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Job Satisfaction and Turnover Among Millennial Nurses in Public Hospitals

Gwen Mancuso
Walden University

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Walden University

College of Social and Behavioral Sciences

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Gwen Mancuso

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Walden University
2020

Abstract

Job Satisfaction and Turnover Among Millennial Nurses in Public Hospitals

by

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MPA, New York University, 2014

MSW, Fordham University, 1998

BS, St. John's University, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

August 2020

Abstract

This study addressed turnover of millennial generation behavioral health nurses (MGBHNs). Because retention strategies mitigate the consequences of turnover, the purpose of this quantitative, correlational study was to examine job satisfaction (JS) and anticipated turnover (AT) intention among MGBHNs employed in U.S. public hospitals. Research questions were focused on determining what, if any, correlation exists between AT and JS. The theoretical frameworks were Herzberg's theory and person in environment theory. A multiple linear regression and 5 Spearman's rho correlation analyses were used to analyze data from a convenience sample of 65 MGBHNs to understand the relationship between the independent variables (level of JS with pay, work itself, promotion, coworkers, and supervision) and the dependent variable (AT). Findings indicated that individually each JS score was statistically significantly negatively correlated with AT. The correlations with AT were pay: $r_s = -0.548, p < 0.001$; work itself: $r_s = -0.497, p < 0.001$; promotion: $r_s = -0.347, p = 0.005$; coworkers: $r_s = -0.286, p = 0.021$; and supervision: $r_s = -0.531, p < 0.001$. When all five JS measures were included in a multiple linear regression analysis, the model explained 40% of the total variance in AT as measured by $R^2 = 0.40, f^2 = 0.67, p < 0.001$. Inspection of the regression coefficients revealed only satisfaction with the work itself was statistically significant, $B = -0.083, p = 0.010$. Implications for positive social change include informing behavioral healthcare leaders of the importance of incorporating nursing policies to improve any aspect of JS, especially satisfaction with the work itself, as effective retention strategies.

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Dedication

I dedicate this dissertation to my family and friends who have supported me throughout this journey. I am not able to adequately capture the depth and breadth of how grateful I am for the unwavering inspiration and encouragement that carried me through.

My inspiration started early in life with my parents Kathleen and Vincent, who have instilled the value of education and always encouraged me to become my best self. Those values are still present today through the support of my husband – Jonathan and our son Christian. My hope is to be an inspiration for Christian as well. I cherish watching him develop into such a fine young man.

To my grandparents Joseph and “Kitty”, and my Auntie Maryanne who remain a loving and powerful influence despite that their time here with us has passed.

Finally, it would be impossible to discuss where I am now without mentioning how it all began. A critical life event ignited my clarity to pursue furthering my education. I will never forget the pivotal discussion in which my dear supporter and guru - Dr. “Nietzsche”, rerouted my initial thinking, and suggested this path instead. His wisdom and generosity extend far beyond the medical and academic to include the interpersonal and geopolitical realms. I am, and will remain forever grateful.

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Chapter 1: Introduction to the Study

Nurses form the largest segment of healthcare service providers and help advance quality service delivery (Kaiser Family Foundation, 2015). Thus, high nurse turnover yields adverse consequences for the U.S. healthcare delivery system (Antwi & Bowblis, 2016). The increasing rate of nurse turnover leads to financial challenges to healthcare organizations. Nurse turnover cost organizations an estimated \$1.4 billion to \$2.9 billion per year (Meyer, Shatto, Delicath, & von der Lancken, 2017). Additionally, estimated replacement costs per nurse are between \$44,380 and \$63,400 (Yarbrough et al., 2017), which are compounded by training costs of newly licensed nurses ranging from \$60,000 to \$96,000 (Cline, La Frenz, Fellman, Summers, & Brassil, 2017). Also related to turnover is a nurse workforce shortage, estimated to exceed 918,000 by 2030 (Boamah & Laschinger, 2015; Read & Laschinger, 2017; Rosseter, 2014; World Health Organization [WHO], 2017), which can lead to further turnover (Beronio, Glied, & Frank, 2014; Kovner, Brewer, Fatehi, & Jun, 2014; Thanacoody et al., 2014). Further, there is a retiring nursing workforce estimated to exceed 700,000 by 2024 (American Association of Colleges of Nursing, 2017).

An influential antecedent of nurse turnover within U.S. public hospitals is job dissatisfaction (Alsarairah, Quinn, Griffin, Ziehm, & Fitzpatrick, 2014; Hsu, Wang, Lin, Shih, & Lin, 2015; Liu et al., 2011). Studies have indicated the significant effect of job satisfaction (JS) on nurses' retention and turnover intention on quality patient care service delivery (Alotaibi, Paliadelis, & Valenzuela, 2016; Masum et al., 2016; Roelen et al., 2013). Regarding the cohort, millennial generation employees are prone to job transience

especially when dissatisfied with elements of the work or of perceived poor fit with management (O'Connor & Raile, 2015; Ertas, 2015). Nearly one in three healthcare workers is seeking alternative employment at any given time (Shuck, Twyford, Reio, & Shuck, 2014). Further, a study showed that one-third of millennial nurses were less satisfied than those over age 40 and planned to leave their job within the next 2 years, with more than two-thirds planning to turnover within the next 5 years (Weick et al., 2010). Thus, identifying retention strategies targeted to the growing majority millennial generation behavioral health nurse (MGBHN) workforce is essential for the formulation of public policies to ensure increased access to safe, quality care (Nei et al., 2015; Rosseter, 2014). Insight into the value systems of MGBHNs may increase the potential for retention (Nei, Snyder, & Litwiller, 2015). The positive social change implications of these findings include the opportunity for hospital nursing administrators to gain insight into factors related to MGBHN anticipated turnover (AT) intent, which can inform retention strategies crafted to increase retention levels, access to care and enhanced quality service delivery.

The intent of Chapter 1 is to introduce the topic of study and discuss the conceptualization of JS, including key antecedents of MGBHNs AT. The Background section provides a macro perspective of the behavioral healthcare landscape, with a micro view of issues affecting millennial generation nurses and corresponding evidence-based links to retention and turnover. There is a lack of evidence regarding the AT of nurses within the specialty of behavioral health, and in the further context of the millennial cohort. This gap is referenced in several sections, including the Background, Problem

Statement, and Significance sections and relates to the purpose, research question, and hypotheses. The Theoretical Framework section of this chapter details the rationale for selecting three theoretical frameworks and how they relate to the study approach, research questions, and hypotheses. The rationale addresses the need to further study the selected IVs related to conflicting findings in the literature. Also addressed in this chapter are the assumptions, scope and delimitations, and limitations. The chapter concludes with a summary that outlines the next chapter of the dissertation.

Background

One-in-five, or 44.7 million, U.S. adults live with mental illness (National Institute of Mental Health, 2019). In 2015, the proportion of the total world's population diagnosed with depression was estimated to be 4.4% or 332 million people (WHO, 2018). Data further indicated that anxiety disorders affected 260 million people or 3.6% of the total population (WHO, 2018). Although nearly half of these people are living in South-East Asia and Western Pacific Regions, mental illnesses are also prevalent in the United States (WHO, 2018).

Mental illness is contributing significantly to the global burden of disease, estimated to cost the worldwide economy \$16 trillion between 2010 and 2030 in direct and indirect costs (Trautmann, Rehm, & Wittchen, 2016). Neuropsychiatric illnesses are some of the most disabling and lethal medical conditions and have been the leading source of medical disability in the United States for more than a decade (Centers for Disease Control, 2016). Those with mental illness have a 40% to 60% greater chance of dying prematurely than the general population due to the consequent lack of attention

paid to physical health issues including diabetes, cardiovascular diseases, cancers, HIV infection in addition to suicide (WHO, 2015). Mental illness accounts for approximately 8 million deaths each year (Walker, McGee, & Druss, 2015). Further, suicide rates have trended upwards since 1999 (Curtin, Warner, & Hedegaard, 2016) and have been the 10th leading cause of death in the United States (Centers for Disease Control, 2018). But suicide is preventable, and the leading risk factors include depression, other mental disorders, substance abuse disorder, and certain medical conditions (WHO, 2015).

The most crucial risk-preventing measures of mental illness are early intervention and accessibility to treatment with diagnostic specialists (WHO, 2015). However, the treatment gap for mental health disorders is higher than for any other health sector (Trautmann et al., 2016), increasing the need for identified retention strategies to mitigate the effects of nursing turnover for this at-risk population. As a result of turnover, the consequent work demands on remaining MGBHNs negatively impacts JS, increasing the likelihood of voluntary turnover (Beronio et al., 2014; Kovner et al., 2014; Thanacoody et al., 2014). Additionally, regulatory changes can reduce funding for U.S. public hospitals (Thanacoody et al., 2014), which can lead to turnover. But despite research focusing on nursing retention, factors related to turnover for the growing majority of MGBHN are poorly understood (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017).

My study filled the gap in the literature through the frameworks of Herzberg's (1967) two-factor theory and person-environment (PE) fit theory by examining the relationship between five factors of JS and AT intention for MGBHN retention. There is

a lack of evidence regarding behavioral health (Baum & Kagan, 2015; Holmberg, Caro, & Sobis, 2018; Nei et al., 2015) in the context of the millennial cohort (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017) from the perspective of a multigenerational workforce (Smith & Nichols, 2015) and public employees (Kim, 2015). Therefore, I aimed to identify which elements of work dissatisfaction impacted the potential for MGBHN turnover in an environment that is experiencing nursing shortages (see Read & Laschinger, 2017; Rosseter, 2014), the aging registered nurse (RN) workforce (see Auerbach, Buerhaus, & Staiger, 2017; Duvall & Andrews, 2010), and increasing access to care through federal legislation (see Beronio et al., 2014). From this study, a basis for improved public policy and administration can result. Hospital administrators can use these findings to formulate effective policies and programs to mitigate the adverse effects of turnover for the emerging majority of MGBHNs working in U.S. public hospitals.

Problem Statement

There are not enough behavioral health nurses to meet national clinical demands (Beck, Manderscheid, & Buerhaus, 2018) due to turnover (Kovner et al., 2014), which is related to higher operational costs, workload, burnout, and measures that decrease safety and quality of patient service delivery (Cho et al., 2016; Dawson, Stasa, Roche, Homer, & Duffield, 2014; DeCapua, 2016; Lavoie-Tremblay et al., 2010). Millennials (born between 1980 and 2000; Farrell & Hurt, 2014; Ferri-Reed, 2015; Hartman & McCambridge, 2011) have the highest attrition rate among the nursing workforce (Robert Wood Johnson Foundation, 2014). Because hospital nurse retention can counteract

shortages (Masum et al., 2016; Sabanciogullari & Dogan, 2015; Zhang, Qian, Wu, Wen, & Zhang, 2016), the behavioral health industry has focused on identifying retention strategies to mitigate turnover (Almaaitah, Harada, Sakdan, & Almaaitah, 2017).

However, the problem is a lack of knowledge regarding the factors related to turnover for the growing majority of MGBHNs (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017). There are many possible factors contributing to the issue of nurse turnover, including a robust healthcare market and shortages (Kovner, Brewer, Fatehi, & Katigbak, 2014; Spence Laschinger, Zhu, & Read, 2016; WHO, 2017). But researchers have not examined targeted retention interventions for MGBHNs employed in U.S. public hospitals. This gap in the research inspired the present study, which was focused on how facets of JS relate to turnover intention for MGBHNs employed in U.S. public hospitals. Public policy decision-makers can use the results of my study to formulate and target policies aimed at MGBHNs retention, which would improve service delivery, safety measures, and public health administration.

Purpose

The purpose of this quantitative, correlational study was to examine whether, and to what extent, a relationship exists between JS and AT intention for MGBHNs. The independent variables (IVs) were pay, the work itself, opportunities for promotion, level of JS with coworkers, and supervision, and the dependent variable (DV) was AT. I aimed to identify useful JS elements in order to curtail the potential for which is a reliable indicator of turnover (Hayes et al., 2006; Hinshaw et al., 1987; Lu, Barriball, Zhang &

While, 2012; Lucas, Atwood, & Hagman, 1993; Mobley, 1977; Shader, Broome, Broome, West, & Nash, 2001).

Research Question and Hypotheses

RQ: Does pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals?

H_0 : Pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, do not significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

H_a : Pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision individually or collectively, do significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

Based on the literature, the results of the multiple regression were predicted to indicate that the work itself and supervision facets are the strongest predictors of JS for MGBHNs (Aruna & Anitha, 2015; Campione, 2015; Lohmann, Houlfort, & De Allegri, 2016).

Theoretical Framework

The theoretical base for my study was Herzberg's (1967) two-factor theory and PE fit theory. These theoretical frameworks address ways of understanding motivation

within an organization. Application of Herzberg's two-factor theory offered guidance in identifying retention strategies particular to the MGBHN workforce (Almaaitah, Harada, Sakdan, & Almaaitah, 2017). Though Herzberg's (1967) seminal work has contributed less frequently to behavioral healthcare, according to the tenets of this theory, hygiene factors are essential to keep a reasonable level of satisfaction among employees. Such factors do not result in satisfaction, but their absence causes dissatisfaction, so they are known as dissatisfiers (Herzberg, 1967). Motivational factors are inherent to any job, so the increase in these factors lead to the rise in the satisfaction, whereas the decrease does not cause dissatisfaction in employees.

PE fit theory was incorporated into the design to ground my study in health policy. Broadly, PE fit relates to the compatibility of individual needs and work environments (Kristof-Brown & Guay, 2011; Kristof-Brown, Zimmerman, & Johnson, 2005). A misalignment between individual work style preferences and job characteristics is known as a *misfit*. Therefore, PE fit theory suggests that employee behavior and satisfaction is strongly influenced by the interrelationship between individuals' needs and their work environment (Kristof-Brown et al., 2005). The two predominate PE fit theories based on complementary fit are Holland's (1985) model that emphasizes vocational personality types and Dawis and Lofquist's (1984) theory of work adjustment. My study drew from Holland's model, which links fit to JS and intent to stay. PE fit theory also aligned with the notions of Herzberg's (1967) two-factor theory of intrinsic and extrinsic motivations, consolidating both frameworks.

Nature of the Study

The nature of this quantitative correlational research was to examine what, if any of the IVs individually or collectively, significantly contributed to a percent change in R^2 variance in AT of MGBHNs in public hospitals. The IVs related to JS included pay, work itself, opportunities for promotion, level of JS with coworkers, and supervision, and the dependent variable was AT. Quantitative research involves examining the relationship between variables to answer research questions and test theories (Frankfort-Nachmias & Leon-Guerro, 2018). Quantitative research involves the collection of data in a larger volume than qualitative research, with standardized methods that incorporate more generalized samples and an emphasis on statistical information rather than individual experiences (McCusker & Gunaydin, 2015). This deductive approach aligns with hypothesis testing (McRoy, 2009), and the resulting statistics can yield more valid data relating to current and future trends thus assisting decision-makers in creating informed healthcare policy (McCusker & Gunaydin, 2015).

The target population consisted of MGBHNs employed in U.S. public hospitals. Data were gathered via a self-administered Internet survey distributed by a third-party online survey company: Qualtrics. Qualtrics was contracted to distribute my survey to a convenience sampling of nursing participant pool members. The Qualtrics survey began with an informational letter and consent form. Consenting potential participants were vetted through three inclusion questions aimed at identifying appropriate age, licensure as a nurse, in a behavioral health setting of a public hospital (see Appendix A). Eligible participants had to reply *yes* to all three of the following inclusion questions: (a) Were

you born between 1980 and 2000?; (b) Are you a licensed nurse—either an licensed practical nurse/licensed vocational nurse (LPN/LVN), RN or advance practice registered nurse (APRN)?; and (c) Do you currently work, or have you worked within the past five years in a behavioral health setting in a public hospital? Qualtrics included data from completed surveys from participants who satisfied all inclusion criteria. Participants were given the opportunity to decline answering any question or questions or to stop participating at any point. Many surveys were distributed based on estimated response rate; however, the goal was to receive a minimum of 60 completed surveys, determined by a G*Power of 0.80, for sufficient strength of the relationship between variables (see Appendix B).

Two existing, valid and reliable instruments were used: the Abridged Job Descriptive Index (ADJI; Balzer et al., 1997) and the Anticipated Turnover Intention Scale (ATS; Hinshaw et al., 1983). Demographic questions were also included to ascertain descriptive statistics (see Appendices B, D, & E). The total number of survey questions were 59, and the data were analyzed using Spearman's rho correlation statistic to evaluate the relationships between JS and AT. All statistical analyses were performed using SPSS v.24 for Windows and were two-sided with a .05 alpha level. Demographic characteristics of the study sample were described using the mean, standard deviation, and range for continuous scaled variables and frequency and percent for categorical scaled variables. Cronbach's alpha was used to measure the internal consistency reliability of the JS and AT scale scores based on participant responses. Hypotheses were

tested using Pearson's correlation coefficient and Spearman's rho statistic, and the null hypothesis was tested using multiple linear regression analysis.

Definition of Terms

My study contains terms requiring definition to increase understanding of critical concepts related to studied variables, research questions, and industry-specific terminology. The following terms are operational in my study:

Anticipated turnover: The degree to which a staff member thinks or believes that s(he) will voluntarily terminate her or his present position (Hinshaw, Smeltzer, & Atwood, 1987).

Behavioral health: A vital part of a person's overall health and is an overarching term that includes emotional, psychological, and social well-being, and encompasses change in behaviors that impact health, mental health and addictions (Davis et al., 2015).

Job satisfaction (JS): There are numerous definitions of JS (Belias et al., 2014; Lu et al., 2012; Rast & Tourani, 2012; Vakola & Nicholaou, 2012). The JDI was designed to measure facets of JS based on the Smith et al.'s (1969) definition "as the feelings a worker has about his job" (p. 100). However, my study incorporated Herzberg's (1968) conceptualization of JS as a positive attitude an employee has toward their work and place of employment, which impacts their desire to remain employed in the position or with the organization.

Employee retention: An organization's ability to keep its employees (Tornack, Pilarski, & Schumann, 2015).

Hygiene factors: Extrinsic factors that function to curtail job dissatisfaction for employees include working conditions, salary, supportive supervisors, status, and interpersonal relations (Damij et al., 2015).

Licensed Nurse: There are three types of licensed nurses. A RN has completed nursing school at an accredited school of nursing, passed the National Council Licensing Exam, and is licensed by a state board of nursing to provide patient care. APRNs are RNs with a graduate degree and advanced knowledge who can diagnose illnesses and prescribe treatments and medications, whereas LPN/LVN differ in that they passed the National Council Licensing Exam, are licensed by a state board of nursing to provide patient care, and work under the supervision of a RN or APRN (National Council of State Board of Nursing, 2015).

Millennial generation (Generation Y): Individuals born between 1980 and 2000 (Leveson & Joiner, 2014; Ng, Schweitzer, & Lyons, 2010).

Motivator factors: Intrinsic JS factors such as challenging work, recognition, responsibility, meaningful work, involvement in decision making, and sense of importance to an organization that promote positive satisfaction (Damij et al., 2015).

Nonprofit Hospital: Nonprofit hospitals qualify under section 501(c)(3) for tax exempt status as charitable organizations. Such classification includes the promotion of health that is deemed to be beneficial to the community, although not all members of the community are eligible beneficiaries. Thus, to qualify as an organization described in Section 501(c)(3), a hospital must demonstrate community benefit (Internal Revenue Service [IRS], 2020).

Public hospital: The American Hospital Association defines a public hospital as an acute care, general hospital serving the public, operated without private profit, and not necessarily owned by the public. It dispenses public charity and is primarily owned by a state, city, county, combined city and county, or district authority (American Hospital Association Annual Survey, 2017). Public hospitals can apply for and obtain IRS 501(c)(3) tax status designation and become classified as charitable organizations (IRS, 2020)

Retention: An organizations' ability and process to hold on to highly experienced nurses necessary to preserve the success of the organization (Govaerts, Kyndt, Dochy, & Baert, 2011).

Voluntary turnover: Turnover is inconsistently conceptualized in the literature. For my study, turnover will be defined in the context of individuals' voluntary termination of a position for another position including within the existing company (Hinshaw & Atwood, 1984; Kovner, Brewer, Fatehi, & Jun, 2014; Park & Shaw, 2013).

Assumptions

My study contains six assumptions. The first three assumptions related to the sample population, and the remaining assumptions pertained to the study design. The first assumption was that the participants would be truthful in their responses to the self-administered survey. By providing a clear and explicit informed consent, it was assumed that each participant understood that participation was voluntary and could withdraw from the survey at any point. Careful instructions were also provided in the online survey protocol to ensure that participants knew that the responses were anonymous and

confidential. These protocols promote increased honesty in responses. A further assumption is that MGBHNs employed in public hospitals understood the definition of *public hospital* and survey questions on the instruments and had enough time to answer the questions accurately. My study incorporated an online self-administered survey distributed via a third party (Qualtrics). The third assumption was that the surveyed Qualtrics nursing participant pool would be representative of MGBHNs working in public hospitals (Levenson & Joiner, 2014).

The fourth assumption was that many organizations utilize the concept of JS to assist in managing, motivating, and retaining employees (Liu, Borg, & Spector, 2004), because JS plays a crucial role when considering to either remain or vacate a position (Armstrong 2004; Brady-Schwartz, 2005; Hinshaw et al. 1987; Tan & Waheed, 2011). The fifth assumption was that a correlational design is the best method to measure turnover in the healthcare field. The basis for this assumption is that a correlational design is considered the most widely accepted research design within healthcare (Curtis et al., 2016; McCusker & Gunaydin, 2015). The sixth assumption considered that because correlational research is based on the relationship between variables (see Adcock & Collier, 2001), the selected IVs can and were accurately measured by the JDI (Watson, 2015).

Scope and Delimitations

The scope of this quantitative correlational study included the use of a self-administered Internet survey to examine the relationship between variables related to JS and AT among MGBHNs employed in public hospitals. JS was operationalized by the

AJDI to measure identified IVs associated with JS including pay, the work itself, opportunities for promotion, level of JS with coworkers, and supervision. The Anticipated Turnover Scale (ATS) was incorporated in the design to assess AT.

Delimitations are the deliberate boundaries determined by the researcher. For my study, the target population was comprised of MGBHNs employed in public hospitals. For feasibility and accessibility, the survey was administered via a third-party, web-based survey tool (Qualtrics) and utilized their expansive nursing participant pool. Thus, the first delimitation of the study was that only nurses who are current members of the Qualtrics nursing participant pool were able to complete the survey. Second, only MGBHNs who had sufficient access to the internet were able to participate. Additional delimitations may affect the study's external validity by not directly targeting nurses of other generations, other specialties, employed in private settings, or outside the third-party nursing participant pool.

Limitations

Limitations are potential weaknesses inherent in research design and vary with each type of study design. The use of a quantitative, correlational study design identifies interrelationships between variables without manipulation. However, this design can only identify inferences about the specific population and not determine which, if any, of the IVs, had causal impact on the DV. Design limitations also included the use of convenience sampling as opposed to random sampling, which may have increased the potential for biased data and curtailed the generalizability of the findings. For my study, the data set was limited to paid nurses within the third-party participant pool and may not

have been representative of the larger MGBHN population. Further, cross-sectional research designs only reflect a moment in time and does not allow for an examination of trends over time or demonstrate causality between variables under study. Additionally, self-report measures can incur limitations when participants misunderstand questions or instructions for responding, which impacts validity, and researchers can also miss relevant contextual data. Finally, there was a potential for response bias whereby participants may have answered questions in a socially desirable manner as opposed to what they truly believe.

Significance

The significance of my study was to examine the relationship between elements of JS and AT for MGBHNs employed in public hospitals. The adverse effects of high nurse turnover yield unfavorable consequences for the national healthcare delivery system in the United States (Antwi & Bowblis, 2016; Masum et al., 2016). Nationwide, nurse turnover is also rising, which creates financial challenges to healthcare organizations. Nurse turnover cost organizations an estimated \$1.4 billion to \$2.9 billion per year (Meyer et al., 2017). Estimated replacement costs per nurse are between \$44,380 and \$63,400 (Yarbrough et al., 2017), compounded by training costs of newly licensed nurses ranging from \$60,000 to \$96,000 (Cline et al., 2017). Regarding the cohort, millennial generation employees are prone to job transience, especially when dissatisfied with elements of the work or of perceived poor fit with management (O'Connor & Raile, 2015; Ertas, 2015). Nearly one in three healthcare workers is seeking alternative employment at any given time (Shuck, Twyford, Reio, & Shuck, 2014).

As a result of turnover, the work demands on remaining MGBHNs negatively effects JS, increasing the likelihood of voluntary turnover (Beronio et al., 2014; Thanacoody et al., 2014). Convergent circumstances include the nurse workforce shortage, which is estimated to exceed 918,000 by 2030 (Boamah & Laschinger, 2015; Read & Laschinger, 2017; Rosseter, 2014; WHO, 2017), along with a retiring nursing workforce estimated to exceed 700,000 by 2024 (American Association of Colleges of Nursing, 2017). Thus, the behavioral healthcare industry is vulnerable to regulatory changes that reduce funding for public hospitals (Thanacoody et al., 2014). The implementation of the ACA along with and the Mental Health Parity and Addiction Equity Act will afford over 60 million Americans increased access to behavioral health prevention and treatment benefits (Ali et al., 2016; Beronio et al., 2014; Mulvaney-Day et al., 2019). However, the retention of hospital staff nurses can help counteract these shortages (Chen et al., 2016; Masum, et al., 2016; Sabanciogullari & Dogan, 2015; Wang, Tao, Ellenbecker, & Liu, 2012).

Although there are nursing studies focusing on retention strategies, there is a lack of empirical research regarding behavioral health (Baum & Kagan, 2015; Holmberg et al., 2018; Nei et al., 2015) from the perspective of a multigenerational workforce (Smith & Nichols, 2015). Thus, the results of my study address the gap in the literature through an examination of the relationship among MGBHNs and JS and AT. I aimed to identify which elements of work dissatisfaction impacted the potential for MGBHN turnover in the concerning behavioral healthcare landscape plagued by nursing shortages (Read & Laschinger, 2017; Rosseter, 2014), an aging RN workforce (Auerbach et al., 2017;

Duvall & Andrews, 2010), and increased access to care through federal legislation (Ali et al., 2016; Beronio et al., 2014; Mulvaney-Day et al., 2019). Insight into the value systems of MGBHNs may increase the potential for retention (Nei et al., 2015). From this information, public hospital administrators can devise practical policies and programs to mitigate the adverse effects of turnover for the emerging majority of MGBHNs working in public hospitals as well as policies to meet increasing demands of expanded access to behavioral healthcare (Nei et al., 2015; Rosseter, 2014). The positive social change implications of these findings include the opportunity for public hospital nursing administrators to originate targeted retention strategies crafted to increase retention levels MGBHNs, thus increasing access to care and enhance quality service delivery.

Summary

Chapter 1 provided an overview of the study, which examined the relationship between JS and AT for MGBHNs employed in public hospitals. Nurse turnover is rising nationwide, posing financial challenges to healthcare organizations. Nurses form the largest segment of healthcare service providers and perform a crucial role in the advancement of quality service delivery (Kaiser Family Foundation, 2015). Thus, based on predictions of a nurse shortage (Read & Laschinger, 2017; Rosseter, 2014), the need to identify retention strategies targeted to the growing majority MGBHN workforce is essential for the formulation of public policies required to ensure increased access to safe, quality care (Nei et al., 2015; Rosseter, 2014).

The theoretical underpinnings for my study consisted of Herzberg's (1967) two-factor theory that conceptualized workforce motivation into intrinsic and extrinsic factors

and PE fit theory, which grounded my study in healthcare policy. A quantitative correlational design was an appropriate methodology to examine whether a relationship exists between AT and JS among MGBHNs employed in public hospitals. Chapter 2 is a literature review that contains the analysis and synthesis of current scholarly research related to the problem statement, research questions, and the corresponding hypotheses.

Chapter 2: Literature Review

There are not enough behavioral health nurses to meet national clinical demands (Beck et al., 2018), which is related to turnover (Kovner et al., 2014). Nursing turnover is linked to higher operational costs, workload, instances of burnout, and odds of implementing patient safety measures that decrease the safety and quality of patient service delivery (Cho et al., 2016; Dawson et al., 2014; DeCapua, 2016; Lavoie-Tremblay et al., 2010). Millennials (born between 1980 and 2000; see Farrell & Hurt, 2014; Ferri-Reed, 2015; Hartman & McCambridge, 2011) have the highest attrition rate among the nursing workforce as any preceding generation (Robert Wood Johnson Foundation, 2014). Turnover impacts mental health services because inadequate service delivery disrupts the quality of care and increases recidivism and mortality rates (Antwi & Bowblis, 2018). Thus, the behavioral health industry has focused on identifying retention strategies to mitigate influences on nurse turnover (Almaaitah et al., 2017); however, there is a lack of knowledge regarding the factors related to turnover for the growing majority of MGBHN (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017). But retention of MGBHN can decrease operating costs, combat nursing shortages, improve the quality of service delivery, and patient outcomes.

There are many possible factors contributing to nurse turnover, including a robust healthcare market and shortages (Kovner et al., 2014; Spence Laschinger et al., 2016; WHO, 2017). Scholars have identified the following antecedents related to nursing turnover: job dissatisfaction, insufficient staffing, inadequate training, and orientation of newly hired nurses (Koppel et al., 2017; Kurnat-Thoma et al., 2017; Twigg &

McCullough, 2014; Yarbrough et al., 2017). However, researchers have not examined targeted retention interventions for MGBHNs employed in public hospitals. This gap in the research inspired the present study, which was conducted to examine how facets of JS related to turnover intention for MGBHNs employed in public hospitals. The purpose of my quantitative, correlational study design was to examine whether, and to what extent, a relationship exists between JS and AT intention for MGBHNs. The IVs were pay, the work itself, opportunities for promotion, level of JS with coworkers and supervision, and the dependent variable was AT. I aimed to identify useful JS elements in order to curtail the potential for AT which is a reliable indicator of turnover (Hinshaw et al., 1987; Lucas et al., 1993; Mobley, 1977; Shader et al., 2001). Public policy decision-makers can use the results of my study to formulate and target policies aimed at MGBHNs retention, which would improve service delivery, safety measures, and public health administration.

Chapter 2 contains analyses and syntheses of empirical research on JS and its relationship to the AT of nurses within the subspecialty of behavioral health and in the further context of the millennial cohort. The first section contains the theoretical foundations of the study including Herzberg's (1967) two-factor theory and PE fit theory. The second section provides a historical perspective on the U.S. public hospital system, treatment and legislation as well as current trends of U.S. public hospitals, and bed capacity. The third section focuses on nursing turnover, its consequences, as well as distal and proximal antecedents. The fourth segment describes the differences among generations with an emphasis on the millennial cohort. The final section outlines the two measures used in my study.

Strategy for Searching the Literature

The literature review consisted of predominantly primary sources published in the last 5 years, including current peer-reviewed journal articles, and seminal works, books, government websites, and dissertations. Articles were retrieved from Google Scholar and the following Walden University research databases: SAGE Journals, Soc INDEX, PsycINFO, PsycEXTRA, PsycARTICLES, MEDLINE, Cochrane Database of Systems Review, CINAHL, OVID, PubMed, SocIndex. The keywords searched were *millennials*, *generation Y*, *Gen Y*, *young adult*, *young people*, *retention strateg**, *turnover*, *healthcare*, *health**, *mental health*, *nurse*, *nurs**, and *licensed nurs**. Variations on terms (millennial, nurse, behavioral health and healthcare) were also used to identify articles that might otherwise have been unidentified. Overall, the search strategies yielded over 550 articles, of which 150 were relevant to my study.

Theoretical Foundation

The theoretical base for my study was Herzberg's (1967) two-factor theory and PE fit. These theoretical frameworks addressed ways of understanding motivation within an organization, and PE fit grounded my study in public policy. Herzberg's seminal work has contributed to organizational, education, and healthcare industries, though less frequently in behavioral healthcare. According to the tenets of this theory, hygiene factors are essential to keep a reasonable level of satisfaction among employees. Such factors do not result in satisfaction, but their absence causes dissatisfaction, so they are known as dissatisfiers (Herzberg, 1967). Additionally, motivational factors are inherent to any job, so the increase in these factors will lead to a rise in the satisfaction level, whereas the

decrease does not cause dissatisfaction in employees (Herzberg, 1967). Application of Herzberg's two-factor theory can offer guidance in identifying retention strategies particular to the MGBHN workforce (Almaaitah et al., 2017).

PE fit theory was incorporated into the design to ground my study in public policy, precisely health policy. Broadly, PE fit relates to the compatibility that results when individual needs and work environments are aligned (Kristof-Brown & Guay, 2011; Kristof-Brown et al., 2005). Conversely, a misalignment between individual work style preferences and job characteristics is known as a *misfit*, which is associated with stress. In the stress literature, stress arises when (a) the environment does not offer sufficient supplies to meet the person's needs or (b) the abilities of the person do not meet the prerequisite demands necessary to receive supplies (Harrison, 1978, 1985). PE fit theory draws from organizational psychology tenets and suggests that employee behavior and satisfaction are significantly influenced by the interrelationship between individuals' needs and their work environment (Kristof-Brown et al., 2005). The two predominate PE fit theories based on complementary fit are Holland's (1985) model that emphasizes vocational personality types and Dawis and Lofquist's (1984) theory of work adjustment. My study drew from Holland's model, which links fit to JS and intent to stay. PE fit theory is also aligned with the notions of Herzberg's (1967) two-factor theory, is a fundamental theoretical framework within public policy, and consolidates the frameworks.

Herzberg Two-Factor Theory

Herzberg is the pioneer of modern motivation theory, which links JS to retention (Shinde, 2015). In his seminal work with Mausner and Snyderman, Herzberg (1959, 1993) studied 200 accountants and engineers in Pittsburgh to examine job characteristics that contributed to motivation and its relationship to employee JS (see Figure 1). Findings led to the formulation of a two-factor model of work motivation that challenged the traditional model of JS and the authors coined the terms *motivators* and *hygiene factors* to denote job satisfying characteristics and dissatisfying job characteristics, respectively (Malik & Naeem, 2013).

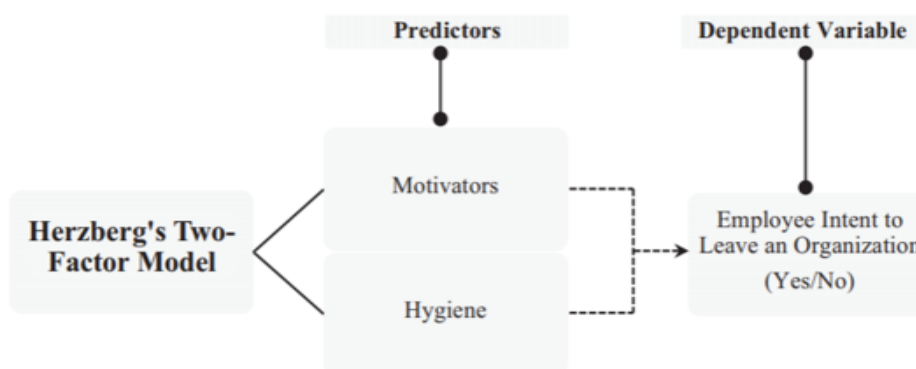


Figure 1. Graphical depiction of Herzberg's two-factor model.

As Herzberg's theory evolved, he conceptualized JS and job dissatisfaction on independent parallel continuums influenced by various factors—not opposites but separate factors (Herzberg, 1968), whereby JS ranges from no satisfaction in increasing degrees of JS. Similarly, job dissatisfaction ranges from no dissatisfaction to higher degrees of job dissatisfaction (Herzberg, 1976; Malik & Naeem, 2013). Specifically, motivators are intrinsic conditions of the job that include the work itself, recognition,

active participation in decision making, and a sense of being valued within an organization and contribute to increased satisfaction, whereas their absence contributes to a state of no JS as opposed to job dissatisfaction (Damiji, Levnajic, Skrt, & Suklan, 2015). Alternatively, lack of hygiene factors or extrinsic conditions categorized as status, supervisory practices, job security, salary, fringe benefits, and compensation lead to job dissatisfaction, and the presence of such factors leads to no job dissatisfaction as opposed to JS (Damiji et al., 2015). In other words, a lack of hygiene factors can lead to job dissatisfaction, but JS does not occur when these factors are improved (Herzberg, 1976, p. 61).

The literature references different terminology for both factors and classification of variables on the intrinsic and extrinsic dichotomy. Intrinsic factors are also referred to as motivation factors and satisfiers that fall within the JS continuum and include achievement, work itself, advancement, responsibility, and recognition. In contrast, extrinsic factors are also referred to as hygiene factors and dissatisfiers that fall within the job dissatisfaction continuum and include policies, supervision, salary, interpersonal relations, status, and job security.

