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Change Fatigue, Job Satisfaction, and Organizational Commitment Among Nurses

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Walden University

College of Health Professions

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Walden University
2021

Abstract

Change Fatigue, Job Satisfaction, and Organizational Commitment Among Nurses

by

Melissa Kapping

MSN, Walden University, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing-Public Health Policy

Walden University

December 2021

Abstract

The healthcare environment is complex and ever-changing, which has a direct impact on the nurse. The effects of the constant change to the nurse may result in the development of change fatigue, which causes the loss of trust in the organization, a feeling of resentment, and a sense of apprehension while depleting the individual's reserves. The purpose of this correlational study guided by Lazarus and Folkman's stress and coping theory was to determine if there is a relationship between (a) job satisfaction and change fatigue and (b) organizational commitment and change fatigue in nurses who work in an outpatient clinical environment. The McCloskey/Mueller Satisfaction Scale, the Change Fatigue Scale and the Klein et al. Unidimensional Target neutral Commitment Measures were administered online to 136 nurse participants recruited from outpatient clinical settings via social media and email. Results of correlational analysis showed a statistically significant relationship between change fatigue and job satisfaction which were weakly correlated $r(134) = .19$, $p = .026$, and a weak positive correlation was seen between organizational commitment and change fatigue $r(134) = .17$, $p = .046$). Results may have a positive impact on social change through raising awareness of what the nurse experiences during change initiatives while potentially improving staff retention. The leadership team would benefit from monitoring the amount and timing of initiatives being introduced to potentially decrease change fatigue from occurring. Further studies should be performed to explore the impact of change fatigue on nurses working in the outpatient clinical settings as an increased number of services are being provided outside of the acute care setting.

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Acknowledgments

I want to thank my friends and family for supporting me through this process. It has been such a journey to get here and am grateful for the opportunities I was given due to the support. To my daughter, Aleighna, I am hopeful you see this, and it inspires you in your own journey. I especially want to think my committee chair, Dr. Janice Long, without her mentorship I would not have achieved this. Dr. Janice Long had helped me continue when times were tough. In addition, I want to thank Dr. Leslie Hussey for her contributions to my study, without her insights this would not have been possible. I feel grateful and honored to have taken this journey.

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Chapter 1: Introduction to the Study

Introduction

All nurses in any given healthcare setting are subject to multiple change initiatives at one time and can have difficulty adjusting to the change before another new change initiative is introduced. The constant organizational change may leave the nurse not trusting the organization, feeling resentment, and having a sense of apprehension while depleting the individual's emotional reserves (Petrou et al., 2015). The continuous change has an innate negative impact on the nurse and can result in change fatigue (Brown et al., 2018). The result of this study may alert the administration to the existence of change fatigue among the nurses in their outpatient facilities and the impact that change fatigue has on job satisfaction and organizational commitment. The study may then promote positive social change by raising awareness of what the nurse may be experiencing in the midst of change initiatives, which could aid the organization in improving staff retention.

Chapter 1 contains a background of the problem, the problem statement with evidence that supports that the problem is significant, the purpose of the study, the research questions with the hypotheses, theoretical framework, the nature of the study, the definitions of the variables, assumptions of the study, the scope and delimitations, limitations of the research study, and the significance of the study that includes contributions to advance knowledge and impact social change.

Background

Change fatigue is defined as a sense of apathy or passive resignation towards organizational change, a feeling of powerlessness, and a feeling of emotional exhaustion

(Bernerth et al., 2011). The phenomenon of change fatigue often goes unnoticed by the leadership due to its passive nature (McMillan & Perron, 2013). When change fatigue occurs, organizations risk losing commitment from the nurse as the nurse may experience decreased job satisfaction (Bernerth et al., 2011). Change fatigue has been understudied, and it is essential to explore the impact of change fatigue as organizations will be required to change as the environment around them changes (Ead, 2015). Focusing on the outpatient nursing staff is vital as many healthcare services are provided outside the hospital acute care setting where change also has an impact on nursing staff (Jessie, 2017). Change fatigue may occur in any clinical setting, including the outpatient healthcare setting; but it is not always recognized (McMillan & Perron, 2013). The lack of recognition of change fatigue can put the nurse and the organization at risk of losing trust and commitment. Therefore, a study that focuses on raising awareness of change fatigue and its relationship with nurse job satisfaction and organizational commitment in the outpatient setting was needed.

Problem Statement

The healthcare environment is complex with various competing initiatives that may be the result of organizational needs, new evidence-based practice guidelines, or requirements from governing bodies that directly impact the nursing team (Vestal, 2013). Regardless of the cause, organizational change may result in the nurse not trusting the organization, a feeling of resentment, and a sense of apprehension while depleting the individual's reserves (Petrou et al., 2015). The phenomenon of change fatigue results from the constant change in response to the required need, and organizational leadership

does not always recognize when too much change is occurring. Change fatigue causes exhaustion, burnout, staff dissatisfaction, and resentment towards the organization (Ead, 2015). Organizations are at risk of losing staff commitment in addition to experiencing decreased job staff satisfaction when change is perceived by nurses as occurring too frequently (Bernerth et al., 2011). Change fatigue may go unnoticed due to the passive nature of the phenomenon and can cause feelings of prolonged anxiety, increased stress, or a feeling of inadequacy (McMillan & Perron, 2013).

Focusing on the outpatient nursing staff is vital as many healthcare services are provided outside the hospital acute care setting. The lack of recognition of change fatigue can increase the risk of nurses' losing trust and commitment to the organization. Nurses experience a high rate of change in the outpatient setting that requires them to adapt quickly to the changes (Salmond & Echevarria, 2017). Large-scale organizational changes, along with the role of work teams, have been correlated to change fatigue with little emphasis on daily changes or small-scale changes (Camilleri et al., 2018).

Organizational change has been associated with change resistance with many studies addressing the minimization of change resistance; in contrast, there has been little focus on the concept of change fatigue (McMillan & Perron, 2013). Bernerth et al. (2011) developed a change measurement tool, the Change Fatigue Scale, to identify when change fatigue is occurring, but they applied the tool in a manufacturing setting only. The Change Fatigue Scale has since been used with nurses in the hospital setting but not in the outpatient setting. Another study conducted in the hospital setting by Brown et al. (2018) examined the relationships between change fatigue, resilience, and job satisfaction

among nurses and found that job satisfaction was negatively impacted by change fatigue. The study focused on the hospital nurses and may not be generalizable to the rest of the population. Further research is needed to examine the gap in the literature by understanding the role of change fatigue and the potential relationship to job satisfaction and organizational commitment in the outpatient healthcare setting.

Purpose of the Study

The purpose of this nonexperimental quantitative correlational study was to determine if there is a relationship between (a) job satisfaction and change fatigue in the outpatient healthcare nurses and (b) organizational commitment and change fatigue in nurses who work in an outpatient clinical environment. The dependent variables were job satisfaction and organizational commitment that are ordinal scale variables measured using a 5-point Likert scale. The job satisfaction scale measured *satisfied* to *dissatisfied* and organizational commitment measured participant responses of *not at all* to *extremely*. Change fatigue was the independent variable and is an ordinal scale variable that was measured using a 5-point Likert scale of *strongly agree* to *strongly disagree*. A bivariate regression analysis was used to predict the dependent variables from the predictor variable. The bivariate analysis is a statistical methodology used to describe the relationship between two ordinal variables (Frankfort-Nachmias & Leon-Guerrero, 2015, p. 304).

Research Question and Hypotheses

RQ1: What is the relationship between job satisfaction and change fatigue in the outpatient healthcare nurses?

$H_0$1: There is no relationship between job satisfaction and change fatigue.

H_a1: There is a relationship between job satisfaction and change fatigue.

RQ2: What is the relationship between organizational commitment and change fatigue?

$H_0$2: There is no relationship between organizational commitment and change fatigue.

H_a2: There is a relationship between organizational commitment and change fatigue.

The variables in this nonexperimental, quantitative, correlational study were job satisfaction, change fatigue, and organizational commitment. For RQ1, the variable of job satisfaction was the dependent variable, and change fatigue was the independent variable. The dependent variable for RQ2 was organizational commitment, and the variable of change fatigue was the independent variable. The instruments used to measure the variables on a 5-point Likert scale were the McCloskey/Mueller Satisfaction Scale, Change Fatigue Scale, and Klein et al. Unidimensional Target neutral (KUT) Commitment Measure. The variables of job satisfaction, organizational commitment, and change fatigue are ordinal scale variables. A bivariate analysis was used to test the relationship between job satisfaction and change fatigue and organizational commitment and change fatigue.

Theoretical Framework

The theoretical framework that guided this research was Lazarus and Folkman's stress and coping theory that involves two processes: the environment that produces

stressors and the individual's response to the stress (Lazarus, 2006, p. 13). Stress results when an individual cannot cope due to high demands and lack of resources (p. 73). The individual then copes with stress in two steps that are called appraisals (p. 75) The primary appraisal involves assessing the harm that has already occurred, the threat of any potential future harm, and challenges with knowledge gained (p. 196). In the secondary appraisal, the individual decides how to best deal with the situation either through internal or external options (p. 200). New initiatives are sometimes introduced to nurses before they have incorporated the previous change, which leaves them with a limited capacity of resources to recover. Nurses develop change fatigue when they are subjected to many change initiatives with little or no capacity to handle the stress. The nurse can no longer cope with the stress from the new change, and consequently, viewing it as negative, continues in a cycle of change fatigue. A more detailed explanation of the stress and coping theory is outlined in Chapter 2.

Nature of the Study

The research design was a nonexperimental, quantitative, correlational study. The data collected were survey results on change fatigue, job satisfaction, and organizational commitment. The design was correlational as the study was to explore the relationship between change fatigue, job satisfaction, and organizational commitment. I analyzed the data by conducting a bivariate analysis to discover if there was a statistical association between the variables and if one variable could predict another variable. The study was designed to assess if there is a relationship among change fatigue, job satisfaction levels, and organizational commitment, as well as if change fatigue predicted job satisfaction or

organizational commitment. An online survey was administered anonymously via SurveyMonkey that included the McCloskey/Mueller Satisfaction Scale, the Change Fatigue Scale, and the Klein et al. Unidimensional Target neutral (KUT) Commitment Measure Scale to outpatient clinical nurses.

Definition of Terms

The term *nurse* is used throughout this study, referring to a registered nurse (RN). For the purpose of this study, when the terms *team member* or *staff members* are used, I am referring to the nurse.

Change: A process that has intended and unintended consequences that include any modification of a process or task (Dawson, 1994).

Change fatigue: A feeling of apathy towards the organization, passive acceptance of initiatives, powerlessness, and emotional exhaustion with limited resources such as energy, personal control, or time due to excessive organizational change (Bernerth et al., 2011).

