



Factors Related to Intent to Stay Among Nurses in the Tertiary Hospital, Maldives

ปัจจัยที่เกี่ยวข้องกับความตั้งใจคงอยู่ในงานของพยาบาล
ในโรงพยาบาลระดับตติยภูมิประเทศไทยเดิมส์

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บทคัดย่อ

ภาวะการขาดแคลนพยาบาลและอัตราการลาออกจากที่สูงทำให้มีความจำเป็นที่จะต้องสำรวจความตั้งใจของพยาบาลที่จะอยู่ทำงานในองค์กร การศึกษาแบบพรรณหาความสัมพันธ์ครั้งนี้มุ่งที่จะศึกษา การคงอยู่ในงานของพยาบาลและปัจจัยที่เกี่ยวข้องได้แก่เอกสิทธิ์วิชาชีพ บรรยักษ์องค์กรและปัจจัย ส่วนบุคคลและสำรวจความสัมพันธ์ระหว่างการคงอยู่ในงานกับปัจจัยที่เกี่ยวข้องกลุ่มตัวอย่างประกอบด้วยพยาบาลจำนวน 117 คน ที่ปฏิบัติงานอยู่ในโรงพยาบาลระดับตติยภูมิ ประเทศไทยเดิมส์ เครื่องมือ วิจัยได้แก่ แบบวัดการคงอยู่ในงาน แบบวัดกิจกรรมการพยาบาลและแบบสำรวจบรรยักษ์องค์กร ซึ่ง มีค่าสัมประสิทธิ์ความเชื่อมั่นของเครื่องมือวิจัยทั้งสามเท่ากับ .87, .81 และ .81 ตามลำดับ การวิเคราะห์ข้อมูลใช้สถิติเชิงพรรณนาและสัมประสิทธิ์สัมพันธ์แบบลำดับที่ของสเปียร์แมน

ผลการวิจัยพบว่า

- ค่าเฉลี่ยโดยรวมของการคงอยู่ในงานอยู่ในระดับปานกลางกลุ่มตัวอย่างส่วนใหญ่ (69.49%) รับรู้การคงอยู่ในงานในระดับปานกลาง ร้อยละ 25.99 ของกลุ่มตัวอย่างรับรู้การคงอยู่ในงานในระดับสูง มีเพียงร้อยละ 4.52% รับรู้การคงอยู่ในงานในระดับต่ำ
- การคงอยู่ในงานมีความสัมพันธ์เชิงบวกในระดับต่ำกับ การปฏิบัติงานเกินเวลา รายได้ต่อเดือน และบรรยักษ์องค์กร
- การคงอยู่ในงานไม่มีความสัมพันธ์กับจำนวนปีของประสบการณ์การทำงานและเอกสิทธิ์วิชาชีพ ผลการศึกษาครั้งนี้สามารถใช้เป็นข้อมูลพื้นฐานสำหรับผู้บริหารโรงพยาบาลและผู้บริหารทางการพยาบาล ในการพัฒนากลยุทธ์ที่จะเพิ่มการคงอยู่ในงานของพยาบาลโดยคำนึงถึงปัจจัยที่เกี่ยวข้อง

คำสำคัญ: ความตั้งใจคงอยู่ในงาน เอกสิทธิ์วิชาชีพ บรรยักษ์องค์กร พยาบาล

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Abstract

Nursing shortages and high turnover makes it necessary to explore nurses' intentions to stay in an organization. This descriptive correlational study aimed to explore intent to stay (ITS) among nurses and related factors; including professional autonomy, organizational climate, and personal factors. It then examined the relationships between ITS and these related factors. The sample consisted of 177 nurses working in a tertiary hospital in Maldives. The research instruments were: the Intent to Stay Scale (ITSS), the Nursing Activity Scale (NAS), and the Organizational Climate Survey (OCS). The reliability coefficients of the ITSS, NAS and OCS scale were .87, .81, and .81 respectively. Data were analyzed using descriptive statistics and Spearman's rank-order correlation coefficient.

