Determinants of intended job turnover in rural nurses
by Jean Elizabeth Ballantyne

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

Abstract:
The premature turnover of registered nurses in hospital settings has serious consequences in terms of increased monetary costs and negative impacts on the care of patients. This exploratory descriptive study identified determinants that could influence a registered nurse's decision to leave a hospital job. Since the literature revealed studies reporting on turnover of nurses in urban hospitals, the target population for this study was registered nurses working in Montana community hospitals with fewer than 50 beds.

Using a survey research design, 220 questionnaires were mailed to nurses working in 15 randomly selected Montana hospitals having fewer than 50 beds. A total of 116 questionnaires were returned for a response rate of 53%. The results of a statistical lambda were used to determine that associations between the 16 independent variables (determinants) and the dependent variable (intent to leave) were insignificant. The sample was then categorized into three groups, leavers (n=18), undecideds (n=34), and stayers (n=64), based on responses to the intent to leave measure. Comparisons of groups means were made for the determinants using t-tests.

Determinants that showed significant differences in means between leavers and undecideds were role overload and promotional opportunity. Leavers indicated a higher degree of job demands and fewer promotional opportunities than did the undecided group. In comparing the leaver and stayer groups, five determinants of promotional opportunity, satisfaction, pay, distributive justice and nurse-physician relationships, were significant. Leavers indicated lower degrees of promotional opportunity, less job satisfaction, a lower perception of the adequacy of the pay, more unfairness on the job, and a lower quality relationship with physicians. Findings for the comparison of the undecided group and stayer group revealed that the undecided group reported a higher degree of job boredom, a lesser degree of being informed about the job, and greater job dissatisfaction than did stayers.

Results of this study indicate that nurse retention efforts begin by increasing job satisfaction, providing promotional opportunities, promoting fairness on the job, promoting equitable work loads, and promoting adequate pay for the rural nurses.

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Jean Elizabeth Ballantyne

This thesis has been read by each member of the thesis committee and been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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VITA

Jean Elizabeth Ballantyne was born the daughter of Ben and Elizabeth Brownfield on September 1, 1948. She spent her youth on the family ranches in eastern Montana, graduating from Dawson County High School in 1966. She received her Bachelor of Science in Nursing from Montana State University College of Nursing in 1970.

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ABSTRACT

The premature turnover of registered nurses in hospital settings has serious consequences in terms of increased monetary costs and negative impacts on the care of patients. This exploratory descriptive study identified determinants that could influence a registered nurse's decision to leave a hospital job. Since the literature revealed studies reporting on turnover of nurses in urban hospitals, the target population for this study was registered nurses working in Montana community hospitals with fewer than 50 beds.

Using a survey research design, 220 questionnaires were mailed to nurses working in 15 randomly selected Montana hospitals having fewer than 50 beds. A total of 116 questionnaires were returned for a response rate of 53%. The results of a statistical lambda were used to determine that associations between the 16 independent variables (determinants) and the dependent variable (intent to leave) were insignificant. The sample was then categorized into three groups, leavers (n=18), undecideds (n=34), and stayers (n=64), based on responses to the intent to leave measure. Comparisons of groups means were made for the determinants using t-tests.

Determinants that showed significant differences in means between leavers and undecideds were role overload and promotional opportunity. Leavers indicated a higher degree of job demands and fewer promotional opportunities than did the undecided group. In comparing the leaver and stayer groups, five determinants of promotional opportunity, satisfaction, pay, distributive justice and nurse-physician relationships, were significant. Leavers indicated lower degrees of promotional opportunity, less job satisfaction, a lower perception of the adequacy of the pay, more unfairness on the job, and a lower quality relationship with physicians. Findings for the comparison of the undecided group and stayer group revealed that the undecided group reported a higher degree of job boredom, a lesser degree of being informed about the job, and greater job dissatisfaction than did stayers.

Results of this study indicate that nurse retention efforts begin by increasing job satisfaction, providing promotional opportunities, promoting fairness on the job, promoting equitable work loads, and promoting adequate pay for the rural nurses.

CHAPTER 1

INTRODUCTION

Turnover among nurses in hospitals has profound ramifications economically and in terms of quality of patient care (Hinshaw, Atwood, Gerber, & Erickson, 1986). A review of previous turnover studies suggest that the majority of nursing staff turnover is voluntary and amenable to preventive action (Seybolt, Pavett, & Walker, 1978). Furthermore, the predictability of variables directly influencing intended turnover and actual turnover provide opportunity for management intervention to reduce premature turnover (Seybolt, 1986).

The researcher's experiences as a nursing director in two rural Montana hospitals has confirmed that recruitment and retention of nurses to work in rural hospitals is a problem area. This problem has been compounded during episodes of nurse shortages. Because nurses in rural hospitals need to have a broad repertoire of nursing skills to meet the needs of all general nursing areas, a high turnover rate in a rural hospital may mean having nurses that lack appropriate skills with the result being a potential decline of quality care.

The ability for nursing directors to predict actual turnover through knowledge of the determinants that influence intent to leave may allow for timely interventions to reduce actual turnover. Considering the rate of turnover, loss of productivity, and the monetary costs associated with nurse recruitment, it is clear that retention efforts in hospitals are needed.

The major intervening variable described in the literature that affects turnover is intent to leave (Curry, Wakefield, Price, Mueller, & McCloskey, 1985; Mobley, Griffeth, Hand, & Meglino, 1979; Weisman, Alexander, & Chase, 1981). Intent to leave is an employee's intention to leave an organization through consideration of another opportunity or the desire to leave a profession. Other variables of kinship responsibility, job satisfaction, and organizational commitment have indirect effects on turnover through intent to leave. With the evidence of this relationship, it could be concluded that intent to leave is a predictor of turnover.

Problem Statement

Most studies of nursing turnover have focused on urban centers. Although Hinshaw et al. (1986) did a comparison study of urban and rural communities, the rural sample included communities with up to 100,000 population. No studies have been reported on turnover in rural communities

in hospitals with fewer than 50 beds. Therefore, the purpose of this study was to discover determinants that would influence intended turnover of registered nurses in rural Montana hospitals with fewer than 50 beds.

Research Questions

In addition to the problem statement, related research questions addressed were:

1. At different age, nursing tenure, and nursing turnover levels, was there a difference in registered nurses' intent to leave the job?
2. Was there a relationship between increased kinship responsibility and the importance of opportunities that may be provided in a job?

Conceptual Model

The conceptual framework for this study was a causal model of turnover developed by Price & Mueller (1981). The purpose of such a model was to provide an explanation of some phenomena. The model attempts to explain turnover based on the large body of literature on turnover. The use of the label "causal model" is not intended to convey theoretical sophistication (Price & Mueller, 1981).

The model presents determinants and intervening variables associated with turnover. Price's original model defined the primary determinants of turnover as pay,

integration, instrumental communication, and centralization (Mobley et al., 1979). The first three determinants were considered positively related to turnover, while the fourth determinant of centralization was negatively related. Additional determinants were added as the model was utilized in further studies. The added determinants included routinization, distributive justice, promotional opportunity, role overload, professionalism, general training, kinship responsibility, and work unit size. As a path model, variables or determinants were linked by paths indicating a correlation between relationships. An attempt was made to capture the process by which determinants influenced turnover. Turnover was the dependent variable, with intervening variables being job satisfaction, organizational commitment, and intent to leave. The effects of the determinants on turnover were proposed to be mediated by the intervening variables. The model featured those determinants of turnover that were supported in the literature with varying degrees.

This model was chosen as a framework for this study because it was used as a framework in two turnover studies of nurses and other hospital employees. The first was an empirical study of nonsupervisory registered nurse turnover (Price & Mueller, 1981). The sample (N=1084) was drawn from seven hospitals with bed sizes ranging from 100 to 620. Secondly, the model of turnover was evaluated in a

study of hospital employee turnover in five Denver area hospitals (Price & Mueller, 1986). Three of the hospitals in this study had fewer than 100 beds. Registered nurses made up 75% of the sample (N=842). Results showed the variable of intent to leave as the primary determinant of turnover.

For the intent of this study, modifications of the model were made. The first modification substituted "intent to leave" for the dependent variable turnover. Secondly, the model was not utilized as a path model with path analysis. Therefore, the intervening variables of job satisfaction and organizational commitment were included as determinants. Ten determinants that were included in the original model remained: opportunity, routinization, centralization, instrumental communication, integration, pay, distributive justice, promotional opportunity, role overload, and kinship responsibility. Two determinants, involvement and traditional sex role values, were added at the recommendation of Price and Mueller (1986). A lack of involvement was proposed to be a determinant for nurses who leave the profession to do something else. Traditionalism in sex role values was proposed to increase turnover intentions. Two additional determinants, nurse-physician relationships and role isolation, were added based on the researcher's perceptions as a rural nurse administrator. Physicians in rural hospitals typically possess a great

deal of referent power which may negatively affect nurse-physician relationships. Role isolation was included because rural nurses often work alone without immediate peer support. All determinants were then correlated with the dependent variable intent to leave. While Price's model attempted to show causal relationships between variables, the use of the model in this study was to provide a framework in which to show associations between variables.

Definition of Terms

For the purpose of this study, the following terms were used. Definitions of determinants were similar to those in the turnover model (Price & Mueller, 1986).

Turnover--A voluntary separation of a nurse from the job.

Intent to Leave--A nurse's intention to leave the organization through consideration of another opportunity or the desire to leave the profession.

Intent to Stay--The likelihood that a nurse perceives continued employment with an organization will occur.

Determinants

1. Opportunity--The availability of alternative jobs.

2. Routinization--The extent to which a job is repetitive.
3. Centralization--The degree of concentration of power in an organization.
4. Instrumental Communication--The degree that information about the job is formally transmitted to nurses.
5. Integration--The extent to which the nurse has close friends on the job.
6. Pay--Money and benefits a nurse receives for services performed for an organization.
7. Distributive Justice--The relationship between job performance inputs and rewards given by the organization.
8. Promotional Opportunity--The extent of opportunity for upward movement or promotion in an organization.
9. Role Overload--The extent to which the job demands are excessive for the nurse.
10. Nurse-Physician Relationships--The degree of positive affect the nurse perceives in working with physicians on the job.
11. Role Isolation--The degree to which a nurse perceives role isolation as a negative phenomenon on the job. This measures the subjective reaction to role isolation, not the condition itself.

12. Involvement--The degree to which a nurse perceives he/she is involved with nursing as a profession.
13. Traditional Sex Role Values--The degree to which the nurse agrees with traditional sex role values.
14. Work Unit Size--The size of the work unit in the hospital where the nurse works.
15. Kinship Responsibility--The obligations the nurse has to family relationships.
16. Satisfaction--The degree to which the nurse likes and is satisfied with the job.
17. Commitment--The loyalty the nurse extends to the organization for which he/she works.

Assumptions

1. High turnover is a negative phenomenon.
2. Job tenure enhances performance and maintains the work force.
3. Turnover is an individual choice behavior.
4. Even the most able nurse is of little value to an organization if he/she leaves a position after only a short period of service.
5. Control over turnover is desirable.

Limitations

1. The sample was accessed through nursing directors who may have been reluctant to have nurses participate.
2. As key persons in accessing nurses, nursing directors may have conveyed bias to nurses.
3. No differentiation was made as to whether the rural hospitals chosen for participation in the study were stand-alone acute care facilities or combined hospital and nursing homes.
4. Each participating hospital may have varied in terms of organizational structure and the degree of centralization.
5. Life styles of nurses vary and could have an impact on responses to questions.

CHAPTER 2

LITERATURE REVIEW

A review of the literature pertinent to the turnover issue was done in an effort to gain insight into the possible determinants of turnover of registered nurses in the rural hospital setting. Turnover has been studied from both an individual and organizational perspective as well as with a combination of these two perspectives. Job satisfaction emerged as the most common variable that has been studied in relationship to turnover. A significant negative relationship was found between satisfaction and turnover (Price & Mueller, 1981).

Since job satisfaction was found to be an important determinant of turnover, it was addressed first; a review of other studies pertaining to the turnover issue follows. The studies were categorically reviewed and grouped according to each author's perspective, be it individual, organizational, or a combination of both. Terms as they relate to turnover were used as they appeared in each individual study.

Job Satisfaction in Relation to Turnover

Interest in the relationship of nurses' satisfaction with their work situation has been demonstrated as early as the late 1930's. A landmark study on job satisfaction in nursing was done in 1938 by Nahm (1940) at the University of Minnesota. Using the Hoppock Job Satisfaction Scale and Remmers' Attitude Toward an Occupation Scale, she studied a sample of 367 registered nurses (R.N.'s) who were graduates from nursing schools in Minnesota with regard to nursing satisfaction and job satisfaction. Questionnaires were mailed to nurses employed in institutions, public health, and private nursing. Variables of interest were educational activities, employer-employee relationships, working conditions, salaries, and opportunities for advancement. The results indicated that 60% of the nurses were highly satisfied, while 20% were dissatisfied, and 20% were neither satisfied or dissatisfied. No differentiations were given in regards to the various job settings and levels of satisfaction. Nahm concluded that the most important factors differentiating the groups were general adjustment of the individual, relationships with superior officers, family and social relationships, hours of work, income, and opportunities to advance and attain ambitions. Nahm indicated that only the best adjusted people should be educated as nurses; then as a group they

would have a higher degree of satisfaction, thereby causing personnel problems to disappear!

