Organizational Climate Correlates Nurses' Intention to Leave Work

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Abstract:

Good organizational climate associated with high degree of employees' satisfaction, performance, organizational commitment and decrease the intention to leave work. A descriptive correctional study design was used to determine the correlation between organizational climate and intent to leave work among nurses at main Assuit University Hospital. The total sample size comprised all nurses worked in the selected units was (140) nurse, classified as follows: (89) from general medical unit and (51) from intensive care units. The variables investigated were organizational climate and intent to leave. Data was collected by using the perceived nurse work environment organizational climate scale and the intention to leave factors questionnaire. Our results indicated a negative correlation between organizational climate and nurses' intention to leave. In view of our findings we recommend that administrative team of Assuit University Hospital should improve the nurse's salaries, maintaining supportive relationships, sharing them in policy making and administrative decisions.

Keywords: Organizational climate, Intent to leave, Nurses, Intensive care units.

Introduction:

Organizational climate is described as a set of characteristics that make an organization work environment different from others. These characteristics are relatively enduring over time and tend to influence the behavior of employees in the organization (Liou and Cheng, 2010). A good organizational climate facilitates good working relationships between the organization's management and employees is associated with high degree of employees' satisfaction, performance, organizational commitment and decrease the intention to leave (Donoghue, 2010).

Turnover intention is a deliberate and conscious consideration to leave an organization, whereas actual turnover refers to the actual termination of an individual's employment with an organization (Emberland and Rundmo 2010; Mishra and Bhatnagar, 2010). Moreover, turnover intentions can result from push factors like lack of interest in the job, bad working climate and pull factors like availability of opportunities in the market (Hughes et al., 2010). Intention to leave is associated with negative work factors such as organizational climate and perceptions of job insecurity (Emberland and Rundmo 2010; Mishra and Bhatnagar, 2010). An employee intention mark the most immediate motivator of task performance and an individual' choice behavior is influenced by their intentions (Mishra and Bhatnagar, 2010).

Organizational intervention strategies can be used to reduce staff turnover and improve organizational climates as there is evidence that high staff turnover and poor organizational climates negatively affect service quality and outcomes, clearly influences the success of an organization. Many organizations, however, struggle to cultivate the climate they need to succeed and retain their most highly effective employees (Glisson et al., 2006). The working organizations can take steps to build a more positive and employee-centered climate through: communication, values, expectation, norms, policies, rules and leadership (Hellriegel and Slocum, 2006).

Media reports continually detail the nursing shortage and its consequences (Aiken et al., 2002 & Aiken et al., 2010) suggest hospitals in many developed countries are short-staffed, with nurses overworked due to overtime and double shifts and faced with increased patient loads. This results in job dissatisfaction low morale and emotional exhaustion, all of which may increase nurse turnover. In Australia, the reasons given for nurses leaving nursing include pay, work conditions, larger workload, greater complexity of patient care, shorter hospital stays, lack of adequate 24 hour childcare services, and poor recognition of the skills and knowledge required to be a nurse (Doiron et al, 2008). Community health nurses not only responsible for improving work

climate, but also, in collaboration with administrative team working together hand in hand, through giving them adequate resources, including sufficient time, information, and support; providing them enough time and opportunity to discuss patient care problems, satisfactory salary, administration and staff creating a compatible working relationship, in additions positive scheduling climate (Nies et al., 2011).

Significance of the study:

Hospital nurses shortages have not been concentrated in specialty care areas, especially intensive care units (ICUs) and operating rooms (Buerhaus et al., 2000). In ICUs, nurses need to have specialized knowledge, skills, and experience to safely deal with the challenges of meeting the complex needs of critically ill patients. Therefore, improving the work environment of ICUs nurses help them in retention and recruitment of nurses as well as improve patient safety (AACN, 2005). The dual burden of nursing shortages and poor work environments threaten quality of patient care and places additional pressures on resource-stretched health care systems; also, there is a paucity of research in examining the quality of nurses' work environment and its association to nurses' intent to leave their jobs (El-Jardali et al, 2007). There are studies have linked organizational climate to nurses intention to leave while other have consistently linked climate to organizational performance (Snow, 2002). Monitoring nurses working conditions and improving the organizational climate of hospitals is likely to improve the safety of the employee and the profitability of the hospital through improved system outcomes, such as: lower turnover of the employees (Stone et al., 2006). Also, improving nurses working conditions will most likely promote patient safety (Stone et al., 2007). For these reasons we felt that it's necessary to study that phenomenon in attempts to shed light on the relationship between the two variables.

