



## Work Climate and Turnover Intention Among Nurses in Tertiary Level Hospitals, Republic of The Gambia.

### บรรยากาศการทำงานและความตั้งใจลาออกของพยาบาล ในโรงพยาบาลระดับตติยภูมิ สาธารณรัฐแกมเบีย

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#### บทคัดย่อ

บรรยากาศการทำงานเป็นปัจจัยสำคัญในการทำนายการลาออกจากงานของพยาบาลซึ่งสามารถประเมินได้จากความตั้งใจในการลาออกจากงาน การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับของบรรยากาศการทำงาน ความตั้งใจลาออก และหาความสัมพันธ์ระหว่างบรรยากาศการทำงานและความตั้งใจลาออกของพยาบาลในโรงพยาบาลระดับตติยภูมิจำนวน 6 แห่ง สาธารณรัฐแกมเบีย กลุ่มตัวอย่างประกอบด้วยพยาบาลวิชาชีพจำนวน 201 คน ที่ได้รับการคัดเลือกแบบสุ่มจากแผนกต่าง ๆ ในโรงพยาบาลระดับตติยภูมิ 6 แห่ง เครื่องมือที่ใช้ในงานวิจัย ประกอบด้วย แบบบันทึกข้อมูลส่วนบุคคล แบบสอบถามบรรยากาศทางจิตวิทยา CRISO (CRISO-PCQ) และแบบวัดความตั้งใจในการลาออกจากงาน (Turnover Intention Scale: TIS) ค่าความเที่ยงตรงของแบบสอบถาม CRISO และแบบสอบถาม TIS ได้รับการยืนยันจากผู้พัฒนาเครื่องมือ ค่าความเชื่อมั่นของแบบสอบถามบรรยากาศทางจิตวิทยา CRISO เท่ากับ 0.92 และแบบวัดความตั้งใจในการลาออกจากงานเท่ากับ 0.80 วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนาและสถิติสหสัมพันธ์ของเพียร์สัน

#### ผลการศึกษาในครั้งนี้มีดังนี้

1. ระดับของบรรยากาศการทำงานตามการรับรู้ของพยาบาลโดยรวมพบว่าเป็นบวก และระดับของมิติ 15 ด้านของบรรยากาศการทำงาน พบว่าเป็นผลบวก 9 ด้าน และเป็นลบ 6 ด้าน
2. ระดับของความตั้งใจลาออกโดยรวมตามการรับรู้ของพยาบาลพบว่ามีอยู่ในระดับสูง
3. บรรยากาศการทำงานโดยรวมและ 13 ด้านมีความสัมพันธ์ทางลบอย่างมีนัยสำคัญทางสถิติกับความตั้งใจลาออก แต่พบว่าบรรยากาศการทำงาน 2 ด้านไม่พบความสัมพันธ์กับความตั้งใจลาออก

ผลการศึกษาในครั้งนี้ ผู้บริหารทางการพยาบาลในสาธารณรัฐแกมเบียสามารถนำไปใช้ในการพัฒนากลยุทธ์ในการปรับปรุงบรรยากาศการทำงานในด้านลบเพื่อที่จะช่วยลดความตั้งใจลาออกในโรงพยาบาลระดับตติยภูมิทั้ง 6 แห่งในการศึกษาครั้งนี้

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**คำสำคัญ:** บรรยากาศการทำงาน, ความตั้งใจลาออก, พยาบาล, โรงพยาบาลระดับอุดมศึกษา, แกมเบีย

## Abstract

Work climate is a significant predictor of nurse turnover, which can be evaluated by turnover intention. The purposes of this study were to examine levels of work climate and turnover intention, and to explore the relationship between them among nurses in six tertiary level hospitals in the Republic of The Gambia. Participants included 201 nurses who were randomly selected from different departments of these six tertiary level hospitals. Research instruments used in this study were the demographic data form, CRISO Psychological Climate Questionnaire (CRISO-PCQ), and Turnover Intention Scale (TIS). The validity of the CRISO-PCQ and TIS were confirmed by the developer. The reliability of the CRISO-PCQ was 0.92, and TIS was 0.80. Data were analyzed using descriptive statistics and Pearson product moment correlation.