Researchers have utilized Herzberg's two-factor theory to examine JS and effects on retention and turnover (Hunt et al., 2012; Richard, 2013; Shinde & Shinde, 2015; Zin et al., 2012; Son, Lu, & Kim, 2015), but findings are varied. Shinde and Shinde (2015) incorporated Herzberg's two-factor theory to test the strength of the relationship between motivation factors, JS, and retention among employees in India. Findings reinforced the significant impact of JS on retention as well as a positive correlation between intrinsic

(the work itself) and extrinsic (supervision and pay/fringe benefits) motivational factors. Zin et al. (2012) also found that an employees' relationship with a supervisor had the strongest positive correlation to retention. Further, Hunt et al. (2012) determined that work conditions, recognition, and compensation have the most positive significant impact on JS and retention of nurses employed in nursing homes. A recent study by Son, Lu, and Kim (2015) indicated that motivational factors of achievement, responsibility, and work itself impacted the level of JS among public service workers (see Figure 1). Finally, Richard (2013) examined dissatisfaction and found a strong correlation with high absenteeism rates and staff turnover.

Several studies have also included Herzberg's two-factor theory to study JS and motivation among nurses. Studies supported Herzberg's theory of intrinsic factors being the primary motivators, though some have indicated that some extrinsic factors, including pay and compensation, were motivating and a dissatisfier. None of the studies focused on MGBHNs. Kacel, Miller, and Norris (2005) examined nurse practitioners' motivations and found that although the work itself was pivotal so was compensation. Mitchell (2009) studied 453 foreign-trained nurses in Saudi Arabia and also found that a combination of intrinsic and extrinsic factors contributed to overall JS—namely the work itself, responsibility, achievement, pay, and the work environment. Further, Russell and Gelder (2008) surveyed 331 transplant nurses and supported Herzberg's theory that motivating factors such as the work itself, recognition, and responsibility attributed to high employee work satisfaction. Holmberg, Caro, and Sobis (2018) also supported Herzberg's theory regarding the value of the work itself related to behavioral healthcare nurses; however,

the lack of additional intrinsic factors, specifically the opportunity for advancement was discouraging for the profession. Finally, Alshmemri, Shahwan-Akl, and Maude (2016) studied JS among 272 public hospital nurses in three different countries and also found support for Herzberg's theory that motivation factors were more influential than hygiene factors.

Although Herzberg's theory remains the premier, contemporary theory of motivation and subsequent JS, four predominant controversial issues contest its tenets. First, Locke (1976) challenged the unidirectional impact of factors and believed measuring intensity rather than frequency would yield a more accurate measure of JS and dissatisfaction. Second, the literature also indicated that extrinsic factors can increase JS as opposed to just decreasing dissatisfaction (Worlu & Chidoize, 2012; Yusoff, Kian, & Idris, 2013). A third counter-argument centers on the lack of consideration for the impact of contextual variables (Bohm, 2012; Chien, 2013; Damiji et al., 2015; Ghazi, Shahzada, & Khan, 2013; Vasiliki & Efthymios, 2012; Worlu & Chidoize, 2012; Yusoff et al., 2013). Further criticism highlights Herzberg's disregard for the impact of varying employee characteristics such as age, gender, and race on motivation and hygiene factors (Malik & Naeem, 2013). Despite controversies, Herzberg's two-factor model is based on well-established, measurable parameters of intrinsic and extrinsic factors and the documented impact of those factors on organizational efficiency (Bebe, 2016; Mcdonald, 2016) and psychological factors on employees (Tan & Waheed, 2011).

Alternative Theory: Maslow's Hierarchy of Needs

Maslow's hierarchy of needs theory rivals Herzberg's two-factor theory. Herzberg's two-factor theory of motivation relates to rewards and incentives (Herzberg et al., 1959), whereas Maslow (1943) conceptualized motivation as it relates to human needs and fulfillment. Similar to Herzberg, Maslow posited that employees must experience the fulfillment of different needs or become demotivated (Jansen & Samuel, 2014); however, Herzberg et al. (1959) did not subscribe to the concept of achieving needs in sequential order. Conversely, Maslow posited that humans have five major categories of needs that they must satisfy in sequential order, beginning with (a) physiological, including the need for food and sleep, (b) safety, (c) love, including affection and belonging (d) esteem, and (e) self-actualization, for an individual to attain maximum potential. Alternatively, Harrigan and Commons (2015) found that the fulfillment of achieving each need is never static or permanent. Pandža, Đeri, Galamboš, and Galamboš (2015) also found that character, context, and personal principles influence employees' needs as opposed to a hierarchy of needs.

Even though both Herzberg and Maslow focused on motivation and JS, Maslow's hierarchy of needs theory is difficult for researchers to support empirically (Bouzenita & Boulanouar, 2016). Additionally, the lack of specificity in each category of the framework does not yield meaningful, comparable results. Thus, Maslow's hierarchy of needs theory was not incorporated in my study.

Person-Environment Fit Theory

PE fit theory was incorporated into the design to ground my study in public policy, specifically health policy. PE fit relates to the alignment between individual needs and work environment (Kristof-Brown & Guay, 2011; Kristof-Brown et al., 2005). When individual work style preferences and job characteristics are misaligned, there is associated stress, which occurs when there are not enough resources to meet needs or the individual does not meet the demands necessary for resources (Harrison, 1978; 1985). Thus, PE fit theory suggests that employee behavior and satisfaction are strongly influenced by the interrelationship between individuals' needs and their work environment (Kristof-Brown et al., 2005). Though there are three influential fit theories associated with complementary fit, Holland's (1985) vocational model was drawn from for this study, which links fit to JS and intent to stay. Further, PE fit theory helped consolidate the framework, as it is aligned with the notions of Herzberg's two-factor theory of intrinsic and extrinsic motivations (see Figure 2).

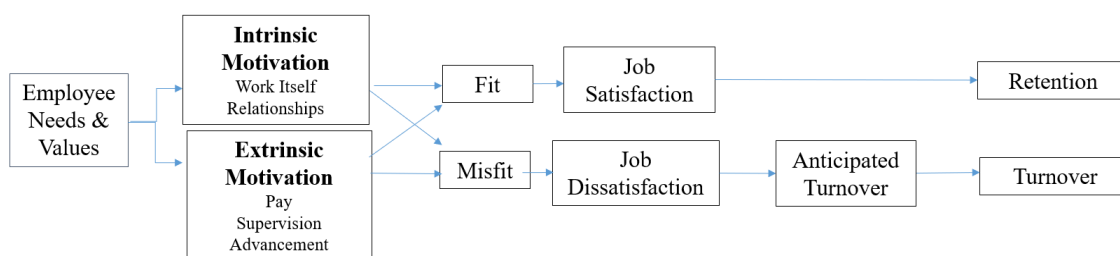


Figure 2. Interrelationship between study variables.

History of person-environment fit. From the turn of the 20th century, PE fit theory has been fundamental to the management literature (Kristof, 1996). The origin of

PE fit can be traced back to Parson's (1909) study of vocational selection. Parson posited that an individual's choice of occupation was a significant investment of time and effort. From this tenet, the notion of linking personal characteristics and vocation launched the field of scientific management conceptualized by Taylor (1919). In 1922, German psychologist Hugo Munsterberg brought this approach to America, which complemented the political ideals and social advocacy efforts of the Progressives who supported the use of science in solving social issues (Su, Murdock, & Rounds, 2015).

Contemporary PE fit models originated from studies conducted at the Institute for Social Research at the University of Michigan by French and colleagues (Caplan, Cobb, French, Harrison, & Pinneau, 1980; French, Caplan, & Harrison, 1982; French, Rodgers, & Cobb, 1974), and are influenced by behavioral, social and organizational psychology tenets, namely Murray's need-press model (Murray, 1938) and Lewin's field theory (Lewin, 1951). The PE fit models aim to understand the relationship between human behaviors and organizational attitudes, motivation, and outcomes (Kristof-Brown, et al., 2005; van Vianen, 2001). PE fit is described as a "syndrome with many manifestations" (Schneider, 2001, p. 142), and defined as the degree of compatibility or similarity between an individual and aspects of their work environment (Edwards, Caplan, & Harrison, 1998; Kristof, 1996; Kristof – Brown et al., 2005).

Lewin (1935) originally conceptualized PE fit as the broad construct of $B = f(P, E)$. Whereby, behavior (B) is a function of the relationship between an individuals' traits (P) and the environment (E). Over the last century, PE fit research has evolved the concept well beyond the linear. Currently, PE fit is conceptualized as a complex,

multidimensional construct measured by direct and indirect measures that incorporate objective and subjective perspectives, numerous environmental aspects, and comparative dimensions including values, needs, personality, abilities, and interests (Andela & van der Doef, 2019). Further, PE fit can also take either complementary or supplementary forms (van Vianen, Stoelhorst & Geode, 2013). Emerging from theory, the PE fit framework conceptualizes human behavior as a product of exchanges between an individual and the environment (Kristof, 1996), which impacts outcomes. Thus, PE fit forms the theoretical backbone of this research due to its applications to study compensation, the work itself and supervision and its relationship with JS and AT.

Types of person-environment fit. PE fit theory is steeped in the notion that people have a fundamental need to fit into their environment and therefore pursue environments aligned with personal characteristics (Deci & Ryan, 2000; Hogg & Terry, 2000). Historically, research has indicated that employees who form a PE fit are more committed and report higher JS levels, and reduced turnover (De Cooman, Mol, Billsberry, Boon, & Hartog, 2019; Kristof – Brown et al., 2005; Verquer, Beehr, & Wagner, 2003). While a misfit yields psychological stress that results in job dissatisfaction, turnover, and burnout (Edwards & Shipp, 2007; Kristof – Brown et al., 2005). The PE fit framework furthers the understanding of interrelationships between a person and the work environment and facilitates interpersonal relations (Edwards & Cable, 2009). Specifically, the French, Rodgers, and Cobb's model (1974) which paved the way for PE fit to become the core concept in JS research (Locke, 1976), and improved organizational performance (Kristof-Brown et al., 2005).

Empirical evidence indicated that PE fit is associated with positive outcomes including JS, job performance, organizational commitment, and reduced turnover (Andela & van der Doef, 2019; Edwards & Shipp, 2007; Kristof – Brown et al., 2005; Morrow & Brough, 2019; Yu, 2016). There are five main types of PE fit. The broadest is person vocation fit, which describes the match between person and profession and has origins in vocational choice theories (Holland, 1985). Narrowing the scope, person-organization fit underlines the relationship between a person and the organization (Chatman, 1989). Person-job fit emphasizes the relationship between a person’s abilities, demands or desires, and a specific job. More recent dimensions include person-group fit, which pertains to the relationship between the person and their workgroups, and finally, person-supervisor fit that underscores the dynamics between a person and their supervisor.

Although there are five major and distinct categories of PE fit, all types share three underlying assumptions (Kristof – Brown et al., 2005). The first assumption postulates that there is a positive correlation between the degree of fit between P and E, with the level of JS (Dawis & Lofquist, 1984; Holland, 1985; Kristof, 1996; van Vianen, Stoelhorst & Geode, 2013). Second, the combination of P and E predict outcomes such as JS, better than each component considered separately (Mitchell, Holtom, Lee, Sablinski, & Erez, 2001; Schneider, 1987; van Vianen, 2018). Third, the disparity between a person and environmental attributes (herein known as misfits), reduce positive outcomes (Cable & Judge, 1996; van Vianen, 2018). Although these assumptions have been challenged,

they remain substantiated in the theoretical and empirical PE fit literature (Edwards; 1996; Schneider, Kristof, Goldstein, & Smith, 1997).

Conceptualization of person-environment fit: Supplementary or complimentary. Another notable distinction in PE fit theory is the conceptualization of fit based upon its underlying nature categorized as either supplementary or complementary. As noted, PE fit occurs when there is a perceived congruence or similarity between P and E (Kristof, 1996). Theoretical perspectives on supplemental fit are influenced by cognitive theories (Hogg & Terry, 2000), and human behavioral approaches (Tooby & Cosmides, 1989). Both theories posit that humans have an innate tendency to compare and assess similarities with others. Therefore, supplementary fit (person-organization fit, person-group fit, and person-supervisor fit) occurs when the person and work environment share highly similar values and belief systems. Whereby, a person fits into an environment to the degree that he or she “supplements, embellishes, or possess characteristics which are similar to other individuals in the environment” (Muchinsky & Monahan, 1987, p. 267). Supplementary fit provides the foundation for several traditional fit theories, including Holland’s (1976; 1997) vocational choice theory, that posits a person chooses a vocation because he or she shares similar characteristics to others working in the same profession. Second, Chatman’s (1989) notion of person-organization fit in which individuals possess similar values with others in the same organization. Lastly, Schneider’s (1987) ASA model is based upon the belief that individuals are attracted to, selected by, and accepted by similar individuals in an environment.

Alternatively, complementary fit (person vocation fit and person job fit) occurs when the traits of the person “make whole or complement the characteristics of an environment” (Muchinsky & Monahan, 1987, p. 271). Two bi-directional perspectives were born from this compatibility model. The first is demands-ability fit, whereby individuals are said to be hired based upon their requisite abilities (Kristof-Brown & Guay, 2011). From the opposite direction, the needs-supplies fit (Caplan, 1987), relates to the environment’s ability to meet the needs of the person. Needs-supplies theories are linked to JS in fit research (Locke, 1969; 1976; Porter & Lawler, 1968) due to the premise that JS results from the degree to which the job provides what the person needs (Edwards, 2008). The three most influential fit theories associated with complementary fit are fit models of stress (Edwards & Cooper, 1990), theory of work adjustment (Dawis & Lofquist, 1984), and Holland’s (1985) vocational model.

Direct and indirect measures of person-environment fit. Another aspect of differentiation in PE fit theory is the perspectives of subjective (perceived) or objective (actual) fit (Edwards et al., 1996; French, Rodgers, & Cobb, 1974; Harrison, 1978). Seminal work on the subjective fit was first described by Murray (1938), who made the distinction between alpha press (actual reality) compared to beta press or perceived reality in his needs press theory. French and colleagues (1974) first operationalized this concept, followed by Harrison (1978) who believed that different cognitive processes were underlying each. Subjective fit is a well-established construct in the literature and is defined as a direct assessment of compatibility (French et al., 1974; Kristof, 1996). Alternatively, objective fit is the match between P and E as independent from the

person's perspective (French et al., 1974). Further differentiated, perceived fit occurs when P makes a direct assessment of the compatibility between P and E (Kristof-Brown et al., 2005). While actual fit occurs when researchers indirectly assess fit via comparisons of P and E variables separately (Kristof, 1996).

Studies incorporating person-environment fit. As previously noted, there are five types of fit, starting with the broadest - person vocation, to the finest - person-organization, person-job, person-group, and person-supervisor. A review of the literature strongly correlates person-organization and person-supervisor with variables from my study, namely the employee relationship with supervisor, JS, and turnover, and person job with the work itself and compensation. Although much of the earlier fit literature is one-dimensional – studying the relationship between one type of fit and a variable, fit scholars have evolved their thinking and understand PE fit as a multi-dimensional construct (Andela & van der Doef, 2018; Edwards & Billsberry, 2010; Jansen & Kristof-Brown, 2006).

Through the lens of PE fit theory, an individual is currently understood in the context of compatibility between him or herself and the PE fit subdomains of vocation, organization, job, group, and supervisor (Kristof-Brown et al., 2005). Work-related outcomes, specifically, JS and turnover intention, have a long provenance with PE fit (Andela & van der Doef, 2018; Naff & Crum, 1999; Scott & Pandey, 2005). The most influential work characteristics of JS and turnover of public employees were the intrinsic or nonmonetary facets including; satisfying relationships with colleagues and supervisors, professional development, and promotion opportunities (Borzaga & Tortia, 2006;

Ellickson, 2002; Kim 2002; 2004). Empirical studies confirmed the positive relationship between the domains of PE fit (person job fit, person-organization fit, person-group fit, person-supervisor fit) and JS (Cable & DeRue, 2002; Cable & Edwards, 2004; Hardin & Donaldson, 2014; Kim, Aryee, Loi, & Kim, 2013; McCulloch & Turban, 2007; Ostroff et al., 2005; Shah, Deen & Szabist, 2015; Vancouver & Schmitt, 1991; Yu, 2016). Further empirical studies have confirmed the negative relationship between person job fit and turnover (Ahmad, 2012; El-Sakka, 2016; Krishnan, Wesley & Bhaskaran, 2017; Lyons & O'Brien, 2006; Mitchell et al., 2001; Morrow & Brough, 2019; Naff & Crum, 1999; Vogel & Feldman, 2009; Wang, Zhan, McCune, & Truxillo, 2011), as well as misfit as an antecedent of turnover (Memon, Salleh, Baharom, & Harun, 2014).

The PE fit literature also distinguishes between the values of public and private employee sectors. Specifically, one of the core assumptions of PE fit, is that public service workers are more highly motivated by intrinsic rewards (Houston, 2000; Kilpatrick et al., 1964; Rainey, 1982). However, public employees with high levels of engagement and personal service motivation (PSM) were also found to value monetary rewards (Alonso & Lewis, 2001; Rainey, 1982; Vandenabeele, 2008; Wright & Pandey, 2008). Whereas, other studies failed to prove sector differences regarding monetary rewards (Crewson 1997; Lyons, Duxbury, & Higgins, 2006; Schuster, 1974), whether participants work for the government (Wright & Christensen, 2010), or wish to work for the government (Tschirhart et al., 2008).

Public Service Motivation: Alternative Fit Model

The literature linked PE fit to PSM (Teo, Pick, Xerri & Newton, 2016; van Loon, Vandenabeele, & Leisink, 2017). PSM is a public administration theory first conceptualized by Perry and Wise (1990) defined as “an individual’s predisposition to respond to motives grounded primarily or uniquely in public organizations” (p. 368). The subsequent measure was developed by Perry (1996) to differentiate three motives (rational, normative, and affective), which formed the basis of the four-dimensional instrument to measure attraction to public policy, public interest, self-sacrifice and compassion. Over the last three decades, there has been a proliferation of PSM studies (Perry, 2014). Namely, scholarly articles published focusing on revising the definition (Brewer & Selden, 1998; Perry, 2000; Vandenbeeel, 2007), assessment of antecedents (Camillieri, 2007; Cotton & Tuttle, 1986; Scott & Pronk, 2013), empirical measurement (Coursey & Pandey, 2007; Kim, 2009), and outcomes (Bright, 2008, 2013; Moynihan & Pandey, 2007; Vandenbeeel, 2009). Despite the emphasis, the findings have been mixed regarding the positive effects of PSM on JS (Homberg, McCarthy, & Tabvuma, 2015).

Scholars have questioned the development of PSM theory, its relevance to public administration leadership, and effective application (Ritz, Brewer, & Neumann, 2016; Homberg et al., 2015). Often recommendations begin with the assessment of an employees’ level of PSM and call to consider the obtained levels in the hiring process (Carpenter, Doverspike, & Miguel, 2012). More specific recommendations include active recruitment in graduate public policy and administration programs (Houston, 2005), and integrating facets of PSM in assessment tools (Clerkin & Cogburn, 2012). Other

recommendations underscore the need for public organizations to include employees in decision making (Giauque, Anderfuhren-Biget, & Varone, 2013), reduce corruption (Pande & Jain, 2014), and incorporate more flexible administrative processes (Brewer, Selden, & Facer, 2000). While other scholars argue that non-monetary incentives yield higher satisfaction and tenure (Anderson et al., 2012), alignment of employee values with organization's mission (Paarlberg, Perry, & Hondeghem, 2008), and need to highlight an organization's benefit to society as an intrinsic motivator (Kim, 2006). Despite the empirical research, scholars have not been able to operationalize the findings, while also deemphasizing the legal and political barriers to implementation (Ritz et al., 2016).

Evidence to support the need for further refinement of PSM theory included conflicting empirical findings and methodological shortcomings. First, there is a vast reliance on cross-sectional data (Wright & Grant, 2010), and experimental designs with control groups (Christensen & Wright, 2011; Pedersen, 2015) which do not yield definitive evidence of cause-and-effect relationships. Second, there were inconsistent findings between PSM and common variable relationships (see Alonso & Lewis, 2001; Gould-Williams et al., 2013; Kim, 2006; Pandey et al., 2008; Petrovsky & Ritz, 2014). These methodological choices are worsened by the considerable use of archival data which impacts sampling, measurement error, and effect sizes (Homberg et al., 2015). In this context, the concept of PSM has been increasingly used to moderate or mediate other relationships and referred to as person-organization fit (Bright, 2008; Wright & Pandey, 2008).

Ultimately, the current challenges of PSM theory noted in the literature include stagnation of empirical research (Perry & Vandenabeele, 2015), continued use of Perry's (1996) original instrument, core assumptions including the notion that public service workers are more highly motivated by intrinsic factors (Wright, Hassan, & Christensen, 2017), a relatively small cohort of scholars authoring prominent PSM research (Ritz, Brewer, & Neumann, 2016), as well as the inconsistent empirical evidence between PSM, antecedents, and consequences (see Alonso & Lewis, 2001; Gabris & Simo, 1995; Gould-Williams et al., 2013; Kim, 2006; Lewis & Frank, 2002; Pandey et al., 2008; Petrovsky & Ritz, 2014), specifically between PSM and JS (Bright, 2008; Steijn, 2008; Taylor, 2008), the lack of identified causal factors (Kim et al., 2013; Wright & Grant, 2010), and need for the integration of more advanced research methods (Kim, 2012; Kim & Vandenabeele, 2010; Ritz et al., 2016; Wright, 2008). Although there is a link between PSM and PE fit through employee values and motivation (see Kristof-Brown et al., 2005), as well as empirical evidence to support the relationship between PSM and JS (Ellickson, 2002; Kamdron, 2005; Ting, 1996; 1997), and the contrary (Bogg & Cooper, 1995), PSM is still a developing public administration theory (Ritz et al., 2016). Alternatively, person job fit is linked to performance outcomes, including JS and relates to the same environment (Bright, 2007; 2013; van Loon et al., 2017). Further, person-organization fit has been linked to an array of variables related to employee performance and outcomes (Kristof, 1996; Kristof-Brown et al., 2005; Vancouver & Schmitt, 1991). Thus, person-organization and person job fit are more suitable frameworks for my study.

Literature Review Related to Key Concepts

History of U.S. Public Behavioral Health Hospitals

This retrospective provides context for present and future public policy. To understand the present, we need to be open to viewing it “in the light of the past from which it has emerged and of the future which it is bringing forth” (Rosen, 1959, p. *i*). The following sections are based upon the delineation determined by Eaton and Fallin (2019) and begin with defining public administration. Followed by the history of public behavioral health hospitals through the lens of nursing care, advocacy and relevant behavioral health administration policies. Further, there is a focus on the evolution of our understanding of mental health and the consequent impact on program development, service delivery, and funding.

Public Administration Defined

Woodrow Wilson was the 28th President (1913 to 1921) of the United States and is often referred to as the father of American Public Administration. In his seminal essay, “The Study of Administration,” published in the *Political Science Quarterly* in 1887, Woodrow Wilson aptly defined public administration as “the detailed and systematic execution of public law” (p. 372). Wilson’s framework of public administration was intertwined yet separate from politics, and he declared that “Administration is the most obvious part of government; it is government in action; it is the executive, the operative, the most visible side of government, and is of course, as old as government itself” (1887, p. 373). Wilson (1887) incorporated art and scientific elements into the academic:

... the object of [public] administrative study is to discover, first, what government can properly and successfully do, and, secondly, how it can do these proper things with the utmost possible efficiency and at the least possible cost of either money or energy. (p. 372)

During the transitional years of the second industrial revolution, Wilson noted that “There is scarcely a single duty of government, which was once simple, which is not now complex; the government had but a few masters; it now has scores of masters” (p. 376). Wilson underscored the need to preserve a moral government and the necessity to uphold ethical principles within all economic orders. These economic principles transcended into public administration during the latter part of the Dark Ages.

The complex and dynamic nature of public administration has evolved from Wilson’s (1887) original articulation. Current public administration scholars more broadly define this blend of art and science as a government in action, management of public affairs and the implementation of public policies applied to the public sector (Shafritz, Borick, Russell, & Hyde, 2016). However, Shafritz and associates argued that the notion of public administration is immeasurable – an amalgam of other fields of study including sociology, psychology, political science, business administration and law. To counter, they codified significant public administration concepts into four categories: political, legal, managerial, and occupational. Although this dissertation touched upon all public policy aspects, the emphasis was on the managerial and occupational, in the context of the growing need for public administration to proactively address JS and

retention strategies of MGBHNs to mitigate the negative effects of our nation's behavioral healthcare crisis.

The Dark Ages

The origins of public behavioral health hospitals date back more than a century and a half with scholarly literature underscoring the value of nursing initiatives (Gilligan, 2001). Whereas the establishment and evolution of the nursing profession have had a long provenance of historical, societal, and religious influences dating back to antiquity (Dolan, 1968). In the 19th century Europe, Florence Nightingale formalized the profession of nursing and was known for her groundbreaking work related to hygiene practices during the Crimean War. Her ideas paved the foundation for modern evidence-based practice (Egenes, 2018).

While in the United States, settling colonists were prompted by English culture, traditions, and legal practices. During the evolution, the link between U.S. hospitals and nursing was created in the context of post-Civil War social reform (Reverby, 1987). With the population growth and more people going to work, the need for institutionalization became more urgent (Smoyak, 2000). Before the advent of public behavioral health hospitals, however, those suffering from mental illness, and without family, were housed in local prisons and almshouses with criminals and the impoverished – a time commonly referred to as the dark ages (Smoyak, 2000).

The marked inhumane conditions of jails and almshouses during the early 1800s was pervasive. As a pioneer, Dorothea Dix (1802-1887) visited these facilities and realized that most prisoners were mentally ill (Gollaher, 1995). Dix began documenting

eyewitness accounts of the deplorable conditions and mercilessness practices of these institutions (Gollaher, 1995). Thus, she began her plight as a reformist and advocate for the more humane treatment of the mentally ill in a hospital setting. Whereby patients in need of behavioral health services would be removed from an environment of punishment and treated in an environment of healing (Gilligan, 2001). Dix's influence came from reports detailing the patient experiences at the York Retreat in England. Inspired by the 'moral treatment,' she argued in the state legislature that humane treatment of the disabled, infirmed, and mentally ill was a moral responsibility of a civilized government (Gollaher, 1995).

The Construction Era (c. 1825-1960)

The second half of the 19th century brought about a notable expansion and aging of the national population, as well as advances in science and medicine (Reverby, 1987). These advances significantly influenced medicine, the budding profession of nursing, and the establishment of public mental hospitals, which were originally funded by the wealthy for those less fortunate (Smoyak, 2000). This period was also associated with great humanitarian efforts demonstrated by the creation of specialized institutions tasked with providing treatment and restorative asylum for those with serious mental illness. Between the 1840s and 1860s, Dix advanced the movement to incorporate the administration of public asylums into public policy (Smoyak, 2000). By 1890, every state in the nation had funded, built, and staffed at least one publicly supported mental hospital (Reverby, 1987). The overall patient census of these hospitals continued to grow concomitantly with the country's overall population.

The field of public health nursing was also founded in the second half of the 19th century. Homecare nursing was first documented in England in 1860 (Egenes, 2018). Whereby, services and medicine were underwritten by wealthy community members to provide nursing care to the ‘sick poor’ (Egenes, 2018). In 1886, the idea was brought to America by European travelers, and two district nursing associations were established in Boston and Philadelphia. By 1893, Lillian Wald instituted settlement house nursing for the immigrant population living in lower New York City. Wald partnered with Mary Brewster to establish the Henry Street Settlement, which provided nursing care to the destitute immigrant population (Wald, 1934). Wald later coined the term, *public health nursing*, to specify the work of nurses in the home, and in community settings (Egenes, 2018).

From the turn into the middle of the 19th century, U.S. federal and state governments were in a fiery debate about their perspective roles in managing public health, social welfare, and education (Smoyak, 2000). Dix, with the support of other reformists, believed that state governments needed to be responsible for the mentally ill by housing and treating in-state asylums (Gollaher, 1995). The standard programmatic model for these facilities was reciprocal. Whereby institutions would provide safe, long-term environments that maintained structure, stability, and cleanliness (Grob, 1983). In return, patients contributed to the cleanliness via structured chores and responsibilities which provided therapeutic effect and value (Grob, 1983). This paradigm was the reigning model until the mid-20th century (Grob, 1983).

As early as the mid-1940s, Dorothy Deming (1947), a nurse employed at the American Public Health Nurses Association, identified and documented significant nursing shortages and concerning patient-to-staff ratios (Smoyak, 2000). Further, the effects of World War II underscored the need for change in the delivery of therapeutic care for the chronically mentally ill, dependent, and poor. Thus, in 1946, President Truman enacted the National Mental Health Act, which provided support for research of psychiatric illnesses, training for mental health staff, and grants to provide treatment of neuropsychiatric disorders (Grob, 1983). Further, the Mental Health Act introduced the National Institute for Mental Health, a federally funded government body responsible for transforming the understanding and treatment of mental illnesses through research, paving the way for prevention and recovery (National Institute of Mental Health, n.d.). The evolving concept of public health began to shift to a notion of collective health of communities, not only for the seriously mentally ill.

Two additional events reshaped public policy regarding institutionalized care. First was the seminal work of the journalist, Albert Deutsch (1948) that chronicled the deplorable conditions of state-run psychiatric hospitals (Smoyak, 2000). His work was a compelling account of candid descriptions written in a similar style of Dix in the prior century. Second, was the introduction of a revolutionary new medication for the effective treatment of schizophrenia – chlorpromazine, which would afford chronically mentally ill patients the opportunity to live independent lives in the community rather than within the allocate funding for the use of chlorpromazine. The convergent circumstances of

overcrowding, new medications, and evolving national public health structure paved the way for a new era.

The Community Tools Era (c. 1960-2000)

In 1963, during his last State of the Union address, then-President John F. Kennedy expressed his belief that our nation should not endure the cruelty of the mentally ill and mentally retarded within our custodial institutions. He later signed into law the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, which established a federal role in the care of this vulnerable population (Grob, 1991). This law brought about social change by highlighting human rights and inaugurating the development of the community behavioral health movement and the creation of community mental health centers. These centers were mandated to provide services across the continuum of mental health care including; inpatient services, day treatment, outpatient services, consultation and education, and emergency services (Grob, 1991).

During this era, the pharmaceutical industry burgeoned and produced antipsychotic, antidepressant, and mood-stabilizing medications that advanced treatment and reduced the length of mental health hospital stays (Grob, 1994). These medications were significantly more expensive than previous medications, and states were struggling to continue the funding of medication costs. Psychotherapies were also evolving, and research was able to determine evidence-based treatments for ongoing support and maintenance on an outpatient basis. To augment these remedies and sustain therapeutic gains, community support tools were initiated as a series of rehabilitation programs

(Grob, 1991). By the turn of the century, the scope of available outpatient services was extensive.

Three federal programs were enacted during the tools development era, which significantly impacted mental health services: Medicaid (federal and state partnership - Title XIX of the Social Security Act), Medicare (Title XVIII), and Social Security are part of the Social Security Amendments of 1965 (Public Law 89-97). In 1935, President Franklin Delano Roosevelt signed the original Social Security Act into law. Retirement benefits would now be available to individuals (and their qualifying spouses and children) who contributed to the program while gainfully employed (Grob, 1991). Through a second program, Supplemental Security Disability Income, benefits would be provided to individuals with permanent disabilities. In 1965, Medicare was enacted by President Lyndon B. Johnson, providing health insurance for those over 65, and those receiving Supplemental Security Disability Income. In that same year, Medicaid was signed into law and provided health insurance coverage for low-income adults and children. Based on a community care model, Medicaid programs consider community alternatives and nursing home facilities for long-term care (Grob, 1991). By the late 20th century, all fifty states incorporated mental health benefits for members.

In Post-World War II, state mental hospitals once again became severely overcrowded, and patients were confined in squalid conditions. Circumstances resurfaced and rivaled the deplorable conditions of almshouses and jails of the mid-19th century, and the trend of 'transinstitutionalization' described by Dix and other reformers (Sisti, Segal, & Emanuel, 2015). Developing theories emerged, driven by the premise that mentally ill

patients were better served in the community rather than in state hospitals. In response, the trend of deinstitutionalization – the mass exodus of critically mentally ill patients from state hospitals. The further impetus of this trend included the civil rights movement, financial incentives at the state level, and advancing psychopharmacology that stabilized the negative symptoms of the chronically mentally ill (Torrey, 2015).

The consequent downsizing of inpatient public mental health services impacted the healthcare landscape. The number of state general hospitals with separate psychiatric units doubled between 1970 and 1992 (Center of Mental Health Services, 1996). Alternatively, psychiatric patients were also treated on medical units with designated ‘scatter’ beds. Once patients were stabilized, they were discharged to community-based programs to continue recovery, which enabled the federal government to share in the costs (Smoyak, 2000). The trends of this era severely reduced the length of stay in public mental health hospitals for these patients (Smoyak, 2000). However, in the wake of insufficient community-based services, severely mentally ill (SMI) patients were once again ‘transinstitutionalized’ between shelters, jails, and prisons (Torrey, 2015).

Alternatively, public hospitals continued their cost containment and reduction efforts. The quality of treatment was affected by the bifurcated practices of accelerated discharge planning and slowing admissions (Smoyak, 2000). Thus, the number of patients treated in public mental health hospitals declined by more than 90% between 1955 and 1995 (Bachrach, 1996). Therefore, only the most SMI patients were treated in public mental health hospitals – a practice that continues today. Notably, immediate

access to care for this population is critical for ensuring public safety (Pratt, Druss, Manderscheid, & Walker, 2016).

The Recovery Era (c. 2000-Present)

With Dr. Hogan at the helm of President George W. Bush's New Freedom Commission on Mental Health, the commission identified the inefficient and ineffective practices of the U.S. mental health system (New Freedom Commission on Mental Health, 2003). The commission called for an overhaul of failing programs and emphasized the need to embrace recovery as an essential goal for all behavioral health services and programs (Hogan, 2002). This framework represents an evolution in thinking and disability policy development. Individuals who were once considered a public burden were empowered to be partners in their care and recovery. Thus, programs for this population promoted accommodation and integration into the community as opposed to isolation.

The recovery era was strengthened by the enactment of the federal Mental Health Parity and Addiction Equity Act of 2008, which eliminates disparities between physical and mental health coverage. In 2010, the Obama Administration enacted the Patient Protection and Affordable Care Act (ACA). The ACA was designed to extend the Mental Health Parity and Addiction Equity Act (United States Government, 2013). As a result, mental health services are currently considered an essential health benefit (Huskamp & Igelhart, 2016). Further, the ACA expanded insurance coverage for millions of individuals through the Medicaid program, whereby low-income individuals could purchase coverage through exchanges (Huskamp & Igelhart, 2016). Recent studies

indicated that ACA reforms have lowered the uninsured rates from 28.1% to 19.5% between 2012 to 2015 (Cohen & Zammitti, 2016), and improved quality of care (Thomas, Shartzter, Kurth, & Hall, 2017).

Over the last century and a half, the evolution of science and medicine has impacted our understanding of mental illness. Thus, influencing our government leaders in establishing program development, fiscal priorities, and public administration legislation. Practical reform requires a strong collective constitution, is informed, slow and filled with compromises. As Wilson (1887) noted in his seminal essay, “In government, as in virtue, the hardest of things is to make progress” (p. 374).

Current Statistics and Trends in Public Behavioral Health Hospitals–Bed Capacity

The current shortage of behavioral health beds in the United States is a significant public health concern (Torrey, Entsminger, Geller, Stanley, & Jaffe, 2015; Sisti et al., 2015). Since the 1960s, political, social, and economic forces have converged to discharge SMI patients from psychiatric hospitals. In conjunction, data has not been consistently collected by agency or frequency, which negatively impacts the ability to address these gaps in need. There are national data from 1955, then 2005, and not again until 2010 and 2016 regarding the number of psychiatric inpatient beds in public hospitals compared to population ratio per 100,000 individuals (Torrey et al., 2015). The 2005 data indicates that in 1955, 560,000 patients were treated in public mental health hospitals while, there were less than one-tenth, or 45,000 patients treated nationally in 2005 (Sisti et al., 2015). Stated differently, in 1955, there were 340 beds for every 100,000, yet 17 for every 100,000 in 2005 (Torrey et al., 2015). Considering the

population had doubled within that time frame, there was a 95% decline in per capita public mental health beds rivaling the bed to population ratio of 14 per 100,000 in 1850 (Sisti et al., 2015).

