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Attitudinal variables predicting intent to quit among Pacific healthcare workers

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Abstract

Staff turnover is of particular concern for organizations that deliver health-care to minority populations who have poor health, and who are likely to experience better health outcomes when health-care is delivered by same-ethnicity workers. Pacific people in New Zealand experience inferior health outcomes. In this research we investigated intent to quit (as a precursor of turnover) among Pacific healthcare workers in Auckland, New Zealand ($N = 104$). We compared the relative importance of people's fit to their job (PJ fit) and organization (PO fit) in predicting intention to quit. PO fit was the more important predictor, with a mediated path via organizational commitment. We highlight directions for future research and discuss practical implications.

Keywords: health-care, intent to quit, Pacific, turnover, person–organization fit

Staff retention is a key issue in health-care (Van den Heede et al. 2007), with a chronic shortage of qualified healthcare workers in many developed and developing countries, and high rates of strain and turnover (Henderson and Tulloch 2008; Lee and Akhtar 2007; World Health Organization 2006). While the World Health Organization has a goal of health for all, there are significant barriers to health-care for minority populations, including language and cultural barriers (McLaughlin and Braun 1998; Tregunno et al. 2009; Vydellingum 2006). It is unsurprising, then, that patients show better health outcomes when their care is provided by workers from a similar ethnic or cultural background, which removes some of these barriers (Counties Manukau District Health Board 2009; Jansen and Sorensen 2002; Lewin and Rice 1994; Scharf and Kreuter 2000). This evidence suggests that the retention of healthcare workers that reflect the local population is likely to lead to the best health outcomes for that population.

In this study, we examine psychological variables associated with intentions of leaving for Pacific healthcare workers in the Auckland region of Aotearoa/New Zealand. Pacific people have a high rate of illness, and may experience better health outcomes when their health-care is delivered by Pacific workers. Hence the underlying practical interest of our research is how we can better retain Pacific healthcare workers. We investigate this issue through the theory of person–environment fit, and more particularly Schneider’s (1987) attraction-selection-attrition model. The resulting research presented here is novel in two respects. First, to our knowledge, no other study investigates the work experiences of Pacific healthcare workers. Additionally, this study is the first to concurrently look at the full array of relationships between the psychological variables under scrutiny: person–job fit, person–organization fit, job satisfaction, and organizational commitment with intent to quit the organization, providing a clearer understanding of how these psychological variables are interrelated.

In the next section of this paper, we provide the context for this research, in terms of the health issues facing Pacific people in New Zealand. We then discuss previous turnover research, particularly in relation to healthcare workers, and present person–environment fit theory as a useful means for understanding why employees stay or leave organizations. This leads to our two research questions which aim to explore the mediated relationships between person–job fit, person–organisation fit, job satisfaction and organizational commitment with intent to quit the organization. Following a description of our research design, observed variable path analysis is used to depict the relationships among these variables. We discuss our findings, and suggest future research directions as well as practical implications, the latter focusing on how an understanding of person–environment fit may be used to increase employee retention.

Pacific peoples in New Zealand

This study was conducted in Auckland, New Zealand, where Pacific people (residents with a Pacific Islands heritage) experience poorer health outcomes relative to other groups. Pacific people are usually first or second generation immigrants (Statistics New Zealand 2006; Sundborn et al. 2006), drawn to New Zealand for improved economic opportunities. Pacific people come from more than 12 Pacific Island nations with over 40 distinct languages, although in New Zealand, most Pacific people have Cook Islands, Fijian, Niuean, Samoan, Tongan and Tokelauan ethnicities. Yet there are some underlying cultural commonalities, in particular a collective orientation that emphasizes the family and other groups (e.g. church) over individual needs (Macpherson, Spoonley and Anae 2001; McLaughlin and Braun 1998).

