

TURNOVER INTENTIONS AMONG NURSES IN PRIVATE HOSPITALS: ANTECEDENTS AND MEDIATORS

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Abstract *Private hospitals in India are preferred by people inspite of their higher cost; a reason for its preference is quality of care. Quality care is delivered by health-workers among whom nurses form a major group.*

Organisational turnover is high among nurses; to frame a proper retention policy their turnover intentions need to be understood. Studies in several countries indicate there are several antecedents and mediators of turnover intentions. India is culturally different from those countries; hence keeping in view the cultural variation the present study was made to analyse the influence of different factors on turnover intentions of nurses.

The study found organisational support, nursing role stress, and core self-evaluation play a significant role in predicting turnover intentions and affective commitment mediates their relationship. The study also found that turnover intentions of nurses from Kerala (India) differ from those of other Indian states.

This study shall help healthcare administrators to devise appropriate retention policy for nurses. Limitations of this research, academic and managerial implications are also discussed.

Keywords: *Affective Commitments, Core Self Evaluations, Nursing Role Stress, Perceived Organisational Support, Turnover Intentions.*

BACKGROUND OF THE STUDY

Private hospitals are emerging as major partner in Indian healthcare system. CII-McKinsey (2012) reported that within 2002-2012 70 percent of additional beds has been contributed by private sector. The cost of treatment in private hospitals is about 2.2 to 24.3 times higher than that of the government hospitals (NCMH, 2005). Several researchers have identified quality of care as a reason of people's preference towards private hospitals (Chirumle, 1997; Dilip & Duggal, 2004; Pinto & Udawadia, 2010). Quality care comes from health workforce, among whom nurses form a major group i.e. 38% Rao et al., 2008. There is a huge shortage of nurses, hence whenever an experienced nurse leaves it becomes difficult for the hospital to find a replacement immediately. Studies in several country including India suggest that high turnover of nurses create greater workload on remaining nurses which results in delay in patient service, patient complaint, and patient dissatisfaction (e.g., Texas Center for Nursing, 2006; Rajan, 2013).

Apart from hampering patient care nursing turnover is costly. Alexander et al., (1991) opined that hospital where nurse turnover is high suffers from poor fiscal health. Jones

(2004) found that the cost to replace a staff nurse amounts to 1.2 to 1.3 times the nurse's average salary.

Express Healthcare (May, 2010) reported in India attrition rate of nurses was in the range of 28-35% compared to 10.1% of average overall attrition rate in healthcare sector. Gill (2011), based on newspaper/journal reports, opined that attrition rate of nurses is highest among health personnel in India. Researchers found attrition of nurses is more in private hospitals than in government hospitals (e.g., Sharma & Kamra, 2009).

Fitzpatrick (2002) suggested that to resolve the problem of turnover one has to understand the causal mechanisms that lead to high turnover among service workers. Some nurses who resign, might not leave profession but may move from one healthcare organisation to another and the major problem of turnover can be reduced if factors influencing nursing turnover is properly investigated (Lephalala, 2006).

Several researchers (Mobley et al., 1979; Ajzen, 1988, 1991; Van Breukelen et al., 2004) stated behavioural intentions are the most significant predictor of actual behaviour, such as turnover. Krausz et al., (1995), Maertz and Campion (1998) advocated for analysing turnover intentions instead

of dealing with actual turnover since at the time of actual turnover managers are left with hardly any opportunity to retain the employee. Griffeth and Hom (2001) opined that understanding of process because of which employees leave voluntarily is important for building up an effective retention policy.

Carsten and Spector (1987) suggested there are important differences between countries, industries, class of employees etc. in regard to turnover of employees. India is culturally different from western countries (Agarwal, 1993; Gopalan & Rivera, 1997). Study has shown turnover model applied in a country may not be readily applicable to the other (Maertz et al., 2003).

To our knowledge hardly any study has been undertaken in Indian private hospitals to understand causal mechanisms that lead to turnover intentions of nurses. Hence, the study was undertaken to investigate the causal mechanisms which may help private hospital managers to devise effective retention policy.

Following research questions are raised in this regard:

1. What are the determinants of nurses' turnover intentions?
2. How the determinants of nurses' turnover intentions are related to it?
3. Are there any mediators that influence the relationship between determinants and turnover intentions?

REVIEW OF STUDIES

Predictors of Turnover Intentions of Nurses

Research on turnover intentions of nurses shows experience (Cameron et al., 1994), job scope and burnout (Krausz et al., 1995); management style (Leveck & Jones, 1996), lack of career advancement and routinisation (Davidson et al., 1997), leadership style (Boyle et al., 1999), workload, pay, unsupportive management, work stress (Strachota et al., 2003), high workload, lack of organisational support (Khowja et al., 2005), job satisfaction and organisational commitment (Mosadeghrad et al., 2008), organisational commitment (Omar et al., 2012), affective and normative commitment (Guntur et al., 2012), affective commitment and job satisfaction (Dasgupta, 2013) affect turnover intentions.

