Predictors of Intent to Stay among Nursing Faculty Members: A Cross-sectional Study

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Abstract: The shortage of nursing faculty around the world is known to have an adverse effect on the quality of nursing education and the number of qualified nursing graduates. This is particularly alarming when globally, there is a shortage of millions of nurses in practice. Measuring the intent of nursing faculty to stay within academic settings is crucial in many countries to determine the state of the academic workforce and to strategize to address the issues. This cross-sectional study aimed to identify the predictors of intent to stay among 330 nursing faculty members randomly selected from 50 nursing and midwifery training schools in Myanmar, where nursing research is still in its infancy. The research instruments used were a demographic data form, Price's Intent to Stay Scale, the Global Leadership Scale, the Work Autonomy Scale, the Workload Scale, the Faculty Stress Index, the Job Satisfaction Scale, and the Organizational Commitment Questionnaire. Data were analyzed using descriptive statistics, biserial correlation, and binary logistic regression analysis.

The findings revealed that 68.5% of nursing faculty members reported a high intent to stay in their schools. Transformational leadership, workload, job stress, and organizational commitment were significant predictors of intent to stay, accounting for 39.2% of the variance. Job stress had the strongest negative effect on the intent to stay. Nursing faculty administrators, nursing and health leaders, and health policymakers can utilize the results of this study as baseline information to create effective strategies to improve transformational leadership, reduce workload and job stress, and promote organizational commitment among nursing faculty members to remain in academia.

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Introduction

The nursing faculty shortage is a critical concern worldwide. During this time of transformative change in healthcare, more nursing graduates are needed from the profession's educational programs, and the nursing faculty shortfall has worsened.[1] The overall number

of nurse graduates needs to increase by an average of 8% annually to address the nursing shortfalls by 2030 in all nations.[2] It is clear that more faculty members will be needed for the production of new nurses to keep up with the projected growth of nurses.[3] The American Association of Colleges of Nursing revealed about 1,492 faculty vacancies in 2020,[4] and 52.1% of schools with vacant full-time positions.[5] In the United States, overall, there was a 7.2% vacancy rate for nursing faculty members, and the majority of the vacancies (89.7%) were for academic positions that required or preferred a doctoral degree.[4,6] A state-level survey of New Hampshire identified that 65% (*n* = 49) of nursing faculty members were over 50 years of age, and it is anticipated that the shortfall will worsen over the next ten years as senior faculty members take retirement.[7] The nursing faculty shortage is also high in Myanmar, the site of this study, with a reported 28% faculty vacancy in nursing and midwifery training schools (NMTS) across the country during the 2019–2020 academic year.[8] In Myanmar, this persistent nursing faculty shortage in educational settings is predicted to rise over the coming years.[9]

Shortages of nursing faculty directly impact the capacity of novice nurses to deliver high-quality care since they are vital in training and supervising students to develop their body of knowledge, skills, and attitudes toward nursing practice.[10] Such a shortage also has the consequence of restricting student enrolment, which reduces the number of graduates.[1] The ability for research to be conducted will also be reduced due to a decline in the number of researchers and the retirement of senior faculty members in Myanmar[9] and internationally.[7] Professional leaders' abilities to influence health policy at the regional and international levels will be hampered by the shortfall of nursing faculty members as well.[11] The unfavorable effects of the nursing faculty shortage have been delineated; however, the factors determining faculty willingness to stay on the job are still unclear and inconsistently reported in nursing research.[12] The significance of nursing faculty members' intent to stay in the academy must therefore be taken into consideration to tackle the faculty scarcity that is contributing to an inadequate nursing workforce.

Literature Review and Conceptual Framework

At a time when faculty shortages are a global issue, the scarcity of nursing faculty members has been felt in Myanmar, with unfavorable effects on the nursing educational landscape. Under the Myanmar Ministry of Health, and the Department of Human Resources for Health (DHRH), there are two universities of nursing (UONs) running four-year baccalaureate (and above) nursing programs. In addition, 27 nursing training schools (NTS) are responsible for three-year nursing and midwifery diploma programs, 23 midwifery training schools (MTS) are responsible for two-year midwifery diploma programs, and another three nursing-related training schools are responsible for domiciliary, field, and community practice.[8] The production rate of all NMTS is ten times higher than the UONs, which produce only around 200-400 nurses per year.[13] However, there is still a high demand for nurses in clinical settings, and the present nurse-population ratio is less than 10 per 10,000 people in Myanmar.[9]