The results of this study indicated that:

1. The overall mean score of intent to stay was at a moderate level. Most subjects (69.49%) reported moderate intent to stay, 25.99% reported high intent to stay, and only 4.52 % reported low intent to stay.
2. There were significant low positive relationships between intent to stay and working overtime, monthly income, and organizational climate.
3. There was no significant relationship between intent to stay, and years of experience, nor professional autonomy.

The results of this study can be used as baseline information for hospital administrators and nurse administrators to develop strategies to increase nurses' intent to stay by considering related factors.

Key words: Intent to Stay, Professional Autonomy, Organizational Climate, Nurse

Background and Significance

Nursing shortage is an issue which negatively affects goals of improving healthcare system worldwide. Inadequate nursing resources exist in many countries (Buchan & Aiken, 2008). The main reason for inadequate nursing resources is turnover. In the Maldives high turnover of professionals, especially medical doctors and nurse, is one of the most prominent issues associated with health workforce (Ministry of Health and Family, 2010). In order to compensate this issue, nurses and doctors are recruited from

other countries (Senior, 2012). Though they recruit foreign nurses, Maldives is still suffering from shortage of nurses both permanent and temporary (Senior, 2012). There is a high turnover among nurses in Indira Gandhi Memorial Hospital (Personnel Department, 2011), which is the only one tertiary care hospital in the country. Turnover can be anticipated and prevented by improving intent to stay. According to a study done in Canada, due to nursing shortages and high turnover among nurses, it is necessary to identify the main factors related to nurses'

intent to stay in an organization (Sourdif, 2004). Intent to stay refers to the estimated likelihood of continued membership in an organization (Price & Mueller, 1981). Factors mainly related to intent to stay are organizational climate (Liou & Cheng, 2009; Mayyan, 2008; Hong & Kaur, 2008), professional autonomy (Alexander, Lichtenstein, Oh, & Ullman, 1998; Tai, Bame & Robinson, 1998), job satisfaction (Kunavikkul, Nuntasupawat, Srisuphan, & Booth, 2000), leadership, (Taunton et al, 1997), organizational commitment, job stress, job performance (AbuAlrub, 2008) and some demographic factors like work experience (Aiken et al, 2001; Bjork et al, 2007; Brewer et al, 2009; Nogueras, 2006), monthly income (Bjork et al, 2007), and overtime (Bae, Brewer, and Kovner, 2011; Brewer et al, 2009). Despite the fact that numerous studies have been conducted to explore factors predicting and relating to intention to stay among nursing population, mostly in western countries, inconsistencies of the findings were noted among some of the factors. It was also noted that there were very few research studies done in Maldives. Succinctly, in Maldives studies regarding nurses' intent to stay and its related factors have not been found. Based on the review of literature and the situation of IGMH, related factors in this study include years of experience, monthly income, overtime, professional autonomy and organizational climate. The findings from this study will benefit for nurse administrators in developing strategies related to these selected factors to increase nurse retention in Indira Gandhi Memorial Hospital.

Price and Kim (1993) explored the

relationship of demographic variables and intent to stay and the results showed that years of experience has a significant relationship with intent to stay ($r = .3613, p=.01$). Most researchers imply that years of experience plays an important role in nurses' intent to stay (Aiken et al, 2001; Bjork et al, 2007; Brewer et al, 2009; Halfer, 2011; Nogueras, 2006). Improving income works as a motivating factor when the current income is low (Reineck & Furino, 2005). In retaining nurses in an organization and increasing their intent to stay, increments of payment was a good strategy proven by research (Kachi, Inoue, & Toyokawa, 2010). Overtime is also a factor which influences nurses' intent to stay. Kovner et al, (2009) examines the registered nurses intent to stay, and the results showed that more overtime decreases the intent to stay among nurses. Conversely, Bae, Brewer, and Kovner (2011) explored mandatory and voluntary overtime found that nurses who are more committed to the organization performs voluntary overtime and are more dedicated to the organization. Besides demographic factors, professional autonomy was found to have a relationship with intent to stay. Professional autonomy is defined as the practice of one's occupation in accordance with one's education, with members of that occupation governing, defining and controlling their own activities in the absence of external controls (Schutzenhofer, 1994). Several studies revealed that professional autonomy is directly related to intent to stay (Alexander, Lichtenstein, Oh, & Ullman, 1998; Tai, Bame & Robinson, 1998). In addition to these factors, organizational climate was also found to have positive relationship with intent to stay.



