



Antecedents of hospital nurses' intention to leave the organization: A cross sectional survey



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ABSTRACT

Background: Leadership and perceived organizational support inspire trust in the leader and in the organization. Consequently, these aspects may contribute to a reduction in job burnout among nurses and, in the end, of the intention on their part to leave the hospital. It is crucial to develop models in order to simultaneously test the correlations between these relevant psychosocial variables, so that complexity of the nursing work environment may be better understood.

Objectives: We expected to give support to and to further corroborate results in the literature linking perceived leadership style – and particularly servant leadership – perceived organizational support, trust in the leader and in the organization, job burnout among nurses and their subsequent intention to leave the hospital.

Design: Cross-sectional study.

Setting: Two Italian large size public hospitals.

Participants: Two samples including both graduates and non-graduates members of the nursing staff. Overall mean age was equal to 42.06 years while the general mean for tenure was 12.99 years. Data were collected in 2012.

Methods: A regression model with latent variables was tested via structural equation modeling using LISREL. The multi-sample procedure was also applied in order to test invariance of results between the two samples.

Results: Servant leadership was positively associated with trust in the leader and perceived organizational support was positively associated with trust in the organization. Trust in the leader and trust in the organization displayed a negative correlation with the emotional exhaustion and cynicism factors of job burnout, and a positive correlation with the professional efficacy factor. Furthermore, trust scores mediated the effects of servant leadership and perceived organizational support on job burnout factors. The cynicism factor was negatively associated with intention to leave the organization and it also mediated the effects of both trust in the leader and servant leadership on intention to leave. On the other hand, trust in the organization turned out to be directly and negatively related to intention to leave.

Conclusions: Servant leadership and perceived organizational support showed their relevance in the nursing setting. The role of trust in the leader, trust in the organization and job burnout factors as mediating variables received support. Interestingly enough, the higher the cynicism score the higher the intention to leave the hospital. The results achieved may have practical implications not only for recruitment and training of nurse managers but also for hospital management.

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What is already known about the topic?

- Job burnout and turnover intentions in the nursing sector are related to concrete job conditions but also to relevant psychosocial variables.
- Leadership style of the nursing manager, as well as perceived organizational support and a trust-based working environment, are positively associated with well-being and retention of the nursing staff, as well as to improved quality of patient care.

What this paper adds

- Results reported in this paper linked perceived servant leadership style, perceived organizational support, trust in the leader and in the organization to job burnout of nurses and, eventually, to their intention to leave the hospital.
- The ‘micro-environment’ features of the unit related to the nursing manager’s leadership style and nurses’ trust in their leader could be of critical importance to the well-being of nurses, in terms of both reduced job burnout and reduced intention to leave the employment, and may also mitigate the negative consequences associated with both the perceived lack of support coming from the wider organization and the deficiency of trust in the wider organization.

1. Introduction

The economic and psychological costs associated with voluntary turnover rates are documented in the nursing literature (e.g., [Coomber and Barriball, 2007](#); [Hayes et al., 2012](#); [Tourangeau et al., 2009](#)). Retention of the nursing workforce, especially young nurses, could be considered as one of the most critical challenges for nurse managers and hospital management all around the world (e.g., [Ambrosi et al., 2011](#); [Camerino et al., 2008](#); [Duchscher, 2009](#)). In Italy, for example, 21.3% of nurses below 45 years of age reported their intention to leave their employment ([Camerino et al., 2008](#)) and 34.4% of the nurses interviewed by [Ambrosi et al. \(2011\)](#) declared their intention to leave the hospital within 1 year from hiring; in addition, the majority of nurses who intended to leave were less satisfied with their job, with relationships with colleagues, nurse manager and physicians, and perceived themselves as less committed to their unit and less supported by the organization as compared to nurses who intended to stay. [Carter and Tourangeau \(2012\)](#) reported that nurses’ psychological engagement with their job has the strongest negative correlation with intention to leave the hospital, followed by organizational support, ability to achieve a good work-life balance, satisfaction with the quality of care given to patients, work rewards in terms of satisfaction with the salary and quality of the relationships with co-workers and managers. Conversely, among the variables positively associated with intention to leave, [Carter and Tourangeau \(2012\)](#) found work pressure, stress at work, experience of violence, bullying or harassment from colleagues.

Since actual turnover rate is associated with turnover intention, an investigation of relevant psychosocial factors associated with turnover intention could provide recommendations to both nurse and hospital managers in order to help retain the nursing workforce ([Ambrosi et al., 2011](#)). We therefore hypothesized and tested a model of the antecedents of nurses’ intention to leave, linking together measures of leadership style of the nurse supervisor, perceived organizational support, trust in the leader and in the organization, and the three factors of job burnout, namely emotional exhaustion, reduced professional efficacy and cynicism. In particular, as proximal antecedents of job burnout factors and distal antecedents of intention to leave, we focused on variables which, at least to our knowledge, are less extensively studied in the nursing literature, such as servant leadership and organizational trust.

The display of servant leadership may be seen as appropriate in the health care context given its specific features. Servant leadership ([Greenleaf, 1991](#)), a topic of growing interest all around the world over the last decade (e.g., [Van Dierendonck and Patterson, 2010](#)), has its greatest distinction, compared with other leadership styles, in the genuine concern with serving others and with putting followers first as individuals. Servant leaders focus on serving people instead of using people. Therefore, servant leaders are focused on organizational goals, which they actually achieve quite successfully, and thus they are also perceived as consistent, fair, credible and true to their core values ([Nuijten, 2009](#); [Van Dierendonck and Patterson, 2010](#)). Servant leadership promotes the idea of a leadership style based on stewardship, ethical behavior, collaboration and connection to people. This is something that is particularly relevant nowadays due to the shift in the managerial ideal-type that has come about as a reaction to major scandals and examples of mismanagement found all around the world, such as that of Lehman Brothers in the U.S.A. and, in Italy, that of Parmalat ([Bobbio et al., 2012b](#); [Van Dierendonck, 2011](#); [Van Dierendonck and Patterson, 2010](#)). Thanks to [Van Dierendonck and Nuijten’s \(2011\)](#) work it is now possible to operationalize and measure servant leadership with an eight-dimensional scale named the Servant Leadership Survey, which includes the empowerment, accountability, standing back, humility, authenticity, courage, forgiveness, and stewardship dimensions. In essence, the survey aims at detecting to what extent the leader empowers and encourages people to grow, is willing to let others take credit and shine, holds followers accountable for their work, is willing to let go of resentment, takes risks if necessary, is willing to show what he or she stands for, is open to learning and has willingness to admit mistakes, and to work for the good of the whole. [Van Dierendonck and Nuijten \(2011\)](#) showed that although the Servant Leadership Survey partially overlaps with other leadership measures (e.g., those of transformational leadership, ethical leadership, leader-member exchange and charismatic leadership), it also adds distinctive and valuable elements to the leadership debate, particularly (a) the fact that servant leaders are follower-focused, concerned with serving followers, organizations and society, and (b) that a servant leader knows very well

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