National data collected by the Treatment Advocacy Center in 2016 indicate a further downward trajectory from 2005 data. In 2016, a survey of all 50 states and the District of Columbia indicate that there were 37,679 state beds remaining in state public mental health hospitals. Currently, there are 11.7 beds per population ratio of 100,000 individuals across the country. Considering the adjustment for national population growth, there was an additional 17% decrease in bed availability since 2010. Overall, the state hospital bed trends have been declining from: 337 per 100,000 in 1955, to 16.88 per 100,000 in 2005, 14.1 per 100,000 in 2010, to 11.7 per 100,000 in 2016. These ratios indicated that there were fewer public mental health hospital beds per capita than at any other time in U.S. history.

Current Statistics and Trends in Public Behavioral Health Hospitals

Even though SMI patients comprise a small subset of the overall mentally ill population, these patients are in critical need of the specialized and intensive treatment provided by the state public hospital systems. Since the turn of the 21st century, the U.S. public hospital landscape has been plagued with closures, downsizing, and mergers (National Association of State Mental Health Program Directors Research Institute, 2015). Deinstitutionalization marked the beginning of a paradigm shift for public mental health hospital service delivery to highly specified populations and diagnoses.

Between 1997 and 2015, 22 states either closed or merged 62 public mental health hospitals (National Association of State Mental Health Program Directors Research Institute, 2015). Specifically, several states have closed approximately 50% of their beds during this same period, including Minnesota, Michigan, New Mexico, and North Carolina (Torrey et al., 2015). The number of SMI patients being treated on a given day has declined from roughly 70,000 to 41,600, or 39 percent (Torrey et al., 2015). The Office of Research and Public Affairs (2015) data indicated that the number of public hospitals has decreased from 254 in 1997 to 195 in July 2015, representing a 24% decrease in less than 20 years. The most recent data from the National Association of State Mental Health Program Directors indicated that from 2015 to 2016, the number of public mental health hospitals had decreased by an additional seven hospitals, thus removing 755 beds. The number of residents per 100,000 state population ranged from a low of 2.5 per 100,000 in New Mexico to a high of 54.2 patients per 100,000 (National Association of State Mental Health Program Directors, 2017). The ratios across the nation are highly varied, incurring treatment disparities and gaps.

Additional trends related to the focus and understanding of treatment. Prior to 1970, public mental health hospitals additionally treated patients with dementia, pervasive intellectual or developmental disorders, and those needing long-term care. Since 1981, state governments have changed where mental health services are provided and how they are funded (National Association of State Mental Health Program Directors, 2017). In 2015, 2% of 7.3 million patients received an average of less than one day of care, yet public mental health hospitals billed \$9.7 billion in expenditures to the

states (National Association of State Mental Health Program Directors, 2017). State spending on the provision of inpatient mental health services increased \$5.8 billion from 1981 to 2015 (an increase of 144%; National Association of State Mental Health Program Directors Research Institute, 2015). While community mental health expenditures increased from \$2 billion in 1981 to \$32.6 billion in 2015 (an increase of 1,427%; National Association of State Mental Health Program Directors Research Institute, 2015). These data indicate the recent trends in mental health service provision of U.S. public mental health services.

Alternatively, Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2018 data indicated that the demand for mental health services is on a rising trajectory in keeping with the growing population. Approximately 57.8 million Americans are suffering from mental and substance use disorder (SAMHSA, 2019). Among those with mental illness, 11.4 million (23%) or 1 in 4 meet the criteria for SMI (SAMHSA, 2019). In the last decade, SMI has been rising among adolescents (13-18 years old), young adults (18-25 years old), and adults (16-49 years old). Young adult rates of SMI have increased by 3.9% from 2008 to 2018, and adult rates of SMI increased 1% (SAMHSA, 2019). Despite the consequences and disease burden across the nation, treatment gaps remain vast. Of the young adults numbering 1.4 million with SMI, almost half - 46.2% have not received treatment, while of the 3.8 million adults with SMI - 36.6% have not received treatment (SAMHSA, 2019). These treatment gaps, coupled with MGBHN shortages, require public mental health policy reform to identify and operationalize effective retention strategies to increase access to quality care.

Over the last 50 years, legislation was written to mitigate the effects of the rising demand for mental health services coupled with decreasing supply of bed availability by raising the criteria to access inpatient public mental health treatment. These policies were crafted to impede inappropriate hospitalizations while incentivizing community-based facilities, treatments, and programs. Specifically, the Federal Medicaid IMD Coverage Limitations (1965) which incentivized adult acute care from public mental health hospitals to general hospital psychiatric beds. The Mental Health Block Grant Law requires state mental health agencies to utilize money from block grants to cover all mental health treatments on the continuum up to, but not including, inpatient level of care. Civil Rights of Institutionalized Persons protects the rights of individuals with mental health issues, incarcerated, in a nursing home or institution caring for those with either intellectual or developmental disabilities. The second goal of this regulation is to reduce inpatient levels of care and increase community-based services. Americans with Disabilities Act is a federal statute that prohibits unjustified segregation of individuals with disabilities. In the Olmstead decision of 1990, the Supreme Court determined that the Americans with Disabilities Act applies to patients in public mental health facilities.

Public and Nonprofit Hospitals

Public and nonprofit hospitals can have overlapping missions and tax structures, to treat the underserved. The American Hospital Association defines a public hospital as an acute care, general hospital serving the public, operated without private profit, yet not necessarily owned by the public (2017). It dispenses public charity and is primarily owned by a state, city, county, combined city and county, or district authority (American

Hospital Association Annual Survey, 2017). Like public hospitals, nonprofit hospitals can apply for and obtain IRS 501(c)(3) tax status designation and become classified as charitable organizations (IRS, 2020). Such classification includes the promotion of health that is deemed beneficial to the community.

However, while all public hospitals have non-profit tax structures, not all non-profit hospitals are designated as public hospitals. Within the nonprofit sector, private nonprofit hospitals do not serve all members of the community. To qualify as an organization described in Section 501(c)(3), a hospital must demonstrate community benefit (IRS, 2020):

- By providing benefits to a class of persons that is broad enough to benefit the community
- Operate to serve a public rather than a private interest
- Perform healthcare services open to all, regardless of ability to pay
- Maintain a board of directors drawn from the community
- Accept public payor programs such as Medicaid and Medicare
- Use surplus funds to improve facilities, advance medical training, education, and research

Thus, the mission of public and nonprofit 501(c)(3) hospitals classified as charitable organizations, are aligned in their commitment to serve the public interest.

Nursing Turnover

History and concept of turnover. The concept of turnover has been studied for more than a century (Hom, Lee, Shaw, & Hausknecht, 2017) due to its critical impact on

the provision of quality service delivery (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; Masum et al., 2016; Roelen et al., 2013). However, the first empirical study was conducted by Bills in 1925 and published in the *Journal of Applied Psychology*. Since then, March and Simon's (1958) theory advanced by Mobley (1977) and Price (1977) became the foundation of theory-driven turnover research. Currently, the turnover literature spans several disciplines, including organizational psychology, human resources management, and sociology, and reports the effects upon organizational functioning.

Scholars have not been able to agree on a universal definition of nurse turnover (Duffield et al., 2014; Falatah & Salem, 2018; Kovner et al., 2014). Varying definitions and perspectives have made comparisons across health systems and countries unviable (Duffield et al., 2014; Falatah & Salem, 2018). Further, several terms are used interchangeably to indicate turnover intention, including the intention to quit, intention to leave, and AT (Takase, 2010). The concepts of turnover and retention are terms used to study the same phenomenon from opposite ends of the same continuum. Whereby, retention represents the activities an employer implements to keep valued nurses within their organizations (Brook, Aitken, Webb, MacLaren, & Salmon, 2018; Kovner et al., 2016). While turnover occurs when those attempts fail, and nurses vacate their position (Falatah & Salem, 2018; Kovner et al., 2016).

Research has also proven that turnover interferes with numerous product-related activity and outcomes (Shaw, Gupta, & Delery, 2005), in the public sector (Olowokere, Chovwen, & Balogun, 2014), is a major contributor to the nursing shortage (Gauci-Borda

& Norman, 1997), and negatively impacts financial performance (Park & Shaw, 2013). More narrowly, scholars of nursing turnover have written reviews of turnover antecedents (see Hausknecht, 2017; McVicar, 2003; Nei et al., 2015; Tai et al., 1998), consequences of nursing turnover (see Hayes et al., 2006; 2012; Lu et al., 2012; 2019), relationship with JS (see Lu et al., 2012; 2019; McVicar, 2016; Zangaro & Soeken, 2007), in hospital settings (see Coomber & Barriball, 2007), and retention of newly-qualified nurses (see Brook, Aitken, Webb, MacLaren, & Salmon, 2019; Tourigny, Baba & Lituchy, 2016). Notably, literature aimed at predicting turnover cites the complex and dynamic nature of this phenomenon.

Turnover can be conceptualized as either an organizational or individual phenomenon (Hinshaw & Atwood, 1984). For my study, the definitions of voluntary and involuntary turnover are defined based on the work of Hinshaw and Atwood (1984), who were influenced by the work of Price (1977). Hence, *voluntary turnover* signifies an employee who is initiating termination (Hinshaw & Atwood, 1984). *AT*, first described by Hofmann (1981), and expanded by Hinshaw and Atwood (1984), describe an individual's plans to leave his or her current position during a specified time.

Definitions of turnover–Methodological challenges. The most notable methodological challenge to studying turnover across disciplines and diverse health care systems is the absence of a universal definition of turnover, its applications, and calculations (Hayes et al., 2006, 2012; Tai, Bame, & Robinson, 1998). The terminology and genesis of turnover, the lack of consistent recordkeeping or measurement, impede researchers' ability to establish benchmarks, reliably compare or generalize across studies

(Hayes, 2012; Tai et al., 1998). Researchers conceptualize turnover from the perspective of stayers vs. leavers or quitters (see Bloom et al., 1992; Cavanagh, 1990; George, 1979; Hom & Griffith, 1991), intention to leave versus intention to stay (see Gray & Phillips, 1994; Lowery & Jacobsen, 1984; Tai, 1996), voluntary and involuntary leaver (see Mueller & Price, 1989), the process of vacating a position or intention to resign (see Lane et al., 1990).

Employee turnover has also been categorized as; unavoidable turnover (due to sickness, retirement, or family crisis), undesirable turnover (loss of talented employees), and desirable turnover (loss of incompetent employees; Ellett, Ellis, & Westbrook, 2007). More recently, turnover has been classified as either voluntary (employees' decision to vacate a position, and the focus of my study, herein referred to as turnover; Hinshaw & Atwood, 1984; Kovner, Brewer, Fatehi, & Jun 2014; Park & Shaw, 2013), or involuntary turnover (the termination of an employee; Mathis & Jackson, 2004). Turnover can be defined as an undifferentiated process that incorporates internal and external turnover, as well as incidents of voluntary and involuntary shifts, which may be driven by opportunity or fear. Further complications were identified by Lambert and Paoline (2010) and later by Matz et al. (2014) of inconsistent termination documentation practices, which has impeded accurate assessments of nursing turnover. Also, turnover yields both indirect and direct costs, which are measured and factored differently and contribute to the equivocal findings. Direct costs are incurred as a result of the hiring process, such as advertising, recruiting, orientation, and hiring (Jones, 1990). Whereas, indirect costs are broad and include associated overtime of remaining nurses, decreased nurse productivity

and morale (Gray et al., 1996; Johnson & Buelow, 2003). Buchan (2010) posited that costs could vary significantly when accounting for the experience and scope of a nurse's duties and replacement strategies. The cost of turnover has far-reaching implications that extend beyond the local unit level to nursing departments, the hospital or facility to entire healthcare systems creating workforce instability. Thus, it is crucial to accurately identify significant predictors of turnover which would inform management practices of public behavioral health hospitals.

Antecedents of Nursing Turnover

Background. The conceptualization and understanding of turnover evolved since Bills (1925) first studied clerical workers in the early 20th century. Empirical research on voluntary turnover has yielded over nine thousand studies (Lu et al., 2019), and 54 variables stemming from six predominant theoretical categories, namely job characteristics, personal characteristics, supervisor relations, job characteristics, role, attitudinal reactions (Nei et al., 2015). In the last two decades, a vast number of studies propelled researchers to consult meta-analysis to compile research findings and identify the most consistent and strongest predictors (herein referred to as antecedents) of turnover. However, a vast majority of empirical studies have not focused on the behavioral health sector (Nei et al., 2015), and thus may not have accurately identified antecedents specific to behavioral healthcare nursing turnover.

Distal antecedents. Additional meta-analysis indicated a strong positive relationship between turnover intentions and turnover, and a strong negative relationship between intentions and JS (Duvall & Andrews, 2010; Currie & Carr-Hill, 2012; Irvine &

Evans, 1995). Tai et al. (1998) identified turnover antecedents in their literature review, with the most significant being age, tenure, JS, organizational commitment, and relationship with the supervisor. McVicar's (2003) literature review aligned with Zangaro and Soeken's (2007) meta-analysis, which indicated that job stress is strongly related to various nursing roles as emerging antecedents in changing hospital environments regarding shift work. Job stress, work environments and the nature of nursing work were also primary antecedents of nurses leaving the profession (Duvall & Andrews, 2010; Tourangeau et al., 2010). Lu et al. (2012) proposed that effective interventions are hindered by the absence of a model that incorporates the impact of mediators. McVicar's (2016) more recent review of the nursing literature from 2000 to 2013 found additional antecedents including role ambiguity, workload, professional and organizational commitment, and management style, with conflicting results regarding the existence or strength of pay and retention. While the Lu et al. (2019) JS literature review found that the trend in the international nursing literature focused on one aspect or region, and included psychological empowerment, organizational empowerment, and overall JS in Iran and Israel.

Nurse retention is crucial in the context of national nursing shortages and high turnover (Hayes et al., 2013). Nursing shortages threaten the quality of service delivery (Egues, 2013). The increasing need for qualified nursing staff has furthered related studies. Recent studies found compelling evidence to support individual and organizational factors for the nursing shortage including poor leadership and burnout (Boamah & Laschinger, 2015), and chronic emotional stress (Smith et al., 2014).

Consequences of turnover. The number of studies focusing on antecedents of nursing turnover far exceeds those emphasizing the consequences (Takase, 2010). There are four primary trending consequences of nursing turnover. High turnover and shortages result in adverse patient events, treatment errors, and poor service delivery (Aiken et al., 2008; North et al., 2013; Masum et al., 2016). Burnout has proven to negatively affect nurses' JS in the context of nursing shortages (Lee, Yen, Fetzer, & Chien, 2015). Also, the existence of burnout jeopardizes the financial and operational stability of U.S. healthcare facilities, by decreased productivity levels, increased absenteeism and turnover; and compromised safety measures (Henderson, Ossenberg, & Tyler, 2015). Thirdly, turnover negatively impacts the morale of the remaining staff who are forced to cover the working shortfall, reducing motivation and productivity while curtailing continuity of care (Duffield et al., 2009; Hayes et al., 2012, WHO, 2014). Lastly, turnover increases operating costs through advertising, recruiting, training, and hiring of per diem nursing staff to maintain mandated patient to staff ratios (North et al., 2013; O'Brein-Pallas et al., 2010; Roche, Duffield, Dimitrelis, & Frew, 2015). Recent figures posted by NSI (2017) reveal that turnover costs U.S. public health hospitals between approximately \$5.1 million to \$7.9 million annually, and each percentage point increase in turnover amounted to a \$410,500 increase in annual hospital costs. These trending consequences are detrimental to healthcare service delivery.

Relative/distal antecedents. The number of studied antecedents in the extant literature is exorbitant. The current literature indicated that voluntary turnover is most accurately conceptualized as a binary process incorporating personal and job

characteristics (Nei et al., 2015). Thus, for my study, distal predictors are broadly covered. While significant proximal predictors are covered more in-depth, with an emphasis on level of JS with pay, the work itself, and relationship to supervisor as IVs.

Job satisfaction. The relationship between JS and turnover is well established (Ertas, 2015; Fogarty et al., 2014; Yanchus et al., 2015). Employee JS has been studied extensively in the management literature for the last half-century, especially in the last two decades (Aydogdu & Asikgil, 2011; Belias, Koustelios, Vairaktarakis, & Sdrolas, 2015; Spector, 1999). Despite this, scholars have not agreed upon a universal definition of JS (Agarwal & Srivastava, 2016; Alam, 2012; Belias, et al., 2014; Giannouli, 2017; Rast & Tourani, 2012; Vakola & Nicholaou, 2012). However, a distinction in the literature has been made between studying JS holistically, as an overall measure (see Highhouse & Becker, 1993), or as components or facets (see Spector, 1985) such as pay, the work itself and relationship with supervisor (Smith et al., 1969). Facets are specific constructs that have more significant public policy implications compared to a multifaceted construct. They allow for meaningful comparisons and development of targeted retention strategies (Diener & Tov, 2012).

Locke (1976) first conceptualized JS as a positive emotional state experienced while working. Subsequently, Kohler (1988), defined JS as an employees' attitude about specific work parameters including autonomy, opportunities for further education and advancement, work volume, salary, supervision, and colleagues which are aligned with Herzberg's two-factor theory of intrinsic and extrinsic motivation factors (Kohler, 1988). However, my study incorporated Herzberg's (1968) conceptualization of JS as the

positive attitude an employee has toward work and place of employment, which impacts their desire to remain employed in the position or with the organization.

Throughout the literature, JS has been conceptualized as an amalgam of internal and external job characteristics that influence positive employee attitudes, behaviors (Herzberg et al., 1959), and positive emotional connection through alignment with personal values. (Locke, 1976; 1995). My study incorporated Herzberg's (1968) conceptualization of JS as the positive attitude an employee has toward work and place of employment, which impacts their desire to remain employed in the position or with the organization.

In healthcare, nurses' JS positively correlates to job performance and service delivery outcomes (Correia, Dinis & Fronteria, 2015; Ulrich, Lavandero, Woods, & Early, 2014), profitability (Cimiotti et al., 2013) and patient satisfaction (Chang & Zhang, 2012). Considering nurses are crucial members of treatment teams, their JS is a priority (Kaddourah et al., 2013) that can mitigate nurse turnover (Hom et al., 2012; Lu et al., 2019). Thus, effective retention strategies targeting behavioral healthcare nurses are critical to limit attrition (Gounaris & Boukis, 2013).

Job satisfaction among behavioral healthcare nurses. Literature reviews for behavioral health nurses are lacking in comparison to the general nursing or acute care literature. Hanrahan and Aiken (2008) found that behavioral healthcare nurses rated their work environments more negatively, reported lower quality of care, and higher occurrences of adverse events. Happell, Martin, and Pinikahana (2003) compared behavioral healthcare nurses with nurses working on forensic inpatient units. Findings

indicated that the forensic nurses reported higher JS scores, although working conditions were more stressful, unpredictable and hazardous. Baum and Kagan (2015) compared JS scores among behavioral healthcare nurses working in hospitals with those working in ambulatory care. Similarly, findings revealed that ambulatory care nurses reported higher JS scores despite the increased workloads and reported stress. These results were consistent with Ward and Cowman's (2007) findings of significantly higher job-satisfaction scores of ambulatory care behavioral healthcare nurses compared to hospital inpatient settings. Roche and Duffield's 2010 study compared behavioral healthcare nurses with medical unit nurses. The former reported the higher quality doctor to nurse relationships; the latter indicated more leadership and career-advancing opportunities, as well as personal development opportunities than their counterparts.

More recently, Baum and Kagan (2015) explored JS with the intention to leave for psychiatric nurses on closed versus open units. Overall JS of the 52 nurse participants was high, with 66% of the participants reported high or very high satisfaction scores while only 4% indicated low satisfaction. Inpatient behavioral health nurses reported slightly higher intent to leave compared to their counterparts ($t = 3.05, p < .005$) which differs from previous studies with a more substantial differential between groups. There was a strong negative correlation between JS and intent to leave behavioral healthcare and the profession itself. Further, there was a strong negative correlation between age and tenure with the intent to leave behavioral healthcare or the profession itself. The meta-analysis of these findings indicates that inpatient psychiatric nurses consistently report lower levels of JS than other behavioral healthcare, medical, or ambulatory care nurses.

Leadership and relationship with supervisor. Leadership styles of nursing supervisors play a critical role in JS and consequent retention (Mehrad & Fallahi, 2014). Studies have shown that effective leadership creates positive work environments that yield higher JS scores (Spence-Laschinger & Fida, 2014) and trust (Hocine, Zhang, Song, & Ye, 2014). Findings from Yin and Yang's (2002) meta-analysis of 14,576 nurses support the impact of extrinsic factors, including nurses' relationship with the supervisor on turnover. However, one impediment to analyzing the impact of nursing leadership stems from the lack of consensus regarding the definition of leadership and comparative research regarding leadership style, region, and measurements within consistent nursing environments.

Findings from limited studies indicated that dictatorial leadership styles negatively correlated to nursing JS (Skogstad et al., 2014). Fletcher (2001) found that nurse supervisors that were reported to be physically absent and failed to address interpersonal staffing issues scored very low on the JS Survey. A 2016 study of 799 nurses in Turkey found that burnout and poor nurse-to-doctor relationships correlated significantly with the intent to leave the organization (Arslan, Yurumezoglu, & Kochman, 2016). Tzeng's (2002) work revealed that the correlation between leadership and JS was weak. Alternatively, Yin and Yang (2002) compiled a meta-analysis of 13 nursing studies conducted in Taiwan and found consistent statistically significant findings to support the positive correlation between leadership on JS.

Of the more widely studied leadership styles, authentic leadership positively correlated with increased levels of structural empowerment and self-esteem (Wong &

Laschinger, 2013). While transformational supervisory styles tend to positively correlate to individual empowerment, increased JS (Mulki, Caemmerer, & Heggde, 2015), and autonomy (Wu et al., 2014) which in turn, predicted JS which is then a significant negative predictor of intent to leave. Overall, supervisors that support empowerment yield higher nursing JS scores (Ivey & Vance, 2014).

The tenets of leader-member exchange are related to higher JS scores through the connection between leaders and subordinates. The reciprocal nature of leader-member exchange in the further context of diversity shows a positive impact on JS (Brimhall, Lizano, & Barak, 2014). Another core tenet of leader-member exchange is two-way communication and feedback. The higher instance of quality exchanges that occur between leaders and subordinates, the higher the satisfaction scores (Vidyarathi, Erdogan, Anand, Liden, & Chaudhry, 2014). Similarly, direct feedback yields higher JS scores compared to more esoteric styles of absent leaders (Berson & Halevy, 2014).

Management is also subject to varying JS scores. Hudgins (2015) conducted a quantitative study of 89 nursing supervisors exploring the relationship between JS and AT. Similar to non-supervisory nursing staff, JS correlated strongly and positively to AT. In another study, nursing supervisors reported relatively equal levels of stress compared to their supervisees (Welling, 2016), which negatively impacted JS. However, participants additionally reported a responsibility to create an inclusive environment that positively impacted JS (Welling, 2016).

Regardless of stated leadership styles, there were consistent positive correlations across the literature between specific leadership characteristics and turnover. Namely,

unethical climates, lack of leadership recognition and physical presence, high staff-to-patient ratios, administrative workloads, bullying, violence, and stress were significant antecedents of turnover intention and subsequent turnover (Al Hamwan, Mat, & Al Muala, 2015; Hart, 2005; Hayes et al., 2010; Jung & Yoon, 2014; Lee et al., 2013; Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). Other studies cited dissatisfaction with lack of advancement opportunities and low pay (Arslan, Yurumezogulu, & Kocaman, 2016; Ayalew et al., 2015; Li et al., 2011; Sabanciogullari & Dogan, 2015). These significant dissatisfiers can inform public policy strategies aimed to increase JS and retention.

Pay and compensation. Interestingly, there are conflicting findings regarding the impact of compensation on JS. Campione (2015), Deal and Levenson (2016), and Gupta and Shaw (2014) contended that millennials desire to be adequately compensated for their work performance. Conversely, other studies have indicated that intrinsic motivators are more predominant (Close & Martins, 2015; Kasser & Ryan, 1996; Nifadkar & Bauer, 2016). Further considerations add to this complex phenomenon. Related findings include Kim (2015), who found that extrinsic motivation, in the form of supervisor support, negatively correlates to employee intent to leave in the public sector, only when an increase in pay is not an option. While other studies found that male nurses rank pay as a more impactful motivator than female nurses (Borkowski et al., 2007; Rajapaska & Rothstein, 2009).

In health care, studies that considered remuneration as a component of JS also yielded inconsistent findings. Although JS and pay were found to impact turnover

intention (Chan et al., 2009), the effect of increased pay on retention rates was insignificant (Irvine & Evans, 1995; Frijters et al., 2007), or strongly correlated to turnover (Borda & Norman, 1997; Michaels & Spector, 1982; Mobley et al., 1979). Whereas, the work environment was found to be more significantly correlated to JS than pay (Irvine & Evans, 1995).

In contrast, research has also indicated that pay can have direct and indirect effects on turnover intention (Lum et al., 1998; Tzeng, 2002; Yin & Yang, 2002). Lu et al. (2002) found a significant negative correlation between pay and turnover intention and a positive correlation between pay and organizational commitment. In their second review, Lu et al. (2012) found that across all 100 studies, JS and pay had equivocal results. Nurses working the overnight shifts reported the highest levels of dissatisfaction with pay, and internationally, Chinese nurses were the most dissatisfied with pay compared to others. However, public hospital nurses in Norway ranked pay in their top three most desirable facets of JS (Torstad, & Bjork, 2007). Tzeng (2002) measured JS and essential indicators. A Pearson correlation analysis revealed pay and promotion had a powerful negative correlation on JS. In developing a new scale, the Meaningful Retention Scale, Kuhar et al., (2004) found that psychological rewards and recognition were more strongly positively correlated to JS than pay. While, in a qualitative study, Sjogren et al. (2005) discovered that pay, along with scheduling, are both substantial factors for both leaving and returning to their organizations.

Overall, either satisfaction or dissatisfaction with pay could impact nurses' behavior and work outcomes (Mohamed, Mohamad, & Awad, 2017), including

productivity and turnover levels (Al-Maqbali, 2015). The literature cited studies with varying results regarding significant effects on nurses' level of JS. Therefore, retention challenges are not likely to be mitigated through increased pay alone. Thus, the inconsistencies regarding the antecedents and consequences of pay satisfaction require further study (Leveson & Joiner, 2014).

The work itself. Herzberg and colleagues (1976) challenged the conventional wisdom of the early 1970s. The contemporary thinking of the time emphasized worker interrelations as a core motivator. However, through their research findings, Herzberg discovered that employee satisfaction and motivation were the product of achievement and growth within the job itself. Although poor work environments generated discontent, improved conditions did not yield improved satisfaction. Instead, satisfaction was derived from intrinsic work factors such as recognition and work that was considered challenging, significant, and interesting. Further, Herzberg identified three primary psychological states that significantly contributed to employee satisfaction:

1. Experienced meaningfulness in the work itself
2. Experienced responsibility for the work and outcomes
3. Knowledge of results, or feedback on performance

These states were the foundation of the two-factor theory. Whereby, the more that work is designed to incorporate these states, the more satisfying the work will be. Notably, the work itself, which is an intrinsic, or job satisfier, is a distinct concept from the working environment, which is an extrinsic, or job dissatisfier.

The literature supported Herzberg's theory of intrinsic factors as primary motivators especially the work itself (Alshmemri, Shahwan-Akl, & Maude, 2016; Hayes, Bonner, & Pryor, 2010; Holmberg et al., 2017; Kacel et al., 2005; Mitchell, 2009; Russell & Gelder, 2008). However, very few empirical studies have examined JS in inpatient behavioral health units (Holmberg et al., 2016). Holmberg and colleagues quantitative research incorporated Herzberg's two-factor theory to study behavioral healthcare nurses in Sweden, which is a public hospital system. Overall, JS was high, specifically regarding the work itself, and pay was positively correlated to JS and not only a prevention of job dissatisfaction.

Public hospitals are often plagued with limited budgets and severe fiscal constraints. Given these hurdles, Herzberg's two-factor theory can proffer support if public employees are found to be motivated by intrinsic factors such as recognition, achievement, and growth as opposed to more costly extrinsic factors. However, there is a dearth of empirical studies grounded in public policy and framed by Herzberg's two-factor theory.

Khojasteh (1993) studied a sample of 362 public and private-sector managers to compare motivation and JS. Findings revealed that pay and job security ranked highest for the private-sector managers, while recognition and interpersonal relations were the priority for public-sector managers. Zhang et al. (2011) surveyed an urban group of managers and confirmed Herzberg's notion that employees are motivated by a distinct set of factors, whereas dissatisfaction is impacted by another set of factors. Specifically, urban managers were not motivated by pay and most elements of the work environment;

rather, they were motivated by recognition, performance, and influence upon public policymaking. Hur (2018) compared public and private sector managers and found that extrinsic factors did not significantly affect JS scores for public managers.

Thus, as Herzberg postulated, public managers were motivated by intrinsic factors, namely, the work itself as opposed to work environments (Hur, 2018). However, findings also indicated that increased responsibility, advancement, and training did not significantly increase JS. All three studies confirm that although improving working conditions may not positively impact motivation, enhancing intrinsic factors would be more feasible and effective, given the budgetary constraints of public hospitals.

Relationships with Coworkers

Workplace dynamics influence levels of JS, and AT. Herzberg and associates (1959) classified interpersonal work relationships as an extrinsic, or hygiene factors that impact a workers' level of dissatisfaction. Similarly, Chachula, Myrick, and Yonge (2015), and Hayward, Bungay, Wolff, and McDonald (2016), found that dysfunctional, uncollaborative workplace relationships were job dissatisfiers and increased nursing turnover intentions. Further, empirical evidence indicated that hospital workplace incivility and bullying were dissatisfiers for nurses (Fida, Lashinger, & Leiter, 2018, McCoy, 2018). Alternatively, Holmberg and associates (2017) found that behavioral health nurses were motivated by interpersonal relationships, effective communication, and workplace dynamics which positively influenced JS. Although the work of Herzberg et al. (1959) classified relationships with coworkers as a potential job dissatisfier, the

current nursing literature indicated empirical evidence to support interpersonal workplace relationships as both satisfiers and dissatisfiers.

Opportunities for Advancement

Herzberg et al. (1959) classified opportunities for advancement as an intrinsic, or motivation factor that would impact a workers' level of satisfaction. Successful healthcare organizations invest in developing talent across their enterprise. Targeted leadership development and training programs that incorporate supportive interactions and education positively impact employees (Morris & Laipple, 2015). Similarly, robust mentoring programs not only improve performance through partnership with a seasoned nurse, but increase confidence and motivation for advancement (Zhang et al., 2016). Further, programs designed to encourage autonomy were found to foster trust and increased JS (Wu et al., 2014).

Current Trends in Nursing Turnover

Expanding healthcare rolls, an aging nursing workforce, mandates to improve safety and quality, the competition for patient care, decreasing reimbursement rates and length of stay, legislative changes, and a shortage of nurses combine to cause severe strain on the healthcare industry. The Bureau of Labor Statistics (BLS) estimates that by the year 2024, the United States will have a deficit of nurses exceeding 1.13 million (2020). Although the health care market is posting a 42.3% increase in workforce, the turnover rate is 0.9%, which is the highest in over a decade (BLS, 2020). More specifically, the hospital turnover rate is 19.1%, and participating hospitals report a pledge to reduce turnover by an average of 3.26% (Nursing Solutions, 2018). Of the

specialties surveyed, the national average was 17%. However, Nursing Solutions data reveal that behavioral healthcare nurses yielded the highest incidents of turnover (23%) as compared to burn unit RNs with half the turnover rate (12%). Of note, the Nursing Solutions behavioral health turnover data indicated a nearly 10% increase in turnover from 2017, representing the most significant increase across specialties between 2017 and 2018. Further, the last five years of data indicated that behavioral health nurses had a cumulative turnover rate of 112.4% (see Table 1), which signified a turnover of an entire behavioral health hospital nursing staff every five years (Nursing Solutions, 2018).

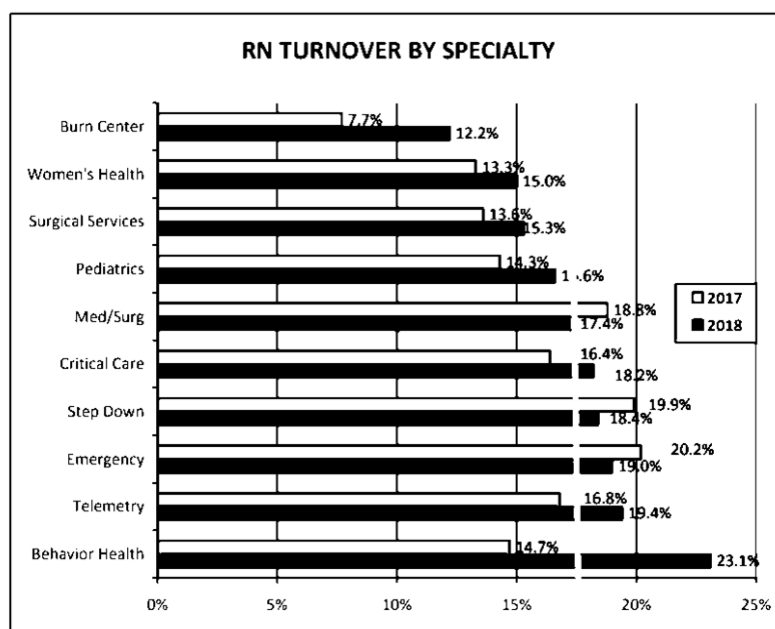


Figure 3. Registered nurse turnover by specialty. Nursing Solutions (2019).

As part of the same Nursing Solutions study, tenure represented a significant factor in turnover rates. Consistent with the nursing literature, the highest turnover rates were associated with nurses reporting less than one year of service, whereas the lowest turnover rates occurred among RNs working five to ten years, followed by those working

more than ten years. Based upon the survey data, a little over 25% (25.6%) of nurses turned over in the first year, slightly less than half (48.2%) in the first two years, and three-quarters (73.2%) vacated their positions in the first five years.

Working Generations

The predominant theme impacting organizations is change, and the United States has undergone significant changes in the last several decades. Effects of the rapidly expanding global economy, advancing technologies, telecommunication, industrial effectiveness, and generational diversity challenge the already dynamic workforce demographics. These changes have shaped the various work orientations and organizational rules of engagement. Whereby the youngest members of society are socialized by significant events and corresponding values – forming cohorts or generations in the context of shared life events and age.

According to the sociologist Karl Mannheim (1952), a generation is an aggregate of individuals born within the same sociocultural and historical context, and experience similar events such as wars, advancing technology and globalization, in their formative years that result in unifying commonalities. The notion of generational differences, or generational effect pertains to individuals who experienced significant events at critical points and become more similar to other cohort members yet remain different from other groups that experienced other events at different times (Costanza et al., 2017). The literature indicates that the formative years, which occur in young adulthood, are pivotal in the development of generation identity formation (Campbell, Campbell, Siedor, &

Twenge, 2015; Mencl & Lester, 2014), peer personality (Strauss & Howe, 1991), or collective identity (Howe & Strauss, 2007).

Generations are social constructs typically defined by a 15 to 20-year time span (Howe & Strauss, 2007; Jamieson, Kirk, Wright, & Andrew, 2015). Alternatively, Strauss and Howe (1991) originally conceptualized a cohort as an essential life phase spanning twenty-two years. While Pilcher (1994) disputed that precise boundaries were not required and that generations would form more organically. Thus, members of a generation are born, begin school, graduate into the workforce, have children, and retire during the same period. These shifting socioecological and political dynamics drive social change (Mannheim, 1952), a process coined by Ryder (1985, p. 10) as “demographic metabolism”. Cohorts are also influenced by previous generations, as well as contemporary social mores that shape ideas, values, and expectations (Campbell et al., 2015).

To examine generational effects, it is helpful to identify generational taxonomy. There are different terms and time ranges for the various cohorts in the formal literature (Smola & Sutton, 2002). Notably, there are differences and a lack of consensus between the birth parameters of each generation. Baby Boomers were said to be born between 1946 and 1964 (Chen & Choi, 2008; Parker & Chusmir, 1990; Parry & Urwin, 2011; Smola & Sutton, 2002), and 1943 through 1960 (Appelbaum et al., 2005; Gursoy et al., 2008), and 1946 and 1961 (Macky, Gardner, Forsyth, & Cennamo, 2008). Alternatively, Millennials were born between 1980 and 2000 (Macky et al., 2008), and 1981 to 2000 (Gursoy et al., 2008). The lack of consistency hinders the formation of universally

accepted age parameters of each cohort, their operationalization, measurement, and assessment of their impact on various outcomes (Costanza, Badger, Fraser, Severt, & Gade, 2012). Researchers have identified this confounding issue as the primary impediment to study generational differences (see Mackey et al., 2008; Trzesniewski & Donnellan, 2010). For my study, the four distinct working generations (see Table 1) are delineated as the Silent Generation (born between 1928-1945), the Baby Boomer generation (born between 1944-1964), Generation X (born between 1965-1980), and the Millennial generation (1980-2000).

