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Job control, work-family balance and nurses' intention to leave their profession and organization: A comparative cross-sectional survey

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ABSTRACT

Background: The shortage of nurses is a problem in many countries. In Japan, the distribution of nurses across different care settings is uneven: the shortage of nurses in home healthcare and nursing homes is more serious than in hospitals. Earlier research has identified numerous factors affecting nurses' intention to leave work (e.g., job control, family-related variables, work-family conflict); however, these factors' levels and effect size may vary between nurses in hospitals, home healthcare, and nursing homes.
Objectives: This study measured job control, family-related variables, and work-family conflict among nurses in hospitals, home healthcare, and nursing homes, and compared these variables' levels and effect size on nurses' intention to leave their organization or profession between these care settings.
Design: The research design was cross-sectional.
Methods: Participating nurses from hospitals, home healthcare facilities, and nursing homes self-administered an anonymous questionnaire survey; nurses were recruited from the Kyushu district of Japan. Nurses from nine hospitals, 86 home healthcare offices, and 107 nursing homes participated. We measured nurses' intention to leave nursing or their organization, perceived job control, family variables and work-family conflict. We analyzed 1461 participants (response rate: 81.7%).
Results: The level of job control, family variables, and work-family conflict affecting nurses varied between hospitals, home healthcare, and nursing homes; additionally, these variables' effect on nurses' intention to leave their organization or profession varied between these care settings. Work-family conflict, family variables, and job control most strongly predicted nurses' intention to leave their organization or profession in hospitals, home healthcare, and nursing homes, respectively.
Conclusions: Interventions aiming to increase nurse retention should distinguish between care settings. Regarding hospitals, reducing nurses' work-family conflict will increase nurse retention. Regarding home healthcare, allowing nurses to fulfill family responsibilities will increase nurse retention. Regarding nursing home nurses, increasing nurses' job control will increase nurse retention.

What is already known about the topic?

- Nurses' intention to leave their organization or the nursing profession importantly predicts their subsequent departure from work.
- Job control, specific family factors, and work-family conflict importantly predict nurses' intention to leave work; however, earlier research examining nurses' turnover intention is largely limited to hospital nurses.

- Nurses' job control varies between care settings. Nurses working in home-based care (e.g., home healthcare) experience more autonomy than nurses working in residential care (e.g., nursing homes).

What does this paper add

- We found that job control, family variables, and work interference with family were correlated with nurses' intention to leave their organization or profession; however, the level and effect size of these variables varied between nurses in hospitals, home healthcare, and nursing homes.
- We found that work interference with family, family variables, and job control most strongly predicted nurses' intention to

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leave their organization or profession among nurses in hospitals, home healthcare, and nursing homes, respectively.

- These findings suggest that interventions aiming to increase nurse retention should distinguish between care settings: hospitals should reduce work interference with family; home healthcare facilities should help nurses fulfill their family responsibilities; nursing homes should increase nurses' job control.

1. Introduction

The shortage of nurses is an increasingly serious problem in many countries; in Japan, the distribution of nurses across different care settings is particularly uneven. The number of hospital nurses is sufficient for requirements; however, the number of home healthcare nurses is insufficient (Kawagoe, 2009). Approximately 50,000 nurses will soon be required in long-term care settings (e.g., nursing homes) in Japan (Hui, 2012). Recruiting nurses and preventing nurses leaving work importantly affect nurse retention; nurses' intention to leave work importantly predicts nurses' leaving work (Hayes et al., 2006; Brewer et al., 2009). Extensive previous research has examined nurses' intention to leave work (e.g., regarding its variables and consequences); however, most of this research examined nurses in acute care settings (Hayes et al., 2012; Nei et al., 2014). Few studies have examined nurses in other settings, such as home healthcare (Maurits et al., 2015) or long-term care (Tummers et al., 2013). Additionally, multiple complex factors affect nurses' intention to leave work in different health care settings. This research therefore compared factors predicting nurses' intention to leave work between in different health care settings.