### The results of the study are as follows:

1. The level of overall work climate as perceived by nurses was positive. Among the 15 dimensions of work climate, 9 were positive and 6 were negative.
2. The overall level of turnover intention as perceived by the nurses was at a high level.
3. There were significant negative relationships between the overall and 13 dimensions of work climate and overall turnover intention. However, two dimensions of work climate were not related to overall turnover intention.

The results of this study could be used by nursing administrators in the Republic of The Gambia to develop strategies for improving a negative work climate in order to minimize turnover intention in the six tertiary level hospitals included in this study.

**Keywords:** *work climate, turnover intention, nurse, tertiary level hospital, Gambia*

## Background and Significance

Nursing shortage evidence has been widely documented globally, according to the American Bureau of Labor Statistics (2010), despite the increment in the number of US-trained licensed nurses, the projected nursing demand growth rate from 2010 to 2018 is projected at 22% (or 2.12% annually). The American Association of Colleges of Nursing (2010) revealed that the American Hospital Association in July 2007 needed approximately 116,000 registered nurses

to fill vacant positions nationwide equivalent to 8.1% registered nurses' vacancy rate. In 2006, the World Health Organization (WHO) estimated that 57 countries, mostly in sub-Sahara Africa, were estimated to have critical shortages of doctors, nurses and midwives equivalent to 2.4 million. An International Council of Nurses (ICN) Report (2004) revealed that there were more than 600,000 nursing vacancies compared to the estimated number wanted to scale up priority interventions as recommended by the

Commission on Macroeconomics and Health. In Africa the total health workforce is estimated at 1,640,000 with an average of 2.3 health workers per 1,000 people (World Bank Report, 2006). In the Gambia, a report revealed that there is a severe nursing shortage in the country, evident by the average national nurse-to-population ratio of 0.11 per 1000 population-equivalent to 1.1 nurses per 10,000 populations which is very low compared to the 2.3 per 1000 population recommended by WHO (Ministry of Health and Social Welfare, 2013).

High turnover rate among nurses is regarded as a big problem leading to shortage, which does not only affect the quality of patient care (Sullivan & Decker, 2005; Roussel Swansburg, & Swansburg, 2006) but also the cost of recruitment and training new staff, which ranged from US\$ 1,280 to US\$ 50,000 (Waldman, Kelly, Aurora, & Smith, 2004; Roussel et al., 2006). Employee turnover is defined as the cessation of membership in an organization by an individual who received monetary compensation from the organization (Mobley, 1982). The high nurse turnover rate has resulted in less effective working relationships between nurses and other healthcare professionals, which ultimately affect patient care quality. Staff turnover is one of the recent crucial managerial issues for the health sector globally (Gemma, 2006). In the Gambia, a study conducted by the Planning Unit Ministry of Health within the health sector estimated the turnover rate was between 30% to 50%, which is high, and majority were said to be nurses (Human Resource for Health, 2009).

Actual turnover is predicted by turnover

intention (TI) and has a direct causal impact on turnover (Arnold & Feldman, 1982). An employee's intentions mark the most immediate motivator of task performance and an individual's choice of behavior is influenced by their intentions (Mishra & Bhatnagar, 2010). The term TI was first introduced by Mobley (1977) as the voluntary intention of an employee leaving his/her job at some point in the near future. Mobley, Horner, and Hollingsworth (1978) defined TI as a conscious and deliberate desire to leave the organization within the near future and considered it as the last part in the sequence of the withdrawal cognition process. Based on Mobley's withdrawal cognition model, Roodt (2004) defined TI as the voluntary intention of an employee to leave an organization, which includes three elements: 1) thinking of quitting, which refers to an employee who considers leaving the organization; 2) intention to search, which refers to an employee who decides to go about looking for a job outside of the organization; and 3) intention to quit, which refers to an employee who decides to leave the organization at some unspecified point in the future.

