

EMPLOYEE COMMITMENT IN NURSING FACILITIES

by

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ABSTRACT

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This research is meant to help employers improve employee retention, especially in the nursing facility healthcare market in the United States. This quantitative correlational study investigates the relationship between employees' intent to stay or leave their jobs and the commitment they hold for their organization. It also explores the correlation between employee commitment and moderating factors in the workplace. The aim for this study is to improve understanding about how an employee's intention to quit or stay in their job correlates with the strength and type of commitment they have to their job and organization. The research, guided by six questions, measured commitment using the Allen and Meyer Three Component Model of Commitment, encompassing Affective, Continuance, and Normative Commitment, and employee's intention to quit or stay in their job measured using the Transtheoretical Model of Change. Data analysis is used to improve the understanding of the correlation between an employee's commitment to their job and their intention to quit their job. Additional data analysis is used to reveal how employee commitment is influenced by the moderating factors, including the department the employee works in, hours worked per week, pay range, years of employment at the organization, and self-reported age. The goal is to help employers retain their employees by better understanding the correlational connection between moderating factors and an employee's intention to quit their job.

The study was conducted amidst a critical shortage of healthcare workers in the United States, targets the nursing facility healthcare sector due to its high turnover rates and increasing demand for services. With a sample size of 325 employees, the research employs regression analysis to assess the relationships between commitment type and an employee's intention to quit their job and moderating factors correlated to commitment types. The survey instrument was a modified Myer & Allen Three Component Model Employee Commitment Survey, Transtheoretical Theory of Change questions, and questions gathering moderating factor data.

Findings indicate significant correlations between commitment types and moderating factors. Notably, commitment types exhibit significant correlations with employee intention to stay or quit, departmental assignments, hours worked per week, pay range, years of employment, and self-reported age. The study underscores the dynamic nature of employee commitment, its susceptibility to change over time, and workplace factors that influence it.

Overall, the research contributes to the existing literature by providing insights into the factors influencing employee commitment and intention to stay in their jobs. The findings have implications for organizational strategies aimed at enhancing employee retention and organizational commitment, particularly within the context of addressing workforce shortages in healthcare.

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DEDICATION

To those that set a goal and forge a path of greater resistance to achieve it AND the people that enhance the experience along the way.

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Many thanks to my dissertation committee for their support and feedback that strengthened this paper. Very special thanks to Dr. Jennifer Fink who patiently guided my process, offered insightful questions that improved the value of my research, and expanded my awareness of ways I could apply my research after the dissertation process. A final thanks to Dr. Chi C. (Chris) Cho whose concise and practical support with statistics helped me complete this dissertation analysis and identify a process to address employee retention in measurable ways.

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Chapter 1: Introduction to the Study

Health care organizations globally are challenged with high levels of turnover and employee shortages (Home Care Pulse, 2023) (Mercer, 2023) (NSI Nursing Solutions, Inc., 2023) (Zaheer, 2019). Health care organizations operate in a modern business environment and require human resources to operate and succeed (Dalkrani, 2018) (Priya, 2016). This study sought to better understand how nursing facility employee retention can be improved. Specifically, this study contributes to the improved understanding about how employee commitment correlates to an employee's intention to quit or stay in their job. In the study, the independent variables of the department an employee works in, the number of hours an employee works per week, the employee's pay range, the number of years the employee worked at the organization, and the age of employee correlates to the employee's commitment to their organization or job. The study was carried out to help the operators of nursing facilities improve their understanding of the moderating factors of their employee's commitment to their jobs.

For the sake of simplicity, the participating sample population is being referred to as employees of nursing facilities and the types of facilities included in the group were nursing homes, assisted livings, continuing care communities, and facility management companies. Nursing commitment levels were collected using a slightly edited version of the Allen and Meyer Three Component Model of Commitment and then correlated with an employee's intention to quit or stay in their job using transtheoretical change theory.

Purpose

The purpose of this quantitative correlational study was to assess the correlations between employees' intent to stay or leave their job and the type of commitment they hold for the organization. Additionally, the research aimed to expand on previous research by contributing knowledge about the correlation between employee commitment and manageable moderating factors in the workplace. The moderating factors are independent variables and included the department employees work in, the number of hours the employee works per week, the number of years of employment at the organization, employee pay range, and employee self-reported age range.

Research Questions and Hypotheses

Six research questions guided the analysis. Each question had a hypothesis and null hypothesis and was applied to each of the four types of commitment being considered. The Allen and Meyer Three Component Model of Commitment includes the Affective Commitment, Continuance Commitment, and Normative Commitment. Combining or aggregating the scores of the three components offers deeper insight into the nuances of how employee commitment can be affected by the study's moderating factors. For this study the aggregate represents the combined measurement for all types of commitment. Table 1 shows the Research Questions and hypotheses.

Table 1: - *Research questions and hypotheses*

Research Question 1:
Is the type of commitment correlated with the self-reported intention to stay in or quit their job?
<i>H1a:</i> There is significant correlation between the Transtheoretical intention score and the Aggregate commitment score.
<i>H01a:</i> There is no significant correlation between the Transtheoretical intention score and the Aggregate commitment score.
<i>H1b:</i> There is significant correlation between the Transtheoretical intention score and the Affective commitment score.
<i>H01b:</i> There is no significant correlation between the Transtheoretical intention score and the Affective commitment score.

Ha1c: There is significant correlation between an employee's intention to stay in or quit their job score and the Continuance commitment scores.
H01c: There is no significant correlation between an employee's intention to stay in or quit their job score and the Continuance commitment scores.
Ha1d: There is significant correlation between an employee's intention to stay in or quit their job score and the Normative commitment scores.
H01d: There is no significant correlation between an employee's intention to stay in or quit their job score and the Normative commitment scores.
Research Question 2:
Is the department the employee works in correlated with their employee commitment scores?
Ha2a: There is significant correlation between an employee's department and Aggregate commitment scores.
H02a: There is no significant correlation between an employee's department and Aggregate commitment scores.
Ha2b: There is significant correlation between an employee's department and Affective commitment scores.
H02b: There is no significant correlation between an employee's department and Affective commitment scores.
Ha2c: There is significant correlation between an employee's department and Continuance commitment scores.
H02c: There is no significant correlation between an employee's department and Continuance commitment scores.
Ha2d: There is significant correlation between an employee's department and Normative commitment scores.
H02d: There is no significant correlation between an employee's department and Normative commitment scores.
Research Question 3:
Is the number of hours worked per week correlated to employee commitment scores?
Ha3a: There is a significant correlation between the number of hours worked per week and Aggregate commitment scores.
H03a: There is no significant correlation between the number of hours worked per week and Aggregate commitment scores.
Ha3b: There is a significant correlation between the number of hours worked per week and Affective commitment scores.
H03b: There is no significant correlation between the number of hours worked per week and Affective commitment scores.
Ha3c: There is a significant correlation between the number of hours worked per week and Continuance commitment scores.
H03c: There is no significant correlation between the number of hours worked per week and Continuance commitment scores.
Ha3d: There is a significant correlation between the number of hours worked per week and Normative commitment scores.
H03d: There is no significant correlation between the number of hours worked per week and Normative commitment scores.
Research Question 4:
Is the employee's pay range correlated with employee commitment scores?

<i>Ha4a:</i> There is a significant correlation between an employee's pay range and Aggregate commitment scores.
<i>H04a:</i> There is no significant correlation between an employee's pay range and Aggregate commitment scores.
<i>Ha4b:</i> There is a significant correlation between an employee's pay range and Affective commitment scores.
<i>H04b:</i> There is no significant correlation between an employee's pay range and Affective commitment scores.
<i>Ha4c:</i> There is a significant correlation between an employee's pay range and Continuance commitment scores.
<i>H04c:</i> There is no significant correlation between an employee's pay range and Continuance commitment scores.
<i>Ha4d:</i> There is a significant correlation between an employee's pay range and Normative commitment scores.
<i>H04d:</i> There is no significant correlation between an employee's pay range and Normative commitment scores.
Research Question 5:
Is the number of years an employee works for an organization correlated to commitment scores?
<i>Ha5a:</i> There is a significant correlation between the number of years an employee works for an organization and Aggregate commitment scores.
<i>H05a:</i> There is no significant correlation between the number of years an employee works for an organization and Aggregate commitment scores.
<i>Ha5b:</i> There is a significant correlation between the number of years an employee works for an organization and Affective commitment scores.
<i>H05b:</i> There is no significant correlation between the number of years an employee works for an organization and Affective commitment scores.
<i>Ha5c:</i> There is a significant correlation between the number of years an employee works for an organization and Continuance commitment scores.
<i>H05c:</i> There is no significant correlation between the number of years an employee works for an organization and Continuance commitment scores.
<i>Ha5d:</i> There is a significant correlation between the number of years an employee works for an organization and Normative commitment scores.
<i>H05d:</i> There is no significant correlation between the number of years an employee works for an organization and Normative commitment scores.
Research Question 6:
Is the employee's self-reported age correlated to employee commitment scores?
<i>Ha6a:</i> There is no significant correlation between the employee's self-reported age and aggregate commitment scores.
<i>H06a:</i> There is no significant correlation between the employee's self-reported age and Aggregate commitment scores.
<i>Ha6b:</i> There is a significant correlation between the employee's self-reported age and Affective commitment scores.
<i>H06b:</i> There is no significant correlation between the employee's self-reported age and Affective commitment scores.

<i>Ha6c:</i> There is a significant correlation between the employee's self-reported age and Continuance commitment scores.
<i>H06c:</i> There is no significant correlation between the employee's self-reported age and Continuance commitment scores.
<i>Ha6d:</i> There is a significant correlation between the employee's self-reported age and Normative commitment scores.
<i>H06d:</i> There is no significant correlation between the employee's self-reported age and Normative commitment scores.

Significance

The research increases the general body of knowledge related to employee turnover in nursing facilities through the addition of moderating factors for employers to use and data for other researchers to use. The significance of this study is validation of additional workplace factors that affect an employee's commitment to a job and in turn how commitment correlates with an employee's intention to quit or stay in their job. Meyer and Allen (1991) previously reported on general job commitment with no clear correlation to intention to quit or stay, as measured using the Transtheoretical Model of Change (Prochaska, 1993). Neither was found correlational studies between the five moderating factors in this study with the Meyer and Allen model. The results of this study support the probability that employee commitment and intention to factors employers affect quit/stay can manage and change. The approach used in this study is a tool employers can use to reduce turnover in their organizations. Researchers now have a novel framework and stronger foundation upon which they can continue studying workforce behavior, organizational structures, and the effectiveness of employee retention strategies.

Problem

The United States is confronted with a critical shortage of healthcare workers, particularly in the context of filling vacant positions within the healthcare sector, a trend projected to persist until at least 2038 (Avgar, 2016). The existing literature underscores the

increasing healthcare service demand in the U.S. coupled with a diminishing healthcare workforce (Connelly, 2019) (Silver, 2019). This imbalance is exacerbated by the disproportionately high turnover rates within the healthcare sector, intensifying the sense of crisis and emphasizing the critical need for staff retention and augmented organizational commitment among healthcare workers (Al Zamel., 2020) (Potira, 2019) (Ravangard, 2019).

Research consistently indicates that a decline in organizational commitment among healthcare workers is linked to elevated turnover rates and reduced retention (Yurumezoglu, 2019). Moreover, the intricate relationship between organizational commitment and work engagement has been highlighted in the research with commitment being foundational to engagement. (Farndale, 2014) (Ng, 2005) (Reissova, 2021). To proactively address the impending shortage, interventions aimed at enhancing levels of commitment, beyond mere satisfaction and engagement, are advocated to forestall workforce attrition (DuPlessis, 2015) (Deloitte University Press, 2017)((Kahn, 1990).

The most prevalent retention strategies focused on wage increases have not been enough because the actions employer's take usually occur after staff have already decided to quit (Connelly, 2019). Applying the transtheoretical model to identify the stage of behavior change in healthcare employees becomes pivotal for developing targeted interventions and proactive retention strategies. While extensive research exists on identifying the transtheoretical stage in the context of behavior change, connecting this framework to job decisions remains a unique exploration. This study aims to bridge this gap by investigating the connection between an employee's commitment to their job and their intention to leave. Establishing a quantitative correlation between these factors can provide insights for healthcare leaders, especially in nursing facilities, to optimize retention strategies amidst workforce shortages.

In nursing facilities, where turnover among staff poses significant challenges in terms of cost and service quality (Whitehead, 2016) (Silver, 2019) (Nursing Solutions, Inc., 2020) (Nursing Solutions, Inc., 2022) (Stevenson, 2018), existing strategies have predominantly focused on improving satisfaction and engagement through the use of wages and shift variations (Herzberg, 1964). However, there is a dearth of research on the commitment levels of nurses and nursing staff, a critical factor influencing employee satisfaction and engagement (Salem, 2017) (Potira, 2019). This novel study seeks to contribute to this knowledge gap by exploring the commitment levels of employees in nursing facilities, with the potential to empower operators to reduce turnover and elevate commitment, satisfaction, and engagement (Nursing Solutions, Inc., 2020) (Nursing Solutions, Inc., 2022) (Stevenson, 2018).

The well-documented shortage of workers in nursing facilities is exacerbated by persistently high turnover rates despite efforts to enhance engagement and satisfaction (Nursing Solutions, Inc., 2020) (Stevenson, 2018). This study sheds light on the commitment levels of nursing facility staff and improves understanding of what influences turnover in nursing facilities (Baer, 2018) (Bureau of Labor Statistics, 2022) (CliftonLarsonAllen, 2022) (Centers for Medicare and Medicaid Study, 2022) (Labrague, 2020) (Nursing Solutions, Inc., 2020) (Stevenson, 2018) (U.S. Census Bureau, 2021). The consequences of turnover are substantial, affecting the financial performance of the organization, the stability of the workforce, and the quality of care provided. Employees that see that people like them are leaving the organization it makes them less committed to the organization (Livingston, 2018). The cost of replacing an employee was about \$60,000 per instance in 2017 (Baer, 2018) (Labrague, 2020), which is financially significant and affects the financial performance of organizations. Furthermore, turnover has been recognized as influencing quality. The Centers for Medicare and Medicaid

Studies (CMS) requires nursing facilities that accept Medicare to report turnover and that data is reflected in an organization’s published star ratings. Higher star ratings are meant to indicate higher quality. Consumers can review the star ratings when they are deciding about which nursing facility, they would like to use (Centers for Medicare and Medicaid Study, 2022).