Age & Experience

Price and Mueller (1981a) contended age on its own does not cause turnover intentions of nurses. Instead less experience, dearth of knowledge to perform, less salary, routine work,

less opportunity to participate in decision making, less family responsibility, and similar things related to age of a person lead to turnover. Other researchers (e.g., Tachibana et al., 2010; Marom & Koslowsky, 2013) also expressed identical views.

Four generations work together in modern nursing work environment (Mensik, 2007; Weick, 2007). They are Veterans, born between 1925–1942, the Baby Boomers, born between 1943–1960, Generation X, born between 1961–1981, and the Millennial Generation (Gen-Y), born between 1982–2003, are all brought up in different socio-economic set up, each has developed own priorities. Carver and Candela (2008) suggested generational difference among nurses is important as each generation has its own values and priorities. This view gets support from Kelly Services (2012) and Erickson (2014).

In Indian private hospitals most of the nurses other than those in supervisory cadre belong to either Gen-X or Millennial generation (Dasgupta, 2014).

Attitude to work between Gen-X and Millennial generation has been found as different by Kelly Services (2012). Erickson (2014) described that X and Y generation's attitude to interview and recruitment is not identical. It is not known whether generational differences cast impact on turnover intentions of Indian nurses.

Gender

Studies revealed male in nursing suffer from greater role stress than female (Auster, 1979). London (1987) found male nurses move towards administrative and better paying jobs, not only due to economic reasons but due to inherent role stress. Soerlie et al., (1997) did a study at a gap of ten years on a set of male nurses, they found a significant part of nurses who initially showed interest to work as a nurse chose psychiatric nursing as it is consistent with traditional male role in a patriarchal society. Stott (2004) opined that traditionally nursing has been viewed as a predominantly female occupation, and attrition rate of male who has chosen nursing as a profession is high. Like other countries nursing is a female dominated profession in India. Many states don't even allow men to study nursing (The Times of India, 18th June 2013). It is not known whether gender affects turnover intentions of Indian nurses.

Education

Registered nurses working in private hospitals are either holder of General Nursing and Midwifery Diploma (GNM) or Graduate (BSc (Nursing)). Researchers contended in

India that graduate nurses are seen superior among nurses, and they view themselves trained for teaching or military nursing services and not for working as a common staff nurse in hospital (Nair & Healey, 2006). There is a gap in the research as no study has been made to find whether difference in qualification between GNM and BSc (Nursing) nurses influences their turnover intentions.

Core Self Evaluation

Apart from age, education and gender another individual factor that may affect turnover intentions is individual's disposition. Judge et al., (1997) described core self-evaluation (CSE) as premises one has about his self-worth, competence, and capabilities. CSE is conceptualised as a higher order construct composed of self-esteem, generalised self-efficacy, emotional stability, and locus of control (Chang et al., 2012) and represents one's disposition about self.

Harris et al., (2009) observed that CSE buffered the negative effects of social stressors and people with higher levels of CSE had lower turnover intentions even when facing social stressors. Cadiz (2010) in a sample of nurses, Chang et al., (2012) in their meta-analysis observed that CSE negatively influences turnover intentions. Impact of CSE on turnover intentions of Indian nurses has not been explored and gap prevails in the domain.

Regional Variation Among Indian Nurses

Indian nurses are predominantly inhabitants of Kerala and usually belong to poor and middle class families. One of their objectives of studying nursing is to go to foreign countries and raise standard of living of their family by sending remittance (Nair & Percot, 2007; Gill, 2009). Redding *et al.* (2012) viewed there is huge variety in sub-culture of different Asian regions though there is some commonality; even constitution of India has described spirit of the nation as "Unity in Diversity."

Though in private hospitals nurses from Kerala form a large part, there are nurses from other parts of India too. No such literature could be traced which spoke about attitude of other Indian nurses and their international migration. Thus, we need to find whether turnover intentions of nurses from Kerala differ from others.

Nursing Role Stress

Nursing is perceived as a stressful profession, Gray-Toft and Anderson (1981a, b) identified dealing with death and dying of patients, conflicting advice of physicians in regard to patients, lack of preparedness to deal with emotional

need of patients and family, lack of staff support, conflict with nurses and supervisors, workload, and uncertainty over treatment as major source of nursing role stress. Leiter and Maslach (1988) opined ambiguity and conflict are inherent in the role of nursing. Hemingway and Smith (1999) viewed high nursing turnover is associated with higher level of nursing stress. Gardner et al., (2007), Flinkman et al., (2008), Baernholdt and Mark (2009) described high nursing turnover as inadequacy of resource to render quality care due to high workload.

Peterson et al., (1995) studied the relationship between role stresses comprising role overload, role ambiguity and role conflict of middle level managers and national scores on power distance, individualism, uncertainty avoidance and masculinity in 21 countries including India. They found that role stresses varied more by country than by personal and organisational characteristics. Perrewe et al., (2002) found that the actual levels of role conflict, role ambiguity and burnout differ significantly among managers in nine countries.

