-conflict, role-ambiguity and stress at work increase the likelihood of turnover intentions among long-term care staff?

3.2 Hypotheses

H1: As workload increases, turnover intention increases

H2: As role-conflict increases, turnover intention increases.

H3: As role-ambiguity increases, turnover intention increases.

H4: As stress at work increases, turnover intention increases.

4.0 Methodology

4.1 Sample

The data for this paper was collected from long-term care facilities privately owned by a healthcare corporation in the state of Virginia, USA. Their predominant function is “people-sustaining” as they offer around-the-clock healthcare to their patients (Hasenfeld, 1983). Of the 1, 732 employees surveyed, 511 staff members provided usable questionnaires, resulting in a completion rate of 29.08%.

4.2 Measurement

4.2.1 Workload

Workload was measured by asking one global question: “Do you think your workload is: (1) too light, (2) manageable, or (3) too heavy?” Respondents were asked to choose one of these response categories (Cole, Panchandeswaran, & Daining, 2004). The mean for workload is 2.27 and standard deviation is 0.47.

4.2.2 Role-Conflict & Ambiguity

Role-conflict and role-ambiguity were each measured by an index of three items chosen from Rizzo, House and Lirtzman (1970). An item example of role-conflict is the statement, "People within the home make conflicting demands on you." An item example of role-ambiguity is, "unclear about what it is you are expected to do." The mean for role-conflict is 2.53 and the standard deviation is .81. The mean for role-ambiguity is 2.07 and the standard deviation is .91. The reliability coefficient Chronbach's Alpha is .74 for role-conflict and .84 for role-ambiguity.

4.2.3 Stress at Work

This was measured by three items chosen from the Work-Related Quality of Life scale for healthcare workers (Van Laar, Edwards & Easton 2007). An item example is the statement “I often feel under pressure at work”. The mean for the three items is 3.5, standard deviation is 0.68 and reliability coefficient Chronbach's Alpha is 0.81.

4.2.4 Turnover Intention

Turnover intention was measured using a single-item and developed by Spector (1985): “How often have you seriously considered quitting your present job?” It was rated on a five-point Likert type scale ranging from “Rarely (1)” to “very Often(5)” (Wanous, Reichers & Hudy 1887).The mean for turnover intention is 2.14 and standard deviation is 1.31.

4.3 Procedure

The research instrument was approved by the Institutional Review Board of the University and participants were assured of anonymity and confidentiality in the covering letter of the questionnaire.

Administrators of each facility sent a letter to all the staff about the research project, date of the author's visits, and asked for their cooperation in completing the questionnaire. The human resources manager sent an email to each staff one day prior to the researcher's visit to the facility. The author stationed himself in the conference room with the questionnaires along with a sealed cardboard box. The HR manager made announcements two-three times on the loud speaker to the staff members to come to the conference room and complete the questionnaire. The author was available to staff members on all shifts. The author followed the same process in all ten facilities.

4.4 Data Analysis

Data were examined using descriptive statistics (i.e., mean and standard deviation). The reliability coefficient Chronbach's Alpha was calculated for all the variables. Pearson product-moment correlations were computed for each pair of variables. Regression analysis was performed to determine the relative and overall contribution of multiple independent variables in predicting turnover intentions.

5.0 Results

Data were obtained from 511 staff members of ten different long-term care facilities. Most participants (84%) were female, and a minority (15%) was male. A majority of them (50.7%) was married, 30.1% were single, 3.3% were separated, 3.9% were widowed and 11.5% were divorced. The participants were predominantly Caucasian (69%), African American (2.5%), Asians (4.8%) and some portion of sample claimed "other ancestry" (2%). In terms of education, some (1.6%) had only completed grade school, (25.8%) had graduated high school, and (45%) had some college, (14.3%) had a Bachelor's degree and (12.7%) had a Graduate degree. The mean age of the participants was 41 years and their tenure, i.e. Length of service, was 5.73 years.