According to the organizational structure of the NMTS, there are four levels of academic positions among nursing faculty members based on seniority: 1) instructors in entry-level positions and 2) tutors in senior academic positions: both of them are mainly responsible for instructing in the classroom and teaching bedside in the clinic; 3) principals (administrative/academic) in second-in-charge positions of NMTS; and 4) head principals in the chief positions and primarily responsible for school administration.[13] As reported by the head principals, the current nursing faculty members-student ratio is 1:20 in clinics and 1:80 in classroom teaching,[8] instead of 1:10 and

1:40, which is the accreditation standard of the Myanmar Nurse and Midwife Council.[14] As a result, the faculty workload is quite high.[15] In addition, the nursing faculty shortage is prominent, with a 28% post vacancy at 50 NMTS and with the UONs of Mandalay and Yangon at 18% and 11%, respectively.[8] These data reveal that the turnover rate in NMTS is notably high nowadays.[13] Based on exit interview reports (in Burmese), most of the job leavers mentioned they felt tired and low-spirited with work overload and a low salary in nursing compared with other professions.[16] To get extra income, taking on another job, such as clinical nursing, is not possible for nursing faculty members because there are few part-time job opportunities in Myanmar's private nursing institutions.[9] Therefore, it is a national concern to encourage nursing faculty members to continue working in their valuable positions for as long as possible.

In this challenging contemporary era, the intent to stay (ITS) is a vital concept due to its linkage with employee retention.[17] ITS is described as the perception to continue working as a faculty member in an institution.[18] In this study, it was defined as a nursing faculty member's intention to remain with the NMTS. Although the literature indicates that the nursing faculty shortage is a major concern and faculty retention is imperative in academia, there have been a few studies focusing on nursing faculty members' ITS and its predictors. Based on empirical research studies, the prominent predictors of ITS included managerial factors, such as transformational leadership,[19] work factors, for example, job autonomy,[19] organizational factors, for instance, workload,[20, 21] individual factors, such as age,[20] and other factors, such as job stress,[12] job satisfaction,[12,20] and organizational commitment.[12,22] Most of the existing literature regarding ITS focuses on specific factors using different measurements, and research results have been inconsistent. Nevertheless, a comprehensive study including these predicting factors and ITS has not been conducted among nursing faculty members locally and internationally.

According to the conceptual model of ITS by Boyle et al.[23] nurses' ITS is related to four sets of predictor variables: 1) manager characteristics, 2) work characteristics, 3) organizational characteristics, and 4) nurse characteristics. These variables influence the outcome variable of ITS via three intervening variables of job stress, job satisfaction, and organizational commitment. Boyle et al.'s model could account for 12% of the variance in ITS by manager characteristics alone, and 52% by the overall model. Further, the underlying idea of the model enables the synthesis of ITS-related research and practice. This model, therefore, can provide a comprehensive explanation of ITS phenomena and has been widely utilized as the theoretical basis for numerous investigations in countries as diverse as Canada and Thailand.[19, 24]

Regarding manager characteristics, transformational leadership is related to ITS because the leader supports faculty members and encourages them to stay in their jobs.[19] Transformational leadership refers to an individual's perception of their leader's behaviors and consists of vision, staff development, supportive leadership, empowerment, innovation, leading by example, and charisma.[25] It has been shown that ITS has a favorable relationship with transformational leadership.[19] Concerning work characteristics, job autonomy is an important factor in the healthcare setting and was found to be related to ITS.[26] Job autonomy refers to the degree to which an individual is given freedom and discretion in carrying out a task.[27] Reviewing the literature, nursing faculty members' ITS had a positive correlation with job autonomy.[19] Regarding organizational characteristics, the workload is one of the main issues for nursing faculty members' ITS.[21] Workload refers to the amount of effort required by a job.[28] Workload negatively correlated with ITS in previous studies.[20,21] Concerning nurse characteristics, age is also considered one predicting factor of ITS among nursing faculty members in academic settings. Based on empirical evidence, age has demonstrated a significant correlation with ITS.[20]

Concerning the previously mentioned three intervening variables, job stress has recently been much of a concern for academics across professions.[12] Job stress refers to one's anticipation of his/her inability to respond adequately to a perceived demand, accompanied by the anticipation of negative consequence(s) for an inadequate response.[29] Empirical evidence has demonstrated that job stress of nursing faculty is negatively correlated with ITS.[12] Similarly, job satisfaction has been known for a long time to be a pivotal factor in nursing faculty members' ITS. Job satisfaction refers to the degree to which nurses like their jobs.[30] In the literature, job satisfaction has a favorable relationship with ITS.[12, 20] Finally, organizational commitment has a direct prediction effect on ITS.[23] Organizational commitment refers to the relative strength of an individual's identification (self-identify) with and involvement in a particular organization.[31] Previous studies found that organizational commitment is positively correlated to ITS and also positively predicts ITS.[12, 22]

The review of previous studies demonstrated that the decision of nursing faculty members to remain in academia will have a significant impact on the nursing profession and health systems. Although some research has been done worldwide to explore nursing faculty retention as well as ITS, the issue is not well known in terms of the predicting factors. In addition, the relationship between predicting factors and ITS varies among institutions and countries. Therefore, the selected variables based on the conceptual model of ITS by Boyle et al.[23] including transformational leadership, job autonomy, workload, age, job stress, job satisfaction, and organizational commitment were utilized in this study.