A critical issue of healthcare worker shortage and particularly high turnover rate among hourly direct service workers like nurses in nursing facilities persists. CMS reported an alarming nationwide turnover rate of 52% in nursing homes in 2021-2022 (Centers for Medicare and Medicaid Study, 2022). The urgency of addressing this issue is underscored by recommendations from the Centers for Medicare and Medicaid Study and the Children's Health Insurance Program to ensure the well-being of individuals relying on Medicare and Medicaid for their care (Marselas, 2022). The ongoing challenge of employee turnover in nursing facilities necessitates concerted efforts to improve environmental factors, including but not limited to pay, training, and retention strategies, as shared by the U.S. Census Bureau in Table 2 (Stevenson, 2018) (U.S. Census Bureau, 2021).

Table: 2 – U.S. Census Bureau report year-over-year

Year	Health and Social Services Industry Estimated employee turnover
2017-2018	40% (14 million people)
2018-2019	10% (3.6 million people)
2019-2020	10% (3.6 million people)
2020-2021	50% (18 million people)

This study seeks to unravel the intricate dynamics of healthcare worker commitment and its impact on turnover, aiming to provide evidence-based insights that can guide effective retention strategies. The urgency of this research is underscored by the persistent challenges faced by nursing facilities in the United States, where the shortage of essential personnel and high turnover rates demand innovative and targeted interventions for sustained healthcare service quality.

Conceptual Framework

This study looked at an employee's intention to quit or stay in their job as a life-changing decision that fits the Transtheoretical model of change's construct. The assumption is that all employees are continuously contemplating quitting or staying in their job. Another assumption is that all employees have some level of commitment to their job and the level and type of commitment fit into Allen and Meyer's three-component model that includes affective commitment, Continuance commitment, and Normative commitment. Employee commitment level is an antecedent to a decision to quit or stay in a job (Meyer J. B., 2004). Figure 1 illustrates how this study looked at employee commitment's correlation with an employee's intention to quit or stay in their job and Figure 2 shows how moderating factors correlate with employee commitment. For this study in research question #1 the employee's intention to quit their job/organization is the dependent variable and the employee's commitment scores are the independent variables. For research questions 2 through 6 the commitment variables are dependent upon the independent variables listed in Table 3.

Figure 1: – Variables for research question 1

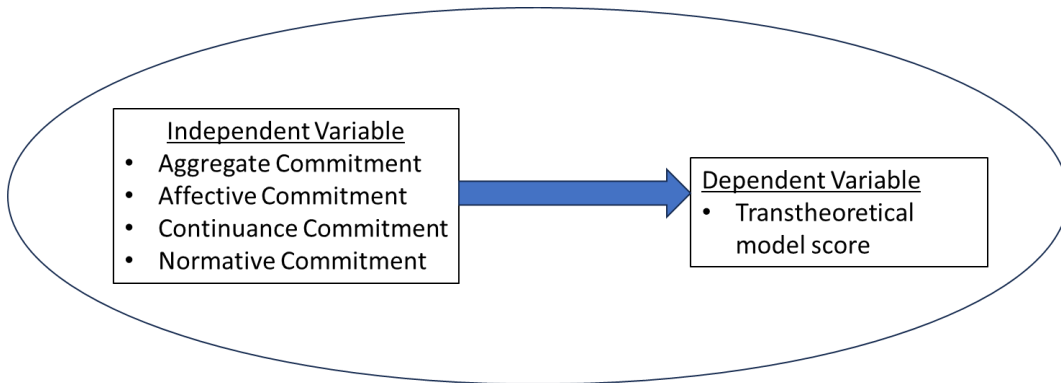


Figure 2: – Variables for research questions 2 through 6

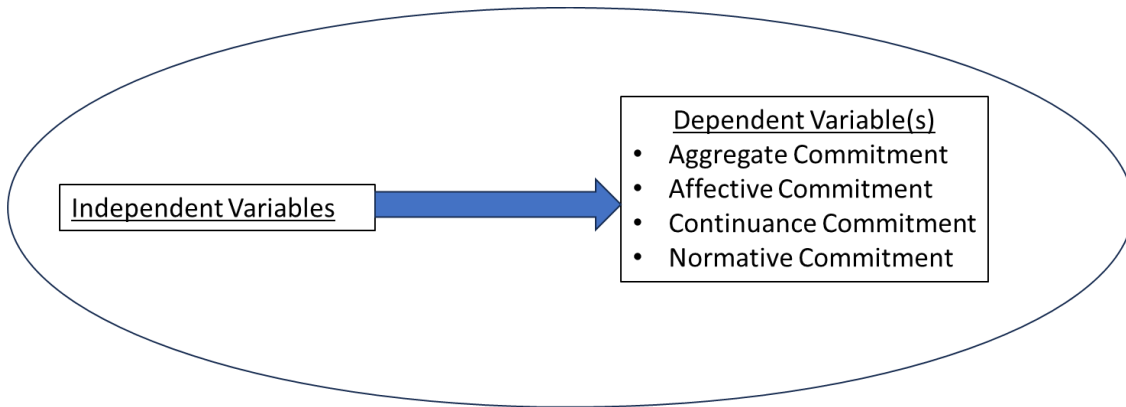


Table 3: – Independent variables for research questions 2 through 6

Variable	Variable description:
OrgDept	Department employee works in, i.e., Admin, Dining-Dietary, Skilled Nursing, Other Nursing, Facilities, Therapy, Other
HrsWrkOrg	Groupings of hours worked per week, i.e., PRN/Pool, 0-9, 10-19, 20-29, 30-39, 40+
PayRange	Bureau of Labor Statistics standard hourly pay range groups, i.e., 0-\$14, \$14.01-\$18, \$18.01-\$22,\$22.01-27,\$27.01-\$39, \$39.01-\$70, \$70+
YrsJob	Years employee has worked at their current type of job. 0-19, 20-24, 25-34, 35-44, 45-54, 55+ years
AgeGroup	Bureau of Labor Statistics standard age groups, i.e., 0-19yrs, 20-24yrs, 25-44yrs, 45-54yrs, 55+

The transtheoretical model of change operates on the assumption that people are continuously moving through six stages of decision-making regarding life changing behaviors.

The model is a structure that helps decision makers, or those desiring to influence decisions apply other theories or constructs at times in the decision-making process where the influence may be most effective and influential (Prochaska, 1993). Similarly, Gilani & Rabbani identified that people contemplating quitting their job are most sensitive [a.k.a. susceptible] to influence at or near the point they start seeking alternatives (Gilani, 2020). The transtheoretical model of change has been used extensively in the analysis of addictions. With addiction, smoking for example, the decision to smoke is the life-changing behavior being analyzed through the lens of the transtheoretical model of change. This study is treating the decision to keep working at an organization as the life-changing behavior being analyzed through the lens of the transtheoretical model of change.

Table: 4 - *The transtheoretical stages of decision making (Prochaska, 1993)*

Precontemplation	People do not intend to act within 6 months.
Contemplation	People are intending to change the behavior within 6 months.
Preparation	This stage is also referred to as the Determination stage and people are ready to act within the next 30 days.
Action	People have begun to change their behavior or are actively seeking a change with the intention of permanently changing their behavior.
Maintenance	People have made a change, have sustained the change for at least 6 months, or are working to prevent having to make a change for the foreseeable future.
Termination	People have no desire for change and are sure they will not change.

Meyer and Allen's commitment theory, developed in 1991, provides a robust foundation, outlining three commitment types within the Three Component Model (TCM) (Meyer J. A., 1991)

Affective Commitment pertains to an employee's desire to stay with an organization due to feeling valued and aligned with its values and goals. Continuance Commitment is linked to the perceived need to stay at an organization due to a lack of alternative employment options.

Normative Commitment involves the sense of obligation to stay, driven by the guilt associated with potential negative consequences for the organization if one were to leave.

Improving commitment levels among employees is anticipated to positively impact retention, engagement, and satisfaction, offering a strategic approach to tackling the turnover problem. As the shortage of healthcare workers continues to affect organizational viability, the study emphasizes the rising costs of replacing workers and the need for employers to prioritize commitment improvement initiatives. Survey findings reveal that dissatisfaction in the workplace environment is a key driver for voluntary job changes among healthcare professionals (Deloitte University Press, 2017) (Nursing Solutions, Inc., 2020) (Nursing Solutions, Inc., 2022). By identifying and enhancing commitment levels, employers can potentially reduce turnover, save costs, and foster a more satisfying work environment (Al-Hussami, 2014). This study aims to shed light on the existing levels of commitment among nursing professionals, providing actionable insights for employers seeking to mitigate turnover challenges in the healthcare industry.

Summary of Methodology

This study examined the relationships between several types of organizational commitment and various factors affecting the employees. The study used means, standard deviations, p-scores, F-scores, r-scores, and Eta-squared. According to www.calculator.net, the desired minimum sample size was 73 employees based on a desired confidence level of 95% and a margin of error of 5%. The final sample was 325 employees with 98.5% of them answering all the questions in the survey tool.

The study employed a convenience sampling technique based on voluntary participation of nursing facilities. Surveys were made available through electronic link, paper, or through a live interview. All 327 employees used the electronic link.

The data collection tool was modified, with permission, Myer & Allen Three Component Model (a.k.a. TCM) questions, adapted Transtheoretical Theory of Change questions, and questions about demographic and other factors describing the employees. Employees were advised that they could stop the survey at any time. Confidentiality was maintained as study data was reported in the aggregate with no personal identifiers. Data collection, storage and analysis was completed on password protected hardware and software.

Instrumentation

The survey used during this research is the Myer & Allen Three Component Model Employee Commitment Survey (TCM) (Allen, 1990). TCM measures three forms of employee commitment to an organization. The forms are:

- Affection or love-based commitment (Affective)
- Obligation-based commitment (Normative)
- Fear of loss -based commitment (Continuance)

Employees of nursing facilities were asked to fill out a survey. Answers provided ratings in three commitment scales, the Affective Commitment Scale (ACS), the Normative Commitment Scale (NCS), and the Continuance Commitment Scale (CCS). The NCS measures obligation-based commitment, the ACS measures desire-based commitment, and the CCS measures cost-based commitment.

It has been established that commitment is a behavior that can change over time (Al Zamel., 2020) (Meyer J. A., 1997) (Meyer J. A., 1990). The transtheoretical theory of change

(TTC) or Stages of Change Model categorizes a person's behavior and has a basic premise that behavior change is a process, not an event, and is susceptible to directed change strategies (Prochaska, 1993). The transtheoretical theory of change recognizes the dynamic nature of the commitment behavior and proposes that a person may progress through five stages of change when behavior is being modified (Marshall, 2001). Knowing what stage an employee could inform and guide an employer's retention strategies. The stages are:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Limitations

The greatest limitation to the study is the variability of how much of a person's intention to quit or stay in a job is represented by the factor being measured. The decision to quit or stay in a job is a complex mixture of emotion, opinion, and intention and this study provides correlation statistics around one moment in time for the employee. Even though the study found statistically valid correlations, the obtained Eta-squared scores indicate that there are other things affecting commitment in addition to the independent variables studied.

Sampling and Generalizability

The de-identifying of the data was done to reduce the risk of bias.

- Convenience sampling: The use of easily accessible employees (nursing facility employees in this case) introduces sampling bias. The sample may not be representative of the broader

population of all nursing facility employees, potentially leading to misleading or ungeneralizable conclusions.

- Narrowly defined population: Focusing on nursing facility employees limits the generalizability of the findings to other populations, like hospital staff, physician office, or home care workers.
- Potential for employee self-selection bias: Individuals with certain characteristics or opinions may be more or less likely to participate, leading to an unrepresentative sample. Even though the information requested was not required and assurances were given that employees would remain anonymous, feedback was given that requesting the name of employees made people nervous and caused them not to participate.
- Potential for social desirability bias: Individuals may tend to provide responses that are perceived as acceptable either socially or by the employer, rather than being truthful.

Data Collection

- Web-based communications: This method may miss individuals without access or technology skills, introducing selection bias and impacting generalizability.
- Voluntary participation: Only willing employees responded, potentially leading to self-selection bias. Individuals with specific experiences or opinions may be overrepresented, skewing the results.
- Likert scale: While widely used, Likert scales have limitations in capturing the full range and nuance of attitudes and opinions.

Data Analysis

- Sample size (327): While this sample size is not considered small (Anderson, 2017), it may not be large enough to reliably detect statistically significant relationships, especially in subgroups within the population.
- Multiple regression: Using this analysis with potentially non-representative data from a convenience sample requires cautious interpretation due to concerns about bias and generalizability (Wang Z. B., 2015).
- Continuous variable scale: Using a continuous scale may not provide enough insight into different categories or groups within the population (Dolnicar, 2021).
- Potential for researcher bias: The study design and analysis decisions may be influenced by the researcher's expectations or hypotheses, impacting the objectivity of the findings. Additionally, the possibility of researcher bias is prevalent because data is collected on scales that are subjective and self-reported (Sharma, 2016) .

Chapter 2: Literature Review

Retaining employees in healthcare jobs is important and is cost effective and improves the experience and clinical outcomes for patients (Whitehead, 2016) (Kelly, 2021). This review of the literature responds to a crisis in retaining healthcare employees. By understanding why employees in the healthcare industry quit their jobs, why employees in the healthcare industry stay in their jobs, and what influences their decision-making process, we can retain employees. Overall employee commitment, or Aggregate commitment, to an organization or their job is measurable and can be further analyzed using three sub-component types, affective, continuous, and Normative, that make up the Aggregate. This review includes 35 articles reviewed through a lens of the transtheoretical model of change focused on Allen and Meyer's three component model of commitment. This review suggests there is a need for attention focused on why people stay committed to their jobs, and how the work culture encourages the growth of stronger professional and emotional ties between employees and their employers.

In the United States there is a shortage of people needed to fill vacant health care jobs and the demand for health care workers will continue to increase through at least 2038. The literature shows that healthcare service need/demand in the United States is increasing while the healthcare workforce is shrinking (Kelly, 2021). The healthcare sector is disproportionately affected by turnover (Al Zamel., 2020) (Potira, 2019); which contributes to the sense of crisis and highlights the importance of staff retention and increasing organizational commitment among health care workers (Ravangard, 2019). A decrease in organizational commitment among health care workers is associated with higher rates of turnover and decreased retention (Yurumezoglu, 2019). Additionally, studies have linked organizational commitment to work engagement (Ng, 2005), (Reissova, 2021). Work engagement is a foundation for commitment to

the organization. Those that seek to improve employee retention are urged to intervene with their workforce in ways that increase levels of commitment; not just satisfaction and engagement, among the workforce (Zeffane, 2017) before the employees have begun to consider leaving their jobs (Salem, 2017). Applying the Transtheoretical model to identify which stage of behavior change the employee(s) are in and will help the leadership develop interventions and strategies tailored to the needs and motivations of the individuals at different stages of behavior change.