Table 1

Working Generations

Name of Cohort	Birth Year Range	Age Range at Time of Study	Influencing Events
Silent Generation	1928-1945	75-92	World War II, Great Depression, Prohibition, women voting
Baby Boomers	1944-1964	56-76	Vietnam War, Korean War, Moon Landing, assassination of JFK and MLK
Generation X (Gen X)	1965-1980	40-55	The Cold War, launch of Space Shuttle, Iranian hostage crisis, increased rates of divorce and women in the workforce
Millennials (Gen Y)	1980-2000	20-39	World Trade Center attacks, fall of the Berlin Wall, school shootings, advancing technology

Note. Adapted from “Attaining Organizational Commitment Across Different Generations of Nurses,” by L. Carver and L. Candela, 2008, *Journal of Nursing Management*, 16(8), p. 987.

Generational Diversity

Generational diversity can enrich and solidify nursing teams through complementary strengths. Communication and respect are foundational strategies for

narrowing the generational gaps between cohorts (Phillips, 2016). Further, comprehending the differences and perspectives of the working generations, as well as their personalities and values (Kupperschmidt, 2000) are critical for nurse leaders (Outten, 2012). Appreciation for each generations' differences can mitigate the effects of job dissatisfaction, while improving nursing leadership's ability to motivate, manage, and retain the critical nurse workforce (Outten, 2012).

For the first time in history, there are four generations contributing to the workforce (Lyons & Kuron, 2014; Outten, 2012). Silent Generation nurses are currently retiring, and thus the least represented. Also known as the Veteran generation, these nurses have survived horrific wars and economic crises, including the Great Depression and World War II (DeVaney, 2015). The news was disseminated through the radio, movies, and newspapers. The predominant careers for the few that became college-educated were teachers or nurses who wanted to give back to the community (Phillips, 2016). Members of the Silent Generation are motivated by intrinsic and extrinsic factors, conservative, loyal, disciplined, and hardworking (Ryan & Deci, 2017). They have a strong work ethic, respect hierarchy, and authority and expect to be remunerated for their time and efforts (Wiedmer, 2015).

Baby Boomers (Boomers), like the Silent Generation, have been influenced by significant life events, namely the Cold War, the energy crisis, civil rights movement, advent of home televisions, and the Apollo moon landing (Clark, 2017; Wiedmer, 2015). Most Boomers grew up with both parents at home (Carlson, 2009). Their formative years coincided with educational growth and financial prosperity post World War II (DeVaney,

2015). Despite a strong economy, this period was known “as a time of significant unrest” (Carlson, 2009, p. 3). The Civil Rights Movement, Women’s Rights Movement, Vietnam War, and assassination of key leaders, including John F. Kennedy, Senator Robert Kennedy, and Martin Luther King, influenced this cohort. External forces reshaped business paradigms, whereby many institutions incorporated a top-down organizational structure (Benton et al., 2014; Zabel, Biermeier-Hanson, Baltes, Early & Shepard, 2016). Boomers are loyal and develop strong work ethics, appreciate hierarchical reporting lines, and want to be acknowledged and valued for their contributions in the form of promotions, higher pay, and corner offices (Clark, 2017; Hendricks & Cope, 2013). This cohort views work as meaningful, self-fulfilling and an integral part of life, and technology as a commodity (Lester et al., 2012).

Boomers created a workplace that was first to address affirmative action and equal opportunity issues, and advocate for expanding benefit options to ease retirement and support healthcare (Stewart et al., 2017). This cohort is motivated by both intrinsic and extrinsic factors, which have proven to positively correlate to engagement (Stewart et al., 2017). Like their contemporary Millennial counterparts, members of the Boomer group were transient early in their careers (Benton et al., 2014; Clark, 2017). In support, Costanza and associates (2017), argue that transience is more a function of age than cohort effects. Nurses of this generation associate work with fulfillment and self-esteem, believing overtime is a moral obligation (Phillips, 2016).

Rapid social and economic changes also impacted Generation X, including the first Iraq War, President Clinton’s sex scandal, rise in school shootings, and the advent of

the HIV epidemic (Smola & Sutton, 2002). Considering the poor state of the economy, Generation X valued independence (Kupperschmidt, 2000). Although their cohort was not as large as the preceding Boomer generation, they inevitably felt the effects of the workforce plateau that followed the post-World War II boon (Fry, 2015), which curtailed their ability to impact the trajectory of their careers (Gursoy, Chi, & Kardag, 2013). As the generation with fewest members, they entered a workforce dominated by Boomers and members of the Silent Generation who formed hierarchical reporting structures that resulted in competition for limited leadership positions (DeVaney, 2015; Lyons & Schweitzer, 2017). Notably, this cohort is motivated less by financial compensation compared to the flanking generations of Millennials and Boomers (Lyons et al., 2015). Although Generation X members turnover less than Millennials, both cohorts are career and industry transient (Bush, 2017; Lyons et al., 2015). Their perspective on education and career development was influenced by the evolving sociopolitical landscape (Stanley, 2010). Generation X is described as independent and adaptable, as the first generation to have significant numbers of working mothers (Hahn, 2012), and grew up in single-parent homes in the context of rising divorce rates (Cahill & Sedrak, 2012). Generation X nurses experienced a boon in technology advances, in the form of video games and household computers. Their parents worked very long hours, and likely fell victim to corporate downsizing. Hence, they learned to establish appropriate work boundaries, efficiently manage their time, and strive for work-life balance (Phillips, 2016). As a result, this cohort of nurses is autonomous and resourceful (Phillips, 2016).

Despite the plethora of research to substantiate generational differences, there is almost an equal number of studies that counter the premise. Costanza et al. (2012) conducted a meta-analysis of 20 empirical studies analyzing generational differences in the workplace. The authors found differences ranging from zero to moderate on measures of work outcomes including turnover intention, JS and organizational commitment (see Anderson et al., 2017; Costanza & Finkelstein, 2015; D'Amato & Herzfeldt, 2008; Twenge, Campbell, Hoffman, & Lance, 2010). Additional studies address workforce generational diversity and expectations (Campbell et al., 2015; Coburn & Hall, 2014; Lyons & Kuron, 2014).

Other studies reported weak or no support for generational differences (Costanza et al., 2012; Trzesniewski & Donnellan, 2010), or lack of consensus regarding the most reliable methodology or analytical techniques for measuring distinctions (see Costanza, Darrow, Yost, & Severt, 2017; Ng & Feldman, 2010; Parry & Urwin, 2011; Twenge, 2010). Rudolph and Zacher (2015; 2017) posited that perceived differences among cohorts are socially constructed, adaptive and therefore culturally embedded. Kowske et al. (2010) compared Millennials with Generation X and Boomers through a cross-classification hierarchical linear model holding age and period constant and found very little support for generational differences. These inconsistencies negatively impact generalizability and comparability. Despite the conflicting empirical evidence, however, research has influenced contemporary leadership and motivation (Anderson et al., 2017).

Over the last two decades, research testing generational differences has increased and evolved. Costanza et al. (2012) noted that historically the majority of empirical

studies used univariate analytic approaches on cross-sectional data (see D'Amato & Herzfeld, 2008; Dols & Northam, 2009). While the most modern and evolved methods, account for the confounded nature of the period, age and cohort effects (Costanza et al., 2017; O'Brien, 2015). In order to empirically test the existence of cohort differences, Costanza and colleagues (2017) reviewed numerous empirical studies and found that there are currently three preferred methods for analyzing whether there are significant differences between generations. Namely, they tested the merits and limitations of analytical methods (cross-temporal meta-analysis implementing time-lagged panels, and cross-hierarchical linear modeling using time-lagged panels) across the same two General Social Survey data sets. The authors found that the method does impact results as each technique partitioned the variance differently, yielding differing results across age, period, and cohort effects.

Millennial Generation

Millennials are the largest cohort, accounting for a quarter of the nation's population, and exceed 83 million members (U.S. Census Bureau, 2015). They surpassed Baby Boomers in 2015 (Fry, 2015), who numbered 75.4 million in 2015 (U.S. Census Bureau, 2015). This generation is commonly referred to as *Next Gen*, *Me Gen*, *Gen Y*, and the *Linked Generation* (Costanza et al., 2017; Saber; 2013; Sherman, 2014). Further, they are estimated to grow to 75% of the U.S. workforce by 2025 (Njemanze, 2016). They are the most diverse and well-educated working generational cohort (Fry, 2015; Pew Research Center, 2014), and the only generation that does not view their work ethic as defining of their generation (Pew Research Center, 2014). The evidence of this shift

was substantiated by a study conducted by Taylor and Pew Research Center (2014), whereby 17% of Boomers and 11% of Generation X members equated their identity with work ethic (see Table 2). Analogously, Boomers self-reported as possessing general morals and values (8%), while Generation X identified as more conservative and traditional (7%), and the Millennials reported a liberal and tolerant (7%) view as distinct generational features. Of note, the Silent Generation reported honesty (12%) and intelligence (13%) as significant defining generational values, which are vastly different from the Millennial cohort vision of technology use (24%) and music/pop culture (11%).

Table 2

Self-Reflection of Working Cohorts Top Responses

Silent	Baby Boomer	Generation X	Generation Y
World War II Depression 14%	Work Ethic 17%	Technology Use 12%	Technology Use 24%
Smarter 13%	Respectful 14%	Work Ethic 11%	Music/Pop Culture 11%
Honest 12%	Values/Morals 8%	Conservative Values 7%	Liberal/Tolerant 7%
Work Ethic 10%	Baby Boomers 6%	Smarter 6%	Smarter 6%
Values/Morales 10%	Smarter 5%	Respectful 5%	Clothes 5%

Note. From “What Makes Generations Distinct?” by Taylor & Pew Research, 2014.

Historically, like Generation X, Millennials entered the workforce during a declining economy (DeVaney, 2015), and unparalleled political and social change (Al-Asfour & Lettau, 2014). At the same time, these two cohorts graduated with jumbo college student loans, which compounded their fiscal challenges (College Board, 2014). Further, these two generations are willing to make industry and career changes in order to

expand opportunities, unlike members of the Silent Generation and Boomers (Lyons et al., 2015).

However, Millennials are more transient than other working cohorts (Lyons et al., 2015), value autonomy (DeVaney, 2015), and creative work environments (Devaney, 2015; Karakas, Manisaligil, & Sarigollu, 2015). The last of the Generation X cohort and Millennials are more accepting of a varied, flexible compensation package as opposed to the older Generation X members and two remaining working cohorts (Campione, 2015). Campione (2015) posited that although employers are implementing more creative ways to recruit Millennials effectively, they are not effectively retaining them. These convergent circumstances influenced the movement to strategically increase Millennial outlook and planning (Lyons et al., 2015).

Millennials have been conceptualized as a global generation (Howe & Strauss, 2003), exposed to technology at an early age and referred to as *digital natives* as opposed to *digital immigrants* of generations past (Hershatter & Epstein, 2010, as cited in Alexander & Sysko, 2012). As noted above, Millennials value technology use (Sherman, 2015; Sherman, Saifman, Schwartz, & Schwartz, 2015; Taylor, 2016), and are knowledgeable and reliant on electronic devices and telecommunications (Devaney, 2015). Their primary mode of communication and social interactions occur through social media, which distinguishes them from the three previous generations (Karakas et al., 2015). Millennials are technologically savvy, socially conscious (Twenge et al., 2008), utilize their expertise to further social justice (Gass & Bezold, 2013), and influence politics (Andert, Alexakis, & Preziosi, 2019).

Throughout their formative years, most Millennials were raised in single-family homes, with structure and well-scheduled lives (Al-Asfour & Lettau, 2014). Parents of this cohort are referred to as *helicopter parents* because of their nurturing and protective tendencies (Al-Asfour & Lettau, 2014; Sherman, 2015). Social media has brought family members and friends from afar together. Thus, this cohort is also referred to as interconnected generation (Al-Asfour & Lettau, 2014; Hutchinson et al., 2012).

Millennial RNs have adapted to advances in technology, expecting immediate information updates and accessibility (Chung & Fitzsimmons, 2013). This ongoing, two-way mode of engagement and communication has been referred to as membership negotiation (Nordback, Myers, & McPhee, 2017). Further, Millennial nurses desire collaboration and prefer being recognized and mentored (Hendricks & Cope, 2013; Sherman, 2015). Specifically, in healthcare, leadership is recommended to facilitate cross-generational nursing teams to promote partnerships, multi-cohort cohesion and retention (Nelsey & Brown, 2012; Sherman, 2015). Millennial nurses have been theorized to desire close relationships with their supervisors due to the interpersonal paradigms that were pre-established by the relationships they have with their parents (Sherman, 2015). Nurse motivation calls for immediate feedback and transparency (Al-Asfour & Lettau, 2014; Unruh & Zhang, 2014). Effective supervisory influences include mentoring, team building, coaching (Chou, 2012; Sherman, 2015). Further, preferred leadership qualities have been identified as positive, visionary, approachable, flexible, and supportive (Hendricks & Cope, 2013; Nelsey & Brown, 2013), as well as those who foster shared governance (Al-Asfour & Lettau, 2014; Sherman, 2014).

Despite the empirical research to support the strengths of the Millennial generation, several pejorative stereotypes prevail. This cohort is said to be narcissistic, impatient, disloyal, and entitled (Cahill & Sedrak, 2012; Deal et al., 2010; Jurkiewicz, 2000; Smith & Nichols, 2015; Twenge & Campbell, 2008; Twenge & Foster, 2010). Twenge et al. (2010) and Jurkiewicz (2000) relied on popular accounts, while Smola and Sutton (2002) used empirical evidence cited throughout the literature. These anecdotal, media-driven perceptions have fueled challenges within the workplace and created barriers to effective leadership and outcomes. Numerous studies have been conducted utilizing secondary data, instead of qualitative studies aimed at identifying similarities rather than differences, and causations as opposed to accusations (Smith & Nichols, 2015).

Further, additional studies were conducted outside the United States, and others had sample sizes that were too small (Smith & Nichols, 2015). Key dependent variables under study have included; values (see Lyons, Duxbury, & Higgins, 2006; Smola & Sutton, 2002), motivation (see Wong et al., 2008), tenure (see Becton et al., 2014), engagement (see Holt et al., 2012), leadership style preferences (see Collins & Lazzari, 2009), and turnover intentions (see Berg, 2015; Buckley, Viechnicki, & Barua, 2016). The inconsistent findings warrant additional empirical studies to clarify motivational factors for this majority generation poised to take over leadership positions as the Silent Generation and Boomer leaders retire.

The findings of several recent critical meta-analyses (Costanza et al., 2012; 2017; Stewart et al., 2017) also yielded contradictory evidence to support differences among

working generations. Second, authors called for a need to form a consensus on effective methodological approaches (Costanza et al., 2017). Lastly, of the studies which have found said differences, they also indicated small effect sizes (Costanza et al., 2012). Therefore, future studies need to examine generational differences in work-related outcomes, incorporate improved methodological approaches, and consensus on the concept and parameters that define the Millennial generation (Costanza et al., 2012; 2017; Stewart et al., 2017).

Millennials Working in the Public Sector

As the remainder of the Silent Generation and Boomers continue to retire over the next 10 to 15 years, members of Generation X and older Millennials will fill leadership positions in the public sector (Henstra & McGowan, 2016). The Office of Personnel Management has estimated that approximately 14% of all federal employees, most of whom are key leaders, are currently eligible to retire, and that number increases to 30 % in 2015 (Partnership for Public Service & Booz Allen Hamilton, 2010). The consequent tightening of the labor market will increase competition across sectors for the best talent. Add to this phenomenon a shortage of nurses, (Read & Laschinger, 2017; Rosseter, 2014) that results in a critical need for effective retention strategies not only for the public sector but, more specifically, the public healthcare sector (Son, Lu, & Kim, 2015). Compounded further by the increasing levels of distrust of public institutions amid scandals involving among others, the Department of Health and Human Services, and the U.S. Veterans Administration (Kim & Fernandez, 2015). These convergent circumstances negatively affect the retention of a highly qualified nursing workforce.

Thus, a deliberate focus on Millennial public healthcare service worker motivation is crucial.

Although the management literature has focused on retention strategies across sectors, retirement rates and voluntary turnover have become a significant concern for the public sector. Empirical evidence indicates adverse effects on organizations, including declining morale, decreasing productivity, loss of organizational memory and knowledge, as well as increased costs associated with recruitment and training (see Cho & Lewis, 2012; Henstra & McGowan, 2016; Kim, 2005). The *quiet crisis* of civil service, a term coined by Cleary and Nelson in 1993 (p. 53), brought about the Volcker Commission to investigate and ultimately mitigate the trend. The commission found public service employees discontented with their wages compared to the private sector, and leadership (Lewis, 1991). These findings indicate intrinsic and extrinsic dissatisfiers.

There is a dearth of empirical studies aimed at identifying voluntary employee turnover in the public sector (Weaver, 2015). Of those identified, the majority have focused on employees' reasons for turnover (see Kellough & Osuna, 1995; Lewis, 1991; Selden & Moynihan, 2000); organizational characteristics (see Kellough & Osuna, 1995), as a component of JS (see Belfield & Heywood, 2008; Cho & Lewis, 2012; Cotton & Tuttle, 1986; Wright, 2001), and individual characteristics (see Lewis, 1991). Although historically, reform efforts have targeted extrinsic motivators, Perry (1996) demonstrated that public sector employees are driven by intrinsic motivators.

Perry and Wise first introduced the concept of PSM in 1990, positing that public servants are driven by public service. Since then several studies have incorporated the

PSM model (see Anderson, Pallesen, & Pederson, 2011; Coursey, Brudney, Littlepage, & Perry, 2011; Pandey, Wright, & Moynihan, 2008; Perry, 1996, 1997, 2000; Perry & Hondeghem, 2008; Taylor & Taylor, 2011; Vandenberg, 2011). The contemporary trend is to study PSM as it mediates or moderates other relationships and is more commonly referred to as person-organization fit, which is a subdomain of PE Fit (Carpenter, Doverspike, & Miguel, 2011; Wright & Panday, 2008).

The most debatable variable studied in the motivation literature is the extrinsic motivator of pay. Findings are inconsistent across sectors, participants, and industries (Weaver, 2015), including those of the current study – millennials, nurses, and behavioral health care nurses regarding the strength of this motivational reward. Within the public sector research, Oh and Lewis (2009) acknowledged the importance of pay but found that civil service workers were even more motivated by intrinsic factors. Other researchers have found that pay satisfaction does not necessarily lead to higher productivity levels (Karl & Sutton, 1998; Roethlisberger & Dickson, 1939) which is consistent with Herzberg's original hypothesis. While Lee and Whitford (2007) discovered that pay dissatisfaction had a strong positive correlation with the intent to leave. Intent to leave has been proven to be a valid antecedent of actual turnover (Cotton & Tuttle, 1986; Dalton, Johnson, & Daily, 1999; Hom et al., 1984; van Breukelen et al., 2004).

More recently, Weaver (2015) utilized 2010 archival survey data to analyze public employee motivation and intent to leave incorporating intrinsic and extrinsic dependent variables. Through multinomial logistic regression and separation of variables, the results indicated that pay is significant. However, JS and relationship with a

supervisor were more significant factors related to intent to stay. Therefore, intrinsic factors were found to be more influential on public service employees' intent to stay than extrinsic motivators. These findings were supported by Ng et al. (2010) who studied 20,000 Canadian Millennial undergraduates that rated effective supervisors and work itself as significant motivational factors of intent to stay. While Cho and Lewis (2012) tested the strength between turnover intention and actual turnover by using two large data sets, comparing older and younger employees, and found younger employees had a significantly higher intent to leave compared to older federal employees.

The findings of Pitts et al. (2011) further supported the notion that younger employees have a higher probability of reporting an intent to leave compared to their older colleagues. While Ertas (2015) examined data from the Federal Employees Viewpoint Survey, which took place in 2011, with 266,000 respondents. The study analyzed turnover intention as well as the intention to change sectors. The results indicated that younger, millennial workers were more job and sector-transient than their older colleagues by five times. Those reporting job and pay satisfaction, as well as meaningfulness of work and competent supervisors, were more likely to stay compared to their colleagues. These combined results support the higher value millennial public service workers place on intrinsic over extrinsic motivators. However, the inconsistencies throughout the literature regarding Millennials, their motivations, and the nature of their service orientation remain ongoing (Ertas, 2015).

Measurements

Anticipated Turnover Scale. University of Arizona professors of nursing, Dr. Ada Hinshaw and Dr. Jan Atwood, identified that high voluntary nursing turnover was a recurrent issue in healthcare systems. Thus, in 1978, Drs. Hinshaw and Atwood developed the ATS to identify possible antecedents of turnover. Hinshaw and Atwood's framework for the development of the ATS centered around the notion that anticipated and actual turnovers among nurses are influenced by two types of JS: professional, the nurse's perception of the quality of care, the availability of time necessary to complete their job effectively, and subsequent enjoyment; as well as organizational, as it relates to job stress, clinical team cohesion, and amount of control over decisions (Hayes et al., 2012). Thus, the purpose of the ATS is to codify nurses' self-reported intent to leave his or her present job to increase retention (Hinshaw & Atwood, 1984).

The ATS is a cross-sectional instrument designed to test the hypothesized relationship among variables. The instrument consists of a 12-point Likert scale with seven response options, ranging from "agree strongly" to "disagree strongly" combined to create one overall scale score (Hinshaw & Atwood, 1984). Higher scores indicate increased likelihood of nurse turnover (Hinshaw et al., 1985; Smith et al., 2012). The ATS was pilot-tested numerous times before implementing on a larger scale to 1,525 nurses across Arizona State in the 1985 Anticipated Turnover Among Nursing Staff (ATANS) study (Cheng & Liou, 2011). Specifically, the study was intended to (a) assess the impact of organizational factors and staff characteristics on anticipated and actual turnover in various demographics, (b) catalog the degree to which AT predicted actual

turnover, and (c) profile the characteristics of nurses who leave versus those who stay. Findings of the ATANS indicated a Cronbach alpha value of ($\alpha = .84$), which established acceptable reliability, while validity was approximated by Exploratory Factor Analysis, and Principal Components Analysis, which identified two variables that explained 54.9% of the variance.

Lucas et al. (1993) replicated the ATANS study, validated the ATS, and determined that AT was a reliable predictor of actual turnover, which successfully predicted 73.25 nurse turnover among the 385 full-time participants. Further, Barlow, and Zangaro (2010) conducted a meta-analysis of 12 nursing studies comprised of 2,442 nurses, to determine the consistency of reliability estimates and evidence of construct validity. The author's final analysis yielded a corrected correlation value of 0.89, as opposed to the original estimate of 0.84. Of note, the reliability estimate exceeded original values, and the minimum standards of acceptable reliability of 0.70 (Nunnally & Bernstein, 1994).

Smith et al. (2012) conducted a pilot, cross-sectional design study of 50 behavioral health nurses to examine the relationship between structural empowerment and AT in five inpatient psychiatric and psychiatric emergency service units in a Massachusetts Public Hospital System. Results corroborated findings from other studies on empowerment and AT, indicating a significant negative correlation between structural empowerment and AT (Smith et al., 2012). Further, the ATS produced corroborated consistency in internal reliability of Cronbach alpha values in cross-sectional studies measuring structural empowerment and AT among 257 critical care nurses ($\alpha = .88$;

Hauck et al., 2011), JS and AT among 241 nurses in an adult care settings ($\alpha = .86$; Shader et al., 2001), ethics and AT of 463 nurses ($\alpha = .94$; Hart, 2005), and demographics and turnover intent of 508 nurses in Saudi Arabia ($\alpha = .90$; Almalki et al, 2012).

Abridged Job Descriptive Index. The JDI is a validated and reliable multidimensional measure of JS with broad applications. The original version was published in 1969 by Smith, Kendall, and Hulin (1969). Since then, the item content, national norms (Gillespie et al., 2015) and validity content have been revised in 1985, 1997 (Balzer et al., 1997), and most recently in 2009 (Bowling Green State University, 2009). The JDI is informed by psychology, business, and education disciplines. Several studies have used this instrument to explore JS of various populations including Greek employees (see Tasios & Giannoulas, 2017), military personnel (see Lopes, Chambel, Castanheira, & Oliveira-Cruz, 2015), employees in South Africa (see Naong, 2014), and teachers (see Ghanizadeh & Jalal, 2017; Khan & Mirza, 2012).

The original version of the JDI was a self-report measure that assessed five crucial JS facets (or subscales); (a) tasks related to the job, (b) coworkers, (c) pay, (d) opportunities for promotion, and (e) supervision. Each facet contains either 9 or 18 descriptive items totaling 72 items. Unlike more traditional Likert Scales, the JDI uses three possible answers about a particular facet. Participants score the listed adjectives as “yes,” “no,” or “?” for unsure, depending on how accurately the adjective describes their work experience. Answers to the different facets are summed separately so that individual facet scores can be compared. The JDI has been assessed as a valid predictor

(Balzer et al., 1997; Kinicki, 2002), translated into nine languages, and administered in over 17 countries (Stanton et al., 2002).

I used the multidimensional AJDI, which was developed and validated by Stanton et al. (2002). Stanton and associates surveyed 1,609 workers from various industries nation-wide. Results were compared to the original, full-length version, and the pattern of correlations between the two instruments remained unchanged. The second sample provided cross-validation for the validity of AJDI scales (Stanton et al., 2002). Also, four of the five abridged scales, except coworker ($\alpha = .64$), indicated Cronbach's alpha values above the accepted 0.70 thresholds determined by Nunnally and Bernstein (1994), to confirm acceptable reliability.

The AJDI has 25 components of JS across the same five facets – five adjectives in each, and include both positively and negatively worded items, avoids redundancy and decreases the time required for completion which served as face validity (Stanton et al., 2002). The items in this scale were short words or phrases (e.g., “fascinating” to assess the participants’ feelings regarding the work itself, or “underpaid” to represent the participants’ assessment of their pay). Like the JDI, participants were required to indicate a “Y” beside an item if it describes his or her workplace experience, an “N” if the item did not exemplify the aspect, and a “?” if they could not decide. Stanton and colleagues created AJDI because JS is frequently measured in conjunction with other constructs, and the measure itself required a good deal of space on the survey. Thus, there was a need for a shorter but effective method of measuring JS among MGBHNs. Additional advantages of implementing the AJDI include the capacity for the researcher to measure multiple

constructs, while the item brevity reduces the potential for calculation errors and testing fatigue (Stanton et al., 2002).

Summary

In the absence of empirical research on JS and AT of MGBHNs, (Baum & Kagan, 2015; Holmberg et al., 2018; Nei et al., 2015) this literature review included analyses and synthesis of empirical research on the component populations - nurses, behavioral health nurses, public hospital nurses/workers, and millennials (see Bugajski et al., 2017; Gerard, 2018; Holmberg et al., 2018; Kim, 2015; Nei, et al., 2015; Tourigny, & Lituchy, 2016; Yarbrough et al., 2017). Findings indicated varying strength of intrinsic and extrinsic factors on motivation across cohorts (see Costanza et al., 2012, 2017; Hayes et al., 2013; Ng et al., 2010; Stewart et al., 2016; Yin & Yang, 2002), further complicated by the lack of consensus regarding the definitions of JS (see Agarwal, 2016; Alam, 2012; Belias et al., 2014; Giannouli, 2017; Rast & Tourani, 2012; Vakola & Nicholaou, 2012), and turnover (Hayes et al., 2006; 2012; Tai et al., 1998). Also, the literature review supported the need to effectively treat the growing incidence of mental illness, provided an historical perspective of public hospitals, current trends of behavioral health bed capacity, and incorporated theories of motivation. The review contained five sections whereby the third section focused on JS and nursing turnover, its consequences, as well as distal and proximal antecedents that support the need for further research on the topic of study.

Although the literature is replete with nursing studies focusing on retention strategies, there is a dearth of empirical studies regarding the specialty of behavioral health (Baum & Kagan, 2015; Holmberg et al., 2018; Nei et al., 2015) in the further

context of the millennial cohort (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017), from the perspective of a multigenerational workforce (Smith & Nichols, 2015), and public employees (Kim, 2015). Thus, the results of my study addressed the gap in the literature through an examination of the relationship among MGBHNs and JS and turnover in the concerning behavioral healthcare landscape plagued by nursing shortages (Read & Laschinger, 2017; Rosseter, 2014), the aging RN workforce (Osull et al., 2014), and increasing access to care through federal legislation (Beronio et al., 2014).

The relationship between JS and turnover is well established (Ertas, 2015; Fogarty et al., 2014; Yanchus et al., 2015). However, the literature underscores the lack of consensus regarding the definitions of turnover and JS. There are methodological challenges associated with studying turnover which occurs across disciplines and diverse health care systems, as well as within its applications and calculations (Duffield et al., 2014; Falatah & Salem, 2018; Kovner et al., 2014). The terminology, complex genesis of turnover, and lack of consistent recordkeeping or measurement impede researchers' ability to establish benchmarks, reliably compare or generalize across studies (Hayes, 2012; Tai et al., 1998). Also, scholars have not agreed upon a universal definition of JS, or the crucial components (Agarwal, 2016; Alam, 2012; Belias et al., 2014; Giannouli, 2017; Rast & Tourani, 2012; Vakola & Nicholaou, 2012).

There are contradictory findings among empirical studies aimed at identifying voluntary millennial employee turnover in the public sector (Weaver, 2015), or the behavioral health sector (Nei et al., 2015), and thus may not have accurately identified

antecedents specific to behavioral healthcare nursing turnover in public hospitals. Of those identified, the majority have focused on JS (see Belfield & Heywood, 2008; Cho & Lewis, 2012; Cotton & Tuttle, 1986; Wright, 2001). Overall, intrinsic factors were found to be more influential on public service employees' intent to stay than extrinsic motivators. However, Ng et al. (2010) studied 20,000 Canadian Millennial undergraduates and found that both intrinsic (work itself) and extrinsic (supervision) were significant motivational factors of their intent to stay.

A literature review regarding Millennial retention strategies revealed inconsistent findings regarding the effectiveness of intrinsic and extrinsic motivational factors. Regarding the cohort, millennial generation employees are prone to job transience especially when dissatisfied with elements of the work, or of perceived poor fit with management (Ertas, 2015; O'Connor & Raile, 2015). Millennial nurses have been theorized as desiring close relationships with their supervisors due to their pre-established parental interpersonal paradigms (Sherman, 2015). Findings from Yin and Yang's (2002) meta-analysis of 14,576 nurses support the impact of extrinsic factors, including nurses' relationship with the supervisor, on turnover. The findings of several recent critical meta-analyses (Costanza et al., 2012; 2017; Stewart et al., 2016) are mixed regarding evidence to support differences among working generations.

Further, current trends in nursing turnover have reached a critical point. Thus, identifying nurse retention strategies are crucial to mitigate the national nursing shortages and high turnover (Hayes et al., 2013). Therefore, the inconsistent findings warrant additional empirical studies to identify motivational factors for this majority generation

poised to take over leadership positions as the Silent Generation and Boomer leaders retire.

Notably, there are conflicting findings regarding the impact of compensation on JS. Campione (2015), Deal and Levenson (2016), and Gupta and Shaw (2014) contended that millennials desire to be adequately compensated for their work performance. Conversely, other studies have indicated that intrinsic motivators are more predominant (Close & Martins, 2015; Deal & Levenson, 2016; Kasser & Ryan, 1996; Nifadkar & Bauer, 2016). Although JS and pay were found to impact turnover intention (see Chan et al., 2009), the effect of increased pay on retention rates was small (see Irvine & Evans, 1995; Frijters et al., 2007), not a powerful motivator (see Frisina et al., 1988), or strongly correlated to turnover (see Borda & Norman, 1997; Michaels & Spector, 1982; Mobley et al., 1979). Further, the generational literature regarding millennials supported Herzberg's theory of intrinsic factors as primary motivators namely the work itself (see Alshmemri et al., 2016; Hayes et al., 2010; Holmberg et al., 2017; Kacel et al., 2005; Mitchell, 2009; Russell & Gelder, 2008). While McVicar's (2016) more recent review of the nursing literature from studies conducted between 2000 to 2013 found conflicting results regarding the existence or strength of pay and retention.

The theoretical foundation of this MGBHN JS study is based upon Herzberg's two-factor theory and PE fit. Findings of studies that have incorporated Herzberg's two-factor theory have yielded contradictory results (see Hunt et al., 2012; Richard, 2013; Shinde & Shinde, 2015; Zin et al., 2012; Son et al., 2015). Zin et al. (2012) found that an employees' relationship with a supervisor had the strongest positive correlation to

retention. Hunt et al. (2012) determined that work conditions, recognition, and compensation have the most positive significant impact on JS and retention of nurses employed in nursing homes. A recent study by Son, Lu, and Kim (2015) indicated that motivational factors of achievement, responsibility, and work itself positively correlated to JS among public service workers. Alternatively, Holmberg and associates (2018) found contrary evidence to Herzberg's theory, in that pay, had a positive correlation to JS among Swedish behavioral health nurses.

The PE fit literature distinguished between the values of public and private employee sectors. Specifically, one of the core assumptions of PE fit, is that public service workers are more highly motivated by intrinsic rewards (Houston, 2000; Kilpatrick et al., 1964; Rainey, 1982). However, public employees with high levels of engagement and PSM were also found to value monetary rewards (see Alonso & Lewis, 2001; Rainey, 1982; Vandenabeele, 2008; Wright & Pandey, 2008). Whereas other studies failed to prove sector differences regarding monetary rewards (see Crewson 1997; Lyonset et al., 2006; Schuster, 1974), whether participants work for the government (see Wright & Christensen, 2010), or wish to work for the government (see Tschirhart et al., 2008).

Recent literature provided evidence that the ATS centered around the notion that anticipated and actual turnover among nurses were influenced by two types of JS: professional, the nurse's perception of the quality of care, the availability of time necessary to complete their job effectively, and subsequent enjoyment; as well as organizational, as it relates to job stress, clinical team cohesion, and amount of control

over decisions (Hayes et al., 2012). Thus, the purpose of the ATS is to codify nurses' self-reported intent to leave his or her present job to increase retention (Hinshaw & Atwood, 1984). Also, the AJDI was developed by Stanton and Associates (2002) for its brevity. The AJDI has 25 components of JS across the same five facets – five adjectives in each, and include both positively and negatively worded items, avoids redundancy and decreases the time required for completion (Stanton et al., 2002).

Chapter Three begins by restating the purpose of my study, followed by a more in-depth review of the study variables. The research design is detailed, including its connection to the research questions. Followed by the specifics of the instrumentation and operationalization necessary to test the hypotheses under study. The chapter concludes with a review of possible threats to validity.

Chapter 3: Research Method

The purpose of this quantitative, correlational study was to examine whether, and to what extent, a relationship existed between JS and AT for MGBHNs. The IVs were satisfaction with pay, the work itself, opportunities for promotion, coworkers, and supervision, and the DV was AT. I aimed to identify JS elements to curtail the potential for AT, which has been a reliable indicator of turnover (Hinshaw et al., 1987; Lucas et al., 1993; Mobley, 1977; Shader et al., 2001). Chapter 3 explains the rationale for selecting a correlational design to appropriately address the research questions and analysis to either confirm or reject the null hypotheses. Chapter 3 includes the following: (a) research questions and hypotheses, (b) research method and design, (c) rationale and appropriateness of design, (d) population and sample plan, (e) justification of sample size, (f) instrumentation, (g) data collection and analysis, (h) ethical consideration of participants, and summary.

Research Design and Rationale

The nature of this quantitative, correlational research design was to examine whether any correlation exists between AT and JS among MGBHNs employed in public hospitals. The IVs related to JS included pay, work itself, opportunities for promotion, coworkers, and supervision, and the dependent variable is AT. Quantitative research involves the systematic investigation of social phenomena by examining the relationship between variables to answer research questions and test theories (Frankfort-Nachmias & Leon-Guerro, 2018). Quantitative research involves the collection of numerical data in a larger volume than qualitative research as well as standardized methods that incorporate

generalizable samples with an emphasis on statistical information rather than individual experiences (McCusker & Gunaydin, 2015). Moreover, this deductive approach aligns with hypothesis testing (McRoy, 1995), and the resulting statistics can yield more valid data relating to current and future trends, thus assisting decision-makers in creating informed healthcare policy (McCusker & Gunaydin, 2015).