Thus, our study was expected to identify the predictors of ITS among nursing faculty members to better understand this phenomenon and provide further recommendations for nursing administrators in developing effective strategies to improve ITS in Myanmar's academic settings.

Study Aim

This study aimed to determine the predictability of transformational leadership, job autonomy, workload, age, job stress, job satisfaction, and organizational commitment on intent to stay among nursing faculty members in Myanmar's nursing and midwifery training schools.

Methods

Study design: A descriptive, cross-sectional design was used. We used the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) guidelines, consisting of 22 checklist items, for strengthening the reporting of this observational study.[32]

Sampling: The sample size was considered based on the general rule of thumb, which specifies 40 participants for one predictor.[33] Thus, 336 nursing faculty members were required depending on seven predictors and an added 20% for potential attrition. Throughout Myanmar, all 50 nursing and midwifery training schools with the same organizational structures and responsibilities for their diploma programs were purposively selected for the generalizability of the study. The inclusion criteria were nursing faculty members who were instructors and tutors, and had worked for at least one year in NMTS. This criterion was to ensure that participants had experience with the context and phenomenon under study, and factors associated with ITS. The exclusion criteria were nursing principals and head principals who took administrative roles and those on leave or vacation. A proportionate random sampling method was employed, and eligible participants who met inclusion criteria from each NMTS were recruited based on the proportion of nursing faculty members currently working at each NMTS until reaching the required number of 336 participants.

Ethical considerations: This study proposal was approved by the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University (Approval No: 001/2021; January 5, 2021-January 4, 2023),

the Institutional Review Board of the University Public Health, Yangon, Myanmar (Approval No: UPH-IRB: 2021/Research/4; May 26, 2021), and the target 50 NMTS. Nursing faculty members were invited to participate and received written and verbal explanations of all research aspects. The right of a participant to withdraw or quit at any time without penalties from the study was assured. Anonymity and confidentiality were guaranteed throughout the study.

Instruments: Seven instruments were translated and used with the original authors' permission. All instruments were translated from English to Burmese following World Health Organization (2020) guidelines.[34] Regarding the content validity index (CVI), the seven translated instruments were evaluated for item level (I-CVI) and scale level (S-CVI/Ave) by five experts in nursing administration. The reliability of the instruments, except for the demographic data form, was tested in a pilot study with 15 participants who had comparable characteristics to the study participants and in the main study with 330 participants.

A *Demographic Data Form* was developed by the principal investigator (PI) to obtain the participant's age, gender, marital status, education, current job position, years of teaching experience, years of total experience, and current school.

Price's Intent to Stay Scale (PITSS) was adapted by Markowitz[18] to evaluate the ITS of nursing faculty members. This instrument consisted of four items (e.g., "I plan to stay at this university/training school as long as possible."), and uses a 5-point Likert scale with responses from 1 (strongly disagree) to 5 (strongly agree). Total possible scores range from 4 to 20. A higher score implies higher intent to stay; scores ≥14 show a high degree of ITS, whereas scores <14 show a low degree.[18] In this study, the values of I-CVI and S-CVI/Ave were 1.00. The Cronbach's α values of 0.87 and 0.81 were found in the pilot and main studies, respectively.

The Global Transformational Leadership (GTL) scale was developed by Carless et al.[25] and is based on leadership behavior theory to assess leaders'

transformational leadership behaviors. The GTL has seven items that assess one underlying dimension of leadership. It uses a 5-point Likert scale rated from 1 (rarely or never) to 5 (very frequently or almost always). All GTL items are positively phrased (e.g., "My leader communicates a clear and positive vision of the future."). Total possible scores range from seven to 35. A higher score indicates a higher transformational leadership of leaders perceived by nursing faculty members. The mean score is interpreted at three levels: 1.00-2.33 (low level), 2.34-3.66 (moderate level), and 3.67-5.00 (high level).[25] The values of I-CVI and S-CVI/Ave were 1.00 in this study. The Cronbach's α values of 0.88 and 0.92 were found in the pilot and main studies, respectively.