Table 1

Zero-Order correlations among study variables				
	1	2	3	4
1. Workload				
2. Role-conflict	0.33*			
3. Role-ambiguity	0.28*	0.62**		
4. Stress at work	0.34*	0.89**	0.91**	
5. Turnover intention	0.33*	0.40**	0.40**	0.44**

* $P > 0.05$; ** $P > 0.01$

Table 1 presents the inter-correlations among each pair of variables. The result of correlational analysis revealed that all the proposed hypotheses were supported by this data. None of the correlations are above .90. This means that the scales are measuring different concepts that are distinct from each other (Meyers, Garnst, & Guarino, 2013). Given the preliminary support for the hypotheses, two different regression analyses, including one for role-conflict and the other for role-ambiguity were performed.

Table 2

Hierarchical Regression Analysis Predicting Turnover Intention After Controlling For Demographic Variable							
Step	Variables Entered	R Square	R Square Change	F	Beta	t	Sig
1.	Demographic Variable	0.03	0.03	2.21			
2.	Work load	0.13	0.10	9.08	0.05	1.32	0.26
3.	Role-conflict	0.22	0.09	15.04	0.18	3.52	0.01
4.	Role-ambiguity	0.24	0.02	15.27	0.16	3.18	0.01
5.	Stress at work	0.32	0.08	19.83	0.32	6.81	0.00

Table 2 presents the hierarchical regression analysis for predicting turnover intentions after controlling for all the demographic variables. In the regression equation turnover intention was entered as the dependent variables. In step 1, all of the demographic variables (age, gender, marital status, ethnicity, education and length of service) were entered into the regression equation and together they contributed to a small amount of variance (0.31) in the turnover intentions. In step 2, workload was entered in the regression equation and it accounted for 10% variance, ($F=9.08$, $T=1.32$, $P<0.26$) and it was not considered to be of significant value in predicting turnover intention.

In step 3, role-conflict was entered in the regression equation and it contributed to 9% variance ($F=15.04$, $T=3.53$, $P>=0.01$) in the turnover intention. In step 4, role-ambiguity was included in the regression equation and it is accounted for 2% variance ($F=15.07$, $T=3.08$, $P<0.01$). In step 5, the stress at work was added in the regression equation and it contributed to 8.0% variance ($F=19.85$, $T=3.08$, $P>0.01$) in turnover intention. In terms of their respective strength, stress at work has the strongest influence ($\beta=0.32$, $P>0.00$) followed by role-conflict ($\beta=0.18$, $P>0.01$) and role-ambiguity ($\beta=0.16$, $P>0.1$) in turnover intention. Thus it was observed that stress at work, role-conflict, role-ambiguity significantly lead to turnover intention in the long-term care facilities (LTCF) studied.

6.0 Discussion

The study has proposed four hypotheses relating to workload, role-conflict, role-ambiguity, and stress at work to turnover-intention and three of them were supported by the data in this investigation. The hypothesis that heavy workload leads to turnover intention did not find support in these long-term care facilities. The data clearly reports that work itself does not contribute to turnover intention. This observation is similar to earlier findings (Van Bogaert et al., 2012; Yan Dam et al., 2010). More-over the main service by these organisations is to provide care to elderly people in daily living activities. The nature of service may be considered a reward in itself and it may be satisfying to the staff who have chosen to help others not because it is their job but because it is natural for people to help other people. This is commensurate with the valuebase of human-service professions. Also this type of work may be challenging, involving and the work itself is a pleasurable activity which means it does not contribute to workload associated problems.

