Intentsions to Quit Work Among Care Staff Working in the Aged Care Sector

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Purpose of the Study: The aged care industry experiences high rates of staff turnover. Staff turnover has significant implications for the quality of care provided to care recipients and the financial costs to care agencies. In this study, we applied a model of intention to quit to identify the contextual and personal factors that shape aged care staff’s intention to quit. Design and Methods: A sample of 208 aged care staff, including nurses, personal care assistants, allied health professionals, and managers completed a self-report questionnaire. The questionnaire assessed intention to quit, organizational commitment, job satisfaction, self-esteem, stressors, stress, and supervisor support. Results: The findings largely supported the model. Specifically, job commitment, job satisfaction, and work stressors directly influenced intentions to quit, although work stressors and supervisor support demonstrated numerous indirect associations on quitting intentions. Implications: The findings suggest that aged care service providers can modify aged care workers’ intentions to quit by reducing job stressors and increasing supervisor support.

Key Words: Staff turnover, Job stress, Supervisor support

Facilities providing aged care, including nursing homes (high-level care), hostels (low-level care), and community care agencies, play an important role in developed nations in addressing the physical, emotional, and social needs of older people who cannot live independently. The quality of care provided is dependent on a variety of staff including nurses, personal carers, direct care workers, and allied health professionals. However, the stability of employment in these facilities has been found to be quite low as a result of high staff turnover rates. For example, in Australia between 20% and 25% of personal carers, community care workers, and nurses in the aged care sector need to be replaced each year (National Institute of Labour Studies [NILS], 2008). These high turnover rates have been linked to the provision of reduced quality of care (Burgio, Fisher, Fairchild, Scilley, & Hardin, 2004; Castle, Engberg, Anderson, & Men, 2007) and to negative outcomes, including disruptive behavior among residents of residential aged care facilities (Burgio et al., 2004). High staff turnover rates are also an important issue for organizational management. Lack of employee continuity may contribute to recurring increased staff training costs and decreased organizational stability and productivity (Siong, Mellor, Moore, & Firth, 2006).

These findings, and the need for high quality care in the aged care sector, suggest that research to investigate the factors contributing to staff turnover is needed. The significance of understanding turnover in the aged care setting is especially important when considering the aging population of western countries. In Australia, for example, between 21% and 23% of the Australian population will be older than 65 years by 2051 (Australian Bureau of Statistics, 2010). This suggests that retaining aged care workers for economic and quality of
care reasons will be of greater significance in the future.

In response to the negative outcomes of staff turnover in aged care, studies have investigated various factors that shape staff turnover—most often conceptualized as intentions to quit or anticipated turnover (Brannon, Barry, Kemper, Schreiner, & Vasey, 2007; Firth, Mellor, Moore, & Loquet, 2004). Although actual quitting behavior is of particular interest to organizations, over the last two decades, intention to quit has been argued to be a powerful predictor of quitting (e.g., Firth et al., 2004; Kalliath & Beck, 2001; Saks, 1996; Sager, 1991; Siong et al., 2006). Further, obtaining data for research purposes from staff who have already quit is difficult (Firth et al., 2004). For example, organizational policies and government legislation regarding the disclosure of former employee information have significantly tightened over the years to ensure that the privacy of former employees is maintained (Commonwealth of Australia, 1988; Organisation for Economic Co-operation and Development, 2011).

In relation to intention to quit, McCarthy, Tyrrell, and Lahane (2007) found a negative association between job satisfaction and intention to leave, but Shader, Broome, Broome, West, and Nash (2001) found that in addition to job satisfaction, job stress was associated anticipated turnover. Karsh, Booske, and Sainfort (2005) found that employee commitment was another important predictor of anticipated staff turnover. Other studies have found stressors such as work-overload and work-life balance to influence staff turnover in the aged care sector (e.g., Drury, Francis, & Chapman, 2009; Fitzgerald, 2007). These studies highlight that staff turnover is highly complex and multifaceted in nature.

Despite this, most studies have only examined a few correlates of staff turnover. As a consequence, research is unlikely to capture the complete picture of contextual and personal factors that shape aged care staff turnover. Of those few studies that have attempted to develop more integrative models of staff turnover (e.g., Castle et al., 2007; McCarthy et al., 2007; Takase, Yamashita, & Oba, 2008), these models often do not examine the structural relationships between variables to understand the complex pathways by which personal and contextual factors interact to predict staff turnover.