From the literature reviewed, factors related to TI were numerous, including unfavorable work climate, heavy workload, work engagement, burnout, organizational citizenship behavior, work alienation, job dissatisfaction, organizational commitment, role ambiguity, lack of job autonomy, job challenge, lack of justice and support, leadership styles, job stress, lack of promotion opportunities, organizational support, organizational justice, knowledge sharing, co-worker trust/support, work environment variables, and

work role balance (Biswas, 2010; Du Plooy & Roodt, 2013; Dywili, 2015; Gormley & Kennerly, 2011; Hwang & Chang, 2009; Jacobs & Roodt, 2011; Kim & Kao, 2014; Martin, 2007; Martin & Roodt, 2008; Masemola, 2011). Among the above factors, work climate (WC) was most prominent-justifying its selection by the researcher for the present study. The field of WC is organized into various conceptual approaches like structural, interactional, cultural and perceptual approaches (Verbeke et al., 1998). This study was based on the perceptual approach because it identified WC as “psychological WC” and conceptualized it as an individual characteristic rather than an organizational one. Jones and James (1979) defined WC as the cognitive perception of various features of work environment in terms of their meaning and significance for individual employees in an organization, and it has commonly been considered to mean psychological climate. Gagnon et al. (2009) developed an instrument, the Psychological Climate Questionnaire (CRISO-PCQ), based on the framework initially proposed by Jones and James to measure work climate. This instrument measured work climate in 15 dimensions. Several studies found relationship between WC and TI. For example, Hwang and Chang (2009) conducted a study on WC and TI among Korean hospital staff members and found out that a positive WC influenced TI inversely.

Republic of The Gambia is located on the West African coast, has a land area of 10,689 km<sup>2</sup>, with a population of 1,882,450 (Gambia Bureau of Statistics, 2006). The country is divided into seven administrative regions (Ministry of

Health and Social Welfare, 2012c). The Ministry of Health and Social Welfare (MOH&SW) is responsible for overall policy formulation, planning, organization, and coordination of the health sector at the national, regional, district and community levels. The Gambia Nurses and Midwives Council is responsible for issuing licenses and maintaining a register of all nurses and midwives eligible to practice within the Gambia (Human Resource for Health, 2009). The health system in the Gambia has three tiers, which include the primary, secondary and tertiary levels. The tertiary level includes seven public hospitals (one teaching, one specialized, and five general public hospitals) which provide health services to the population at the tertiary level (Ministry of Health and Social Welfare, 2012c; Human Resource for Health, 2009). Six tertiary hospitals were included in this study because they offered variety of services, were overcrowded, and had the highest number of the trained nurses in the country. There are three levels of trained nurses in the country: 1) Registered Nurses (RNs), 2) Enrolled Nurses (ENs), and 3) Community Health Nurses (CHNs).

The Human Resources for Health (HRH) situation in the Ministry has been very critical due to the complexities and challenges associated with human resources such as high attrition rates, unconducive work climate and shortage of skilled health professionals. The WC of nurses in the Gambia faced lots of challenges. There is some degree of freedom with regards to task performance but not on decision making inside each nurse’s own job area. The work environment of nurses does not allow the use

of a variety of competencies and knowledge as nurses are overloaded; there is inadequate time, manpower, training and/or resources in accomplishing tasks. There is also ambiguity about responsibilities, decisional structure, and objectives due to the shortage of healthcare professionals in the country. Nurses are challenged with heavy workload due to the high attrition, inadequate competent and skilled health workers, and low staff production from health training institutions (World Bank, Africa Region, 2010). There is unfairness in the decisions that directly impact one's job such as the promotions, postings, and selection of staff for further education (Human Resource for Health, 2009). Moreover, nurses are not motivated or assisted by the organizations to conduct research for evidence-based practice as the directorate of planning and information lacks material resources that would enable effective and efficient running of the health system research and documentation unit (Ministry of Health and Social Welfare, 2009).

## Objectives

The objectives of this study were to examine levels of work climate and turnover intention, and to explore the relationship between them among nurses in six tertiary level hospitals in the Republic of The Gambia.

## Conceptual Framework

The conceptual framework used in this study for WC was based on the perceptual climate theory by Jones & James (1979). They consider WC as the cognitive perception of

various features of work environment in terms of their meaning and significance for individual employees in an organization, including fifteen dimensions. Nurses who perceived their WC positively will be satisfied with their job, which will lower TI. The conceptual framework of TI was based on the withdrawal cognition model by Mobley (1977), who considered turnover intention as the last part of a sequence in the withdrawal cognition process. The withdrawal cognition process included three elements: 1) thinking of quitting, 2) intention to search, and 1) intention to quit. In this study, the correlation between WC and TI was tested.