Organizational climate is defined as a set of measurable properties of the work environment, perceived by the employees to influence their motivation and behaviors (Litwin & Stringer, 1968). Some studies found relationships between organizational climate and intent to stay among nurses. Among the studies done to explore organizational climate and intent to stay, some show high levels of organizational climate and intent to stay (Liou & Cheng, 2009) and others show moderate levels of organizational climate and intent to stay (Mrayyan, 2008) and low levels organizational climate and intent to stay (Garcia-Garcia et al, 2011) in various settings.

Despite the fact that numerous studies have been conducted to explore factors predicting and relating to intention to stay among nursing population, mostly in western countries, inconsistencies of the findings were noted among some demographic factors like income, overtime, and work experience. In conclusion, in Maldives studies regarding nurses' intent to stay and its related factors have not been found.

Objectives

The objectives of this study were to examine the intent to stay, and to explore the relationship between ITS and its related factors among nurses in the tertiary hospital in Maldives.

Conceptual Framework

The conceptual framework of this study was based on the concept of intent to stay (Price & Mueller, 1981), the concept of organizational climate (Litwin & Stringer, 1968), the concept of professional autonomy (Schutzenhofer & Musser, 1994), and literature review. Related

factors of intent to stay include years of experience, monthly income, overtime, organizational climate and professional autonomy. When nurses have more years of experience they develop confidence and expertise in their work, become more commitment to their profession and their intent to stay increases. Similarly when the monthly income is high the level of satisfaction in the profession increases. The more nurses feel satisfied with the job, the more they are likely to stay in the profession. Some studies found that nurses who are committed to the organization do overtime voluntarily and also have higher intent to stay. However, there were some studies which found an inverse relationship between overtime and intent to stay among nurses. Professional autonomy was found to be related to intent to stay. When nurses' professional autonomy increases they get empowered, become more accountable, and commit to the organization. Improving organizational climate increases responsibility and standards of the employees, they are more recognized, supportive and more committed and loyal thereby improving their intent to stay.

Methodology

Population and Sample

This is a descriptive correlational study, which was conducted in the year 2013. The data collection was done between January and February 2013. Proportionate stratified random sampling was used to select nurses from each ward/unit. According to the proportion of population, 165 registered nurses were determined from the 17 wards/units, and

considering the possible loss of subjects, 20 percent (33 nurses) was added and the final sample consisted of 198 nurses who employed full-time by the tertiary care hospital and worked in their positions for at least one year as a nurse. A total of 198 questionnaires were distributed to the sample nurses. The response rate was 190 (96%), and among them, 177 (89%) questionnaires were completed for data analysis.

Research Instrument

The instrument used in this study consisted of four parts as follows: (1) the demographic data form. The information consisted of age, gender, marital status, education level, ward/unit, professional position, employment status, years of working as a nurse, and number of hours performed as overtime. (2) Organizational Climate was measured by part 1 of the OCS by Stringer (2002). Part 2 was omitted with the permission from the original author since part 2 was a qualitative questionnaire. The scale consists of 24 items, which can be graded in a 4 point likert scale ranging from 1= definitely disagree, 2= inclined to disagree, 3= inclined to agree, and 4= definitely agree. The scale contained 4 items for each dimension. The six dimensions are 1) structure 2) standards 3) responsibility 4) recognition 5) Support, and 6) commitment. A total score was generated from the whole questionnaire which ranges from 24 to 96. (3) Professional autonomy was measured by the Nursing Activity Scale developed by Schutzenhofer in 1987. The scale consists of 30 items and which can be responded to with a 4 point likert scale where 1 = very unlikely to 4 =