Role stress which is a significant antecedent of turnover and turnover intentions vary on the basis of national culture. Burnout which also leads to turnover is affected by national culture. It is to be seen how role stress effect turnover intentions of Indian nurses.

Perceived Organisational Support

Perceived organisational support (POS) is defined as the extent to which employees perceive that their organisation values their contributions and cares about their well-being (Eisenberger et al., 1986). Perceived supervisor support is perceived as organisational support as they are considered as agent of the organisation (Eisenberger *et al.*, 1986; Rhoades et al., 2001). Chow et al., (2006) demonstrated a strong positive relationship between organisational support and empowerment; Butts et al., (2009) found formal attempts to increase empowerment may not achieve the intended effects without simultaneous attention given to informal organisational aspects (i.e., POS) that influence the employer-employee relationship and POS has significant moderating influence on empowerment.

POS including perceived empowerment has been found to be negatively related to nurses' turnover intentions (Lavoie-Tremblay et al., 2011; Etchison, 2012).

Studies revealed that nurses in different countries exhibit separate priorities in respect of different types of organisational support. Among the facets of nurses' satisfaction in Norway autonomy was ranked as third (Bjork et al., 2007). Curtis (2007) found nurses in Ireland ranked

autonomy as the main base of satisfaction whereas Li and Lambert (2008) have noted that Chinese nurses had no relation with autonomy. Miller et al., (2009) found nurses in Iran described role ambiguity, lack of recognition, non-availability of equipment, improper supply of medicines, and poor professional relationships as problems whereas problems for nurses of Hong Kong were unclear future development of nursing profession and conflict among health professionals.

Mediation by Affective Commitments

Cohen (1993) viewed that maximum attention has been given to the concept of organisational commitment due to its strong relationship with turnover. Rhoades *et al.*, (2001), Riley (2006), and Pare and Tremblay (2012) observed that affective commitment, the most dominant form of organisational commitment mediates in the relationship between POS with turnover intentions of different category of employees.

Riley (2006) found affective commitment mediates the relationship between work strain and work overload with turnover intentions of different category of employees engaged in healthcare delivery. It is to be seen how affective commitment mediates in the relationship between POS and nursing role stress of Indian nurses with their turnover intentions.

CSE significantly relates to turnover intentions of nurses (Cadiz, 2010). Several researches have indicated significant relationship between CSE and organisational commitment of nurses in both western and Asian culture (e.g. Cadiz, 2010; Chang et al., 2012; Zhou et al., 2014). Organisational commitment mediates in the relationship between CSE and burnout of nurses (Zhou et al., 2014). Affective commitment has strong effect on turnover intentions; its relationship with CSE is significant. Burnout is significantly related to turnover intentions, thus mediation effect of affective commitment in relationship between CSE and turnout intentions needs to be explored.

Though several literature shows the impact of job satisfaction on turnover intentions of nurses (e.g., Cavanaugh & Coffin, 1992; Laschinger et al., 2001; Hayes et al., 2006), Some researchers contend job satisfaction as a challenging outcome desired by managers and a broad construct for accurate predication (Deluga, 1995; Penner et al., 1997). Moreover, job satisfaction has been found as a predictor of affective commitment of nurses (Dasgupta, 2013). Hence, we did not take job satisfaction in the study as antecedent.

HYPOTHESES

Considering the review of studies, it is hypothesised:

- H1:** Turnover intentions of Gen-X nurses will be different from Gen-Y nurses.
- H2:** Turnover intentions of male nurses will be different from that of the female nurses.
- H3:** Turnover intentions of GNM nurses will be different from that of BSc nurses.
- H4:** Turnover intentions of nurses from Kerala will be different from that of other Indian states.
- H5:** Core self-evaluation (CSE) will have significant negative impact on turnover intentions of nurses.
- H6:** Nursing role stress (NRS) will have significant impact on turnover intentions of nurses.
- H7:** Perceived organisational support (POS) of nurses will have significant negative impact on their turnover intentions.
- H8:** Affective commitment of nurses will mediate in the relationship of their perceived organisational support with turnover intentions.
- H9:** Affective commitment of nurses will mediate in the relationship of nursing role stress with turnover intentions.
- H10:** Affective commitment of nurses will mediate in the relationship between core self-evaluation and turnover intentions.

METHODOLOGY

Initially a pilot study was conducted to determine adequacy of research instruments and assess the feasibility of a (full-scale) study. 175 nurses from three private hospitals in Kolkata participated. In the survey participants' names were not divulged. Permission was taken from authority of the respective hospitals. Detail about the instruments and their reliability is given in Table 1. Scales were adopted from work of the respective authors; original length was retained to see that the instrument conveys the exact meaning for which it was designed. To see that numerical variance of different questionnaire do not confuse respondents meaning of different value in scale was explained to them while handing over the questionnaires.