Job satisfaction appeared in the nursing literature again in the 1970's. An instrument was developed to measure six components of job satisfaction that would apply to all levels of health care workers (Slavitt, Stamps, Piedmont, & Haase, 1978). This instrument, a before-and-after measure of job satisfaction, measured effectiveness of administrative changes enacted to improve satisfaction. The questionnaire was completed by a convenience sample of nurses (N=786) in two urban hospitals. The nurses ranked items pertaining to job status, interaction, autonomy, organizational requirements, pay, and task requirements. Findings supported the conclusion that autonomy was the most important variable in relationship to job satisfaction. The outcome from this study was the provision of a tool for nursing directors to assess nursing staff concerns and thereby provide the opportunity to intervene and increase satisfaction.

In a study authorized by the American Academy of Nursing, a national sample of 41 "magnet hospitals" were studied to determine factors that enabled them to attract and retain professional nurses (McClure, Poulin, Sovie, & Wandelt, 1983). The hospitals ranged in size from 99 to 1,000 beds. Criteria for sample selection was developed by the American Academy of Nursing. Hospitals selected had an

85% retention rate with a predominantly professional staff providing care. Factors associated with satisfaction for staff nurses were examined through group interviews. Factors found to be most important in their decision to remain employed included flexible staffing scheduling, nurse-patient ratios that assure quality care, supportive nursing administration, opportunities for continuing education, clinical advancement opportunities, participative management, longevity benefits, and good nurse-physician relationships.

While not the major variable studied, job satisfaction repeatedly permeated the remaining literature review as a significant intervening variable in intended turnover as well as in actual turnover.

The Individual Perspective on Turnover

A job motivation study by Vroom (1964) found that turnover often results from inadequate rewards and incentives. Using theories of motivation and behavior, Vroom developed a framework for predicting turnover. Using a combination of Vroom's model and Maslow's hierarchy of needs (Maslow, 1970), McCloskey (1974) conducted a study of registered nurses in staff positions in hospitals in Chicago and San Francisco. The purpose of McCloskey's study was to rate in importance specific rewards and incentives that would keep staff nurses on the job. The

rewards desired by a nurse were based on his/her hierarchy of needs (Maslow, 1970). Results revealed that psychological rewards were more important than social or safety rewards in keeping nurses on the job; higher pay did not keep a nurse. Moreover, nurses wanted opportunities for educational and career advancement along with recognition from peers and supervisors.

Seybolt, Pavett, and Walker (1978) studied turnover of nursing staff in a 310 bed university hospital in Salt Lake City. The model for this study was Vroom's (1964) expectancy theory. A questionnaire was administered to 242 nurses, 80% of whom were registered nurses. Turnover data was collected one year after the survey. During that time, 89 of the total sample had left the hospital. The area of motivation was given as the most compelling reason for turnover; leavers had a significantly lower level of overall motivation to perform well.

A study of turnover by Michaels and Spector (1982) tested a causal model developed by Mobley et al. (1979). This model suggests that a number of possible mediating steps exist between job satisfaction and actual turnover. Mobley hypothesized that individual factors as well as organizational factors would lead to job satisfaction and commitment, or to alternative opportunities leading to intention of leaving and eventually to actual turnover. These steps were viewed as part of an individual's

withdrawal decision process. Participants in the study were 112 permanent employees of a community mental health center in Florida. Each participant completed a questionnaire. Six months later, a list of all turnovers indicated that 54 employees had terminated. This represented 30% of the total staff. Results of the study indicated a significant positive correlation between turnover and intention of turnover (r=.41). Intention of turnover was also strongly correlated with commitment and satisfaction (r=.67 and .68, respectively).

In a study of turnover of hospital nurses, Price & Mueller (1981) developed a causal model or set of interrelated propositions intended to provide a summary of what is known about determinants of turnover. The non-random sample (N=1084) of nonsupervisory registered nurses was drawn from seven general hospitals with bed size ranging from 100 to 620 in the north central United States. Major findings showed determinants which when increased resulted in reduced turnover. These determinants were commitment, job satisfaction, and the existence of kinship responsibility. However, manipulation of the variables in this model would not result in immediate control over turnover since the significant components of the model explained only 17% of the variance.

A five year study of job attrition for nurses in a 15 bed burn unit in Pennsylvania was done because of the

reportedly high staff turnover in this area of nursing (Bayley, 1981). From the inception of the burn unit, data was collected on attrition rates and factors which affected turnover and job satisfaction. At the termination interview, nurses were asked to specify their reason for leaving. A three page follow-up was sent to each participant in the sample of 63 nurses who had resigned their burn unit positions. This sample represented 61% of the staff hired in the five year period. Reasons for nurses leaving were categorized as either personal or job related. Thirty-eight percent of the leavers specified job related reasons for leaving the job, while 62% left for personal reasons.

Taylor and Covaleski (1985) examined the predictability of internal job transfers as well as turnover behavior from the perspective of nurses' career plans, work values, and job satisfaction. A random sample of 210 staff nurses was chosen from a large university hospital in the midwestern United States. Using a predictive design, questionnaires regarding nurses' demographic characteristics, job satisfaction, and work-related values were distributed. Findings were that values and career plans rather than job satisfaction discriminated between persons who intended to stay in the job, accept a transfer, or leave employment. Furthermore, findings supported the importance of

employees' expectations about future satisfaction as a major determinant of job movement.

The Organizational Perspective on Turnover

Weisman (1982) has suggested target areas for administrative intervention through the design of hospital nursing jobs. Her research was conducted at John Hopkins University in which 1200 full-time R.N.'s in staff positions were followed over a 12 month period and interviewed at regular intervals. Data about characteristics of the job units were also collected. The findings revealed a process by which the variables of autonomy, job satisfaction, and job hunting intervened between causal job related factors and turnover. Significant direct relationships were demonstrated through path analysis. For example, nurses perceived autonomy, through job related ability to make decisions about work conditions, as the strongest predictor of job satisfaction. Job satisfaction in turn was the strongest predictor of whether or not a nurse intended to begin searching for alternative job opportunities. Finally, searching for another job was a strong predictor of actual turnover. Findings clearly indicated that job characteristics, not personal attributes of the nurse, are points for appropriate intervention for nurse retention.

A study conducted by Lowery and Jacobsen (1984) investigated whether turnover among newly hired nurses eliminated poor performers. Participants for this study included 276 full-time nurses hired in a metropolitan hospital who stayed on the job for at least 1½ years. Data were collected from personnel files and included demographic data and the most recent performance evaluation. Nurses were rated by themselves and by their supervisors on a six point scale ranging from outstanding to unsatisfactory on ten factors. Out of the total sample, 92 (33.1%) had left the job. Eighteen of the leavers (19.3%) gave no reasons for leaving. Twenty percent gave reasons for dissatisfaction. Personal reasons for leaving were cited by 41.8%. Turnover-performance results showed small but significant differences in performances of leavers and stayers. Age was found to be one of the major variables differentiating between leavers and stayers. Younger nurses were more apt to leave than were older nurses.

Using a model of work-role design, Seybolt (1986) looked at different organizational career stages in relation to facets of the work-role design in terms of employees' satisfaction and turnover intentions. The sample surveyed consisted of female registered nurses (N=647) in a large west coast hospital. Participants were divided into five groups according to their hospital career

stage, beginning with entry and ending with employment tenure of six years or longer. Findings suggested that turnover intentions at different career stages were affected by different work-role design factors. At different career stages, these factors change in importance in terms of satisfaction and turnover intention.

Prescott (1986) studied organizational, administrative, and practice related attributes in differentiating among hospital and nursing care units experiencing varying rates of turnover. Using a descriptive design, data were collected from nurses in 90 care units in 15 hospitals. Questionnaires were distributed to all registered nurses on each unit during a five day period. A return of 1044 questionnaires represented a 58% response rate. The study found that intended turnover was associated with nurses in their first job, low job satisfaction, heavy workloads, and routinization of tasks.

Individual and Organizational Perspective on Turnover

A causal path model depicting variables influencing turnover was developed by Brief (1976). Combining both organizational and individual variables, the model included factors of job design and unmet expectations on the part of nurses and nurses' family situations. It was Brief's desire that the model serve as a framework for future

turnover research. However, research using the model was not found.

Using a causal sequence framework, Weisman, Alexander, and Chase (1981) studied both organizational and nonorganizational determinants of staff nurse turnover investigated with a sample of 1,259 nurses in two university affiliated hospitals. Findings were consistent with the causal chain, with autonomy, job satisfaction, intent to leave, and turnover being a sequence of outcomes. The researchers concluded that personal characteristics and job related attributes are predictive at various stages. The intent to leave variable was a behavioral indicator of the strength of a nurse's desire to maintain organizational membership. Shorter employment tenures and intent to leave had direct positive effects on turnover.

Price's (1981) model of turnover was evaluated in a study by Curry et al. (1985). This study was also reported by Price and Mueller (1986). Three intervening variables mediated 13 determinants of turnover. These variables were job satisfaction, organizational commitment, and intent to leave. The sample of 841 hospital workers were from five hospitals in the Denver area. Three of the hospitals had fewer than 100 beds. Registered nurses made up 75% of the sample. Results showed the variable of intent to leave as the primary determinant of turnover. This variable had a direct effect on turnover, while job satisfaction,

organizational commitment, and kinship responsibility had indirect effects on turnover through intent to leave.

In a comparison study on anticipated turnover, factors were identified that influenced job satisfaction, anticipated turnover, and actual turnover for registered nurses working in urban and rural communities (Hinshaw et al., 1986). The five stage model in this study reflected both individual and organizational factors. The sample consisted of 1,597 full-time hospital nursing staff members in seven urban (greater than 200,000 population), and eight rural (less than 100,000 population) communities. Approximately two-thirds of the sample were from urban hospitals and one-third from rural hospitals. Registered nurses made up 63% of the sample. Results showed that turnover was influenced by both anticipated turnover and clinical service. In the rural hospitals, marital status was a significant predictor of turnover. This study was significant in that for the first reported time, actual turnover, anticipated turnover, and job satisfaction were reported for rural nurses.

CHAPTER 3

METHODS

This chapter describes the research methods used to accomplish the intent of this study. Included are the research design, a description of the population and sample, the plan for the protection of human subjects, the data collection procedures, the instrument and pilot testing, and the data analysis procedures.

Design

This study used a descriptive survey design. A mailing survey was selected to obtain information about the prevalence, distribution, and interrelations of variables within a population (Polit & Hungler, 1987). The survey design allowed the researcher to gather data from a larger sample of the rural population in a rural state and examine the relationship between many variables. In addition to information about the variables related to the intent of this study, the survey elicited data on demographic characteristics such as age, education, and gender. Such characteristics have been shown to be related to an individual's behavior and attitudes (Polit & Hungler, 1987).

Advantages and disadvantages of survey research were outlined by Polit and Hungler (1987). Advantages for this study were the provision of flexibility and the broadness of scope. A larger number of respondents were contacted in less time at a lower cost than through telephone or personal interviews. The mailed questionnaire also allowed for greater anonymity for the respondent.

Limitations or disadvantages of the survey design were recognized. There was a relatively superficial quality of the information in that the survey did not probe deeply into complex human behavior and emotions. While care was taken to make instructions and questions clear and unambiguous, the possibility existed that respondents may not have had a clear understanding of each questionnaire item. Another disadvantage was the potential for a low response rate.

Population and Sample

The population selected for this study were registered nurses working in Montana community hospitals with less than 50 beds. In order to eliminate possible sources of bias, population selection was made to control for homogeneity (Polit & Hunger, 1987). Nursing directors of the rural community hospitals were not included in the population or sample. Specifically included in the population and sample were registered nurses working in

positions other than nursing director. The registered nurses were of either gender. Rural community hospitals included those who provided acute care services and those who provided both acute care and nursing home care as combined facilities. Another criteria for hospital selection was that the hospital's ownership be community based. Community ownership could be by a local nongovernmental entity or a local governmental entity. All state and federally funded hospitals were excluded from the population and sample. Specialty facilities such as stand-alone long-term care facilities, drug and alcohol treatment centers, community and public health centers, hospice and home health centers, and mental health centers were excluded. All of the hospitals or facilities that were cited for exclusion from the population were excluded because the administrative structures, employment practices, and advancement policies affecting the population would likely differ from general rural community hospitals. Nursing directors were excluded to provide a more homogeneous sample of registered nurses.