There is a great deal of research published about identifying and understanding which transtheoretical stage a person is in as they contemplate attempting to change a behavior. Connecting that research to a decision to change jobs is unique (Raman, 2018). This review is being conducted to support ongoing research into an employee's type and level of commitment to their job and that connection to their intent to leave their job. Identifying and understanding a quantitative correlation or association between the two items may help the leaders and managers in the health care industry retain employees, when people to employ are in low quantity.

This review of literature includes the Transtheoretical Model of Change with a focus on the results and outcomes of the studies and how those outcomes were used as a lens to view or analyze an employee's commitment to their health care industry job. Also included is a review of the literature about Allen & Myer's Three Component Model of Commitment in its Aggregate and by each of its specific components, affective commitment, continuous commitment, and Normative commitment. Finally, the implications, limitations, and conclusion are presented respectively.

Literature Review Method

A systematic review was conducted whereby peer reviewed articles, studies, and professional literature were reviewed and determined to be relevant for this literature review. The library databases at the University of Wisconsin were used along with Google Scholar. The University of Wisconsin library databases are accessed through a portal that searches hundreds of data sources sorting content about an innumerable number of topics.

Inclusion and exclusion criteria

The included articles had to be published in English. The original date range for content was 2015 to present, but several articles information about the origin and details of the transtheoretical model of change and Allen and Meyer's Three Component Model of Employee Commitment were published as far back as 1984, so they were included. The goal was to include studies that were up-to-date and reflected as closely as possible the current conditions of employee commitment and need. Only peer-reviewed articles, selected academic studies, and reports published by credible professional organizations were considered for the purpose of keeping a high-quality standard for the review. The following inclusion criteria were used to keep the study focused on the topic.

- Literature discussing the measurement and application of the Transtheoretical Model of Change with a focus on job change as the life changing decision under consideration.
- Literature reflecting the application of Allen and Meyer's Three Component Model of Employee Commitment as an aggregated measure of job commitment in health care and service industries.
- Literature discussing the application of the individual components of Allen and Meyer's model; affective, Continuance, and Normative commitment, as measures of job commitment and indicators of turnover intent in health care and service industries.

Literature Review Process

A systematic database review of works published with key words or phrases in the abstract was conducted. Articles published by Meyer and Allen; the originators of the Three Component Model of Employee Commitment and other originators of models were. A key word or phrase search was conducted for peer reviewed articles published up until 2023. The table below shows the key phrases included in the search linked by the Boolean Operator “Or”. That process yielded 3,801 articles. A group of 52 articles were chosen for full text review after a manual scan of the abstracts. Thirty-five articles were included in the final set after full text review.

Table: 5 - *Literature review key words and phrases*

• Affective commitment, or
• Continuous commitment, or
• Normative commitment, or
• Health care employee retention, or
• Job commitment and satisfaction, or
• Job engagement and turnover, or
• Nursing home turnover, or
• Nursing turnover, or
• United States healthcare employee shortage, or
• United States healthcare turnover, or
• Nursing home employee shortage, or
• Organizational commitment and turnover, or

<ul style="list-style-type: none"> • TCM, or
<ul style="list-style-type: none"> • Three component model of employee commitment, or
<ul style="list-style-type: none"> • Transtheoretical model of behavior change

Table: 6 - Literature review article summary

Author	Macro topic	Objective of study	Target population	Finding
(Kelly, 2021)	State of employment in U.S. health care	Analysis of health service demand and health worker supply	General health care workers	Demand/need will outpace supply through at least 2038.
(Al Zamel., 2020) (Potira, 2019)	State of employment in U.S. health care	Analyze health care worker shortage compared to other industry sectors	General health care workers	The health care industry is disproportionately affected by worker shortages.
(Ravangard, 2019)	State of employment in U.S. health care	Identify strategies to address health care worker shortage	General health care workers	Retention of employed health care workers is an effective strategy.
(Yurumezoglu, 2019)	State of employment in U.S. health care	Identify causes of health care worker turnover	General health care workers	Eroding organizational commitment among health care workers is

				contributing to higher turnover than other industries.
(Farndale, 2014) (Ng, 2005) (Reissova, 2021)	State of employment in U.S. health care	Analysis of the link between employee engagement and employee commitment to their job/organization	General health care workers	Studies have linked organizational commitment to work engagement.
(Al-Hussami, 2014)	State of employment in U.S. health care	Strategies to improve health care employee retention	Nurses	Employee satisfaction and engagement are driven by employee commitment.
(LaMorteame, 2019) (Prochaska, In search of how people change: Applications to addictive behaviors, 1993)	Transtheoretical model of change	Identify the stages people go through when contemplating changing their behavior or making a life altering decision	General population with a focus on breaking habits	People continuously move through six stages as they contemplate significant decisions. People in the stages of Contemplation, Preparation, and Action are more

				likely to be influenced by efforts to change their stage as compared to other stages; Precontemplation, Maintenance, or Termination.
(Huebner, 2013)	Transtheoretical model of change	Study about self-actualization during an employee's decision process of a job change	General population considering making a career or job change	The study highlighted the value of knowing what transtheoretical stage of change and what type of stimuli affects the stage of change.
(Bentein, 2005) (Meyer J. A., 1984) (Meyer J. A., 1990) (Meyer J. A., 1991)	Employee commitment	Development and validation of Meyer and Allen's three component model of commitment	General employed population	The authors define general employee commitment as an amalgamation of three contributing components; affective, continuous, and

				Normative commitment.
(Meyer J. A., 1993) (Bouraoui K. B., 2019) (Bouraoui K. B., 2020) (Grund, 2022) (Peng, 2020)	Affective commitment	Identification of mediating factors on affective commitment among employees	General employed population	Perceived corporate responsibility strengthens affective commitment between an employee and employer.
(Dahleez, 2021)	Affective commitment	Identification of mediating factors on affective commitment among employees	Nursing home employees	Affective commitment was positively influenced by the perception of work that promotes health.
(Grodal, 2019)	Affective commitment	Identification of mediating factors on affective commitment among employees	Health industry workers	Affective commitment was positively influenced by the availability of training programs that further employee's careers, NOT

				employee participation in such programs.
(Lapointe, 2017)	Continuance commitment	Identification of mediating factors on continuous commitment among employees	Automotive industry workers	Continuous commitment was positively influenced by organizational reputation, culture, and job attributes.
(Botella-Carrubi, 2021)	Continuance commitment	Identification of mediating factors on continuous commitment among employees	Hospitality industry workers	Continuous commitment was positively influenced by participatory leadership.
(Hayat Bhatti, 2019)	Continuance commitment	Identification of mediating factors on continuous commitment among employees	Information technology industry workers	Continuous commitment was not positively influenced by efforts to psychologically empower the employees.
(Jha, 2011)	Continuance commitment	Investigation of the impact of employee-oriented social responsibility on	Chinese workers born after 1980	Continuance commitment was influenced by employer sponsored

		Continuance commitment and turnover intention		work-life balance initiatives and supportive practices reduced the intention to leave by increasing the perceived cost of leaving.
(Lu, 2023)	Continuance commitment	Research on the mediation construct of Continuance commitment and directive leadership on each other	Indonesian civil servants	Directive leadership positively influenced Continuance commitment and employee's propensity for innovative work behavior.
(Mutmainnah, 2022)	Continuance commitment	Investigation and development of a multidimensional measure of Continuance organizational commitment based on the perception of beneficial	General worker population in a Southeast U.S. city	Economic exchanges (i.e., money, benefits, etc.) influenced intention to leave employment as much as perceptions of low job

		economic exchange versus the perception of low job alternatives.		alternatives but had more influence on an employee's transtheoretical stage of change.
(Taing, 2011)	Continuance commitment	Investigation how telecommuters' organizational commitment may be linked to isolation	General worker population of employees that telecommute at least one day a week	Continuance commitment was positively correlated with psychological and physical isolation, where Normative and affective commitment not significantly positively correlated. The conservation of resources [time, money, emotional energy] is a goal and avoiding loss of those resources is the link to Continuance.
(Wang W. A., 2020)	Normative commitment	Identification of mediating factors	Temporary agency workers	Temporary agency workers

		on Normative commitment among employees		showed Normative commitment to the agency they work for and the organization they are working in. Workers in the precontemplation and contemplation stages of decision making are less likely to consider leaving if they are feeling connected to both organizations.
(Menatta, 2022)	Normative commitment	An investigation about how intrinsic and extrinsic social rewards influence Normative commitment and turnover intention.	General employee population in China.	Extrinsic benefits, supervisor support, coworker support, autonomy, training, and participating in decision making

				had impact on Normative commitment.
(Ribeiro, 2021)	Normative commitment	A study of psychological empowerment on employee Normative commitment employee intention to quit.	Employees of seven telecommunication companies in Pakistan	Psychological empowerment mediates Normative commitment and reduces turnover intention. Empowerment tools include self-determination, competence, and meaningful work.
(Syahrani, 2022)	Normative commitment	An analysis of ethical leadership's influence on job performance and Normative commitment in public institutions.	Civil servants in Indonesia	Ethical leadership [perception] as experienced through interactions between supervisors and subordinates fosters Normative commitment reduces

				turnover intention.
(Yasmin, 2015)	Normative commitment	The study assessed the direct effect of organizational commitment on job burnout and intention to quit.	Psychiatric nurses in Pakistan	Normative commitment has a significant correlation with job burnout and intention to leave employment where affective and Continuance commitment does not.

Literature Review Findings and Discussion

Transtheoretical model of change

According to LaMorteame MD (LaMorteame, 2019) the Transtheoretical model of change was developed by Prochaska and colleagues (Prochaska, 1993) in the late 1970s through studies examining the experiences of smokers who quit on their own. The theory operates on the assumption that people do not change behavior or make life-altering decisions quickly or decisively and decision making occurs continuously through a cyclical process. People continuously move through six stages as they contemplate changing their behavior or making a significant decision. The model is a structure that helps decision makers, or those influencing decisions, apply other theories or constructs at times in the decision-making process where they may be most effective and influential. The Transtheoretical model of change can be applied to

employee turnover in the health care industry by identifying the stages of change the employee is going through related to their job. By identifying which stage the employee is in, the employer can provide targeted interventions to help employees stay in their job. Using the Allen & Meyer Three Component Model of Commitment, the employer will provide more precisely targeted interventions to help employees stay in their jobs because people with different types and levels of commitment respond differently to different types and kinds of interventions. The six Transtheoretical stages are (Prochaska, 1993):

- Precontemplation – People in this stage do not intend to act within 6 months.
- Contemplation – People in this stage are intending to change behavior or make a change in their life within 6 months.
- Preparation – This stage is also referred to as the Determination stage and people are ready to act within the next 30 days.
- Action – In this stage people have begun to change their behavior or are actively seeking a change with the intention of permanently changing their behavior.
- Maintenance – In this stage people have made a change, have sustained the change for at least 6 months, or are working to prevent having to make a change for the foreseeable future.
- Termination – In this stage people have no desire for change and they are sure they will not change. Since this stage is rarely reached, and people tend to stay in the maintenance stage, this stage is not considered in a promotion program.

Huebner & Royal's study about self-actualization during an employee's process to consider a career or job change highlights the value of knowing what stage the employee is in while they are considering a job change (Huebner, 2013). The Transtheoretical model provides insight into

what stimuli, incentives and behaviors could influence an employee to seek a different opportunity or prompt them to respond to offerings from the current employer (i.e., learning opportunities, strength finding exercises, career/job enrichment planning, etc.) that will result in the employee staying with the organizations.

Usefulness of Transtheoretical model of change information

People continuously move through six stages as they contemplate significant decisions. People in the stages of Contemplation, Preparation, and Action are more likely to be influenced by efforts to change their stage as compared to other stages of Precontemplation, Maintenance, or Termination (Prochaska, 1992). Two key findings are of practical application and illuminate the need for further study. First, knowing what Transtheoretical stage of change employees are in, offers insight to their intention to leave their job (a.k.a. turnover their job) and second, knowing what kind of stimuli can affect or influence the employee's decision can help employers focus the use of their resources, time, money, and talent, on stimulating the desired outcome.

Current "best practice" is to focus on improving employee's levels of engagement and satisfaction (Nursing Solutions, Inc., 2022). Commitment is a mediating factor for engagement. Satisfaction is a moderating factor for commitment and engagement (Lin, 2015). While beneficial, the employment, recruitment, and retention data indicate that the generalized efforts for all employees have not proven effective enough to avoid the current health care worker crisis (Nursing Solutions, Inc., 2022).

Knowing what type of commitment an employee has for their job gives insight into what factors will influence their decision to stay in their job. Knowing what transtheoretical stage of decision making the employee is in indicates if any effort to change their decision will be successful. Commitment is a root cause of employee turnover or retention, especially when an

employee is in the transtheoretical stages of Contemplation, Preparation, or Action (Lin, 2015). Additionally, commitment, which is measurable can be moderated (Meyer J. P., 1989).

The Employee's perception of the independent variables is what affects their commitment to the organization or job (Chatzisarantis, 2007) (Xu, 2018) (Kloos, 2019) (Harvard Business School, 2016). Mediating factors affect the employee's perception of how workplace factors are related while moderating factors affect the strength of the relationship. This study focused on the moderating effects of workplace factors and the effect on commitment and intention to quit or stay in the job.

General Commitment

There are many studies, articles, and dissertations in print that help explain and understand why employees are not satisfied or engaged with their jobs or organizations. Meyer and Allen (1984, 1990, 1991, 1991) and other contributors have evolved a unique concept of employee commitment that focusses on why employees will stay in a job and/or with an organization. Meyer and Allen, et al., propose that commitment is an amalgamation of three contributing components with each component being identifiable and measurable. The authors identify the three components as affective commitment; the positive emotional attachment or affection for the organization, Continuance; (the negative consequences or financial cost of leaving an organization or the perception of loss experienced upon leaving a job, and Normative; feelings of a moral or ethical obligation driven by a strong sense of duty or loyalty, regardless of personal satisfaction or the costs. Over the 10+ years Meyer, Allen, and their colleagues longitudinally studied, reviewed, revised, and evolved the Three Component model they also correlated their data with other research on employee satisfaction, engagement, and awareness or perception of alternative employment opportunities in various settings (Meyer J. A., 1990)

(Allen, 1990) (Meyer J. A., 1991) (Meyer J. A., 1993) (Allen, 1996) (Meyer J. A., 1997) (Meyer J. A., 2004). All studies concluded with an emphasis on the importance of using multiple measures, objective indicators, and longitudinal designs to gain an understanding of employee commitment in the workplace.