## Methodology

A descriptive correlational research design was used to examine the levels of WC and TI and identify the relationship between them among nurses in six tertiary level hospitals in the Republic of The Gambia.

### Population and Sample

The target population of this study was 347 Gambian registered and enrolled nurses who were in active service and had at least one year's work experience post qualification from the six tertiary level hospitals in the Republic of The Gambia. The Yamane formula was used to calculate the sample size, which was 186. Considering the likelihood of losing some subjects, 20% of the sample size (38 subjects) was added into the sample (Burns & Grove, 2005). Therefore, the final sample size was 224 registered and enrolled nurses. Of these, 205 questionnaires were returned, and 201 were completed. Thus, the return rate was 91.52%.

## Research Instruments

The research instrument used in this study was a set of questionnaires which included the following:

1. The Demographic Data Form was designed to collect the study participants' information including gender, age, marital status, religion, level of nursing education, years of work experience, hospital, and department.

2. The CRISO Psychological Climate Questionnaire (CRISO-PCQ) consisted of 60 items with 15 dimensions with each dimension consisting of four items. Each item was placed on a five-point Likert scale of 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree) for participants' responses. The 15 dimensions included 1) job importance, 2) job autonomy, 3) job challenge, 4) role clarity, 5) role conflict, 6) role workload, 7) leadership trust & support, 8) leadership goal emphasis, 9) leadership work facilitation, 10) work group warmth, 11) work group pride, 12) work group cooperation, 13) organizational innovation, 14) organizational justice, and 15) organizational support.

3. The Turnover Intention Scale (TIS) consisted of 15 items, measured on a five-point intensity response scale anchored at extreme poles (e.g. "never" 1 [low intensity], to "always" 5 [high intensity]).

## Validity and Reliability of the Instrument

With the permission from the authors, the researcher used the CRISO-PCQ and TIS without any modification; therefore, the researcher did not test for validity prior to the study. Twenty registered and enrolled nurses from Edward

Francis Small Teaching Hospital were invited to test the internal consistency reliability of the two instruments. A Cronbach's alpha of 0.92 was obtained for CRISO-PCQ and 0.8 for TIS.

## Data Collection

Self-administered questionnaires were used to collect data from December 2015 to February 2016 at the six tertiary level hospitals, Republic of The Gambia. Simple random sampling was used to select nurses from the list of nurses who met the inclusion criteria in each department. After taking consent, the instruments were distributed to the nurses by research coordinators. After two weeks, the research coordinators collected all the returned questionnaires in sealed envelopes and submitted them to the researcher. The data were cleaned and checked by the researcher prior to entering them into the computer for analysis.

## Data Analysis Procedures

Statistical software was used to analyze the descriptive and inferential statistics in this study. Demographic data, level of WC, and TI were analyzed using descriptive analysis frequency, percentage, mean, and standard deviation. Pearson product moment was used to examine the relationship between overall and each dimension of WC and overall TI. According to Burns and Grove (2005),  $r < 0.3$  was considered as a weak positive relationship,  $r = 0.3 - \leq 0.5$  was considered a moderate positive relationship, and  $r = > 0.5$  was considered a strong positive relationship, whereas negative correlation results were interpreted in the

opposite way. The significant alpha level was set at 0.05.

### Ethical considerations

Prior to data collection, the research proposal was approved by the graduate school, Chiang Mai University, and the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University, Thailand. In the Gambia, permission was obtained from the Ministry of Health and Social Welfare, Gambia government/ MRC Joint Ethics Committee, University of the Gambia Ethics Committee, and each tertiary level hospital's Chief Executive Officer (CEO). All participants were informed about the purpose and benefits of the study before data collection. They were informed that participation in the study was voluntary, so they could refuse to participate or withdraw anytime. Lastly, the participants who agreed to participate in the study were asked to sign a written consent.

### Results

The study sample consisted of 201 Registered and Enrolled Nurses. The ages of the participants ranged from 22 to 60 years. The age group with the highest number of participants in this study was 26 – 30 years (33.83%). The majority of the study participants were female and Muslims (56.72% and 87.56%, respectively), and more than half of the participants (67.66%) were married. Nearly half of the study participants held the Enroll Nurse Certificate (44.28%), and 39.30% of the study participants had work experience between 1 to 5 years. Furthermore, most of the study participants (45.77%) came from the Teaching Hospital (EFSTH). However, study participants came from 11 different departments. The department with the highest number of participants (21.89%) in this study was the maternity department.