As of September, 1987, 45 Montana community hospitals were identified to potentially participate in this study (AHA, 1987). The sample from these 45 hospitals was obtained by a random drawing of the hospital names. The hospitals were listed in the numerical order that the names were drawn. From this list, hospitals were selected for

participation in the study beginning with the smallest number. Since a sample of 100-150 registered nurses was desired for the study, a sufficient number of hospitals were accessed to acquire a sample of this size. Nursing directors of selected hospitals were contacted by telephone. A brief description of the study was given stating the purpose and implications of the study for rural hospitals. To help assure consistency in communication with different nursing directors, the researcher adhered to a telephone guideline (Appendix A). Participation on the part of the hospital and registered nurses was strictly voluntary. Cooperation was solicited from each nursing director in distributing questionnaires to all registered nurses employed by the hospital. When an affirmative response for participation was given, an inquiry was made as to how many registered nurses were employed by that hospital. Data collection was initiated by mailing the questionnaire packets to each hospital's nursing director for distribution.

Fifteen out of sixteen hospitals agreed to participate. There were 220 registered nurses in the 15 selected hospitals. All geographic areas of Montana were represented by the sample hospitals. The randomized sample and geographic distribution of the hospitals allowed for the findings to be generalized to the population of rural nurses.

Protection of Human Rights

The plan for protection of human rights was accomplished by following the procedure in the Montana State University College of Nursing Graduate Program Guidebook (1985). The study was reviewed and approved by the Montana State University College of Nursing Human Rights Committee, Great Falls Extended Campus.

Following the approval of the study by the Human Rights Committee, questionnaire packets were assembled for mailing. These packets included five items. First, a cover letter was addressed to the nursing director (Appendix A) giving guidelines for distribution of the questionnaires. Secondly, a letter of consent (Appendix A) was attached for the nursing director to sign and return to the researcher. Thirdly, a participant letter of consent (Appendix A) was included stating that participation in the study was strictly voluntary and that data would be reported only as group data. The fourth item was a thank-you card for each participant with 50 cents enclosed as a gesture of thanks from the researcher. The fifth item in the packet was the 50-item questionnaire.

Individual participants were not required to return a signed consent as the return of a questionnaire implied consent. Anonymity and confidentiality of participants was assured. Respondents individually sealed and mailed the

questionnaires on completion. The participant was asked not to include his/her name on the questionnaire and questionnaires were not coded in any way.

Data Collection Procedures

Questionnaire packets as described were mailed to each selected hospital's nursing director. All mailing was done on December 28, 1987. Directions for the distribution of the questionnaires were provided in the cover letter (Appendix A). Nursing directors were asked to distribute the questionnaires in an indirect manner to avoid any possibility of coercion. Two weeks were allowed for distribution of the questionnaires. Participants were asked to complete and mail the questionnaire within five days of receiving it.

The data collection ended on January 30, 1988. At that time, 116 questionnaires had been returned.

Instrument

The instrument used for this study was a multi-item, single-item index developed by James Price and colleagues at the University of Iowa (Price & Mueller, 1986). The questionnaire consisted of closed-ended questions related to each of the proposed determinants of turnover, correlates, and the dependent variable of intent to leave. A structured instrument of this type (Appendix B) was

chosen because it would yield information that would be difficult to gather by other means (Polit & Hungler, 1987). Permission to use and to make modifications in the instrument for this study was granted by James Price (Appendix A). This instrument was designed by Price and colleagues to gather data for all hospital employees in selected hospitals. Therefore, two modifications were made: (1) the deletion of items not applicable to the R.N. population in this study, and (2) the addition of those items needed to meet additional intents of this study. Specifically, questionnaire items for the added determinants role isolation, nurse-physician relationships, traditional sex role values, and involvement were developed. Content validity for these items was assessed by the thesis committee members.

Table 1 lists all variables and corresponding numbers of the question(s) in the instrument. Demographic data collected on all respondents were age, marital status, nursing education, and gender. Participants were asked to respond to questionnaire items either by forced choice or through Likert-type scales. For example, responses for the single-item measure of nurse-physician relationships were coded as follows: (1) excellent, (2) good, (3) fair, (4) barely tolerable, and (5) intolerable.

Table 1. Variables and Item #(s).

Variables	Question #(s)
Dependent Variable	
Intent to Leave	20
Determinants	
Instrumental Communication	7
Opportunity	17, 18, 19
Routinization	3, 4, 5, 6
Centralization	12, 13
Integration	28, 30, 31
Distributive Justice	27
Promotional Opportunity	26
Kinship Responsibility	36, 37, 38, 39
Role Overload	32, 33
Involvement	34, 35
Traditional Sex Roles	29
Commitment	25
Satisfaction	16
Pay	24
Role Isolation	9
Work Unit Size	11
Nurse-Physician Relationships	23
Correlates and Sample Descriptors	
Days Worked Per Week	1
Number R.N.'s on Duty	8
Important Job Characteristics	10
Shift Worked	14
Marital Status	36
Spouse's Occupation	46
Spouse's Income	50
Extended Family	48
Promotion in Last 2 Years	47
Gender	40
Age	41
Nursing Education	42
Turnover History	44
Nursing Tenure	43
Income	49
Negative Feelings Toward Job	15
Formalization of Intent to Leave	21
Reconsideration Factors	22

Reliability and Validity

Reliability of the original multi-item measure was assessed by Price and Mueller (1986) using Cronbach alpha for multiple response items pertaining to each variable. The average for all variables was .82, indicating overall high reliability. The lowest alpha reported was for the variable integration (.61). The highest alpha reported was the variable instrumental communication (.93). A Cronbach alpha was not reported for the variable kinship responsibility. None of the literature reported on the validity of the instrument.

Scoring

Multi-item measures were scored by summing all values for items in the measure. Single-item measures were given the assigned value label and scored as marked by each respondent. The dependent variable, intent to leave, was a single-item measure with five responses ranging from a definitive intent to leave to a definitive intent to stay.

Pilot Testing

Pilot testing of the questionnaire was conducted (a) to determine the length of time required to complete the questionnaire, and (b) to ascertain and clarify any ambiguous directions or items. The testing was done at the researcher's hospital of employment, which is a 20 bed rural hospital in Montana. Registered nurses (N=7) were

asked to complete the questionnaire. Participation was voluntary and anonymity of respondents was assured by the participants returning the uncoded questionnaires to the researcher's office mailbox. All seven questionnaires were returned.

Pilot participants indicated that the length of time to complete the questionnaire ranged from 15 to 23 minutes (M=18 minutes). Only one change was made in a questionnaire item; an additional response "varied" was added to item number 14 which asked which shift the respondent worked.

Procedure for Data Analysis

Descriptive statistics were used to summarize and describe the sample. Lambda, a statistical test that would show associations between variables, was chosen for the data analysis. The sample was then collapsed from five groups into three groups. Group means in terms of the determinants were compared using t-tests. All statistical tests were computed using the Statistical Package for the Social Sciences (SPSS) at the University of Montana at Missoula, Montana.

CHAPTER 4

PRESENTATION AND ANALYSIS OF DATA

The intent of this study was to discover determinants that influenced registered nurses' intent to leave a job in a rural hospital. A descriptive survey design was used. The data analysis is presented as follows: (1) description of the sample hospitals, (2) description of the registered nurses in the sample based on demographic data, and (3) discussion of the findings related to the research questions.

Description of the Hospitals

Montana has 45 community hospitals with 50 beds or less (AHA, 1987). For the intent of this study, a randomized sample of these hospitals was selected to obtain a sample of 100-150 registered nurses. A total of 15 hospitals participated in the study. Nursing directors in each of the sample hospitals distributed questionnaires in sufficient numbers so that every registered staff nurse in each hospital would have the opportunity to participate. A total of 220 questionnaires were mailed. The response rate was 53% with 116 questionnaires returned. A summary of the characteristics of the sample hospitals is illustrated in

Table 2. The average hospital bed size was 24.7 beds with a range in size from 6 to 48. The average number of registered nurses, both full-time and part-time positions, per hospital for the sample was 15; the range was from 5 to 60.

Table 2. Characteristics of Participating Hospitals.

# of Beds	# of Hospitals	Range in # of Nurses Employed
10 or less	2	5
11-20	4	6-13
21-30	6	5-20
31-40	0	0
41-50	3	18-60

Description of the Registered Nurses

The analysis of the demographic characteristics for the sample of registered nurses employed by rural hospitals revealed that 7 (6%) of the respondents were male and 109 (94%) were female (Table 3). Fifty (43%) of the respondents were in the 30-39 year age group. Two respondents were less than 25 years of age, while three respondents were 60 years of age or older. The majority of respondents were married (73%). Fourteen (12%) of the sample had never married. The remaining 18 respondents (15%) were either divorced, widowed, or separated.

Table 3. Age and Marital Status (N=116).

Descriptor	Male	Female	n	%
Age Range				
<25	1	1	2	2
25-29	1	21	22	19
30-39	4	46	50	43
40-49	1	17	18	15
50-59		21	21	18
60+		3	3	3
Totals	7	109	116	100
Marital Status				
Single	1	13	14	12
Divorced	1	12	13	11
Widowed		4	4	3
Separated		1	1	1
Married	5	79	84	73
Totals	7	109	116	100

Nursing Education

The distribution of rural nurses by nursing education is presented in Table 4. Nearly one-third (36) of the respondents were associate degree prepared nurses. An equal number (36) were diploma prepared nurses. A slightly larger number (40) had baccalaureate degrees. Four nurses, 1 male and 3 females, had graduate degrees.

Table 4. Nursing Education Levels (N=116).

Educational Level	Male	Female	n	%
Associate Degree	3	33	36	31
Diploma		36	36	31
Baccalaureate Degree	3	37	40	35
Graduate Degree	1	3	4	3
Totals	7	109	116	100

Nursing Tenure and Turnover History

Nursing tenure, or the number of years worked in nursing, was reported by range in groups of total years worked. Table 5 illustrates the nursing tenure and turnover history for the sample. The majority of registered nurses (58%) had worked between 6 and 20 years. Of this group, 29% had worked from 6 to 10 years and 29% had worked from 11 to 20 years. All of the male respondents had less than 20 years of nursing tenure. In the 1 to 5 year tenure range, there were 22 respondents (19%).

The majority of respondents (58%) reported a low turnover history, having worked in one place during the past five years. A very small number (3%) reported working in five or more places in the same time period.

Table 5. Nursing Tenure and Turnover History (N=116).

Correlate	Male	Female	n	%
Total years worked in nursing:				
1-5	3	19	22	19
6-10	3	31	34	29
11-20	1	33	34	29
21-30		12	12	10
31-40		11	11	10
41 or more		3	3	3
Totals	7	109	116	100
Places worked in past five years:				
One	4	63	67	58
Two	2	27	29	25
Three	1	11	12	10
Four		5	5	4
Five or more		3	3	3
Totals	7	109	116	100

Income

The distribution of the registered nurses in regards to income is illustrated in Table 6. Respondents were asked to indicate income by a forced choice dollar range. The largest number of respondents in any range was 40 (34.5%) in the $12,500-$19,999 range. Thirty-four (29.3%) reported an income in the $20,000-$24,999 range. A small number (11) or 9.5% reported income of $25,000 or more.

Table 6. Income of Registered Nurses (N=116).

Income Ranges	Male	Female	n	%
<$5,000		1	1	1
$5,000-$7,499		4	4	3
$7,500-$9,999		8	8	7
$10,000-$12,499		18	18	16
$12,500-$19,999	1	39	40	34
$20,000-$24,999	4	30	34	29
$25,000 or more	2	9	11	10
Totals	7	109	116	100

Spouse's Occupation and Spouse's Income

Through a forced choice questionnaire item, each respondent was asked to indicate their spouse's occupation. Nine occupational choices were offered. Respondents were also given the option of choosing a "not married" response or a "none of these" response. Table 7 describes the distribution of responses for this item. Of the occupational choices offered, 21 (18%) of the respondents indicated that their spouse was a farmer-rancher. Twelve respondents (11%) indicated that their spouse was a retailer or business person. A large number of respondents (23%) chose the "none of these" response, indicating that their spouse's occupation was not one of the offered choices. Two of these respondents commented that their spouse worked in the field of law enforcement.

Table 7. Spouse Occupation (N=116).

Occupation	Male	Female	n	%
Not Married		28	28	24
Farmer/Rancher		21	21	18
Retailer/Business		12	12	10
Banker				
Laborer		6	6	5
Health Care	2	4	6	5
Oil Industry		2	2	2
Lawyer				
Lumber Industry		2	2	2
Teacher		4	4	3
Clergy		1	1	1
Retired		8	8	7
None of These	5	21	26	23
Totals	7	109	116	100

The registered nurses were asked to indicate their spouse's income by a forced choice dollar range. A "not applicable" response was available for unmarried respondents. A large variation was evident for the choices offered. Twenty respondents (17%) reported spouse income in the $20,000-$24,000 range. Nine respondents (8%) reported spouse income of less than $7500. Six respondents (5%) reported that their spouse was unemployed. Table 8 summarizes the responses for spouse income.