The 2006 New Zealand census recorded 265 974 Pacific people, comprising 6.9% of the total population. This number is expected to approximately double by 2026 (Statistics New Zealand 2006). Pacific peoples exhibit higher rates of chronic diseases (e.g. diabetes) than most other ethnic groups, with these diseases recognized as leading causes of disability and premature mortality (Ministry of Health 2004). In line with this, life expectancy of Pacific people is well below national averages (6.5 years less for Pacific males and 5.5 years less for Pacific females; Ministry of Health 2004; Statistics New Zealand 2006). It is clear that Pacific people have relatively high health needs in relation to other New Zealanders (Wright and Hornblow 2008), and that providing health-care that meets their specific cultural needs can help (Scharff and Kreuter 2000). For

example, a collaborative effort among health, church, and community organizations to promote meningococcal vaccination for Pacific children reduced disease incidence over two years to one-tenth of its previous rate (Wright and Hornblow 2008). Pacific healthcare workers are a fundamental part of ensuring culturally appropriate healthcare provision, and hence the importance of retaining them.

Turnover research with healthcare workers

There is a considerable body of research identifying factors that predict healthcare worker turnover. Many studies focus on sociodemographic factors, showing that these predict turnover, although with less precision for some minority groups (cf. Becton et al. 2009). However, it is psychological variables that appear to be the stronger predictors (Alexander et al. 1998; Parasuraman 1986; Zangaro and Soeken 2007). Such research draws on attitudinal approaches to turnover, which show that job satisfaction and withdrawal cognitions are important precursors of turnover (Hom and Griffeth 1991; Hom and Kinicki 2001 [the only Hom ref in the list of refs is Hom, Caranikas-Walker, Prussia and Griffeth 1992; please provide full biblio details on these two refs]).

Moreover, psychological variables are generally more changeable than sociodemographic factors (e.g. compare task identity versus marriage). Therefore, they afford more opportunity for intervention. Yet there is variability in how much an organization may legitimately influence psychological variables. For example, previous research with healthcare workers has identified job satisfaction and organizational commitment as important predictors of both intention to quit and actual turnover (Alexander et al. 1998; Becton et al. 2009). Job satisfaction includes aspects such as workload and autonomy, which may be constrained by organizational policies, legal requirements and financial limitations. Thus, while job satisfaction and organizational commitment predict intent to quit and turnover, it is useful to identify precursors of these that may provide a basis for intervention, hence our focus on person–environment fit.

Person–environment fit

Person–environment fit refers to the compatibility between the individual and a referent other (e.g. their employing organization) when ‘(a) at least one provides what the other needs (*complementary fit*), or (b) they share fundamental characteristics (*supplementary fit*), or (c) both’ (Kristof 1996, 45, italics added). Various referents of fit have been investigated relative to the individual. Here, we focus on the two most commonly investigated types of fit, person–job (PJ) and person–organization (PO) fit (Kristof-Brown, Zimmerman and Johnson 2005), and conceptualize fit as including both complementary and supplementary dimensions.

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According to Schneider’s (1987) attraction-selection-attrition (ASA) model, an individual is attracted to environments (e.g. organizations) with similar values to their own; there is mutual selection by the individual and people already in the environment; and, if fit deteriorates, the individual leaves. In a subsequent clarification of the ASA model, Schneider, Goldstein and Smith (1995)

proposed a mediational model in which 'fit yields satisfaction and commitment, that these in turn yield retention and, by implication, those who do not fit will leave' (758).

Recent research has confirmed job satisfaction and organizational commitment as mediating the relationship between PO fit and intent to quit (Westerman and Cyr 2004), between PO fit and turnover (Arthur et al. 2006), and between PJ fit and intent to turnover (Wheeler et al. 2007). However, this [is 'our research' better? 'this' could be read to refer to the sources you have just cited] research is novel in simultaneously investigating the relationships of PJ fit and PO fit with these work attitudes. On the one hand, each fit construct may be most strongly related with constructs having the same referent (Shore and Martin 1989), that is, PJ fit with job satisfaction and PO fit with organizational commitment. There is some – yet relatively weak – evidence for this from meta-analysis (Kristof-Brown, Zimmerman and Johnson 2005), and single studies (Cooper-Thomas, Van Vianen and Anderson 2004; Saks and Ashforth 2002). On the other hand, given that Pacific people are collectively oriented (Macpherson, Spoonley and Anae 2001), they may prioritize PO fit over PJ fit, and also organizational commitment over job satisfaction, with these collectively referenced constructs showing stronger relationships with intent to quit in a mediated model.