Appropriateness of Design

Within quantitative research, there are four main types of study design: experimental, quasi-experimental, descriptive, and correlational. Experimental methods are characterized by the establishment of control groups and manipulation of variables, whereas correlational design occurs outside of the laboratory, measures two or more characteristics, and then calculates the strength of the relationship between characteristics (Woodworth, 1938). The correlational design is noted to determine trends or the existence and strength of the relationship between two or more variables in the same population or between two populations (Frankfort-Nachmias & Leon-Guerro, 2018; Leedy & Ormrod, 2010). Further distinction includes each design's capacity for determining causation. Though correlation is not causation, a causal relationship can be implied by a lack of correlation (Cohen, Cohen, West, & Aiken, 2013, p. 7).

In addition to these designs, descriptive research is considered nonexperimental and designed to describe specific characteristics of a given population or a new phenomenon (Omair, 2015). Findings are generalizable from a sample to a larger population in a cross-sectional survey (Grimes & Schultz, 2002). Unlike experimental designs, descriptive studies include only a single sample without any comparison group

(Creswell, 2007). Descriptive research is focused on describing the distribution of variables rather than hypotheses (Samet, Wipfli, Platz, & Bhavsar, 2009, p. 23), which is a further distinction from other quantitative designs. Given the goal of my study was to test hypotheses related to elements of JS and turnover and not to prove causation, a correlational design was most appropriate.

In addition to quantitative designs, three qualitative methods of research were also considered: case study, phenomenology, and grounded theory. A phenomenological study is conducted to understand the fundamental nature of a phenomenon (McMillan, 2000). A case study is not a methodological choice but rather a choice of an object under study (Stake, 1994). Lastly, grounded theory incorporates an inductive process of uncovering or developing theory from coding and categorizing data from the field (McMillan, 2000; Strauss & Corbin, 1998). Quantitative and qualitative research have fundamentally different philosophical perspectives, underlying assumptions, data analysis, and interpretation of data (Gall, Borg, & Gall, 1996). Quantitative research identifies with positivism, which posits that reality is separate and distinct from the observer (Gall et al., 1996). Alternatively, qualitative theories center around an objective reality that researchers are independent of researched variables (Creswell, 1994). Thus, the qualitative researcher identifies with postpositivism, which subscribes to the notion that social reality is constructed locally and individually (Gall et al., 1999). Furthermore, quantitative methods measure units of analysis, but qualitative methods include analyzing text, images, observations, and interviews without converting data into a numerical format to understand the participants' lived experience (Babbie, 2017).

Research Question and Hypotheses

RQ: Does satisfaction with pay, work itself, opportunities for promotion, coworkers, and supervision, individually or collectively, significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals?

H_0 : Satisfaction with pay, work itself, opportunities for promotion, coworkers, and supervision, individually or collectively, do not significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

H_a : Satisfaction with pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, do significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

Methodology

Population and Sampling

The eligible population for my study consisted of a sample size of 65 MGBHNs who were born between 1980 and 2000 (Farrell & Hurt, 2014; Ferri-Reed, 2015; Hartman & McCambridge, 2011), were nurses, and working in a behavioral healthcare setting within a public hospital. A convenience sample was collected through a nursing participant pool of a third-party, web-based survey organization—Qualtrics.

Sample Size Justification

As discussed, the target population for this study was MGBHNs who work in a hospital setting and are members of Qualtrics Nursing Participant Pool. I searched for sources of study participants and determined that the Qualtrics Participant Pool, a commercial service for providing study participants, was the best option available given the constraints on time to complete recruitment and the monetary cost of participant recruitment.

An exhaustive literature review did not reveal any articles reporting the results of a study similar to this study; therefore, there was no precedence to base an estimate of the expected effect size. The expected sample size was estimated based on the observed sample size, alpha level of 0.05, and 80% power. Based on study participant eligibility criteria, MGBHNs who work in a hospital, the Qualtrics participant pool support team estimated a sample size of 60 could be achieved, but the actual sample size ended up being 65.

A statistical power analysis was conducted using the G*Power software (v. 3.1.9.2). Multiple linear regression analysis was conducted to test the null hypothesis and address the research question. According to Cohen (1988), small, medium and large effect sizes for hypothesis tests about R^2 from a multiple linear regression analysis are: $f^2 = 0.02, 0.15, \text{ and } 0.35$ respectively. Four of the 65 observations had to be removed from the multiple linear regression analysis due to violating 1 or more of the assumptions for the multiple linear regression analysis. Thus, the actual sample size for answering the research question was 61. Appendix B shows the results of the G*Power analysis.

Specifically, a sample size of $n = 61$ produced 80% power to detect a medium to large effect size of $f^2 = 0.23$ with an alpha level of 0.05 and 5 IV for testing the null hypothesis.

Recruitment and Data Collection

Data were collected from a voluntary Qualtrics nursing participant pool of eligible MGBHNs, who completed a self-administered web-based survey distributed by Qualtrics. Qualtrics was contracted to distribute my survey via convenience sampling of nursing participant pool members. The Qualtrics survey began with an informational letter and consent form. Consenting potential participants were vetted through three inclusion questions aimed to identify appropriate age, licensure as a nurse, in a behavioral health setting of a public hospital (see Appendix A). Eligible participants needed to reply *yes* to all three of the following inclusion questions: (a) Were you born between 1980 and 2000? (b) Are you a licensed nurse—either an LPN/LVN, RN or APRN?, and (c) Do you currently work, or have you worked within the past 5 years in a behavioral health setting in a public hospital? Qualtrics included data from completed surveys from participants who satisfied all inclusion criteria. Participants were given the opportunity to decline answering any question(s) or to stop participating at any point. A large number of surveys were distributed based on estimated response rate; however, the goal was to receive a minimum of 60 completed surveys, determined by a G*Power of 0.80, for sufficient strength of the relationship between variables (see Appendix B).

Measurements

Two existing, valid, and reliable instruments were used: the ADJI (Balzer et al., 1997; see Appendices C & E) and the ATS (Hinshaw et al., 1983; see Appendices D &

F). These were incorporated with permission (see Appendices G & H). Demographic questions were included to ascertain age and gender (see Appendix A). Additionally, multiple choice questions to ascertain participants' region, year born, current nursing licensure, and tenure. The total number of survey questions was 59 (see Appendices A, F & G), and the data were analyzed using Pearson's correlation statistic, Spearman's correlation statistic, as well as multiple linear regression analysis to evaluate the relationships between JS and AT.

Anticipated Turnover Scale. High voluntary nursing turnover was a recurrent issue plaguing healthcare (Hinshaw & Atwood, 1984). Thus, in 1978, Drs. Hinshaw and Atwood developed the ATS to identify possible antecedents of turnover. Hinshaw and Atwood's framework for the development of the ATS centered around the notion that anticipated and actual turnovers among nurses are influenced by two types of JS: professional—the nurse's perception of the quality of care, the availability of time necessary to complete their job effectively, and subsequent enjoyment—and organizational as it relates to job stress, clinical team cohesion, and amount of control over decisions (Hayes et al., 2012). Thus, the purpose of the ATS is to codify nurses' self-reported intent to leave his or her present job to increase retention (Hinshaw & Atwood, 1984). Permission to use the ATS for my study was obtained from Dr. Atwood (see Appendices E).

The ATS instrument was designed to test the hypothesized relationship among variables (see Appendix C). The instrument consists of a 7-point Likert scale with 12 questions, ranging from *agree strongly* to *disagree strongly* combined to create one

overall score (Hinshaw & Atwood, 1984). Higher scores indicated increased likelihood of nurse turnover (Hinshaw et al., 1985; Smith et al., 2012).

The ATS was pilot-tested numerous times before implementing on a larger scale to 1,525 nurses across Arizona State in the 1985 AT Among Nursing Staff study (Cheng & Liou, 2011). The study was intended to (a) assess the impact of organizational factors and staff characteristics on anticipated and actual turnover in various demographics, (b) catalog the degree to which AT predicted actual turnover, and (c) profile the characteristics of nurses who leave versus those who stay. Findings of the study indicated a Cronbach alpha value of ($\alpha = .84$), which established reliability, whereas validity was approximated by exploratory factor analysis, and principal components analysis, which identified two variables that explained 54.9% of the variance.

Other researchers have also validated the use of the ATS to determine AT. Lucas et al. (1993) also validated the ATS and determined that AT was a reliable predictor of actual turnover, which successfully predicted 73.2% nurse turnover among the 385 full-time participants. Further, Barlow, and Zangaro (2010) conducted a meta-analysis of 12 nursing studies comprising 2,442 nurses to determine the consistency of reliability estimates and evidence of construct validity. The author's final analysis yielded a corrected correlation value ($\alpha = .89$) as opposed to the original estimate ($\alpha = .84$). The reliability estimate exceeded original values, and the minimum standards of acceptable reliability threshold of 0.70 determined by Nunnally and Bernstein (1994). Finally, Smith et al. (2012) corroborated findings from other studies on empowerment and AT, indicating a significant negative correlation between structural empowerment and AT

(Smith et al., 2012). Further, the ATS produced corroborated consistency in internal reliability of Cronbach alpha values in cross-sectional studies measuring structural empowerment and among 257 critical care nurses ($\alpha = .88$; Hauck et al., 2011), JS and AT among 241 nurses in an adult care settings ($\alpha = .86$; Shader et al., 2001), ethics and AT of 463 nurses ($\alpha = .94$; Hart, 2005), and demographics and turnover intent of 508 nurses in Saudi Arabia ($\alpha = .90$; Almalki et al., 2012).

Abridged job description index. The JDI is a validated and reliable multidimensional measure of JS with broad applications. The original version was published in 1969 by Smith, Kendall, and Hulin (1969). Since then, the item content, national norms (Gillespie et al., 2015) and validity content have been revised in 1985, 1997 (Balzer et al., 1997), and most recently in 2009 (Bowling Green State University, 2009). The JDI is informed by psychology, business, and education disciplines. Several studies have included this instrument to explore JS of various populations including Greek employees (Tasios & Giannoulas, 2017), military personnel (Lopes et al., 2015), employees in South Africa (Naong, 2014), and teachers (Ghanizadeh & Jalal, 2017; Khan & Mirza, 2012). Permission and terms of use granted by the JDI office of Bowling Green University (see Appendix F).

The original version of the JDI is a self-report measure that assesses five crucial JS facets (or subscales): (a) tasks related to the job, (b) pay, (c) opportunities for promotion, (d) relationship with coworkers, and (e) supervision. Each facet contains either nine or 18 descriptive items totaling 72 items. Unlike more traditional Likert scales, the JDI uses three possible answers about a particular facet. Participants score the

listed adjectives as *yes*, *no*, or *?* for unsure, depending on how accurately the adjective describes their work experience. Answers to the different facets are summed separately so that individual facet scores can be compared. The JDI has been assessed as a valid predictor of JS (Balzer et al., 1997; Kinicki et al., 2002), translated into nine languages, and administered in over 17 countries (Stanton et al., 2002).

My study incorporated the AJDI, a multidimensional abridged version of the JDI, which was developed and validated by Stanton et al. (2002). Stanton et al. surveyed 1,609 workers from various industries nation-wide. Results were compared to the original, full-length version, and the pattern of correlations between the two instruments remained unchanged. The second sample provided cross-validation for the validity of AJDI scales (Stanton et al., 2002). Additionally, four of the five abridged scales, except coworker ($\alpha = .64$) indicated Cronbach's alpha values above the accepted 0.70 threshold determined by Nunnally and Bernstein (1994), confirming acceptable reliability. Further, Paul, Kravitz, Balzer, and Smith (1990) conducted an initial comparison to assess the validity of the AJDI, which supported the equivalence of the original and the revised JDI versions. In their unpublished manuscript, Balzer, Parra, Ployhart, Shepherd, and Smith (1995) surveyed 1,801 employees from multiple organizations to assess and confirm the equivalence of the original and revised JDI.

The AJDI has the same five facets, with five adjectives for each facet, and include both positively and negatively worded items while avoiding redundancy and decreasing the time required for completion (Stanton et al., 2002). The adjectives for this instrument were short words or phrases (e.g., "fascinating" to assess the participants' feelings

regarding the work itself, or “underpaid” to represent the participants’ assessment of their pay). As with the JDI, participants were required to indicate a “Y” beside an item if it describes his or her workplace experience, an “N” if the item did not exemplify the aspect, and a “?” if they could not decide. Stanton et al. (2002) created the AJDI because JS is frequently measured in conjunction with other constructs, and the measure itself required a good deal of space on the survey. Thus, there was a need for a shorter but effective method of measuring JS among MGBHNs. Additional advantages of implementing the AJDI include the capacity for the researcher to measure multiple constructs, while the item brevity reduces the potential for testing fatigue (Stanton et al., 2002).

Independent Variables

People in your present job was measured on a continuous scale with a range of 0-18. The score was computed according to the instructions provided by the authors of the *AJDI* questionnaire. Smaller scores indicated less JS with respect to coworkers while larger scores indicated greater JS with respect to coworkers.

Work on present job. This score was measured on a continuous scale with a range of 0-18. The score was computed according to the instructions provided by the authors of the *AJDI* questionnaire. Smaller scores indicated less JS with respect to the work itself while larger scores indicated greater JS with respect to the work itself.

Pay. This score was measured on a continuous scale with a range of 0-18. The score was computed according to the instructions provided by the authors of the *AJDI* questionnaire. Smaller scores indicated less JS with respect to payment received (e.g.

salary or hourly wages) while larger scores indicated greater JS with respect to payment received.

Opportunities for promotion. This score was measured on a continuous scale with a range of 0-18. The score was computed according to the instructions provided by the authors of the AJDI questionnaire. Smaller scores indicated less JS with respect to opportunities for promotion while larger scores indicated greater JS with respect to opportunities for promotion.

Supervision. This score was measured on a continuous scale with a range of 0-18. The score was computed according to the instructions provided by the authors of the AJDI questionnaire. Smaller scores indicated less JS with respect to the supervision they receive on the job while larger scores indicated greater JS with respect to the supervision they receive on the job.

Dependent Variable

Anticipated turnover. This variable was measured on a continuous measurement scale with a range of 1 to 7. The score was computed according to the instructions provided by the authors of the ATS questionnaire. Smaller scores indicated less intention to leave the job while larger scores indicated greater intention to leave the job.

Data Analysis

All statistical analyses were performed using SPSS v.24 for Windows. All the analyses were two-sided with a 5% alpha level. Demographic characteristics of the study sample were described using the mean, standard deviation and range for continuous scaled variables and frequency and percent for categorical scaled variables. Cronbach's

alpha was used to measure the internal consistency reliability of the JS and AT scale scores.

The null hypothesis was tested using standard multiple linear regression analysis since all the assumptions for multiple linear regression were satisfied after removal of 1 outlying observation and 3 observations with high leverage. Specifically, six assumptions were evaluated prior to conducting the analysis. The first assumption was that the IVs collectively have a linear relationship with the dependent variable. This assumption was evaluated by inspecting a scatterplot of the standardized residuals versus the unstandardized predicted values. The second assumption was that each IV was individually linearly related to the dependent variable. This assumption was evaluated by inspection of partial regression plots of each IV individually versus the dependent variable. The third assumption was that there is homogeneity of variance (homoscedasticity). This means the variance in the dependent variable is approximately the same for all values of the IV. This assumption was evaluated by inspection of the same scatterplot used to evaluate the first assumption, the standardized residuals versus the unstandardized predicted values. The fourth assumption was that there is no multicollinearity. This means that if the final multiple linear regression model contains two or more statistically significant IVs, those IVs are not strongly correlated with each other. This assumption was evaluated by inspecting the variance inflation factors.

The fifth assumption was that there are no unusual data points, meaning, no significant outliers, high leverage points or influential data points. Evaluation of potential outliers was conducted by inspection of case-wise diagnostics and studentized deleted

residuals. Evaluation of potential leverage points was conducted by inspection of leverage values. Evaluation of potential influential values was done by inspection of Cook's distance values. The sixth assumption was that the error terms have a roughly normal distribution. This assumption was evaluated by inspection of two different graphs: 1) a histogram of the Regression Standardized Residuals, and; 2) A normal P-P plot of the Expected Cumulative Probability values versus the Observed Cumulative Probability values. One observation was found to be an outlier and 3 observations were found to have high leverage values. After removing those 4 observations from the analysis, all the assumptions for multiple linear regression analysis were satisfied.

Pearson's correlation coefficient matrix was used to further evaluate the relationships between the five IVs and the DV. One or more assumptions for Pearson's correlation statistic were found to be violated. To remedy the violation of assumptions for Pearson's correlation statistic, Spearman's rho correlation statistic was also used to analyze the relationships between the five IVs and the DV.

Specifically, the first assumption for Pearson's correlation was that there was a linear relationship between the IVs (JS score) and the DV (AT). This assumption was evaluated by inspection of scatter plots between the independent and dependent variables. The second required assumption for Pearson's correlation statistic to be valid is that there are no significant outliers. This assumption was evaluated by the same scatter plots as mentioned above. The third assumption was that both the IVs and DV are normally distributed without significant violations of skewness or kurtosis. This assumption was

evaluated by inspection of QQ Plots of the independent and dependent variables in addition to an analysis of the skewness and kurtosis statistics.

Threats to Validity

Internal Validity Assessment

The validity of both the study and the measurement ensures empirical integrity, and measures should be taken throughout the research process to address validation concerns. The level of validity has a direct relationship with cost-effectiveness and accountability (Messick, 1995). There are two types of research validity: internal and external (Babbie, 2015). Internal validity refers to the extent to which the measurement truly measures what it purports to measure, whereas, external validity refers to the degree to which the findings are generalizable (Warner, 2013). The seminal work of Campbell and Stanley (1963) continues to be the leading source regarding threats to internal and external validity (as cited in Onwuegbuzie, 2000). However, their conceptualization centers on experimental design, yet some of these standards can be applied to correlational research (Onwuegbuzie, 2000). My study incorporated a cross-sectional, correlational design, thus threats to internal validity included construct validity to assess both measurements (ATS and AJDI), content validity to assess measurement content, and criterion-oriented validity to assess the correlation of scores on the survey with other variables (Warner, 2013).

Broadly defined, construct validity examines whether the measures represent the constructs. Stated differently, construct validity investigates whether a construct is actually measuring what it sets out to measure and relates to the data type and the data

collection process (Warner, 2013). Essentially, construct validity is the utilization of proper and robust measures. Construct validity risks can be assessed through criterion validity, discriminant validity, convergent validity and content validity (Henseler, Ringle, & Sarstedt, 2015). Criterion validity examines the alignment between the instrument and the criterion being examined (Warner, 2013). Notably, the criterion needs to be a superior measure to the comparable one, or fail validation (Kaplan, Bush, & Berry, 1976). While convergent validity indicates if there is a strong correlation with the same construct being measured differently (Peter, 1981). Discriminant validity relates to the instrument under study that produces different results from another instrument measuring the same construct (Henseler et al., 2015). Whereas, content validity pertains to the facets of the measurement and the extent to which the facets reflect the content they set out to measure (Warner, 2013). Content validity is fluid and dynamic, therefore, changing to accurately match current constructs, is dependent upon the function of the instrument, population, and situation in which the instrument is used (Babbie, 2015). My study incorporated two valid and reliable measures, which made a positive contribution to the validity and reliability of the study overall.

Empirical research has demonstrated that the ATS has been significantly correlated with independent criterion variables including JS (see Armstrong, 2004; Barlow & Waltz, 2008; Brady-Schwartz, 2005; Cram, 2002; Hinshaw et al., 1987, Lucas et al., 1993, Shaderet al., 2001; Stichler, 1990), and turnover intent (see Hudgins, 2016; Reineck 1990). As previously noted, Hinshaw and Atwood (1985) originally determined internal consistency using Cronbach's alpha (0.84), further confirmed by

Shader et al., (2001) who reported a higher Cronbach's alpha level (0.86). Construct validity was established through principal component factor analysis (Hauck et al., 2011; Shader et al., 2001). In Barlow and Zangaro's (2010) meta-analysis of the ATS reliability and validity, the overall mean weighted effect size for reliability from the 12 studies was 0.89. While, the overall mean validity coefficient was -0.529 [95% CI (-0.475 to -0.578)] for the ATS and JS from four measures across seven studies that surveyed 1652 nurses (Barlow & Zangaro, 2010). The large effect size indicated excellent construct validity, and homogeneity of the variance of ATS validity coefficient indicated consistency of construct validity (Barlow & Zangaro, 2010).

The JDI has been assessed as a valid predictor of JS (Balzer et al. 1997; Kinicki et al., 2002). Stanton et al. (2002) created the AJDI because JS is frequently measured in conjunction with other constructs, and the measure itself required a good deal of space on the survey. Thus, there was a need for a shorter but effective method of measuring JS. Also, all five abridged scales indicated Cronbach's alpha values above the accepted 0.70 thresholds determined by Nunnally and Bernstein (1994), that confirmed acceptable reliability. Further, Paul, Kravitz, Balzer, and Smith (1990) conducted an initial comparison to assess the validity of the AJDI, which supported the equivalence of the original and the revised JDI versions. In their unpublished manuscript, Balzer, Parra, Ployhart, Shepherd, and Smith (1995) surveyed 1,801 employees from multiple organizations and assessed and confirmed the equivalence of the original and revised JDI.

External Validity Assessment

External validity focuses on inferences made from the sample under study towards treatment of the larger population the sample is representing (Messick, 1995) across times, settings, and populations (Cook & Campbell, 1976). There are three main external threats to correlational studies: population validity, ecological validity, and temporal validity. Population validity refers to the extent to which the sample under study can be generalized to the larger, representative sample, as well as across various subpopulations within the larger target population (Onwuegbuzie, 2000). Thus, incorporating larger random samples tend to increase validity (Babbie, 2015).

However, there are two main barriers to collecting very large sample sizes (a) it is virtually impossible to survey all members of any given population (e.g. MGBHNs), and (b) random sampling would be impractical to obtain due to time, logistics and financial resource considerations (Warner, 2013). Therefore, my study incorporated a convenience sample obtained through a third-party survey company, Qualtrics. Unfortunately, it was not possible to determine if the target population accurately represents the population of interest. Notably, all samples are subject to sampling error. Thus, population validity is a threat to external validity in all social science studies (Onwuegbuzie, 2000).

Ecological validity is the extent to which study findings can be generalized across conditions, settings, variables and contexts (Onwuegbuzie, 2000). Specifically, whether findings of my study can be generalized to other MGBHNs working in public hospitals. Thus, ecological validity measures the extent the findings are independent of the location (region) or setting (shift) of the participants. Considering various regions across the

Unites States vary greatly across, ethnicity, academic achievements, and socioeconomic status, ecological validity was a potential threat to this study. Temporal validity refers to the extent to which findings are independent of time. This threat is compounded by incorporating a cross-sectional design which obtains data from one population at a given time (Onwuegbuzie, 2000).

Overall, threats to construct validity for my study have been mitigated by the incorporation of valid and reliable tools, multidimensional instruments to measure AT (ATS) and JS (AJDI), as well as well-defined, distinct and aligned constructs of AT and JS (content validity). Remaining threats to my cross-sectional, correlational design included a limited sample size compared to potential overall sample, the use of convenience sampling, self-administered questionnaire, and potential biases derived from mono method and measures (Messick, 1995; Mitchell, 1985). The lack of random sampling limits generalizability, while the incorporation of a cross-sectional design does not consider the role of time or context with responses (Onwuegbuzie, 2000). These potential threats will be clearly listed in the limitations section of the study which will help provide direction for future study, and replication studies can be designed to specifically minimize one or more of the identified threats (Onwuegbuzie, 2000).

Ethical Protection of Research Participants

My study was conducted in accordance with the established protocols of Walden University's Internal Review Board to ensure the ethical protection of participants. Researchers have a duty to be cognizant of four potential problems that may occur when conducting the research of human subjects: potential harm, deception, conformed

consent, and privacy issues (Singleton & Straits, 2010). Risks were mitigated, while confidentiality and anonymity ensured through the incorporation of a third-party survey tool and voluntary nursing participant pool.

The web-based, self-report survey used for this study was conducted by Qualtrics - a third-party survey and software organization. Participants were members of Qualtrics nursing participant pool. Thus, participation was voluntary and offered without any force or fear of retaliation. Also, following Smale's (2010) recommendations for safeguarding online participant anonymity, responses did not provide any identifying information or linkages to participant IP addresses. During the process of completing the survey instrument, the consent to participate was on the first screen of the online survey and required active acknowledgement to proceed. Participants had the option to exit at any time. If a participant withdrew without completing the survey, his or her survey responses were not included in the data analysis. Participants did not receive any incentives from this researcher for participating.

To protect confidentiality, Qualtrics incorporated email security, data encryption, local and offsite redundancy, and continuous network monitoring. Once data collection was completed, the resulting electronic data files were stored on my personal, password-protected hard drive, and my Qualtrics account will be cancelled after my Ph.D. degree is conferred. According to Qualtrics policy, data is deleted after an account is closed and maintains data on their backup server for only 30 days thereafter per federal guidelines, and then permanently deleted. Upon completion of my dissertation process, I will remove all related data from my computer hard drive and archive the data on a password-

protected compact disk (CD) for five years. After five years, I will shred the CD to permanently ensure participant confidentiality.

Summary

Overall, Chapter 3 included the rationale for using a quantitative, correlational design to answer the research questions, hypotheses, and examine what, if any, correlation existed between AT and JS among MGBHNs employed in public hospitals. The chapter included the research questions and hypotheses, research method and design, appropriateness of design, population and sample plan, justification of sample size, instrumentation, data collection and analysis, and ethical consideration of participants. Also, Chapter 3 explained the rationale for selecting a correlational design to appropriately address the research questions and analysis to either confirm or reject the null hypotheses. A self-administered third-party, web-based survey consisting of demographic inquiry, the ADJI (Balzer et al., 1997), and the ATS (Hinshaw et al., 1983) was utilized to survey MGBHN participants. Descriptive, correlational, and regression analyses were performed using SPSS v.24 for Windows. All analyses were two-sided with a 5% alpha level. Demographic characteristics of the study sample was described using the mean, standard deviation and range for continuous scaled variables and frequency and percent for categorical scaled variables. Cronbach's alpha was used to measure the internal consistency reliability of the JS and AT scale scores. This chapter also included evidence to support the construct validity of the ATS and AJDI.

Chapter 4 includes a comprehensive account of the data analyses, including whether a statistically significant correlation existed between JS and AT among

MGBHNs. Chapter 5 contains a summary of the research study, which begins with a synopsis of the current behavioral health landscape in the context of a pandemic, and includes the (a) interpretation of significant findings, (b) limitations, (c) recommendations for future research, (d) implications for healthcare leaders as well as social change, and (e) conclusions.

Chapter 4: Results

Continuous organizational change is one of the most critical problems facing behavioral healthcare executives in the 21st century. The purpose of this quantitative, correlational study design study was to examine whether, and to what extent, a relationship existed between JS and AT intention for MGBHNs. The general problem is that there are not enough behavioral health nurses to treat and care for the increasing behavioral health demand (Beck et al., 2018). High nurse turnover negatively impacts on healthcare facilities' capacity to safely treat patients (Hayes et al., 2006; Lu et al., 2019). Despite a plethora of research focusing on nursing retention, factors related to turnover for the growing majority of MGBHNs are poorly understood (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017). But retention strategies can mitigate the consequences of turnover (Almaaitah et al., 2017). My study aimed to identify possible retention strategies to curtail the potential for AT, which is a strong predictor of turnover (Hayes et al., 2006; Hinshaw et al., 1987; Lu et al., 2012; Lucas et al., 1993; Mobley, 1977; Shader et al., 2001, Tai et al., 1998).

Chapter 4 includes a detailed account of how the study was conducted. The research is presented in a standard narrative combined with numerical data presentation in tables accompanied by an explanation. Descriptive statistics of the data are presented first, followed by a presentation of Cronbach's alpha as well as discussion of assumption testing and multiple regression application.

Data Collection Processes

Participants for this study were obtained through convenience sampling of Qualtrics nursing participant pool. Qualtrics was also contracted to yield 60 completed surveys determined by a G*Power of 0.80 for sufficient strength of the relationship between variables (see Appendix B). The institutional review board approval (05-13-20-0741263) for this study was granted on May 13th, 2020. Subsequently, data were collected from across the country between May 13th, 2020, and May 14th, 2020 via a self-administered internet survey. Consenting potential participants were vetted through three inclusion questions aimed to identify appropriate age, licensure as a nurse, in a behavioral health setting of a public hospital (see Appendix A). Initially, Qualtrics provided a sample of 13 completed surveys so I could verify the quality of data. After my inspection and approval, Qualtrics proceeded with survey distribution, which was closed to participation the following day after the contracted number of 60 completed surveys was received. Qualtrics collected five additional surveys and included them in the data set for a total of 65 completed surveys.

Results

Descriptive Statistics for Demographic Variables

A total of 65 behavioral health nurses who work in public hospitals responded to the survey invitation, agreed to informed consent, met the inclusion criteria, and completed the entire survey. Thus, the final sample size for this study was $n = 65$. Among the 65 respondents, a total of nine (13.8%) were male, and 56 (85.2%) were female. The distribution of region in which the study participant resided was 18 (27.7%) Northeast,

nine (13.8%) Southeast, 16 (24.6%) Midwest, 13 (20.0%) Southwest, and nine (13.8%) West. The distribution of current licensure was 15 (23.1%) LPN/LVN, 46 (70.8%) RN, and four (6.2%) APRN. The distribution of years worked as a licensed nurse was 34 (52.3%) 0–5 years, 16 (24.6%) 6–10 years, 11 (16.9%) 11–15 years, two (3.1%) 16–20 years, and two (3.1%) 21+ years. See Appendix G for detailed frequency tables for all survey questions.

Descriptive Statistics for the Independent and Dependent Variables

Table 3 shows descriptive statistics for the five JS scores (IV) and the ATS (DV). The average JS scores ranged from 10.3 (Satisfaction with opportunities for promotion in your current job) to 15.2 (Satisfaction with people in your current job). Considering that the five JS scores could range from 0 to 18, all scores had an average above the midpoint of 9.0, indicating that on average, the 65 nurse participants had a relatively high level of JS across all five domains of JS. The average AT score (DV) was 3.2. Considering the AT score could range from 1 to 7, the average was well below the midpoint of 4.0, indicating that, on average, the 65 nurse participants had a relatively low level of AT.

Table 3

Descriptive Statistics for Independent and Dependent Variables

	<i>N</i>		Mean	Median	Std. Deviation	Minimum	Maximum
	Valid	Missing					
Satisfaction with People in Your Present Job ^a	65	0	15.185	16.000	3.5129	3.0	18.0
Satisfaction with the Work in Your Present Job ^a	65	0	12.985	15.000	3.5289	1.0	18.0
Satisfaction with the Pay in Your Present Job ^a	65	0	12.800	16.000	6.1927	0.0	18.0
Satisfaction with Promotion in Your Present Job ^a	65	0	10.323	12.000	6.0470	0.0	18.0
Satisfaction with the Supervision in Your Present Job ^a	65	0	13.877	15.000	4.9891	0.0	18.0
Anticipated Turnover Scale ^b	65	0	3.195	3.167	0.8617	1.5	6.3

Note. a. Independent variable.

b. Dependent variable.

Cronbach's Alpha for Job Satisfaction and Anticipated Turnover Scales.

Table 4 shows the Cronbach's alpha statistic for the independent and dependent variables. Cronbach's alpha values above the accepted 0.70 thresholds confirm acceptable reliability (Nunnally & Bernstein, 1994). With the exception of the coworker scale score ($\alpha = .64$), all scale scores had a Cronbach's alpha of 0.70 or greater, indicating acceptable reliability for the independent and dependent variables (Nunnally & Bernstein, 1994). The relatively low reliability for the coworker scale score was not considered to be a major limitation of the study because it was not much less than 0.70, and it has been shown to be a reliable construct in other studies (Stanton et al., 2002).

Table 4

Cronbach's Alpha Statistic for Job Satisfaction and Anticipated Turnover Scales

Variable ^a	Cronbach's alpha ($n = 65$)	Number of items
Coworker	0.64	6
Work	0.70	6
Pay	0.90	6
Promotion	0.83	6
Supervision	0.81	6
Anticipated Turnover	0.74	12

Note. a. Coworker = satisfaction with people in your present job (PPJ); Work = satisfaction with the work in your present job (WPJ); Pay = satisfaction with the pay in your present job (PAY); Promotion = satisfaction with opportunities for promotion in your present Job (OFP), Supervision = satisfaction with supervision in your present job (SUP), and; anticipated turnover = anticipated turnover (AT).

Inferential Analyses

Research Question: Does pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals?

H_0 : Pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, do not significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

H_a : Pay, work itself, opportunities for promotion, level of job satisfaction with coworkers, and supervision, individually or collectively, do significantly contribute to a percent change in R^2 variance in anticipated turnover of millennial generation behavioral health nurses in public hospitals.

The planned analysis was standard multiple linear regression analysis. Prior to conducting the analysis, the assumptions for multiple linear regression were tested. Six assumptions were evaluated prior to conducting the analysis. The first assumption was that the IVs collectively have a linear relationship with the dependent variable. This assumption was evaluated by inspecting a scatterplot of the studentized residuals versus the unstandardized predicted values. Figure 4 shows a roughly horizontal band, so this assumption was considered satisfied.

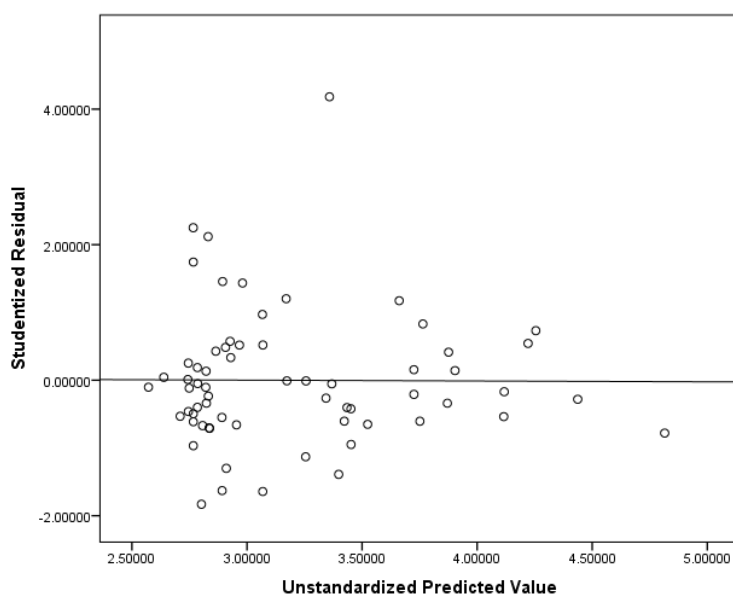


Figure 4. Evaluation of the linearity assumption that the independent variables collectively have a linear relationship with the dependent variable.

The second assumption was that each IV is individually linearly related to the dependent variable. This assumption was evaluated by the inspection of partial regression plots of each IV individually versus the dependent variable. Figures 4–8 show a roughly linear relationship, so this assumption was considered satisfied.

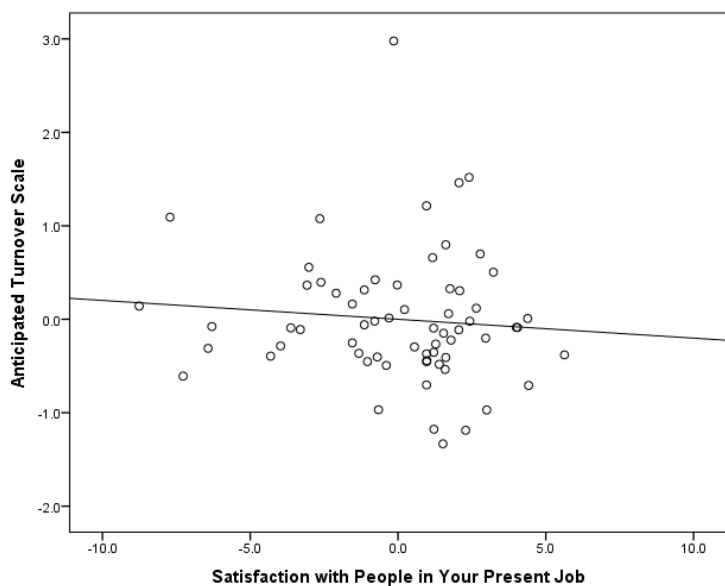


Figure 5. Partial regression plot to evaluate the assumption that the independent variable satisfaction with people in your present job has a linear relationship with the dependent variable turnover.