Aim of the study:

The present study aims to identify the type of correlation between the hospital climate and nurses' intention to leave their work.

Study question:

What is the type of correlation between organizational climate and the nurses' intent to leave work in the selected units?

Subjects and Method:

Research design: A descriptive correlational design was used in this study.

Settings: The study was carried out in general care units which involve (general medical and surgical units) and intensive care units at the main Assuit University Hospital. Researchers proposed that the work climate at general units is calm, on the opposite of ICUs units the climate is very stressful, so; we selected the previously mentioned settings to compare them.

Subjects: included all nurses who worked at general medical unit and intensive care units at main Assuit University Hospital and agreed to participate in the study. The total number of the studied sample were (140) nurses. (89) of them were from general medical unit and (51) were from intensive care units .

Tools of data collection:

The study tool included three sections:

1) Socio demographic data sheet:

It was designed to collect data about the studied nurses' age, gender, marital status, level of education, years of experience and work units.

2) Perceived Nurse Work Environment Scale:

This tool developed by Choi et al (2004) and modified by the researchers in order to become more suitable for the nature of the study. It was used to determine the factors of organizational climate as reported by studied nurses. It consists of 42 items with seven independent subscales describe the factors of organizational climate as follows; professional practice (13 items), staffing⁄resource adequacy (5 items), nurse management (5 items), nursing process (6 items), nurse ⁄ physicians collaboration (4 items), clinical competence of other nurses (6 items), positive scheduling climate (3 items). Respondents responses measured by using five point likert scale ranged from (1) strongly disagree to (5) strongly agree. The total score for the items calculated, above 60% scores indicated positive organizational climate.

3) Turnover and Intent to leave Questionnaire:

This tool was adapted from Shelly (1984), modified by Ali (1998) and Ragab (2008), it was used to determine factors that lead to nurses intention to leave. It included 37 statements and divided into 5 main factors namely:

income and reward (3 statements), job content (11statements), work environment (6 statements), social and personal reasons (12 statements) and organizational factors (5statements). Responses measured by using five point likert scale ranged from (1) never to (5) very often.

Methodology:

I) Preparatory phase and administrative design:

 1- The perceived nurse work environment scale was translated into Arabic by the researchers to suit Egyptian culture. Also, it revised and refined to remove any possible un-clarity and ambiguity of wording or phrasing. After construction of the organizational climate tool, it was revised by jury consisted of three professors of Nursing Administration (2) and Community Health Nursing, so; the content validity was obtained.

 2- Before embarking on the study, official letters were obtained from the departmental heads of units included in this study as previously mentioned. These letters explained briefly the purpose and nature of this study.

3- Pilot Study:

 After developing the tool, a pilot study was carried out on (10) participants from both settings. The individual who participated in the pilot study were excluded from the sample. The aim of the pilot study was to test the feasibility and clarity of the tool and also to estimate the time required to fill in the questionnaire. According to the result of the pilot study, some necessary modification was made to avoid the ambiguity of the questionnaire and reconstruction of the tool was done.

II) Data collection:

 A)   **Ethical consideration:**   at the initial interview, each nurse was informed of the purpose and nature of the study, and the researchers emphasized that every member had the right to participate or refuse to be included in the work. The consent for participation was taken orally. In addition to, the confidentiality of the data was maintained, explained and also printed in the questionnaire as follows: collected information will be used only for the purpose of the study without referring to the personnel's participation through anonymity of the subjects that will be assured by the coding of all data.