very likely. The 30 item describes clinical nursing situations that can be applied to various nursing situations where the nurse has to implement some degree of professional autonomy. Every item was weighted differently, according to a different scale given by the original author, which reflected the levels of professional autonomy. The response of each item was multiplied with the weight of the item to generate a total score. The total score of the whole scale was interpreted as lower (60-120), mid (121-180), or higher (181-240) level of professional autonomy.

(4)The instrument to measure intent to stay was the Intent to Stay Scale (ITSS) by Price and Mueller (1986). The scale consists of 3 items, which can be interpreted in both ways (intent to stay/ leave). The items are; 1) I expect to leave this hospital within the next year; 2) I would like to work somewhere other than this hospital; 3) I would like to leave this hospital. It has a standard five point Likert scale to interpret the scores for which 1 = Strongly Agree; 2= Agree; 3= Neither Agree Nor Disagree; 4= Disagree; 5=Strongly Disagree. Total score of this scale ranges from 3 to 15.

The Cronbach's alpha coefficient of overall OC, NAS, and ITSS was .80, .81, and .87, respectively. Ethical Considerations

The study was approved by the Research Ethics Review Committee in Faculty of Nursing, Chiang Mai University, Thailand. Permission to collect data was obtained from the Maldives National Health Research Committee and IGMH. Furthermore, before the data collection, an informed consent was obtained from the nurses who were willing to participate in the study after informing about the purpose, benefits and



method of research. The subjects were selected by stratified random sampling technique. The nurse managers were met and nursing coordinator was allocated to distribute the questionnaires. The ward clerk was responsible to collect the questionnaires from the allocated box. Moreover, anonymity and confidentiality of all the information was maintained by using numerical codes in the questionnaires instead of using subjects' names. The response rate was 190 (95.96%), and among them 177 (89.39%) were completed for data analysis.

Data Analysis

Data were analyzed by using Statistical Software. Both descriptive and inferential statistics were used in this study. A significance alpha was set at the level of 0.05. Spearman's rank-order correlation was used to examine the

relationship between ITS and related factors.

Results

1. Demographic data of the subjects

The sample of this study consisted of 177 subjects. The majority of the subjects were female (85.88%) with the average mean age of 30.34 years old ($SD= 5.03$). Most of the subjects were married (76.84%). Majority of the subjects (87.01%) had diploma level education, and the rest had baccalaureate degrees (12.99%). Most of the subjects (69.49%) were temporary nurses. The length of years of work experience of the subjects ranged from 1 to 20 and most of the subjects had 6-10 years of experience (45.76%). The amount of overtime every subject performed was between 33-75 hours, with an average of 64.11 hours, ($SD=11.48$), illustrating 71.78% of subjects worked 62-75 hours of overtime every month. (Table 1).

Table 1 Demographic Characteristics

Demographic characteristics	Frequency (n)	Percentage (%)
Gender		
Female	152	85.88
Male	25	14.12
Age (Years) (Range = 20-50) ($\bar{x} = 30.34$, $SD = 5.03$)		
21-30	100	56.50
31-40	73	41.24
41-50	4	2.26
Marital status		
Single	37	20.90
Married	136	76.84
Divorced	2	1.13
Widowed	2	1.13

Table 1 Demographic Characteristics

Demographic characteristics	Frequency (n)	Percentage (%)
Employee status		
Permanent Nurses	54	30.51
Temporary nurses	123	69.49
Professional title		
Registered nurse	144	81.36
Senior registered nurse	19	10.73
Deputy ward manager	14	7.91
Educational level		
Diploma	154	87.01
Bachelor degree	23	12.99
Years of experience		
1-5 years	57	32.20
6-10 years	81	45.76
11-15 years	29	16.38
16- 20 years	10	5.66
Overtime in hours (Range = 33-75, Median = 4, \bar{x} =64.11, SD=11.48)		
33-47	23	12.99
48-61	27	15.23
62-75	127	71.78
Monthly income (Range MRF 11000-179000, \bar{x} = 15497.18, SD = 1932.04)		
10000 - 12500	31	17.51
12501 -15000	6	3.39
15001 – 17500	135	76.27
17501 – 20000	5	2.83