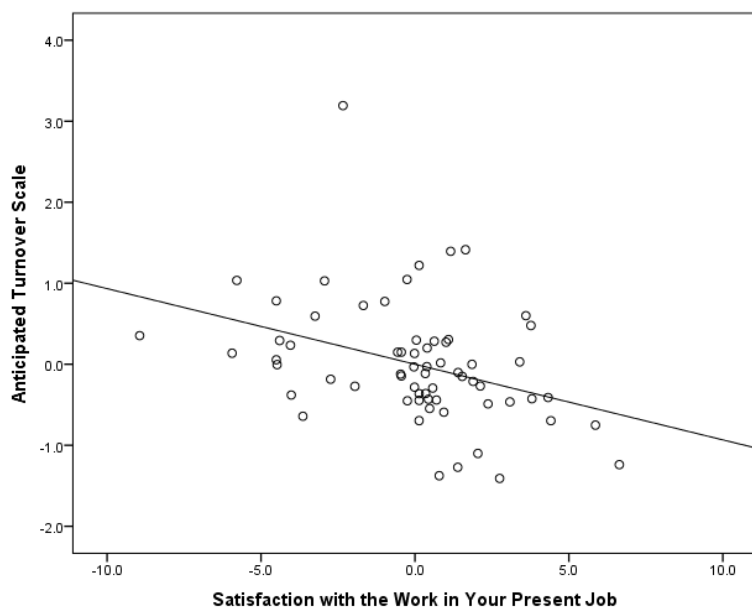


Figure 6. Partial regression plot to evaluate the assumption that the independent variable satisfaction with the work in your present job has a linear relationship with the dependent variable anticipated turnover.

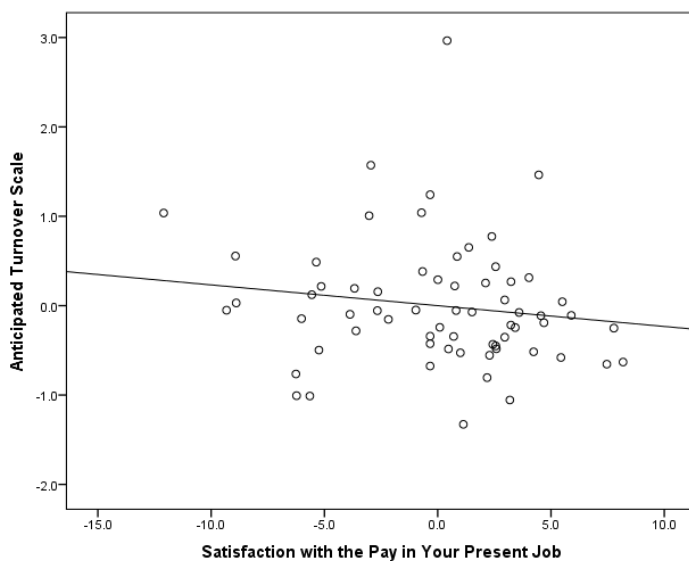


Figure 7. Partial regression plot to evaluate the assumption that the independent variable satisfaction with the pay in your present job has a linear relationship with the dependent variable anticipated turnover.

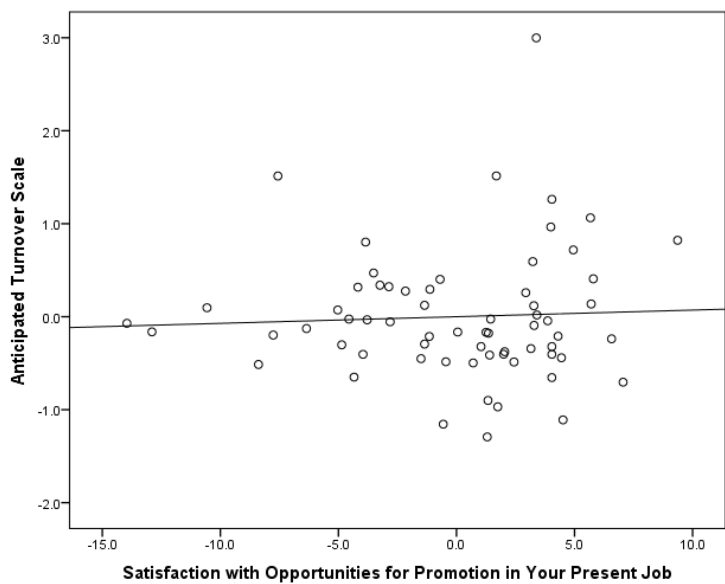


Figure 8. Partial regression plot to evaluate the assumption that the independent variable satisfaction with the opportunities for promotion in your present job has a linear relationship with the dependent variable anticipated turnover.

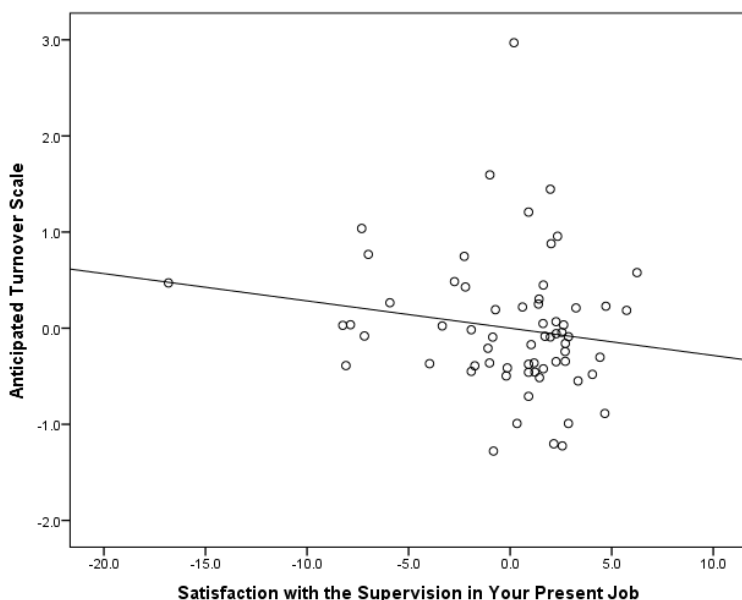


Figure 9. Partial regression plot to evaluate the assumption that the independent variable satisfaction with the supervision in your present job has a linear relationship with the dependent variable anticipated turnover.

The third assumption was that there is homogeneity of variance (homoscedasticity). This means that the variance in the dependent variable is approximately the same for all values of the IV. This assumption was evaluated by inspection of the same scatterplot used to evaluate the first assumption (Figure 4), the studentized residuals versus the unstandardized predicted values. The variation in the residuals appears to be fairly constant over different values of the predicted values. Therefore, this assumption was considered satisfied.

The fourth assumption was that there is no multicollinearity. This assumption was evaluated by inspecting the variance inflation factors. A common rule of thumb is any variance inflation factor greater than 2 indicates multicollinearity may be problematic. Table 5 shows the variance inflation factors were all below 2.0, so the no multicollinearity assumption was considered satisfied.

Table 5

Evaluation of Variance Inflation Factors to Determine if Multicollinearity was Present

Model ^a	VIF
Satisfaction with People in Your Present Job	1.340
Satisfaction with the Work in Your Present Job	1.475
Satisfaction with the Pay in Your Present Job	1.988
Satisfaction with Opportunities for Promotion in Your Present Job	1.593
Satisfaction with the Supervision in Your Present Job	1.561

Note. a. Dependent Variable: Anticipated Turnover Scale. VIF = variance inflation factor

The fifth assumption was that there are no unusual data points, meaning, no significant outliers, high leverage points, or influential data points. Evaluation of potential outliers was conducted by inspection of casewise diagnostics and studentized deleted residuals. Table 6 shows one study participant had a casewise diagnostic value of 4.1, which is greater than the cut-off of ± 3 in absolute value, indicating the data for that participant did not fit the pattern of the remaining 64 study participants. The data were sorted in descending order by the studentized deleted residuals to further identify outliers. Only the one participant with a casewise diagnostic statistic greater than 4.1 and had a studentized deleted residual greater than ± 3 in absolute value, further indicating the data for that participant was an outlier. Therefore, that participant was omitted from the multiple linear regression analysis. None of the remaining 64 study participants had an indication of being an outlier.

Table 6

Evaluation of Casewise Diagnostics^a to Determine if Outliers were Present

Case Number	Std. Residual	Anticipated Turnover Scale	Predicted Value	Residual
49	4.113	6.3	3.358	2.9749

Note. a. Dependent Variable: Anticipated Turnover Scale

Potential leverage points were evaluated by inspection of leverage values. The data were sorted in descending order by the leverage values to identify potential leverage points. The top 5 leverage values were: 0.29472, 0.29396, 0.25565, 0.19236, and 0.17974. Thus, 3 study participants had a leverage value greater than 0.20 which exceeds the threshold for acceptable leverage. Those 3 study participants were omitted from the multiple linear regression analysis.

Potential, influential data points were evaluated by inspection of Cook's distance values. The data were sorted in descending order by the Cook's distance values to identify potential influential data points. All Cook's distance values were less than 0.10. Cook's distance values less than 1.0 are not considered to be of concern. It was concluded there were no significant, influential data points.

The sixth assumption is that the error terms have a roughly normal distribution. This assumption was evaluated by inspection of two different graphs: 1) a histogram of the Regression Standardized Residuals, and 2) A normal P-P plot of the Expected Cumulative Probability values versus the Observed Cumulative Probability values. Figure 10 shows the histogram roughly approximated a normal distribution, providing support that the normality assumption was satisfied. The Normal P-P plot displayed in

Figure 11 shows the data points roughly approximated a straight diagonal line, providing further evidence the normality assumption was satisfied.

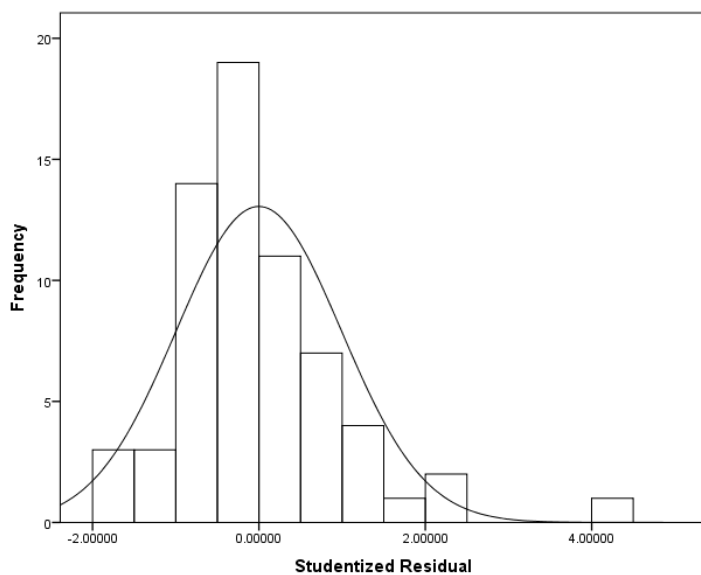


Figure 10. Histogram of the studentized residuals to evaluate the normality assumption for multiple linear regression analysis.

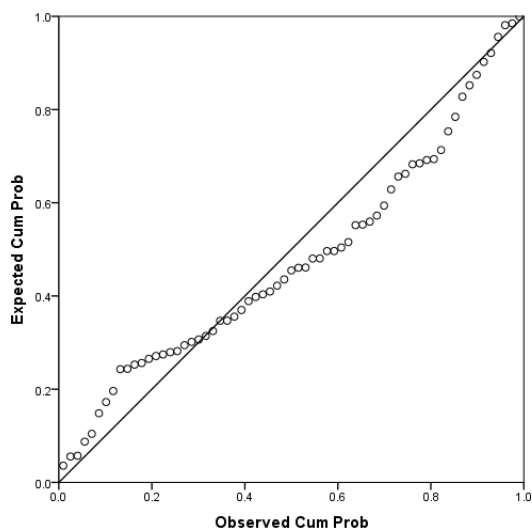


Figure 11. Normal P-P plot of the expected cumulative probability values versus the observed cumulative probability values to evaluate the normality assumption for multiple linear regression analysis.

In summary, prior to conducting the multiple linear regression analysis to test the null hypothesis for research question 1, testing of the assumptions for multiple linear regression analysis indicated all of the assumptions were satisfied with the exception that the data for 1 study participant was an outlier and the data for 3 additional study participants had high leverage values. Those 4 study participants were omitted from the multiple linear regression analysis but were retained in the database for descriptive statistics and further inferential analyses following the multiple linear regression analysis.

After omitting the four study participants with outlying or high leverage data values, the assumptions were considered satisfied, and standard multiple linear regression analysis was performed as originally planned. Table 6 shows the overall model with five IVs (satisfaction with people in your present job [PPJ], work in your present job [WPJ], pay in your present job [PAY], opportunities for promotion in your present job [OFP], and supervision in your present job [SUP]) was statistically significant, $F(5, 55) = 7.36$, $p < 0.001$. The null hypothesis was rejected, and it was concluded that at least one IV explained a statistically significant percentage of the variance in the dependent variable as measured by R^2 .

Table 7

Statistical Significance for the Full Model

Model ^{a, b}	Sum of Squares	df	Mean Square	F	p-value
Regression	14.335	5	2.867	7.357	<0.001
Residual	21.433	55	0.390		
Total	35.768	60			

Note. a. Dependent Variable: Anticipated Turnover Scale

b. Predictors: (Constant), Satisfaction with the Supervision in Your Present Job, Satisfaction with People in Your Present Job, Satisfaction with Opportunities for Promotion in Your Present Job, Satisfaction with the Work in Your Present Job, Satisfaction with the Pay in Your Present Job

Table 8 shows $R^2 = 0.40$. The interpretation of R^2 is the five IVs collectively explain 40% of the total variance in the dependent variable (AT). According to Cohen (1988), small, medium, and large effect sizes for hypothesis tests about R^2 are: $f^2 = 0.02$, 0.15, and 0.35, respectively. The effect size for this model was $f^2 = 0.67$, which is a very large effect size.

Table 8

Percentage of The Total Variance in Anticipated Turnover that can be Explained by the Full Model (R^2)

Model ^{a, b}	R	R Square	Adjusted R Square	Std. Error of the Estimate
	0.633	0.401	0.346	0.6243

Note. a. Predictors: (Constant), Satisfaction with the Supervision in Your Present Job, Satisfaction with People in Your Present Job, Satisfaction with Opportunities for Promotion in Your Present Job, Satisfaction with the Work in Your Present Job, Satisfaction with the Pay in Your Present Job

b. Dependent Variable: Anticipated Turnover Scale

Table 9 shows that of the five IVs, only satisfaction with the work in your present job was statistically significant. The equation of the model was $AT = 5.43 - 0.027*PPJ - 0.083*WPJ - 0.022*PAY - 0.0003*OFP - 0.035*SUP$, where AT = the average AT score, PPJ = Satisfaction with People in Your Present Job, WPJ = Satisfaction with the Work in Your Present Job, PAY = Satisfaction with the Pay in Your Present Job, OFP = Satisfaction with Opportunities for Promotion in Your Present Job, and SUP = Satisfaction with the Supervision in Your Present Job.

The interpretation of the model is, when controlling for PPJ, PAY, OFP, and SUP, the average AT score is expected to decrease by 0.083 points for every 1-point increase in WPJ. In other words, when controlling for satisfaction with PPJ, PAY, OFP, and SUP, on average, those who are more satisfied with the work on their present job tend to be less likely to terminate their current employment position. Also, when taking into consideration the amount of variance in AT explained by WPJ (R^2), the other four IVs, PPJ, PAY, OFP, and SUP did not explain a statistically significant amount of additional variation in AT above and beyond the variation explained by WPJ.

A decrease in AT of only 0.083 points for every 1-point increase in WPJ may at first appear to be of little practical significance. However, recall that the AT score can range from only 1 to 7, while the JS scores can range from 0 to 18. So, for example, an increase of only 1 point in WPJ would be a relatively small amount. If it was possible to increase WPJ (by interventions from the stakeholders such as public policy makers or organizational leaders for example) by 5 points for example, in that case, on average the AT score would be expected to decrease by $5 \times 0.083 = 0.415$ points, which is a more significant amount relative to a range of 1 to 7.

Table 9

Statistically Significant Independent Variables and Regression Coefficients

Model ^a	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	Beta	<i>t</i>	<i>p</i> -value
(Constant)	5.428	0.529		10.267	<0.001
Satisfaction with People in Your Present Job	-0.027	0.028	-0.112	-0.985	0.329
Satisfaction with the Work in Your Present Job	-0.083	0.031	-0.352	-2.667	0.010
Satisfaction with the Pay in Your Present Job	-0.022	0.019	-0.173	-1.180	0.243
Satisfaction with Opportunities for Promotion in Your Present Job	-0.0003	0.016	-0.002	-0.019	0.985
Satisfaction with the Supervision in Your Present Job	-0.035	0.025	-0.189	-1.404	0.166

Note. a. Dependent Variable: Anticipated Turnover Scale

Pearson's Correlation Analyses

To better understand why the multiple linear regression analysis showed only one IV to be a statistically significant predictor of AT, a correlation matrix was evaluated. Table 9 shows the correlations among all the independent and dependent variables. The correlations between the dependent variable, AT, and the 5 five IVs, JS scores, are of primary interest. The results show that with the exception of satisfaction with people in your current job ($p = 0.059$), all JS scores were statistically significantly ($p < 0.05$) correlated with AT. Table 10 also shows the strongest correlation was between AT and satisfaction with the work in your present job, $r = -0.53$. So, while 4 of the 5 JS scores were individually statistically significantly correlated with AT, satisfaction with work in your present job explained so much of the variation in AT that the remaining 4 measures

of JS could not explain a statistically significant amount of additional variance in AT above and beyond the variance explained by satisfaction with work in the present job.

This is a plausible explanation for why satisfaction with work in your present job was the only statistically significant predictor of AT in the multiple linear regression model discussed above.

Table 10

Correlation Matrix of the Independent and Dependent Variables

		Anticipated Turnover Scale	Satisfaction with People in Your Present Job	Satisfaction with the Work in Your Present Job	Satisfaction with the Pay in Your Present Job	Satisfaction with Promotion in Your Present Job	Satisfaction with the Supervision in Your Present Job
Anticipated Turnover Scale	Pearson Correlation	1	-0.236	-0.527	-0.437	-0.286	-0.433
	p-value		0.059	0.000	0.000	0.021	0.000
	N	65	65	65	65	65	65
Satisfaction with People in Your Present Job	Pearson Correlation	-0.236	1	0.105	0.435	0.351	0.354
	p-value	0.059		0.406	0.000	0.004	0.004
	N	65	65	65	65	65	65
Satisfaction with the Work in Your Present Job	Pearson Correlation	-0.527	0.105	1	0.471	0.372	0.460
	p-value	0.000	0.406		0.000	0.002	0.000
	N	65	65	65	65	65	65
Satisfaction with the Pay in Your Present Job	Pearson Correlation	-0.437	0.435	0.471	1	0.580	0.505
	p-value	0.000	0.000	0.000		0.000	0.000
	N	65	65	65	65	65	65
Satisfaction with Opportunities for Promotion in Your Present Job	Pearson Correlation	-0.286	0.351	0.372	0.580	1	0.414
	p-value	0.021	0.004	0.002	0.000		0.001
	N	65	65	65	65	65	65
Satisfaction with the Supervision in Your Present Job	Pearson Correlation	-0.433	0.354	0.460	0.505	0.414	1
	p-value	0.000	0.004	0.000	0.000	0.001	
	N	65	65	65	65	65	65

Since the correlations between the dependent variable, AT, and each of the five IVs, JS scores were of primary interest, those correlations were explored in greater detail. Specifically, the assumptions for Pearson's correlation statistic were evaluated, and the correlation statistics were interpreted and reported.

Correlation 1: Anticipated Turnover versus Satisfaction with People in Your Current Job

The first assumption is that there is a linear relationship between the IV, satisfaction with people in your current job, and the DV, AT. This assumption was evaluated by inspection of a scatter plot of AT versus satisfaction with people in your current job. Figure 12 shows a roughly linear relationship between the independent and DVs, so the linearity assumption was considered satisfied.

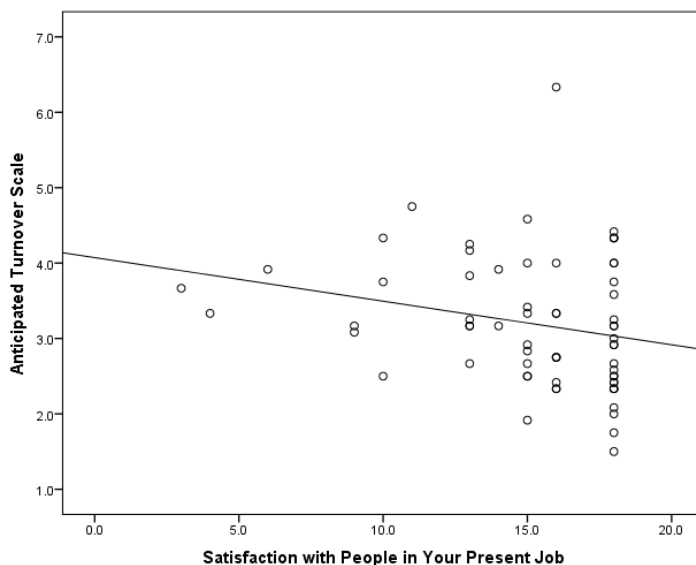


Figure 12. Scatter plot to evaluate the assumption that the independent variable satisfaction with people in your present job has a linear relationship with the dependent variable anticipated turnover.

The second assumption is that there are no outliers. Figure 12 shows one observation with a large AT score (above 6.0) and a high level of satisfaction with people in your present job (above 15.0), which does not fit the pattern of the remaining 64 data points, indicating that observation was a potentially significant outlier. To further evaluate the extent to which that outlying value may influence the results of the analysis, Pearson's correlation statistic was evaluated both with and without the outlying value included.

When the outlying value was included in the analysis, the Pearson's correlation statistic was not statistically significant, $r = -0.24$, $p = 0.059$. When the outlying value was removed, Pearson's correlation was statistically significant, $r = -0.28$, $p = 0.025$. In addition, Spearman's rho correlation statistic, which is known to be robust to outliers, had a value of $r_s = -0.29$, $p = 0.021$, prior to removing the outlier. This would suggest the outlying value should be removed if Pearson's correlation statistic is to be used, or the outlying value can be retained if Spearman's rho correlation statistic is to be used instead of Pearson's correlation statistic. This is discussed further after testing the third assumption for Pearson's correlation statistic which is the normality assumption.

The third assumption is that both the independent and DVs have a normal distribution. This assumption was evaluated by inspection of the skewness and kurtosis values as well as a Q-Q plot of the independent and DVs. Table 11 shows the skewness and kurtosis statistics for both the independent and DVs, along with their standard errors. A common rule-of-thumb is, if the z -scores associated with the skewness and kurtosis statistics are greater than -2.58 and less than 2.58, the distribution is considered to be

adequately normally distributed. The z -score is computed by dividing the statistic (skewness or kurtosis) by its respective standard error.

From Table 11, for the AT score, the z -score for skewness was $0.179/0.299 = 0.600$, and the z -score for kurtosis was $-0.778/0.590 = 1.319$. Therefore, according to the skewness and kurtosis statistics, the AT score had a roughly normal distribution. For the satisfaction with people in your present job score, the z -score for skewness was $-1.621/0.299 = -5.421$, and the z -score for kurtosis was $2.621/0.590 = 4.442$. Therefore, according to the skewness and kurtosis statistics, the assumption of normality was violated for the satisfaction with people in your present job score.

Table 11

Skewness and Kurtosis Statistics for Both the Independent and Dependent Variables

	<i>N</i>	Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error
Anticipated Turnover Scale	64	0.179	0.299	-0.778	0.590
Satisfaction with People in Your Present Job	64	-1.621	0.299	2.621	0.590
Valid N (listwise)	64				

Figure 13 is a Q-Q plot which shows the expected values assuming a normal distribution, versus the observed values, follow a roughly straight line. This provides further evidence the normality assumption was satisfied for the AT score. Figure 14 is a Q-Q plot which shows the expected values assuming a normal distribution, versus the observed values for satisfaction with people in your current job score, deviated from a

straight line. This provides further evidence the normality assumption was violated for the satisfaction with people in your current job score.

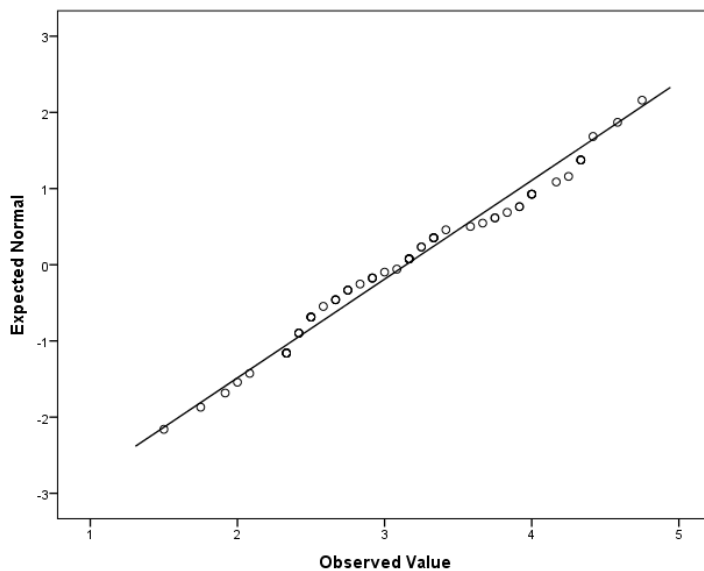


Figure 13. Normal Q-Q Plot of anticipated turnover score.

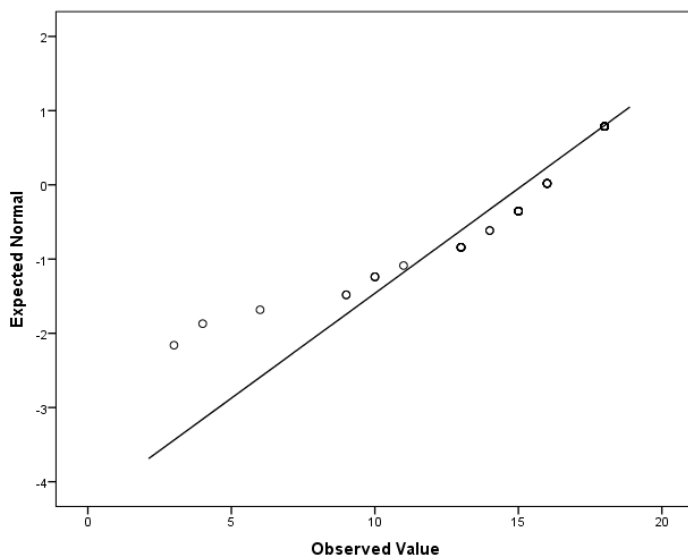


Figure 14. Normal Q-Q Plot of satisfaction with people in your current job.

To summarize the evaluation of assumptions, there was evidence of an outlying observation and a non-normal distribution for the satisfaction with people in your current

job score. Consequently, it was determined that Spearman's rho correlation statistic was more appropriate than Pearson's correlation statistic for evaluating the relationship between AT and satisfaction with people in your current job. The reason for this is, Spearman's correlation statistic is unaffected by outliers and does not require a normal distribution. Thus, there was no need to omit the outlying observation, and the sample size for this analysis was $n = 65$.

There is no consensus on what constitutes a small, medium, or large effect size for the Spearman's rho statistic. However, Spearman's rho statistic is similar to Pearson's r statistic in the sense that both statistics have a range of -1.0 to +1.0; a value of 0 indicates no correlation, and the closer the value is to -1 or +1, the stronger the correlation. In addition, both statistics have the interpretation that a value greater than 0 indicates a positive correlation, while a value less than 0 indicates a negative correlation.

As a result of the similarity of the Pearson and Spearman correlation statistics, it is common to use small, medium, and large effect sizes for Pearson's correlation statistic to help interpret the strength of association as measured by Spearman's rho. Specifically, according to Cohen (Cohen, 1988), small, medium, and large effect sizes for hypothesis tests about the Pearson correlation coefficient (r) are: $r = 0.1$, $r = 0.3$ and $r = 0.5$, respectively.

The results of the Spearman's rho correlation analysis showed $r_s = -0.286$, $p = 0.021$. The interpretation of these results is, there was a statistically significant, moderately strong negative correlation between AT and satisfaction with people in your current job. In other words, there is strong evidence to suggest those who have a higher

level of satisfaction with the people in their current job tend to be less likely to quit their current job.

Correlation 2: Anticipated Turnover versus Satisfaction with the Work in Your Current Job

The three assumptions for Pearson's correlation were evaluated as discussed above for Correlation 1. Figure 15 shows a roughly linear relationship between the independent and DVs, so the linearity assumption was considered satisfied. The second assumption is that there are no outliers. Figure 16 shows one observation with a large AT score (above 6.0) and a relatively high level of satisfaction with work in your present job (above 10.0), which does not fit the pattern of the remaining 64 data points, indicating that observation was potentially a significant outlier. To further evaluate the extent to which that outlying value may influence the results of the analysis, Pearson's correlation statistic was evaluated both with and without the outlying value included.

When the outlying value was included in the analysis, the Pearson's correlation statistic was statistically significant, $r = -0.527, p < 0.001$. When the outlying value was removed, Pearson's correlation was similar, $r = -0.557, p < 0.001$. In addition, Spearman's rho correlation without removing the outlier was similar to the Pearson's correlation statistic without removing the outlier, $r_s = -0.497, p < 0.001$. It was concluded the outlying value did not need to be removed from the analysis.

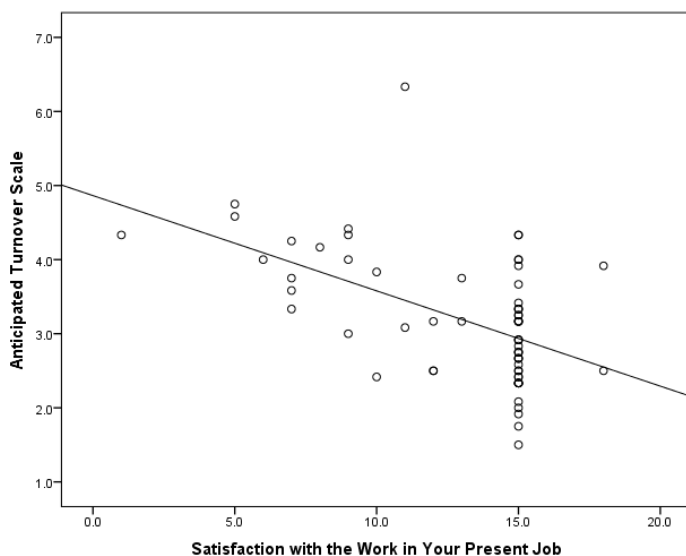


Figure 15. Scatter plot to evaluate the assumption that the independent variable satisfaction with work in your present job has a linear relationship with the dependent variable anticipated turnover.

The third assumption is that both the independent and DVs have a normal distribution. The normality assumption for the DV, AT, was considered satisfied as discussed above for Correlation 1. The normality assumption for the IV, satisfaction with work in your present job, was evaluated as discussed above for Correlation 1. Specifically, Table 12 shows the skewness and kurtosis statistics and their standard errors for Satisfaction with the Work in Your Present Job.

Table 12

Skewness and Kurtosis Statistics for the Independent Variable, Satisfaction with the Work in Your Present Job

	N	Skewness		Kurtosis	
		Statistic	Std. Error	Statistic	Std. Error
Satisfaction with the Work in Your Present Job	65	-1.393	0.297	1.284	0.586

Table 12 indicates the z -score for skewness was $-1.393/0.297 = -4.690$, and the z -score for kurtosis was $1.284/0.586 = 2.19$. Thus, the skewness statistic indicates the distribution of the satisfaction with work in your present job score was not normally distributed. Figure 16 is a Q-Q plot which shows the relationship between the expected values assuming a normal distribution, and the observed values deviated from a straight line. This provides further evidence the normality assumption was violated for the satisfaction with work in your present job score. Therefore, Spearman's rho correlation statistic was used instead of Pearson's correlation statistic.

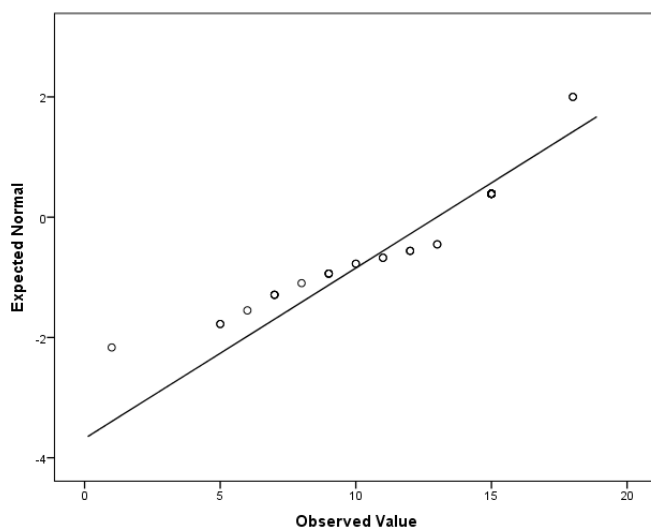


Figure 16. Normal Q-Q plot of satisfaction with work in your current job.

Spearman's rho correlation statistic was $r_s = -0.497$, $p < 0.001$. It was concluded there is a statistically significant, strong negative correlation between AT and satisfaction with the work in your present job. In other words, this study showed strong evidence that those who have a higher level of satisfaction with the work in their current job tend to be less likely to quit their current job.

Correlation 3: Anticipated Turnover versus Satisfaction with the Pay in Your Current Job

The three assumptions for Pearson's correlation were evaluated as discussed above for Correlation 1. Figure 17 shows a roughly linear relationship between the independent and DVs, so the linearity assumption was considered satisfied. The second assumption is that there are no outliers. Figure 17 shows one observation with a large AT score (above 6.0) and a relatively high level of satisfaction with pay in your present job (above approximately 15.0), which does not fit the pattern of the remaining 64 data points, indicating that observation was potentially a significant outlier. To further evaluate the extent to which that outlying value may influence the results of the analysis, Pearson's correlation statistic was evaluated both with and without the outlying value included.

When the outlying value was included in the analysis, the Pearson's correlation statistic was statistically significant, $r = -0.437$, $p < 0.001$. When the outlying value was removed, the Pearson's correlation remained statistically significant, but the correlation was stronger, $r = -0.505$, $p < 0.001$. In addition, Spearman's rho correlation without removing the outlier was larger than the Pearson's correlation statistic without removing the outlier, $r_s = -0.548$, $p < 0.001$. It was concluded the outlying value should be removed from the analysis if Pearson's correlation statistic is to be used or it can be retained if Spearman's rho statistic is used in place of Pearson's correlation statistic. This is discussed further after testing the third assumption, normality.

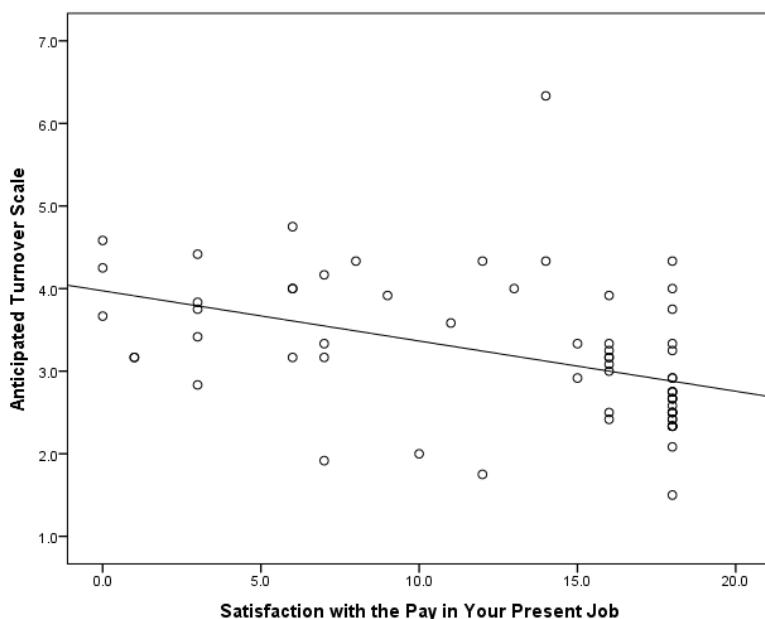


Figure 17. Scatter plot to evaluate the assumption that the independent variable satisfaction with pay in your present job has a linear relationship with the dependent variable anticipated turnover.