Table 8. Spouse Income (N=116).

Income	Male	Female	n	%
Not Applicable	2	29	31	27
<$7,500		9	9	8
$7,500-$9,999		9	9	8
$10,000-$14,999	2	12	14	12
$15,000-$19,999		12	12	10
$20,000-$24,999	3	13	16	14
$25,000 or more		19	19	16
Spouse Unemployed		6	6	5
Totals	7	109	116	100

Family

The majority of respondents had kinship ties either through the nuclear family or the extended family. The majority (73%) of the registered nurses were married. A large number reported having children that had not reached the age of adulthood. Twenty-eight respondents (24%) reported having children under six years of age. Fifty respondents (33%) had children between the ages of 6 and 17. Twenty-eight (24%) reported having children in college.

In regard to extended families living in the area, 47 (40%) reported that they had no relatives living nearby. Sixty-nine (60%) reported that they had extended family, either their own family or their spouse's family, living in the area. In response to the question inquiring about the type of relationship that the registered nurses had with

the extended family, only a small number (3%) reported that they did not have a good relationship.

Work Status

Table 9 presents the distribution of the number of days the registered nurses worked per week and the shift worked. A large number (42%) of the respondents reported that they worked five or more days each week. While five days of work per week is usually considered as full-time status, it must be recognized that eight respondents (7%) worked 12-hour shifts and consequently could work fewer days per week and still be considered as full-time

Table 9. Work Status of Registered Nurses (N=116).

Status	Male	Female	n	%
Days Worked Per Week				
One		3	3	3
Two		16	16	14
Three		20	20	17
Four	1	28	29	24
Five	5	40	45	39
More than five	1	2	3	3
	7	109	116	100
Shift Worked				
8 hour day	1	30	31	27
12 hour day		5	5	4
8 hour evening	4	26	30	26
8 hour night	1	22	23	20
12 hour night		3	3	3
Varied shifts	1	23	24	20
	7	109	116	100

employees. Sixty-eight respondents (52%) worked less than five days per week; this total does not include the 8 respondents that worked 12-hour shifts.

The distribution of shifts worked for the sample of registered nurses was nearly equal amongst the 8-hour day shift, 8-hour evening shift, and 8-hour night shift. Twenty-four nurses worked varied shifts, while 8 nurses worked 12-hour shifts.

Work Unit

Respondents were asked to identify the size of their work unit within the hospital. Twenty respondents (17%) indicated that their work unit was 10 beds or fewer. At the higher end of the 50 bed continuum, 25 respondents (22%) reported that they worked in a 35-50 bed unit. Thirty-nine respondents (34%) worked in a 16-24 bed unit. Twenty-four respondents (20%) worked in a 25-34 bed unit.

Respondents were asked to indicate the number of registered nurses that work at any given time on the work unit (Table 10). A large number (48%) reported working as the only registered nurse on duty on their work units. Thirty respondents (26%) reported that there was one other R.N. on duty. Twenty-six respondents (22%) reported that there were 3 registered nurses on duty. Information regarding the average patient census for the work units was not obtained.

Table 10. Number of R.N.'s (N=116).

Number of R.N.'s	n	%
Number of R.N.'s on Duty		
One	55	48
Two	30	26
Three	26	22
Four	4	3
Five	1	1
Totals	116	100

In summary, the typical respondent was 30-39 years of age and married with kinship ties. The typical respondent worked as the only R.N. on duty, earned $12,500-$19,999 annually, and had worked in one place during the past five years.

Job Characteristics of Importance

Item 10 asked the respondents to rate the importance of several job characteristics which as intrinsic or extrinsic factors may or may not be present in their employment situation. With a range of five choices from very important to not important, the R.N.'s rated each job characteristic in terms of the importance he/she placed on the characteristic being present in a job. Table 11 summarizes the characteristics and rating. It was evident that the large majority of respondents considered all the characteristics as important.

Table 11. Job Characteristics of Importance (N=116).

Characteristic	Important (n)	Not Important (n)
Varied Job	113	3
Good Pay	116	-
Good Benefits	113	3
Advancement	105	11
Close Friends	103	13
Informed about Job	116	-
Decision Making	116	-
Fair Rewards	115	1
Opportunity to Perform Well	116	-
Informal Educational Opportunities	114	2
Formal Educational Opportunities	106	10

Research Questions

The principal research question for this study was, "What are the determinants that may influence intended turnover of registered nurses in rural hospitals with fewer than 50 beds?" To answer this question, descriptive statistics were computed to provide measures of central tendency. Results of the data analysis are presented in the following discussion. The dependent variable (intent to leave) is discussed first, followed by the independent variables (determinants) and the correlates.

Intent to Leave

The dependent variable, intent to leave, was a single-item measure with a choice of five responses. Participants were asked to indicate what their intentions

were in the near future in terms of leaving or staying with their present job. Response choices included: (1) will definitely leave, (2) chances are good will leave, (3) situation is uncertain, (4) chances are slight for leaving, and (5) definitely not leaving. The distribution of responses for this variable is presented in Table 12.

Table 12. Responses for Intent to Leave (N=116).

Response	n	%
(1) Will definitely leave	8	7
(2) Chances good will leave	10	9
(3) Situation uncertain	34	29
(4) Chances slight will leave	35	30
(5) Definitely not leaving	29	25
Totals	116	100

To gain a better understanding of the degree of commitment to leaving or staying with the job, participants were asked to indicate how well formalized their plans were for leaving. Table 13 summarizes the responses for this item.

The third item that described the sample in terms of intent to leave consisted of several reconsideration factors which might cause a nurse to reconsider staying with the job. Participants were asked to check as many of the reconsideration factors that would apply in their situation. Participants who were not leaving were given

Table 13. Formalization of Intent to Leave (N=116).

Response	n	%
Definitely not leaving	66	57
Checking want ads	31	27
Made other application	6	5
Accepted different job	3	3
Leaving/spouse leaving	3	3
Leaving/do something else	7	5
Totals	116	100

the option of a not leaving response choice (Table 14). Reconsideration factors with the highest response rates, excluding the not leaving response, were higher pay, better benefits, and opportunity for advancement.

Table 14. Reconsideration Factors for Intent to Leave.

Reconsideration Factor	n
Definitely not leaving in near future	71
No factors can cause me to reconsider	8
Higher pay	21
Better benefits	18
Opportunity for advancement	18
Increased autonomy	9
Improved nurse/physician relationships	7
Different work hours	12
Better staffing	13
A different supervisor	6

Determinants

The intent of the analysis for the determinants was to determine associations between the dependent

variable, intent to leave, and the determinants. Initially, Cronbach alpha was used to assess the reliability of the multi-item determinant measures. The overall reliability was .71. The lowest alpha was for the determinant integration at .30; the highest alpha was for the variable distributive justice at .90. As in the previous research (Price & Mueller, 1986), the operational method for kinship responsibility did not allow for a Cronbach alpha index. Response items for this variable were not of equal value. The four item variable consisted of marital status, children under six years of age, children between the ages of 6 and 17, and children in college. Cronbach alphas for other multi-item measures are listed in Table 15.

Table 15. Cronbach Alphas for Multi-Item Determinants.

Determinants	Cronbach Alpha
Satisfaction	0.79
Commitment	0.86
Opportunity	0.69
Routinization	0.67
Centralization	0.78
Communication	0.85
Integration	0.30
Distributive Justice	0.90
Promotional Opportunity	0.67
Role Overload	0.60
Involvement	0.61
Traditional Sex Roles	0.83
Pay	0.68

Descriptive statistics were computed for the determinants. A summary of the determinants in terms of the number of items per determinant measure, means, and ranges is presented in Table 16.

Table 16. Determinants.

Determinant	# of Items	Mean	Range
Routinization	4	8.28	4-15
Communication	6	14.04	6-30
Centralization	2	4.37	2-8
Satisfaction	5	13.00	5-22
Opportunity	3	8.61	3-14
Pay	2	6.31	2-10
Commitment	10	22.97	13-37
Promotion Opportunity	4	17.60	8-24
Traditional Sex Roles	2	6.24	2-10
Integration	3	8.48	3-13
Role Overload	2	4.75	2-8
Involvement	2	4.36	2-10
Kinship Responsibility	4	8.48	4-13
Distributive Justice	4	10.40	4-20
Role Isolation	1	3.09	1-5
Physician Relationships	1	1.87	1-5

Cross tabulation using statistical lambda was computed to measure associations between the independent variables (determinants) and the dependent variable (intent to leave). This test provided a measure of predictability between each independent variable and the dependent variable (Waltz & Bousell, 1981). Lambda values range from 0 to +1 with +1 indicating perfect predictability. Results for the lambda tests are summarized in Table 17. All

values were considered low with no indication of predictability between the determinants and intent to leave.

Table 17. Lambda Values for Determinants.

Determinants	Lambda
Kinship Responsibility	0.038
Routinization	0.096
Communication	0.154
Centralization	0.077
Satisfaction	0.173
Opportunity	0.115
Pay	0.038
Commitment	0.192
Promotions	0.058
Distributive Justice	0.058
Traditional Sex Role Values	0.058
Integration	0.077
Role Overload	0.038
Involvement	0.019
Role Isolation	0.058
Nurse-Physician Relationships	0.000

Because the results of the lambda test revealed no significance, the five intent to leave responses were collapsed into three groups for further analysis. Group one, leavers, included all respondents who indicated they were leaving or that chances were good they were leaving. Group two, undecideds, consisted of respondents whose situation was uncertain. The third group, stayers, included respondents who indicated there was only a slight chance of leaving and those who definitely were not

leaving. Table 18 presents the distribution for the three groups.

Table 18. Sample Population Groups (N=116).

Groups	n	%
Leavers	18	16
Undecideds	34	29
Stayers	64	55
Totals	116	100

The purpose of collapsing the sample population into three groups was to discover if responses of the leaver group were different from or similar to the responses of the undecided group or stayer group. Through cross tabulation, responses for the determinant measures were affiliated with responses for each of the three categories of intent to leave. Group means for each determinant were compared (Table 19). A discussion of each determinant follows.

Routinization was defined as the extent to which a job is repetitive. The four-item variable asked participants to indicate the extent the job required new learning, offered different things to do, required a high level of skill, and the challenge the job offered. The range of scores was from 4 to 15. Lower scores corresponded to less

Table 19. Comparison of Means Between Groups.

Determinant	Group Mean N=116	Leavers Mean N=18	Undecideds Mean N=34	Stayers Mean N=64
Routinization	8.28	8.00	9.15	7.89
Communication	14.04	13.78	15.38	13.41
Centralization	4.37	5.06	4.38	4.17
Satisfaction	13.00	13.56	14.50	12.05
Opportunity	8.61	7.67	8.32	9.03
Pay	6.31	6.56	6.76	6.00
Commitment	22.97	24.56	23.82	22.06
Promotional Opportunity	17.60	19.11	17.12	17.44
Traditional Sex Roles	6.24	6.90	6.12	6.10
Integration	7.22	7.17	7.29	7.20
Role Overload	4.75	5.22	4.29	4.85
Involvement	4.36	3.94	4.62	4.34
Kinship Responsibility	8.48	7.83	8.68	8.56
Distributive Justice	10.40	12.83	10.65	9.58
Role Isolation	3.09	3.11	2.79	3.20
Nurse-Physician Relationships	1.87	2.22	1.91	1.75

routinization. The mean for the undecided group was the highest for the variable ($\underline{M}$=9.15). Leavers had a mean of 8.00 and stayers, 7.89. In terms of job skills, one respondent commented, "I am fair at a lot of skills and proficient at only a few." Another respondent commented, "My job is largely unchallenging and unrewarding."

Instrumental Communication was a measure of degree that information about the job was being formally transmitted to the registered nurses on the job in the

rural hospital. The six-item variable asked participants to rate how well they were informed about aspects of the job. These aspects included: (1) what you need to know to do the job, (2) the nature of equipment and its operation, (3) rules and regulations, (4) how well you are doing, (5) new policy decisions for the hospital, and (6) management or board decisions that affect the job. Responses ranged from very well informed to not informed. The range for the variable was 6 to 30; the mean was 14.04. The means for all three groups were considered low (leavers, 13.78; undecided, 15.38; stayers, 13.41). Knowledge to do the job and the nature of equipment were aspects about which participants indicated they were most informed. Participants were least informed about the aspects of management and board decisions and how well they were doing the job.

Centralization was defined as the degree of concentration of power in an organization. The key element in this determinant was decision making. The two-item variable asked (1) how much freedom the registered nurse had to make decisions in regard to job performance, and (2) how much the registered nurse was allowed to take part in decisions affecting the work unit. The range for the variable was 2 to 8; the mean was 4.37. Lower scores indicated the nurse had greater decision making power. For

the total sample, a large number of participants (N=89) indicated that they had freedom to make decisions regarding job performance. Fewer participants (N=58) indicated an opportunity to participate in decisions for the work unit.