**Table 1** Mean, Standard Deviation and Level of Work Climate as Perceived by Study Participants (n = 201)

Work Climate	Mean	SD	Level
Overall Work Climate	3.26	0.40	Positive
Job Importance	4.10	0.50	Positive
Job Autonomy	3.24	0.76	Positive
Job Challenge	2.75	0.37	Negative
Role Clarity	2.89	0.72	Negative
Role Conflict	3.33	0.80	Positive
Role Workload	2.53	0.66	Negative
Leadership Trust & Support	3.60	0.79	Positive
Leadership Goal Emphasis	3.55	0.76	Positive

Work Climate	Mean	SD	Level
Leadership Work Facilitation	3.49	0.87	Positive
Work Group Warmth	3.57	0.67	Positive
Work Group Pride	3.35	0.61	Positive
Work Group Cooperation	3.66	0.73	Positive
Organizational Innovation	2.88	0.75	Negative
Organizational Justice	2.99	0.80	Negative
Organizational Support	3.00	0.95	Negative

As illustrated in Table 1, the overall mean score of WC as perceived by the study participants was positive ( $\bar{X}$  = 3.26, SD 0.40). Among the fifteen dimensions of WC, nine dimensions were positive including job importance, job autonomy, role conflict, leadership trust and support, leadership goal emphasis, leadership

work facilitation, work group warmth, work group pride, and work group cooperation. On the other hand, six dimensions were negative, which includes role clarity, job challenge, role workload, organizational innovation, organizational justice, and organizational support.

**Table 2** Mean, Standard Deviation and Level of Overall TI and Each Item as Perceived by Study Participants (n = 201)

Turnover Intension	Mean	SD	Level
Overall turnover intention	3.19	0.52	High

Table 2 illustrates that the overall turnover intention as perceived by study participants was high ( $\bar{X}$  = 3.19 & SD 0.52).

**Table 3** Relationship between Overall and Each Dimension of Work Climate and Overall Turnover Intention as Perceived by Study Participants (n = 201)

Work Climate Dimensions	Overall Turnover Intention
	r
Overall Work Climate	-0.54 **
Job importance	-0.17 *
Job autonomy	-0.15 *
Job challenge	-0.07
Role clarity	-0.12



Work Climate Dimensions	Overall Turnover Intention
	r
Role conflict	-0.28 **
Role workload	-0.37 **
Leadership trust & support	-0.39 **
Leadership goal emphasis	-0.29 **
Leadership work facilitation	-0.39 **
Work group warmth	-0.27 **
Work group pride	-0.16 *
Work group cooperation	-0.26 **
Organizational innovation	-0.37 **
Organizational justice	-0.51 **
Organizational support	-0.53 **

\*\*  $P < 0.01$ . \*  $P < 0.05$ .

Table 3 illustrates that there was a strong significant negative relationship between overall WC and TI ( $r = -0.54$ ,  $p < .01$ ) (Table 3). Regarding the WC dimensions, 13 had a significant negative relationship with overall TI, but the strength of the relationships varies among dimensions. There was a strong negative correlation between organizational justice, organizational support, and overall TI. There was a moderate negative relationship between role workload, leadership trust & support, organizational innovation, and leadership work facilitation and overall TI. Furthermore, there was a weak negative correlation between overall TI and job importance, job autonomy, role conflict, leadership goal emphasis, work group pride, work group cooperation, and work group warmth. Finally, there was no significant relationship between two dimensions of WC—job challenge and role clarity—and overall TI.

## Discussions

**Work Climate (WC):** The results of this study showed that the overall mean of work climate as perceived by the study participants was positive ( $\bar{X}=3.26$ , SD 0.40) (Table 1). The finding was congruent with prior studies in Canada, Gagnon et al. (2009); Bedi et al. (2012); Paquet et al. (2013); in Korea, Hwang and Chang (2009); and Biswas (2010) in India. The mean WC dimensions scores in this study ranged from 2.53 to 3.66. The results of this study showed that among the fifteen dimensions of WC, nine were perceived positive, namely job importance, job autonomy, role conflict, leadership trust & support, leadership goal emphasis, leadership work facilitation, work group warmth, work group pride, and work group cooperation (Table 2). However, six dimensions, namely job challenge, role clarity, workload, organizational innovation, organizational support and organizational justice,

were perceived negatively by study participants.