The third assumption is that both the independent and DVs have a normal distribution. The normality assumption for the DV, AT, was considered satisfied as discussed above for Correlation 1. The normality assumption for the IV, satisfaction with pay in your present job, was evaluated as discussed above for Correlation 1. Specifically, Table 13 shows the skewness and kurtosis statistics and their standard errors for Satisfaction with the Pay in Your Present Job.

Table 13

Skewness and Kurtosis Statistics for the Independent Variable, Satisfaction with the Pay in Your Present Job

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Satisfaction with the Pay in Your Present Job	65	-0.842	0.297	-0.812	0.586
Valid N (listwise)	65				

Table 13 indicates the z -score for skewness was $-0.842/0.297 = -2.835$, and the z -score for kurtosis was $-0.812/0.586 = -1.386$. Thus, the skewness statistic indicates the distribution of the work in your present job score was not normally distributed. Figure 18 is a Q-Q plot which shows the relationship between the expected values assuming a normal distribution, and the observed values deviated from a straight line. This provides further evidence the normality assumption was violated for the satisfaction with pay in your present job score. Therefore, Spearman's rho correlation statistic was used instead of Pearson's correlation statistic.

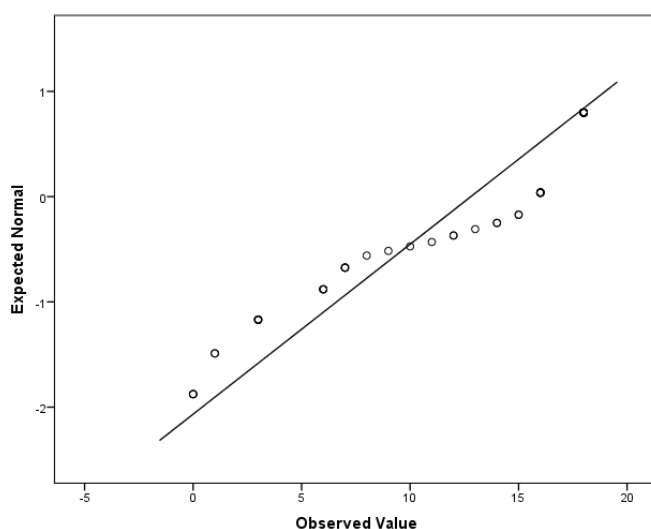


Figure 18. Normal Q-Q plot of satisfaction with pay in your current job.

Spearman's rho correlation statistic was $r_s = -0.548$, $p < 0.001$. It was concluded there is a statistically significant, strong negative correlation between AT and satisfaction with the pay in your present job. In other words, this study showed strong evidence that those who have a higher level of satisfaction with the pay in their current job tend to be less likely to quit their current job.

Correlation 4: Anticipated Turnover versus Satisfaction with Opportunities for Promotion in Your Current Job

The three assumptions for Pearson's correlation were evaluated as discussed above for Correlation 1. Figure 19 shows a roughly linear relationship between the independent and DVs, so the linearity assumption was considered satisfied. The second assumption is that there are no outliers. Figure 19 shows one observation with a large AT score (above 6.0) and a relatively high level of satisfaction with opportunities for promotion in your present job (above approximately 14.0), which does not fit the pattern of the remaining 64 data points, indicating that observation was potentially a significant outlier. To further evaluate the extent to which that outlying value may influence the results of the analysis, Pearson's correlation statistic was evaluated both with and without the outlying value included.

When the outlying value was included in the analysis, the Pearson's correlation statistic was statistically significant, $r = -0.286$, $p < 0.001$. When the outlying value was removed, the Pearson's correlation remained statistically significant, but the correlation was stronger, $r = -0.363$, $p < 0.001$. In addition, Spearman's rho correlation without removing the outlier was larger than the Pearson's correlation statistic without removing

the outlier, $r_s = -0.347$, $p < 0.001$. It was concluded the outlying value should be removed from the analysis if Pearson's correlation statistic is to be used or it can be retained if Spearman's rho statistic is used in place of Pearson's correlation statistic. This is discussed further after testing the third assumption, normality.

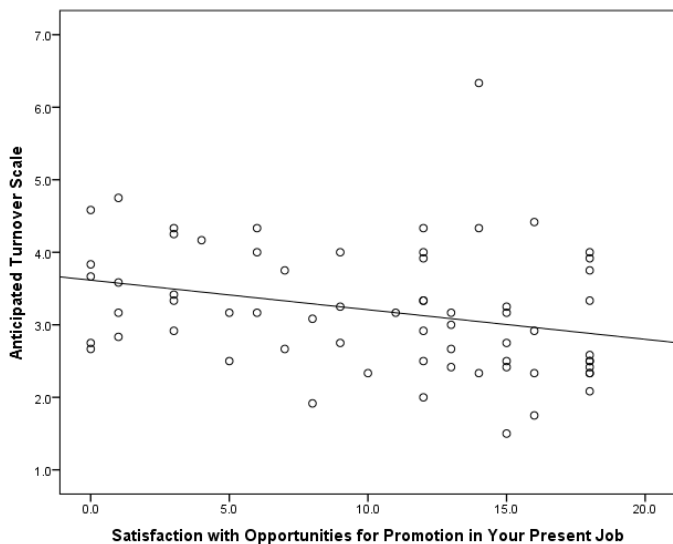


Figure 19. Scatter plot to evaluate the assumption that the independent variable satisfaction with opportunities for promotion in your present job has a linear relationship with the dependent variable anticipated turnover.

The third assumption is that both the independent and DVs have a normal distribution. The normality assumption for the DV, AT, was considered satisfied as discussed above for Correlation 1. The normality assumption for the IV, satisfaction with opportunities for promotion in your present job, was evaluated as discussed above for Correlation 1. Specifically, Table 14 shows the skewness and kurtosis statistics and their standard errors for Satisfaction with the Opportunities for Promotion in Your Present Job.

Table 14

Skewness and Kurtosis Statistics for the Independent Variable, Satisfaction with the Opportunities for Promotion in Your Present Job

	<i>N</i>	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Satisfaction with Opportunities for Promotion in Your Present Job	65	-0.366	0.297	-1.195	0.586

Table 14 indicates the z -score for skewness was $-0.366/0.297 = -1.23$, and the z -score for kurtosis was $-1.195/.586 = 2.039$. Thus, the skewness and kurtosis statistics indicate the distribution of the satisfaction with opportunities for promotion in your present job score was roughly normally distributed. Figure 20 is a Q-Q plot that shows the relationship between the expected values assuming a normal distribution and the observed values, roughly approximated a straight line. This provides further evidence the normality assumption was satisfied for the satisfaction with opportunities for promotion in your present job score. While removal of the 1 outlying value would permit analysis with Pearson's correlation statistic, it was considered that Spearman's rho was equally valid. Spearman's rho was used instead of Pearson's correlation in part to be consistent with the same statistical test used for the preceding 3 correlation analyses.

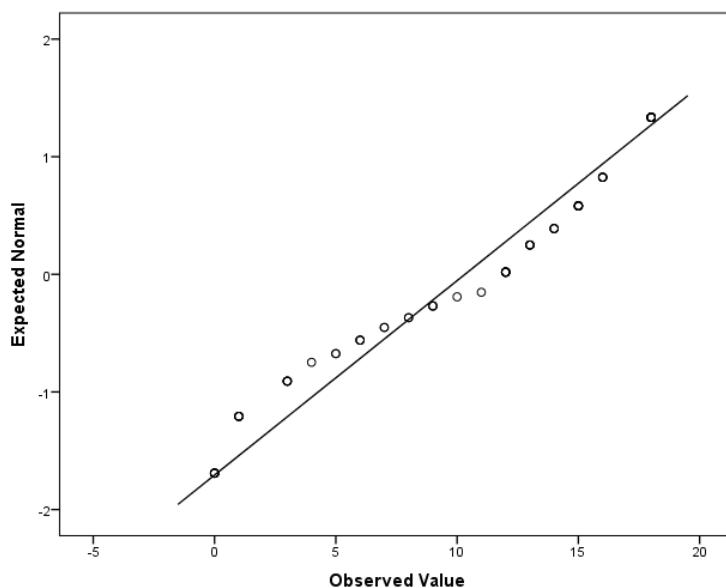


Figure 20. Normal Q-Q plot of satisfaction with opportunities for promotion in your current job.

Spearman's rho correlation statistic was $r_s = -0.347$, $p = 0.005$. It was concluded there is a statistically significant, moderately strong negative correlation between AT and satisfaction with opportunities for promotion in your present job. In other words, this study showed strong evidence that those who have a higher level of satisfaction with the opportunities for promotion in their current job tend to be less likely to quit their current job.

Correlation 5: Anticipated Turnover versus Satisfaction with Supervision in Your Current Job

The three assumptions for Pearson's correlation were evaluated as discussed above for Correlation 1. Figure 21 shows a roughly linear relationship between the independent and DVs, so the linearity assumption was considered satisfied. The second assumption is that there are no outliers. Figure 21 shows one observation with a large AT score (above 6.0) and a relatively high level of satisfaction with supervision in your

present job (above approximately 14.0), which does not fit the pattern of the remaining 64 data points, indicating that observation was potentially a significant outlier. To further evaluate the extent to which that outlying value may influence the results of the analysis, Pearson's correlation statistic was evaluated both with and without the outlying value included.

When the outlying value was included in the analysis, the Pearson's correlation statistic was statistically significant, $r = -0.433$, $p < 0.001$. When the outlying value was removed, the Pearson's correlation remained statistically significant, but the correlation was stronger, $r = -0.489$, $p < 0.001$. In addition, Spearman's rho correlation without removing the outlier was larger than the Pearson's correlation statistic without removing the outlier, $r_s = -0.531$, $p < 0.001$. It was concluded the outlying value should be removed from the analysis if Pearson's correlation statistic is to be used, or it can be retained if Spearman's rho statistic is used in place of Pearson's correlation statistic. This is discussed further after testing the third assumption, normality.

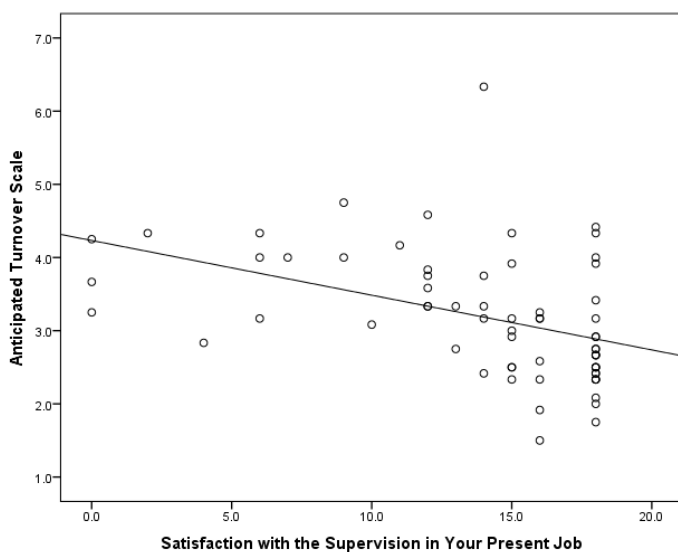


Figure 21. Scatter plot to evaluate the assumption that the independent variable satisfaction with supervision in your present job has a linear relationship with the dependent variable anticipated turnover.

The third assumption is that both the independent and DVs have a normal distribution. The normality assumption for the DV, AT, was considered satisfied as discussed above for Correlation 1. The normality assumption for the IV, satisfaction with supervision in your present job, was evaluated as discussed above for Correlation 1. Specifically, Table 15 shows the skewness and kurtosis statistics and their standard errors for Satisfaction with the Supervision in Your Present Job.

Table 15

Skewness and Kurtosis Statistics for the Independent Variable, Satisfaction with the Supervision in Your Present Job

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Satisfaction with the Supervision in Your Present Job	65	-1.433	0.297	1.370	0.586

Table 15 indicates the z -score for skewness was $-1.433/0.297 = -4.825$, and the z -score for kurtosis was $-1.370/.586 = 2.338$. Thus, the skewness statistic indicates the distribution of the satisfaction with supervision in your present job score was not normally distributed. Figure 22 is a Q-Q plot that shows the relationship between the expected values assuming a normal distribution, and the observed values deviated from a straight line. This provides further evidence the normality assumption was violated for the satisfaction with supervision in your present job score. Therefore, Spearman's rho correlation statistic was used instead of Pearson's correlation statistic.

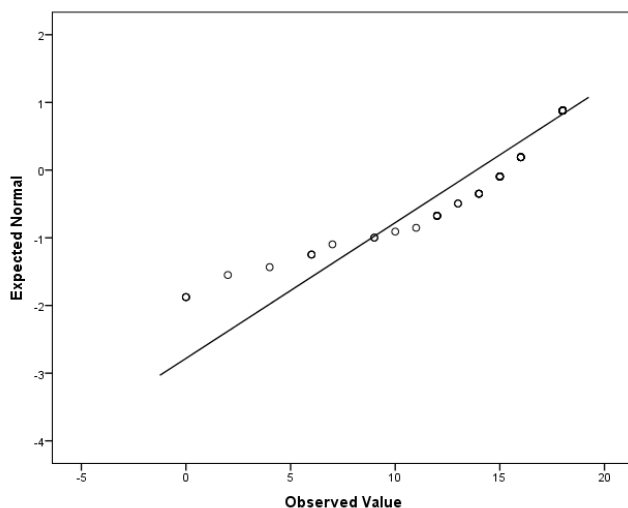


Figure 22. Normal Q-Q plot of satisfaction with opportunities for promotion in your current job.

Spearman's rho correlation statistic was $r_s = -0.531$, $p < 0.001$. It was concluded there is a statistically significant, strong negative correlation between AT and satisfaction with the supervision in your present job. In other words, this study showed strong evidence that those who have a higher level of satisfaction with the supervision in their current job tend to be less likely to quit their current job.

Summary

This study showed statistically significant evidence that all five JS scores, were statistically significantly negatively correlated with AT. Therefore, on average, the greater the satisfaction with any of the five facets of JS, the less likely a person is to quit their job. Results also showed that improvement in the work itself would have greater impact than the sum of the remaining four JS scores.

In other words, if a stakeholder such as a public policymaker or an organizational leader were able to intervene to improve some facet of JS in an effort to reduce AT, attempting to improve satisfaction with work on the present job would be the best choice.

If that were possible, there is no evidence in this study that it would be necessary to improve JS along the other four dimensions. Yet, if a stakeholder were unable to intervene to improve satisfaction with work on the present job, this study suggests that improvement in any of the five dimensions of JS could help to reduce AT. Chapter 5 provides an overall summary of findings incorporating data from literature review. In light of the current pandemic, chapter 5 also include significant current changes to public policy and findings from the most recent research that may have repercussions for study limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

There are not enough behavioral health nurses to treat and care for the increasing behavioral health demand (Beck et al., 2018), and high nurse turnover negatively impacts healthcare facilities capacity to safely treat patients (Hayes et al., 2006; Lu et al., 2019). The purpose of this quantitative, correlational study was to examine whether, and to what extent, a relationship exists between JS and AT intention for MGBHNs. Despite research focusing on nursing retention, which can mitigate the consequences of turnover (Almaaitah et al., 2017), factors related to turnover for the growing majority of MGBHNs are poorly understood (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017). Thus, I aimed to identify possible retention strategies to curtail the potential for AT, which is a strong predictor of turnover (Hayes et al., 2006; Hinshaw et al., 1987; Lu et al., 2012; Lucas et al., 1993; Mobley, 1977; Shader et al., 2001, Tai et al., 1998).

The results of the Spearman's rho correlation analysis revealed that each of the five JS scores were statistically significantly negatively correlated with AT. In other words, on average, the greater the satisfaction with any of the five facets of JS, the less likely a person is to quit their job. Results from the multiple regression analysis showed that at least one IV explained a statistically significant percentage of the variance in the DV (AT) as measured by R^2 —the five IVs collectively explain 40% of the total variance in AT—therefore, the null hypothesis was rejected. Results further indicated that of the five IVs, only satisfaction with the work in your present job was statistically significant.

The equation of the model was $AT = 5.43 - 0.027*PPJ - 0.083*WPJ - 0.022*PAY - 0.0003*OFP - 0.035*SUP$, where AT = the average AT score, PPJ = satisfaction with people in your present job, WPJ = satisfaction with the work in your present job, PAY = satisfaction with the pay in your present job, OFP = satisfaction with opportunities for promotion in your present job, and SUP = satisfaction with the supervision in your present job. Chapter 5 contains a summary of the study, beginning with a synopsis of the current behavioral health landscape in the context of a pandemic, and includes the (a) interpretation of significant findings, (b) limitations, (c) recommendations for future research, (d) implications for healthcare leaders as well as social change, and (e) conclusions.

Current Behavioral Health Landscape and Corona Virus Disease-2019

During the completion of my study a pandemic ensued, which radically changed the healthcare landscape. Thus, this section was added to provide context for implications, interpretation of findings, and recommendations for future study. On January 30, 2020, the corona virus disease 2019 (CoVid-19) outbreak was declared a global public health emergency by the WHO (2020) when all 34 regions of China reported cases of infection. John Hopkins University has since collected and posted critical trends and data for the United States, and 188 countries across the globe on their Coronavirus Resource Dashboard (2020). As of May 30, the number of reported global cases exceeded 6 million, and death rates neared 369,000. The United States has also posted the highest number of confirmed cases and reported deaths worldwide and has not been faced with a pandemic of this magnitude since the Spanish Flu of 1918. In mid-

January 2020, the first U.S. case of CoVid-19 was reported in Snohomish County, Washington (Holshue, 2020). Confirmed cases increased to 1,000 by March 11, 100,000 by March 27, over 1 million on April 28, and 1.7 million on May 24 with the death toll surpassing 100 thousand deaths (Johns Hopkins University, 2020).

The healthcare industry faced unparalleled challenges in the wake of the CoVid-19 pandemic. With acute surges in medical and psychiatric service demands, healthcare leaders struggled to maintain the safety of their healthcare workers and patients, ensure sufficient access to care, and allocate scarce resources to a growing number of severely ill patients. Across the nation, demand for services soared beyond capacity, triggering immediate changes to service delivery, administration, and public policy (Ho, Chee & Ho, 2020; Walton, Murray & Christian, 2020).

Interpretation of Findings

Descriptive Statistics

A total of 65 behavioral health nurses who work in public hospitals responded to the survey invitation, agreed to informed consent, met the inclusion criteria, and completed the entire survey. Thus, the final sample size for this study was $n = 65$. The demographics were expected and consistent with the literature. Among the millennial nursing population, participants tend to be a majority of female versus male nurses, those working less than 5 years, and licensed as a RN (Klaus et al., 2012; Shields & Ward, 2001, Zhang et al., 2016). Among the 65 respondents, a total of nine (13.8%) were male, and 56 (85.2%) were female. The distribution of current licensure was 15 (23.1%) LPN/LVN, 46 (70.8%) RN, and four (6.2%) APRN. The distribution of years worked as

a licensed nurse was 34 (52.3%) 0–5 years, 16 (24.6%) 6–10 years, 11 (16.9%) 11–15 years, two (3.1%) 16–20 years, and two (3.1%) 21+ years. The distribution of region in which the study participant resided was 18 (27.7%) Northeast, nine (13.8%) Southeast, 16 (24.6%) Midwest, 13 (20.0%) Southwest, and nine (13.8%) West. The distribution of participants' region was evenly distributed; however, the largest number of participants reported living in the Northeast, where the majority of CoVid-19 hotspots were located. But there is a lack of empirical evidence reporting on the value of various motivators in the context of the pandemic and corresponding psychological nurse reactions to uncertainty.

Descriptive statistics for the five JS scores (IVs) for pay, work itself, opportunities for promotion, coworkers, supervision and the AT scale (DV) were also performed. The average JS scores ranged from 10.3 (satisfaction with opportunities for promotion in your current job) to 15.2 (satisfaction with people in your current job). Overall, JS scores for all five IVs were relatively high, with average scores above the midpoint of 9.0. Further, the average AT score (DV) was 3.2, which was well below the midpoint of 4.0, indicating that, on average, the 65 nurse participants had a relatively low level of AT. Considering the impact of CoVid-19 on MGBHNs working in a hospital, the relatively high level of JS and low level of AT on average were unexpected from this sample.

Cronbach's Alpha Values

With the exception of the satisfaction with coworkers score ($\alpha = .64$), the Cronbach's alpha values for the independent and DVs exceeded the accepted 0.70 thresholds determined by Nunnally and Bernstein (1994), confirming acceptable

reliability. However, these results were not aligned with findings from the literature based on the meta-analysis conducted by Tasios and Giannouli (2017).

Inferential Analyses

A multiple linear regression analysis was conducted to evaluate how the five IVs are related to the DV. Prior to conducting the multiple linear regression analysis to test the null hypothesis for Research Question 1, testing of the assumptions for multiple linear regression analysis indicated all of the assumptions were satisfied with the exception that the data for one study participant was an outlier, and data for three additional participants had high leverage values. These four study participants were omitted from the multiple linear regression analysis but were retained in the database for descriptive statistics and further inferential analyses following the multiple linear regression analysis

This study's research question was designed to examine whether a statistically significant relationship existed between JS and AT among MGBHNs working in public hospitals. Specifically, if the IVs of pay, work itself, opportunities for promotion, level of JS with coworkers, and supervision, individually or collectively, significantly contributed to R^2 , the percentage of variance in AT of MGBHNs in public hospitals that can be explained by JS. A multiple linear regression analysis was conducted to estimate how the five IVs affect the DV.

The data from the multiple linear regression analyses indicated that of the five IVs, only satisfaction with the work in your present job was statistically significant. Based on the literature, the results of this multiple regression were congruent with

findings that the work itself and supervision facets would be the strongest predictors of JS for MGBHNs (Aruna & Anitha, 2015; Campione, 2015; Lohmann et al., 2016).

Pearson's Correlation Analyses and Significant Findings

To better understand why the multiple linear regression analysis showed only one IV to be a statistically significant predictor of AT, a correlation matrix was evaluated. The results showed that except satisfaction with people in your current job ($p = 0.059$), all JS scores were statistically significantly ($p < 0.05$) correlated with AT. Because the correlations between the DV and each of the five IVs were of primary interest, those correlations were explored in greater detail. The assumptions for Pearson's correlation statistic were evaluated, and the correlation statistics were interpreted and reported.

Spearman's Rho Correlation Analyses and Significant Findings

One or more of the assumptions for Pearson's correlation analysis were violated and Spearman's rho correlation was used instead. The Spearman's rho correlation analysis results showed that all five JS scores were statistically significantly negatively correlated with AT. The strength of the correlations of the five JS scores with AT could be grouped into two categories. The first category contained JS scores that were moderately or strongly correlated with anticipated based on Cohen's (1980) criteria for what constitutes a small, medium, and large effect size for Pearson's correlation. According to Cohen, small, medium, and large effect sizes for hypothesis tests about the Pearson correlation coefficient are $r = 0.1$, $r = 0.3$ and $r = 0.5$, respectively. Cohen's criteria for effect sizes for Pearson's correlation were used because there are no agreed upon values for Spearman's rho values.

As previously stated, all five IVs were statistically significantly correlated with AT. Based on the Spearman's rho values, the results are listed in the order of strongest to weakest correlation with AT, followed by the strength of the negative correlation with AT:

- Pay on present job $r_s = - 0.548$ $p < 0.001$ Strong
- Supervision on present job $r_s = - 0.531$ $p < 0.001$ Strong
- Work in present job $r_s = -0.497$ $p < 0.001$ Strong
- Promotion on present job $r_s = - 0.347$ $p = 0.005$ Moderately Strong
- People in current job score $r_s = -0.286$ $p = 0.021$ Moderately Strong

Satisfaction with pay. The Spearman's rho correlation analysis from my study indicated that of the five correlations, satisfaction with pay had the strongest correlation with AT. Those who had a higher level of satisfaction with the pay in their current job tended to be less likely to quit their current job. The literature indicates inconsistent results regarding the correlation between satisfaction with pay and AT (Lu et al., 2012). Consistent with the findings of this study, Campione (2015), Deal and Levenson (2016), and Gupta and Shaw (2014) contended that millennials desire to be adequately compensated for their work performance. Conversely, other studies have indicated that intrinsic motivators are more predominant (Close & Martins, 2015; Kasser & Ryan, 1996; Nifadkar & Bauer, 2016).

In health care, studies that considered remuneration as a component of JS also yielded inconsistent findings. Although JS and pay were found to correlate with turnover intention (Chan et al., 2009), the strength of association between increased pay and

retention rates was small (Irvine & Evans, 1995; Frijters et al., 2007), or strongly correlated to turnover (Borda & Norman, 1997; Michaels & Spector, 1982; Mobley et al., 1979). Other studies found that male nurses rank pay as a stronger motivator than female nurses (Borkowski et al., 2007; Rajapaska & Rothstein, 2009).

Increasing salary and compensation have mitigated the effects of nursing shortages in the short-term; however, empirical evidence indicates the long-term efficacy of administrative interventions improve JS which in turn decrease turnover (Bloom et al., 1992; Gifford et al., 2002; Shields & Ward, 2001). For example, Lundh (1999) found that 55% of nurse respondents were dissatisfied with their jobs, citing compensation as critical, and Wang (2002) found that most Chinese nurse participants reported feeling dissatisfied with pay and promotion. Comparably, Zheng and Liu (2010) found nurses to be dissatisfied overall, specifically with pay, while the highest satisfaction was with coworkers. These findings are aligned with Herzberg's two-factor theory and PE Fit. Pay may be an initial draw to an organization; however, as an extrinsic factor, compensation alone does not ensure a MGBHNs JS in the long-term, especially when their values and needs are not being satisfied overall.

Satisfaction with supervision. The Spearman's rho correlation analysis from my study indicated that those who had a higher level of satisfaction in relationships with their supervisors in their current job tend to be less likely to quit their current job. The strength of the correlation between satisfaction with the supervisor and AT is aligned with the research that supports the role of nursing leadership on nurses' JS and ultimate retention (Mehrad & Fallahi, 2014) and improved work environment (Spense-Laschinger & Fida,

2014). Previous studies conducted in Taiwan have also shown consistent statistically significant findings to support the positive correlation between leadership on JS (Yin & Yang, 2002).

Findings of this study are consistent with the nursing literature, supporting the supposition that supervision is a critical facet of JS with behavioral health nurses (Bratt et al., 2000; Tovey & Adams, 1999). For example, Hunt (2014) examined the effect of value congruence between nurses and supervisors on JS and turnover and found a positive correlation between JS and value congruence on leadership support ($r = 0.327, p < 0.05$). Jayasuriya et al. (2012) developed a model to examine the relationship between the IVs work environment and supervision, and the DV, JS. Both IVs were found to be statistically significant and together they accounted for 35% of the total variance in JS. Many studies also compared or examined specific leadership styles on JS including authentic leadership in Wong and Laschinger's study (2013), which had a statistically significant positive direct relationship ($\beta = 0.16, P < 0.01$) with JS, and Olsen et al.'s research (2017) that revealed that task-oriented leadership was statistically significantly associated with JS ($\beta = 0.14, P < 0.001$). But transformational supervisory styles tend to positively correlate to individual empowerment and increased JS (Mulki et al., 2015). Kim (2015) also found that extrinsic motivation, in the form of supervisor support, negatively correlates to employee intent to leave in the public sector, only when an increase in pay is not an IV. Opportunities for further study would include the leadership style that most closely resembles that of a workers' supervisor or director to measure satisfaction levels and the strength of the relationship across various types of governance.

Satisfaction with the work itself. The Spearman's rho correlation analysis from my study indicated that those who had a higher level of satisfaction with the work itself in their current job tend to be less likely to quit their current job. The results of this study are aligned with the nursing literature, which indicates a correlation between satisfaction with the work itself and AT. Specifically, Gatti et al. (2017) found positive correlations with nurse participants' level of JS and the work itself, ($r = 0.41, P < 0.001$), similar to Edgar's study (1999) that showed correlations between work motivation and the work performed ($r=.264; p<0.05$). Holmberg et al. (2016) also found the intrinsic factors of the work in your present job and pay were positively correlated to JS, which is congruent with Herzberg's original premise that the work itself is a motivator. The literature supports Herzberg's original theory of intrinsic factors as primary motivators such as the work itself (Alshmemri et al., 2016; Hayes et al., 2010; Holmberg et al., 2017; Kacel et al., 2005; Mitchell, 2009; Russell & Gelder, 2008). Further, Hur (2018) found that public sector managers were motivated by intrinsic factors, namely by the work itself as opposed to extrinsic factors. Though these results were consistent, nursing JS may have been increased by performing the work itself during CoVid-19 outbreak as the potential for nurses to fulfill their calling to treat those in need increased acutely. The findings of this study are also aligned with Herzberg's (1976) research, which indicated that employee satisfaction and motivation were derived from a sense of achievement within the job itself when considered interesting, significant, and challenging. These reported outcomes may influence future research to include examining MGBHN motivation during a pandemic.

Satisfaction with opportunities for promotion. The Spearman's rho correlation analysis from my study indicated that those who had a higher level of satisfaction with opportunities for promotion in their current job tend to be less likely to quit their current job. Herzberg et al. (1959) classified opportunities for advancement as an intrinsic, or motivation factor that would have a positive relationship with a workers' level of satisfaction. Successful healthcare organizations invest in developing talent across their enterprise. Targeted leadership development and training programs that incorporate supportive interactions and education positively impact those enrolled, as well as, their colleagues and subordinates (Morris & Laipple, 2015). For instance, Cai et al. (2013) found that talent management and promotion was positively correlated to JS ($r = 0.607, p < 0.01$), and could explain 34.2% of the variance in JS. Also, Zheng and Lui's (2010) study of Chinese nurses yielded similar findings. Study participants reported the highest satisfaction scores with their co-workers (mean = 2.75), while the most dissatisfaction with compensation (mean = 1.98), and opportunities for promotion (mean = 2.13). Alternatively, robust mentoring programs not only improved performance through partnership with a seasoned nurse, but increased confidence and motivation for advancement (Zhang et al., 2016). Further, talent-development programs designed to encourage autonomy were found to foster trust and increase JS (Wu et al., 2014). These findings are aligned with this study, and with Herzberg's (1988) categorization of opportunities for promotion as an extrinsic factor, which contribute to a nurses' dissatisfaction when there are minimal opportunities for mentoring, preceptorship and career development.

Satisfaction with coworkers. The Spearman's rho correlation analysis from my study indicated that those who had a higher level of satisfaction in relationships with their co-workers in their current job tended to be less likely to quit their current job.

Workplace dynamics influence level of JS and AT. Herzberg et al. (1959) classified interpersonal work relationships as an extrinsic, or hygiene factor that would affect a workers' level of dissatisfaction. In further support, Chachula et al. (2015), and Hayward et al. (2016), found that dysfunctional, uncollaborative workplace relationships were job dissatisfiers and increased nursing turnover intentions. Specifically, empirical evidence indicated that hospital workplace incivility and bullying are dissatisfiers for nurses (Fida, Lashinger, & Leiter, 2018, McCoy, 2018). Alternatively, Holmberg et al. (2017) found that behavioral health nurses were motivated by interpersonal relationships, effective communication, and workplace dynamics which positively influenced JS.

Summary of Findings

Based upon these findings, it is recommended that healthcare leaders implement all 5 retention strategies to have the greatest chance of reducing MGBHN AT rates. However, if there are budgetary constraints, which are customary in public hospitals, and only one strategy could be implemented, then investing in resources to fortify the work itself would be the most effective, followed by an investment in pay and supervision. To a lesser and more moderate degree, opportunities for promotion and people on one's current job would also have an impact on decreasing AT.

Herzberg's two-factor theory of motivation framed the design of this study. The IVs were a combination of intrinsic (work itself and relationship with co-workers) and

extrinsic factors (pay, supervision, and opportunities for promotion), and were all found to be motivators of JS. Thus, findings of this study indicated that each variable can be understood on both the satisfaction and dissatisfaction continuums, therefore, consistent with some controversial issues contesting the tenets of Herzberg's Theory. Specifically, Locke (1976) had challenged the unidirectional relationship of factors, while other researchers found that extrinsic factors can increase JS, as opposed to just decreasing dissatisfaction (Worlu & Chidoize, 2012; Yusoff, Kian, & Idris, 2013). The most recent literature underscored the lack of consideration for the relationship between contextual variables (Bohm, 2012; Chien, 2013; Damiji et al., 2015; Ghazi et al., 2013; Vasiliki & Efthymios, 2012; Worlu & Chidoize, 2012; Yusoff et al., 2013), or Herzberg's disregard for examining the varying employee characteristics such as age, gender, and race on motivation and hygiene factors (Malik & Naeem, 2013).

PE fit theory, however, grounded this study in public policy and findings are better understood through a contextual perspective. Whereas, PE fit relates to the compatibility that results when individual needs and work environments are aligned (Kristof-Brown & Guay, 2011; Kristof-Brown et al., 2005), despite whether they are correlated to levels of dissatisfaction. PE fit theory draws from organizational psychology tenets and conceptualizes motivational factors as dynamic and fluid across people and contexts. Thus, PE fit theory postulates that employee behavior and satisfaction are strongly influenced by the interrelationship between individuals' needs and their work environment (Kristof-Brown et al., 2005), which is aligned with the findings of my study.

Limitations

For this study to make a significant contribution to leadership and nursing literature, it is essential to recognize limitations. Although the study provided information useful to healthcare executives and policymakers, it has several limitations that could be addressed by modifying the research design. The use of a correlational design was one limitation of the study. Although a relationship was found between the IV and the DVs, causation was not determined. A second limitation included the cross-sectional research designs which only reflects a moment in time and does not allow for an examination of trends over time (Leiter et al., 2009; Ma et al., 2009), demonstrate causality between variables under study (Liou, 2009; Rondeau et al., 2008, 2009), or determine causal direction (Castle & Engberg, 2006). Third, was the use of a self-report questionnaire, which threatened the validity of the data (Chiu et al., 2009) and precluded me from asking probing questions to gain additional information about MGBHN perceptions.

A fourth limitation was the use of a convenience sampling method that was derived from one source - Qualtrics, in which nursing participants were selected from their online nursing pool. Although a nonprobability sample may weaken the external validity of a study (Singleton & Straits, 2010), the use of this method provided a modicum of representation of MGBHNs from small, medium, and large public hospitals from across the country. Fifth, I also had no control over how participants were recruited into the Qualtrics nursing participant pool. A sixth limitation was the small sample size (n=65) compared to the total population of MGBHNs working in public hospitals which would decrease the generalizability of the findings to the larger population (Baernholdt &

Mark, 2009; Flinkman et al., 2008; Leiter et al., 2009). To test generalizability, it would be necessary to replicate this study in public hospitals of varying sizes, located across the United States.

Also, the data set was purchased from Qualtrics, and results were collected over a 24-hour period of time which lacks longitudinal follow-up. Although the design included a criterion question explicitly asking behavioral health nurses if they are or have worked in a public hospital in the last five years, I had no way of verifying this information and relied upon self-report, which was the seventh limitation. Compounded by the possibility of recall bias for those nurse participants that needed to reflect upon previous workplace specifics (Ma et al., 2009). An eighth limitation included not controlling for covariates, including; nursing shift, size of the hospital, ethnicity, marital status, and members of other cohorts. A ninth limitation could include response bias if non-respondents were either too overwhelmed or distraught to respond, or if nurse participants believed there was a potential for socially desirable responses influenced by the nature of recruitment methods.

Recommendations for Further Study

The current study contributed to the body of knowledge on MGBHN retention strategies; however, the limitations of the study affected the generalizability of the findings. The global issue of nursing workforce turnover underscores the critical need to understand the impact and relationships between variables so healthcare executives can implement effective retention strategies. Therefore, future researchers might consider several issues in subsequent research endeavors.

The literature indicated that the phenomena of nursing JS and retention strategies are a complex dynamic, and socioeconomic concept (Lu et al., 2019). First, to improve the quality of future empirical motivation studies, researchers need to address methodological challenges to studying turnover across disciplines and diverse health care systems in the absence of a universal definition of turnover, its applications, and calculations (Hayes et al., 2006, 2012; Tai et al., 1998). The terminology and genesis of turnover, as well as the lack of consistent recordkeeping or measurement, impede researchers' ability to establish benchmarks, and reliably compare or generalize across studies (Hayes, 2012; Tai et al., 1998).

Second, the nursing literature would benefit from advanced analysis. Thus, future studies may include identifying critical factors and examine their direct and indirect effects through moderators and mediators to establish causal relationships between the various predictors and nursing JS (Brook et al., 2019). Such factors could include a comparison of retention strategies between cultures, cohorts, and relationships with various supervisory styles. In addition, the literature indicated that there is a dearth of behavioral health nursing retention studies incorporating longitudinal and intervention study designs, as well as qualitative approaches to identify optimal decision-making paradigms, barriers, indicators, and behaviors that positively and negatively influence behavioral health nursing JS and turnover (Lavoie-Tremblay et al., 2008). Further opportunities include a more comprehensive examination of complex motivational strategies, including multivariate analysis to yield a more robust understanding of nursing turnover. These insights into the values, needs, and concerns of members of the various

working cohorts would likely improve JS as prescribed by the tenets of PE Fit theories (Leiter et al., 2009).