Once the final version of the survey instrument was developed the next step was to collect the research sample. Permission to conduct the survey was taken from five hospital authority, out of five one is a public limited company, one is a proprietary organisation, one belongs to trust owned by large industrial house, one owned by Hindu religious trust, and one belongs to minority religious trust. In all the five hospitals, researcher informed the staff nurses about purpose of the study and requested nurses not holding any

Table 1: Instruments & Reliability Analyses

Variables	Source	No. of Items	Scale Type	Nature of Response	Cronbach's Alpha
Perceived Organisational Support (POS)	Eisenberger et al., (1997)	8	7-point Likert Scale	Strongly Disagree (1) to Strongly Agree (7)	.847
Core Self-Evaluation (CSE)	Judge et al. (2003)	12	5-point Likert Scale	Strongly Disagree (1) to Strongly Agree (5)	.777
Nursing Role Stress (NRS)	Gray-Toft and Anderson (1981a)	34	4-point Scale	Never (0) Very Frequently (3)	.934
Affective Commitment (AC)	Meyer, Allen & Smith (1993)	6	7-point Likert Scale	Strongly Disagree (1) to Strongly Agree (7)	.799
Turnover intentions (TI)	Shore & Martin (1989), Simmon, Cochran & Blount (1997)	6	5-point Likert Scale	Strongly Disagree (1) Strongly Agree (5); Definitely will not leave (1) Definitely leave (5); Unlikely leave (1) Planning to leave (5); Prefer very much to continue here (1) Prefer very much not to work here (5); Very important to spend career in one place (1) Not important (5);	.818

supervisory position to participate in the unnamed survey voluntarily. Quota and convenience sampling mode was adopted i.e. researcher ensured one-fifth of the respondent were from casualty and critical care units, as work in these areas is considered stressful. The researcher also ensured that at least one-fifth of the nursing population of the respective hospital is covered in the survey. Researcher tried to ensure that half of the respondents were nurses from Kerala. Author found Gen-X nurses are minority among the nursing population as most of them have achieved the position of Shift-In-Charge. 535 nurses participated out of which 504 questionnaires were completely filled. Data were statistically treated using SPSS.16 program.

Demographic and background statistics of the respondent is shown in Table 2.

Descriptive statistics is given in Table 3.

Correlation matrix is shown in Table 4.

RESULTS

The correlation results provided support for the hypothesised directions. Although there were significant associations among many independent variables, the correlation coefficients were not high enough to raise concerns for multi-collinearity (as none of the correlations among the independent variables were above 0.90)(Myers, 1986).

Table 2: Demographic & Background Statistics of the Respondents

Profile Details	Hospital-A (N=84)	Hospital-B (N=100)	Hospital-C (N=101)	Hospital-D (N=102)	Hospital-E (N=117)	Total (N=504)
Age (in years):>30	76	98	90	82	71	417
30<	8	2	11	20	46	87
Education:- GNM	77	45	58	52	90	322
B.Sc.(Nursing)	7	55	43	50	27	182
Experience:->3years	66	80	70	72	76	324
<3years	18	20	31	30	41	180
Gender:-Male	8	16	18	5	12	59
Female	76	84	83	97	105	445

Table 3: Descriptive Statistics

Study Variables	N	Min	Max	Mean	SD
Age	504	20	58	26.69	7.09
Perceived organisational Support(POS)	504	1	7	4.85	1.19
Core Self Evaluation (CSE)	504	1.83	5	3.73	.536
Nursing Role Stress	504	0	2.79	.902	.474
Affective Commitments (AC)	504	1	7	5.01	1.19
Turnover Intentions (TI)	504	1	5	2.69	.887

Table 4: Correlation Analyses

Variables	1	2	3	4	5	6
1.Age	1					
2.TI	-.313**	1				
3.NRS	-.158**	.339**	1			
4.POS	.121**	-.342**	-.172**	1		
5.CSE	.170**	-.256**	-.114*	.268**	1	
6.AC	.311**	-.408**	-.216**	.624**	.374**	1

** Correlation is significant at 0.01 levels (2-tailed).

*Correlation is significant at 0.05 levels (2-tailed).

Since data were collected broadly from five different hospitals functioning under different management, differences on rating of variables were likely to exist. Hence, ANOVA test was performed to examine these differences. ANOVA gives a statistical test of whether the means of several groups are all equal, and therefore generalizable. Table 5 shows that *F* value was significant for turnover intentions. These mean differences are in expected lines since these organisations represented hospitals managed by different management, having different business process and challenges.

To examine the difference in attitude of Generation X (above 30) and Generation Y (below 30) nurses to their turnover intentions t-test was conducted. t-test result (Table 6) indicated there is no significant difference in attitude between these two generation nurses on turnover intentions.

To examine the effect of experience we conducted t-test, researcher grouped the nurses with 3years and more experience in one group and less than 3 years as other, t-test result (Table 7) showed no significant difference in turnover intentions.