Research question 1: Is PJ fit or PO fit the more important predictor of (a) job satisfaction and (b) organizational commitment?

Research question 2: Which mediated path is the strongest predictor of intent to quit?

Method

Participants

The majority of Pacific people in New Zealand are located within the three district health boards of the greater Auckland region (67%; Statistics New Zealand, 2006). Hence, we selected Pacific healthcare workers employed within the regions of these health boards as our sample. Although it is difficult to establish an exact number of Pacific healthcare employees across these three health board regions, we estimated this at 1037 at the time of the research (personal communication with health organizations 2008). These employees work in various health-related roles, including nurses (general practice clinic nurses, well child nurses, immunisation nurses, and hospital nurses), doctors (general practitioners), community health workers, community support workers, youth workers, administrators, managers, and general managers. We collected data from 104 participants, representing a 10% response rate. Data from five respondents were eliminated due to substantial missing values. Most participants were female (70.2%), with a median age bracket of 41 to 45, and in full-time employment (82.8%). The majority identified themselves as Samoan (51.1%), followed by Tongan (18.5%) and Cook Island Maori (13.0%). We did not collect role information both to ensure the anonymity of respondents to us, and so that employee concerns about anonymity did not adversely impact the response rate.

Procedure

Following appropriate ethics consent processes, surveys were distributed to senior and middle managers, and team leaders, at the respective organizations/departments where there were Pacific healthcare employees. These employees were identified by the second

author's extensive Pacific contacts within these three health boards, and further referral from these contacts. Participant information sheets were provided with the survey, along with a reply paid envelope.

Measures

PJ and PO fit perceptions. Saks and Ashforth's (2002) PJ and PO fit scales were used. Each scale comprises 4 items covering complementary and supplementary fit. Sample items are, for PJ fit 'Is the job a good match for you?', and for PO fit 'Are the values of the organization similar to your own values?'. Responses were on a 5-point Likert scale, from 'to a very little extent' (1) through to 'to a very large extent' (5). The Cronbach alphas for this scale were 0.92 and 0.93 respectively.

Job satisfaction. Job satisfaction was measured using one item from Cammann et al.'s (1983) research, 'All in all, I am satisfied with my job'. Previous comparative research has shown that a global rating of overall job satisfaction is more inclusive than facet measures, and that it is reliable (Scarpello and Campbell 1983; see also Highhouse and Becker 1993; and Ironson et al. 1989). The question was scored from 'very dissatisfied' (1) to 'very satisfied' (5). Wanous, Reichers and Hudy (1997) estimate a minimum reliability of approximately 0.70 for a single global item measuring job satisfaction.

Organizational commitment. Organizational commitment was measured with the Organizational Commitment Questionnaire (OCQ) scale short form (Mowday, Steers and Porter 1979). A sample item is 'I am willing to put a great deal of effort beyond that normally expected in order to help this organization be successful'. Responses were on a 7-point Likert scale from 'strongly disagree' (1) to 'strongly agree' (7). The Cronbach alpha for this scale was 0.96.

Intent to quit. We investigated intent to quit rather than actual turnover. Intent to quit is not equivalent to measuring turnover, although meta-analytically derived correlations of these variables consistently show moderate to strong correlations ranging from 0.36 (Hom et al. 1992) to 0.65 (Tett and Meyer 1993). We note also that other factors may precipitate turnover other than intent to quit, such as critical events (Kammeyer-Mueller et al. 2005) or shocks (Morrell and Arnold 2007). Such research is useful in understanding the variety and unanticipated nature of events leading to turnover, but this approach is unsuitable for a quantitative, predictive research design. Hence, we chose to measure intent to quit because 1) intent to quit is the best predictor of actual turnover (Boxall, Macky and Rasmussen 2003; Griffeth, Hom and Gaertner 2000; Parasuraman 1986), 2) intent to quit shows greater variability across people than turnover (Chenet al. in press [update if possible]), 3) our research is cross-sectional, and 4) intent to quit can be altered to retain employees.