2. Intent to stay

Majority of subjects (69.49%) perceived moderate level of ITS (table 2). Overall mean score of ITS was (\bar{x} = 9.05, SD 1.95). 25.99% of

the subjects had high levels of intent to stay, and only 4.25 % of subjects perceived low levels of intent to stay.

Table 2 Overall and Levels of Intent to Stay

Variable	Range	Median	Mean	SD	Level
Overall Intent to stay	3-12	9.00	9.05	1.95	Moderate
Levels of intent to stay	Frequency	Percentage			
High	46	25.99			
Moderate	123	69.49			
Low	8	4.52			

3. Relationship between ITS and related factors

The result of Spearman's Rank-order coefficient showed that the relationship between overall ITS and monthly income has a weak positive relationship ($r = .26$, $p = .01$). ITS

and OC also has a positive correlation ($r = .19$, $p = .01$). ITS and OT was also positively correlated ($r = .19$, $p = .01$). However, PA and years of experience were not correlated with ITS among nurses of the hospital (table 3).

Table 3 Inter-correlations of the factors related to intent to stay as perceived by subjects n=177

Variables	YE	MI	OT	OC	PA	ITS
YE	1					
MI	.51**	1				
OT	.39*	.89**	1			
OC	-.02	.22**	.21**	1		
PA	.13	-.27**	-.36**	.23**	1	
ITS	.12	.26**	.19**	.19*	.11	1

Discussion

This study found that intent to stay among nurses in the tertiary care hospital, of Maldives was at moderate level with mean score of 9.05 and the standard deviation of 1.95 (Table 2). The majority of respondents (60.49%), showed moderate levels of intent to stay. The results showed that sometimes the majority of the nurses wanted to continue working in the hospital, however sometimes they wanted to leave the hospital. It showed that they were

unable to make a clear decision whether to stay or leave the hospital.

The likely explanation of the subjects perceiving a moderate level of intent to stay can be explained as maximum number of subjects, (69.4%) were expatriates or temporary nurses (Table1). The expatriate nurses who work in IGMH are mainly from India, and they do not get jobs in their country when they finish their studies. As IGMH is the biggest government hospital in Maldives with all specialities, with



shortage of nurses, they get jobs. Work experience letters gained from IGMH is very effective in getting jobs from other western countries. According to health news of India, the basic salary given to a new nurse in India is relatively low compared to the basic salary they get in Maldives. Moreover, they get a higher take home monthly income due to the allowances provided for them. They also get opportunities of working and gaining experience in different specialty units like Dialysis, Neonatal ICU etc. When their contracts are expired or terminated, nurses with these added prospects gets better recommendation letters from Nursing department and specialists in IGMH. Most of the nurses who come to work are from India and they come with only a diploma and get experience and become an expert in specialty wards like, dialysis, neonatal ICU and Operation theatre (Nursing department 2013). The experience and a recommendation letter from IGMH secures a better paid job for them in western countries or in the Middle East. It is also noted that 77.96 % nurses were having less than 10 years of experience confirming that the turnover is high in IGMH (Table 1). This maybe some of the reasons which make their perception of intent to stay at a moderate level as the less experience nurses are not very much attached to the institution. Since the questionnaire asks specially regarding their intent to stay or leave in one year they might be able to decide to stay for another year easily.