One possible explanation why overall WC and nine dimensions were positive as perceived by Gambian nurses is that WC is the cognitive perception of various features of work environment in terms of their meaning and significance for individual employees in an organization (Jones & James, 1979). A second possible explanation could be the culture of silence and non-resilience of nurses in general as most nurses generally feel shy or uncomfortable expressing themselves or their real feelings, especially with regards to organizations and their leadership (Clark & Clark, 2006; Anonymous Personal Communication, July 10, 2014). Furthermore, one possible reason why six work climate dimensions were negative could be explained by the fact that the work environment of nurses in the Gambia does not allow the use of variety of competencies and knowledge as nurses are overloaded; there is inadequate time, manpower, training and/or resources for accomplishing tasks. Nurses' roles are not clearly specified, and there is ambiguity about responsibilities, decisional structure, and objectives. Gambian nurses are not conducting research for evidence-based practice compared to other nurses around the world, probably due to the heavy workload in combination with lack of encouragement, free time, funding, support for new ideas, and the fact that the directorate of planning and information lacks material resources that will enable effective and efficient running of the health system research and documentation unit (Ministry of Health and Social Welfare, 2009).

**Turnover Intention (TI):** The results of

this study showed that the overall TI as perceived by the study participants in the tertiary level hospital, Republic of The Gambia was at a high level ( $\bar{X}$ =3.19, SD 0.52) (Table 2). The level of this result corroborated with previous studies of Yousef, Abo El-Maged & El-Houfey, (2014); and Masemola (2011). This result could be explained by the Mobley's withdrawal cognition model (1977), which represents a mental decision intervening between an individual's attitude regarding the job and the stay or leave decision (Sager et al., 1998). Another possible explanation is the fact that there are inadequate motivational and retention strategies for nurses working in Gambia (Africa Health Observatory, 2012). Further possible explanation why turnover intention was high could be that the majority of nurses were thinking about starting their own business due to the low salaries and benefits, unfriendly work environment, heavy work load, strict posting rules, poor quality of work life, and unfair promotions and selection of staff for further training (Fochsen, Sjöfögren, Josephson, & Lagerstrom, 2005; Human Resource for Health, 2009).

**Relationship between WC and TI:** There was a strong significant negative relationship between overall WC and overall TI ( $r = -0.54$ ,  $p < 0.01$ ) (Table 3). The findings indicated that the high level of WC was related to low level of TI as perceived by the study participants. The results supported the conceptual framework, in that it showed a negative linear relationship between WC and TI; that is, nurses who perceived their WC positively will be satisfied with their job, which will lower TI in the tertiary level hospitals Republic of the Gambia. This result

was congruent with prior studies of Aiken et al. (2008); Hwang and Chang (2009); Biswas (2010); Meeusen et al. (2011); and Trembley et al. (2010). This result could be explained by Fishbein and Ajzen's Theory of Reasoned Action (TRA) (1975), which states that the more favorable a person's attitude towards some object, the more he will intend to perform positive behavior and the less he will intend to perform negative behavior with respect to that object. Therefore, when nurses are not satisfied with their WC, their TI will be high.

### Implications

The results of this study will provide considerations for both the nurse and hospital administrators in order to maintain the nine positive WC dimensions. Moreover, these practitioners can develop strategies of improving the six negative dimensions—job challenge, role

clarity, role workload, organizational innovation, organizational justice and organizational support —by establishing a participatory approach which involves “all” teams at “all” levels of the organization and setting up an internal strategic watch to maintain conditions promoting continuous improvement of the WC in tertiary level hospitals, Republic of The Gambia so that TI can be minimized and nurses retained.

### Recommendations for future research

Future research is needed to replicate this study in other health facilities for country wide generalizability. Secondly, managers should develop practical strategies and actions for improving the six negative work climate dimensions by establishing a participatory approach to decrease turnover intentions or retain nurses in tertiary hospitals in the Gambia.

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