Change resistance: A negative attitude toward change with affective, behavioral, and cognitive elements (Oreg, 2006). Oreg (2006) stated that the affective element of attitude deals with negative emotions towards the change that include anger; in contrast, the behavioral element includes negative actions or intention to act in response to the change. The cognitive element consists of negative beliefs about the change that can include the change is not necessary or not beneficial (Oreg, 2006).

Job satisfaction: A positive state that is a result of an individual's assessment or experience from the job (Locke, 1976).

Organizational commitment: A psychological condition in which the relationship of the employee to the organization affects the employee's intent to stay with the organization or leave, which is measured by three indicators: affective commitment, normative commitment, and continuance commitment. Affective commitment is the employee's intent and willingness to stay within an organization, normative commitment is the employee's psychological attachment toward the organization, and continuance commitment is the employee's feeling that they must stay with their current organization (Weng et al., 2010).

Outpatient clinical setting: Care provided where patients do not stay overnight that includes but is not limited to hospital-based and non-hospital-based outpatient clinics, physician offices, urgent care clinics, ambulatory surgical centers, or specialty care offices (Centers for Disease Control and Prevention, 2015).

Assumptions

Assumptions are ideas or concepts that are taken to be true without evidence (McEwen & Wills, 2014, p. 81). The first assumption for this study was that nurses are experiencing change in the outpatient setting.

The second assumption of this study was that participants would answer the survey questions truthfully. Nurses may fear retaliation from the leadership teams based on responses given to the surveys and may respond in a way that they think will be looked upon favorably by the organization. In addition to fear from the leadership team, the nurse may answer questions based on what they think I would want for responses.

Anonymity was maintained through not collecting participant identifiers including participant names, place of employment, or city in which the nurse was working.

Scope and Delimitations

Change in the outpatient setting is inevitable, with varying effects on the nursing team that include change fatigue, change resistance, or job burnout (Ead, 2015). There is limited research that focuses primarily on change fatigue in the healthcare setting, which should be further explored to discover the possible impact on nurses. The setting for my study was the outpatient clinical setting due to the increase of services being provided outside of the hospital, as well as limited research on those practicing in the outpatient setting (Jessie, 2017). The settings selected represented a sampling of opportunity and are clinics throughout the United States. Clinics across the United States were chosen due to the ease of access to participants and my familiarity with these types of settings. For this study, participants were limited to RNs as they represent a large portion of the healthcare workforce (Daniel & Smith, 2018). Generalizability may be impacted due to the use of convenience sampling and not being representative of the general population.

The design of my study was nonexperimental correlational research, which was chosen to discover if there was a relationship between job satisfaction and change fatigue and if there was a relationship between organizational change and change fatigue. Previous research utilized literature reviews to discover prevalence of change fatigue; however, the study design was flawed as the authors utilized different study designs or the participant demographics varied, which makes it difficult to compare the variables. Change fatigue has been examined through qualitative research that focused on the

feelings of the nurses experiencing the phenomena, but the results from the research were subjective, as researchers can influence the participant response or affect the outcome of final data results. Other studies used descriptive research designs despite the weaknesses of the design, including participants providing responses they feel will be desirable to the researcher, reactivity by those being observed, and bias due to researchers only recording favorable data while ignoring results that did not support the project's hypothesis. I chose the correlational research design for my study that tested the relationships among my variables to support my hypotheses. The variables were not controlled in my study; instead, the associations were reviewed in their naturally occurring states, and because of this, the correlational design was appropriate. Because there are few studies performed on change fatigue, the correlational research design was best to discover the strength and direction of relationships so further studies can narrow findings to determine causation in experimental research.

Much of the previous literature has focused on change management and the process to ensure successful long-term change. Theories such as Lewin's change theory or Kotter's 8-step process for leading change incorporates strategies for sustainable transformation that include creating an atmosphere that supports change, team engagement, and reinforcement for stabilizing change. Although these theories are used in sustainable transformation, they do not address how the team members cope with the stress. The theory I used for this study was Lazarus and Folkman's stress and coping theory, which encompasses cognitive and behavioral responses that the individual uses to manage internal or external stressors (Lazarus, 2006). Lazarus and Folkman theorized

that stress develops between a person and their environment and is appraised by the person as exceeding their resources, which could result in jeopardizing the person's well-being. The way a person perceives the situation determines the reaction to the stressor and their coping efforts (Lazarus, 2006). According to Lazarus and Folkman, individuals will appraise the implications of the situation on their welfare and make an effort to cope through management of demands. I chose the stress and coping theory because nurses are exposed to change and sometimes have a limited ability to cope with the stress resulting in experiencing change fatigue. The cycle of change fatigue ensues when the nurses are unable to handle the stress from too many change initiatives, resulting in no longer having the capacity to handle the stress. The nurses then cannot cope with the stress and view it as negative, which continues the perpetuation of change fatigue. Lazarus and Folkman provided a framework on how nurses psychologically handle stressful situations within their environment and their response to the situations through assessment and evaluation (Lazarus, 2006). Bernerth et al. (2011) utilized the conservation of resources theory to describe change fatigue where an individual's fundamental drive is to increase, protect, and support their personal resources. The conservation of resources theory is ambiguous when it comes to the value of the resource to the individual, and it does not account for the difficulty in what resources are required to cope with the stress. Camilleri et al. (2018) utilized the Dewe and Alvin's stimulus response theory of coping, which is similar to the conservation of resources theory in that the person will interpret the context of their environment. However, in the stimulus response theory, if the perception of change demand exceeds personal ability to cope, then a negative response to change

might occur. A drawback of the stimulus response theory of coping is that there are no predictive qualities; people will respond differently to the stimulus in addition to the multiple variables within the environment that can impact a person's response. The use of Lazarus and Folkman's stress and coping theory was appropriate for my study because it helps predict and explain the diverse responses to change.

Limitations

The correlational study is designed to show causal relationships among variables; however, the design does not show a cause-and-effect relationship (Frankfort-Nachmias & Leon-Guerrero, 2015, p. 454). The correlational study was appropriate as the study was conducted to predict the value of the variables of organizational commitment and job satisfaction based on the variable of change fatigue (see Grove et al., 2013, p. 226). Convenience sampling is used even though individuals in the population do not have an equal probability of becoming a study participant (Creswell, 2014 p. 158). Convenience sampling reduces the generalizability to the population in addition to the probability that there is a third variable not accounted for in a study that can change the results (Grove et al., 2013, p. 363). The use of random sampling provides increased representation of the population; however, convenience sampling was used due to the accessibility of participants, the time savings, and reduced cost (see Elfil & Negida, 2016). The change fatigue, job satisfaction, and organizational commitment surveys are self-reported instruments that can contribute to participant response bias. Participant bias was mitigated through confidential survey, and in-depth study details were withheld from the participants. Another limitation of this study was that healthcare organizations and the

nurses working in them were willing to participate in this study. There are competing priorities and initiatives in the outpatient setting and participation in this study took valuable time away from the nursing team. To mitigate this, I recruited more participants than the sample size requirements.

Significance

Nurses are negatively impacted by the intrinsic design of the continually changing healthcare environment (Brown et al., 2018). Organizational leaders are confronted with initiatives that are required by both internal and external governing bodies that result in the need for the team to make an immediate change. In addition to these changes, healthcare leaders will routinely send an email requesting a change or other forms of communication that require the nurse to make immediate adjustments to their routine. Support for the changes and staff engagement becomes difficult with the rapid pace of the changes (Vestal, 2013). It is beneficial to the organization and the outpatient clinical nurse to acknowledge and address change fatigue. Change fatigue is associated with latent change failure, which is the gradual erosion of the progression of the change process, contributing to unsustainable long-term change (McMillan & Perron, 2013). The results of this study provide the organization's leadership team with information on the existence of change fatigue among the staff in their facility, which may generate discussions regarding policy and procedure changes relative to timing, frequency, and manner of implementation of changes within the organization. This study may affect positive social change by raising awareness of what the nurse may be experiencing in the midst of change initiatives, which could aid the organization in improving staff retention.

Summary

Nurses in any healthcare setting are required to make changes, whether from internal or external forces, and it can have a negative impact on the nurse and the organization. When change occurs too frequently, the nurse does not have time to adjust and can develop change fatigue. Change fatigue is defined as a feeling of apathy towards the organization, passive acceptance of initiatives, powerlessness, and emotional exhaustion with limited resources such as energy, personal control, or time due to excessive organizational change (Bernerth et al., 2011). Change fatigue can occur in any setting, but for the purpose of this quantitative correlational study, the focus was on phenomena occurring with nurses in the outpatient clinical setting. The data elements collected were change fatigue, job satisfaction, and organizational commitment. The purpose of the study was to evaluate if there was a relationship between change fatigue and job satisfaction levels and change fatigue and the nurse's commitment to the organization. The results may affect positive social change by raising awareness of what the nurse may be experiencing in the midst of change initiatives, which could the organization in improving staff retention.

Chapter 2 is a comprehensive literature review of scholarly articles related to change fatigue, change management, change resistance, and organizational change. Within these concepts, I explore the variables of change fatigue, job satisfaction, and organization commitment to discover the impact the variables have had on the concepts. Chapter 2 also includes an in-depth review of my theoretical foundation, Lazarus and Folkman's stress and coping theory.

Chapter 2: Literature Review

Introduction

The healthcare environment is subjected to continual change, and there is an inherently negative impact on the nurses who work in the setting (Brown et al., 2018). Consequently, a nurse can develop change fatigue, which causes burnout, exhaustion, and staff dissatisfaction (Ead, 2015). As change fatigue continues, the nurses are likely to disengage and decrease their commitment to the work. The focus of this study was on nurses in the outpatient clinical setting. Change fatigue can result in decreased job satisfaction and resentment towards the organization with loss of productivity and the inability to sustain change initiatives (Petrou et al., 2015). The effect of change fatigue requires leadership to not only evaluate the number of change initiatives, but also the timing of the initiatives and how they are being implemented.

Failure of long-term organizational change has been attributed to change resistance, with little attention given to change fatigue. According to McMillan and Perron (2013), the terms change fatigue, and change resistance are used interchangeably, yet they are entirely different concepts. Leaders are quick to recognize that staff members are resistant to change but may have difficulty discerning when staff may be experiencing change fatigue. Change resistance occurs when staff perceives the change as threatening; in contrast, change fatigue is passive resignation and apathy experienced by staff (McMillan & Perron, 2013). Bernerth et al., (2011) performed a study that established the presence of change fatigue and developed a tool to measure the concept. Other research has focused on the organizational environment that contributes to the phenomena

(Cumbler & Pierce, 2017), while others have addressed the effects on the individual or the organization when present in the hospital setting (Ead, 2015). Poor change management techniques have been identified as being a cause of change fatigue, but there is limited research on the impact of change fatigue on the nurse and, ultimately, the organization if it is present (McMillan & Perron, 2013). There is a gap in the literature in discovering how widespread the phenomenon is in the outpatient setting and if there is a relationship to organizational health factors such as organizational commitment or satisfaction in the workplace. The purpose of this study was to examine the relationship of change fatigue, job satisfaction, and organizational commitment among RNs in the outpatient setting.