1.1. Job control

Job control (decision latitude) is a combination of skilled discretion and decision autonomy (Karasek and Theorell, 1990). "Skilled discretion" refers to the skill and creativity required to do one's job; "decision autonomy" refers to organizationally mediated opportunities for workers to make decisions about their work (Karasek et al., 1998). Job control importantly predicts nurses' turnover intention. Lack of job control is associated with nurses' intention to leave work (Chan et al., 2013; Chiu et al., 2009; regarding hospital nurses). Autonomy is negatively correlated with home healthcare nurses' intention to leave work (Maurits et al., 2015). Job resources (job control and job support) negatively affect actual work departure among nursing home nurses (Gao et al., 2014). Nurses' degree of job control is likely to vary between care settings. For example, home healthcare nurses work in their clients' home; this may provide nurses with more opportunities to use a range of skills (e.g., regarding implementing care). Additionally, home healthcare nurses mostly provide care alone, allowing them to exercise greater independent nursing judgment (Simmons et al., 2001). Previous research indicates that home healthcare nurses experience greater autonomy in caring for their clients (Maurits et al., 2015) and that nurses working in home-based care experience greater autonomy than nurses working in residential care (Tummers et al., 2013). Hospitals and nursing homes are both "internal" care settings (i.e., care is provided within a dedicated facility); however, these settings require different varieties of nursing care. Hospital nurses mainly use acute care skills; in contrast, nursing home nurses use a wider range of skills to manage residents' frailty (Gao et al., 2014). Additionally, job control's effect size on nurse's intention to leave work varies between care settings. Lack of autonomy increases home health-care nurse's intention to leave work but does not affect nurses in

residential care (Tummers et al., 2013). Nonetheless, earlier research has not compared the level of job control between hospital nurses and nurses working in other care settings (e.g., home healthcare, nursing homes). It thus remains unclear if job control varies between nurses in various care settings, and if job control's effect on nurses' intention to leave varies between nursing care settings.

1.2. Family variables and work–family conflict

Earlier studies have identified numerous family-related variables correlated with nurses' intention to leave work; for example, family needs or kinship responsibilities (Hayes et al., 2006) and the age of nurses' youngest child (Tzeng, 2002) significantly predict nurses' intention to leave work. The individual's role as a family member varies with age; specifically, individuals tend to take on childrearing responsibilities as they grow older. In Japan, nurses working in different care settings have different mean ages; for instance, most newly graduated nurses commence work at hospitals (Ministry of Health, Labour and Welfare, 2014). In contrast, home healthcare nurses normally provide care alone at a residential home. In Japan, home healthcare nurses therefore tend already to have job tenure when commencing work as home healthcare nurses. Over 80% of home healthcare nurses in Japan and the U.S. are aged 30–50 years (Oota and Kudo, 2014; Anthony and Milone-Nuzzo, 2005). Additionally, nurses in nursing homes tend to be older than hospital nurses. Approximately 50% of nursing home nurses in Japan have completed a leave of absence relating to childcare when they commenced work at nursing homes (Takahashi, 2009). The average age of Australian nurses in nursing home is around 50 years (Gao et al., 2014). Age distributions thus vary between these care settings; family-related variables' effect size on nurses may therefore also vary between these care settings.

Work–family conflict affects nurses' intention to leave work. Work–family conflict arises from competing responsibilities to work and family; it is composed of work interference with family and family interference with work (Greenhaus and Beutell, 1985). Work interference with family (not family interference with work) predicts greater intention to leave work among nurses (Nei et al., 2014; Simon et al., 2004; Farquharson et al., 2012; Brewer et al., 2009; Battistelli et al., 2012). Most antecedents of work interference with family are work-related (e.g., long working hours, work stress); and the majority of antecedents of family interference with work are family-related (e.g., housework, family stress). Family-related stress predicts levels of work interference with family; work-related stress predicts levels of family interference with work (Byron, 2005; Hargis et al., 2011). Nurses' family responsibilities are likely to vary between the hospital, home healthcare, and nursing home care settings; hence, the levels of nurses' work–family conflict are also likely to vary between these care settings.

1.3. Theoretical framework and hypothesis

Fig. 1 illustrates this research's conceptual framework. Nurses' job control, family variables, and work–family conflict may vary between the hospital, home healthcare, and nursing home care settings; therefore, the effect size of job control, family variables, and work–family conflict on nurses' intention to leave their organization or profession may also vary between these care settings. Job control is directly negatively correlated with nurses' intention to leave their organization or profession (Chiu et al., 2009; Chan et al., 2013). Family variables (e.g. rearing a young child) are directly positively correlated with nurses' intention to quit (Tzeng, 2002). Kinship responsibilities are directly negatively correlated with nurses' intention to leave their organization or