B)   Field work:

 The researchers started to collect data from 1st of January to 1st March 2013. The participants were asked if they were interested and agreed to participate in the study. The researchers explained the main parts of the questionnaire. After that, the questionnaire forms were distributed and the participants were asked to complete the questionnaires, researchers demonstrates any difficulty that participant might face during answering the questionnaires. The average time taken for completing each questionnaire was around 15-20 minutes depending on the participant response to the questions. Finally, the researcher thanked the participants for their cooperation.

C) Statistical analysis:

 The collected data were coded and verified prior to data entry. The entered data were revised before conducting the statistical analysis. Descriptive statistics frequencies, percentage, mean, standard deviation, Chi-square test, T-test and Pearson correlation test were done using SPSS PC version 20, it is considered significant when P <0.05.

Results:

 Table (1) describes the socio demographic characteristics of studied nurses. As regards to the medical unit, it was evident from this table that the majority of the studied nurses were females, staff nurses, and have diploma of secondary nursing school (95.5%, 86.5% &74.2%) respectively. Below half of them (46.1%), had years of experience from five to less than ten years and their mean age was (28.8) years. While at intensive care units all nurses were females, majority (88.2%) were staff nurses, and nearly three quarters of them (72.5%) had a diploma of secondary nursing school; moreover, their mean age was (30.3) years.

 It was evident from table (2) that the highest mean score (3.09) attributed to institutional support for clinical competence among nurses in general care units, followed by professional development and participatory decision making (3.05). Concerning the nurses working at ICUs, the highest mean score was found in relation to positive scheduling climate (2.41) followed by nurse /physician collaboration (2.32). On the other hand, the lowest mean score was related to nursing management among nurses in both general and intensive care units (2.80 & 2.01) respectively. There was a statistical significant difference between nurses at intensive care units and general care units as regards to all organizational climate items p≤0.05.

 Table (3) pointed out to the highest mean score of factors associated with intention to leave work at general care unit, were hospital factors (3.73), while the salary and rewards were the highest mean score in ICUs (3.85).

There were no statistical significant differences between nurses working at general and intensive care units regarding to the factors leads to leave works.

Table (4) shows that (49.4% & 80.4%) of nurses reported a negative organizational climate at general and intensive care units respectively. While (70.8%) of nurses at general units and (86.3%) at ICUs reported they had very often to leave. There was a statistical significant difference between nurses in both units regarding the organizational climate. There was statistical significant difference between the studied nurses in both general and ICUs units regarding the factors leads to leave work.

Table (5) shows a negative correlation between nurses' intent to leave and the organizational climate (r = -0.345).

Table (1): Socio demographic characteristics of nurses in the study sample by units

Variables	General care units		Intensive care units	
	No	%	No	%
Gender:				
Male	4	4.5	-	0.0
Female	85	95.5	51	100.0
Age/year				
<25 years	26	29.2	7	13.7
25 - 30	29	32.6	19	37.3
>30	34	38.2	25	49.0
Mean	28.8 ± 6.1		30.3 ± 6.1	
Occupation:				
Staff nurse	77	86.5	45	88.2
Head nurse	12	13.5	6	11.8
Experience:				
1 - <5 years	9	10.1	5	9.8
5 - <10 years	41	46.1	18	35.3
10 - 15 years	20	22.5	10	19.6
>15 years	19	21.3	18	35.3
Educational qualification:				
Secondary nursing school diploma	66	74.2	37	72.5
Technical nursing institute diploma	5	5.6	1	2.0
Bachelors of nursing	18	20.2	13	22.5
Total	89	100%	51	100%

- (*) Significant at P < 0.05   -Chi-square test

Table (2): Mean score of organizational climate as reported by study sample in the working units