Chapter 2 includes a review of the literature search strategy, an overview of the theoretical foundation, and an exhaustive review of the current literature.

Literature Search Strategy

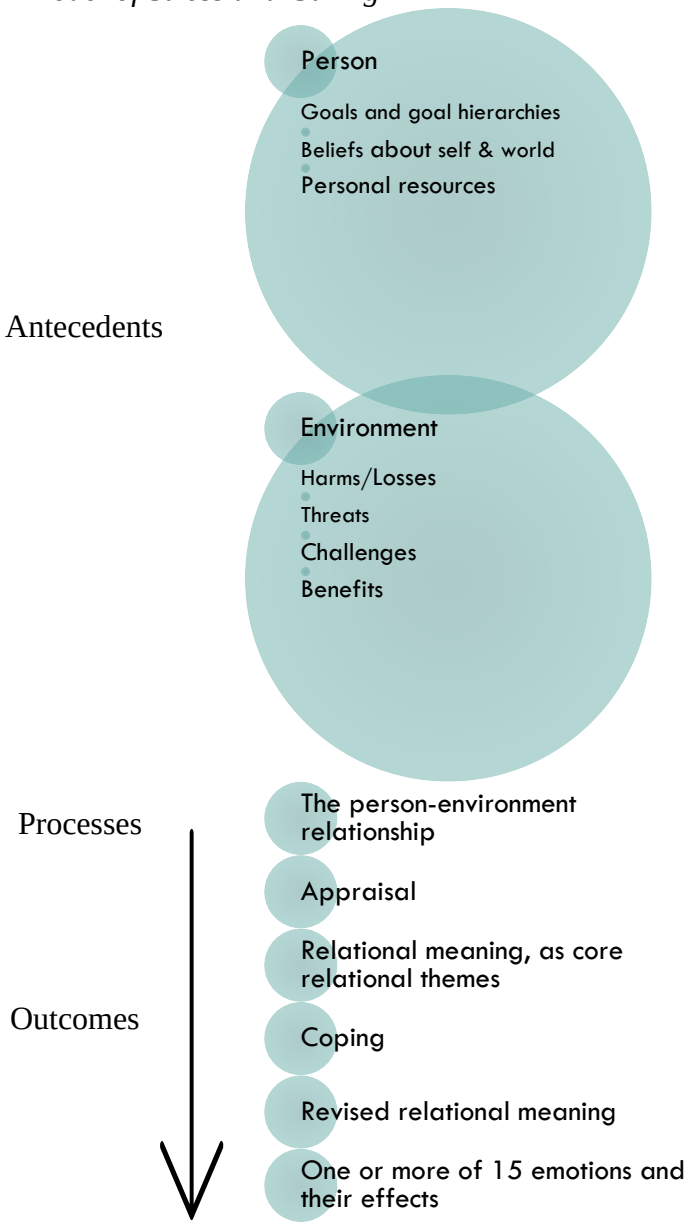
The databases I searched included ProQuest, CINAHL, Medline, Embase, PubMed, PsycINFO, and SocINDEX. The key search terms I used in the literature review were *change fatigue*, *nurses*, *change management*, *organizational change*, *change resistance*, and *burnout*. The terms were searched for publications from the periods of 2011 through 2019; these dates allowed for results of original research completed on the phenomena of change fatigue. In addition to original research, I also found the Change Fatigue Scale that was developed in 2011, which I used to collect data for this study. When searching databases, I limited the search results to scholarly peer-reviewed journals and primary sources.

Theoretical Foundation

The theoretical framework that guided this research was Lazarus and Folkman's stress and coping theory, shown in Figure 1 (Lazarus, 2006, p. 198).

Figure 1

Model of Stress and Caring



The stress and coping theory is a sequel to Lazarus and Folkman's theory of stress, appraisal, and coping and was originally developed in 1984 (Lazarus, 2006, p. 1). The stress and coping theory was originally developed to explain stress as a dynamic process in which stress presents as a product of a transaction between both the person and the complex environment (p. 36). Lazarus (2006) began to recognize that stress was a larger part of issues that included emotions (p. 36). Lazarus (2006) further analyzed the reasons behind emotion and stress with further emphasis on the appraisal process and the resulting coping mechanism. Lazarus and Folkman's stress and coping theory involves two processes, the environment that produces stressors and the individual's response to the stress (p. 13). Stress results when an individual does not have the ability to cope due to high demands and lack of resources (p. 73). Coping is defined as the ability to manage stress, not by eliminating it but by being able to tolerate or accept it (p. 147). The individual then copes with stress in two steps that are called appraisals (p. 75) The primary appraisal involves assessing the harm that has already occurred, the threat of any potential future harm, and challenges with knowledge gained (p. 196). In the secondary appraisal, the individual decides how to best deal with the situation either through internal or external options (p. 200). Nurses are subject to change initiatives and are sometimes not able to assimilate to the change before a new change is introduced, and they may have limited resources to recover. When subjected to too many change initiatives, and nurses no longer have the capacity to handle the stress, they develop change fatigue. The nurses cannot cope with the stress and view it as negative, which continues the cycle of change fatigue. Change fatigue may go unnoticed due to the

passive nature of the phenomenon and can cause feelings of prolonged anxiety, increased stress, or a feeling of inadequacy (McMillan & Perron, 2013).

The stress and coping theory has been used in previous studies on organizational change. Teo et al. (2013) recognized the need to mediate the harmful effects of change through coping strategies. Teo et al. utilized the model for employee appraisal of a change, the effect of the coping mechanisms, and the resources for coping. The model focused on how effective the coping strategies were and the management between the person and the environment (Teo et al., 2013). In another study by Bregar et al. (2018), Lazarus and Folkman's theory was used to evaluate the stress coping strategies of nurses to discover attitudes towards coercive measures in the psychiatric setting.

The results suggested that when participants were presented with stressful situations, such as threatening behavior, the worker would respond with problem-solving rather than emotion (Bregar et al., 2018). Wright et al. (2015) utilized Lazarus and Folkman's model to help further define the coping process and analyze variations in coping with workplace change stressors among nurses. The stress and coping theory has shown in previous studies that stress is a byproduct between the person and the environment around them, resulting in an individual's coping response. The phenomenon of change fatigue is a result of constant organizational change and the nurse adapting to that change. The stress and coping theory identifies the characteristics surrounding the individual's assessment of the change and how they cope with the change. The appraisal of the change affects individuals differently, and this theory provides the framework to determine how an individual copes with stress. Utilizing the stress and coping theory helps explain how the

employee reacts to organizational change, particularly the impact on intention to leave the organization and job satisfaction.

Literature Review Related to Key Variables

Change fatigue results from the frequent organizational change that negatively impacts the nurse (Brown et al., 2018). Effective change management techniques can mean the difference between long-lasting change or team members losing support for the organization with the failure of future change initiatives (Van der Voet et al., 2016). The terms change resistance and change fatigue have been used synonymously as harmful outcomes from organizational change and poor change management techniques, yet they are different constructs (McMillan & Perron, 2013). In this section, I review the key variables as they relate to including change fatigue, change management, and change resistance and organizational change.

Change Fatigue

Change fatigue is defined as a feeling of apathy towards the organization, passive acceptance of initiatives, powerlessness, and emotional exhaustion with limited resources such as energy, personal control, or time due to excessive organizational change (Bernerth et al., 2011). Bernerth et al. (2011) explored a measurement scale to identify when change is too much and how the staff members experience the changes while establishing a basis for change and stress. The authors explored the relationships between change fatigue and exhaustion, organizational commitment, and the relation to turnover intentions. The quantitative study offered a change fatigue measurement tool and validated previous findings that the phenomena can have a negative impact on the

organization. Bernerth et al. (2011) showed the stress of too many organizational changes results in the failure of change and the negative effects on the employee with change being left to the perception of the team member. Nurses are faced with constant change in the healthcare setting that have an inherent negative impact on them (Brown et al. 2018). Brown et al. (2018) were the first to use the Change Fatigue Scale in the acute care hospital setting, concentrating on the relationships of change fatigue, staff satisfaction, and resilience. The findings suggested that job satisfaction is negatively impacted by change fatigue and is positively influenced by resilience, with a weak correlation between job satisfaction and years of experience. Brown et al. (2018) discovered that the more resilient the nurse is, the higher the satisfaction, which is correlated to a commitment to the organization. Nurses are asked to alter their work or behaviors, which in turn creates more work requiring the same amount of time and energy, which can, as a consequence, lead to change fatigue (Vestal, 2013). McMillan and Perron (2013) recommend directing attention towards change fatigue versus change resistance when the organization is implementing new initiatives. Change fatigue has been associated with latent change failure through a gradual progression of the change process that makes the change unsustainable (McMillan & Perron, 2013). The recognition may generate discussions with the potential for policy and procedure changes relative to timing, frequency, and manner of implementation of changes. Further research on change fatigue will help nurse leaders understand the phenomenon in an effort to increase job satisfaction, improve the workplace environment, and reduce employee intention to leave.

Change Management

In healthcare, change is inevitable, requiring the need for exceptional change management techniques, but organizational leaders can overlook the need to fully prepare staff for modifications in their current work routine. Failure to adopt change can cause a magnification of current problems within the organization, less chance of the survival of the business, and an impact on the team members and the organizational environment (Ha, 2014, p. 4). The management of change is a complex process that requires tactics and strategies to ensure lasting change and continued commitment by the staff. Change management consists of a limited set of interventions with objectives that are measurable, and the results are realized in a short period of time (Kastrati, et al., 2018). The quality of change management efforts drives the change, and success is dependent on the team member's reactions and adoption of the change (Grimolizzi-Jensen, 2018). Commonly, organizations will decide a change is necessary from the executive level that does not involve input from team members and can cause the failure of change. Poor change management techniques include the lack of staff involvement from the beginning, poor communication, or no reinforcement of the change can lead to lowered trust in the organization, decreased job satisfaction, job cynicism, and turnover intentions (Bordia, et al., 2011). Ead (2015) proposed that there is a method of introducing initiatives in a scheduled manner that optimizes a change management processes that could reduce change fatigue. Ead explored workload measurement tools to help enhance the delivery of patient care and the role of human factors engineering (HFE) to address the healthcare environments predisposition to change. The use of workload measurement tools captures

nurse workloads and can monitor trends or assess the impact of the new project. The instrument helps with other variables, including medical error, difficult patient or families, or critical incidents. Ead developed six tips to engage nurses in the change process and suggested organizations use multiple strategies to reduce change fatigue. Change management techniques or lack of change management processes can lead to unfavorable outcomes for the organization and the individual, including change fatigue.