Table 5: ANOVA Comparing Five Hospitals on Turnover Intentions

Study Variables	Hospital -A (N=83)		Hospital-B (N=100)		Hospital-C (N=101)		Hospital-D (N=102)		Hospital-E (N=121)		F STAT
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
TI	2.9	.85	2.57	.74	2.35	.9	2.48	1.02	2.02	.86	4.81**
POS	4.79	1.38	4.59	1.08	4.53	1.04	4.98	1.11	5.15	1.25	5.61**
CSE	4.1	.36	3.75	.55	3.4	.48	3.59	.57	3.74	.48	21.22
NRS	.75	.33	.81	.38	0.94	.39	1.16	.65	0.71	.37	18.93
AC	5.1	.17	4.59	1.16	4.37	1.05	4.79	1.24	5.14	1.27	10.6

Table 6: t-test Statistics of Age group on Turnover Intentions

Variable	AGE	N	Mean	SD	t
Turnover Intentions	<30	411	2.81	.73	-7.15
	>30	93	2.14	.66	

Table 7: t test Statistics of Experience on Turnover Intentions

Variable	Experience	N	Mean	SD	t test
Turnover Intentions	<3Years	325	2.86	0.72	4.97
	>3 Years	179	2.44	0.85	

To examine the difference in turnover intentions between female and male nurses, t-test was undertaken. The result indicated no significant difference in turnover intentions between female and male nurses (Table 8).

Table 8: t test Statistics of Gender on Turnover Intentions

Variable	Gender	N	Mean	SD	t test
Turnover Intentions	Female	445	2.7	0.76	0.66
	Male	59	2.6	1.02	

To test the difference in turnover intentions between GNM and graduate nurses, researcher undertook t-test. The result indicated no significant difference in turnover intentions based on qualification (Table 9).

Table 9: t-test Statistics of Qualification on Turnover Intentions

Variable	Qualification	N	Mean	SD	t Test
Turnover Intentions	GNM	322	2.65	0.79	1.49
	BSC (Nursing)	182	2.77	0.75	

Comparison has been made in regard to turnover intentions of nurses from Kerala with other states by t-test. Result indicated significant variance (Table 10).

Table 10: t-test Statistics of Regional Variation in Nurses on Turnover Intentions

Variables	Region	N	Mean	SD	T Test
Turnover Intentions	Kerala	237	2.77	.77	-1.95*
	Others	266	2.62	.79	

*p<.05

To analyse the relationship between antecedents and turnover intentions regression was conducted. Result of the regression analysis (Table 11) and data analysis are given below.

H5: Core self-evaluation was regressed on turnover intentions. R square indicates CSE explain 6 percent variance in TI, subsequently adjusted R square shows that there is a degree of fitness in regression model. The F-test result is 35.371 with a significance of .000. This means that the probability of these results occurring by chance was less than 0.0005 and regression equation is significant at 99% level of confidence. Therefore a moderate relationship prevails between the variables. Beta value is -.256 which indicates there is negative relationship in the model.

H6: Nursing role stress was regressed on turnover intentions. R square indicates NRS explaining 11 percent variance in TI; adjusted R square shows there is a degree of fitness in regression model. The F-test result is 65.441 with a significance of .000. This means the probability of occurrence of these results by chance was less than 0.0005 and regression equation is significant at 99 percent level of confidence. These indicate a moderate relationship between the variables. Beta value is 0.339 shows positive relationship.

H7: Perceived organisational support was regressed on turnover intentions; R square indicates POS explains 11 percent variance in TI, subsequently adjusted R square shows there is a degree of fitness in regression model. The F-test result is 66.59 with a significance of .000. This means that the probability of these results occurring by chance was less than 0.0005 and regression equation is significant at 99% level of confidence. Therefore, a moderate relationship is present between variables. Beta value is -.342 which indicates there is negative relationship in the model.

Table 11: Regression Analysis

Hypotheses	Ind.	Dep.	R Sq	Adj. R Sq.	F Test	Sig.	t Value	B Value	Beta
H5	CSE	TI	.066	.064	35.371	.000	-5.947	-.424	-.256
H6	NRS	TI	.115	.113	65.441	.000	8.090	.635	.339
H7	POS	TI	.117	.115	66.59	.000	-8.16	-.253	-.342

In order to test the effect of mediating variables researcher followed the steps recommended by Baron and Kenny (1986). Baron and Kenny (1986) outlined the following four conditions that must be met to establish mediation.

First, the independent variable must affect significantly the mediator in first equation;

Second, the independent variable must affect significantly the dependent variable in second equation;

Third, the mediator must affect significantly the dependent variable in the third equation;

Fourth, if these conditions hold in the predicted direction, than the effect of the independent variable on dependent variable must be less in third equation than in second. Perfect mediation holds if independent variable holds no effect when the mediator is controlled.

Results of the mediation analysis and analysis are given in Table 12.

To examine the relationship between POS and AC, POS was regressed on AC, Since R square = .389, the values of POS explain 38 % variation in AC. Subsequently adjusted R square = .388, both indicates there is a degree of goodness of fit of the regression model. B value = .624 SE= .035 and Beta= .624 . This signifies that POS is related to AC.