The results of this study showed that there was a significant correlation between intent to stay and monthly income ($r = .26, p=.01$) (Table 3). This result can be explained as in the majority

of the sample was expatriate or temporary nurses (69.49%) (Table 1) and the basic salary provided by IGMH is much higher than the basic salary a nurse gets in India. Moreover, most of the nurses (56.50%) are between below the age of 30 years (Table 1) indicating that they have joined the hospital just after completing their diploma courses as they do not get jobs easily in their own country. According to the hospital personnel department (2013) temporary nurse get a take home monthly income more than that of a permanent nurse. A temporary registered nurse will get a take home income of 17300 MRF (1153\$) and a local nurse gets 12700 MRF (847\$). A temporary senior registered nurse gets take home salary of 17900MRF (1193\$) and a local senior nurse gets a take home salary of 13200 MRF (880\$). This differences in monthly income is due to the specific allowances and number of overtime performed by the temporary nurses, however the basic salary is the same.

The findings of this study indicated that there was a significant correlation between overtime and intent to stay ($r = .22, p= .01$) (Table 3). An explanation can be that due to lack of nurses and high sick leave status nurses are often asked to do overtime as double duties and extended hours. Permanent nurses are mainly asked to do overtime as they are always willing to do it (R. Thomas, Personal communication, February, 20 2010). When they do more overtime it is compensated with higher take monthly income. In special areas like Dialysis, ICU and OT when they do more overtime they become more specialized in that area. They often volunteer to do overtime in these areas. Due to this reason some nurses are noted to be better



in their departments and their work. More overtime serves in many positive ways for temporary nurses. They become expert in the procedure and then they get more money at the end of the month. Moreover they get better recommendation letters from the hospital which is useful to get another job abroad. This can be the reasons that temporary nurses are always willing to do extra hours and extra duties and also work without extra offs.

The results of this study showed that there was no significant relationship between intent to stay and work experience ($r= .12$) (Table 3). It can be explained than majority of nurses chose to leave the hospital after they obtain experience and expertise from the organization. Most of the sample (77.96%) had years of experience less than 10 years. From the sample most of the nurses (56.50%) were also below the age of 30 years. Since there is a high turnover among nurses in IGMH and also their levels of experience being less it can be understood that the nurse were not very committed to stay in the hospital. When their contract is terminated or when it is expired after 2-3 years, they are given recommendation letters which include the places of work and the expertise attained during the time. These letters serve as a very good means to achieve better jobs in other foreign countries. They develop their nursing skills and their spoken and written English in the hospital as it is the official language used in the hospital. Additionally the working condition is better abroad and they can make more money. Moreover, there is no added benefit or any incentive or even a recognition to the few expatriate nurses who stays for a longer time.

This may also be a reason of not significant relationship between work experience and ITS.

The results of this study showed that there is no significant relationship with professional autonomy and intent to stay ($r = .11$) (Table 3). The likely explanation of this can be that since the majority of the nurses were with a diploma level education (Table 1) and as they do not get further education to broaden their knowledge to enhance their ability of professional autonomy. In accordance with the concepts and assumptions of professional autonomy (Wade, 1999) that states that professional autonomy is associated with attitudes that are learned during baccalaureate studies in which a relationship is built with knowledge and skills which can display despite organizational restraints. In this hospital, the majority of the nurses comprised of expatriates who are on a contract basis of two to three years in which there is no availability of further education to them. In IGMH there are no workshops or training programs held for nurses since 2005 (Nursing department, 2013) due to lack of staff and staff cannot be released from duty for such events. There are no experts in the country to provide informal education. However the QID has noticed this issue, and in collaboration of nursing department, they are planning to provide educational sessions for nurses starting from 2013 (QID, 2013). Moreover since there is no availability of further education to nurses working in hospital nor there are informal or continuing education programs allocated for nurses in the hospital either temporary or permanent.