Change Resistance

Change resistance is defined as a negative attitude toward change with affective, behavioral, and cognitive elements (Oreg, 2006). The implementation of successful change is challenging, with the low success rates being attributed to change resistance by the team member (Kastrati, et al., 2018). When presented with a new change, those experiencing change resistance will continue their current behavior despite attempts to change that behavior (Rodat, 2018). Team members will show resistance to change, whether they are directly affected by the change or not affected at all (Rodat, 2018). Some causes of change resistance include the belief that the change is not necessary, the change is perceived as unpleasant, the fear of failure or of the unknown, and the lack of confidence in the managers promoting the change (Rodat, 2018). The phenomenon of change resistance has been heavily studied and is different than change fatigue. According to McMillan and Perron (2013), the terms of change fatigue and change resistance are used interchangeably when they are different concepts. Change resistance occurs when staff perceives the change as threatening, whereas change fatigue leaves the team member feeling passive resignation and apathy that goes unnoticed by leadership

(McMillan & Perron, 2013). Employees that experience change resistance respond to change through cynicism and denying the need for change versus those who experience change fatigue, resulting in leadership not recognizing the phenomena (McMillan & Perron, 2013). The concepts that emerged from McMillan and Perron's quantitative study of change fatigue were employees become passive feeling disempowered, disengaged, burned out, apathetic, and showed no signs of resistance. McMillian and Perron proposed the need for shared decision making, participatory management styles, and allowing for periods of no change and normalization. The nurse is faced with change due to the inherent nature of the healthcare environment and, consequently, can develop change resistance that can impede current and future change initiatives.

Organizational Change

The healthcare environment is changing at a rapid pace, and the change may be the result of organizational needs, new evidence-based practice guidelines, or requirements from governing bodies that directly impact healthcare professionals and staff (Vestal, 2013). Leaders are faced with change initiatives that are required by external forces, such as third-party payors or local, state, or national government agencies, resulting in the need for immediate action. The frequency of these rapid change requirements may then result in difficulty engaging staff to support change (Vestal, 2013). These changes are in addition to healthcare leaders sending emails or staff meetings to communicate the need for change without understanding the full impact of the change on the staff member. Communications from healthcare leaders may require the staff member to take immediate action with little or no thought given on how that

change impacts the employee. Frequent organizational change results in change saturation, which is when change exceeds the organization's ability to absorb the change (Brown, et al., 2018). Roughly 54% of change initiatives fail due to too many initiatives occurring too frequently, consequently requiring the staff member to evaluate what changes are most important before changing their behavior to adapt to the new initiative (Meinert, 2015). Staff members become stressed, feel a level of cynicism towards the organization from the failure of change initiatives, which is followed by a reduction in organizational commitment, job satisfaction, trust, and motivation (Fuchs, & Prouska, 2014). Furthermore, turnover intentions are influenced by the quality of change communication, and management of the change (Biggane, et al., 2017). Change fatigue has been associated with large-scale organizational change by frontline nursing staff (Camilleri, et al., 2018). Camilleri, et al. (2018) research focused on the role of teamwork in mitigating the nurses' experience with change fatigue. The results of Camilleri, et al. (2018) study is consistent with findings of Bernerth et al., (2011) and McMillan and Perron in that change fatigue occurred among staff and it developed over time. Camilleri, et al. added to the existing knowledge that the nursing team is faced with constant change and experience change fatigue. Camilleri, et al. were the first to explore if there is a linkage between teamwork and the rates of change fatigue and findings supported the need for change management processes when undergoing significant organizational change as they are an identified risk factor of change fatigue. Change initiatives can become unsustainable, there is a risk of losing staff commitment, and consequently, loss

of staff resulting in replacement costs to the organization as high as 200% of the annual salary for recruitment and onboarding of the new staff member (Lee, et al., 2018).

Nurses are required to change due to external and internal forces, and it is essential to understand the direct impact on the nurse. As a result of the constant change, nurses are at risk for developing change fatigue. Few research articles focus primarily on change fatigue, with the main emphasis of research on organizational change or change management techniques that can result in change fatigue. Poor change management techniques and organizational change have been associated with decreased job satisfaction and diminished organizational commitment that can result in the loss of staff. Change fatigue has been studied in the inpatient hospital setting as well as industries outside of healthcare, resulting from constant organizational change or poor change management techniques when implementing new initiatives. At times, change fatigue is briefly mentioned in studies related to organizational change or poor change management techniques, but not as the primary focus of the study. Change failures have been linked to the heavily studied phenomenon of change resistance that has been used interchangeably with the phenomenon of change fatigue. The two concepts are, in fact, different, with change fatigue being passive, in contrast, leaders notice change resistance due to the active nature. There is a gap in the literature in discovering if the phenomenon is occurring in the outpatient healthcare setting and if there is a correlation among change fatigue, job satisfaction, or commitment to the organization.

Summary

Organizational change is expected in the healthcare setting, with many change initiatives failing in addition to staff to having feelings of mistrust towards the organization, decreased job satisfaction, and less commitment to the organization. Management of change is a complex process that requires tactics and strategies to ensure lasting long-term change. When the change management techniques are perceived as poor, the staff are less likely to believe in the organizations and future initiatives, experience decreased job satisfaction, and have less commitment to the organization. Change resistance and change fatigue have been used interchangeably but are different concepts. Change resistance results from changes being introduced without quality change management techniques, including the change being perceived as threatening or the feeling that the change is not needed. Change resistance is often recognized through negative or disruptive behaviors, whereas change fatigue goes unrecognized by leadership due to its' passive nature.

Chapter 3 is an in-depth review of the research design and rationale, describe the population for my study as well as sampling process with procedures for recruitment, participation, and data collection. I provide details in Chapter 3 instruments that were used and how data were analyzed. I explained possible threats to validity and how they were mitigated in addition to ethical procedures that were followed.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine the relationship of change fatigue, job satisfaction, and organizational commitment among nurses in the outpatient setting. Chapter 3 includes a description of the research design and rationale with an explanation of restraints within the design choice. I provide an in-depth review of the methodology that consists of the population, sampling and sampling procedure, and the procedures for recruitment, participation, and data collection. I discuss threats to validity that include external, internal, and construct validity as well as ethical procedures used in the study.

Research Design and Rationale

The research design was nonexperimental, quantitative, and correlational. The dependent variable was change fatigue, and the independent variables were job satisfaction and organizational commitment. The correlational research design requires a large sample size to be representative of the general population and to discover if a relationship exists. The need for a large sample size can lead to time and resource constraints due to the time it takes to gather large amounts of data as well as having access to a large number of participants. My study did not introduce any interventions that manipulate subjects; instead, this study focus was on documenting and predicting the association among the variables. Data collected from participants included completing the Change Fatigue Scale, the McCloskey/Mueller Satisfaction Scale, and the Klein et al. Unidimensional Target neutral Commitment Measure. The correlational research design I chose for my study will advance the knowledge of change fatigue through discovering if

a relationship exists between change fatigue and job satisfaction and change fatigue and organizational commitment without manipulation of the variables. The correlational research design allowed me to study the behavior of the nurses as it occurred in their everyday life.

Methodology

Population

The target population for my study were RNs in the outpatient clinical setting. According to the U.S. Bureau of Labor Statistics (2019), there are roughly 3 million nurses employed in the United States with over 7% of nurses working in physician offices. The expected population size for this study was 82 participants; however, I recruited greater than the target population to increase the representation of the general population. The target RNs were recruited across the United States. I sent a recruitment flyer via the American Nurses Association, the American Academy of Ambulatory Care Nursing, and LinkedIn. In addition to the recruitment flyer, I requested participants refer other qualified RNs to my study.

Sampling and Sampling Procedures

I used nonprobability convenience sampling of RNs working in the outpatient clinical setting for the study. I used convenience sampling as the population was chosen based on the ease of access, familiarity, and proximity to organizations (see Elfil & Negida, 2016). Random sampling reduces bias and allows for a greater representation of the population, but convenience sampling was used for my study because the data was readily available, data can be gathered in a relatively short time, and it is more cost-

effective (Grove et al., 2013 p. 363). The survey remained open for multiple months to allow for recruitment of participants and ample time to complete the survey. Participants were recruited through the American Nurses Association and the American Academy of Ambulatory Care Nursing, targeting those who work in the outpatient clinical setting.

The inclusion criteria for my study were:

- RNs working in the outpatient clinical setting in a full-time (40 hours per week) or part-time (less than 40 hours per week) capacity,
- RNs working in a staff nurse role or management positions, and
- RNs who have been at the organization for longer than 6 months. The time of 6 months allows for new hires to get trained and acclimated to the organizational environment; also, new hires are more likely to look for a new job within the first 6 months of employment (Ferrazzi & Davis, 2015).

The exclusion criteria for my study were:

- RNs working outside of the outpatient clinical setting, which includes the hospital, home-based care, or long-term care healthcare settings;
- RNs working outside of the staff nurse role or in a management position; and
- RNs working within the outpatient clinic setting less than 6 months.

I conducted a power analysis using G Power 3.1.9.2 (Erdfelder et al., 1996), with a power level of 0.80 and an alpha level of 0.05 for bivariate regression analysis. The total sample size that was needed using the above settings was 82 participants. There are risks for committing a Type I error or Type II error when rejecting or accepting the null hypothesis or alternative hypothesis. Type I error occurs when the null hypothesis is

rejected when it is true, and the alternative hypothesis is accepted (Warner, 2013, p. 84). The probability of producing the Type I error is called statistical significance and is determined by the set alpha level (Warner, 2013, p. 85). The set alpha level is the level of probability that the null hypothesis is rejected with the conventional level set at .05, meaning that there is a 5% risk that a difference exists when there is not actually a difference (Frankfort-Nachmias & Leon-Guerrero, 2015, p. 274). Type II error occurs when the false hypothesis is accepted or does not support the alternative hypothesis when it is true, and the statistical power was created due to the Type II error with the higher the power level, the lower the risk of a Type II error (Warner, 2013, p. 85). The statistical power level detects the differences or relationships that occur in the population, and the power functions as the capacity to reject the null hypothesis appropriately (Grove et al., 2013, p. 367). The statistical power was conventionally set at .80, which means there is an 80% chance of not making a Type II error (Warner, 2013, p. 108).