To examine the relationship between NRS and AC, a regression equation was calculated. Given the hypothesis, NRS was regressed on AC. Since R square = .047, the values of NRS explain 4% variation in AC. Subsequently adjusted R square = .045, both indicate there is a degree of goodness of fit of the regression model. B value = .546 SE= .110 and Beta= .216. This signifies that NRS is negatively related to AC.

To examine the relationship between CSE and AC, a regression equation was calculated. Given the hypothesis, CSE was regressed on AC. Since R square = .140, the values of CSE explain 14% variation in AC. Subsequently adjusted R square = .138, both indicate there is a degree of goodness of fit of the regression model. B value = .835, SE= .092 and Beta= .374. This signifies that CSE is related to AC.

To examine the relationship between AC and TI, AC was regressed on TI. Since R square = .166 the values of AC explain 16 % variation in TI. Subsequently adjusted R square = .164, both indicates there is a degree of goodness of fit of the regression model. B value = -.302, SE= .030, and Beta= -.408. This signifies that AC is related to TI.

To find out the mediating effect of AC, turnover intentions were regressed simultaneously on POS and AC; NRS and AC; and CSE and AC. The strength of relationship between POS and turnover intentions, NRS and turnover intentions, and CSE and turnover intentions became less significant whereas the relationship between AC and turnover intentions remained significant. Hence, all four conditions of Baron and Kenny (1986) were met.

Sobel test was conducted to test if the mediation hypothesis of POS and AC on TI is significant as it examines whether the product of the un-standardised regression coefficients of the regression analysis of antecedent and mediator on dependent variable is significant. According to the results of the Sobel test (Z-value = -8.81, $p < .001$) indicates significance of the mediation. Hypotheses 8 stands accepted.

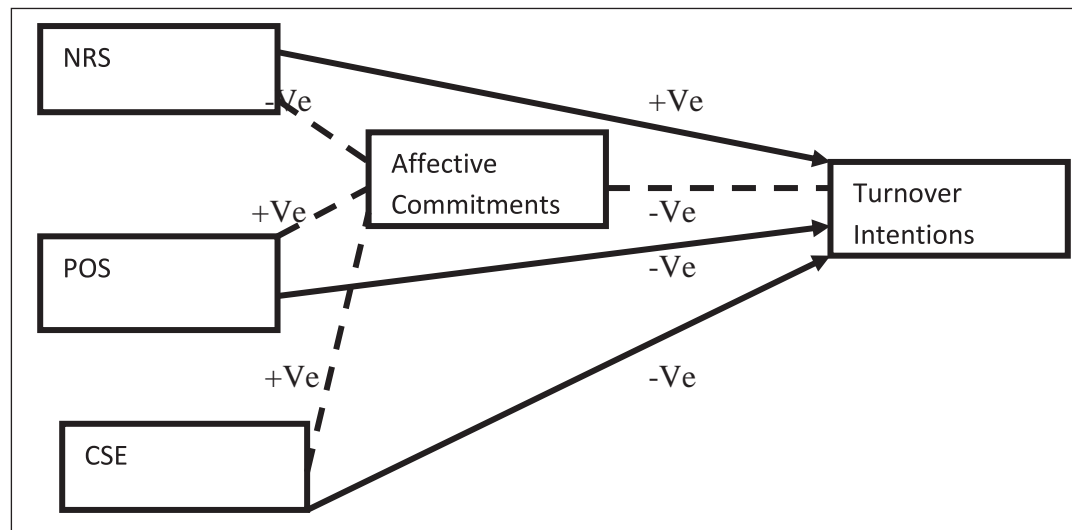
According to the results of the Sobel test (Z-value = 4.52, $p < .001$) indicates significance of the mediation. Hypotheses 9 is found conclusive.

Table 12: Mediation Effect of Affective Commitment

DV	IV	B	SEB	Beta	t	Adj. R2	Sobel Test
TI	NRS	.113	.014	.341	8.090**	.115	4.52**
AC	NRS	.546	.110	.216	-4.960**	.045	
TI	NRS	.494	.075	.264	6.582	.229	
	AC	-.260	.030	-.350	-8.747**		
TI	POS	-.191	.023	-.343	-8.16**	.116	-8.81**
AC	POS	.624	.035	.624	17.897**	.388	
TI	POS	-.107	.038	-.144	-2.778	.175	
	AC	-.235	.038	-.318	-6.138**		
TI	CSE	-.212	.036	-.256	-5.947**	.064	-6.73**
AC	CSE	.835	.092	.374	9.037**	.138	
TI	CSE	-.200	.072	-.121	-2.767	.175	
	AC	-.268	.032	-.362	-8.304**		

** $p < .001$

Fig. 1: Relationship Diagram



According to the results of the Sobel test (Z -value = -6.73, $p < .001$) indicates significance of mediation. Hypothesis 10 can be confirmed.