In response to this limitation in past research, we applied an integrative model of turnover proposed by Firth and colleagues (2004) that comprises of a series of personal and contextual factors linked together through a series of direct and indirect pathways in predicting employee intention to quit. Thus, the Firth and colleagues (2004) model, presented in Figure 1, is an attempt to unpack the complex interplay between variables widely studied in the organizational literature in the prediction of staff turnover. The model has received past empirical support in diverse contexts, such as retail and customer support (Firth et al., 2004; Siong et al. 2006). In this study, we applied the Firth and colleagues model to the context of aged care.

As illustrated in Figure 1, stressors are hypothesized to influence four intermediatory variables—supervisor support (labeled support), self-esteem (labeled esteem), job stress (labeled stress), and job satisfaction. Supervisor support and self-esteem are also hypothesized to predict job stress and job satisfaction. In turn, these four variables are considered to influence job commitment, which in turn, are associated with intention to quit. Thus, the effects of stressors, self-esteem, and supervisor support are deemed to have indirect effects on intention to quit through the variables of job stress, job commitment, and job satisfaction. In the following sections, we briefly review past research examining the associations between these variables illustrated in the Firth and colleagues model within and outside the aged care sector and then discuss past studies that have applied this model.

**Factors Predicting Intentions to Quit**

Research into the antecedents of intentions to quit has been widely investigated (e.g., Decker, Harris-Kojetin, & Bercovitz, 2009; Siong et al., 2006; Simons & Jankowski, 2007). Across studies, a series of variables have consistently emerged as important predictors of intentions to quit. These variables include job satisfaction, workplace stressors and workplace stress, supervisor support, commitment to the organization, and personal variables such as self-esteem. We briefly describe research in relation to these variables below.

**Job Satisfaction**

In relation to job satisfaction, Castle and colleagues (2007) found job satisfaction to be predictive of actual turnover after 1 year. Level of job satisfaction has also been assessed in research investigating staff turnover, with several studies in the aged care sector finding an association between
low job satisfaction and intentions to quit among personal care assistants (PCAs; Castle et al., 2007), nursing assistants (Decker et al., 2009), nurses (Francis-Felson et al., 1996), and social workers (Gleason-Wynn & Mindel, 1999).

Workplace Stressors and Workplace Stress

Researchers have investigated a number of variables related to job satisfaction and intentions to quit in the aged care sector. In particular, decreasing workplace stressors and workplace stress are thought to be key variables in increasing job satisfaction and decreasing intent to quit and actual turnover rates (Gleason-Wynn & Mindel, 1999). Workplace stressors are particularly relevant for the age care setting, which is distinguishable from other healthcare environments by the multiplicity of care recipients’ needs and medical problems (i.e., dementia, physical rehabilitation, and incontinence), the extended length of care required, and the high mortality rate of patients (VonDras, Flittner, Malcore, & Poulion, 2009). Other studies report that these workplace stressors are magnified by the lack of pay parity and career pathways afforded to aged care staff in residential facilities compared with hospital nurses (Australian Nursing Journal [ANJ], 2005; O’Connor, 2010; Valencia, Hannon, & Stein, 2005).

Collectively, these factors contribute to producing a working environment that is highly stressful for carers. The issue of workplace stress is particularly critical at present, given reports by the Australian Nursing Federation (2009) that work intensity, as measured by the number of residents per nurse, has increased from 5.2 to 6.7 between 2003 and 2007 in aged care facilities, and this is set to rise to 12.1 in the next decade. Various studies report that these alarming trends in work overload are in part attributable to the lack of training and regulations regarding the minimum standard of qualifications of PCAs (Chenoweth, Jeon, Merlyn, & Brodaty, 2010; Iliffe, 2004). The resulting fallout for PCAs is increased stress to provide effective, timely, and quality care with a minimal skill-base, whereas for registered nurses, supervision responsibilities are increased to oversee the work of PCAs (Chenoweth et al., 2010; Iliffe, 2004). It is therefore not surprising that work overload was one of the variables most strongly associated with intentions to quit in a sample of direct care workers from a variety of aged care facilities, including skilled nursing facilities, home care agencies, assisted living facilities, and adult day services (Brannon et al., 2007).