Procedures for Recruitment, Participation, and Data Collection

Participants were selected using convenience sampling from urban and rural outpatient clinics across the United States. Participants were recruited through recruitment flyers sent to participants via the American Academy of Ambulatory Care Nursing, the American Nurses Association's newsletter, the American Academy of Ambulatory Care Nursing newsletter, and the social media site, LinkedIn. If the individual decided to participate, the link was provided in the recruitment letter that took individual to screening questions shown in Appendix A. The screening questions were:

1. What is your age?

2. What is your gender?
3. What is your highest education level?
4. How long have you been employed in your current organization's clinic setting?
5. What is your current RN employment status?
6. Are you currently employed in a management or leadership role?

If the individual answered yes to the questions, then the participant was taken to the informed consent webpage. After the individual electronically agreed to the informed consent, the participant moved forward to the demographic data sheet (Appendix A). When that information was completed, participants advanced to the surveys that took them on average 15 minutes or less to complete The survey opened October 1st, 2020, and closed June 13th, 2021. Participants completed the Change Fatigue Scale, the McCloskey/Mueller Satisfaction Scale and the Klein et al. Unidimensional Target neutral (K.U.T.) Commitment Measure. The surveys were given via SurveyMonkey utilizing the de-identification of participant email feature that included demographic information of age, gender, education, and the length of employment at the outpatient clinic, which is shown in Appendix A. The informed consent consisted of an overview of the purpose of the study in addition to risks, benefits, confidentiality, and the option to not participate as well as the opportunity to answer any questions that happened prior to study initiation.

Instrumentation and Operationalization of Constructs

Change Fatigue Scale

The Change Fatigue Scale was used to measure if change fatigue was present in the participant. The Change Fatigue Scale was developed by Bernerth et al. in 2011 to measure the level of change fatigue among employees. Bernerth et al. (2011) developed the tool to explore the impact change has on the employee's intent to leave the organization, their overall well-being, and their commitment to the organization. The survey has since been used in other organizational settings, including studies performed in the hospital to evaluate the level of change fatigue. The Change Fatigue Scale was originally designed as a 10-item scale, but four items were removed after a psychometric assessment, with the final survey having six questions in total. The scale has a 5-point Likert scale ranging from 1 of strongly disagree to 5 of strongly agree.

Content and validity were established through use of consultants who specialized in organizational change, performing factor analysis, and pilot testing (Bernerth et al., 2011). Fourteen consultants utilized had a minimum of a master's degree as well as over 6 years of experience. The consultants were given a survey of 22 items and asked to classify items into three constructs of change fatigue, change cynicism, or psychological uncertainty. Additionally, the consultants were asked to what extent the items represented the constructs. The content validity was tested using a content validity ratio (CVR) of .51, and $p < .05$. The CVR is a numeric value given to an instrument's degree of validity based on the experts rating of content validity (Ayre & Scally, 2014). Of the 10 items, eight had a CVR of < .51, so two items were removed. The initial assessment was given

to 200 government employees where factor analysis was completed, and two more items were removed due to failure to group with change fatigue items. The Change Fatigue Scale has tested as reliable in the two pilot studies using Cronbach's alpha coefficient. The Cronbach's alpha coefficient is used for calculating internal consistency, and alpha coefficients of 0.8 or higher indicate the instrument is reliable (Grove et al., 2013, p. 391). The two studies of the remaining six-item scale had an alpha coefficient of .85. The scale was developed using rigor and reliable internal consistency; thus, it is appropriate to use in other studies. Bernerth gave permission to use the tool; the permission is shown in Appendix B.

For this study, the survey was given electronically to participants via a web-based platform, SurveyMonkey. The survey uses a 5-point Likert scale with 1 being strongly disagree and 5 being strongly agree. The change fatigue score was obtained by summing the total items of the scale and obtaining the mean value.

McCloskey/Mueller Satisfaction Scale

I utilized the McCloskey/Mueller Satisfaction Scale (MMSS) to measure the level of job satisfaction. The MMSS was developed by Mueller and McCloskey in 1990 to assess the satisfaction level of hospital nurses. At the time of development, Mueller and McCloskey (1990) recognized the need for a reliable, user-friendly, and valid tool to measure nurse job satisfaction. The MMS has 31 items that measure eight types of satisfaction that includes scheduling, interaction with co-workers, professional opportunities, amount of control and responsibility they experience, extrinsic rewards, professional opportunities, and praise and recognition (Mueller & McCloskey, 1990).

The MMS is measured on a 5-point Likert scale is used with 1 being dissatisfied and 5 being satisfied with the overall mean of the scale is the measure of nurse satisfaction (Mueller & McCloskey, 1990). Factor analysis was completed for content validity, and results supported the eight subscales. The Cronbach's alpha for the global scale was .89, which means the global scale was 89% reliable, and 11% is random error. The test and re-test correlations were at the same consistent level at 6 months and one year on the job. The criterion related validity was tested against the Brayfield-Roth General Job Satisfaction Scale and with subscales from Hackman and Oldham's Job Diagnostic Survey (JDS) with scores of .41 and .56 respectively. Results from the criterion validity test suggested the MMSS survey is a more valid tool for measuring nurse satisfaction than other satisfaction surveys not designed for nurses. The tool has been tested and has face and content validity, alpha reliability, as well as test-retest, and has proven to be an appropriate tool to use to measure nurse satisfaction. Dr. Sue Moorhead, Associate Professor, Director of the Center for Nursing Classification and Clinical Effectiveness, and Director of the PhD program at the University of Iowa, gave written permission shown in Appendix C..

The MMSS survey was given to participants electronically via SurveyMonkey. The scores were based on a 5-point Likert scale with 1 being dissatisfied and 5 being satisfied. A mean score was calculated based on participant responses to the MMSS survey.

K.U.T. Commitment Measure

I used the K.U.T. Commitment Measure to measure the level of commitment to the organization. The K.U.T. Commitment Measure was developed by Klein, Cooper, Molloy, and Swanson (2014) to provide a commitment measurement tool that can be utilized across different target populations in studies without having to modify the measurement tool. The K.U.T. Commitment Measure is constructed of a four-item scale that measures responses on a 5-point Likert scale ranging from 1, not at all to 5 being extremely happy. The four-items were developed to measure commitment itself versus indicators of commitment with a focus on capturing the attributes of the construct that includes dedication, volition, and unidimensional (Klein, et al., 2014). A three step content validation strategy was utilized to obtain content validity through developing a selection of scale items based on construct definition, then used an iterative process of selection and refinement of the contracts and psychometric properties, and final assessment of construct adequacy (Klein, et al., 2014). The K.U.T. items have a 94% accuracy; therefore, it is considered a valid measurement tool. The tool has content validation and is appropriate for this current study to understand the nurse's commitment to the organization. Written permission was given by Howard Klein in Appendix D.

For this study, the survey was given electronically to participants via SurveyMonkey. The scores were based on a 5-point Likert scale with 1 being not at all and 5 being extremely. The K.U.T. commitment score was obtained by summing the results and obtaining the mean.

Data Analysis Plan

Data were collected and organized utilizing an Excel spreadsheet. The data being collected were the mean scores of the Change Fatigue Scale, MMSS survey, and the K.U.T. Commitment Measure. The research questions are "What is the relationship between job satisfaction and change fatigue in the outpatient healthcare nurses?" and "What is the relationship between organizational commitment and change fatigue?" A bivariate regression analysis was completed to discover if a relationship existed between change fatigue and job satisfaction for RQ1 and between change fatigue and organizational commitment for RQ2.

I used the bivariate regression analysis to determine if there was a causal relationship between the variables and the strength of those relationships. All data collected from the online scores were exported to Excel format and then transferred into SPSS for regression analysis. Data tables and graphs were produced utilizing SPSS software to visually depict results.

Bivariate regression analysis has four major assumptions that must be met that includes a linear relationship, normality, autocorrelation, and homoscedasticity. The assumption of linear regression was assessed by showing there was a linear relationship between the independent and dependent variable through testing with scatter plots (Statistic Solutions, 2020). The assumption of normality was less problematic for my study due to the sample size, which was 136 participants. Normality assumption was met based on the data being normally distributed with kurtosis and skewness for the variables less than one. When performing linear regression analysis, there is an assumption of little

or no autocorrelation or there is a requirement that the residuals be independent from each other (Statistical Solutions, 2020). Autocorrelation was assessed using the Durbin-Watson test. The value for the MMSS scale was 1.66 and the value for K.U.T. scale was 1.46 which means there is little autocorrelation, and the assumption of autocorrelation has been met. Cook's distance was checked with no influential outliers found among the predictor variables. Homoscedasticity is the variance around the regression line is equal for all predictor variables and was tested using a scatter plot (Statistic Solutions, 2020). The scatter plot showed linearity and the assumption for homoscedasticity was met.

Threats to Validity

External Validity

External validity is the extent the study findings can be generalized outside of the study sample (Grove, et al., 2013, p. 202). The study is limited to outpatient clinical RNs in the USA and is not generalizable to all populations of nurses. Due to the time and expense restraints of the study, no action was taken to address the generalizability of the study. There was a threat to the interaction of selection due to the characteristics of the participants that includes participants only comprising of RNs and no other types of team members. The result claims were restricted to groups within the study and cannot be generalized outside of RNs. There was a threat to the validity of the setting as all research will be performed in the outpatient clinical setting; no action was taken to offset this threat to validity, but future research would be focused on different settings to identify if the same results were occurring. The results of this research were time-bound, and the

research cannot be generalized to past or future research. Future research will be replicated to determine if the same results would occur.

Internal Validity

Internal validity is the extent to which the effects within the study reflect reality and not the result of external variables (Grove, et al., 2013, p. 199) A threat to internal validity is history effect as the outpatient setting is subject to constant change and that can create an effect on the survey results. Participants were given a two-week time period to complete survey results to minimize the risk of history effect. Maturation can affect the study results, but the survey results were requested to be completed in a two-week time period resulting in minimization of maturation effect (p. 199). Another type of threat to internal validity was selection bias because participants were recruited using convenience sampling of RNs that can predispose them to have specific outcomes than those not selected for the study (p. 199). Because this study was nonexperimental, meaning there was not a random assignment of treatment versus nontreatment groups, the selection bias was not mitigated (p. 200).

Construct/Statistical Validity

Construct validity assesses the fit between variable conceptual and operational definitions (Grove, et al., 2013, p. 200). Statistical validity was drawn by performing a statistical significance test to determine the *p*-value among the variables. It is essential to evaluate construct validity, both conceptual and operational definitions, to ensure the test or survey adequately measures what it was meant to measure (p. 200). One method was used for the measurement of change fatigue, job satisfaction, commitment to the

organization, so there was a threat to mono-operation bias that was not addressed. Hypothesis guessing is a threat to construct validity, but participants were not given the hypothesis to minimize any behavior changes. There was a possibility of evaluation apprehension, whereas participants will want to be seen favorably and, in this study, was addressed directly. The experimenter expectancy threat was addressed through data collection of surveys being done virtually via SurveyMonkey and completed anonymously.