Items	General care units		Intensive care units		P. value
	Mean	SD	Mean	SD	
Professional development and participatory decision making	3.05	1.35	2.06	1.18	0.001*
Staffing and resource adequacy	3.03	1.42	2.02	1.03	0.001*
Nursing management	2.80	1.18	2.01	0.93	0.001*
Support for professional practice	2.99	1.13	2.24	1.15	0.001*
Nurse /physician collaboration	2.97	1.23	2.32	1.12	0.003*
Institutional support for clinical competence	3.09	1.24	2.29	1.03	0.001*
Positive scheduling climate	3.03	1.35	2.41	1.14	0.007*

- (*) Significant at P < 0.05   - (T) test

Table (3): Factors that lead nurses' intention to leave work by units

Factors	General care units		Intensive care units		P. value
	Mean	SD	Mean	SD	
Salary and rewards	3.66	1.15	3.85	1.14	0.356
Job Content	3.60	0.98	3.64	0.96	0.788
Work environment	3.63	1.15	3.72	1.04	0.639
Hospital factors	3.73	1.05	3.65	1.00	0.664
Social and personal factors	3.67	1.11	3.59	1.03	0.683

- (T) test

Table (4): Relationship between organizational climate and nurses' intention to leave by units

units	Organizational Climate				Intention to Leave			
	Positive		Negative		Never		Very often	
	No	%	No	%	No	%	No	%
General care units	45	50.6	44	49.4	26	29.2	63	70.8
Intensive care units	10	19.6	41	80.4	7	13.7	44	86.3
P. value	0.001*				0.03*			

- (*) Significant at P < 0.05   -Chi-square test

Table (5): Correlation between organizational climate and nurses' intention to leave by units

Variables	General care units		Intensive care units		Total	
	r. value	P. value	r. value	P. value	r. value	P. value
Climate Vs. Leave	- 0.310	0.003*	-0.493	0.001*	- 0.345	0.001*

- (*) Significant at P < 0.05   - Pearson correlations test

Discussion:

Nursing is a profession vital to the health and well-being of all nations and is the backbone of any healthcare system (Ulrich & Zeitzer, 2009). The findings of the present study revealed that most of the entire studied nurses were females. This indicated that the nursing profession still depends on women rather than men. This with the same line of notion done by Godzella, et al (1995) who stated that nursing is still primarily a female profession and the women who enter the nursing are attracted to the care giving and nurturing rote.

As regards to the nurses' age at general care units their mean age group was 28.8 years old and 30 years at ICUs, the majority of the nurses in the present study were staff nurses and had diploma degree. This finding in congruence with the study findings of Katowa et al (2009) who reported that the majority of participants were within the age group ranged from 21 to 30 years. Also, Mackusick and Minick (2011) found that, the majority of the participants were female and aged from 40 to 49 years.

This is supported by the study findings of Walling (2011) who mentioned that, the proportion of men entering the nursing profession has been growing, but it remains a female dominated occupation. Regarding the organizational climate factors, it was found that the highest mean score as reported by nurses the in general care units was related to institutional support for clinical competence, followed by professional development and participatory decision making. This might be explained and rationalized by the nature of work in these units, which necessitates urgent decision making, minimal or no errors and working under stress.

With this respect, Kuvaas and Dysvik (2010) who mentioned that the organizational support is important for retaining employees and their research indicated that an organizational climate with a good employee support, could reduce employee turnover and could be provided an emotional support when employees go through a bad time in their lives and at work. This finding was inconsistent with the findings of Ahmed (2008) who found that the highest mean score of organizational climate was related to leadership style, supervisor's paling, organizing and evaluation abilities and achievement of supervisor's expectations.

Our findings indicated that there was a statistical significant difference between nurses at intensive care units and general care units regarding to all organizational climate items. This might be due to the similarities between both units because the medical unit included more branches, so patients are grouped and distributed in subunits according to the their medical diagnosis and assigned medical and nursing staff for each section, therefore it became similar to the ICUs as working in closed units enhance nurse/physician collaboration. Also, the work scheduling was done decentralized because it meets staff needs. This finding not disagree with the finding of Aly (2012) who found that difficult scheduling system was the highest point factor influencing nurses work climate and lead to nurse's change career and intent to leave.