The Work Autonomy Scale (WAS) was developed by Breaugh[27] based on the Job Characteristics Model to measure job autonomy. The WAS has three dimensions: method, scheduling, and criteria. It uses a positively phrased 9-item measure (e.g., "I have control over the scheduling of my work"), and a 7-point Likert-type scale with responses from 1 (strongly disagree), to 7 (strongly agree).[27] Total possible scores range from 9 to 63. A higher score indicates higher job autonomy. The mean score is divided into three levels: 1.00-3.00 (low level), 3.01-5.00 (moderate level), and 5.01-7.00 (high level).[27] The I-CVI values in this study ranged from 0.80-1.00, and S-CVI/Ave value was 0.96. The Cronbach's α values of the pilot and main studies were 0.90 and 0.97, respectively.

The Workload Scale (WLS) was developed by Kim et al.[28] to measure workload. The WLS is a positively worded 3-item measure (e.g., "My workload is too heavy for my job. and a 5-point Likert scale rated from 1 (strongly disagree) to 5 (strongly agree). Total possible scores range from 3 to 15. A higher score indicates a higher workload. The mean score is interpreted as three levels: 1.00-2.33 (low level), 2.34-3.66 (moderate level), and 3.67-5.00 (high level).[28] The I-CVI and S-CVI/Ave values were 1.00 in this study. The Cronbach's α values of 0.86 and 0.85 were shown in the pilot and main studies, respectively.

The Faculty Stress Index (FSI) was developed by Gmelch et al.[29] and was based on stress theory to evaluate nursing faculty members' job stress. It has five dimensions: 1) reward and recognition, 2) time constraint, 3) departmental influences, 4) professional/ identity, and 5) student interaction. The FSI consists of 31 items that are positively constructed (e.g., "Having students evaluate my teaching performance."). It uses a 5-point Likert-type scale from 1 (slight pressure) to 5 (excessive pressure), with a "not applicable" choice if participants do not think an item contributes to their stress. Total possible scores range from 31 to 155, and a higher score indicates higher job stress. The mean score is interpreted as three levels: 1.00–2.33 (low level), 2.34–3.66 (moderate level), and 3.67–5.00 (high level).[29] The I-CVI values of this study ranged from 0.80–1.00, and the S-CVI/Ave value was 0.96. The Cronbach's α values of 0.96 and 0.97 were found in the pilot and main studies, respectively.

The Job Satisfaction Survey (JSS) was developed by Price and Mueller[30] based on motivation theory to assess overall job satisfaction. It is a 7-item measure (e.g., "I find real enjoyment in my job."), using a 5-point Likert scale rated from 1 (strongly disagree) to 5 (strongly agree). The JSS incorporates both positive and negative statements. Total possible scores range from 7 to 35, and a higher score indicates higher job satisfaction. The mean score is interpreted as three levels: 1.00–2.33 (low level), 2.34–3.66 (moderate level), and 3.67–5.00 (high level).[30] The I-CVI values of this study ranged from 0.80–1.00, and the S-CVI/Ave value was 0.97. The Cronbach's α values of 0.87 and 0.91 were shown in the pilot and main studies, respectively.

The Organizational Commitment Questionnaire (OCQ) was developed by Mowday et al.[31] and was based on commitment theories to assess organizational commitment. It is a positively worded 9-item shortened version of the OCQ (e.g., "I really care about the fate of this organization.") and the rating occurs on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Total possible scores range from 9

to 63. A higher score indicates a higher organizational commitment. The mean score is interpreted on three levels: 1.00–3.00 (low level), 3.01–5.00 (moderate level), and 5.01–7.00 (high level).[31] The I-CVI values of this study ranged from 0.80–1.00, and the S-CVI/ Ave value was 0.98. The Cronbach's α values of the pilot and main studies were 0.92 and 0.97, respectively.

Data collection: This was done from June to October 2021. Firstly, the PI made an appointment and explained the purpose and benefits of this research to the nursing administrators of 50 NMTS. After getting permission for data collection, the PI obtained the name lists in each NMTS, coded the list with numbers instead of names, and randomly selected the participants. Supporting staff (e.g., a hall tutor) working in each NMTS were invited to be the research coordinators who distributed the questionnaires, collected completed questionnaires and returned them to the PI. The PI introduced the study and data collection process with the 50 coordinators. The PI prepared 336 packages which contained study information, a consent form, questionnaires, and a return envelope, and sent them to the coordinators. They distributed all these packages to the study participants. The participants were requested to give their responses to the questionnaires within two weeks and return them in a designed box in each NMTS. The research coordinators took responsibility for collecting the questionnaire packages and returning them to the PI, who then checked the completeness of all questionnaires before analyzing the data.