Empirical studies have found that high levels of workplace stress are positively associated with greater levels of absenteeism (Verhaeghe, Mak,
Van Maele, Kornitzer, & De Backer, 2003) and employee turnover (Hinshaw & Atwood, 1982). Workplace stress has also been associated with lower quality of work, which can also lead to negative attitudes toward aged care residents and reduced job satisfaction (Redfern, Hannan, Norman, & Martin, 2002; Simons & Jankowski, 2007; VonDras et al., 2009). These findings suggest that perceived workplace stress is a critical factor in determining job satisfaction in aged care nurses, potentially contributing to increased intentions to quit their stressful work environment.

Given the nature of workplace stressors and job stress, several authors have highlighted the importance of improving supervisory support to assist PCAs and nurses (e.g., Chenoweth et al., 2010; Hallberg & Norberg, 1993; Winstanley & White, 2006).

**Supervisor Support**

Drawing on the theories of social exchange leadership, transformational leadership, and procedural justice (e.g., Avolio, Bass, & Jung, 1999; Gerstner & Day, 1997; Roch & Shanock, 2006), various researchers (e.g., DeConick, 2010; Snyder, 2009) have argued that supervisor support provides employees with emotional and practical assistance in dealing with workplace stressors and challenges, heightens employees’ sense of value in the workplace, and facilitates employees’ perception of their workplace as just. Not surprisingly, findings from workplace contexts, including the aged care setting, suggest that lack of supervisory support may decrease job satisfaction and increase intentions to quit (Brannon et al., 2007; Chenoweth et al., 2010; Francis-Felson et al., 1996; Simons & Jankowski, 2007).

**Employee Self-esteem and Organizational Commitment**

Although various work-related contextual factors have been shown to influence workers’ intention to quit, variables related to the individual staff members have also been associated either directly or indirectly to workplace turnover (Moore, 2001; Wanberg & Banas, 2000). Two such variables that have received considerable attention are employee self-esteem and job commitment (e.g., Moore, 2001; Ohana & Meyer, 2010). Self-esteem (i.e., a person’s sense of self-worth) has been negatively associated with workplace turnover and positively associated with variables, such as job satisfaction (e.g., Wanberg & Banas, 2000). Employee self-esteem is particularly relevant to study in the workplace context, as self-esteem is viewed as a key aspect of having a “resilient personality” (Sprietzer, 1995), which provides employees with the capacity to cope with workplace stressors and be more open to adapt to a changing organizational environment (Wanberg & Banas, 2000). In the nursing profession, Moore (2001) found that self-efficacy, a related construct to self-esteem (beliefs in one’s abilities to accomplish tasks), was negatively associated with nurses’ intention to quit, suggesting that nurses’ confidence in their professional abilities mitigated against leaving the workplace, and fostered coping with the challenges of their job.

Organizational commitment, defined as a worker’s degree of personal identification and involvement with an organization (e.g., Porter, Steers, Mowday, & Boulian, 1974), has been widely studied as an individual difference variable that shapes employee’s intention to quit (Ohana & Meyer, 2010; Raja, Johns, & Ntalians, 2004; Suliman & Al-Junaibi, 2010). According to Ohana and Meyer (2010), a sense of belongingness to an organization and their work can make employees “less minded” to quit the organization. This organizational commitment is fostered by contextual factors, such as supervisor support, job satisfaction, and the demands of the job (Dawley, 2008; Takase et al., 2008; Williams & Hazer, 1986). In the health care sector, Takase and colleagues (2008) found that nursing staff commitment was directly related to reductions in intention to quit and buffered the effects of workplace challenges on heightening the intention to quit.

**A Model of Intention to Quit**

The various factors that have been investigated to influence intention to quit were integrated by Firth and colleagues (2004) into a cohesive model of employee turnover. Using path analysis, Firth and colleagues found that 52% of the variance in intentions to quit was accounted for by perceived workplace stressors (role conflict, work–family conflict, role overload, and role ambiguity), workplace stress (feelings of burnout), organizational commitment, job satisfaction, supervisor support, and self-esteem. Emotional support from supervisors and self-esteem mediated the impact of stressors on stress reactions, job satisfaction, organizational commitment, and intention to quit. Importantly,
there was no direct relationship between job stressors and intention to quit, and supervisor support was viewed as an important means by which workplace stressors impact on psychological well-being and intentions to quit.