Usefulness of General Commitment

Most employees carry all three types of commitment to their jobs and employers. Employee retention is increasing in value as the shortage of health care workers continues to worsen (Deloitte University Press, 2017). Employee commitment mediates or drives employee engagement. Employee engagement and satisfaction can be considered symptoms of commitment. Knowing the commitment level of an organization's employees will help employers retain the valuable employees they already have and attract new ones. Employee retention is essential to long-term success in health. Employee retention is correlated with satisfaction and productivity (Ganic, 2018). Employee satisfaction and productivity are correlated with the experiences of patients/residents of healthcare facilities (Haque, 2020).

The Three Component Model provides a comprehensive framework that captures the different dimensions of motivations behind an employee's commitment to their job or organization. Affective commitment, which is an emotional attachment, has the strongest positive correlation with job performance and intention to remain in a job while Continuance and Normative commitment have stronger negative correlations. The stronger the Continuance and Normative commitments to a job, then the higher the correlation to high employee performance and intention to stay in a job or with an organization (Haque, 2020). The Aggregate or combination of the three commitment types is useful for getting a representative indication of strength of commitment, but it doesn't clearly indicate the "why" that is driving the strength of

the commitment. Employers' intent on tailoring their human resource and organizational development efforts to achieve desired commitment goals and/or reduce employee turnover could be more effective by focusing on understanding the individual commitment component levels of their employees.

Affective Commitment

Affective commitment is thought of as the most desirable type of commitment between an employee and the employer. An emotional attachment between the employee and the employer is the mediating factor. Multiple studies have explored the relationship between the Affective commitment of employees to their employers or jobs and levels of employees and associated various organizational factors or moderators. (Rickards, 2013) (Bouraoui K. B., 2019) (Bouraoui K. B., 2020) (Dahleez, 2021) (Grodal, 2019) (Grund, 2022), (Lapointe, 2017) (Wang W. A., 2020). Moderating factors for Affective commitment are listed in Table 7. Those items denoted by an (*) were added from this study.

Table: 7 - Moderating factors for affective commitment

• Leadership demonstrates corporate responsibility (CSR).
• Supervisors demonstrate servant leadership at all levels of the organization.
• Transformational leadership demonstrated by supervisors, but especially senior leadership.
• Healthy behaviors and work-life balance are promoted.
• Availability of personal and professional training opportunities.
• Availability of professional mentoring programs.
• Availability of employee benefits.
• Opportunities for employees to be recognized for performance outcomes.
• Opportunities for employees to participate in work that promotes the “common good”.
• Participation in personal and professional training opportunities.
• Employee demonstrates ownership or accountability for their job.
• Employee perceives that their job “fits” them.
• Employee perceives that their job is secure.
• Employee perceives that the job’s demands are reasonable.
• Employee reports job satisfaction.
• Employee perceives that their employer supports them.

• Employee perceives they can be creative when fulfilling job expectations.
• Employee perceives they have influence in the workplace.
• Employee perceives they have responsibility for a variety of tasks in the scope of their job.
• Employee perceives their pay to be fair.
• Employee’s work schedule, specifically their department and shift, is consistent. *
• The number of hours a week the employee works at that organization. *
• The pay range for the employee. *
• The number of years the employee has worked for the employer. *
• The age group for the employees. *

Usefulness of the affective commitment information

The literature reviewed highlights mediating and moderating factors on an employee’s level of affective commitment to a job and/or organization. Affective commitment has the strongest correlation to positive job performance and employee turnover of three components (Sepahvand F, 2020). While there may be a temptation to focus only on building Affective commitment between employees and the employer, I advise against it. Efforts to build specific types of commitment can have unintended consequences (Meyer J. P., 1989). For example, a disproportionate focus on building Affective commitment could increase Continuance commitment and Continuance commitment is the most difficult to reduce or convert to Affective commitment. Understanding and effectively addressing these factors can contribute to higher levels of Affective commitment among employees, ultimately reducing job turnover and promoting organizational stability and success. Retaining existing employees significantly improves an organization’s ability to work through the current employee shortage in health care. Future research could delve deeper into the mechanisms and interactions among these factors to provide more comprehensive insights into the dynamics of Affective commitment in the workplace.

Continuance commitment

Continuance commitment is driven by the value an employee derives from their job or employer. The monetary or economic moderating factor for Continuance commitment can be correlated to the quantifiable comparison of compensation and employee benefits. The non-monetary, social, or qualitative value an employee derives from the job or organization is less objective and more relative to individual employee preferences. The following items are moderating factors for Continuance commitment between employers and their employees (Botella-Carrubi, 2021) (Hayat Bhatti, 2019) (Jha, 2011) (Lu, 2023) (Mutmainnah, 2022) (Taing, 2011) (Wang W. A., 2020) (Menatta, 2022) (DailyPay, 2024). Those items denoted with an (*) are new, or previously undocumented moderating factors, in that they have been added through this study.

Table 8: - *Moderating factors for Continuance commitment*

• The employee’s perception of leadership decisiveness.
• The employee perception of the reputation of the organization.
• The culture of the work environment as described by the employee’s perception of the organization’s values, beliefs, behaviors, and attitudes.
• Specific needs of the employee are met, or not met by attributes of the job.
• Employee’s perception of ability to participate in decisions that affect them.
• The promotion of healthy behaviors and work-life balance in the organization.
• Employee perceives they can be creative when fulfilling job expectations.
• Employee perceives transparency about compensation and benefits.
• Extrinsic rewards or benefits associated with staying with the organization.
• Employee’s feelings of isolation.
• Consistency of employee’s work schedule, specifically the department and shift. *
• The pay range for the employee. *
• The number of years the employee has worked for the employer. *

Usefulness of the Continuance commitment information

Most employed people have some Continuance commitment holding them to their current job. If the person continued to work without pay or recognition, they would be demonstrating affective or Normative commitment to their job or employer. Between 2019 and

2021 the corona virus pandemic exacerbated the health care worker shortage. During the periods of highest virus prevalence health care workers were not allowed to work in more than one health facility and people concerned about contracting the virus from the workplace stopped working in the health care industry. To attract and retain workers, employers raised wages, which reinforced and strengthened Continuance commitment levels among health care workers (Straus, 2018). Employers wanted to attract workers fast. Qualitative mediating factors take longer to create and influence workers to change jobs compared to quantitative factors like hourly wage rates.

Understanding, balancing, and addressing these factors can help organizations leverage Continuance commitment, reduce turnover intentions, and create a work environment that foster employee retention with a balance of the three components of general commitment.

Normative commitment

Moderating factors for Normative employee commitment affect the employee’s sense of moral or ethical obligation to a job or employer. It is driven by a powerful sense of duty or loyalty, regardless of personal satisfaction or the costs. Moderating factors affecting the strength and direction of the commitment include those listed in Table 9 (Menatta, 2022) (Nazir, 2016) (Shah, 2019) (Syahrani, 2022) (Yasmin, 2015). Those items denoted with an (*) are new, or previously undocumented moderating factors, in that they have been added through this study.

Table: 9 - Moderating factors for Normative commitment

• Leadership demonstrates corporate responsibility (CSR).
• Employee’s report witnessing ethical leadership.
• Employee perceives ethical and moral leadership in the workplace.
• Employee perceives they have influence in the workplace.
• Employee perceives they can be creative when fulfilling job expectations [autonomy].
• Employee perceives a sense of connection between them and the organization or customers.

• Employee perceives that their employer supports them.
• Employee perceives that their co-workers support them.
• Extrinsic rewards or benefits associated with staying with the organization.
• Employee participates in personal and professional training opportunities.
• Employee participates in workplace decision making.
• The years of experience [in the profession] the employee has.
• Employee's work schedule, specifically their department and shift, is consistent.*
• The age group for the employee. *

Usefulness of the Normative commitment information

Normative commitment acts as a protective barrier against job burnout in the healthcare industry and its strength is tied closely to the culture of the work environment. Interestingly, Affective and Normative commitment can be presented similarly in employees, but the mediating factors are very different. Affective is an emotional connection where Normative is a moral/ethical commitment. Normatively committed workers generally don't take issues occurring in the workplace or industry personally, which can be good, but also can be bad. Changing the behavior or performance of a Normatively committed worker can be more challenging than changing affective or continuously committed workers (Straus, 2018).

Normative commitment can be useful when the commitment is between the employee and the employer as opposed to the bond of commitment between the employee and the customer. In health care customers/patients/residents form personal and intimate relationships with their caregivers and supportive workers. While satisfying and enriching for those involved the personal relationships can negatively affect the professional relationship between the employee and the employer when organizational decisions may result in a perceived negative impact on an employee or a customer (Straus, 2018). Fortunately, there are ways to maintain enriching relationships between employees and their resident/patient/customer while strengthening the Normative commitment between the employee and the employer.

Understanding and cultivating Normative commitment can contribute to talent retention strategies and facilitate successful organizational change efforts. These findings highlight the importance of creating a work environment that fosters a sense of belonging, empowerment, and alignment with organizational values to promote employee commitment and reduce turnover (Wang W. A., 2020).

Literature Review Discussion

In this article we presented a systematic review of 35 published pieces of literature in peer reviewed journals and doctoral dissertations. These articles examined the current state of employment in the health care industry, transtheoretical change theory, and Allen and Meyer's Three Component Model of employee commitment. The findings reveal that the United States' health care industry has a worker shortage, and that shortage is expected to persist until at least 2038. The corona virus pandemic exacerbated the worker supply problem, and the problem is not expected to subside. Other findings include that all workers; health care or otherwise, occupy one of the six stages of Transtheoretical Change and that people in the stages Contemplation, Preparation, or Action are more susceptible to efforts to influence their decision to stay or leave their job. The findings of the literature review also reveal that Meyer and Allen's model of commitment has 3 components and that the Aggregate commitment score is useful for providing a general understanding of an employee's intention to quit but each of the three contributing components; affective, Continuance, and Normative, offer more granular understanding of why people are staying in their jobs. The granularity of the understanding combined with the knowledge what Transtheoretical stage their employees are in regarding their decision to quit can help inform the employer's decisions on how to spend their resources of

time, expertise, and money to avoid their employee's quitting more effectively or better manage staff turnover.

Finally, articles identified within this study have captured understanding of the process of decision making, employee turnover in health care, and employee commitment in health care at unique moments in time (Connelly, 2019) (Al Zamel., 2020) (Potira, 2019) (Ravangard, 2019). Employees' commitment to their jobs and organizations is dynamic as it rises and falls over time and in response to moderating factors (Farndale, 2014) (Ng, 2005) (Reissova, 2021) (DuPlessis, 2015). Thus, a longitudinal study evaluating commitment of health care workers to their jobs and organizations could be a logical step for future research. Upon reflection of the findings in the studies reviewed, it can say that employee commitment research in health care is relatively new in the United States and there is much more to be learned.

Chapter 3: Methodology

This research was performed using quantitative data acquired through a survey. A slightly modified survey originally designed by Meyer and Allen was used because of previous validation and convenience (Meyer J. A., 1991). This chapter includes information about the research questions, hypotheses, employee selection, sampling strategy, instrumentation, and data analysis strategies. Additionally, validity threats and ethical considerations of the study are addressed. This chapter concludes with a summary.

Employee turnover and shortages

Staffing rates in U.S. nursing facilities has been an issue since the 1970s with average annual turnover rates between 55% and 75% (Barbera, 2014). Turnover in the health care industry, in general, affects the provision of health care services (Centers for Medicare and Medicaid Study, 2022) and predicted shortages of workers are expected into at least the 2030s (Bureau of Labor Statistics, 2022) (CliftonLarsonAllen, 2022) (Stevenson, 2018). The desire to attract and retain employees is not a new development. People in the health care industry have been measuring employee satisfaction since the 1930s and employee engagement since the 1990s. (Brown, 2023) (Potira, 2019) Employee retention and turnover has been and will continue to be an issue.

Purpose, Research questions, and Null hypotheses

The purpose of this quantitative correlational study was to determine if there are correlations between the types of commitment employees of nursing facilities have for their job and their intention to quit and to determine what correlations there are between moderating factors (e.g., the department they work in, the number of hours they work per week, years of employment at the organization, pay range, and age range) and commitment.

In this research model Aggregate commitment is comprised of three contributing sub-factors; Affective, Continuance, and Normative commitment. The survey tool asks eight questions for each type of commitment (24 questions total) with answers given on a 5-point Likert scale. The answers are equally weighted and can be combined into an overall or composite measure called the Aggregate. The Aggregate represents the contributions of Affective, Continuance, and Normative commitment into an overall assessment.

Six research questions guided the analysis. Each of the hypotheses for the questions was tested for each factor of commitment, Aggregate, Affective, Continuance, and Normative. Testing each individual component of the Aggregate has offered deeper insight into the nuances of how commitment of employees can be affected by the study variables. Each research question has Null-hypotheses for each commitment type.

Research Procedures

The University of Wisconsin - Milwaukee IRB approved this methodological approach to the use of a survey of employees in nursing facilities and a quantitative correlational study of the survey results. The data was collected in the Spring of 2023. A professional association representing nursing facilities in Wisconsin distributed invitations to participate to all their member organizations and supplied the researcher with a list of the member organizations. Initially, a deadline of two weeks to commit to participate was stated. That deadline was extended to four weeks and the actual data collection period was 7 weeks. Organizational members of LeadingAge Wisconsin were invited to participate in the survey in exchange for access to the aggregate data generated by the survey. LeadingAge Wisconsin serves as a resource for about 1200 member organizations, assisting them with problem resolution and providing them with services and programs to meet their needs. The administrators of the

member organizations received an invitation to participate from LeadingAge Wisconsin. Those that wanted to participate clicked on a supplied QR code or navigated to a provided web address where they would fill out a consent form that would be automatically sent to the researcher upon completion.

Design

The data was collected in the Spring of 2023. LeadingAge Wisconsin distributed invitations to participate to all their member organizations and supplied the researcher with a list of the member organizations. Initially, a deadline of two weeks to commit to participate was stated. That deadline was extended to four weeks and the actual data collection period was 7 weeks.

The distribution method involved reaching out to the employer of potential participants via email or text messages containing QR codes, allowing them to access and complete the 30-item questionnaire electronically. Those that wanted to participate clicked on a supplied QR code or web address that opened a consent form that was electronically sent to the researcher upon signing. Upon receipt of consent, an email was sent to the participating organization contact that re-stated the purpose, a description, and instructions for the survey along with suggestions for distribution, a QR code to distribute to their employees. Organizations were encouraged to distribute the supplied information immediately and enforce an initial 2-week response period with reminders sent to employees twice a week. Even though paper copies of survey and the ability to take a survey verbally over the telephone were available, no one opted to participate in those ways. All surveys were completed electronically through the supplied QR codes and web addresses.