Data analysis: This was done employing the SPSS 25.0 program. The significance level of alpha was set at 0.05. Participants' demographic data were analyzed using descriptive statistics. As all variables did not meet the assumption of the normality test, the relationship between transformational leadership, job autonomy, workload, job stress, job satisfaction, organizational commitment, age, and ITS was evaluated based on the biserial correlation coefficient. The correlation coefficient values (r) were used to classify the relationships with a value < 0.3 for low, 0.30–0.50

for moderate, and ≥ 0.50 for high. Lastly, logistic regression analysis was employed to identify the predictors of ITS among nursing faculty members. The assumptions of linearity, homoscedasticity, and multicollinearity were tested, and all the assumptions were met with the acceptable criteria according to Hair et al.[35] and Kline.[36]

Results

Of the 336 questionnaires distributed, 330 nursing faculty members (98.21%) returned completed questionnaires. The characteristics of the participants are illustrated in **Table 1**. Of most participants, 53.94% were between 31 to 40 years old; 97.58% were female; 51.21% were married, and 67.88% held a bachelor's degree in nursing. Of the participants, more than half (50.61%) were instructors who were primarily responsible for instructing and teaching in the classroom and clinical settings. The largest group of participants (38.79%) had 6 to 10 years of teaching experience in NMTS and 6 to 10 years of total nursing experience in clinical and academic settings (36.40%). The majority of the participants (72.42%) were working in NTS.

Table 1. Descriptive characteristics of the participants (n = 330)

Characteristics	Frequency (n)	Percentage (%)
Age (year) (Range = 25−55, Mean = 37.26, *SD* = 6.18)		
21−30	54	16.36
31−40	178	53.94
41−50	92	27.88
≥ 51	6	1.82
Gender		
Female	332	97.58
Male	8	2.42
Marital Status		
Married	169	51.21
Single	157	47.58
Other (Divorced/ Widowed/ Separated)	4	1.21
Education Level		
Diploma in nursing	2	.61
Bachelor degree	224	67.88
Master degree	104	31.51
Current job position		
Instructor	167	50.61
Tutor	163	49.40
Years of teaching experience (Range = 1−27, Mean = 9.70, *SD* = 5.60)		
≤ 5	80	24.24
6−10	128	38.79
11−15	62	18.79
16−20	51	15.45
21−25	8	2.42
≥ 26	1	0.30

Table 1. Descriptive characteristics of the participants (n = 330) (Cont.)

Characteristics	Frequency (n)	Percentage (%)
Years of total experience in nursing (Range = 4−30, Mean = 13.73, *SD* = 5.09)		
≤ 5	3	0.90
6−10	120	36.40
11−15	95	28.80
16−20	80	24.20
21−25	24	7.30
≥ 26	8	2.40
Working training school		
Nursing training school	239	72.42
Midwifery training school	91	27.58

The results showed that nursing faculty members perceived a high level of ITS with a mean score of 14.54 ± 2.51, and all study variable descriptions are shown in **Table 2.** The correlation matrix of the study variables is displayed in **Table 3**. The results of binary logistic regression analysis identified that organizational commitment (OR = 3.38, 95% CI = 1.63−7.01, p < 0.01), transformational leadership (OR = 2.39, 95% CI = 1.18−4.85, p < 0.05), workload 2.138 (OR = 0.47, 95% CI = 0.26−0.84, p < 0.05),, and job stress (OR = 0.29, 95% CI = 0.15−0.56, p < 0.01) were significant predictors of ITS, whereas job autonomy (OR = 0.90, 95% CI = 0.45−1.79, p < 0.755),, age (OR = 1.53, 95% CI = 0.86−2.73, p < 0.15), and job satisfaction (OR = 1.35, 95% CI = 0.63−2.91, p < 0.443) were non−significant predictors of ITS (**Table 4**). This model explained 39.2% of the total variance in ITS. In this study, no significant predictive abilities of job autonomy, job satisfaction, and age on ITS were found.