Future CoVid-19 Research Opportunities

Due to the increasing uncertainty brought on by the CoVid-19 outbreak, the behavioral health symptoms of behavioral health nurses could become more concerning. Since the onset of CoVid-19, several studies were conducted in China to assess the initial psychological responses to the Covid-19 outbreak (see Lai et al., 2020; Li et al., 2020; Wang et al., 2020; Xiang et al., 2020). Future studies could survey other severely hit countries, including the United States, to identify nurses' psychological responses to inform effective coping strategies for frontline workers. In-depth qualitative methods could explore successful responses implemented by public hospitals to determine nursing best practices. Considering the predictions of a second wave of CoVid-19 later this year, longitudinal studies can examine the long-term effects on frontline nurses and begin by identifying pre-existing behavioral health symptoms or conditions vs new symptoms (Lai et al., 2020) to determine nursing workforce needs.

PE fit theory is rooted in psychology and influenced by behavioral, social as well as organizational psychology tenets, and would form an organic framework for future studies addressing the psychological factors associated with working on the frontlines during an outbreak. PE fit models aim to understand the relationship between human behaviors and organizational attitudes, motivation, and outcomes (Kristof-Brown, et al., 2005; van Vianen, 2001). Historically, research has indicated that employees who form a PE fit are more committed and report higher JS levels, and reduced turnover (De Cooman

et al., 2019; Kristof – Brown et al., 2005). While a misfit yields psychological stress that results in job dissatisfaction, turnover, and burnout (Edwards & Shipp, 2007; Kristof – Brown et al., 2005), common during pandemics. In the stress literature, stress arises when the environment does not offer sufficient supplies to meet the person’s needs (Harrison, 1978; 1985). Findings from future needs-assessment studies would help inform healthcare policies to address the varied psychological effects of uncertainty on frontline nurses and align individual needs with work environments, therefore increasing motivation and JS.

Implications

Social change is best understood through a systems approach. In the context of increasing SMI, access to quality care is critical and contingent upon effective retention strategies to mitigate the adverse effects of poor health outcomes and compromised safety practices (Lo et al., 2017; Masum et al., 2016).

The results of my study could be useful to healthcare executives in making decisions regarding a wide range of organizational change and leadership development practices to increase nurse retention. According to my findings, MGBHNs reported that each type of JS - the work itself, supervision, pay, opportunities for promotion and relationships with co-workers had an individually statistically significant relationship with AT. The multiple linear regression analysis showed that when taking into account the percentage of variance in AT explained by satisfaction with the work itself, none of the other four JS scores explained a statistically significant amount of additional variance in AT than the work itself. Consequently, nursing healthcare leaders, who are often

restricted by budgetary constraints may want to fortify opportunities within the work itself to build nurses' confidence to answer their calling to help those in need through supervision and training. Such efforts would fuel ongoing motivation, therefore increasing satisfaction with the work itself, and in turn, curtailing AT.

The findings of my study also indicated that satisfaction with the work itself had a very high overall correlation to JS. When considered collectively with the empirical evidence underscoring the impact of supervision on millennial nurses (Gatti et al., 2017), healthcare leaders can acknowledge the value of nurses' work and the significant contributions of the profession on the communities they serve. Within healthcare systems, leadership should be mindful to carefully and consistently manage internal communication, emphasizing the value of nurses among the nursing staff and all other disciplines to increase nurses' overall JS. Opportunities also include building an infrastructure based upon partnership that could provide ongoing support and education to behavioral health nurses regarding effective coping strategies for the continually evolving healthcare landscape. Targeted training programs and individualized coaching and counselling measures could decrease the negative psychological side effects of working in continually stressful environment (Holmberg et al., 2017). Consequences of the CoVid-19 outbreak had implications for our national healthcare landscape, as well as federal and state legislation.

Covid-19 Legislation to Protect Public Health

While in the midst of the CoVid-19 pandemic and consequent uncertainty, healthcare leaders were encouraged to focus on developing nurse retention strategies that

foster education and opportunities for behavioral health nurses to improve the quality and safety outcomes of staff and patients. As with all pandemics, healthcare workers are potentially both providers of care and receivers of care. Nurses face unprecedented stressors in their personal and professional lives, compounded by overarching uncertainty. As circumstances and demand required, nurses endured extended working hours in the context of continual procedural and environmental changes. Scores of nurses were re-assigned to units outside their specialty, due in part, to staff illness and death. This evolving paradigm was particularly challenging for behavioral health nurses who do not typically work on medical and surgical units, and for millennial nurses who are the least trained among the working cohorts. Nurses are not only subject to the stressors of working in radically different ways while maintaining best safety practices; their family members may have lost their jobs or had to close their businesses, adding to personal financial strain. Others were suddenly faced with childcare issues, as schools and daycare centers closed. In response, Federal and State legislation was enacted to assist with a wide range of relief programs.

There have been two major Acts passed in rapid response to the CoVid-19 pandemic to increase program flexibility and provide crucial financial support to improve public health. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted on March 27th, 2020 (Pub. L. 116-136) and incorporated a vast range of economic relief packages to individuals and businesses, predominantly within the health care industry (United States Congress, 2020). Namely, the formation of a \$100 billion-dollar public health and social services emergency fund, also known as the Provider

Relief Fund. The primary purpose of this legislation was to offset healthcare-related expenses or lost revenues attributable to treating individuals with CoVid-19. On April 17th, 2020, Health and Human Services announced that they were going to distribute the first \$30 billion based on proportions of providers' 2019 Medicare fees for service payments (2020b). Subsequently, on April 22nd, Health and Human Services announced how they were going to distribute the remaining \$70 billion, with an unspecified amount restricted to the treatment of uninsured individuals (2020c). Of note, Health and Human Services prioritized paying hospitals via Medicare. However, behavioral health organizations primarily rely on Medicaid, and consequently not able to capitalize on critical emergency funding. Also, The Accelerated Payment Program, which benefitted rural or critical access hospitals, was expanded under the CARES Act to ease cash flow issues (Health and Human Services, 2020c). This program was suspended however, on April 26th, as the \$100 billion of the Provider Relief Fund was starting to be dispersed. In sum, CoVid-19 highlighted the vulnerability and fragility of mental health resilience, the need to address the mental health of healthcare workers, and the consequent need for coordinated behavioral health services across the nation (Brooks, Amlôt, Rubin, & Greenberg, 2020; Ho et al., 2020; Murthy, Gomersall, & Fowler, 2020). These unprecedented and significant consequences of CoVid-19 radically, perhaps permanently, changed healthcare landscape.

Overall, based upon the results of my study, the implications for healthcare executives would include a multidimensional approach aimed at improving nursing JS, by valuing nurses' critical impact on service delivery, and developing policies that

consider psychological, environmental, generational, cultural, and professional perspectives, while fostering supportive training, continuing education and supervision opportunities for millennial nurses (Lu et al., 2019).

Conclusion

This study successfully met the purpose of the research and provided a valuable contribution to the literature on this topic as well as practical information for healthcare leaders and policymakers to improve behavioral health nurse retention strategies. There are not enough behavioral healthcare nurses to meet the demand (Beck et al., 2018). Turnover results in decreasing access to care and quality of service delivery while increasing operating costs and patient mortality (Cho et al., 2016; Dawson et al., 2014; DeCapua, 2016; Lavoie-Tremblay et al., 2010). Further, the majority working cohort of millennials has the highest attrition rate among the nursing workforce as any preceding generation (Robert Wood Johnson Foundation, 2014). Factors related to turnover for MGBHNs, however, are poorly understood (Bugajski et al., 2017; Gerard, 2018; Tourigny & Lituchy, 2016; Yarbrough et al., 2017). Retention strategies can mitigate the consequences of turnover (Almaaitah et al., 2017). Thus, the purpose of this quantitative, correlational study design is to examine JS and AT intention among MGBHNs employed in U.S. public hospitals to inform the development of effective retention strategies. Research questions focus on determining what, if any, correlation exists between AT and JS among MGBHNs employed in U.S. public hospitals. The foundational theoretical frameworks for this study are Herzberg's two-factor theory and Person in environment fit theory.

This quantitative correlational study design incorporated data collected from a convenience sample of 65 MGBHNs employed in U.S. public hospitals via third-party, web-based self-questionnaire. A multiple linear regression and five Spearman's rho correlation analyses were used to analyze the data and understand the relationship between the IVs (level of JS with: pay, work itself, promotion, coworkers, and supervision,) and the DV (AT). Findings indicated that all five JS scores, were statistically significantly negatively correlated with AT. Of the 5 JS variables, the order of retention strategy effectiveness, from strongest to moderate include pay on present job ($r_s = -0.548$), Supervision on present job ($r_s = -0.531$), Work in present job ($r_s = -0.497$), Promotion on present job ($r_s = -0.347$), and People in current job score ($r_s = -0.286$). Results also showed that improvement in the work itself would have a greater impact than the sum of the remaining four JS scores.

The results of this study provided new information to healthcare executives who could use findings to expand retention strategy programs to address nursing turnover that critically negatively impacts labor, capital, and infrastructure expenditures, as well as service delivery and mortality of people with behavioral health concerns. Implications for positive social change include reminding behavioral healthcare leaders of the importance of incorporating nursing policies and allocating resources to improve MGBHNs work itself. If these efforts are not possible, then improvement in any of the five dimensions of JS would increase motivation and retention, thus optimizing quality, service delivery, and patient outcomes.

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Appendix A: Inclusion and Demographic Survey Questions

Survey of Job Satisfaction and Turnover among Millennial Generation Behavioral Health Nurses in Public Hospitals**INCLUSION QUESTIONS**

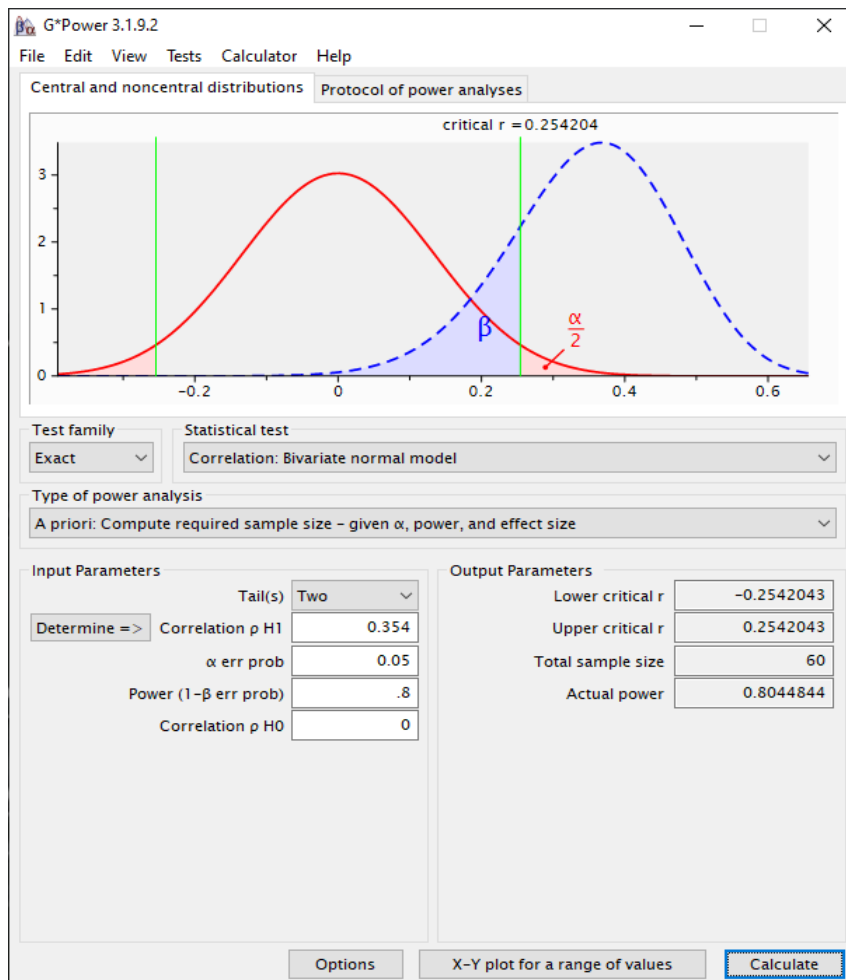
1. Were you born between 1980 and 2000?
Yes
No
2. Are you a licensed nurse – either an LPN/LVN, RN or APRN?
Yes
No
3. Do you currently work, or in the last five years have you worked in a behavioral health setting in a public hospital?
Yes
No

*Qualtrics will only include data for participants who responded yes to all three of the above questions.

DEMOGRAPHICS

1. What was your gender at birth?
Male
Female
2. What region do you live in?
Northeast
Southeast
Midwest
Southwest
West
3. What is your current nursing licensure?
LNP
RN
APRN
4. How many years have you worked as a licensed nurse?
0-5
6-10
11-15
16-20
21+

Appendix B: Results of G*Power Analysis, Version 3.1.9.2



Appendix C: The ATS

Anticipated Turnover Scale**Anticipated Turnover Among Nursing Staff**

ANTICIPATED TURNOVER SCALE

by

(Hinshaw, A.S. and Atwood, J.R.)

Response Options

AS	=	Agree Strongly
MA	=	Moderately Agree
SA	=	Slightly Agree
U	=	Uncertain
SD	=	Slightly Disagree
MD	=	Moderately Disagree
DS	=	Disagree Strongly

Directions: For each item below, circle the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

Scoring

Key	Options	Item
(-)	AS MA SA U SD MD DS	1. I plan to stay in my position awhile.
(+)	AS MA SA U SD MD DS	2. I am quite sure I will leave my position in the foreseeable future.
(-)	AS MA SA U SD MD DS	3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
(+)	AS MA SA U SD MD DS	4. I know whether or not I'll be leaving this agency within a short time.
(+)	AS MA SA U SD MD DS	5. If I got another job offer tomorrow, I would give it serious consideration.
(-)	AS MA SA U SD MD DS	6. I have no intentions of leaving my present position.
(+)	AS MA SA U SD MD DS	7. I've been in my position about as long as I want to.
(-)	AS MA SA U SD MD DS	8. I am certain I will be staying here awhile.
(-)	AS MA SA U SD MD DS	9. I don't have any specific idea how much longer I will stay.
(-)	AS MA SA U SD MD DS	10. I plan to hang on to this job awhile.
(+)	AS MA SA U SD MD DS	11. There are big doubts in my mind as to whether or not I will really stay in this agency.
(+)	AS MA SA U SD MD DS	12. I plan to leave this position shortly.

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INSTRUCTIONS FOR SCORING SCALES AND SUBSCALES
SCALES WITHOUT SUBSCALES

Appendix D: Anticipated Turnover Portion of Survey Questions

ANTICIPATED TURNOVER**(The Anticipated Turnover Scale by Hinshaw and Atwood)**

Directions: For each item below, click the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

1. I plan to stay in my position awhile.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

2. I am quite sure I will leave my position in the foreseeable future.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

3. Deciding to stay or leave my position is not a critical issue for me at this point in time.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

4. I know whether or not I'll be leaving this agency (your employer) in a short period of time.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

5. If I got another job offer tomorrow, I would strongly consider it.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

6. I have no intention to leave my current position.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

7. I have been in my position as long as I want to.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

8. I am certain that I will be staying here for a while.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain

Slightly Disagree
Moderately Disagree
Disagree Strongly

9. I do not have any specific idea how much longer I will stay.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

10. I plan to hang on to this job for awhile.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

11. There are big doubts in my mind as to whether or not I will really stay in this agency
(place of employment).

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

12. I plan to leave this position shortly.

Agree Strongly
Moderately Agree
Slightly Agree
Uncertain
Slightly Disagree
Moderately Disagree
Disagree Strongly

Appendix E: Permission to Use ATS

-----Original Message-----

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Sent: 2019-08-29 5:52:08 PM
Subject: Permission to use the Anticipated Turnover Scale

Dear Drs. Atwood and Hinshaw:

By way of introduction, I am currently enrolled at Walden University as a PhD student in Public Policy and Administration and working on my dissertation. The focus of my work relates to job satisfaction and turnover for millennial generation behavioral healthcare nurses in public hospitals. I am aware that your instrument was specifically designed to measure nurse turnover, and I believe it is an organic selection.

I am respectfully writing to ask your permission to use the Anticipated Turnover Scale for my study. In addition, if permission is granted, I am hoping you can send a copy of your instrument with scoring instructions.

Thank you very much for your time and consideration,

Sincerely,
Gwen Mancuso, LCSW, MPA

On Aug 29, 2019, at 9:35 PM, JAN ATWOOD wrote:

Dear Doctoral Student Manusco:

Dr. Hinshaw and I would be happy for you to use the Anticipated Turnover Scale for your work. As you indicated, it may need adapting for your use. Reliability and validity could then be estimated for your circumstances. The original estimates were done many years ago and need repeating. Job satisfaction is another variable in our research. If you would like those 2 tools along with the ATS materials, please let me know.

Sincerely,

Jan R Atwood, PhD, RN (retired), FAAN
Professor Emerita, UNebraska Medical Center, Colleges of Nursing and Public Health
and Adjunct Professor, College of Nursing, University of Arizona

Sent from Xfinity Connect Application

Appendix F: Permission to Use the AJDI

-----Original Message-----

From: [REDACTED]

Sent: Monday, February 3, 2020 3:14 PM

To: Gwen Mancuso <[REDACTED]>

Subject: [EXTERNAL] JDI Office

Thank you for requesting JDI-related scales. In order to access the scales you will have to enter your confirmation code within 24 hours of filling out the request form. You can enter your code at the website below.

Website:

https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Furldefense.com%2Fv3%2F_https%3A%2F%2Fservices.bgsu.edu%2Fjdi%2Fconfirm.php%3Femail%3Dgwm9006%40nyp.org_%3B!!Aut6IjkzM0Y!8TEmq1QOjqKctkxV9SRZwUKQab6DasQOHlwBFRW4W0_fuJNjL8A2HEUUDIb4N3jo%24&data=02%7C01%7C%7Cf24a558cb6e045d2993908d7a90b0bc6%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637163737222013202&sdata=kf9JozVNtadPz9SIgd6TI0yCWLF44jmSVHYgUKEGuVc%3D&reserved=0

Confirmation Code: VZpa36=

Thank you!

Terms of Use

A. Consent to use of an electronic signature for accepting the terms of use for JDI-related scales.

The “Electronic Signatures in Global and National Commerce Act” requires that individuals provide consent to sign electronic records that would otherwise be legally effective only if provided to you as a printed or written paper record. As a result, in order to accept the terms of use for JDI-related scales electronically, you must provide your consent that you have the capability to receive such disclosures and are fully aware of the consequences of agreeing to sign records electronically.

Definitions:

Record - The term “record” means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

Electronic Record - The term “electronic record” means a contract or other record created, generated, sent, communicated, received, or stored by electronic means.

Electronic Signature - The term “electronic signature” means an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.

1. Electronic Signatures and Records. Upon accepting the terms below, you are providing your electronic consent to the use of an electronic signature for these terms. In particular, you acknowledge receipt of this notice and consent to the use of an electronic signature for accepting the terms of use for JDI-related scales.
2. Minimum Hardware and Software Requirements. The following are the software requirements to accept the terms of use for JDI-related scales:
Operating Systems: Windows 98, Windows 2000, Windows XP or Windows Vista; or Macintosh OS 8.1 or higher.
Browsers: Internet Explorer 5.01 or above or equivalent Other Applications: Adobe Acrobat Reader or equivalent for PDF files.
3. Capability to Receive Such Disclosures. Upon accepting the terms below, you will receive a copy of the terms via e-mail in PDF format.
4. Right to NOT USE electronic signatures. Each individual has the right to agree to these terms in paper form. If you choose to sign a paper copy of the terms of use for JDI-related scales, contact the JDI office by phone at (419) 372-8247 or by e-mail at jdi_ra@bgsu.edu.

B. Terms of Use for JDI-related scales (i.e., JDI/JIG, aJDI/aJIG, SIG, and TIM)

1. I understand that the JDI scales provided on this website are owned by BGSU, are proprietary to BGSU and BGSU owns the copyright to these JDI scales.
2. I understand that the JDI scales provided on this website are provided free of charge, but that a valid e-mail address is required for access to and use of the JDI scales. (Note: We respect your privacy and will never distribute or sell your information to any third party.)
3. I understand that the JDI Office may occasionally contact me via e-mail about its products and services.
4. I understand the scales are for my sole use only and will not distribute them to any third party.
5. I understand the scales may not be reprinted or otherwise published in their full form, and I will contact the JDI Office to obtain specific sample items that may be published should the need arise.
6. I understand the scales were developed by researchers at Bowling Green State University and any publication/presentation involving the scales must include proper and scholarly citation.
7. I understand the scales are intended to be used “as is” without any modifications to the items and/or the scoring procedure.

Appendix G: Descriptive Statistics for All Survey Questions

Table I1

Inclusion Criteria

Valid	Frequency	Percent	Valid percent	Cumulative percent
Do you agree to informed consent?				
Yes	65	100.0	100.0	100.0
Were you born between 1980 and 2000?				
Yes	65	100.0	100.0	100.0
Are you a licensed nurse—either an LPN, RN, or APRN?				
Yes	65	100.0	100.0	100.0
Do you currently work, or have you worked within the past five years in a behavioral health setting?				
Yes	65	100.0	100.0	100.0

Table I2

Demographic Information

	Frequency	Percent	Valid Percent	Cumulative Percent
What was your gender at birth?				
Valid Male	9	13.8	13.8	13.8
Female	56	86.2	86.2	100.0
Total	65	100.0	100.0	
What region do you live in?				
Valid Northeast	18	27.7	27.7	27.7
Southeast	9	13.8	13.8	41.5
Midwest	16	24.6	24.6	66.2
Southwest	13	20.0	20.0	86.2
West	9	13.8	13.8	100.0
Total	65	100.0	100.0	
What is your current nursing licensure?				
Valid LPN/LVN	15	23.1	23.1	23.1
RN	46	70.8	70.8	93.8
APRN	4	6.2	6.2	100.0
Total	65	100.0	100.0	
How many years have you worked as a licensed nurse?				
Valid 0 - 5	34	52.3	52.3	52.3
6 - 10	16	24.6	24.6	76.9
11 - 15	11	16.9	16.9	93.8
16 - 20	2	3.1	3.1	96.9
21+	2	3.1	3.1	100.0
Total	65	100.0	100.0	

Table I3

Job Plans

		Frequency	Percent	Valid Percent	Cumulative Percent
I plan to stay in my position a while					
Valid	Agree Strongly	32	49.2	49.2	49.2
	Moderately Agree	21	32.3	32.3	81.5
	Slightly Agree	10	15.4	15.4	96.9
	Uncertain	1	1.5	1.5	98.5
	Disagree Strongly	1	1.5	1.5	100.0
	Total	65	100.0	100.0	
I am quite sure I will leave my position in the foreseeable future.					
Valid	Agree Strongly	4	6.2	6.2	6.2
	Moderately Agree	9	13.8	13.8	20.0
	Slightly Agree	6	9.2	9.2	29.2
	Uncertain	14	21.5	21.5	50.8
	Slightly Disagree	7	10.8	10.8	61.5
	Moderately Disagree	7	10.8	10.8	72.3
	Disagree Strongly	18	27.7	27.7	100.0
	Total	65	100.0	100.0	
Deciding to stay or leave my position is not a critical issue for me at this point in time.					
Valid	Agree Strongly	15	23.1	23.1	23.1
	Moderately Agree	24	36.9	36.9	60.0
	Slightly Agree	9	13.8	13.8	73.8
	Uncertain	8	12.3	12.3	86.2
	Slightly Disagree	4	6.2	6.2	92.3
	Moderately Disagree	2	3.1	3.1	95.4
	Disagree Strongly	3	4.6	4.6	100.0
	Total	65	100.0	100.0	
I know whether or not I'll be leaving this agency (your employer) in a short period of time.					
Valid	Agree Strongly	13	20.0	20.0	20.0
	Moderately Agree	9	13.8	13.8	33.8
	Slightly Agree	12	18.5	18.5	52.3
	Uncertain	10	15.4	15.4	67.7
	Slightly Disagree	9	13.8	13.8	81.5
	Moderately Disagree	7	10.8	10.8	92.3
	Disagree Strongly	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
If I got another job offer tomorrow, I would strongly consider it.					
Valid	Agree Strongly	3	4.6	4.6	4.6
	Moderately Agree	11	16.9	16.9	21.5
	Slightly Agree	8	12.3	12.3	33.8
	Uncertain	21	32.3	32.3	66.2
	Slightly Disagree	4	6.2	6.2	72.3
	Moderately Disagree	7	10.8	10.8	83.1
	Disagree Strongly	11	16.9	16.9	100.0
	Total	65	100.0	100.0	

(table continues)

		Frequency	Percent	Valid Percent	Cumulative Percent
I have no intention to leave my current position.					
Valid	Agree Strongly	20	30.8	30.8	30.8
	Moderately Agree	21	32.3	32.3	63.1
	Slightly Agree	7	10.8	10.8	73.8
	Uncertain	2	3.1	3.1	76.9
	Slightly Disagree	10	15.4	15.4	92.3
	Moderately Disagree	4	6.2	6.2	98.5
	Disagree Strongly	1	1.5	1.5	100.0
	Total	65	100.0	100.0	
I have been in my position as long as I want to.					
Valid	Agree Strongly	13	20.0	20.0	20.0
	Moderately Agree	11	16.9	16.9	36.9
	Slightly Agree	9	13.8	13.8	50.8
	Uncertain	11	16.9	16.9	67.7
	Slightly Disagree	11	16.9	16.9	84.6
	Moderately Disagree	7	10.8	10.8	95.4
	Disagree Strongly	3	4.6	4.6	100.0
	Total	65	100.0	100.0	
I am certain that I will be staying here for a while.					
Valid	Agree Strongly	19	29.2	29.2	29.2
	Moderately Agree	19	29.2	29.2	58.5
	Slightly Agree	10	15.4	15.4	73.8
	Uncertain	9	13.8	13.8	87.7
	Slightly Disagree	4	6.2	6.2	93.8
	Moderately Disagree	3	4.6	4.6	98.5
	Disagree Strongly	1	1.5	1.5	100.0
	Total	65	100.0	100.0	
I do not have any specific idea how much longer I will stay.					
Valid	Agree Strongly	6	9.2	9.2	9.2
	Moderately Agree	12	18.5	18.5	27.7
	Slightly Agree	15	23.1	23.1	50.8
	Uncertain	14	21.5	21.5	72.3
	Slightly Disagree	9	13.8	13.8	86.2
	Moderately Disagree	4	6.2	6.2	92.3
	Disagree Strongly	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
I plan to hang on to this job for awhile.					
Valid	Agree Strongly	19	29.2	29.2	29.2
	Moderately Agree	25	38.5	38.5	67.7
	Slightly Agree	8	12.3	12.3	80.0
	Uncertain	8	12.3	12.3	92.3
	Slightly Disagree	3	4.6	4.6	96.9
	Moderately Disagree	1	1.5	1.5	98.5
	Disagree Strongly	1	1.5	1.5	100.0
	Total	65	100.0	100.0	

(table continues)

		Frequency	Percent	Valid Percent	Cumulative Percent
There are big doubts in my mind as to whether or not I will really stay in this agency (my place of employment).					
Valid	Agree Strongly	4	6.2	6.2	6.2
	Moderately Agree	8	12.3	12.3	18.5
	Slightly Agree	7	10.8	10.8	29.2
	Uncertain	16	24.6	24.6	53.8
	Slightly Disagree	12	18.5	18.5	72.3
	Moderately Disagree	6	9.2	9.2	81.5
	Disagree Strongly	12	18.5	18.5	100.0
	Total	65	100.0	100.0	
I plan to leave this position shortly.					
Valid	Agree Strongly	3	4.6	4.6	4.6
	Moderately Agree	3	4.6	4.6	9.2
	Slightly Agree	6	9.2	9.2	18.5
	Uncertain	9	13.8	13.8	32.3
	Slightly Disagree	12	18.5	18.5	50.8
	Moderately Disagree	10	15.4	15.4	66.2
	Disagree Strongly	22	33.8	33.8	100.0
	Total	65	100.0	100.0	

Table I4

Feelings About People in Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Boring					
Valid	Yes, it describes the people with whom I work.	5	7.7	7.7	7.7
	No, it does not describe the people with whom I work.	58	89.2	89.2	96.9
	Uncertain if this describes the people with whom I work.	2	3.1	3.1	100.0
	Total	65	100.0	100.0	
Slow					
Valid	Yes, it describes the people with whom I work.	6	9.2	9.2	9.2
	No, it does not describe the people with whom I work.	54	83.1	83.1	92.3
	Uncertain if this describes the people with whom I work.	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
Responsible					
Valid	Yes, it describes the people with whom I work.	56	86.2	86.2	86.2
	No, it does not describe the people with whom I work.	6	9.2	9.2	95.4
	Uncertain if this describes the people with whom I work.	3	4.6	4.6	100.0
	Total	65	100.0	100.0	
Smart					
Valid	Yes, it describes the people with whom I work.	60	92.3	92.3	92.3
	No, it does not describe the people with whom I work.	1	1.5	1.5	93.8
	Uncertain if this describes the people with whom I work.	4	6.2	6.2	100.0
	Total	65	100.0	100.0	
Lazy					
Valid	Yes, it describes the people with whom I work.	4	6.2	6.2	6.2
	No, it does not describe the people with whom I work.	50	76.9	76.9	83.1
	Uncertain if this describes the people with whom I work.	11	16.9	16.9	100.0
	Total	65	100.0	100.0	
Frustrating					
Valid	Yes, it describes the people with whom I work.	17	26.2	26.2	26.2
	No, it does not describe the people with whom I work.	40	61.5	61.5	87.7
	Uncertain if this describes the people with whom I work.	8	12.3	12.3	100.0
	Total	65	100.0	100.0	

Table I5

Feelings About Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Fascinating					
Valid	Yes, it describes my work.	49	75.4	75.4	75.4
	No, it does not describe my work.	9	13.8	13.8	89.2
	I can't decide if this describes my work.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	
Satisfying					
Valid	Yes, it describes my work.	54	83.1	83.1	83.1
	No, it does not describe my work.	7	10.8	10.8	93.8
	I can't decide if this describes my work.	4	6.2	6.2	100.0
	Total	65	100.0	100.0	
Good					
Valid	Yes, it describes my work.	60	92.3	92.3	92.3
	No, it does not describe my work.	4	6.2	6.2	98.5
	I can't decide if this describes my work.	1	1.5	1.5	100.0
	Total	65	100.0	100.0	
Exciting					
Valid	Yes, it describes my work.	51	78.5	78.5	78.5
	No, it does not describe my work.	11	16.9	16.9	95.4
	I can't decide if this describes my work.	3	4.6	4.6	100.0
	Total	65	100.0	100.0	
Rewarding					
Valid	Yes, it describes my work.	58	89.2	89.2	89.2
	No, it does not describe my work.	3	4.6	4.6	93.8
	I can't decide if this describes my work.	4	6.2	6.2	100.0
	Total	65	100.0	100.0	
Uninteresting					
Valid	Yes, it describes my work.	2	3.1	3.1	3.1
	No, it does not describe my work.	60	92.3	92.3	95.4
	I can't decide if this describes my work.	3	4.6	4.6	100.0
	Total	65	100.0	100.0	

Table I6

Feelings About Pay

		Frequency	Percent	Valid Percent	Cumulative Percent
Barely live on income					
Valid	Yes, it describes my pay.	14	21.5	21.5	21.5
	No, it does not describe my pay.	44	67.7	67.7	89.2
	I can't decide if this describes my work.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	
Bad					
Valid	Yes, it describes my pay.	12	18.5	18.5	18.5
	No, it does not describe my pay.	48	73.8	73.8	92.3
	I can't decide if this describes my work.	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
Well Paid					
Valid	Yes, it describes my pay.	43	66.2	66.2	66.2
	No, it does not describe my pay.	17	26.2	26.2	92.3
	I can't decide if this describes my work.	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
Underpaid					
Valid	Yes, it describes my pay.	23	35.4	35.4	35.4
	No, it does not describe my pay.	33	50.8	50.8	86.2
	I can't decide if this describes my work.	9	13.8	13.8	100.0
	Total	65	100.0	100.0	
Comfortable					
Valid	Yes, it describes my pay.	45	69.2	69.2	69.2
	No, it does not describe my pay.	13	20.0	20.0	89.2
	I can't decide if this describes my work.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	
Enough to live on					
Valid	Yes, it describes my pay.	51	78.5	78.5	78.5
	No, it does not describe my pay.	7	10.8	10.8	89.2
	I can't decide if this describes my work.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	

Table I7

Feelings About Opportunities in Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Good opportunities for promotion					
Valid	Yes, it describes my opportunities for promotion.	35	53.8	53.8	53.8
	No, it does not describe my opportunities for promotion.	21	32.3	32.3	86.2
	I can't decide if this describes my opportunities for promotion.	9	13.8	13.8	100.0
	Total	65	100.0	100.0	
Opportunities somewhat limited					
Valid	Yes, it describes my opportunities for promotion.	34	52.3	52.3	52.3
	No, it does not describe my opportunities for promotion.	24	36.9	36.9	89.2
	I can't decide if this describes my opportunities for promotion.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	
Dead-end job					
Valid	Yes, it describes my opportunities for promotion.	12	18.5	18.5	18.5
	No, it does not describe my opportunities for promotion.	46	70.8	70.8	89.2
	I can't decide if this describes my opportunities for promotion.	7	10.8	10.8	100.0
	Total	65	100.0	100.0	
Good chance for Promotion					
Valid	Yes, it describes my opportunities for promotion.	33	50.8	50.8	50.8
	No, it does not describe my opportunities for promotion.	22	33.8	33.8	84.6
	I can't decide if this describes my opportunities for promotion.	10	15.4	15.4	100.0
	Total	65	100.0	100.0	
Fairly good chance for promotion					
Valid	Yes, it describes my opportunities for promotion.	36	55.4	55.4	55.4
	No, it does not describe my opportunities for promotion.	20	30.8	30.8	86.2
	I can't decide if this describes my opportunities for promotion.	9	13.8	13.8	100.0
	Total	65	100.0	100.0	
Regular promotion					
Valid	Yes, it describes my opportunities for promotion.	32	49.2	49.2	49.2
	No, it does not describe my opportunities for promotion.	22	33.8	33.8	83.1
	I can't decide if this describes my opportunities for promotion.	11	16.9	16.9	100.0
	Total	65	100.0	100.0	

Table I8

Feelings About Supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Praises good work					
Valid	Yes, it describes the supervision I get on the job.	51	78.5	78.5	78.5
	No, it does not describe the supervision I get on the job.	9	13.8	13.8	92.3
	I can't decide if this describes the supervision I get on the job.	5	7.7	7.7	100.0
	Total	65	100.0	100.0	
Tactful					
Valid	Yes, it describes the supervision I get on the job.	38	58.5	58.5	58.5
	No, it does not describe the supervision I get on the job.	16	24.6	24.6	83.1
	I can't decide if this describes the supervision I get on the job.	11	16.9	16.9	100.0
	Total	65	100.0	100.0	
Influential					
Valid	Yes, it describes the supervision I get on the job.	44	67.7	67.7	67.7
	No, it does not describe the supervision I get on the job.	15	23.1	23.1	90.8
	I can't decide if this describes the supervision I get on the job.	6	9.2	9.2	100.0
	Total	65	100.0	100.0	
Up-to-date					
Valid	Yes, it describes the supervision I get on the job.	54	83.1	83.1	83.1
	No, it does not describe the supervision I get on the job.	9	13.8	13.8	96.9
	I can't decide if this describes the supervision I get on the job.	2	3.1	3.1	100.0
	Total	65	100.0	100.0	
Annoying					
Valid	Yes, it describes the supervision I get on the job.	9	13.8	13.8	13.8
	No, it does not describe the supervision I get on the job.	47	72.3	72.3	86.2
	I can't decide if this describes the supervision I get on the job.	9	13.8	13.8	100.0
	Total	65	100.0	100.0	
Knows job well					
Valid	Yes, it describes the supervision I get on the job.	54	83.1	83.1	83.1
	No, it does not describe the supervision I get on the job.	6	9.2	9.2	92.3
	I can't decide if this describes the supervision I get on the job.	5	7.7	7.7	100.0
	Total	65	100.0	100.0	