Based on the statistical analysis following hypothesis has been established:

- H4:** Turnover intentions of nurses from Kerala will be different from that of other Indian states.
- H5:** Core self-evaluation (CSE) will have negative significant impact on turnover intentions of nurses.
- H6:** Nursing role stress (NRS) will have significant impact on turnover intentions of nurses.
- H7:** Perceived organisational support of nurses will have significant negative impact on their turnover intentions.
- H8:** Affective commitment will mediate in the relationship of perceived organisational support with turnover intentions of nurses.
- H9:** Affective commitment will mediate in the relationship of nursing role stress with turnover intentions of nurses.
- H10:** Affective commitment will mediate in the relationship between core self-evaluation and turnover intentions of nurses.

Hypothesis on effect of generation (H1), gender (H2), and qualification (H3) on turnover intentions of nurses could not be proved as significant influence could not be determined.

The relationship is diagrammatically represented as Fig.1.

Strength of relationship between independent variables and turnover intentions and altered strength due to mediating effect of affective commitments is given in Fig. 2.

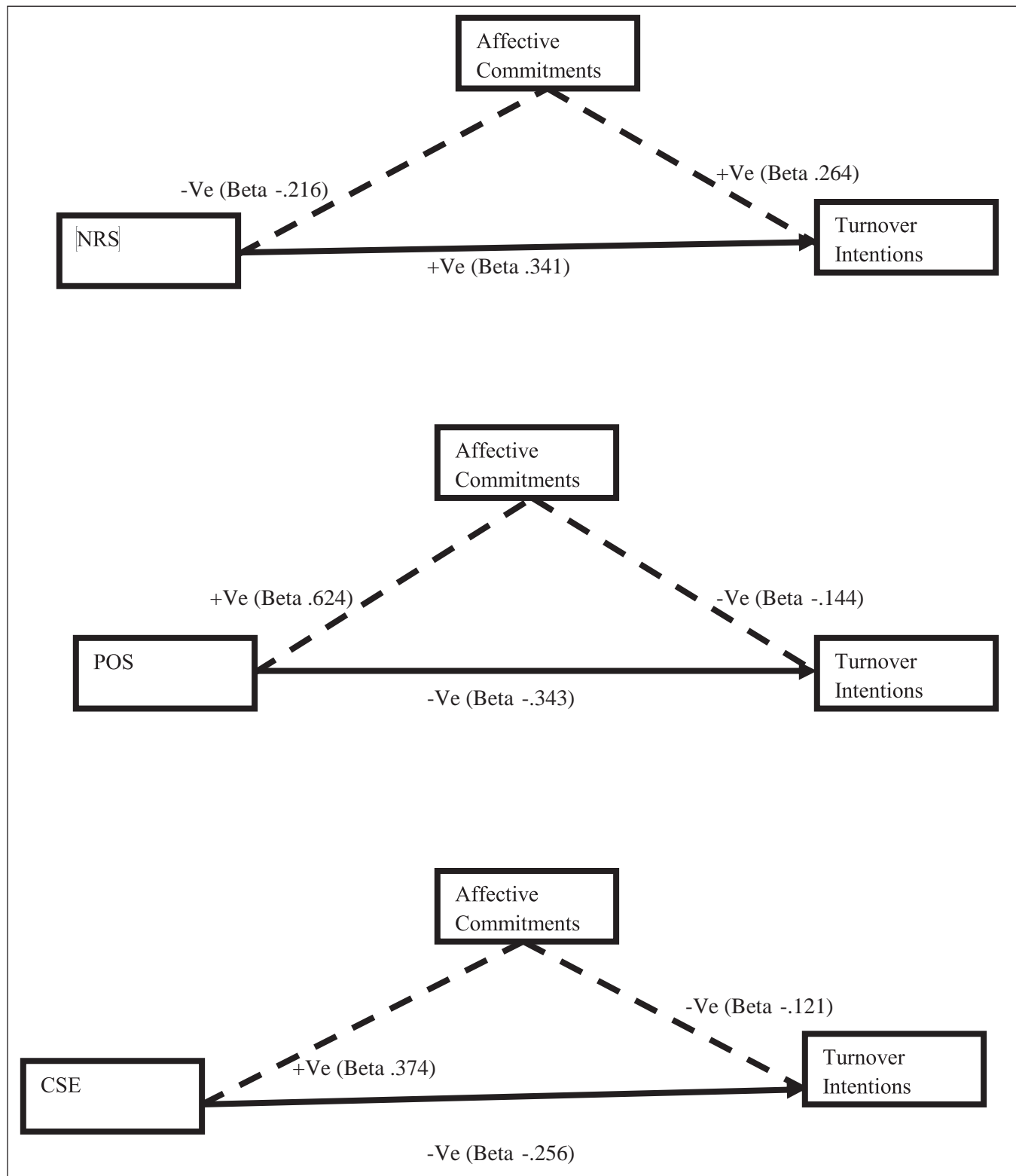
The arrows in the figure represent direct negative relationship between perceived organisational supports (POS) and core self-evaluation (CSE) with turnover intentions (TI) and positive relationship between nursing role stress (NRS) with turnover intentions. The mediating effect of affective commitment has been shown in the dotted line.