The results show that there was a significant relationship with organizational

climate and intent to stay ($r=.18$, $p=.05$) (Table 3). The result can be explained that sometimes nurses in IGMH perceive a good organizational climate since their managers discuss their issues with them and they perceive support from their managers. It also can be understood that since there are protocols and procedure manuals in every unit which can provide guidance and information, nurses perceive more responsible to their actions. Similarly it acts in a way that making the nurses more aware of their expected standard behaviors. In every ward there is a communication book so that nurses in each shift can read and know about the events of the day and regarding special notices issued from nursing department, which might provide them with a better atmosphere and support from the managers. Likewise, every nurse has been given the competency standards developed by nursing council (Ministry of Health, 2000), to keep them up to standard expected from them. This results show that when nurses are being rewarded or being appreciated, they perceive more loyalty towards the organization.

Conclusions and implications

The purposes of this descriptive correlation research were to examine the level of intent to stay, among nurses in the tertiary hospital, Maldives, and to examine the relationships between intent to stay and its related factors including, years of experience, monthly income, overtime, organizational climate, and professional autonomy among nurses in the tertiary hospital, Maldives. Proportional stratified random sampling was used to select nurses from each ward/unit, and the final sample consisted of 177

nurses who were employed full-time by the tertiary hospital and worked in their positions for at least one year as a nurse. The instruments used in this study consisted of four parts: Demographic characteristic form; Organizational climate Survey developed by Stringer (2002); Nursing Activity Scale developed by Schutzenhofer (1987); and the intent to stay questionnaire developed by Price and Mueller (1986). The reliability of the ITS Scale, the Nursing Activity Scale, and the Organizational Climate survey were .87, .81, and .80, respectively. Descriptive statistics were used to describe the characteristics of samples, and Spearman Rank-Order correlation coefficient analysis was used to examine the relationships between intent to stay and its related factors of nurses. The findings of this study are presented as follows:

1. The level of intent to stay as perceived by nurses was at a moderate level ($\bar{x} = 9.05$, $SD = 1.95$).
2. There was a weak positive relationship between ITS and monthly income ($r = .26$, $p < 0.01$). There was a weak positive relationship between ITS and overtime ($r = .22$, $p < 0.01$). There was a weak positive relationship between ITS and organizational climate ($r = .18$, $p < 0.05$). However, there was no relationship between ITS and professional autonomy ($r = .11$), and there was no relationship between ITS and years of experience ($r = .12$).

Based on the findings of this study further studies are recommended to the nursing administration. A comparative study of factors related to intent to stay can be done among permanent and temporary registered nurses and also among nurse managers to explore their perception of intent to stay in IGMH

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References

AbuAlrub, R. F., & Al-Zaru, I. M. (2008). Job stress, recognition, job performance and intention to stay at work among Jordanian hospital nurses. *Journal of Nursing Management*, 16, 227-236

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, A., Busse, R., Clarke, H., ...Shamian, J. (2001). Nurses' reports on hospital care in five countries. *Health Affairs*, 3, 43–53.

Alexander, J. A., Lichtenstein, R., Oh, H. J., & Ullman, E. (1998). A causal model of voluntary turnover among nursing personnel in long-term psychiatric settings. *Research in Nursing & Health*, 21, 415–427.

Athifa, M. (2005). Nursing workforce planning in Maldives: A stakeholder perspective. Unpublished master thesis). Health Service Management, Curtin University of Technology, Australia.

Bae, S. H., Brewer, C. S., & Kovner, C. T. (2012). State mandatory overtime regulations and newly licensed nurses' mandatory and voluntary overtime and total work hours. *Journal of Nursing Outlook*, 60(2), 60-71.

Bjork, I. T., Samdal, G. B., Hansen, B. S., Torstad, S., & Hamilton, G. A. (2007). Job satisfaction in a Norwegian population of nurses: A questionnaire survey. *International Journal of Nursing Studies*, 44, 747–757.

Brewer, C. S., Kovner, C. T., Greene., & Cheng, Y. (2009). Predictors of RN's intent to work and work decisions 1 year later in a US national sample. *International Journal of Nursing Studies*, 46, 940–956.

Buchan, J., & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, 17(24), 3262-3268.