In an effort to determine the generalizability of this model across industries, Siong and colleagues (2006) tested the applicability of the model of Firth and colleagues (2004) in the call center industry. The model was supported, however, the strength of the associations among some of the variables differed. Together, the variables accounted for 47% of the variance in intentions to quit. As predicted, stressors played a bigger role in this cohort. The authors suggest that this is because call center work is considered highly stressful due to the pressure to maintain scripted interactions that are sequentially presented to call staff by computer while maintaining friendly interactions with unknown customers (Siong et al., 2006). In addition, these interactions are constantly monitored by supervisors for adherence to time (e.g., calls per hour) and performance (e.g., successful sales) in outbound call centers.

The current study aims to determine whether the model of turnover of Firth and colleagues (2004; see Figure 1) is applicable to the aged care setting, specifically with a sample of aged care residential facility staff, including PCAs and nurses, as well as direct care workers in the community. Our review of the associations between the variables that constitute the Firth and colleagues model highlight the relevance of this model to the aged care sector. Workplace stressors and workplace stress are inherent in the aged care sector due to the complexity of care recipients’ medical issues, coupled with challenges such as work overload, the minimal qualifications of some direct care staff, and lack of opportunities regarding career advancement (ANJ, 2005; O’Connor, 2010; Valencia et al., 2005). In this context, staff’s perceptions of competence or self-esteem, along with receiving adequate support from supervisors are likely to be significant factors that influence organizational commitment and job satisfaction. To date, research in the aged care sector has highlighted the importance of supportive relationships and a sense of staff self-competence (Chenoweth et al., 2010; Moore, 2001). We therefore hypothesize that the same variables associated with the intentions to quit model of Firth and colleagues (2004) may apply to the aged care setting—a setting characterized by a complex interaction of personal and contextual factors.

Method

Participants

The sample consisted of 208 professional care staff (189 women and 19 men; M = 47.53 years, SD = 11.31). Carers were recruited from 20 residential and community aged care services across metropolitan Melbourne, Australia. All staff who were approached to participate in the study agreed to be involved (i.e., response rate equaled 100%). Services were randomly selected from a larger pool of services in order to obtain a sample that was representative of the aged care services in Melbourne. Services varied in the number of older care recipients, client-to-staff ratios, and other care standards and quality measures. Of the total sample, 107 participants worked in residential care settings and 101 worked in community care. The size of the residential facilities varied from 24 residents (small facility) to 168 residents (large facility) and the client-to-staff ratios across these facilities ranged from 0.92 clients per staff member to 4.42 clients per staff member (M = 2.33 client-to-staff ratio). The size of community services varied from providing care to 35 clients to 224 clients and the client-to-staff ratio across community services ranged from 5.28 clients per staff member to 21.40 clients per staff member (M = 13.84 client-to-staff ratio).

The length of time participants had worked in aged care ranged from 4 months to 38 years (M = 10.17 years, SD = 8.18). Participants’ roles in their respective aged care services varied, with 40.5% working as direct carers or PCAs, 24.5% in allied health roles, such as occupational therapists and physiotherapists, 13.5% were care/case managers, 12.5% were Division 2 nurses, 7% were Division 1 nurses, and 2% were managers/directors of nursing. The majority of staff (53.4%) had industry training in the form of a Certificate 3/Certificate 4 or Diploma in nursing, community care, or aged care, 38.9% had completed a university degree in the fields of nursing, aged care, or allied health, and 7.7% had no formal training.

Materials

A questionnaire by Firth and colleagues (2004), adapted from the comprehensive workplace scale developed by Tate, Whatley, and Clugston (1997), to assess stressors, job stress, job satisfaction, commitment to the organization, locus of control, self-esteem, support offered by supervisors, and intention to quit was used in this study. The
measures included in the Firth and colleagues questionnaire are described subsequently.

“Stressors” measured four aspects of stress. Three items measured each of the following stressors: role ambiguity (e.g., my job responsibilities are not clear to me), role conflict (e.g., to satisfy some people at my job, I have to upset others), work overload (e.g., it seems to me that I have more work at my job than I can handle), and work–family conflict (e.g., my work makes me too tired to enjoy family life). Items were answered on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). In the present study, the stressors scale was found to have good reliability (α = .79).

“Self-esteem” was measured using four items (e.g., I feel that I have many good qualities). Participants responded to statements on a 5-point scale, ranging from 1 (not at all like me) to 5 (completely like me). The scale achieved adequate reliability in the present study (α = .66).