Theoretical Contribution

The study contributes following to the existing literature:

1. A comprehensive model on turnover intentions of nurses in Indian context has been created. The study has demonstrated how job demand factors like nursing role stress, organisational factors like organisational support including supervisory support and empowerment; individual factors like age and dispositional influence like core self-evaluation impact nurses' turnover intentions and how affective commitment mediates the effect of these antecedents.
2. Use of higher order trait core self-evaluation as antecedent of turnover intentions is an addition to the literature on Indian nurses. Moreover, significant mediation effect of affective commitment on relation between CSE and turnover intentions of nurses is new to the literature.
3. Another significant contribution of the study lies in its findings that generational difference on its own has no impact on turnover intentions of staff nurses.
4. This research found no difference in turnover intentions of both diploma and degree holder nurses. This is a significant finding as existing literature says that BSc Nurses in India consider themselves suitable to work in academic set up or in army hospitals and not in general hospitals.

Fig. 2: Strength of the Relationships Altered due to Mediation



5. Following the work of several researchers turnover intentions among nurses from Kerala and other Indian nurses have been assessed. Aforesaid researchers have suggested that nurses from Kerala usually take

up jobs in reputed hospitals of Indian metros and look for opportunity abroad. It has been found that the attitude towards turnover intentions is different from other Indian nurses. This is a significant finding as to

our knowledge no study has found this distinction in attitude between nurses from Kerala with nurses of other Indian states.

- Another notable strength of the current study is that nurses were chosen from several hospitals with different culture and value system. Data was collected from hospitals owned by majority/minority religious group, trusts backed by industrial houses and corporate hospitals. These data have provided a comprehensive picture of antecedents of nurses' turnover intentions working in private hospitals. Given that the participants were from different type of private hospitals, demographic background and data from different areas of patient care has made results of this study more generalisable.

Managerial Implications

The study is useful for healthcare managers due to several reasons:

- The study has identified affective commitment as a significant mediator between the antecedents and turnover intentions of nurses. Nursing is considered as a stressful profession which not only ignites their turnover intentions but also results in poor patient care. Affective commitment fully mediates the effect of nursing role stress on their turnover intentions. Healthcare managers may work to develop affective commitment of nurses.
- The findings that affective commitment mediates between individual traits and turnover intentions may prompt healthcare managers to devise further means to develop affective commitment of nurses.
- CSE has bearing on performance of employees. Managers at the time of recruitment may conduct tests to examine the trait of core self-evaluation as persons possessing these trait deal with adversity well and display maturity. Though it may not always be possible considering the gap in demand-supply of nurses. However, developmental programs may be designed to develop this trait in nurses.
- Perceived organisational support is a significant predictor of affective commitments and negatively impacts turnover intentions. Based on literature review we have considered feeling of being empowered as well as support of nurse managers as part of perceived organisational support. Study in the context of Indian nurses revealed that accommodation problem is also an important cause of nurse turnover (Rajan & Chandrasekaran, 2013). The concept of organisational support need an extension for Indian nurses as most of them comes to metros from different part of the state or

other states and depends on organisation for their basic needs like other migrant workers.

LIMITATIONS AND FUTURE RESEARCH

Our study offers a number of avenues for future research:

Large sample from private hospitals in different metros can be taken to develop generalisability to the results.

In terms of the gender representation, the sample for this study consists of only 10% male. Universally nursing is a female dominated profession and in some state male is not allowed to study nursing. Larger sample involving more male participants may help researchers to ensure greater accuracy and generalisability of the results.

An important point that has emerged in the study is difference in perception about turnover intent among nurses from Kerala and other regional background. Detailed comparative study on causal effect of different antecedents to intent to leave of nurses from Kerala with nurses from other Indian states may lead to an interesting revelation.

Gray-Toft and Anderson (1981a, b) identified death and dying of patients, conflict with physician, inadequate preparation, and lack of staff support, conflict with other nurses and supervisors, workload and uncertainty concerning treatment as main stressors that comprise nurses' role stress. Future study may take each of these factors separately and ascertain their effect on nurses' turnover intentions so that more detailed findings may arise.

The study sample include hospitals which are located in Kolkata only, though care has been taken to include all major Indian linguistic group engaged in the occupation of nursing. This restricts the generalisability of the findings to other parts of India. Future studies may go for fairer representation of these sectors.

Longitudinal studies may help to determine the causal direction of relationships and make the results more useful to practitioners.

CONCLUSION

This study has created an integrated model of turnover intentions of nurses. The results showed that inadequate organisational and supervisory support, unpleasant work environment, and lower level of core self-evaluation significantly affect turnover intentions and affective commitment fully mediates in the process. HR and other line managers of hospitals need to look into these aspects to retain qualified and experienced nursing work force.

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