Our focus was on intention of leaving the organization rather than the job, in keeping with Schneider, Goldstein and Smith (1995, 764–5) 'people leave whole organizations, not just jobs'. Hence intent to quit was measured using a single item from Colarelli (1984): 'I intend to keep working in this organization for at least the next 3 years'. In line with the arguments above for job satisfaction, since intending to leave or quit an organization is a narrow and unambiguous concept, we used a single item

(Wanous, Reichers and Hudy 1997). Responses were on a 7-point Likert scale, from 'strongly disagree' (1) to 'strongly agree' (7).

Results

Table 1 shows the means, standard deviations, and intercorrelations of the variables in this research. The means show that respondents tended to hold positive perceptions in terms of PJ fit, PO fit, job satisfaction, organizational commitment, and intent to quit. There are positive correlations among the variables relevant to the research questions (negative for intent to quit), and while these are strong, there is no evidence of multicollinearity.

Insert Table 1 about here

In order to parsimoniously analyze the data including the multiple mediating paths, we conducted an observed variable path analysis using Amos 7.0. While the sample size of 99 is small, it meets the criterion of being at least two times greater than the estimated parameters (N of 99 \geq 17 parameters to be estimated; Nevitt and Hancock 2004). The principal problem of small sample sizes is lack of power, and hence lack of fit. This was not a problem in the present study (see below). However, to provide more certainty, we also obtained bias-corrected bootstrap confidence intervals which are the best method for detecting a true mediation effect (Cheung and Lau 2008; Hayes 2009). Cheung and Lau suggest that this procedure may be used for samples as small as 100 as long as the effect sizes (path coefficients) are medium (0.39) to large (0.59), as was the case for most paths in our model. Finally, we confirmed our results using multiple regression, as expected given that both methods are based on the general linear model (GLM; Graham 2008).

The model resulting from Amos is shown in Figure 1, and attained an acceptable level of fit, with $\chi^2(3, N = 99) = 3.70, p = 0.30$, root mean square error of approximation (RMSEA) = 0.05, normed fit index (NFI) = 0.99, comparative fit index (CFI) = 0.99, and Tucker Lewis index (TLI) = 0.99. All these fit indices meet standards for good model fit (Hu and Bentler 1999). Note that CFI (Hu and Bentler) and TLI (Marsh, Balla and McDonald 1988) are appropriate for use with smaller sample sizes.

Insert Figure 1 about here

The paths from PJ fit and PO fit to job satisfaction are similar in size ($\beta = 0.46, p < 0.01$ versus $\beta = 0.42, p < 0.01$). However, PO fit is more strongly related to organizational commitment than PJ fit ($\beta = 0.75, p < 0.01$ versus $\beta = 0.05, ns$). For these respondents, PJ fit and PO fit predict job satisfaction, but only PO fit predicts organizational commitment.

Organizational commitment is more strongly negatively related to intent to quit than job satisfaction ($\beta = -0.57, p < 0.01$ versus $\beta = -0.19, p < 0.05$). Supporting this further, the bootstrap confidence interval for the job satisfaction – intent to quit path just includes zero and is non-significant. This confirms that the strongest path is from PO fit predicting organizational commitment, in turn predicting intent to quit.

As a further check on mediation, we added direct paths in the model from PJ fit and PO fit respectively to intent to quit. These additional paths were small and non-significant (PJ fit to intent to quit $\beta = -0.06$ and PO fit to intent to quit $\beta = 0.03$). We used nested models to compare this modified model against the original model (Figure 1), and this made no significant difference to model fit ($\Delta\chi^2(2, N = 99) = 0.24, p = 0.89$) providing further evidence for full mediation.

Discussion

Our study is the first to concurrently look at job satisfaction and organizational commitment mediating the relationships of PJ fit and PO fit with intent to quit the organization. The main contribution is providing further information on how PJ and PO fit are related to attrition. Schneider (1987) proposed that people who do not fit the organization are more likely to leave it. In line with Schneider's proposition (Schneider, 1987; Schneider, Goldstein and Smith 1995), this research shows that it is PO fit, rather than PJ fit, which is more strongly related to intent to quit the organization, and also to the attitudes that mediate the associations of PJ and PO fit with leaving intentions. This adds to recent research considering the mediated path of PO fit – job satisfaction – intent to quit (Wheeler et al. 2007), and confirms the importance of considering the interrelationships of these variables concurrently (Jansen and Kristof-Brown 2006). It also concurs with recent research in New Zealand showing that the main reasons that people leave organizations relate to person–job and person–organization misfit (Boxall, Macky and Rasmussen 2003). Specifically, Boxall, Macky and Rasmussen (2003) found that the key motivators for turnover included job-related issues such as work not being interesting, and wanting better training opportunities, and also broader organizational issues, such as the lack of work–life balance options, difficult relationships with colleagues, and management not recognizing merit.