Satisfaction defined the degree to which the rural nurse liked and was satisfied with the job. The five-item variable asked respondents to rate their agreement or disagreement with statements about job satisfaction. The statements about satisfaction included these items: (1) I find real enjoyment in my job; (2) If I had the chance to choose again, I would get into some other kind of work; (3) I would not consider a job outside of nursing; (4) Most days I am enthusiastic about my job; and (5) I feel satisfied with my job. The lower the score for this variable, the greater the degree of job satisfaction. The range was 5 to 22; the overall group mean was 13.00. As a group, stayers were more satisfied with their jobs than were the other two groups (M=12.05). The undecideds were less satisfied than the leavers or stayers (leavers M=13.56; undecideds M=14.50). Comments from respondents offered some explanation for the basis of satisfaction and dissatisfaction with the job: "I have worked in seven hospitals. This hospital is the most pleasant to work in. I have worked both smaller and larger hospitals." "I was happy with my job when we had three doctors and plenty of

patients. But, we lost our doctors, and for the past six months have had rent-a-docs and only patients who can't travel." "Nursing was good for 10 years. Now it's time to get a second profession, especially with AIDS and DRG's." "My job is largely unchallenging and unrewarding. As an alternative I go to a metropolitan area for two weeks each month and work at a job which allows professional growth." "I feel nurses are not respected or rewarded. You can find many other occupations that are given high respect and wages without experiencing the stress we do."

Opportunity was defined as the availability of alternative jobs for the rural nurses. The three-item variable addressed available opportunities in both the immediate geographical area and in any geographical area. Participants were asked to rate their perception of available jobs in terms of the ease of securing another position. The responses were scored 1-5, with 1 being the most positive response for available opportunity. The range for the variable was 3 to 14; the overall mean was 8.61. The lower the score, the higher the perception of job opportunities. As a group, leavers had a lower mean (7.67) for the determinant opportunity than the other two groups (undecideds, 8.32; stayers, 9.03). This indicated that the leavers perceived that there were more

opportunities available to them than did the undecided or stayer group.

Pay was defined as the money and benefits a nurse received for services performed for the hospital. This variable measurement consisted of two statements concerning pay: Was the pay adequate? Were the benefits adequate? Participants were asked to rate their degree of agreement that the pay was adequate. The lower the score, the greater the degree of agreement that the pay and the benefits were adequate in the rural hospital. The range was 2 to 20; the group mean was 6.31. The means for the three groups were similar (leavers, 6.56, undecideds, 6.76; stayers, 6.00) and were considered high. The overall sample did not highly agree that the pay and benefits were adequate in the rural hospital jobs. One respondent commented, "If pay were my highest priority, I would not live in Montana. I wish to live in a small town; the people and surroundings are more important to me."

Commitment was defined as the loyalty which the nurse has extended to the rural hospital. This variable was measured with ten statements to which respondents were asked to rate their degree of agreement or disagreement. Key elements in the statements included (1) effort the nurse was willing to give to the hospital, (2) similar values between the nurse and the hospital, (3) pride in

being employed by the hospital, and (4) the affect the nurse feels toward the hospital. The lower the score, the higher the degree of commitment. The range was 13-37; the group mean was 22.97. Results of this determinant showed that stayers had a higher degree of commitment or loyalty towards their rural hospital employer (M=22.06) than leavers (M=24.56) or undecideds (M=23.82).

Promotional Opportunity as a determinant was defined as the extent of opportunity for upward mobility in the rural hospital. The five-item variable consisted of five statements that related to promotional opportunities in the rural hospital. Key elements in the statements were the availability of opportunities for advancement, the regularity of promotions, and the linkage of pay raises to job performance. Participants were asked to rate their degree of agreement or disagreement with the statements. The lower the score, the greater the degree of agreement that promotional opportunities existed in the rural hospital. The range was 8 to 24; the overall group mean was 17.60. Overall, none of the groups rated promotional opportunity as high. Leavers perceived fewer promotional opportunities (M=19.11) than the other two groups (undecideds, 17.12; stayers, 17.44).

Traditional Sex Role Values was defined as the degree to which a nurse agreed with traditional sex role values.

Participants were asked to respond to statements in a two-item measure. The statements included elements that were part of traditional sex role values. Participants were asked to indicate their degree of agreement or disagreement with the premises that (1) the husband should be the primary breadwinner, and (2) the husband's career plans should take precedence over the wife's career plans. Participants were asked to respond to the item whether or not they were married. Lower scores showed higher agreement with traditional sex role values. The range was 2 to 10; the overall group mean was 6.24. The differences in group means for this variable were small (leavers, 6.90; undecideds, 6.12; stayers, 6.10). Overall, the three group means were considered high, indicating some disagreement with traditional sex role values.

Integration was defined as the extent to which the nurse had close friends on the job. Key elements in the three-item variable were the degree of friendliness of co-workers, the degree of helpfulness of co-workers, and the degree of socialization outside of work with co-workers. The range was 3-13; the overall group mean was 7.22. Differentiation in means among the groups was minimal (leavers, M=7.17; undecideds, M=7.29; stayers, M=7.20). Overall, participants indicated that they had had close friends on the job.

Role Overload measured the extent to which the job demands in the rural hospital were excessive for the nurse. The two-item variable asked participants how heavy their work load was in the past three months and to what extent they were able to complete their work on time. The higher the score in this measure, the higher the degree of role overload. The range was 2 to 8; the overall group mean was 4.75. Leavers had the highest degree of role overload (M=5.22). The mean for the undecided group was 4.29; stayers, 4.85. However, overall scores were not considered high enough to indicate that the rural nurses perceived excessive job demands in terms of work loads.

Involvement was defined as the degree to which a rural nurse perceived he/she was involved with nursing as a profession. The two-item variable asked participants to rate their involvement in nursing. The lower the score, the greater the degree of involvement. The range was 2 to 10; the overall group mean was 4.36. Results for this determinant showed that leavers as a group had the higher degree of involvement (M=3.94) with nursing as a profession and nursing on the job than undecideds (M=4.62) or stayers (M=4.34). However, none of the three group scores indicated high involvement.

Kinship Responsibility was defined as the obligations the rural nurse has to family relationships. Components of

the four-item measure were marital status, children under six years of age, children between 6 and 17 years of age, and children in college. The scores for the items were summed. However, given the unequal response values for each item, a degree of kinship responsibility could not be concluded. Marital status in terms of married or not married in relationship to intent to leave is summarized in Table 20. A slightly larger proportion of the leaver group (33%) were single as compared to 30% being single in the stayer group. Similarly, 32% of the undecided group were single.

Table 20. Marital Status and Intent to Leave (N=116).

Marital Status	Leavers N=18	Undecideds N=34	Stayers N=64
Single	6	11	15
Married	12	23	49
Totals	18	34	64

In regard to children, 24% of the total sample reported having children under six. Fifty respondents (33%) had children between the ages of 6 and 17, while 28 (24%) had children in college. A differentiation for the presence of children for the three groups of leavers, undecideds, and stayers was not calculated.

Distributive Justice was defined as the relationship between job performance inputs and rewards given to the rural nurses on the job. The four-item variable consisted of four rewards which respondents were to rate in degrees of fairness from very fair to unfair. The four rewards were money, fringe benefits, promotions, and recognition. The higher the score for this item, the higher the degree of unfairness. The range was 4 to 20; the overall group mean was 10.40. Leavers as a group perceived the highest degree of unfairness for the distribution of rewards (M=12.83). The mean for the undecided group was 10.65, and the stayer group mean was 9.58.

Role Isolation was defined as the degree to which a rural nurse perceived role isolation as a negative phenomenon. The single-item variable asked participants to rate the degree on a Likert scale from 1 to 5 whether it would bother them to be the only R.N. on duty for the work unit. Thirty-six participants indicated that they were always bothered by the phenomenon of being the only R.N. on duty; conversely, 37 reported that they were never bothered. The measure did not address whether or not the participant was actually in a situation of role isolation. It addressed only whether or not such a situation would bother the nurse if it did exist.

Nurse-Physician Relationships were defined as the degree of positive affect the rural nurse perceived in working with physicians on the job. In a single item participants were asked to rate the quality of these relationships in terms of an average of all the physicians with whom the nurse worked. Response values ranged from (1) excellent to (5) intolerable. Leavers as a group did not report as high a quality in nurse-physician relationships (M=2.22) as did the stayer (M=1.75) or undecided group (M=1.91). However, all means were considered low, indicating good to excellent relationships with physicians. The overall group mean was 1.87 and the range was 1 to 5.

Significance of Differences in Group Means

T-tests were computed to analyze the significance of the differences in group means for the multi-item determinants in relationship to intent to leave. The chosen level of significance was .05. Table 21 summarizes the differences comparing the leavers and stayers. Table 22 presents the summary comparing the leaver and undecided groups, and Table 23 presents the summary comparing the undecided and stayer groups.

Table 21. T-tests--Leavers and Stayers.

Determinants	Observed Significance
Kinship Responsibility	0.252
Routinization	0.881
Communication	0.753
Centralization	0.127
Satisfaction	0.051*
Opportunity	0.106
Pay	0.030*
Commitment	0.128
Promotional Opportunity	0.027*
Distributive Justice	0.007*
Traditional Sex Role Values	0.205
Integration	0.940
Role Overload	0.323
Involvement	0.307
Role Isolation	0.729
Nurse-Physician Relationships	0.046*

*Significant at .05 level.

Table 22. T-tests--Leavers and Undecideds.

Determinants	Observed Significance
Kinship Responsibility	0.228
Routinization	0.116
Communication	0.226
Centralization	0.159
Satisfaction	0.367
Opportunity	0.366
Pay	0.754
Commitment	0.676
Promotional Opportunity	0.026*
Distributive Justice	0.075
Traditional Sex Role Values	0.240
Integration	0.808
Role Overload	0.027*
Involvement	0.135
Role Isolation	0.402
Nurse-Physician Relationships	0.200

*Significant at .05 level.

Table 23. T-tests--Undecideds and Stayers.

Determinants	Observed Significance
Kinship Responsibility	0.806
Routinization	0.017*
Communication	0.028*
Centralization	0.498
Satisfaction	0.002*
Opportunity	0.250
Pay	0.064
Commitment	0.121
Promotional Opportunity	0.662
Distributive Justice	0.168
Traditional Sex Role Values	0.985
Integration	0.810
Role Overload	0.061
Involvement	0.445
Role Isolation	0.153
Nurse-Physician Relationships	0.263

*Significant at .05 level.

Results of the t-tests comparing leavers and stayers showed five determinants to have significance. These determinants were satisfaction, pay, promotional opportunity, distributive justice, and nurse-physician relationships.

Promotional opportunity and role overload were the two variables which demonstrated significance between the leaver group and undecided group.

Results of the t-tests comparing undecideds and stayers showed three determinants to have significance. These determinants were routinization, communication, and satisfaction.

Additional Research Questions

Two additional research questions were addressed. The first question was, "At different age, nursing tenure, and nursing turnover levels, was there a difference in rural nurses intent to leave the job?" The three correlates were evaluated in relationship to intent to leave through cross tabulation with the three sample groups. The purpose of this analysis was to address differences in responses between the three groups.

Age in relationship to intent to leave is illustrated in Table 24. Of the 18 nurses who intended to leave the job, 8 were less than 29 years of age. Only three nurses in the leaver group were 50 years of age or older. The majority of the nurses in both the undecided and stayer groups were between 30 and 49 years of age.

Table 24. Age in Relationship to Intent to Leave (N=116).

Age	Leavers	Undecideds	Stayers
<25	1	1	0
25-29	7	3	9
30-39	5	19	28
40-49	2	7	10
50-59	1	4	16
60+	2	0	1
Totals	18	34	64

Nursing Tenure was reported as the number of years worked in nursing. Results for this correlate were cross tabulated with the dependent variable intent to leave (Table 25). A larger proportion (72%) of the leaver group (n=18) had 10 or less years of nursing tenure. Only 38% of the stayer group (n=64) had 10 or less years of nursing tenure. A significant majority (55%) of the undecided group (n=34) had less than 10 years nursing tenure.

Table 25. Nursing Tenure in Relationship to Intent to Leave (N=116).

Years in Nursing	Leavers	Undecideds	Stayers
1-5	5	7	10
6-10	8	12	14
11-20	2	9	23
21-30	-	2	10
31-40	1	4	6
41 or more	2	-	1
Totals	18	34	64

Turnover History was reported as the number of places the rural nurse had worked during the past five years (Table 26). The turnover history for the entire sample was low. The large majority in each group had worked in either one or two places during the past five years.

Table 26. Turnover History in Relationship to Intent to Leave (N=116).