Table 2. Description of study variables (n = 330)

No.	Variables	Possible Score	Actual Score	M	SD	Level
1.	Intent to stay	4−20	9−20	14.54	2.51	n=226 (≥14) (68.49%) = High n=104 (<14) (31.51%) = Low
2.	Transformational leadership	7−35	14−35	25.80	4.76	High
3.	Job autonomy	9−63	20−63	44.60	10.03	Moderate
4.	Workload	3−15	3−15	8.77	2.75	Moderate
5.	Age	−	25−55	37.26	6.18	−
6.	Job stress	31−155	31−120	73.16	21.84	Moderate
7.	Job satisfaction	7−35	13−35	25.35	4.71	Moderate
8.	Organizational commitment	9−63	21−63	45.28	10.26	High

Table 3. Correlation matrix of the study variables (n = 330)

Variables	1	2	3	4	5	6	7	8
Transformational leadership	1.00							
Job autonomy	0.69**	1.00						
Workload	−0.53**	−0.49**	1.00					
Age	0.05	0.02	0.04	1.00				
Job stress	−0.70**	−0.55**	0.59**	−0.11*	1.00			
Job satisfaction	0.77**	0.64**	−0.62**	0.03	−0.74**	1.00		
Organizational commitment	0.68**	0.76**	−0.54**	0.15**	−0.58**	0.67**	1.00	
Intent to stay	0.55**	0.42**	−0.43**	0.15**	−0.56*	0.55**	0.50**	1.00

Note: All correlation coefficients are Pearson Biserial.

*p < 0.05, **p < 0.01 (2−tailed)

Table 4. Binary logistic regression analysis for variables predicting intent to stay (n = 330)

Model	B	SE	Wald	p-value	OR	95% C.I.	
						Lower	Upper
Transformational leadership	0.87	0.36	5.88	0.015	2.39	1.18	4.85
Equal or lower than the median (reference)							
Higher than the median							
Job autonomy	0.11	0.35	0.10	0.755	0.90	0.45	1.79
Equal or lower than the median (reference)							
Higher than the median							
Workload	−0.76	0.30	6.40	0.011	0.47	0.26	0.84
Equal or lower than the median (reference)							
Higher than the median							
Age	0.43	0.30	2.08	0.150	1.53	0.86	2.73
Equal or lower than the median (reference)							
Higher than the median							
Job stress	−1.24	0.39	13.41	< 0.001	0.29	0.15	0.56
Equal or lower than the median (reference)							
Higher than the median							
Job satisfaction	0.30	0.39	0.59	0.443	1.35	0.63	2.91
Equal or lower than the median (reference)							
Higher than the median							
Organizational commitment	1.22	0.37	10.76	0.001	3.38	1.63	7.01
Equal or lower than the median (reference)							
Higher than the median							

Note: Negelkerke R^2 = 0.392.

Discussion

The findings revealed that ITS scores were at a high level among nursing faculty members in Myanmar, indicating that they might plan to stay in academia. The current finding is similar to the United States study in which nursing faculty members reported their ITS at a high level.[30] A possible explanation for our findings might be due to their years of working experience and marital status. As presented in **Table 1**, the average teaching and total experience of the participants were 9.70 years and 13.73 years, respectively, showing a longer length of service, and greater experience in their job. Therefore, they demonstrated better confidence in their teaching, engaged in setting organizational goals, were advanced in their career development and obtained benefits from their organizations.[19] Furthermore, nursing faculty members' marital status might also be a possible justification for their high ITS level. Most participants (51.21%) were married (**Table 1**) and had the responsibilities and obligations of raising a family that drove them to choose stability. Leaving their present job may interfere with their family income and be distressing to their family life.[15] Married people are more likely to be content with their present work since they have more family burdens requiring income than those who are single.[37]

In addition, another reason for the high level of nursing faculty members' ITS can be explained by the benefits for nursing faculty members concerning accommodation arrangements and transportation,

regardless of their seniority or positions. For faculty members who commute from nearby cities, others who have families living in distant cities, or single faculty members who are non-local, appropriate housing and accommodation are arranged as soon as they are posted.[8] Moreover, the NMTS are located near the general teaching hospitals in the capital city of every state and region of Myanmar, making life convenient.[38] Long commuting as a potential source of dissatisfaction was not a factor for these nursing faculty members.[10]

Regarding the factors predicting ITS, transformational leadership (manager characteristics), workload (organizational characteristics), job stress, and organizational commitment predicted ITS significantly. Among them, the strongest predictor was job stress, with a negative effect. This result is consistent with previous evidence, which viewed nursing faculty members' stress as a crucial aspect affecting their ITS in their organization.[12] A possible explanation is that long-term stress contributes to decreased nursing faculty members' overall performance, poor quality at work, low job satisfaction, high turnover intention, and absenteeism due to health problems and other forms of ailments.[29] When nursing faculty members had stress due to conflicting demands in their job and were faced with many academic problems in teaching and practicing nursing students, it adversely impacted their willingness to stay in academia.[15]

Organizational commitment was another significant predictor of ITS. This finding is comparable to prior evidence showing that organizational commitment had a positive effect on the prediction of nursing faculty members' ITS.[12, 22] A possible explanation for this might be the similarity of the personal values of the nursing faculty members and their organizations' values which supported their willingness to stay in their institution.[22] When faculty members devote themselves to an organization by accepting organizational values and goals, their desire to continue their membership is reinforced.[18] The NMTS encouraged nursing faculty

members' attachment and loyalty to the organization,[13] which might affect their decision to stay in their institutions.