Workers who expressed more role-conflict, role-ambiguity and stress also expressed more turnover intention. Since no additional variables were included in the study, the rationale for the explanation of the findings will be based on the empirical evidence from the earlier research. Role-conflict and role-ambiguity may lead to less organisational commitment i.e., less loyalty to the organisation, less identification with values and goals of the organisation and less reciprocity among workers which can effect turnover intention (Cohen, 1993). Workers with high level of role-conflict and ambiguity perceive less fairness in terms of distribution of reward and resources and procedure used in the distribution of outcome which can lead to turnover intention (Andrews and Kacmar, 2001; Yang et al., 2014). Role-conflict and role-ambiguity may contribute to relationship conflict which can add to turnover intention (Hill, 2015). Similarly, worker who faces stress, may reduce the communication, trust, respect and liking for leader member exchange, and may perceive less social support (Zhang et al., 2013; Pomaki, 2010). Due to stress workers may develop physical symptoms such as eye strain, headaches, sleep disturbances; stomach upset, etc. which may lead to turnover intention (Nixon, 2011). Also stress at work could cause less satisfaction at work which may also lead to turnover intention (Alsaraireh, 2010). The role-conflict, ambiguity and stress because of poor commitment, perception of fairness, less communication and respect in leader member exchange and less organisational support and satisfaction leads to turnover intention. Thus role-conflict, role-ambiguity and stress at work are three possible culprits that influence turnover intention.

7.0 Limitations

There are some limitations in the current study. One limitation in the area of validity is the common method of variance. Since all of the variables were measured by asking questions of a single respondent, some associations among them may be expected as a result of response style (Spector, 2006). The second concern is that the participants' responses to measuring variable scale items may represent the perceived social desirability of the items rather than their actual predispositions (Nicotera, 1996). The third concern is that the study uses across-sectional design, and samples were not randomly selected; making it impossible to establish any, causal relations among variables.

8.0 Implications

If these long-term care facilities want to reduce turnover intention they need to reduce role-conflict, role-ambiguity and stress at work. In order to do so, the administration needs to take significant steps. Leader-member exchange must be encouraged allowing for open and accurate communication among the staff. Workers must feel that they have full support from their supervisors and their organisation. The state guidelines emphasising working with patients and policy makers for raises and promotions should be followed. Workers' loyalty and consideration should be honoured by the corporation and managers.

Administration observation and assessment should be supplemented by all groups of employees as professional, semi-professional and para-professionals in any decision-making. If these practices are followed role-conflict, role-ambiguity and stress at work are likely to be reduced and consequently staff-client relations and the quality of care will improve.

9.0 Future Research

Future studies on turnover intention may need a 'paradigm shift'. Instead of being rooted in the 'problem-oriented deficit paradigm', studies should opt for positive social science virtuous paradigm (Bright and Fry, 2012). There have been some scattered attempts to examine turnover intention with very limited variables from the organisational positive social science perspective (Cameron et al., 2004,2012). Examples of variables in positive science may include, organisational justice (Yang et al., 2013 ; Spector and Che, 2014) leader member exchange and social support (Zhang et al., 2013; Kim and Barak, 2015); role clarity (Villens et al.,2011), commitment (Panaccio and Vanerbergha, 2011), and associated amplifying qualities, positive emotion (KaloKerines et al., 2014); social capital (Malamberg-heimonen 2009), pro-social behaviour (Miceli et al.,2012) and buffering qualities; resiliency (Carmeli ,2013); solidarity(Belanger et al.,2003) and self-efficacy (Zellars et al.,2001) on turnover intention, and consequently on staff client relations (respect, trust, ethical and empowerment) and quality of service (equal, accessible, honourable and goal attainment). Several cross-cultural characteristics such as individualism versus collectivism, masculinity versus femininity, long-term versus short-term orientation, abundance; uncertainty and power distance may moderate the relationship among the outlined variables (Hifstele, 1993). Therefore turnover intention should be examined in cross cultural samples of nurses, physicians, teachers, professors and professional social workers

10.0 Conclusion

The study revealed that role-conflict, role-ambiguity and stress at work contribute to turnover intention among long term care staff. These relationships were explained on the basis of previous research. Role-conflict, role-ambiguity and stress lead to less commitment, less leader member exchange, less organisational support and less perception of fairness that lead to turnover intention. Future research should use positive social science perspective and may extend theorising and linking turnover intention to staff client relations and quality of service across societal culture in a variety of human service organisations. A longitudinal enquiry may shed some light on the mediation and moderation of variables in complex relationships. This study demonstrates that the role conception is the strongest determining factor of turnover intention and the quality of relationships and service.

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