Turnover History	Leavers	Undecideds	Stayers
Places worked in past 5 years:			
One	9	15	43
Two	6	11	12
Three	3	4	5
Four	-	1	4
Five or more	-	3	-
Totals	18	34	64

The second question was, "Was there a relationship between increased kinship responsibility and the importance of opportunities that may be provided in a job?" Eleven opportunities were listed as job characteristics that the rural nurses rated as important or unimportant (Table 11). The large majority of respondents rated all the characteristics as important. The characteristic of having close friends on the job was rated as important by the fewest participants (n=103). All other characteristics were rated as important by more than 103 of the participants. Given the operational method of kinship responsibility, degrees of this variable were not obtainable. Therefore, it was not possible to determine if an increased degree of kinship responsibility was related to a change in the importance of job characteristics.

However, any such increase would be very small given the high degrees of importance placed on the characteristics by the entire sample population of rural nurses.

CHAPTER 5

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Intent to leave has been supported in the literature as a predictor of actual turnover (Price & Mueller, 1986). In this study, the variable intent to leave was studied in terms of its relationship to several determinants that were supported in varying degrees in the literature as being related to turnover. Since nursing turnover has been previously studied in urban centers, the target population for this study was registered nurses working in community hospitals in Montana with fewer than 50 beds.

The conceptual framework for the study was a causal model of turnover used by Price and Mueller (1986). A survey type research design gathered information about intent to leave and the associated determinants. A total of 220 rural nurses working in 15 Montana community hospitals with fewer than 50 beds were accessed through nursing directors. Findings of the study were based on the responses recorded on 116 (53%) returned questionnaires. Associations between intent to leave and determinants were made using the lambda statistic. Participants were then grouped categorically as leavers, undecideds, or stayers.

T-tests were computed to determine the degree of significance between group means for each determinant.

Discussion

The discussion provides a comparison of the findings for the three groups of rural nurses in the sample--leavers versus stayers, leavers versus undecideds, and undecideds versus stayers. Determinants that had statistical significance between groups are addressed. The correlates, marital status, age, nursing tenure, and turnover history, are also addressed. Findings for this study are compared with those from previous studies.

Leavers were typically less than 29 years of age, were married, had less than 10 years nursing experience, and had worked in one place during the past five years. Undecideds were typically less than 39 years of age, were married, had less than 20 years of nursing experience, and had worked in one or two places during the past five years. The stayers were typically married, 30-59 years of age, had 11 to 30 years nursing experience, and had worked in one place during the past five years.

Leavers versus Stayers

The five determinants demonstrating significance between leavers and stayers were satisfaction, pay, promotional opportunity, distributive justice, and

nurse-physician relationships. As a group, stayers were more satisfied with their jobs than leavers. This finding was in accord with other research on nursing turnover which concluded that dissatisfaction with hospital jobs was a major reason why nurses resign (Weisman et al, 1981). Furthermore, results of previous research indicated that dissatisfaction centered around other issues such as the lack of advancement opportunities and perceived unfairness of the distribution of rewards (Curry et al., 1985). A higher level of job satisfaction was associated with higher levels of promotional opportunity and perceived fairness of rewards. While this study did not correlate other determinants with satisfaction, promotional opportunities and distributive justice were statistically significant in the comparison of group means for leavers and stayers. Because previous research clearly showed a strong effect of satisfaction on intent to leave (Price & Mueller, 1986), a similar finding in this research with rural nurses was not unexpected.

Leavers rated the adequacy of pay lower than did stayers. However, the mean difference between the two groups was small; leavers and stayers agreed that the pay was not adequate. In previous research (Price & Mueller, 1986) pay influenced intent to leave through job satisfaction. Nurses that were dissatisfied with pay were more dissatisfied with the job and were more apt to decide

to leave the job. While pay was not correlated with job satisfaction in this study, leavers as a group perceived the pay as less adequate than did the stayer group. Perceptions of less than adequate pay by rural nurses is an issue related to premature turnover.

Leavers reported a lower level of promotional opportunity than did stayers. However, while leavers reported fewer opportunities than did stayers, stayers did not report what would be considered as high promotional opportunity. Because rural hospitals typically are able to offer very few positional opportunities for advancement, the association of fewer promotional opportunities with intent to leave in this study was expected. Professional growth through career advancement has long been supported in the literature as a valued reward for nurses (McCloskey, 1974). A lack of promotional opportunity was correlated with higher turnover in previous studies (Price & Mueller, 1986).

Stayers reported a higher degree of fairness in the distribution of rewards on the job than did the leaver group. This study did not differentiate between psycho-social rewards such as recognition and the tangible awards of money or fringe benefits. McCloskey (1974) studied the influence of rewards and incentives on staff nurse turnover. Results of that research revealed that psychological rewards were more important than monetary

rewards. Price and Mueller (1986) in their study of turnover reported that lower perceptions of fairness contributed to more dissatisfaction. The findings in this study affirm the importance of the concept of fairness for nurses employed in rural hospitals.

The positive affect that the rural nurse perceived in working with physicians on the job for both leavers and stayers indicated good to excellent relationships. However, the leaver group reported a lower quality of relationships than did stayers. Findings for this determinant were significant because previous research did not address this variable independently as a possible determinant of intended turnover.

Leavers versus Undecideds

The two determinants which had significance for leavers and undecideds were promotional opportunity and role overload. The findings for the determinant in this group comparison was similar to the leavers versus stayers. Leavers as a group reported fewer promotional opportunities in the rural hospital than did the undecided group. Role overload measured the extent to which job demands were excessive for the nurse in the rural hospital. Leavers perceived heavier job demands than did the undecided group. Reasons for this difference were not clear. However, inequitable work loads could be a possible concern.

Another possible reason could relate to rural nurses being generalists; a generalist is an expert in many areas of nursing. The literature has affirmed role overload as being positively correlated to intent to leave (Prescott, 1986; Price & Mueller, 1986). The findings in this study support this association.

Undecideds versus Stayers

The three determinants with observed significance between the undecided and stayer groups were routinization, instrumental communication, and satisfaction. The undecided group reported a higher degree of routinization, the extent to which a job is repetitive, than did the stayers. The undecided group perceived the job in the rural hospital as having a higher degree of boredom. Comments from respondents indicated a sense of having little opportunity to learn new things or to use advanced nursing skills. Rural nurses forming the undecided group reported being less informed about their job (instrumental communication) than did the stayer group. Previous research affirmed a positive correlation between instrumental communications and job satisfaction (Price & Mueller, 1986). The literature did not report any findings correlating a lack of job communication and turnover. However, the findings for the determinant in this study are important because a nurse who is indecisive about leaving

the job may be more inclined to leave because of a lack of communication.

Satisfaction was a significant determinant for this group comparison as well as in the comparison between leavers and stayers. Rural nurse members of the undecided group were less satisfied with their job than were those in the stayer group. The literature strongly supports an association between job dissatisfaction and intent to leave (Hinshaw, Smeltzer, & Atwood, 1987; Price & Mueller, 1986; Seybolt, 1986). Nurses who are undecided about their future job plans may eventually intend to leave if dissatisfaction persists with the present job situation.

Correlates

The four correlates that were associated with intent to leave when comparing the three groups were marital status, age, nursing tenure, and turnover history.

The large majority of the stayer group were married (77%). Marital status was supported in the literature as a significant factor in nurse retention in rural hospitals (Hinshaw et al., 1986). Similar findings in this study were expected because the nurse is usually in a rural area because of her husband's occupation. While marital status is not controllable by the rural hospital, an awareness and

understanding that this phenomenon exists could be helpful to nurse managers.

The leaver group was proportionately younger and had less nursing tenure than the undecided or stayer groups. Almost half of the leaver group were less than 29 years of age, while approximately one-sixth of the undecided and the stayer groups were less than 29 years of age. Results for nursing tenure revealed that three-fourths of the leavers had worked 10 years or less, while a little more than half of the undecided group and approximately one-third of the stayer group had worked less than 10 years. The results for age and nursing tenure in this sample of rural nurses support findings from previous research. McCloskey (1974) reported that younger nurses and new graduates had the highest turnover history. While turnover history in this study was considered low for the entire sample population, the findings are important because retention efforts could well be focused on the younger, less tenured nurses.

Implications for Nursing Management

Generally, researchers of the turnover issue have agreed that the best single predictor of actual turnover has been intent to leave (Hinshaw et al., 1987; Price & Mueller, 1986; Seybolt, 1986). In addition, job dissatisfaction has been found to have strong effects on turnover intentions. Thus, in a practical way, it would be

advisable to examine turnover intentions and the determinants of turnover intentions, such as the degree of job satisfaction, for the registered nurses in the rural hospital. This would allow for development of interventions for those determinants that would be within the control of the organization. It may then be possible to avert the premature turnover of nurses in rural hospitals. Based on the results of this study, the following recommendations for nursing management are made.

The findings support the premise that nurses who plan to leave the job were more dissatisfied with the job than were stayers. The challenge for nurse managers calls for the identification of facets that contribute to job dissatisfaction. This identification process needs to be done within each individual hospital. Facets most appropriate to look for on the basis of the data in this study are nurses' perceptions of pay, fairness, promotional opportunities, job satisfaction and nurse-physician relationships. Change efforts should then be focused on those facets that are controllable by the organization. An increase in job satisfaction could very well decrease turnover intentions. Managers can promote work facets that are demonstrated "satisfiers." There is no panacea of answers to the turnover problem. However, job enrichment strategies can be targeted specifically to the particular conditions of each hospital and must take into account the

characteristics of individual nurses. Jobs and nurses need to match. By measuring the needs and expectations of the nurses, managers are apt to achieve a higher degree of success in retention efforts.

The rural nurses in this study who expressed intended turnover rated promotional opportunity in the rural hospital as low. Typically, rural hospitals have offered few positional promotions. The challenge for the future would be for the rural nurse manager to innovatively plan for professional growth and development in avenues besides positional promotions. Career advancement programs can be developed that offer both a clinical ladder and an administrative ladder. This would offer promotional opportunities in an otherwise promotionally limited environment.

Pay structures in rural hospitals need to parallel the degree of accountability and responsibility that is expected of the registered nurse. Nurse managers should promote performance rated raises rather than "across the board raises" that are given to all employees regardless of the quality of performance. Furthermore, nurse managers need to promote the status and respect of the nursing profession, which in turn may increase pay. This can be done in individual rural communities through promotional efforts and on the state and national levels through professional organizational efforts. At the local level,

nurse managers should take advantage of every opportunity to bring recognition to nurses. Publicizing the national nurses' day, May 6 of each year, by recognizing the contributions of rural nurses to their communities, is one such opportunity.

The results of this study revealed that nurses who intended to leave the job in the rural hospital perceived a lower degree of fairness in the distribution of rewards. Of the significant determinants in this study, this would obviously be the easiest for amenable action. Whether the unfairness was related to tangible rewards such as money or intangible rewards such as recognition, nurse managers need to have a keen awareness of the concept of fairness. Clearly written job descriptions, fairness in work schedules, and fairness through equitable work loads would be suggestions for a basis of fairness in jobs for rural nurses.

Nurse managers need to foster an awareness of the climate concerning nurse-physician relationships on the job. Negative affect between nurses and physicians may contribute to a nurse's decision to leave the job. If problems are recognized early, timely interventions may stop the deterioration of relationships.

The findings for the comparison of the undecided group and stayer group also offer considerations for nursing management. The nurses who are undecided in regard to

their future job plans may be more amenable to interventions that could positively influence their decisions to stay with the job. In this study the undecided group reported a higher degree of routinization or job repetitiveness in comparison to stayers. Appropriate job enrichment programs might decrease boredom and make the job more challenging to this group. The undecided group also perceived that they were less informed about the job than did the stayer group. Nurse managers need to foster channels of communication both vertically and horizontally in the rural hospital.

The findings for the correlates in this study have implications for nursing management. A large proportion of nurses who expressed intent to leave the job were young with low nursing tenure. This implies that nurse managers may do well to focus retention efforts more heavily toward this group. However, strategies to promote retention should be used for all ages of nurses and at different tenure levels.

Recommendations

It is recommended that this study be replicated in different rural areas. The purpose of replicated studies would be to determine if the findings of this study are similar for nurses working in hospitals with less than 50 beds in other rural settings.

Based on the findings of this study, future studies on job enrichment programs in relationship to the effects on job satisfaction for nurses in rural hospitals need to be conducted. Interventions such as flexible work schedules or clinical advancement programs could be studied in relationship to job satisfaction. A broader understanding of job enrichment strategies would provide for future direction in terms of averting turnover.

REFERENCES CITED

American Hospital Association (AHA). (1987). Guide to the health care field. Chicago: American Hospital Association.

Bayley, E. W. (1981). Breaking a turnover cycle--A successful approach. Journal for Leadership and Management, 12 (3), 19-21.