Upon an employee's completion of a survey, their answers were automatically added to the survey data set. Each survey and its results were time stamped and were associated with the organization that employed the respondent. This project used Microsoft Forms for the survey creation and QR code generation and response collection. Collected survey data was transferred to Microsoft Excel for clean-up and then into SPSS for correlational statistical processing.

Sample and Participant Population

The study employed a convenience sampling technique based on voluntary participation of nursing homes willing to share access to the survey with their employees. The survey link was shared with people appropriate to participate, thus fueling the assertion of a population proportion expectation of 95%.

The sampling frame for this study comprises the entire workforce within long-term care and senior living facilities that are members of LeadingAge Wisconsin. The sample encompasses a range of care settings including nursing homes, assisted living facilities, and senior apartment buildings. The targeted population consists of employees working across all roles and responsibilities within these facilities. Access to the comprehensive sampling frame was supplied by the participating organizations. Organizations and subsequently their employees were not directly invited to participate by the researchers. LeadingAge provided the invitation and the researcher received consent forms indicating their desire to participate and contact information required to receive the surveys and instructions. To ensure the inclusion of all eligible individuals, the key contacts responsible for distributing information and direction to their employees, were instructed to include all staff at different levels, such as nursing, administration, therapy, housekeeping, etc. The inclusion of diverse facility types ensured a broad representation of perspectives within the long-term care and senior living sector. It is

imperative that the sampling frame is regularly updated to maintain accuracy and reflect any changes in the employee composition of these facilities, contributing to the reliability and validity of the study's findings.

According to www.calculator.net, and Anderson a desired minimum sample size was 73 individual respondents to the survey, based on a desired confidence level of 95% and a margin of error of 5% (Anderson, 2017). Convenience sampling was chosen because it was quick, efficient, cost effective and available. The study population was recruited through a relationship with a professional association whose membership is comprised of nursing homes and senior service providers. The study sample exceeded the goal of 73 with a final participant sample of 325 employees. Using SPSS's Power Analysis an estimated P value of 0.999 was calculated using the Aggregate and the (intention to quit) variables with means of 3.2805 and 3.5191 respectively, indicating an adequate sample size for detecting effects in the study. Emails were sent to the organizational liaisons; those who received the QR codes and instructions at the facilities, twice a week for the seven-week data collection period. The emails reminded the contacts to urge their employees to submit surveys.

Bias

Possible sample bias sources could include the effect of asking survey participants to supply their names and contact information if they wanted the researchers to follow-up with them. Voluntary feedback from people who did not submit a survey indicated that they questioned if the assurance of anonymity would be honored if they supplied their name.

Non-response bias is possible. Even though a valid number of respondents supplied answers to the survey, that number is a low representation of the sum of all the employees of all the organizations that were invited to participate.

Convenience sampling may lead to sampling bias because it involves selecting participants that are easily accessible. This can limit the generalizability of the findings to the broader population because the sample may not be representative of the broader population (Emerson, 2021).

Surveys are limited in their ability to establish causal relationships between variables. Surveys can demonstrate associations but cannot determine the direction of causality (Dolnicar, 2021).

Surveys using Likert scales are susceptible to response bias, where respondents provide what they believe to be desirable responses instead of responses that reflect their true feelings. This would affect the validity of the data (Dolnicar, 2021).

Poorly designed survey questions or Likert scale items introduce measurement error that would affect the quality of the data (Dolnicar, 2021).

Surveys are efficient data collection tools but may not allow for in-depth exploration of issues or understanding of complex relationships between variables (Andrade, 2020).

Regression analysis shows correlation, not causation. This can make it challenging to establish causality or control for all variables, including confounding variables. (Wang Z. B., 2015).

Data Collection & Instrumentation

The respondents completed a slightly modified Myer & Allen Three Component Model of Commitment survey (a.k.a. TCM) and Transtheoretical Model of Change survey. Dr. John Peter Meyer, one of the original authors, granted permission to edit and use the tool. The survey instruments were created and distributed using a password protected Microsoft Forms account.

Microsoft Forms provides a Quick Response, or QR code, that employees can use to access the survey securely and directly from whatever web-browser they are using.

Participating organizations received instructions on how to distribute and/or make available the TCM Employee Commitment Survey and the QR code. The survey was made available on paper or through a secure link to a web-based version. The online survey had no identifying information to link individual respondents to the data being collected. Employees were advised that they can stop the survey at any time. Confidentiality was maintained as study data was reported in the aggregate with no personal identifiers and no way for the participating organizations to tie the individual employees to their survey answers. Data collection, storage and analysis was completed on password protected hardware and software owned, secured, and maintained by the investigator and the University of Wisconsin-Milwaukee.

An IRB approved survey was used as a consent to participate form (Appendix A). A second survey with three distinct sections was used to collect data (Appendices B-D).

The communication that accompanied the Consent survey described the study and offered assurances of confidentiality. The Consent survey included, identification of the organization responding, identification of the service predominantly provided by the organization i.e., skilled nursing, assisted living, etc., the name of the person consenting on behalf of the organization, name and contact information of the person who will be responsible for distributing the links to the survey to the employees, and several questions about turnover experience at the participating organization.

Receipt of the Consent survey by the researcher resulted in an email with instructions being sent to the identified contact at the participating organization. That email contained instructions on how to complete the survey, suggestions about how to distribute the QR codes

and survey links, and information about what they could expect over the upcoming data collection period.

The key contact shared with the employee's explanatory information, instructions about how to access the survey, some background information, a QR code, and a URL address. Those that chose to participate were able to access the survey directly using an organizational internet device or their personal devices, including personal computers and web-enabled cellular telephones. The researcher communicated with the key contact at least once a week for 6 weeks following the receipt of the Consent survey. The researcher reminded the contact about the survey and asked that they send out reminders and prompts to the employees to increase participation.

Employees were asked to answer 33 questions through a Microsoft Forms survey tool. The survey was a slightly altered Myer & Allen Three Component Model of Commitment survey (a.k.a. TCM) and a Transtheoretical Theory of Change survey. Dr. Allen authorized the survey alterations. The TCM survey is a 24-item instrument with three subscales that address the three forms of commitment. The subscales/forms are the Affective Commitment Scale, Normative Commitment Scale, and Continuance Commitment Scale (Meyer J. A., 1997).

Data obtained through the surveys included eight questions about Affective commitment, eight questions about Continuance commitment, eight questions about Normative commitment, one question about intention to quit, questions about demographics, pay range, the number of hours worked each week, and work history. Each commitment survey question was scored separately on a 5-point Likert scale (1= substantially disagree, 2 = slightly disagree, 3=undecided, 4=slightly agree, 5= substantially agree). Scores were interpreted as means ranging in value from 1 to 5, with higher scores indicating stronger commitment. The survey has

been used previously in organizational commitment research with Cronbach's alpha of 0.85-0.87 in previous studies, thus demonstrating internal consistency (Chun, 2012) (Payne, 2005).

The researcher monitored survey responses and collected the data for about 12 weeks after the surveys were distributed. Once received by the researcher, survey data was uploaded into Microsoft Excel and cleaned. Data was analyzed using SPSS for multiple regression analyses.

Survey participation was voluntary. Even though provisions for the distribution and collection of paper surveys were made, no paper surveys were returned. All participating employees submitted their completed surveys electronically. At any time during the survey process the employee could have chosen not to participate.

All the commitment-related questions were mandatory. A missing answer from a required question invalidated the survey and all answers related to that survey were eliminated. Specifically, the required questions were:

- All 24 questions directly related to employee commitment.
- The one question about the employee's stage of transtheoretical change.
- A selection from the drop-down list of participating organizations. Survey responses had to be associated with a participating organization to be included in the analysis.

No human interaction was required to collect the data received electronically. Answers to the survey questions were compiled electronically into a flat file that the researcher loaded into Microsoft Excel. Duplicates, errors, and other discrepancies were identified and corrected.

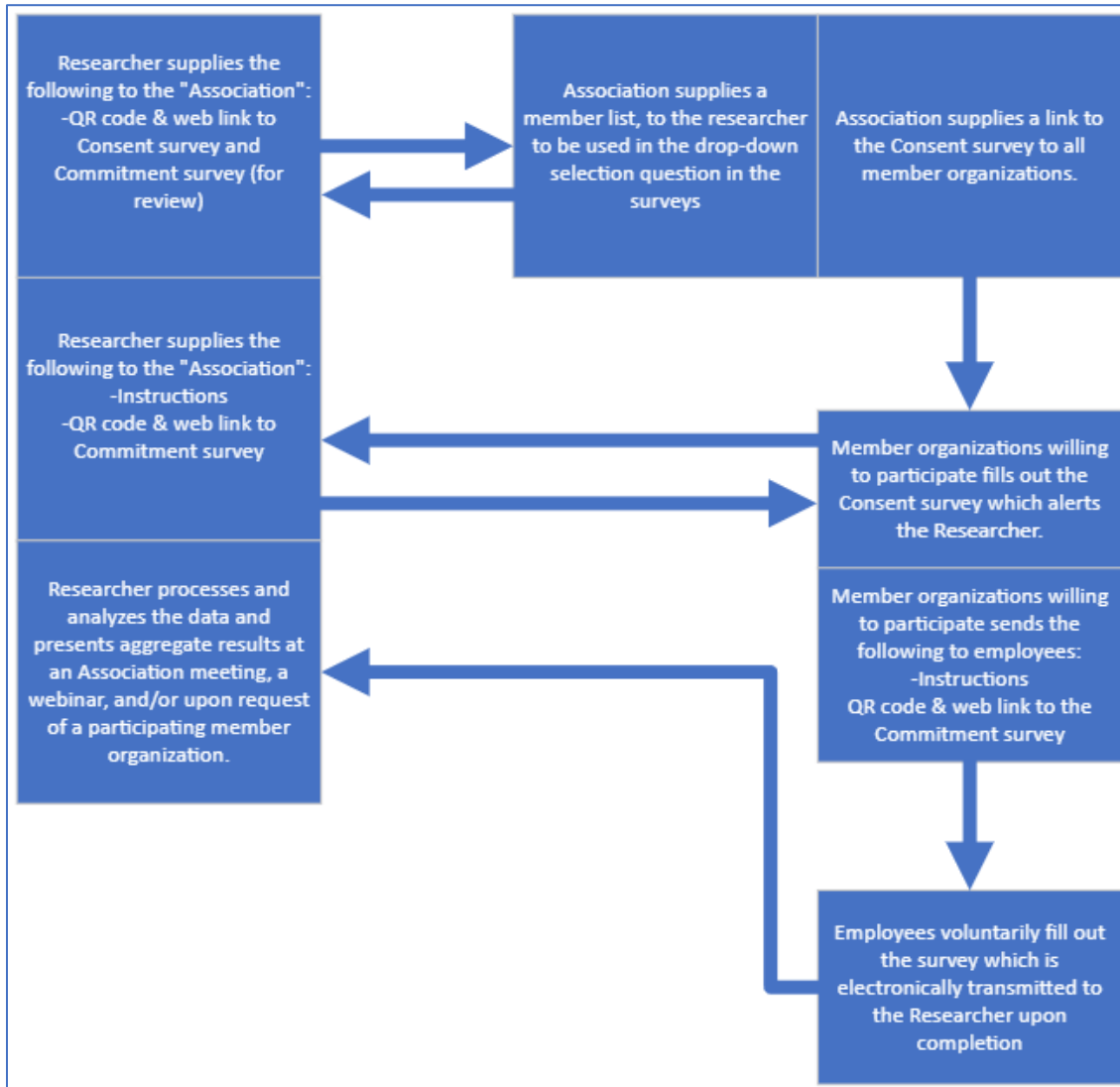
Data Verification

Verification cleaning steps included but were not limited to:

- Confirming the association of the survey to a participating organization.

- Peer review of the process and looking for inconsistencies or problems.
- Review for data consistency.
- Expert consultation. A PhD faculty member from the University of Wisconsin Milwaukee assisted with the validation of the data and analysis method.

Figure 3: – *Data flow chart*



Data analysis

Employees completed an anonymous online survey by “clicking” on a QR code supplied by the researcher but provided to them by their employer through email, text, or on paper. The QR code took them to a Microsoft Forms based survey. The data, only complete, was exported into Microsoft Excel and to SPSS for analysis.

The commitment score data were measured as a continuous variable scale (1-5). The goal was to assess the relationship between the commitment score and the intent to quit/stay score as described. Regression analysis was used to estimate the coefficient that describes the linear relationship between the variables, with a goal to make predictions based on that model. After scoring the data, the data was analyzed using SPSS v. 27 to assess the relationship between the commitment score and the intent to quit/stay score as described.

The clean survey data residing in Microsoft Excel was imported into SPSS v27. The independent variables were recorded as string variables and then recoded into numeric variables to be used in regression analysis. Table 3 shows the independent variables.

Multiple regression between the dependent and independent variables was conducted as well as cross-tabulations, variance, and general data analysis. A significance level of 0.05 was chosen. There was no missing data for the dependent and independent variables, and p values were referenced to indicate strong evidence to reject or accept the null hypotheses.

Ethical Considerations

It is possible that employees participating in the survey may experience psychological discomfort when answering questions due to unique negative experiences in their own lives. Employees were free to skip (not answer) any questions that made them uncomfortable. If the employee skipped a required question they were taken to the end of the survey where a “Thank

You” for participating message was posted. They were informed that their scores would not be included in the study if they skipped answering a required question.

Another risk associated with this study was the possibility of a breach of confidentiality by the participating employees. There was no way to prevent a participating employee from sharing anything about the survey or their answers with others. However, all data was kept on a password locked hard-drive accessible only by the researcher.

The questions used in the survey were slightly modified versions of questions used by Myers and Allen that had been previously validated for their intended purpose. Dr. Allen was consulted on the modifications and validation was maintained.

Chapter 4: Results

Chapter 4 includes the summary of the response rates, responses, demographics, the research questions, and hypotheses result of the study presented in an order that lends itself to improve understanding of the results.