Ethical Procedures

Participation in this study was entirely voluntary. The participants were at low to no risk for this study as it is nonexperimental, and there was no manipulation of the subjects or variables. My contact information was available to all participants to ask questions or make comments. The Walden University IRB approval number was 09-17-20-0477212. Participants were given the informed consent letter with approval from the participant given when the survey was completed. Before any data collection, written authorization was gained from Walden University's IRB. Participants were recruited through email addresses obtained from the American Academy of Ambulatory Care Nursing, recruitment letter sent through the American Nurses Association's and American Academy of Ambulatory Care Nursing newsletters, and recruitment requests through LinkedIn with a recruitment letter. There was no monetary exchange for participating in the study. The SurveyMonkey feature that de-identifies emails was used so that participant's privacy was protected throughout the study, and results remained anonymous.

Confidentiality of the data was maintained through an anonymous survey online. The researcher is the only person who had access to the data; this ensured data was protected. I have a backup of the data on an external USB hard drive, and it is locked in a safe. Per IRB guidelines, data will be kept on the USB hard drive for five years and stored in a locked safe. After five years the USB drive will be securely wiped, destroyed, and disposed of in commercial refuse.

Summary

The purpose of this study was to determine if there is a relationship between change fatigue, job satisfaction, and organizational commitment. The study design was a correlation model, and bivariate regression testing was used to analyze results. A total of 136 nurse participants were recruited across the United States that completed demographic data, the Change Fatigue Scale survey, MMSS survey, and the K.U.T. Commitment Measure survey. Each of the scales was previously validated using Cronbach's alpha, with each having a high value, which means the scales are reliable in measuring what they are designed to measure. There were concerns with internal and external validity, but steps were taken to minimize and mitigate those factors. Ethical procedures were followed that ensured participants were protected, and the researcher held accountable.

Chapter 4 is an in-depth review of the results of the study. Data collection is described regarding a time frame of data collection, baseline demographic data, any discrepancies from the original plan, description of the representative population versus the larger population, and results of the analysis of the model. Results are reported that

characterize the sample, and findings are discussed concerning the hypothesis with support from tables and figures.

Chapter 4

Introduction

The purpose of this nonexperimental study was to explore the correlation between change fatigue, job satisfaction, and organizational commitment.

The research questions and hypothesis of my study were:

RQ1: What is the relationship between job satisfaction and change fatigue in the outpatient healthcare nurses?

$H_0$1: There is no relationship between job satisfaction and change fatigue.

H_a1: There is a relationship between job satisfaction and change fatigue.

RQ2: What is the relationship between organizational commitment and change fatigue?

$H_0$2: There is no relationship between organizational commitment and change fatigue.

H_a2: There is a relationship between organizational commitment and change fatigue.

Chapter 4 includes data collection overview with demographics and data collection techniques, as well as results of the study.

Data Collection

Time Frame, Recruitment, and Response Rate

Data were collected using SurveyMonkey beginning October 1, 2020, and closed June 13, 2021, when the required participant sample size was reached. The recruitment letter was posted online via LinkedIn October 1st and reposted October 15th. The

American Nurses Association published the recruitment letter via their newsletter, but recruitment remained below the needed participants. There was a variance in my original data collection plan due to the low response rate; because of this I worked with the American Academy of Ambulatory Care Nursing. This variance was approved by the IRB prior to any recruitment of American Academy of Ambulatory Care Nursing members. The American Academy of Ambulatory Care Nursing sent my recruitment letter to their members May 19, 2021, and once full recruitment was reached the survey was closed June 13, 2021. There was a total of 169 participants, and of those participants, 26 participants were removed from the responses due to survey answers not being completed in their entirety, leaving 143 participants. Only those participants living in the United States were utilized; therefore, six more participants were removed from results, which left a total of 137 participants. Additionally, one more participant was eliminated due to working in the outpatient clinical setting for less than 6 months; the inclusion criteria required participants to have worked in the outpatient setting 6 months or longer.

Sample Demographics and Population

According to the U.S. Bureau of Labor Statistics (2019), there were about 3.1 million nurses employed in the field of healthcare in 2019. Of those 3.1 million nurses employed, 60% were employed in the hospital, and 18% were employed in an ambulatory care setting that includes physicians' offices, home healthcare, and outpatient care centers (U.S. Bureau of Labor Statistics, 2019). The remainder of nurses were employed in nursing or residential facilities, government, or educational services (U.S. Bureau of Labor Statistics, 2019). A total of 136 participants responded to my study

survey and the demographics of those who responded are presented in Table 1. There are no known databases that show the demographic composition of outpatient clinical nurses. The U.S. Department of Health and Human Services (DHHS, 2020) performed the 2018 National Sample Survey of Registered Nurses (NSSRN) that is a workforce analysis of nurses across the United States, which was used for demographic comparison with my study.

Results

Descriptive Statistics

The age of participants ranged from less than 25 to greater than 60 with 18% in the age range of 51-55 years old, and the average age of nurses according to the NSSRN survey was 50 years old (USDHHS, 2020). Roughly 3% of participants of my study were male compared to 9% of the NSSRN respondents being male (USDHHS, 2020). Over half, 51%, of the participants in my study held a bachelor's degree in nursing as compared to the NSSRN study where 54.5% held a bachelor's in nursing degree (USDHHS, 2020). Almost half of my study participants, 46%, worked in the outpatient setting for 10 years or greater, and the second largest group of participants, 23%, worked in the outpatient setting for 4-6 years. Eighty-six percent of participants of my study were employed full-time, and the remainder were employed at least part-time. There were roughly 52% of participants in my study who worked in the leadership or management position.

Table 1

Sample Demographic Characteristics

Demographic	Characteristics	Frequency	Percent of sample
Age	Less than 25	1	.7
	25-30	11	8.1
	31-35	14	10.3
	36-40	8	5.9
	41-45	13	9.6
	46-50	21	15.4
	51-55	25	18.4
	56-60	19	14.0
	Greater than 60	24	17.6
Gender	Female	131	96.3
	Male	4	2.9
	Prefer not to say	1	.7
Nursing education level	Associate Degree	17	12.5
	Diploma	1	.7
	Bachelor's Degree	69	50.7
	Master's Degree or Higher	49	36.0
Length worked in outpatient clinic	6 months - 1 year	2	1.5
	1 year - 3 years	26	19.1
	4 years - 6 years	31	22.8
	7 years - 9 years	15	11.0
	10 years or greater	62	45.6
Employment status	Full-time	117	86.0
	Part-time (Less than 40 hours per week)	17	12.5
	PRN	2	1.5
Employed in leadership or management	Yes	71	52.2
	No	60	44.1
	Missing	5	3.7

Analysis

RQ1: Relationship Between Job Satisfaction and Change Fatigue

A simple regression analysis was performed to evaluate if there was a relationship between job satisfaction and the predictor variable of change fatigue in outpatient healthcare nurses. An alpha level .05 was used for all statistical tests. A preliminary screening of data shown in Figure 2 indicated that the scores were reasonably normally distributed. A scatter plot shown in Figure 3 indicates the data are homoscedastic and were randomly distributed. The model summary is shown in Table 2, the results of the ANOVA test is presented in Table 3, and the coefficients are shown in Table 4. The correlation between job satisfaction and change fatigue was statistically significant, $r(134) = .19$, $p = .026$. The regression equation for predicting job satisfaction from change fatigue was found to be $Y' = 3.88 + .18 \times X$ based on 5-point Likert scale. The r^2 for this equation was .04; that is, 4% of the variance in job satisfaction was predictable from change fatigue. The relationship between job satisfaction and change fatigue is relatively weak, meaning that changes in job satisfaction scores had low association with changes in scores of change fatigue. The 95% CI for the slope to predict job satisfaction scores from change fatigue ranged from -0.22 to -.02; thus, for each change in score of change fatigue, the predicted score of job satisfaction decreased by about .2 to .02.