Brief, A. P. (1976). Turnover among hospital nurses: A suggested model. Journal of Nursing Administration, 6 (8), 55-57.

Curry, J. P., Wakefield, D. S., Price, J. L., Mueller, C. W., & McCloskey, J. C. (1985). Determinants of turnover among nursing department employees. Research in Nursing & Health, 8, 397-411.

Hinshaw, A. S., Smeltzer, C. H., & Atwood, J. R. (1987). Innovative retention strategies for nursing staff. Journal of Nursing Administration, 17 (6), 8-16.

Hinshaw, A. S., Atwood, J. R., Gerber, R. M., & Erickson, J. R. (1986). Contrasting models of job satisfaction and anticipated turnover among urban and rural nursing staff. New Frontiers in Nursing Research. Proceedings, International Nursing Research Conference, Edmonton, Alberta, Canada, May 7-9, 1986.

Lowery, B. J., & Jacobsen, B. S. (1984). On the consequences of overturning turnover: A study of performance and turnover. Nursing Research, 33 (6), 363-367.

Maslow, A. (1970). Motivation and personality, 2nd ed. New York: Harper & Row.

McCloskey, J. M. (1974). An instrument for measuring nursing satisfaction. Nursing Research, 23, (2), 159-166.

McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). Magnet hospitals. Kansas City: American Nurses Association.

Mobley, W. H., Griffeth, R. W., Hand, H. H., & Meglino, B. M. (1979). Intermediate linkages in the relationship between job satisfaction and employee turnover. Journal of Applied Psychology, 62 (2), 237-240.

Michaels, C., & Spector, P. (1982). Causes of employee turnover: A test of the Mobley, Griffeth, Hand, and Meglino Model. Journal of Applied Psychology, 67 (1), 53-59.

Nahm, H. M. (1940). Job satisfaction in nursing. American Journal of Nursing. 40 (12), 1389-1392.

Polit, D., & Hungler, B. (1987). Nursing research: Principles and methods, 3rd ed. Philadelphia: Lippincott.

Prescott, P. A. (1986). Vacancy, stability, and turnover of registered nurses in hospitals. Research in Nursing and Health, 9, 51-60.

Price, J. L., & Mueller, C. W. (1986). Absenteeism and turnover of hospital employees. Greenwich: Jai.

Price, J. L., & Mueller, C. W. (1981). Professional turnover: The case of nurses. New York: SP Medical & Scientific Books.

Seybolt, J. W. (1986). Dealing with premature employee turnover. Journal of Nursing Administration, 16 (2), 26-32.

Seybolt, J. W., Pavett, C., & Walker, D. D. (1978). Turnover among nurses: It can be managed. Journal of Nursing Administration, 8 (9), 4-9.

Slavitt, D. B., Stamps, P. L, Piedmont, E. B., & Haase, A. M. (1978). Nurses' satisfaction with their work situation. Nursing Research, 27 (2), 114-120.

Taylor, M. S., & Covaleski, M. A. (1985). Predicting nurses' turnover and internal transfer behavior. Nursing Research, 34 (4), 237-241.

Vroom, V. H. (1964). Work and motivation. New York: John Wiley.

Waltz, C., & Bousell, R. B. (1981). Nursing research: Design statistics and computer analysis. Philadelphia: Davis.

Weisman, C. S. (1982). Recruit from within: Hospital nurse retention in the 1980's. Journal of Nursing Administration, 12 (5), 24-31.

Weisman, C. S., Alexander, C. S., & Chase, G. A. (1981). Determinants of hospital staff nurse turnover. Medical Care, 19 (4), 431-443.

APPENDICES

APPENDIX A

GUIDELINES AND CONSENTS

GUIDELINE FOR INITIAL TELEPHONE CONTACT BETWEEN RESEARCHER AND NURSING DIRECTORS

Hello. My name is Jean Ballantyne. I am a registered nurse living in Shelby, Montana. I am a graduate student at Montana State University College of Nursing. As partial fulfillment of requirements for a master's degree I am conducting a research study or thesis. My study focuses on a topic of interest to those of us working in rural Montana. This topic is the turnover of registered nurses in community hospitals. Specifically, the purpose of my study is to discover determinants that may affect a nurse's decision of intent to leave a job at a rural hospital. Determinants such as kinship responsibility, role isolation, and nurse-physician relationships will be looked at in relation to their effect on nurses' decisions on intent to leave their jobs. Long-term benefits may be realized through the knowledge of the determinants that influence these decisions. This knowledge may allow for timely interventions to reduce actual turnover.

Your hospital has been selected from a random sample of Montana's 47 community hospitals with fewer than 50 beds. Registered nurses in selected hospitals will be asked to complete survey-type questionnaires. I am asking your help in accessing R.N.'s at your hospital.

Data that is gathered will only be reported as group data. There will be no way to identify a specific hospital from a returned questionnaire. Would you be willing to distribute questionnaires to the R.N.'s at your hospital? (Should a negative response be given, the nursing director will be thanked for his/her time and the conversation will be terminated.) Participation is strictly voluntary on the part of your hospital and the registered nurses employed by your hospital. All R.N.'s must be given equal opportunity to participate. Questionnaires are to be distributed in an indirect manner through pay envelope distribution. This method will avoid any possibility of coercion on your part. You should follow up on the distribution of the questionnaires. However, do not follow up on questionnaire completion.

It will be necessary for you to sign and return a letter of consent that will be sent to you with the questionnaires. This consent signed by you grants your hospital's

Page 2: Guideline for Initial Telephone Contact Between Researcher and Nursing Directors.

permission for the study to be conducted with R.N.'s that work in your facility. R.N.'s will mail questionnaires directly back to me, thereby assuring anonymity and confidentiality. I am asking that questionnaires be returned within 5 days after distribution.

Thank you very much for your cooperation and assistance. The questionnaires will be mailed directly to you for distribution. Guidelines for this distribution will be listed in a cover letter. Please call me at 434-5536 or 434-5063 if you have any questions. A copy of the study results will be sent to you on completion.

Goodbye.

LETTER TO NURSING DIRECTOR

December 28, 1987

Nursing Director
Name of Hospital
Location

Dear _____:

Subsequent to our telephone conversation, I am sending you copies of the questionnaire sufficient to provide one for each member of your staff. As I indicated to you over the phone, participation in this study is strictly voluntary; should a registered nurse choose not to participate, there should be no pressure to induce participation.

Guidelines for distribution of the questionnaires are as follows:

Please do not distribute questionnaires at a staff meeting. This approach may contribute to bias if R.N.'s are simultaneously completing questionnaires.

I am asking that you distribute the questionnaires in an indirect manner such as with each registered nurse's pay envelope. An indirect manner of distribution is necessary to avoid any appearance of coercion from you or anyone else. No nurse should feel singled out for participation, and all registered nurses at your hospital are to be given equal opportunity to participate.

A cover letter of consent for each participant is enclosed with each questionnaire. These letters provide information assuring confidentiality and anonymity. The cover letters do not need to be signed and returned by the participants. Informed consent will be implied for each participant returning a questionnaire.

Page 2: Letter to Nursing Director

> Each participating registered nurse should seal the questionnaire upon completion and mail it directly to me. You should follow up on the distribution of the questionnaires. However, do not follow up on questionnaire completion.

As a token of my appreciation to each participant, 50 cents is enclosed with each questionnaire. Specifically, the thank you portion of the participant letter reads:

> Thank you for taking the time and effort to complete this questionnaire. As a token of my appreciation, please let me buy you a cup of coffee!

Two consent forms for you are enclosed with this letter. Please sign both to indicate your consent for your hospital's participation. Return one to me in the enclosed addressed stamped envelope. The second copy of this consent is to keep for your reference. Your cooperation is sincerely appreciated. Contact me if you have any questions.

Sincerely,

Jean Ballantyne, R.N.
P. O. Box 249
Shelby, MT 59474
Telephone: 434-5063 or 434-5536

CONSENT FORM

Title of Study: Determinants of Intended Turnover of Registered Nurses in Montana Hospitals with Fewer than 50 Beds

Researcher: Jean Ballantyne, R.N.
Graduate Student
Montana State University
College of Nursing

I acknowledge the receipt of these questionnaires and give my permission as an official representative of this hospital to allow all registered nurses employed by the hospital to participate in this project.

_____
Signature of Nursing Director

_____
Date

_____
Name of Hospital

LETTER OF CONSENT FOR PARTICIPATION

Title of Study: Determinants of Intended Turnover of Registered Nurses in Montana Hospitals with Fewer than 50 Beds

December 28, 1987

Dear Participant:

You are invited to participate in a study designed to gain a better understanding of turnover among registered nurses in rural hospitals. I am a graduate student at Montana State University's College of Nursing and am conducting this project to partially fulfill requirements for a master's degree in nursing.

You were selected to participate in the study because you work as a registered nurse in a rural Montana hospital. Your community hospital is one of 47 in Montana with 50 beds or fewer. Your hospital has been selected as part of a sample from these hospitals. Your nursing director has agreed to distribute questionnaires to R.N.'s employed by your hospital.

Please understand that participation is strictly voluntary. Participation, or non-participation, will not adversely affect you or your job in any way. If you wish to participate, please fill out the attached questionnaire. It should take approximately 20 minutes to complete. Your individual replies will be kept confidential and will only be reported as total group data for the entire study. You will note that the questionnaire is not coded; in addition, I request that you do not write your name anywhere on the form.

Participation in this study does not represent a risk for you. Filling out the questionnaire will not benefit you personally. However, registered nurses and rural hospitals may benefit from increased knowledge and understanding about turnover as a result of this study.

Please contact the researcher if you have any questions. You may keep this letter explaining the nature of your participation. Your return of the questionnaire implies assumed consent. Results of the study will be available at

Page 2: Letter of Consent for Participation

the College of Nursing library upon completion of the study. A short summary of results will also be sent to the nursing director of your hospital. When you have completed the questionnaire, seal it as directed and mail it directly to me.

Thank you for taking the time and effort to complete this questionnaire. As a token of my appreciation, please let me buy you a cup of coffee! (50 cents enclosed).

Sincerely,

Jean Ballantyne, R.N.
Box 249
Shelby, MT 59474

Telephone: 434-5063
or
434-5536

The University of Iowa
Iowa City, Iowa 52242

Department of Sociology
W140 Seashore Hall

(319) 335-2502

April 20, 1987

Ms. Jean Ballantyne
P.O. Box 249
Shelby, MT 59474

Dear Ms. Ballantyne:

You may certainly use, and adapt, our questionnaires in your current research. Good luck.

Sincerely yours,

James L. Price

JLP:an

APPENDIX B

INSTRUMENT

QUESTIONNAIRE

Instructions

1. Please answer the questions in the order they appear. Do not skip around.

2. Some of the questions can be answered by checking ( ) one of the answers. If you do not find the exact answer that fits your case, check the one that comes closest to it. Some of the questions should be answered with any choices that apply. Please follow the directions for each question.

3. Please answer all questions. Feel free to write in any explanations or comments you may have in the margins and on the back of the questionnaire.

4. Remember, the answers you give will be completely confidential. It is important that you be as honest as you can in answering this questionnaire.

5. A copy of the total group results of this study will be provided to the Nursing Director of your hospital. There will be no way to identify individual responses.

6. PLEASE COMPLETE THE QUESTIONNAIRE WITHIN 5 DAYS. RETURN THE QUESTIONNAIRE TO JEAN BALLANTYNE, R.N. IN THE RETURN MAILER. POSTAGE HAS BEEN PREPAID.