An additional contribution of this research is the pattern of relationships of PJ fit and PO fit with job satisfaction and organizational commitment. On the basis of having the same referent, that is the job, it would be expected that job satisfaction would be associated more strongly with PJ fit (Shore and Martin 1989). Yet PO fit showed an almost equal sized relationship with job satisfaction as for PJ fit (β s = 0.43 and 0.45 respectively). Thus, global assessments of job satisfaction are influenced by broader facets of one's fit with the workplace beyond the job. In contrast, PJ fit had no relationship with organizational commitment when PO fit was also considered (β s = 0.04 and 0.76 respectively). It seems, therefore, that the same-referent explanation does not necessarily hold (Shore and Martin 1989). Instead, it seems that PO fit is more important than PJ fit for these employees. [here you have ' β s' in italic, whereas elsewhere, it is not in italic. Which presentation is correct/best? Please make all mentions of β / β consistent.]

A third contribution is that this research provides further support for PJ fit and PO fit as distinct constructs (Cable and DeRue 2002 [not in list of refs; pls supply full biblio details]). Although fit constructs partially overlap (Jansen and Kristof-Brown 2006), they have distinct relationships with other psychological constructs. Hence, we suggest that researchers should normally include at least two types of fit in their research to provide a more accurate picture of relationships with other constructs of interest (see also Jansen and Kristof-Brown 2006).

Strengths, limitations and future research

Our research was cross-sectional and therefore shows only relationships rather than causality. The relationships found here are in line with previous fit research (Schneider, Goldstein and Smith 1995; Westerman and Cyr 2004; Wheeler et al. 2007). Nevertheless, we reiterate Nevitt and Hancock's (2004, 470) caution that 'while global data-model fit may be adequately assessed at small sample sizes, it remains to be seen how well individual model parameters can be estimated at such reduced sample size conditions'.

Our low response rate of approximately 10% was disappointing, and we attribute this to our use of survey research which may not have been familiar or comfortable for Pacific people. While survey piloting did not show any problems, research protocols for Pacific people in New Zealand suggest face-to-face data collection might have gained a higher response rate (Health Research Council 2005). Newman (2009) proposes that low response rate may result in two main problems. First, the external validity of the research may be poor, in that the relationships found in the sample may over- or underestimate the actual relationships that exist in the population. Second, a low response rate may in turn yield a lack of power, and hence statistically significant results may not be obtained. In our research, we had sufficient power for the analyses conducted, addressing the second problem. For the first issue of external validity, there is no clear bias to our results, in that the relationships between variables are in line with previous research. However, additional research with a higher response rate could usefully address this issue of bias and ascertain whether the same relationships are obtained.

All our data are self-report, which may raise concerns regarding common method variance. However, self-report data is appropriate for investigating subjective perceptions of fit (Edwards and Cable 2009). Moreover, we designed the research to reduce the risk of common method variance by asking respondents for a large number of ratings (a total of 68 quantitative and 4 open-response items, only some of which are reported here), and including a variety of rating scales.

Our research was specifically on Pacific healthcare workers, and our results may not generalize beyond this sample. However, recent research on employees in Curacao (in the Dutch Antilles), a collective culture, found collective perceptions of fit to be more important than individual perceptions of fit in predicting intent to quit for employees (Van Vianen, De Pater and Van Dijk 2007). In the context of collective cultures, it would be interesting to investigate community fit within and beyond the work setting, such as fit with patients and other stakeholders (Mitchell et al. 2001). It is clear that more research is needed, including on those from individualistic cultures to see if the same relationships occur.