Halfer, D. (2011). Job embeddedness factors and retention of nurses with 1 to 3 Years of experience. *The Journal of Continuing Education in Nursing*, 42(10), 468-476

Hong, L. C., & Kaur, S. (2008). A Relationship between organizational climate, employee personality and intention to leave. *International review of Business research Papers*, 14(3), 1-10.

Kachi, Y., Inoue, K., & Toyokawa, S. (2010). Associations between contractual status, part-time work, and intent to leave among professional caregivers for older people: Results of a national cross-sectional survey in Japan. *International Journal of Nursing Studies*, 47, 1028–1036.

Kovner, C. T., Brewer, C. S., Greene, W., & Fairchild, S. (2009). Understanding new registered nurses' intent to stay at their jobs. *Nursing Economics*, 27(2), 81-98. Vidyasagar University. *Journal of Commerce*, 12, 99-108, Retrieved September 10, 2012 from <http://www.vidyasagar.ac.in/journal/Commerce/vol12/9th%20Article.p>

Kunaviktikul, W., Nuntasupawat, R., Srisuphan, W., & Booth, R. Z. (2000). Relationships among conflict, conflict management, job satisfaction, intent to stay, and turnover of professional nurses in Thailand. *Nursing and Health Sciences*, 2, 9-16. <http://sv.libarts.psu.ac.th/conference5/proceedings/Proceedings2/article/8pdf/006.pdf>

Liou, S., & Cheng, C. (2009). Organisational climate, organisational commitment and intention to leave amongst hospital nurses in Taiwan. *Journal of Clinical Nursing*, 19, 1634- 1644.

Litwin, G. H., & Stringer, R. A. (1968). *Motivation and Organizational Climate*. Boston: Harvard University Press.

Ministry of Health & Family. (2010). *Health system-2010*. Male': Maldives

Ministry of Health & Family. (2010). *Maldives demographic and health survey 2010*. Male': Maldives.

Mrayyan, M. T. (2008). Hospital organizational climates and nurses intention to stay: difference between units and wards. *Contemporary Nurse*, 27, 223-236.

Nogueras, D. J. (2006). Occupational Commitment, Education, and Experience as a Predictor of Intent to Leave the Nursing Profession. *Nursing Economics*, 24(2), 86-93

Nursing Department. (2013). IGMH. Protocols. Male': Maldives

Personnel Department. (2011). IGMH. Staff resignation. Male': Maldives

Personnel Department. (2013). IGMH. Employee salary scale. Male': Maldives

Price, J. L., & Kim, S. W. (1993). The relationship between demographic variables and intent to stay in military: Medical personal in a US air force hospital. *Armed Forces and Society*, 20(1), 125-144.

Price, J. L., & Mueller, C. W. (1981). A causal model of turnover for nurses. *Academy of Management Journal*, 24(3), 534-565.

Quality Improvement Department. (2013). IGMH: Policies and protocols, Male' Maldives

Reineck, C., & Furino, A. (2005). Nursing career fulfillment; statistics and statements from registered Nurses. *Nursing Economics*, 23(1), 25-30.

Schutzenhofer, K. K., & Musser, D. B. (1994). Nurse characteristic and professional autonomy. *Journal of Nursing Scholarship*, 26(3), 201-205.

Senior, K. (2012). Bulletin of World Health Organization. Retrieved from <http://www.who.int/bulletin/volumes/88/5/10-020510/en/index.html>

Sourdif, J. (2004). Predictors of nurses' intent to stay at work in a university health center. *Nursing and Health Sciences*, 6, 59-68.

Tai, T. W. C., Bam, S. I., & Robinson, C. D. (1998). Review of nursing turnover research. *Social Science and Medicine*, 47(12), 1905-1924



Taunton, R. L., Boyle, D. K., Woods, C. Q., Hansen, H. E., & Bott, M. J. (1997). Manager leadership and retention of hospital staff nurses. *Western Journal of Nursing Research*, 19, 205–226.