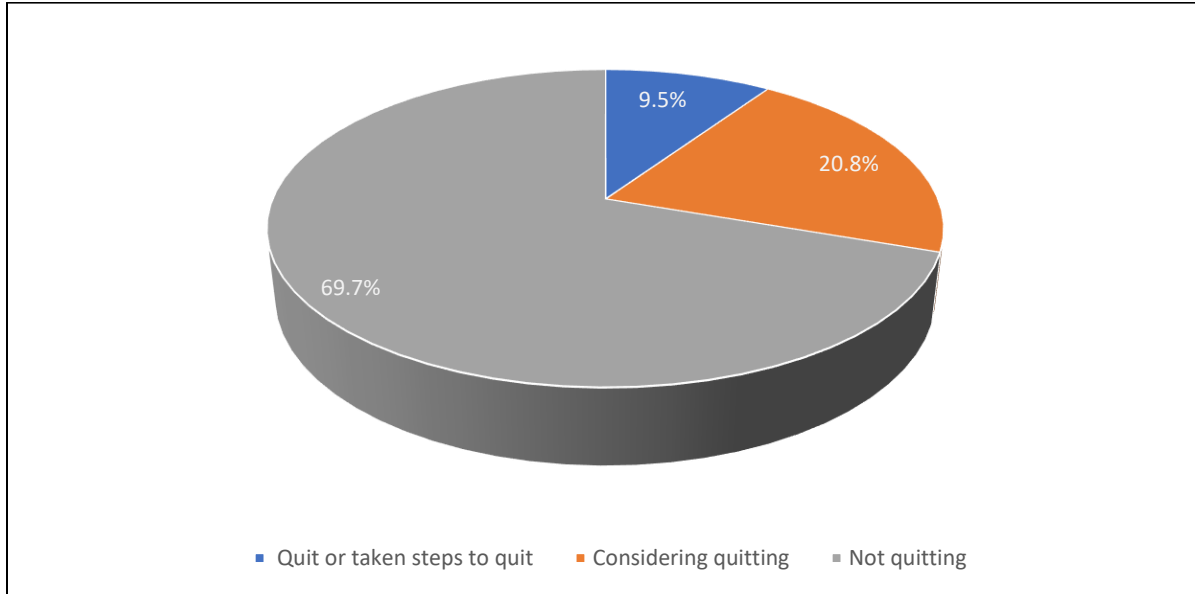
Response Rates, the Treatment of Missing Data, Intent to quit or stay, and Demographics

Data collection began June 1, 2023, and ended in August 2023. Survey data from three hundred and twenty-seven people (325) was included in the regression analysis for all independent variables except pay range and years that they worked at the organization. Eighteen employees in the survey did not answer the question about their pay range. Six employees did not answer the question about how long they worked for the organization. The regression analysis was run using the remaining 309 and 321 respondent's answers respectively. Given the original target sample size for statistical significance was 70, no other correction or consideration to accommodate the missing answers were made. There was a 100% response rate from the 327 employees on all the other questions. There were no other major data discrepancies.

Employee intent to quit or stay in their job

Of the 327 employees in the survey 99 reported they "Quit or have taken steps to quit" or are "Considering quitting". Of the 99, 31 or 9.5% reported their intent to "Quit or have taken steps to quit" [Figure 4]. Using the estimates for cost of turnover from Baer and Labrague, the estimated cost to the employers would be about \$1.86 million in 2018 to 2020 dollars (Baer, 2018) (Labrague, 2020).

Figure 4: – Employee’s intent to quit or stay in their job



Demographic data collected came from employees that worked in 14 separate and distinct organizations. Most survey respondents were female (87.5%) [Table 10] and over the age of 35 (76.7%) [Table 11]. Most of the respondents reported themselves as being “White” (79.8%) [Table 12] in the ethnicity question. Just over 60% of the respondents worked in skilled nursing facilities [Table 13] and most of the respondents work more (87.5%) than 20 hours a week with 54.4% working at least 40 hours a week [Table 14]. Over 85% of the respondents earn less than \$39 an hour, 40% earn less than \$22 an hour and 18 people (5.5%) of the respondents chose not to answer the pay range question [Table 15]. The number of years employees worked at their respective employers was consistent across the groupings. Forty-nine percent (49.3%) of the employees in the survey had worked for their organization for less than 5 years, while 49% worked for their organization over five years. Just under two percent or 1.8% preferred not to answer the question. [Table 16]. Just over 60% (61.2%) of the respondents identified themselves as nurses [Table 17].

Table 10: - *Employee gender*

Gender	Frequency	Percent
Female	285	87.5%
Male	27	8.6%
Non-binary	1	0.3%
Prefer not to answer	12	3.7%
Total	325	100.0%

Table 11: - *Employee age group*

Age Group	Frequency	Percent
0-19	13	4.0%
20-24	23	7.0%
25-34	40	12.2%
35-44	70	21.4%
45-54	74	22.9%
55+	105	32.4%
Total	325	100.0%

Table 12: - *Employee ethnicity*

Ethnicity	Frequency	Percent
Other	1	0.3%
American Indian or Alaska Native	2	0.6%
Asian	6	1.8%
Black or African American	31	9.5%
Prefer not to answer	26	8.0%
White	260	79.8%
Total	325	100.0%

Table 13: - *Employer organization type*

Type of organization	Frequency	Percent
Management Co. or Other	45	14.1%

Assisted Living	55	16.8%
CCRC/Life Plan Community	1	0.3%
Home & Community Based Services	10	3.1%
Home Health	3	0.9%
Nursing Facility	197	60.6%
Senior Housing	14	4.3%
Total	325	100.0%

Table 14: - *Employee hours worked per week*

Hours per week	Frequency	Percent
PRN/Pool	9	2.8%
0-9	8	2.4%
10-19	25	7.6%
20-29	34	10.4%
30-39	73	22.3%
40+	176	54.4%
Total	325	100.00%

Table 15: - *Employees pay range*

Pay range	Frequency	Percent
\$14.01-\$18	60	19.4%
\$18.01-\$22	73	23.6%
\$22.01-\$27	43	13.9%
fd\$27.01-\$39	85	28.2%
\$39.01-\$70	44	14.2%
\$70.01+	2	0.6%
Missing	18	5.5%
Total	325	100.0%

Table 16: - *Number of years the employee worked at the organization*

Years worked at organization	Frequency	Percent
0-1	53	16.2%
1-2	45	13.8%
2-5	62	19.3%
5-10	65	20.2%

10-20	44	13.5%
20+	50	15.3%
Prefer not to answer	6	1.8%
Total	325	100.0%

Table 17: - *The department the employee worked in*

Department	Frequency	Percent
Admin	65	19.9%
Dining-Dietary	22	6.7%
Environmental, Housekeeping, Laundry	25	7.6%
Other	49	15.0%
Other Nursing	43	13.5%
Skilled Nursing	106	32.7%
Therapy	15	4.6%
Total	325	100%

Research Questions and Hypotheses

Six questions guided the research, discussed above. Statistical analysis was conducted on the survey data and relationships between independent and dependent variables were studied using one-way analysis of variance. Research question #1 treated an employee's self-reported intention to stay in their job as the dependent variable and commitment as the independent variable. Questions #2 through #6, treated commitment as the dependent variable and the other variables as independent variables. Bonferroni with an alpha of 0.05 was run as a post hoc test.

Overall commitment or the Aggregated composite of the three contributing components of commitment is referred to Aggregate in this study. The three contributing components of the Aggregate are Affective, Continuance, and Normative. The research questions and hypotheses

Results Summary

Detailed descriptions for each of the research questions and statistics are described below, but a brief bullet point summary follows:

- There are statistically significant correlations between all types of commitment, the Aggregate and an employee's intention to quit or stay in their job.
- The department an employee works in is correlated with their commitment.
- The number of hours an employee works per week is correlated with an employee's Aggregate, or overall commitment, and their Affective, or emotional commitment.
- The age of the employee is correlated with Affective, i.e., emotional commitment, and Normative, i.e., sense of obligatory commitment.
- The employee's pay range is correlated to their Affective, or emotional commitment to their job. This result was unexpected.
- The number of years an employee has worked for an organization is correlated to their Normative commitment, or sense of obligation, to the job.

Results for Research Question 1:

The first research question aimed to assess the correlation between employees' intention to stay or leave their job and the type of commitment they hold for the organization. The obtained p-scores lead to the rejection of the null hypotheses for Research Question 1. Affective commitment stands out with the highest F, r, and Eta-squared scores, followed by Normative and Continuance commitments in that order. The positive r scores confirm the intuitive expectation that as commitment increases, the employee's intention to stay at the organization also rises.

The Aggregate score, encompassing all commitment types, exhibits the lowest variability, as evidenced by its standard deviation. This stability around the means enhances its validity as an indicator of an employee's intention to quit or stay. Although the analysis didn't delve into causal relationships, the Eta-squared measure offers insights into how much of the intention to quit or stay is represented in the commitment measure.

The correlation between all three commitment types—Aggregate, Affective, and Normative—and their combined Aggregate significantly links to employees' reported intention to stay. The Aggregate commitment measure captures 16.9% of the individual's intention to quit, while a substantial 82.9% indicates their intention to stay. Affective commitment represents 24.3% of the intention to quit, leaving 75.7% as reasons to stay. Normative Commitment measure accounts for 22.0% of the intention to quit, revealing a substantial 88.0% for the intention to stay. The Continuance measure reflects 5.5% for the intention to quit and a dominant 94.5% for the intention to stay. In total, 51.9% of the variation in the intention to stay is explained by the different commitment types, with Affective commitment demonstrating the strongest correlation, marked by the highest F-score and r-score.

The positive r scores affirm that as commitment scores increase, so does the intention to stay. Examining individual Eta-squared scores for Affective, Continuance, and Normative commitments provides insight into their combined interaction effect on the decision to quit or stay. For instance, testing for Aggregate commitment explains 16.9% of the reasons someone might want to quit, leaving 83.1% as the rationale for staying. Affective commitment emerges as the strongest, followed by Normative commitment, and Continuance commitment in third place. This suggests that emotions and a sense of obligation exert a more potent influence on the decision to quit or stay than extrinsic factors such as money, prestige, or notoriety.

Table 18: - *Statistical results for research question #1*

Q1: Is the type of commitment correlated with self-reported intention to stay in their job?						
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared

Aggregate	3.28	0.61	<.001	33.1	0.388	16.90%
Affective	3.52	0.89	<.001	52.1	0.446	24.30%
Normative	3.34	0.67	<.001	9.56	0.219	5.60%
Continuance	2.98	0.94	0.027	3.65	0.145	22.00%

Results for Research Question 2:

The investigation into Research Question 2 focused on observing a correlation between an employee's department and their commitment score. The statistical analysis demonstrated a significant correlation across all three types of commitment—Aggregate, Affective, and Normative—and their combined Aggregate with the department an employee works in. Furthermore, the analysis identified noteworthy differences in commitment scores among different departments, leading to the rejection of the null hypotheses for Research Question 2.

Negative correlation coefficients (r-score) associated with each commitment type indicated that as employees' transition or are moved between departments, there is a consistent tendency for all types of commitment to decrease (Puth, 2015). Affective commitment exhibited the strongest negative correlation, signifying that love or affection-based commitment is most adversely affected when employees change departments.

In addition to the negative correlations, effect sizes, measured by Eta-squared, ranged from 4.10% to 11.9%, with the Aggregate Eta-squared at 9.4%. This suggests that 9.4% of the variance in commitment levels can be explained by departmental differences. Each commitment type exhibited a significant correlation with the department, explaining the following percentages of variance: 9.4% for Aggregate commitment scores, 11.9% for Affective commitment scores, 7.5% for Continuance commitment scores, and 4.1% for Normative commitment scores. Despite

these significant correlations, the r-scores indicated a weak overall correlation between department and commitment.

The Aggregate F-score underscored that the combined effect of the three commitments resulted in the strongest correlation compared to individual commitment scores. With the highest mean score for Aggregate commitment at 3.28, followed by Affective (3.52), Normative (3.34), and Continuance (2.98), the findings revealed valuable insights for organizational management. The negative r-scores implied that as the department changes, there is a tendency for commitment scores to decrease. However, it is crucial to note that correlation does not imply causation, urging further research and analysis to explore the specific factors influencing this relationship and the potential for other unconsidered factors impacting both department assignment and commitment levels.

Table 19: - *Statistical results for research question #2*

	Q2: Is the department the employee works in correlated with their commitment score?					
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared
Aggregate	3.28	0.61	<.001	33.06	-0.261	9.40%
Affective	3.52	0.89	<.001	7.18	-0.264	11.90%
Normative	3.34	0.67	<.001	4.34	-0.163	7.50%
Continuance	2.98	0.94	0.036	2.28	-0.138	4.10%

Results for Research Question 3:

The research question sought to uncover whether the number of hours worked per week is correlated with employee commitment scores. The p-scores indicate significant correlations between both the Aggregate and Affective commitment scores and the number of hours worked each week, leading to the rejection of Null Hypotheses H03a and H03b. Specifically, the Aggregate commitment type exhibited a positive correlation ($r = 0.139$), suggesting a slight increase in commitment with longer weekly working hours. Similarly, Affective commitment showed a modest positive correlation ($r = 0.098$), while Normative and Continuance commitment types did not show statistically significant correlations.

The Eta-squared values, ranging from 2.10% to 4.80%, suggest that only a small to moderate proportion of the variance in commitment scores can be explained by differences in weekly working hours. These findings imply that, as the number of hours worked per week increases, commitment may also experience a slight increase.

Examining the specific proportions, 3.7% of the difference in Aggregate commitment scores and 4.8% of the difference in Affective commitment scores can be explained by the association with the number of hours worked per week. Notably, the Affective F Score indicates the strongest connection. The positive r-scores further support the notion that as employees report working more hours, their commitment levels tend to increase.

In summary, the research question explored the correlation between the number of hours worked per week and employee commitment scores. The analysis revealed significant positive correlations for the Aggregate and Affective commitment types, suggesting a potential link between longer working hours and increased commitment. However, the relatively small Eta-

squared values indicate that factors beyond weekly working hours may also influence employees' commitment levels.

Table 20: - *Statistical results for research question #3*

Q3: Is the number of hours worked per week correlated to employee commitment scores?						
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared
Aggregate	3.28	0.61	0.033	2.46	0.139	3.70%
Affective	3.52	0.89	0.007	3.24	0.098	4.80%
Normative	2.98	0.67	0.225	1.40	0.14	2.10%
Continuance	3.34	0.94	0.173	1.55	0.057	2.40%

Results for Research Question 4:

The research question aimed to find a correlation between employees' pay range and their commitment scores. The statistical analysis revealed notable findings. Affective commitment exhibited a significant positive correlation ($r = 0.229$) with the pay range, indicating that higher pay is associated with higher affective commitment scores. However, for the other commitment types (Aggregate, Normative, and Continuance), the correlations were not statistically significant. The Eta-squared values ranged from 0.40% to 6.70%, suggesting that differences in pay range explained only a small to moderate proportion of the variance in commitment scores. These results suggest that, while there is a distinct correlation between pay range and affective commitment, other unexplored factors may also significantly impact employees' commitment levels.

Examining the specific proportions, 6.7% of the difference in Affective commitment between employees can be explained by the differences in pay rates. The F score indicated a relatively strong connection compared to other components, supporting the significance of the correlation between pay range and Affective commitment. The positive r-score further strengthened this correlation, suggesting that as pay rates increase, the level of Affective commitment is expected to rise.