Our study findings stand in line with researcher who mentioned that, a good organizational climate facilitates good working relationships between the organization's management and employees. A flat organizational structure is associated with a good organizational climate. It is argued that employees could experience less organizational hierarchy and there could be efficient communication between management and employees. Such an organizational climate cultivates innovation, team spirit and decentralized decision-making processes (Ohly and Fritz, 2010).

The current study findings showed that, no statistical significant differences between studied subjects regarding to the factors that lead to intent to leave job in both units. The highest mean score related to the hospital factors in general care units, while the salary and reward in ICUs that leads intention to leave jobs. We believe this because the hospital rewards distributed to all nurses not in accordance to the employee performance or the nature of work, the same as general care unit. Also, inequality of rewards distribution among health care team. In additions, time constraints and work overload which created stress. For instance; "too much to do in too little time". With this view Aly (2012) described the organizational rewards as considered to be incentives in reducing turnover intention among employees. Low reward of employees as part of organizational climate, correlated positively with turnover intention and good organizational climate is associated with the promotion of employees on merit (Ohly and Fritz, 2010).

There was a statistical significant difference between studied nurses in both units regarding the all items of organizational climate as the highest mean score of them reported the organizational climate in intensive care units was negative. With this respect Torka et al (2010) reported that the strict checking of work done, lack of trust, and punishing employees severely for minor mistakes are factors that are considered to be characteristic of a bad organizational climate.

The findings of this study indicated that, the majority of nurses at ICUs reported a negative organizational climate on the opposite, the minority of nurses working at general care units mentioned a negative organizational climate. While the percentage of nurses who had a strong intention to leave their works was higher at ICUs than general care units

The negative work climate as reported by ICUs nurses inconsistent with the studies finding of Stone et al., (2006) who found that organizational climate factors had an independent effect on intensive care units nurse's intention to leave due to working conditions, professional practice, nurse competence, and tenure.

A highest mean score of nurses in intensive care units intent to leave their work. With this view Doiron et al (2008) study in Australia, reported that the reasons given for nurses leaving nursing include pay, work conditions, larger workload, greater complexity of patient care, shorter hospital stays, lack of adequate 24 hour childcare services, and poor recognition of the skills and knowledge required to be a nurse. Also, Fox and Abrahamson (2009) added the impact of shift work on family life and schedules causes many nurses to move from the hospital setting. Moreover, the constant introduction of new technologies which require restructuring of tasks and the integration into the daily workload add to the stress. Hughes et al (2010) stated that turnover intentions can result from push factors like lack of interest in the job, bad working climate and pull factors like availability of opportunities in the market

This study demonstrated that, there was negative correlation between organizational climate and intent to leave implied when nurses perceive the organizational climate negative and showed high intent to leave. Our findings are supported completely by a study conducted by (Liou and Cheng 2010; Ohly and Fritz, 2010) . It is contended in these studies that organizational climate strongly influences an employee's decision or intention to leave. Organizational climate is associated with the reduction in turnover intentions (Donoghue, 2010).

Conclusion:

Based on the results of the study it can be concluded that, a negative correlation was found between organizational climate and intention to leave work among nurses in ICUs and general care units. Additionally, it was observed that the majority of nurses at ICUs reported a negative organizational climate, on the opposite, the minority of nurses working at general care units mentioned a negative organizational climate. While the percentage of nurses who reported very often intention to leave their works was higher at ICUs than general care units; moreover, our findings indicated a statistical significant difference between nurses at intensive care units and general care units as regards to all organizational climate subscales.

Recommendations:

Based on the results of this study the following recommendations are suggested:

- Implementing of an intervention program aimed at creating a positive organizational climate involving all nurses working at ICUs units and general medical units in additions' to their managerial team.
- Administrative team of Assuit University Hospital should improve the nurse's salaries, maintaining supportive relationships, sharing them in policy making and administrative decisions, that promoting more positive climate and work-related attitudes, which reduce intention to leave work.

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