“Support offered by supervisors” was measured by three questions (e.g., How much does the person go out of his/her way to make your work-life easier for you?) answered on 4-point scale ranging from 1 (not at all) to 4 (very much). This measure was found to have good internal consistency in the present study (α = .86).

“Job stress” was measured with three burnout items (e.g., I feel emotionally drained by my job) and five items related to anxiety and somatic complaints (e.g., job-related problems keep me awake at night; I feel tense at my job). Participants indicated on a 6-point scale the degree to which they experienced each of these symptoms ranging from 1 (never) to 5 (almost every day). This scale achieved good reliability in the present study (α = .86).

“Job satisfaction” was measured using four statements relating to extrinsic factors (e.g., job security, physical conditions) and four statements relating to intrinsic factors (e.g., the recognition received for work done, the freedom given to do one’s best at the job). All items were rated on a 4-point scale from 1 (very dissatisfied) to 5 (very satisfied). This measure was found to have good internal consistency in the present study (α = .79).

“Commitment to the organization” was assessed via five items (e.g., I really care about the fate of this organization) rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). In the present study, this scale was found to have good reliability (α = .80).

“Intention to quit” was measured by two questions, how often do you think about leaving the job? rated on a 5-point scale from 1 (rarely or never) to 5 (very often) and how likely are you to look for a new job within the next year? rated on a 5-point scale from 1 (very unlikely) to 5 (very likely). Despite the different anchors on the rating scales for both items, these items summed to form a total intention to quit score. This measure was found to have good internal consistency in the present study (α = .76).

Procedure

The project was first approved by the university research ethics committee. The research team then obtained permission to recruit staff to take part in the study by seeking approval from the managers of each of the participating residential and community services. In the residential services and community settings, managers allowed a research assistant to approach staff members during their shift to take part in the study. After agreeing to participate and providing informed consent, nursing care staff filled in the questionnaire in a private location at the workplace, away from other staff. The questionnaire took approximately 15 min to complete. Upon completing the questionnaire, participants sealed their responses in an envelope and deposited their responses in a locked cabinet that was accessed by the research assistant to retrieve the completed questionnaires.

Results

Preliminary screening of the data revealed that 10 cases contained over 5% missing data and were excluded from the analyses. As a result, the intention to quit model of Firth and colleagues illustrated in Figure 1 was evaluated on a sample of 198 participants. We conducted a series of preliminary analyses in which we statistically compared the correlation coefficients between the model variables by aged care setting (residential versus community), facility size (small versus large), client-to-staff ratio, staff education level, and years of employment using Fisher’s z tests. No differences were found in the associations between the variables by these contextual factors. As a result, the Firth and colleagues model was analyzed on the entire sample. The correlations between the model variables and the means and standard deviations for the entire sample are reported in Table 1.

The Maximum Likelihood Estimation (χ²ML) was used to estimate the model, although model fit
was evaluated using the approach of Hu and Bentler (1999). Using this approach, values greater than or equal to 0.95 for the Comparative Fit Index (CFI) and the Tucker Lewis Index (TLI), values less than or equal to 0.05 for the Root Mean Square Error of Approximation (RMSEA), and values less than or equal to 0.06 for the Standardized Root Mean Residual (SRMR) indicate a very good fitting model. The initial model resulted in an excellent fit to the data \( \chi^2 (4, N = 198) = 5.29, p > .05; \) CFI = 0.996; TLI = 0.979; RMSEA = 0.040; SRMR = 0.031. As illustrated in Figure 2, numerous direct and indirect effects (represented as standardized regression coefficients) were found between the variables. These effects are described subsequently.