Transformational leadership was a significant predictor of ITS. This finding is consistent with previous research, showing that nursing faculty members' ITS was improved when there was a departmental head with transformational leadership.[19] The probable reason might be that the departmental head in these NMTS spends more time and gives each faculty member individual attention and continues to support them as they develop personally and professionally.[39] Additionally, they empower nursing faculty members, promote their cooperation, collaboration, and teamwork,[2] and lessen working stress.[19] Therefore, in this study, transformational leadership might increase these nursing faculty members' sense of belonging to the organization, leading them to indicate more likely to stay in their present NMTS.

The workload was the last significant predictor of ITS in this study with a negative effect. This finding is similar to the previous studies showing that nursing faculty members with too much workload are less likely to stay in their position.[20,21] A possible reason might be that work overload leaves nursing faculty members unable to manage their time, reduces their productivity, and adversely affects their desire to stay in academia. As a result of increasing workloads, some nursing faculty members are planning to leave their positions.[21] Hence, a flexible and manageable working schedule that accommodates the academic demands of nursing faculty members is essential.[2] In Myanmar, most nursing faculty members reported a moderate workload, which left them with little time to do it all[15] and made them less likely to continue in the field.

Interestingly, age was not a significant predictor of ITS in this study. This finding is inconsistent with the prior research, which indicated that faculty age has a significant association with ITS.[20] A possible explanation for these different results is that in the current study, the majority of nursing faculty members (53.94%) were between 31 and 40 years; they may find

part-time job opportunities such as in nursing-aide training institutions. They can earn income by working outside NMTS because they had more energy and wanted to utilize competency in teaching for students. Hence, relatively younger nursing faculty members may have found ways to supplement their income and thus remain satisfied in their situations.

Surprisingly, job satisfaction was not a significant predictor of ITS in this study. This finding is dissimilar from previous studies, which revealed that job satisfaction has favorable relationships with ITS.[12,20] A plausible account for these disparate outcomes is that in this study, nursing faculty members occasionally remained vague as to whether they truly enjoyed their job since they felt moderate job-related stress.[2,29] Nevertheless, the present organization has inspired nursing faculty members to make a good effort and recognize their contribution,[38] which might affect the decision to remain in their NMTS. Thus, nursing faculty members might not feel that their job satisfaction directly predicted their ITS.

Remarkably, job autonomy was not a significant predictor of ITS in this study. This finding is incongruent with a former study that revealed that members' job autonomy was shown to have positive associations with ITS.[19] A probable explanation for these findings is that nursing faculty members do not have much freedom to decide on their work. They tend to agree with group consensus as they fear being singled out and blamed when something goes wrong. Teamwork is highly valued in Asian culture, especially in Myanmar, where there is a familial atmosphere for them.[13] Where the job autonomy of nursing faculty members may not have the same valence in Asian cultures as it does in the West and may not consider that it has a direct prediction on their ITS.

Limitations

In this study, there were two limitations. The data were obtained from only NMTS in Myanmar. Therefore, the generalization of findings may be limited to these institutions or the UON in Myanmar. An additional limitation might be that the explained variance in ITS was only 39.2%, adding caution to the findings, and hence it is recommended to investigate more predictors in further studies.

Conclusions and Implications for Nursing Education Leadership and Management

This study's findings provide empirical evidence to verify the predictors of ITS among nursing faculty members in Myanmar, which confirmed that job stress, organizational commitment, transformational leadership, and workload significantly predicted ITS. Job stress was the strongest predictor, followed by organizational commitment, transformational leadership, and workload, which could together predict 39.20% of the variance of ITS. Based on our findings, nursing faculty members' ITS needs to be enhanced by lowering job stress. Therefore, it is suggested that faculty administrators take on the role of consultant when faculty members feel overwhelmed with their academic responsibilities and are unable to deal with their work-related stress. As researchers, we also recommend that to increase ITS, nursing faculty administrators and policymakers should promote faculty members' organizational commitment by fostering trust and teamwork culture, encouraging innovation, and providing encouragement and recognition. Importantly, to boost nursing faculty members' ITS, nursing faculty administrators need to improve their leadership capacity, mainly practicing transformational leadership by sharing a positive vision of the future, treating their faculty members individually, and supporting their development personally and professionally.