Figure 2

Normal Distribution of Job Satisfaction

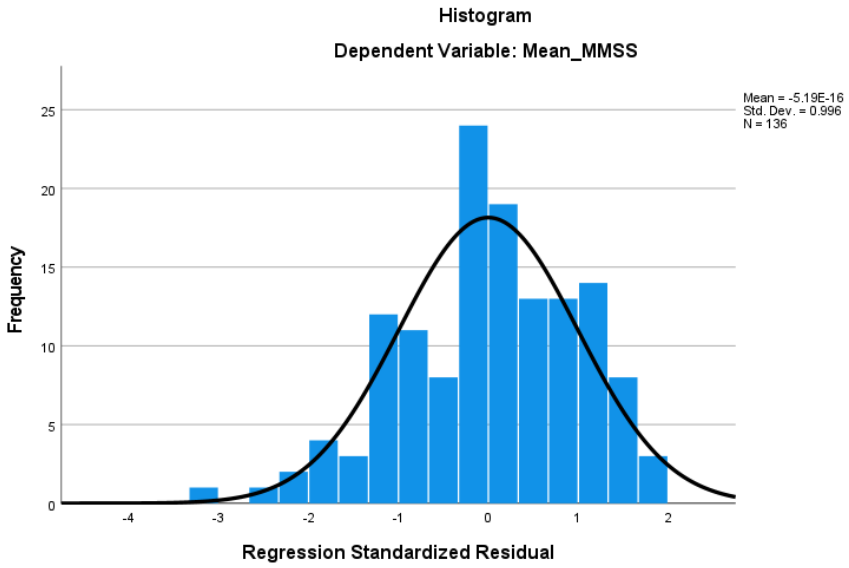


Figure 3

Scatter Plot of Homoscedasticity, DV = Job Satisfaction

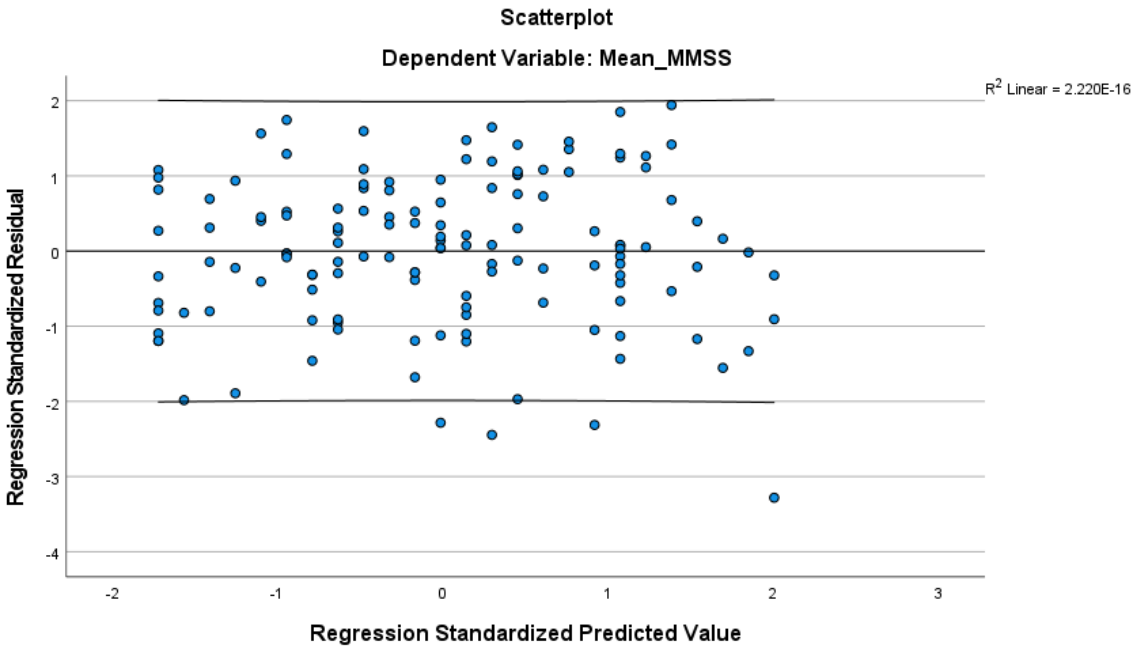


Table 2

Model Summary Job *Satisfaction & Change Fatigue*

					Change Statistics					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.191[a]	.036	.029	.65970	.036	5.073	1	134	.026	1.651

Table 3

ANOVA Results Job Satisfaction & Change Fatigue

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.208	1	2.208	5.073	.026[b]
	Residual	58.318	134	.435		
	Total	60.526	135			

Table 4

Coefficients Job Satisfaction & Change Fatigue

		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations		
Model		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part
1	(Constant)	3.884	.176		22.067	.000	3.535	4.232			
	Mean_CFS	-.119	.053	-.191	-2.252	.026	-.224	-.015	-.191	-.191	-.191

Findings of the correlations showed a statistically significant relationship $p < .05$ between job satisfaction and change fatigue. Therefore, the null hypothesis was rejected.

RQ2: Relationship Between Organizational Commitment and Change Fatigue

A simple regression analysis was performed to evaluate if there was a relationship between organizational commitment and change fatigue. An alpha level of .05 was used for all statistical tests. An alpha level .05 was used for all statistical tests. A preliminary screening of data shown in Figure 4 indicates that the scores were reasonably normally distributed. A scatter plot shown in Figure 5 indicates the data are homoscedastic and were randomly distributed.

Figure 4

Normal Distribution of Organizational Commitment

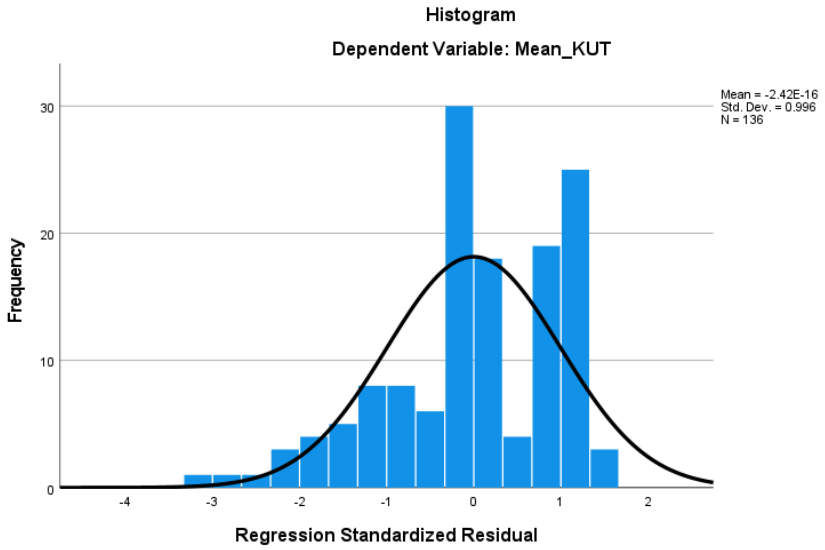
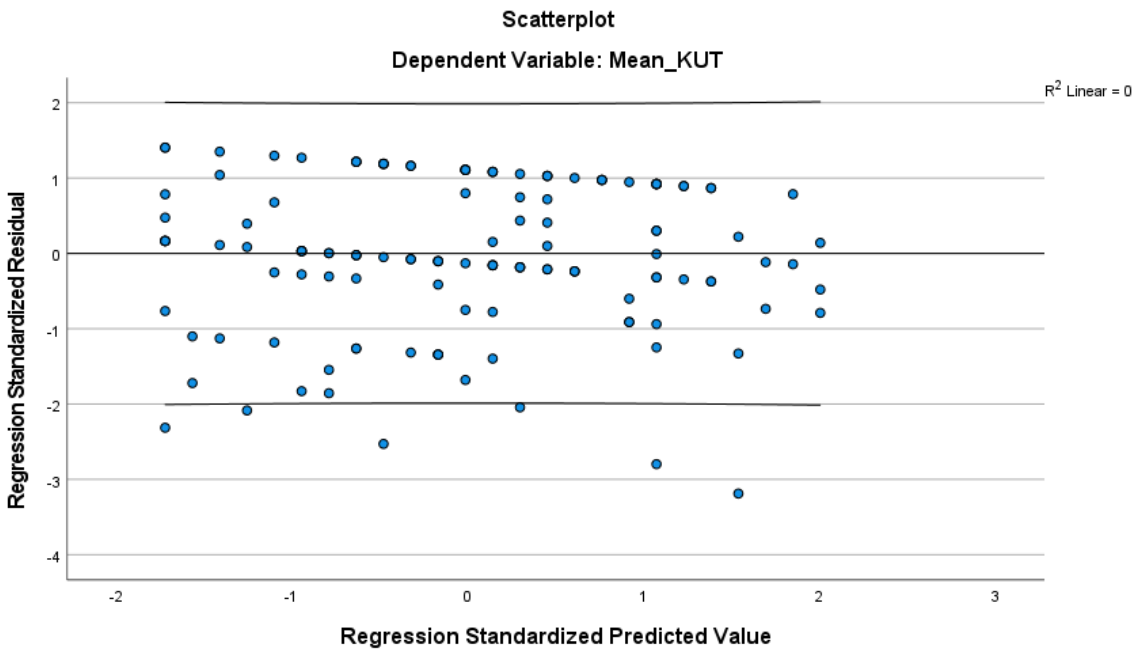


Figure 5

Scatter Plot of Homoscedasticity, DV = Organizational Commitment



The model summary is shown in Table 5, the results of the ANOVA test is presented in Table 6, and the coefficients are shown in Table 7. The correlation organizational commitment and change fatigue was statistically significant, $r(134) = .17$, $p = .046$. The regression equation for predicting organizational commitment from change fatigue was found to be $Y' = 4.52 + .22 \times X$ based on 5-point Likert scale. The r^2 for this equation was .03, which means that 3% of the variance in organizational commitment was predictable from change fatigue. The relationship between organizational commitment and change fatigue is relatively weak; changes in organizational commitment scores had low association with changes in scores of change fatigue. The 95% CI for the slope to predict organizational commitment scores from change fatigue

ranged from -0.26 to -.00; thus, for each change in score of change fatigue, the predicted score of organizational commitment scores decreased by about .26.

The null hypothesis was rejected based on the simple linear regression analysis.

Table 5

Model Summary Organizational Commitment & Change Fatigue

					Change Statistics					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.171[a]	.029	.022	.80667	.029	4.046	1	134	.046	1.460

Table 6

ANOVA Results Organizational Commitment & Change Fatigue

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.633	1	2.633	4.046	.046[b]
	Residual	87.197	134	.651		
	Total	89.829	135			

Table 7

Coefficients Organizational Commitment & Change Fatigue

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Correlations		
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Zero-order	Partial	Part
1	(Constant)	4.516	.215		20.988	.000	4.091	4.942			
	Mean_CFS	-.130	.065	-.171	-2.011	.046	-.258	-.002	-.171	-.171	-.171

Summary

The purpose of this non-experimental study was to explore the correlation between change fatigue job satisfaction, and organizational commitment. Results from this study suggested there was a weak negative correlation between job satisfaction and change fatigue. RQ1, “What is the relationship between job satisfaction and change fatigue in the outpatient healthcare nurses?” with a null hypothesis of no relationship between the two variables was rejected with $p < .05$. There was a weak negative correlation between organizational commitment and change fatigue. RQ2, “What is the relationship between organizational commitment and change fatigue?” with a null hypothesis of no relationship among the two variables was rejected with $p < .05$.

Chapter 5 includes interpretation of the findings, limitations, recommendations, implications, and the study conclusion.

Chapter 5

Introduction

Nurses in the outpatient clinical setting are burdened with steady change with little time to acclimate to change prior to a new change being introduced. The constant state of change can result in the nurse developing change fatigue without the phenomenon being recognized by leadership (McMillan & Perron, 2013). Change fatigue can cause general apathy and passive resignation with each new initiative being introduced. As a result, the nurse feels distrust and resentment towards their organization. Organizations are in jeopardy of decreased job satisfaction, as well as losing commitment from the nurse (Bernerth et al., 2011). The purpose of this nonexperimental quantitative correlational study was to determine if there is a relationship between (a) job satisfaction and change fatigue and (b) organizational commitment and change fatigue in nurses who work in an outpatient clinical environment. A linear regression analysis was completed and there was a weak correlation between job satisfaction and change fatigue, and organizational commitment and change fatigue. The results of the linear regression analysis were statistically significant, and the null hypothesis for RQ1 and RQ2 were rejected. In this chapter, I provided a summary of key findings, including interpretation, limitations, recommendations, implications, and the study conclusion.