As shown in Figure 2 (working from the far left to the far right of the illustration), stressors were found to be positively associated with work stress (\( \beta = .56, p < .001 \)) and negatively associated with supervisor support (\( \beta = -.29, p < .001 \)). No significant associations were found between stressors and self-esteem, job satisfaction, and intention to quit. However, a number of indirect effects were found for work stressors. A significant indirect effect was found between work stressors and job satisfaction through supervisor support (\( \beta' = -.23, p < .01 \)). Supervisor support was also an intermediate variable for the indirect association between work stressors and job commitment (\( \beta' = -.20, p < .01 \)). Work stressors were also found to have an

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Table 1. Correlations, Means, and Standard Deviations

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<td>2. Supervisor support</td>
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<td>3. Self-esteem</td>
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<td>4. Job stress</td>
<td>0.62***</td>
<td>-0.34**</td>
<td>—</td>
<td>-0.08</td>
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<td>5. Job satisfaction</td>
<td>-0.34**</td>
<td>0.51***</td>
<td>0.06</td>
<td>-0.38**</td>
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<td>6. Organizational commitment</td>
<td>-0.21**</td>
<td>0.22**</td>
<td>0.16*</td>
<td>-0.26*</td>
<td>0.38*</td>
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<td>7. Intention to quit</td>
<td>0.41***</td>
<td>-0.33**</td>
<td>—</td>
<td>0.01</td>
<td>0.50***</td>
<td>-0.32***</td>
<td>-0.45***</td>
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Mean 34.92 9.72 17.03 16.16 29.44 20.02 4.00
SD 6.36 2.25 1.80 7.20 4.64 2.93 1.93
Scale range 12-60 3-12 4-20 8-40 8-40 5-25 2-10

Note: *p < .05. **p < .01. ***p < .001.

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Figure 2. Initial path model coefficients testing the Firth and colleagues (2004) model of intention to quit.
indirect effect on intention to quit through stress ($\beta = .30, p < .01$).

Self-esteem was positively associated with job commitment ($\beta = .14, p < .05$) but not significantly associated with stress or job satisfaction. However, self-esteem was found to have a weak indirect effect on the intention to quit through job commitment ($\beta = .08, p < .05$).

Supervisor support was positively related to job satisfaction ($\beta = .43, p < .001$) and negatively related to work stress ($\beta = -.16, p < .05$); however, no significant relationship was found between supervisor support and job commitment. Despite no direct association with job commitment, an indirect effect between supervisor support and job commitment was found through job satisfaction ($\beta = .16, p < .05$). An indirect effect was also found between supervisor support and intention to quit via job satisfaction ($\beta = -.20, p < .05$).

Work stress was positively associated with intention to quit ($\beta = .29, p < .001$) and negatively associated with job satisfaction ($\beta = -.16, p < .05$) but not significantly associated with job commitment. Job satisfaction was positively associated with job commitment ($\beta = .30, p < .001$) and negatively associated with intention to quit ($\beta = -.28, p < .001$). The direct and indirect effects of the variables in the model predicted 41% of the variance in work stress, 33% of the variance in job satisfaction, 18% in job commitment, and 40% of the variance in nursing care staff’s intention to quit.

**Discussion**

In this study, we tested the employee intention to quit model of Firth and colleagues (2004) in the aged care sector—a workplace context that experiences high staff turnover and low employment stability (NILS, 2008). The testing of this model with a sample of aged care workers largely supported the associations found by Firth and colleagues, with only two of the 17 relationships demonstrating a different pattern of association. In particular, nonsignificant associations were found between self-esteem and workplace stress and supervisor support and organizational commitment—relationships that were found to be significant by Firth and colleagues (2004) and Siong and colleagues (2006). It is possible that the demands of the job and of the work environment are particularly salient and stressful for aged care workers and that levels of self-esteem do not play a major role in buffering stress levels. Certainly for workers involved in the aged care sector, the workplace is stressful (A. Robinson et al., 2008; A. Robinson & Cubit, 2007). The variety of complex and multifaceted patient issues that aged care staff must deal with, in addition to experiencing high case loads and poor pay (ANJ, 2005; O’Connor, 2010; Valencia et al., 2005), are factors that are likely to affect workplace stress, irrespective of employees’ inherent self-efficacy or self-esteem (ANJ, 2005; Shader et al., 2001). It is also possible that self-efficacy within the aged care sector may be a better measure than a global measure of self-esteem to pick up on personal attributes associated with workplace stress.

The lack of association between supervisor support and organizational commitment in the present study is of particular interest and requires brief commentary. Despite the challenges and stressors faced, aged care staff generally reports high organizational commitment (Phillips, Davidson, Ollerton, Jackson, & Kristjanson, 2007; Tuckett, Parker, Elley, & Hegney, 2009), a finding echoed by the high commitment reported by aged care staff in the present study. Tuckett and colleagues (2009) found that aged care staff attributes their commitment to their work and organization to an intrinsic love for the profession and the rewarding and self-affirming nature of caring for older adults (Tuckett et al., 2009). Thus, irrespective of the support received from supervisors, aged care staff maintains their dedication toward their work and workplace. In contrast, employees in the retail and call center sector report low commitment (e.g., Firth et al., 2004; Malhotra, Budhwar, & Prowse, 2007), citing low status, poor pay, and limited career opportunities as mitigating factors (Deery & Kinnie, 2002).