1. How many days a week do you usually work? (Check one)

( ) One ( ) Two ( ) Three ( ) Four ( ) Five ( ) More than five

2. How many hours a day do you usually work? (Check one)

( ) 4 or less ( ) Between 4 and 6 ( ) Between 6 and 8
( ) 8 ( ) More than 8

3. To what extent does your job require that you keep learning new things? (Check one)

( ) Must always be learning new things
( ) Quite often
( ) Sometimes
( ) Rarely
( ) Never required to learn new things

4. How often do you get to do a number of different things on your job? (Check one)

( ) Always doing different things
( ) Quite often
( ) Sometimes
( ) Rarely
( ) Never

5. To what extent does your job require a high level of skill? (Check one)

( ) A very high level of skill required
( ) Quite high level
( ) Somewhat high
( ) Low level
( ) A very low level of skill required

6. To what extent does your job challenge you? (Check one)

( ) Always ( ) Quite often ( ) Sometimes ( ) Rarely ( ) Never

7. How well informed are you by the hospital about each of the following aspects or your job? (Check one for each aspect)

ASPECTS	Very well informed	Quite well informed	Somewhat informed	Poorly informed	Not informed
A. What you need to know to do the job.	( )	( )	( )	( )	( )
B. Nature of equipment and its operation.	( )	( )	( )	( )	( )
C. Rules and regulations.	( )	( )	( )	( )	( )
D. How well you are doing on the job.	( )	( )	( )	( )	( )
E. New policy decisions for the hospital.	( )	( )	( )	( )	( )
F. Management or Board decisions that can affect your job.	( )	( )	( )	( )	( )

8. How many R.N.'s are usually on duty with you on your nursing unit? (Check one)

( ) I am the only R.N.
( ) One other R.N.
( ) Two other R.N.'s
( ) Three other R.N.'s
( ) Four or more other R.N.'s

9. If you are the only R.N. on duty for your nursing unit, or if you ever would be the only R.N. on duty for your unit, how much does that or would that bother you? (Check one)

( ) Always ( ) Quite a lot ( ) Sometimes
( ) Very little ( ) Never

10. Listed below are different kinds of opportunities which a job might offer. How much importance do you personally attach to each of these opportunities, disregarding whether or not your present job provides them? (Check one for each opportunity)

OPPORTUNITY	Very important	Quite important	Of some importance	Of little importance	Not important
A. To have a varied job.	( )	( )	( )	( )	( )
B. To receive good pay.	( )	( )	( )	( )	( )
C. To receive good fringe benefits.	( )	( )	( )	( )	( )
D. To be able to get ahead.	( )	( )	( )	( )	( )
E. To have close friends.	( )	( )	( )	( )	( )
F. To be informed about things that affect your job.	( )	( )	( )	( )	( )
G. To make decisions about your job.	( )	( )	( )	( )	( )
H. To be rewarded fairly.	( )	( )	( )	( )	( )
I. To be able to do your job well.	( )	( )	( )	( )	( )
J. To have informal continuing education opportunities.	( )	( )	( )	( )	( )
K. To have opportunities for formal education.	( )	( )	( )	( )	( )

11. What is the total number of beds on your nursing unit? If your nursing unit is the whole hospital, check the total number of beds. (Check one)

( ) 10 or less
( ) 11 to 15
( ) 16 to 24
( ) 25 to 34
( ) 35 to 50

12. How much freedom do you have to make decisions on your own with regard to performance on your job? (Check one)

( ) Almost all of the time
( ) Most of the time
( ) Sometimes
( ) Seldom
( ) Never

13. How much are you allowed to take part in making decisions that affect you or your work unit? (Check one)

( ) Almost all of the time
( ) Most of the time
( ) Sometimes
( ) Seldom
( ) Never

14. What shift do you usually work? (Check one)

( ) 8 hour day ( ) 8 hour evening ( ) 8 hour night
( ) 12 hour day ( ) 12 hour night ( ) Varied

15. Do you have strong negative feelings about your job today? (Check one)

( ) Yes ( ) No

16. Listed below are some statements about job satisfaction. How much do you agree or disagree with each of these statements? (Check one for each statement)

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
A. I find real enjoyment in my job.	( )	( )	( )	( )	( )
B. If I had the chance to choose again, I would get into some other kind of work.	( )	( )	( )	( )	( )
C. I would not consider a job outside of nursing.	( )	( )	( )	( )	( )
D. Most days I am enthusiastic about my job.	( )	( )	( )	( )	( )
E. I feel satisfied with my job.	( )	( )	( )	( )	( )

17. How easy would it be for you to find a job with another employer in this geographical area that is as good as the one you have now? (Check one)

( ) Very easy
( ) Quite easy
( ) Somewhat easy
( ) Quite difficult
( ) Very difficult

18. How easy would it be for you to find a job with another employer in this geographical area that is better than the one you have now? (Check one)

( ) Very easy
( ) Quite easy
( ) Somewhat easy
( ) Quite difficult
( ) Very difficult

19. How easy do you think it would be to find a nursing job in any geographical area? (Check one)

( ) Very easy
( ) Quite easy
( ) Somewhat easy
( ) Quite difficult
( ) Very difficult

20. Do you expect to leave the hospital voluntarily in the near future? This does not mean for a leave of absence. It means intended resignation. (Check one)

( ) Will definitely leave in the near future
( ) Chances are quite good that I will leave
( ) Situation is uncertain
( ) Chances are very slight that I will leave
( ) Definitely will not leave in the near future

21. How well formalized is your intent to leave your job? This does not mean a leave of absence. It means intended resignation. (Check one)

( ) I definitely am not leaving in the near future.
( ) I have been checking the want ads for nurses occasionally.
( ) I have made application for another position.
( ) I have accepted another position.
( ) I definitely will be leaving the job because my husband/wife is leaving the area.
( ) I have decided to give up my job and do something besides nursing. (Answer this selection if you plan to leave the job and stay home for family responsibilities.)
( ) I must give up my job for health reasons.

22. Which of the following would help you reconsider staying in your job? Check only the first response if you do not intend to leave the job. (Check as many as apply if you are planning to leave the job.)

( ) I am definitely not leaving the job in the near future.
( ) No factors can cause me to reconsider my intention to leave the job.
( ) Higher pay
( ) Better benefits
( ) Opportunity for career advancement
( ) Increased autonomy
( ) Improved nurse-physician relationships
( ) Different work hours
( ) Better staffing
( ) A different supervisor

23. How would you rate the quality of your nurse-physician relationships on the job? This means an average of all the physicians you work with. (Check one)

( ) Excellent
( ) Good
( ) Fair
( ) Barely tolerable
( ) Intolerable

24. Compared to other hospitals, all in all, how adequate are the fringe benefits and pay that you receive from your hospital? (Examples of fringe benefits are the pension plan, health insurance, life insurance, paid vacations, and paid holidays.) (Check one answer for each statement)

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
A. The pay is adequate.	( )	( )	( )	( )	( )
B. The benefits are adequate.	( )	( )	( )	( )	( )

25. How much do you agree or disagree with each of the following statements about the hospital for which you work? (Check one for each statement)

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
A. I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital.	( )	( )	( )	( )	( )

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
B. I talk up this hospital to my friends as a great place to work.	( )	( )	( )	( )	( )
C. I would accept almost any type of a job assignment to keep working at this hospital.	( )	( )	( )	( )	( )
D. I find that my values and the hospital's are very similar.	( )	( )	( )	( )	( )
E. I am proud to tell others that I am part of this hospital.	( )	( )	( )	( )	( )
F. This hospital inspires the best in me.	( )	( )	( )	( )	( )
G. I am glad I chose this hospital to work for.	( )	( )	( )	( )	( )
H. I really care about the fate of this hospital.	( )	( )	( )	( )	( )
I. For me this is the best of all possible hospitals for which to work.	( )	( )	( )	( )	( )

26. How much do you agree or disagree with each of the following statements about promotional opportunities for a nurse with your qualifications in the hospital where you work? (Check one in each statement)

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
A. Promotions are regular.	( )	( )	( )	( )	( )
B. I am in a dead-end job.	( )	( )	( )	( )	( )
C. There are positional opportunities for advancement.	( )	( )	( )	( )	( )
D. I receive pay raises but not advancements.	( )	( )	( )	( )	( )
E. Pay raises are linked to job performance at your hospital.	( )	( )	( )	( )	( )

27. When compared to other nurses in the hospital where you work, how do you rate the fairness with which you have been treated in the distribution of the following rewards? (Rewards are fairly distributed if they are related to more effort, training, and experience, the more rewards there should be.) (Check one for each type of reward.)

TYPE OF REWARD	Very fair	Quite fair	Somewhat fair	Very unfair	No fairness
A. Amount of money you receive.	( )	( )	( )	( )	( )
B. Fringe benefits you receive.	( )	( )	( )	( )	( )
C. Promotions you receive.	( )	( )	( )	( )	( )
D. Recognition such as being singled out for praise.	( )	( )	( )	( )	( )

28. What would you say about the atmosphere and the people you see most often on the job in terms of friendliness? (Check one)

( ) Very friendly
( ) Quite friendly
( ) Somewhat friendly
( ) Very little friendliness
( ) Not friendly at all

29. The following statements reflect values concerning traditional sex roles. How would you rate each of the statements? Answer the question whether you are married or not married. (Check one for each statement)

STATEMENTS	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
A. In marriage the husband should be the primary breadwinner.	( )	( )	( )	( )	( )
B. In dual-income families the husband's career plans take precedence over the wife's career plans.	( )	( )	( )	( )	( )

30. To what extent do people in your immediate work group help you find ways to do a better job? (Check one)

( ) Very often
( ) Quite often
( ) Sometimes
( ) Very seldom
( ) Never

31. How often do you see one or more persons from your immediate work group socially outside of work? (Check one)

( ) Very often
( ) Quite often
( ) Sometimes
( ) Very seldom
( ) Never

32. How heavy was your work load during the past 3 months? (Check one)

( ) Often not enough to keep me busy
( ) Sometimes not enough to keep me busy
( ) Just about the right amount
( ) Hard to keep up with
( ) Entirely too much for me to handle

33. To what extent are you able to complete your work in the time available? (Check one)

( ) Always get the work done
( ) Most of the time
( ) Sometimes
( ) Seldom
( ) Never get the work all done

34. To what extent do you feel involved with nursing as a profession? (This means to what extent do you identify with and care about nursing.) (Check one)

( ) Strongly involved
( ) Most of the time I feel involved
( ) Sometimes involved
( ) A little involved
( ) Not involved at all

35. To what extent do you feel involved with your nursing job? (This means the extent to which you care about nursing in relation to the hospital where you work.) (Check one)

( ) Strongly involved
( ) Most of the time I feel involved
( ) Sometimes involved
( ) A little involved
( ) Not involved at all

36. What is your marital status? (Check one)

( ) Never been married ( ) Divorced ( ) Widowed
( ) Separated ( ) Married

37. How many children do you have under 6 years of age? (Check one)

( ) None ( ) One ( ) Two ( ) Three or more

38. How many children do you have between 6 and 17 years of age living with you? (Check one)

( ) None ( ) One ( ) Two ( ) Three or more

39. Do you have children attending college? (Check one)

( ) Yes ( ) No

40. What is your sex? (Check one)

( ) Female ( ) Male

41. How old were you on your last birthday? (Check one)

( ) Less than 25 ( ) 25-29 ( ) 30-39
( ) 40-49 ( ) 50-59 ( ) 60 or older

42. How much education have you had? (Check one)

( ) Associate degree ( ) Diploma
( ) Baccalaureate degree ( ) Graduate degree

43. How many years in total have you worked in nursing? (Check one)

( ) 1 to 5 ( ) 6 to 10 ( ) 11 to 20
( ) 21 to 30 ( ) 31 to 40 ( ) Over 41

44. In the past five years, how many places have you worked? (Check one)

( ) One ( ) Two ( ) Three ( ) Four ( ) Five or more

45. Since you first started working as an R.N., have you ever quit for more than two months? (Check one)

( ) No ( ) Yes

46. What is your spouse's occupation? (Check one closest to the choices offered)

( ) Not married ( ) Farmer-rancher ( ) Retailer-businessman
( ) Banker ( ) Laborer ( ) Health care professional
( ) Oil industry ( ) Lawyer ( ) Lumber industry
( ) Teacher ( ) Clergy ( ) Retired ( ) None of these

47. Have you been promoted during the last two years? An increase in pay while remaining in the same job should not be considered a promotion. (Check one)

( ) No ( ) Yes

48. Which of the following statements about extended family most closely reflects your situation. (Check one)

( ) I do not have any relatives other than those in my household living within 50 miles of where I live.

( ) I have members of my extended family (i.e., father, mother, siblings) living within 50 miles of where I live and I have a good relationship with them.

( ) I have both my extended family members and my spouse's extended family members living within 50 miles of where I live and I have a good relationship with them.

( ) I have members of my spouse's family living within 50 miles of where I live, but I do not have a good relationship with them.

( ) I have members of my extended family and my spouse's extended family living within 50 miles of where I live, but I do not have a good relationship with either one.

The following questions on income are very important because many people believe that income is a significant factor in explaining turnover. Like all the other information collected by this questionnaire, the information about income is completely confidential.

49. Roughly, what is your total yearly income at the present time from the hospital before taxes and other deductions are made? If you have not worked for a full year, please estimate what your total yearly income will be. (Check one)

( ) Less than $5,000
( ) $5,000-$7,499
( ) $7,500-$9,999
( ) $10,000-$12,499
( ) $12,500-$19,999
( ) $20,000-$24,999
( ) $25,000 or over

50. Roughly, what is your spouse's total yearly income at the present time from his/her job before taxes and other deductions are made? (If your spouse has not worked for a full year, please estimate what her/his total yearly income will be.) (Check one)

( ) Not applicable (I am a single income earner)
( ) Less than $7,500
( ) $7,500-$9,999
( ) $10,000-$14,999
( ) $15,000 -$19,999
( ) $20,000 -$24,999
( ) $25,000 or more
( ) Spouse not presently employed

PLEASE CHECK TO MAKE SURE YOU HAVE NOT SKIPPED ANY QUESTIONS

Thank you very much for your cooperation in filling out this questionnaire. Please feel free to use the bottom and back of this page to write any further ideas or comments you would like to make.