Interpretation of Findings

In RQ1, I explored the relationship between job satisfaction and change fatigue. My results suggested a weak negative relationship between the two variables. My results aligned with those of Brown et al. (2018) who performed a multiple regression analysis

that revealed of the 521 hospital nurses surveyed, job satisfaction had a statistically significant negative association with change fatigue. Similarly, Øygarden et al. (2020) gathered data using a cross-sectional survey design from 556 participants at a Norwegian hospital and identified that constant organizational change initiatives were negatively related to job satisfaction. In another qualitative study of 14 nurses, McMillan and Perron (2020) found that nurses did experience the foundational characteristics of change fatigue that included the feelings of exhaustion, apathy, powerlessness, and burnout, and there were emerging themes of intensification of nursing work and ongoing self-sacrifice resulting in decreased work-life satisfaction, which aligned with the results of my study. Nguyen et al. (2018) performed a two-wave data collection process and had similar results as my study results. In Nguyen et al.'s (2018) study, data were gathered from 220 public sector nurses to analyze the correlations among the independent variables at time one of organizational change, workload, job control, nursing administrative stressors, cynicism about organizational change, and demographic variables, and time two surveyed 6 months later of the dependent variables nursing work engagement and job satisfaction. My results are consistent with current literature findings that cynicism about organizational change has a significant negative effect on nurse engagement, consequently leading to a negative impact on job satisfaction (Nguyen et al., 2018). Change fatigue can leave the team member feeling exhausted, stressed, burned out, and a general sense of apathy (McMillan & Perron, 2013).

In RQ2, I explored the relationship between organizational commitment and change fatigue. My results suggested a weak negative relationship between the two

variables. The results of my study supported that of Bernerth et al. (2011) in that staff were experiencing change fatigue due to rapid and constant organizational change that led to team members experience of change fatigue, which resulted in loss of organizational commitment. Change fatigue was also positively associated with exhaustion, and as a result, exhaustion was negatively related to organizational commitment and positively related to turnover intentions (Bernerth et al., 2011). Additionally, McMillan and Perron's (2020) qualitative study revealed that change fatigue significantly affected the nurse's intention to leave their organization; in fact, change fatigue potentially influenced nurses' intention to leave the profession. Additionally, Berberoglu (2018) found a positive relationship between organizational climate and organizational commitment, as organizational climate significantly predicted organizational commitment with a correlation coefficient strength level of 0.452.

Findings Compared to Theoretical Framework

I utilized Lazarus and Folkman's stress and coping theory (Lazarus, 2006) to guide my hypothesis testing to discover if there was a relationship between change fatigue and job satisfaction and change fatigue and organizational commitment. The theory involves two processes, first involving the environment that causes the stress and then how the individual responds to the stress (Lazarus, 2006, p. 13). Based on Lazarus and Folkman's model, stress is a byproduct between the person and the environment around them, resulting in an individual's coping response. The nurse in the outpatient clinical setting is subject to ongoing change initiatives, sometimes without the proper resources to recover before a new initiative is introduced. In such a situation, the nurse

may no longer have the ability or capacity to adapt to the stress from their environments, and they develop change fatigue. The nurses have the inability to cope with the stress and are negatively impacted by the continuous cycle of change. Utilizing the stress and coping theory helps explain how the employee reacts to organizational change, particularly the impact on intention to leave the organization and job satisfaction. In such cases, nurses' assessment of the change initiatives leaves them stressed, exhausted, and generally apathetic along with cynical or skeptical regarding change initiatives. My hypothesis tested how the individual coped with the changes and their response to the stress. I tested if change fatigue was present among the staff and if there was a relationship between change fatigue and job satisfaction and change fatigue and organizational commitment with results supporting this theory. The results of my study suggested there was a negative relationship between change fatigue and job satisfaction such that as change fatigue decreased, job satisfaction increased; and a negative relationship between change fatigue and organizational commitment indicating that organization commitment increased as change fatigue decreased. My study's outcome could add to the theoretical perspective of how stress is perceived and how the person copes with that stress.

Limitations of the Study

The correlational study design was a limitation of this study because correlational designs show relationships and not necessarily a cause and effect of the two variables (Frankfort-Nachmias & Leon-Guerrero, 2015, p. 454). In addition, convenience sampling does not account for the probability that a third variable may have changed the results of

my study (Grove et al., 2013, p. 363). Self-reported surveys were used for data collection, and this can contribute to participant response bias. Convenience sampling was used due to time constraints, access to participants, and cost savings; however, convenience sampling decreases generalizability to the population (Elfil & Negida, 2016). Over half of the participants, 70, responded that they were employed in a management position versus a staff nurse, and this may limit generalizability.

Recommendations

My study has shown a negative weak correlation between the variables of change fatigue and job satisfaction and change fatigue and organizational commitment among 136 nurses employed in the outpatient clinical setting. Replicating this study with a larger sample size may improve generalizability to the greater population and might identify other variables that contribute to change fatigue. Because of time constraints, there was one survey collected from participants that provided only a single point in time from which to draw conclusions. To improve the understanding of change fatigue, when it is occurring and the timing of change initiatives, it would be beneficial to find the benchmark level of change fatigue and perform a longitudinal study. Rapid and continuous change negatively impacts nurses, and nearly half of all change initiatives fail due to lack of readiness for organizational change (Nelson & Ford, 2017). The data gathered were from a relatively small sample size with more than half of the responses from participants whose position was in management. Nurses who work directly with patients play a vital role in fostering an effective healthcare environment that optimizes patient safety and their work environment (Paguio et al., 2020). Thus, I would

recommend replication of the study expanding the scope to include a greater number of staff nurses to improve generalizability. Previous studies have focused on team members outside of the healthcare setting or nurses in the acute care setting leaving a gap in literature that focuses on nurses in the outpatient clinical setting. Further studies should be performed to explore the impact of change fatigue on nurses working in the outpatient clinical settings as an increased number of services are being provided outside of the acute care setting (Jessie, 2017).

Implications

The results of my study could potentially have an impact on positive social change by raising awareness of what the nurse may experience during change initiatives; additionally, it could aid organizations in improving staff retention. According to the U.S. Bureau of Labor Statistics (2021), starting in 2020 there were roughly 194,500 open positions for nurses that are expected to remain over the next 10 years. Growth is expected faster than average in outpatient care settings as hospitals are expected to discharge patients faster due to financial constraints and patients wanting to remain in their homes (U.S. Bureau of Labor Statistics, 2021). The shortage for nurses is multifaceted, but a major constraint is nurses leaving the profession, and it is undoubtably essential to foster an environment that facilitates retaining nurses that are committed to the organization (U.S. Bureau of Labor Statistics, 2021). My study makes an original contribution to nursing research as it is the first of its kind to explore the possible impact of change fatigue on outpatient clinical nurses. The findings of this study suggest that change fatigue is occurring in outpatient clinical nurses. Furthermore, there was a

negative correlation to job satisfaction and to organizational commitment. It has been recognized previously that change fatigue can result in decreased job satisfaction and resentment towards the organization with loss of productivity and the inability to sustain change initiatives (Petrou et al., 2015). Moreover, my findings support previous research studies suggesting that there is a relationship between change fatigue and the variables of job satisfaction and organizational commitment. Change fatigue has a negative impact on the nurse, and the organization is at risk of losing staff commitment. As a result, the leadership team should focus on the amount of change initiatives being introduced and the frequency of those initiatives.

Conclusions

The healthcare environment is subject to change with multiple catalysts that can include regulations required by governing bodies or the need to change based on organizational needs. Regardless of the cause for change, there is an inherent negative impact on the nurse. Change fatigue develops when the person is subjected to constant changes, consequently causing exhaustion, burnout, staff dissatisfaction, and resentment towards the organization (Ead, 2015). Additionally, organizations jeopardize staff commitment when change is perceived as occurring too frequently (Bernerth et al., 2011), as well as loss of support and engagement with the rapid change initiatives (Vestal, 2013). Many services are provided outside of the acute care setting, so it is vital to focus on the effect change fatigue is having on nurses working in the outpatient healthcare setting. The results of my study suggested that there is a statistically significant negative relationship between change fatigue and job satisfaction and change

fatigue and organizational commitment. Results of my study may help in raising awareness of what the nurse experiences during change initiatives while potentially improving staff retention. The leadership team would benefit from monitoring the amount and timing of initiatives being introduced to decrease the likelihood of change fatigue occurring. Future studies should focus on the potential impact of change fatigue that is occurring in the outpatient nurse, but more specifically those outside of leadership or management positions.

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Appendix A: Participant Demographics

- What is your age?
  - Less than 25
  - 25-30
  - 31-35
  - 36-40
  - 41-45
  - 46-50
  - 51-55
  - 56-60
  - Greater than 60
- What is your gender?
  - Male
  - Female
- What is your highest nursing educational level?
  - Associate
  - Diploma
  - Bachelor's
  - Master's or Higher
- Do you work in the United States?
  - Yes
  - No
- Do you work in an outpatient clinical setting?
  - Yes
  - No
- How long have you worked in the outpatient clinical setting?
  - Less than 6 months
  - 6 months – 1 year
  - 1 year- 3 years
  - 4 years – 6 years
  - 7 years- 9 years
  - 10 years or greater
- How long have you been employed in your current organization?
  - Less than 6 months
  - 6 months – 1 year
  - 1 year- 3 years
  - 4 years – 6 years
  - 7 years- 9 years
  - 10 years or greater
- What is your current RN employment status?

  - Full-time
  - Part-time (less than 40 hours per week)
  - PRN
- Are you currently employed in a leadership or management role?
  - Yes
  - No

Appendix B: Permission to Use Change Fatigue Scale Tool

From: Jeremy Bernerth (jbernerth@sdsu.edu)
Date: Monday, November 25, 2019 11:45 AM
To: Melissa Kapping (Melissa.kapping@waldenu.edu)
Subject: Change Fatigue Tool

Melissa,

You have my permission to use the Change Fatigue Scale.

Best of luck in your studies.

Jeremy Bernerth,
Associate Professor
San Diego State University

Appendix C: Permission to Use McCloskey/Mueller Satisfaction Scale

THE UNIVERSITY OF IOWA
COLLEGE OF NURSING

Permission to use form:

This statement gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Melissa Kapping for the purpose as stated in the request dated December 12, 2019.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead, RN, PhD, FAAN Associate Professor
College of Nursing

Date: December 20, 2019

Sue Moorhead

The University of Iowa
The Center for Nursing Classification & Clinical Effectiveness College of Nursing 407 CNB
Iowa City Iowa 52242 USA

Appendix D: Permission to Use Klein et al. Unidimensional Target Neutral (KUT)

Commitment Measure

From: Howard Klein (klein.12@osu.edu)
Date: Monday, November 25, 2019 11:21 AM
To: Melissa Kapping (Melissa.kapping@waldenu.edu)
Subject: KUT Commitment Measure

Melissa,

You are more than welcome to use the KUT commitment measure from Klein et al. (2014). The measure is in the public domain, so you do not need my permission, though I do appreciate that you asked. Note that the measure can also be used to assess commitment to a change effort. Good luck with your research! Regards, -HK

Howard J. Klein, Ph.D.
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