Another notable difference between the current study and that of Firth and colleagues (2004) was that the model explained over 40% of the variance in workplace stress in the present sample but only 12% in the study of retail employees of Firth and colleagues. This finding is in line with those of Siong and colleagues (2006), who also found in excess of 40% of the variance in workplace stress was explained by the Firth and colleagues model in a sample of call center workers. Both this study and the Siong and colleagues study illustrate that levels of stress in highly stressful workplace environments are largely determined by the support provided to employees by supervisors. These results echo past staff surveys and systematic reviews of the needs of aged care staff in which supervisor
support was listed as one of the most important factors shaping staff retention (e.g., Chenoweth et al., 2010; Valencia et al., 2005). The implications of this finding for aged care settings are that senior staff such as facility/service managers and directors of nursing need to be mindful that staff are likely to experience significant workplace stressors and that action needs to be taken to either (a) minimize these stressors or (b) ensure that appropriate supports exist so that staff are able to cope with these stressors to minimize workplace stress.

Similar to the findings of Firth and colleagues (2004) and Siong and colleagues (2006), job satisfaction, organizational commitment, and workplace stress were found to have the greatest direct impact on intention to quit. The negative associations between organizational commitment and intention to quit and job satisfaction and intention to quit have been highlighted as important intrinsic motivators that buffer intention to quit and workplace turnover (Castle et al., 2007; Takase et al., 2008). Work stress/overload has also been consistently and strongly associated with intention to quit (Brannon et al., 2007; Tuckett et al., 2009). As noted by VonDras and colleagues (2009), the multifaceted nature of the work in healthcare environments, client load, and patient mortality makes nursing a stressful environment. It is therefore not surprising that aged care workers’ intentions to quit are determined to some extent by the pressure of the workplace.

Workplace stressors accounted for numerous indirect effects on intention to quit, along with supervisor support, via dissatisfaction, workplace stress and commitment. These indirect findings support previous work on the associations between workplace stressors and supervisor support on employees’ reports of job satisfaction and commitment in which less stressful and supportive workplaces heighten employees’ sense of value, their capacity to cope with workplace challenges, and perceptions of the organization as just (Brannon et al., 2007; DeConick, 2010; Simons & Jankowski, 2007; Snyder, 2009). Importantly, the implications of the findings suggest that the ability for workplaces to minimize stressors and increase supports can have positive effects on experiences of stress and satisfaction, which in turn, minimize intentions to quit and workplace attrition.

Implications and Summary

The aged care industry experiences high rates of staff turnover which have effects on the quality of care provided to care recipients and can increase the distress and behavioral difficulties of care recipients, as they constantly adjust to different aged care personnel (Burgio et al., 2004; Castle et al., 2007). Furthermore, staff turnover can increase staff training costs and mitigate against workplace stability and productivity (Siong et al., 2006). Therefore, staff turnover is an important issue for both residential and community service aged care providers (A. L. Robinson, Andrews-Hall, & Fassett, 2007).

In addressing this issue, we applied the intention to quit model of Firth and colleagues (2004) identifying the contextual and personal factors that shape aged care staff’s propensity to leave their place of employment. The findings of the present study largely supported the model of Firth and colleagues in which organizational commitment, job satisfaction, and workplace stress were found to directly influence intentions to quit, whereas workplace stressors and supervisor support demonstrated numerous indirect associations on quitting intentions.

Given the significant role that contextual factors play in aged care staffs intentions to quit, this study highlights that aged care service manages have some control over key variables that significantly enhance staff retention. Like Firth and colleagues (2004), we argue that job stressors, which initiate a sequence of psychological states that lead to intention to quit, can be modified. Similarly, supervisor support is an important intermediate variable that can reduce workplace stressors and increase job satisfaction—two important factors that buffer aged care staffs’ intention to quit. Therefore, the implementation of mentoring and support programs for staff is necessary to ensure aged staff workplace well-being and minimize staff turnover.

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References