The p-scores confirmed that Affective commitment is the only score significantly correlated with the employee's pay range, leading to the rejection of Null Hypothesis H04b. The Affective commitment type displayed the most significant positive correlation ($p = 0.007$, $r = 0.229$) with the pay range, emphasizing the positive relationship between higher pay and increased Affective commitment scores. Notably, the weaker correlation between Continuance commitment and pay range challenges expectations, as Continuance commitment is typically considered most sensitive to extrinsic influences. Despite the positive Continuance r-score, it did not emerge as the strongest correlation among the three commitment types, providing an unexpected insight into the complex interplay between pay and commitment. This highlights a possible benefit for organizations that consider a multifaceted approach beyond pay when seeking to enhance overall employee commitment.

Table 21: - *Statistical results for research question #4*

Q4: Is the employee's pay range correlated to employee commitment scores?						
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared
Aggregate	3.28	0.60	0.355	1.11	0.114	1.80%

Affective	3.52	0.88	<.001	4.37	0.229	6.70%
Normative	2.98	0.65	0.945	0.24	0	0.40%
Continuance	3.34	0.93	0.506	0.86	0.002	1.40%

Results for Research Question 5:

Research Question #5 aimed to investigate the correlation between the number of years an employee works for an organization and their commitment scores. The statistical analysis produced varied results. The correlation for Aggregate commitment type was not statistically significant ($p = 0.295$), suggesting no clear relationship between the duration of employment and overall commitment scores. Similarly, Affective and Normative commitment types exhibited non-significant correlations, indicating that the length of employment did not significantly impact these facets of commitment. In contrast, the Continuance commitment type demonstrated a significant positive correlation ($r = 0.131$) with the number of years worked, implying that employees with longer tenures tend to have slightly higher Continuance commitment scores.

Specifically, the p-scores indicate that the Continuance commitment score ($p = 0.032$) is the only score significantly correlated with the number of years an employee has worked for the organization. This suggests that, as employees remain with an organization, their Continuance commitment tends to increase slightly. The positive r-score reinforces this correlation, indicating that as the number of years increases, reported commitment is expected to rise. The Eta-squared values, ranging from 0.90% to 4.20%, underscore that the explained variation in commitment scores due to the number of years worked is relatively modest across all commitment types.

In summary, while the research question revealed a modest correlation between the number of years worked and Continuance commitment, the non-significant correlations for other

commitment types emphasize the complexity of factors influencing overall commitment levels among employees. The rejection of Null hypothesis H05d solely applies to the Continuance commitment, urging a nuanced understanding of the relationship between employment duration and commitment within organizations.

Table 22: - *Statistical results for research question #5*

Q5: Is the number of years an employee works for an organization correlate to commitment scores?						
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared
Aggregate	3.28	0.61	0.295	1.22	0.114	2.20%
Affective	3.52	0.89	0.625	0.73	0.065	1.40%
Normative	2.98	0.67	0.805	0.51	0.068	0.90%
Continuance	3.34	0.94	0.032	2.33	0.131	4.20%

Results for Research Question 6:

Research Question #6 delved into the correlation between employees' self-reported age and their commitment scores. The statistical analysis yielded intriguing insights. Marginally insignificant, the Aggregate commitment type demonstrated a positive correlation ($p = 0.062$), suggesting a potential tendency for commitment scores to slightly increase with age. Notably, Affective and Continuance commitment types showed more pronounced and statistically significant positive correlations ($p = 0.003$ and $p = 0.001$), indicating a stronger relationship

between age and higher commitment scores in these categories. However, like Aggregate, the Normative commitment type exhibited a non-significant correlation with age. The Eta-squared values ranged from 0.90% to 32.00%, signifying that age explains a moderate to substantial proportion of the variance in commitment scores, particularly in the Aggregate commitment type. These results suggest that, on average, older employees may display higher commitment levels, yet the strength of this relationship varies across different commitment dimensions.

The Aggregate and Continuance commitment scores did not show significant correlations with reported age. The three commitment types standing alone explained only 12.4% of the variation in commitment scores, emphasizing that age plays a varied role in influencing commitment levels. While the findings imply that older employees may display higher commitment levels, the nuanced relationships across different commitment dimensions highlight the multifaceted nature of age's impact on employee commitment.

Table 23: - *Statistical results for research question #6*

		Q6: Is the employee's self-reported age correlated to employee commitment scores?				
Commitment Type	Mean	Std. Dev	p-score	F Score	r-score	Eta-squared
Aggregate	3.28	0.61	0.062	2.13	0.156	32.00%
Affective	3.52	0.89	0.003	3.73	0.189	5.50%
Normative	2.98	0.67	0.695	0.61	-0.027	0.90%
Continuance	3.34	0.94	0.001	4.06	0.214	6.00%

Findings

The comprehensive examination of employee commitment across various organizational dimensions yielded insightful correlations and nuanced relationships. For Research Question #1, exploring the link between commitment types and self-reported intentions to stay, Affective commitment emerged as the most influential, with the highest F, r, and Eta-squared scores. A significant positive correlation was found for all commitment types, highlighting their collective impact on the intention to stay. Notably, the Aggregate commitment measure explained 16.9% of the variance in intention to quit, emphasizing its stability and validity. For Research Question #2, investigating the correlation between department and commitment scores, negative correlations and effect sizes shed light on departmental influences. The Aggregate commitment score exhibited the strongest correlation, with Affective commitment most affected by departmental changes. Research Question #3 explored the connection between weekly working hours and commitment, revealing significant positive correlations for Aggregate and Affective commitment types. However, the small Eta-squared values suggested limited impact from weekly hours alone. For Research Question #4, pay range and commitment showed a significant positive correlation for Affective commitment, challenging expectations for Continuance commitment. The findings underscored the need for a multifaceted approach to enhance overall employee commitment beyond pay considerations. Research Question #5 delved into the correlation between years of employment and commitment, revealing a modest association for Continuance commitment. Lastly, Research Question #6 explored age and commitment, uncovering a marginally significant positive correlation for Aggregate commitment and a significant positive correlation for Affective commitment. Nuanced relationships underscore the complex interplay of factors shaping employee commitment. The results support the possibility that employee commitment

to their jobs and the organization could be affected by decisions employer's make related to environment and pay scales and retention strategies. Conclusions, Interpretations and Recommendations are discussed in Chapter 5.

Findings Research Question 1

The first research question aimed to assess the correlation between employee's intention to stay or leave their job and the type of commitment they hold for the organization. The obtained p-scores lead to the acceptance of the hypothesis that the type of commitment is correlated with an employee's intention to stay in or quit their job. Obtained p-scores for all types of commitment lead to the acceptance of the hypothesis. There is a significant correlation between the employee's intention to stay or quit their job and the type or types of commitment they hold for the organization or job.

Findings Research Question 2

The second research question delved into the correlation between the department an employee works in and the type of commitment they hold. The obtained p-scores lead to the acceptance of the hypothesis that the department the employee works in is correlated with commitment scores. The negative correlation coefficients (r-scores) associated with each commitment type indicated that there is a tendency for all types of commitment to fall as employees transition between departments. There is a significant correlation between an employee's commitment score across all three types, and the department they work in. The r scores indicate falling commitment as an employee moves from one department to another. It appears that consistency of department is more relevant than the actual department to which they are assigned.

Findings Research Question 3

The third research question sought to uncover the correlation between the number of hours per week an employee works and commitment. The obtained p-scores indicate significant correlation between both the Aggregate commitment score and the Affective commitment score. Therefore, the hypothesis for Aggregate and Affective commitment can be accepted, but the null hypothesis for Normative and Continuance commitment must be accepted as well. There is a significant correlation between the employee's Aggregate and Affective commitment scores and the number of hours a week they work.

Findings Research Question 4

The fourth research question aimed to uncover the correlation between employees' pay range and commitment scores. Only Affective commitment and pay range exhibited a significant positive correlation. Only the hypothesis for Affective commitment can be accepted. The null hypotheses for Aggregate, Continuance, and Normative commitment types must be accepted. There is a significant correlation between the employee's Affective commitment score and their pay range.

Findings Research Question 5

Research question number five aimed to investigate the correlation between the number of years an employee works for an organization and commitment scores. Only Continuance commitment and the number of years an employee works for an organization exhibited a significant positive correlation. Only the hypothesis for Continuance commitments significant correlation to the number of years and employee works for the organization can be accepted. The null hypothesis for Aggregate, Affective, and Normative commitment types must be accepted. There is a significant correlation between the employee's Continuance commitment score and the number of years they have worked for the organization.

Findings Research Question 6

The final research question, number six, delved into the correlation between employees' self-reported age and commitment scores. The obtained p-scores lead to the acceptance of the hypothesis for Affective and Continuance commitment types and employee self-reported age. The obtained p-scores for Aggregate and Normative commitment types and employee self-reported age leads to the acceptance of the null-hypothesis for those commitment types. There is a significant correlation between an employee's Affective and Continuance commitment scores and the reported age of the employee.

Nursing facilities and the health care industry in general are experiencing inordinately high turnover and a scarcity of workers (Connelly, 2019). There is a decline in organizational commitment among health workers which is linked to the elevated turnover rates and reduced retention. (Al Zamel., 2020), (Potira, 2019) (Ravangard, 2019), (Yurumezoglu, 2019) (Farndale, 2014) (Ng, 2005) (Reissova, 2021). The literature documents the ability to measure and monitor employee commitment (Meyer J. A., Testing the "side-bet theory" of organizational commitment: Some methodological considerations, 1984) (Meyer J. A., 1990) (Meyer J. A., A three-component conceptualization of organizational commitment, 1991) (Meyer J. A., 1993) (Meyer J. A., Commitment in the workplace: Theory, research, and application, 1997) (Meyer J. A., TCM employee commitment survey academic users guide, 2004). The health care industry has been attempting to address employee retention and turnover through improvements in engagement and satisfaction since the 1970s (Potira, 2019) (Brown, 2023), and more recently an awareness of employee commitment as a driver of engagement and satisfaction has emerged (Connelly, 2019) (Potira, 2019).

Quitting or staying in a job is behavioral decision that can be influenced or better understood through the Transtheoretical model of change framework (Bentein, 2005) (Prochaska, In search of how people change: Applications to addictive behaviors, 1993) (Huebner, 2013) (LaMorteame, 2019). People in the transtheoretical stages of Contemplation, Preparation, and Action are more susceptible to behavioral change influences than people in the other stages (LaMorteame, 2019) (Connelly, 2019). This study correlated employees' intention to quit or stay in their job with their types and strengths of commitment. Knowing what level and type of commitment an employee is experiencing can guide the actions of employers who intend to increase the employee's level of commitment, which in turn will increase their levels of engagement and satisfaction with their job.

Aggregate Commitment Moderating Factors

The combination of all three commitment types identified by Myer, Allen, and their colleagues is called the Aggregate commitment type in this study. The Aggregate commitment type emerged as the second most correlated commitment type on an employee's intention to stay or quit their job. Every employee has some amount of every commitment type at any given time (Allen, 1996)(Allen, 1990) (Meyer J. A., 1990) (Meyer J. A., 1991) (Meyer J. A., 1993) and given the complex and nuanced nature of what causes employees to stay or quit their jobs it stands to reason that employers would benefit from considering all types of commitment being experienced by their employees. All the factors identified for each of the commitment types are moderating factors for Aggregate commitment.

Affective Commitment Moderating Factors

Specifically, in this study Affective commitment emerged with the strongest correlation with a nursing employee's intention to quit or stay in a job. This finding is consistent with other

research found in the literature that affirms Affective commitment as having the strongest correlation with employee engagement and intention to quit or stay in a job across industry types (Allen, 1996), (Meyer J. A., 1990) (Meyer J. A., 1991), (Meyer J. A., 1993), (Grund, 2022).

The literature cited indicates that the items in Tables 7 act as moderating factors for Affective commitment levels in employees. The factors noted with an (*) have been added because of this study.

Continuance Commitment Moderating Factors

The literature cited indicates that the bullet point items below have been shown to correlate to changes in Continuance commitment levels in employees (Lapointe, 2017), (Botella-Carrubi, 2021) (Hayat Bhatti, 2019) (Jha, 2011) (Lu, 2023) (Mutmainnah, 2022) (Taing, 2011). This study added the workplace factors of departmental consistency, pay range, and years of employment at the organization as factors that have been shown to correlate to changes in Continuance commitment in employees. Moderating factors found to correlate with Continuance commitment include but may not be limited to those listed in Table 8.

Normative Commitment Moderating Factors

The literature indicates that the bullet point items below correlate to changes in Normative commitment levels in employees (Wang W. A., 2020) (Menatta, 2022). This study added an employee's self-reported age as a factor that had been shown to correlate to changes in Normative commitment. The negative r-score indicates that as age increases Normative commitment levels may decrease. Moderating factors found to correlate with Normative commitment include, but may not be limited those listed in Table 9:

In this study there were negative r-scores for research questions number 2 and 6. For research question number two (Is the department the employee works in correlated with their commitment score?) were negative. The negative r-score implies that as employees change departments there is a tendency for commitment scores to decrease. The employees' experience of consistency, not the actual department to which they are assigned, is the significant detail in this finding (DuPlessis, 2015).

Research question number 6 (Is the employee's self-reported age correlated to employee commitment scores?) generated a negative r-score for Normative. While the p-score for Normative was not significant the negative r-score indicates that as age increases Normative commitment scores tended to decrease. The other three types of commitment, Aggregate, Affective, and Continuance, all generated positive r-scores indicating that as age increases those commitment types tend to increase.

Limitations

The limitations with this study included self-reports open to employee's subjectivity and bias that could result in less objective responses. Self-reports in this study represent a population that was recruited through their employer and did not include all employees of the employer. Self-report bias was minimized through the application of quantitative questionnaires with previously reported reliability that were adequate to measure the participants responses in this study (Allen, 1996) (Meyer J. A., 1990).

The Eta-squared values generated between the workplace factors, e.g., department, hours worked per week, pay range, number of years of employment, and self-reported age, and the contributory commitment types (e.g, Affective, Normative, and Continuance) range from 0.40% to 11.9% suggesting that the differences between the factors explained only a small to moderate

portion of the variance in commitment scores. Despite the significant correlations associated with some of the factors to commitment the relatively small Eta-squared values indicate that factors beyond those studied may be influencing commitment levels.

To minimize threats to validity and to generalize results a concise detailed explanation with regressions analyses objectively reported the independent variable variance associated with the dependent variable. Confidence levels of 0.95 and a significance level of 0.05 were applied to make calculations on a sample size of 327.