It is also important to support current and future nursing faculty leaders in their efforts to shape health policy, influence decision-making, and improve nursing education. Following the findings of our study, nursing faculty members' ITS also needs to be improved by

reducing workload. For instance, minimizing lengthy meetings, reducing unnecessary paperwork, promoting work-life balance for nursing faculty, offering rewards and recognition, and flexible shift scheduling may all help nursing faculty members' ITS in academia.

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ปัจจัยทำนายความตั้งใจคงอยู่ในงานของอาจารย์พยาบาล: การศึกษาแบบภาคตัดขวาง

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บทคัดย่อ: เป็นที่รับรู้กันว่าการขาดแคลนอาจารย์พยาบาลทั่วโลกส่งผลกระทบในทางลบต่อคุณภาพ การศึกษาพยาบาลและจำนวนของผู้สำเร็จการศึกษาพยาบาลที่มีคุณภาพ ซึ่งสถานการณ์นี้เป็น สัญญาณเตือนที่สำคัญเมื่อทั่วโลกขาดแคลนพยาบาลหลายล้านคนในการปฏิบัติงาน การวัดความตั้งใจ คงอยู่ในงานของอาจารย์พยาบาลในสถาบันการศึกษาเป็นสิ่งสำคัญในหลายประเทศ เพื่อที่จะประมาณ การสถานะของกำลังคนในสถาบันการศึกษา และกำหนดกลยุทธ์ในการแก้ไขปัญหาดังกล่าว การศึกษา แบบภาคตัดขวางนี้มีวัตถุประสงค์เพื่อ ศึกษาปัจจัยทำนายความตั้งใจคงอยู่ในงานของอาจารย์พยาบาล 330 คน จาก โรงเรียนพยาบาลและผดุงครรภ์ 50 แห่งในสาธารณรัฐแห่งสหภาพเมียนมาร์ กลุ่มตัวอย่าง ประกอบด้วย อาจารย์พยาบาล จำนวน 330 คน ทำการสุ่มเลือกจากโรงเรียนฝึกอบรมพยาบาลและ ผดุงครรภ์ของสาธารณรัฐแห่งสหภาพเมียนมาร์ที่การวิจัยทางการพยาบาลยังอยู่ในช่วงเริ่มต้น เครื่องมือ ที่ใช้ในวิจัยประกอบด้วย แบบบันทึกข้อมูลส่วนบุคคล แบบวัดความตั้งใจที่จะคงอยู่ในงานของ Prince แบบประเมินภาวะผู้นำในการเปลี่ยนแปลงโลก แบบแบบวัดความมีเอกสิทธิ์ในการทำงาน แบบวัดภาระงาน ดัชนีความเครียดของอาจารย์ แบบวัดความพึงพอใจในงาน และแบบวัดความยึดมั่นผูกพันต่อองค์กรวิเคราะห์ ข้อมูลโดยใช้สถิติเชิงพรรณา ความสัมพันธ์แบบไบซีเรียล และการวิเคราะห์การถดถอยโลจิสติกแบบไบนารี

     ผลการวิจัยพบว่า 68.49% ของอาจารย์พยาบาลมีความตั้งใจคงอยู่ในโรงเรียนสูง ภาวะผู้นำ การเปลี่ยนแปลง ปริมาณงาน ความเครียดในงาน และความยึดมั่นผูกพันต่อองค์กร เป็นปัจจัยที่สามารถ ทำนายความแปรปรวนของความตั้งใจคงอยู่ในงานได้อย่างมีนัยสำคัญได้ร้อยละ 39.20 และความเครียด ในงานมีอิทธิพลทางลบต่อความตั้งใจคงอยู่ในงานที่ดีที่สุด ผู้บริหารการศึกษาพยาบาล ผู้นำด้านสุขภาพ และทางการพยาบาล และผู้กำหนดนโยบายสุขภาพ สามารถนำผลการศึกษาครั้งนี้ไปใช้เป็นข้อมูลพื้นฐาน ในการพัฒนากลยุทธ์ที่มีประสิทธิภาพในการพัฒนาภาวะผู้นำการเปลี่ยนแปลง ปรับลดปริมาณงาน และความเครียดในงาน และเสริมสร้างความยึดมั่นผูกพันต่อองค์กรของอาจารย์พยาบาลเพื่อที่จะ ธำรงรักษาให้คงอยู่ในสถาบันการศึกษา

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