Practical implications

In most healthcare settings, the job and organization are likely to remain relatively constant. Therefore, it is useful to know that perceptions of fit, and particularly fit relative to the organization, may provide levers by which to influence healthcare workers' attitudes and, ultimately, their intention to remain or quit. For Pacific workers, and others from collectively oriented cultures (MacPherson [check sp: Macpherson in list of refs and other citing], Spoonley and Anae 2001), initiatives such as introducing collective goals for performance could work well. Also emphasizing the organization's values and image may help workers to identify areas where they match. In addition, profile comparison

processes or other detailed methods could be used to identify areas of fit and misfit (Chatman 1991[not in list of refs; pls supply full biblio details]). Interventions could then try to address areas of misfit as well as capitalizing on fit. Such information could be used to meet calls for healthcare managers and team leaders 'to be more proactive in developing ways to revitalize the work environment' (Zangaro and Soeken 2007, 455).

In summary, the present research on Pacific healthcare workers shows that the strongest path to intent to quit was from PO fit via organizational commitment. Given the growing diversity of healthcare personnel in many countries worldwide, those responsible for such staff need to find ways to retain them. This research shows that PO fit may provide a useful tool for this.

Note

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Catherine Poutasi (MA) is the director of Integrity Professionals Limited, is a private consultancy business which specializes in workforce development. Catherine works primarily in the New Zealand health sector with a particularly focus on Pacific health issues. Some of Catherine's consultancy work has included projects for primary health organizations, universities, and the New Zealand government. The focus of these has been analyzing current and future Pacific healthcare workforce issues, and providing and delivering plans to improve Pacific health services.

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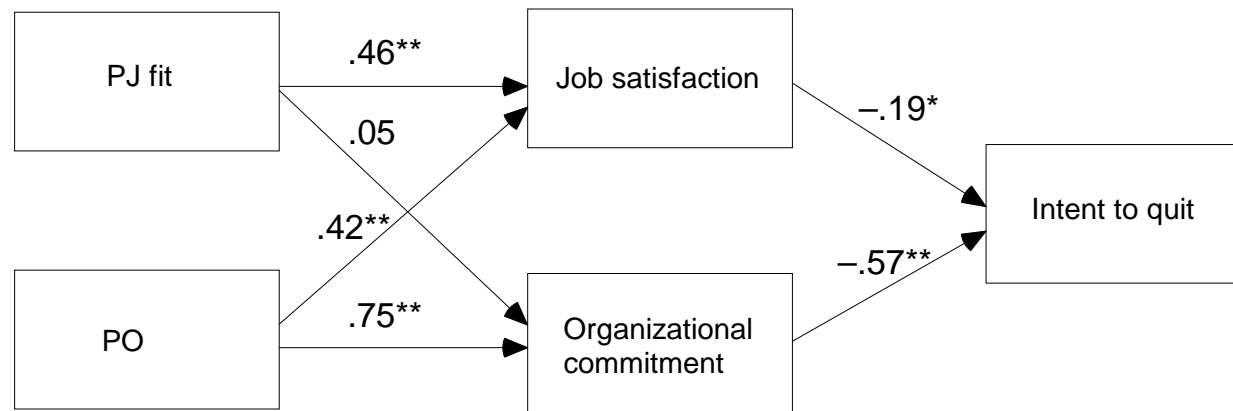
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Table 1. Means, standard deviations, and intercorrelations of study variables

	Mean	SD	1	2	3	4	5	6
1. Gender	1.30	.46						
2. Age	5.36	2.13	.25**					
3. PJ fit	3.70	1.12	.18	.12				
4. PO fit	3.65	1.04	.26**	.12	.78**			
5. Job satisfaction	4.88	1.81	.20*	.13	.78**	.77**		
6. Organizational commitment	5.37	1.48	.12	.20	.64**	.79**	.68**	
7. Intent to quit	2.83	1.97	-.06	-.17	-.52**	-.59**	-.57**	-.69**

Notes: $N = 99$ except for Gender and Age where $N = 94$. * $p \leq 0.05$, ** $p < 0.01$. Gender 1 = female, 2 = male.

Age was measured in 10 bands, from 18–25 years, then 5 year bands through to 66+ years; the median age here is band 5, 41–45 years.



Notes. $N = 99$ ** $p < 0.01$

Values represent standardized path coefficients.

PJ = person–job; PO = person–organization

Figure 1. Observed variable path analysis of fit perceptions, work attitudes, and intent to quit