Interpretations

The results of this comprehensive correlational analysis of commitment type and moderating factors expands on previous research contribute new knowledge about the correlation between employee commitment and what factors influence it in the workplace. An employee's decision to quit or stay in a job is a dynamic process that can be measured and influenced (Grimolizzi-Jensen, 2018). An employee's intention to stay or quit a job can be measured and is correlated with the type and strength of commitment they have to their job or organization. This study, and other research, shows that Commitment is also a dynamic process, can be measured, and correlated to moderating factors that employers can use to affect it. An employee's decision to quit or stay in their job can be influenced through an employer's use of moderating factors that influence employee commitment.

Implications

This quantitative correlational study aimed to assess the correlations between employees' intent to stay or quit their job and the type of commitment they hold to their job and the organization. Additionally, the research aimed to, and succeeded at expanding previous research about correlations between employee commitment and manageable factors in the workplace

(Clegg, 2008), specifically the department an employee works in, the employees' years of employment at the organization, employee pay range, and the employee's self-reported age. Data analysis results revealed statistically significant relationships. The findings provided theoretical, practical, and future implications regarding managing turnover intention. The findings have implication for individual organizations and the employee populations studied. Employers can affect their employee's intention to quit or stay in their job using moderating factors that affect employee commitment in the workplace.

Chapter 5: Summary, Recommendations, and Conclusion

Summary

A variety of models have been used by prior researchers to measure and describe job satisfaction, affective, Normative, Continuance, organizational commitment, and turnover intention (Al Zamel., 2020) (Potira, 2019) (Ravangard, 2019) (Yurumezoglu, 2019) (Farndale, 2014) (Ng, 2005) (Reissova, 2021). This study was unique in that it was guided by the Transtheoretical model of change (LaMorteame, 2019) (Prochaska, In search of how people change: Applications to addictive behaviors, 1993) (Huebner, 2013), and the Three Component Model of organizational commitment by Meyer and Allen (Meyer J. A., 1984) (Meyer J. A., 1990) (Meyer J. A., 1991) (Allen, 1996). The Transtheoretical model of change informs us that life-changing behavior decisions happen in stages and people are more susceptible to influences on decisions at different stages (LaMorteame, 2019). This study correlated the TCM commitment types with the intention to change behavior, as defined by the Transtheoretical stages. This linkage strengthens the links that theorists had already forged between the Meyer and Allen commitment types and turnover intention (Meyer J. A., 1990) (Huebner, 2013).

Based on those theories and this study's model, new links between factors, intention to quit, and employee commitment were formed. Specifically, departmental consistency, hours worked per week, years of employment at an organization, pay range, and employee age and commitment type and the intention to quit or stay in a job. From a theoretical perspective adding the additional links results in several more factors to consider when working to understand the complex and nuanced relationships between an employee and their intention to quit or stay in their job.

From a practical perspective, the factors of departmental consistency, hours worked per week, years of employment at an organization, pay range, and employee age are links to employee commitment that managers and supervisors can change immediately if changes in commitment among the employees is desired. This study shows that changes in commitment levels of employees would be expected if those factors were increased or decreased. Previous research shows (Connelly, 2019); (Potira, 2019) that as commitment changes satisfaction and turnover intention changes. This study advanced the strength and practical application of the previous research.

From a societal perspective, the study findings could help employers improve the commitment and retention of their employees which would be good for the employees, the employers, and the people they serve in nursing facilities (Bulent, 2020) (Centers for Medicare and Medicaid Study, 2022) (Salem, 2017).

Recommendations for future research

The recommendations addressed in this section reflect ways that future researchers and professionals in the health care industry can reduce employee turnover by designing and implementing strategies that reflect the knowledge gained about employee commitment from this

study and others. This study met its purpose by correlating independent variables that will aid in the filling of gaps in previous research (Connelly, 2019) (Potira, 2019) (Seitovirta, 2018).

This study did not examine specifically how the factors of departmental consistency, hours worked per week, years of employment at an organization, pay range, and employee age were correlated with intention to quit or stay using the Transtheoretical model. Therefore, future research might focus on correlational analysis of those factors.

Given the relatively small Eta-square measures, there appears to be an opportunity to investigate what other workplace factors are influencing commitment in the workplace other than those addressed in this study. Workplace factors that could be studied include the availability of free food or meals for employees, specific methods of performance feedback, i.e., one-on-one verbal, written, or hybrid, and specific orientation/integration practices used during the employee on-boarding process.

The results of this study provide insight on opportunities for future research that addresses the complex and nuanced problem of nursing facility employee turnover and retention. This study examined the relationship between employee commitment type and their intention to quit or stay in their job and it examined the correlations between commitment and employment factors in the workplace. This study's novel approach of correlating workplace environmental factors, specifically the department employees work in, the number of hours an employee works each week, employee pay range, the number of years of employment at the organization, and the employee's age, and treating them as factors that can influence commitment is supported (Jha, 2011) (Lapointe, 2017) (Botella-Carrubi, 2021) (Hayat Bhatti, 2019) (Lu, 2023) by prior research and strengthens future research. This study's practical goal is to support efforts to reduce employee turnover in nursing facilities.

Specific recommendations for future research include:

1. **Additional correlational analysis.** The present study correlated employee commitment with intention to quit or stay in a job. Future research opportunities include studying the correlations between the factors that influence commitment found in the literature and the conclusions of this study with intention to quit or stay in a job as used in the Transtheoretical model in this study.
2. **Identify other factors in the workplace.** This study uncovered the low to moderate influence on commitment, the significantly correlated factors of this study accounted for (i.e., relatively small Eta-squared calculations). Future research opportunities lie in identifying other significant factors of statistical significance like elements of the onboarding and integration programs, the use of very specific continuous feedback and performance measurement tools, and topics, formats, and frequency of leadership development programs for employees.
3. **Extend the study to more facilities in more states.** The experience of the nursing facility workers that participated in this study represents a relatively small sample of workers in Wisconsin. Extending the study to include samples of nursing facility workers from more facilities in Wisconsin and/or other states may add new knowledge to the existing literature.
4. **Explore other health care facility types.** This study may be replicated in other health care facility types in the United States, such as hospitals, physician practices, case management companies, home health agencies, or therapy companies.
5. **Explore other types of industries.** This study may be replicated in other industry types, such as education, manufacturing, retail, or other service organizations.

The goal of this study was to produce correlation data that would be of practical use to facility operators. If nursing facility operators, and other employers, increase their understanding of what is affecting their employee's commitment to their jobs and organizations then recruitment and retention are expected to improve. Addressing the problems effectively requires nuanced strategies implemented over time and tailored to an organization's complex combination of factors shaping the work environment. There is not a "one size fits all" solution. Historically employers have attempted to reduce turnover by focusing on increasing satisfaction and engagement in their employees. History has shown that focusing on satisfaction and engagement, while valuable, has not been enough to avoid the current shortage and disproportionate turnover in the health care industry. Expansion of scientific knowledge about commitment's link to turnover intention is needed.

This research study intended to help fill a gap in knowledge between factors experienced by employees to an understanding of employees' intention to quit or stay in their jobs. This study's novel approach of correlating workplace factors to commitment and then commitment to intention to quit or stay is supported by the literature (Jha, 2011) (Lapointe, 2017) (Botella-Carrubi, 2021) (Hayat Bhatti, 2019) (Lu, 2023) and strengthens the links previous researchers have made. The recommendations presented above are intended to help future researchers and facility operators continue to move forward in the accumulation of knowledge and experience that will help address the shortage of health care workers and the disproportional turnover of health care workers in nursing facilities.

The Transtheoretical model of change and the Meyer and Allen three component model of commitment formed this study's theoretical foundation. The framework guided the study and the research questions being asked. The researcher employed a quantitative correlational design.

A total of 327 nursing facility employees completed the survey. The study findings show statically significant correlations within each research question asked. The findings showed that Affective commitment has the strongest correlation among all factors analyzed, but the study data highlights even more clearly the nuanced relationships that underscore the complex interplay of factors shaping an employee's commitment to their job or organization. Future research may expand on this study to continue to grow the body of knowledge.

Conclusion

This dissertation presents a comprehensive analysis of the correlations between employee commitment, moderating factors in the workplace, and employee intention to stay or quit jobs within the nursing facility healthcare sector in the United States. Through a quantitative correlational study guided by six research questions, this research aimed to provide insights to help employers improve employee retention in the face of critical workforce shortages.

The findings of this study underscore the dynamic nature and significance of employee commitment in influencing their intention to stay or leave their jobs. By measuring commitment using the Allen and Meyer Three Component Model and intention to quit or stay using the Transtheoretical Model of Change, this research revealed statistically significant correlations between commitment types and various moderating factors such as departmental assignments, hours worked per week, pay range, years of employment, and self-reported age.

The implications of these findings are multifaceted. Theoretically, this research contributes to the existing literature by expanding our understanding of the factors influencing employee commitment and intention to stay in their jobs. Practically, the findings offer valuable insights for employers as they create and implement organizational strategies aimed at improving employee retention. By recognizing the influence of moderating factors on employee

commitment, employers can implement targeted interventions to foster a more supportive work environment and reduce turnover rates. Targeted interventions can now be measured for effectiveness over time.

Furthermore, the implications of this study extend beyond individual organizations to the broader employee populations studied. Employers across the nursing facility healthcare sector can use the insights gained from this research to implement evidence-based practices that promote employee commitment, satisfaction, and longevity in their workforce.

In summary, this dissertation provides valuable insights into the complex interplay between employee commitment, moderating factors in the workplace, and intention to stay or quit jobs. By understanding and addressing these relationships, employers can proactively manage turnover intention and cultivate a more committed and resilient workforce, ultimately contributing to improved organizational performance and employee well-being.

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Appendix A: Survey - Participant Consent

Are you consenting on behalf of your organization to participate in the employee commitment survey?	Yes No (<i>If no is selected the respondent is taken to a "Thank You" page</i>)
Please provide the requested information in in the space provided:	Your first name: Your last name: Email address: Telephone number:
Please choose from the following pull down list the organization you are representing:	<i>Pull down selection list provided</i>
If you are NOT the person responsible for communicating with and disseminating information to participating employees, please provide the following information for the person who will be responsible:	First name: Last name: Email address: Telephone number.
Please choose the type of organization:	<i>Pull down selection list provided</i>

Appendix B: Survey – Three Component Model of Commitment

<p>The questions below are modified or adapted from the Meyer & Allen Three component model of commitment (Allen, 1990). Modification was approved by Dr. Meyer.</p>	
<p>Answers were requested to be given on the Likert scale of 1 to 5. One representing a very low agreement with the statement and five representing a very high agreement with the statement.</p> <p>The wording is as follows:</p> <p style="padding-left: 40px;">“Please choose the number that most accurately represents your level of agreement with the statement.</p> <p>1= strongly disagree</p> <p>2= disagree</p> <p>3= undecided</p> <p>4= agree</p> <p>5= strongly agree”</p>	
A1	I would be very happy to spend the rest of my career with this organization.
A2	I enjoy discussing my organization with people outside it.
A3	I really feel as if this organization's problems are my own.
A4	I could never become as attached to another organization as I am to this one.
A5	I feel like “part of the family” at my organization.
A6	I feel emotionally attached to this organization.
A7	This organization has a great deal of personal meaning for me.
A8	I feel a strong sense of belonging to my organization.
N9	I was taught to believe in the value of remaining loyal to one’s organization.
N10	If I got another offer for a better job elsewhere, I would not feel it was right to leave

	my organization.
N11	I think wanting to be a 'company man' or 'company woman' makes sense.
N12	I think that people these days move from company to company too often.
N13	Things were better in the days when people stayed with one organization for most of their careers.
N14	Jumping from organization to organization is not ethical (not ok).
N15	I believe that a person must always be loyal to his or her organization.
N16	One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.
C17	I am afraid of what might happen if I quit my job without having another one lined up.
C18	It would be very hard for me to leave my organization right now, even if I wanted to.
C19	Too much in my life would be disrupted if I decided I wanted to leave my organization now.
C20	It would be too costly for me to leave my organization now.
C21	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice – another organization may not match the overall benefits I have here.
C22	Right now, staying with my organization is a matter of necessity as much as desire.
C23	I feel that I have too few options to consider leaving this organization.
C24	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.

Appendix C: Survey - Transtheoretical Model of Change

The Transtheoretical Model of Change (TTC) is a framework used to understand behavior changes across various domains including organizational change (Prochaska, In search of how people change: Applications to addictive behaviors, 1993). This study adapted TTC in the following manner.

Score:	Answer:	TTC stage of decision making
1	I have quit my job.	Action
2	I have taken steps to quit my job (i.e., applied somewhere else, interviewed, etc.)	Preparation
3	I am thinking about quitting.	Precontemplation
4	I am not going to quit.	Maintenance

Appendix D: Survey – Independent Variables, Demographics

The independent variables were gathered as survey questions. The variables reflect the Bureau of Labor Statistics standardized answers used to capture demographic information for the census and other purposes (Bureau of Labor Statistics, 2022).	
Please share the following (this is a voluntary question; an answer is not required):	
FN	First Name
LN	Last Name
MI	Middle Initial
X	I prefer not to answer
About how many years have you worked with the organization? Please choose the number that reflects your answer below:	
1	0 to 1
2	1 to 2
3	2 to 5
4	5 to 10
5	10 to 20
6	20+
7	I prefer not to answer
Please choose the number associated with the department you work in:	
1	Admin
2	Dining-Dietary
3	Environmental, Housekeeping, Laundry, Facilities
4	Other

5	Other Nursing
6	Skilled Nursing
7	Therapy
Please choose the number that is associated with your hourly pay rate:	
1	0 - \$14
2	\$14.01 - \$18
3	\$18.01 - \$22
4	\$22.01 - \$27
5	\$27.01 - \$39
6	\$39.01 - \$70
7	\$70+
About how many hours a week do you work at this organization? Please choose the number associated with your answer.	
1	PRN/Pool
2	0 - 9
3	10 - 19
4	20 - 29
5	30 - 39
6	40+
Do you have another job that is the same or similar to the one you have at this organization?	
1	Yes

2	No
3	I prefer not to answer
Choose the number of the age group you are part of:	
1	0-19 years
2	20-24 years
3	25-34 years
4	35-44 years
5	45-54 years
6	55+ years
Please choose the gender you identify with:	
1	Female
2	Male
3	non-binary
4	Other
5	I prefer not to answer
Please choose the ethnic group you identify with:	
1	Black or African American
2	Asian
3	Native American Indian or Alaska Native
4	Native Hawaiian or another Pacific Islander
5	White
6	Other
7	Prefer not to answer

