

## Extending the models of employee turnover to include external drivers such as client-related factors: A multi-country, qualitative assessment

Katrina Radford\*<sup>1</sup>, PhD, MHRM  
Department of Business Strategy and Innovation  
Griffith University  
Gold Coast, AUSTRALIA

Amber L. Stephenson, PhD, MPH  
David D. Reh School of Business  
Clarkson University  
New York, USA

### Abstract

The employee turnover literature to date is teeming with process models that assume only organizational and personal factors contribute to employees' intentions to leave and stay. However, with the average percentage variance explained still only around 50%, it is clear that other factors play a substantial role in these decision-making processes. One possible explanation is to explore the unique role that clients play in employees' intentions to stay or leave. This paper extends the conceptualization of the role that clients play on employee's intentions to stay and leave their roles, particularly within service industries such as health care. This paper presents the results of two qualitative studies that examine employees' decision-making process for turnover and retention intentions. The first study explores the factors influencing employees' intentions to stay and leave the Australian aged care sector ( $N = 420$ ) and the second study explores prison health care nurses in the United States ( $N = 175$ ). The results of both studies reveal that client-related factors affect the choice to stay within a job and, in some cases, are the favoured aspect of the role. Therefore encouraging client-staff relationships will expand job satisfaction and therefore increase retention of employees within both contexts.

**Keywords:** employee retention; employee turnover; client embeddedness; human resource management

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<sup>1</sup> Corresponding Author: k.radford@griffith.edu.au

## Introduction

Employee turnover and retention have generated much interest in the academic literature over the past 60 years (Lee, Hom, Eberly, Li, & Mitchell, 2017). Turnover refers to the decision-making process of an employee to cease their role within an organization (Hartel & Fujimoto, 2010). Whereas, retention “refers to the ability of an organization to keep valued employees from leaving their organization” (Radford, 2014, p.22). While similar terms, they are not necessarily two sides of the same coin. Yet both are important to explore within organizations today, particularly within nursing careers, as there is a critical shortage of nurses globally.

A brief search of employee turnover models yields over 100 frameworks, which have emerged to further understand the motivations and process behind people quitting their jobs (Maertz & Campion, 2004). In the past two decades, more recent models have focused on understanding why people stay in their roles, such as the unfolding model of turnover and the proximal withdrawal states (Mitchell, Holtom, Lee, Sablinski, & Erez, 2001). However, all of these models emphasize the factors that influence employees’ intentions to stay from the perspective of personal variables (e.g. age, and perceived alternative options) and organizational variables (such as organizational commitment, perceived organizational support, perceived supervisor support, job embeddedness, job satisfaction).

The incessant focus on process and human factors has resulted in the development of theories for both employee turnover and retention that concentrate on explaining the factors, which organizations can influence internally as well as those they cannot influence, such as personal factors (i.e. age, gender). Surprisingly, particularly in the field of health care, the impact that an external client has on employees’ intentions to stay and leave is not measured directly in the turnover or retention literature. Furthermore, while some studies have indirectly explored the role that clients play in health care employees’ intentions to both stay

and leave (Crossley, Bennett, Jex, & Burnfield, 2007), only one study was found that explored the direct relationship that clients have on employee turnover (Halvorsen, Treuren, & Kulik, 2015). Thus, a more inductive approach to exploring the role that clients play in influencing employees' intentions to stay and leave their place of employment is needed to further understand this complex interplay, particularly in the context of nursing in aged care and prisons.

We aim to make a number of contributions in this paper. First, we answer the call to examine the affective influence that client-related factors have on both employees' intentions to stay or leave an organization. Second, we examined samples from less desirable health care career environments – namely aged care and prison health nurses – to explore if there were differences between the practice environments on these factors. Third, we contribute to research on employee turnover and retention by finding that embedding more time with clients as part of the daily role of nurses will improve job satisfaction as well as work conditions.

### **Retention & Turnover: A Review of the Literature**

Globally, over the past 10 years, population growth, skill shortages, and poor images of nursing as a career have ignited the demand for research into retention and turnover of employees in health care organizations. While employee turnover has been conceptualized as the decision for an employee to discontinue their role with their organization (Hartel & Fujimoto, 2010), employee retention – on the other hand – refers to the ability of an organization to keep valued employees from leaving their organization. In the field of nursing, employee turnover can have dire implications for health care organizations. For example, research has revealed that for every 1% annual increase in turnover, health organizations spend \$300,000 USD in nurse turnover costs (Jones, 2008). These financial stressors, when coupled with the global nursing shortage, create a nontrivial challenge for

health care executives and increase the need to investigate strategies to retain employees within the field.

Overall, research examining the benefits of employee retention has found that employees are more productive and focused on their roles when there is a stable workforce around them (Arnold, 2005). Such stability leads to improved quality of work, improved organizational memory, competitive advantage through retaining a more experienced workforce and reductions in training, advertisement and recruitment costs (Hancock, Allen, Bosco, McDaniel, & Pierce, 2013; Jones & Gates, 2007). In health care organizations particularly, some additional benefits of employee retention include decreased patient care errors, increased client quality of care, increased job satisfaction and increased organizational trust (Jones & Gates, 2007; Maurits, de Veer, van der Hoek, & Francke, 2015; Park, Boyle, Bergquist-Beringer, Staggs, & Dunton, 2014). Therefore, retaining employees is critical for maximizing employee productivity, patient care outcomes and the overall competitive advantage of an organization (Hancock et al., 2013). Thus, investing in understanding the drivers of employee retention is important for the continued sustainability of organizations.

Aside from the organizational benefits of retention, much attention has also been paid by scholars from various disciplines to the drivers of employee turnover. Research investigating health care workers' satisfaction with working conditions has identified a multitude of factors resulting in an increased likelihood of employees to report their intentions to leave (Tourangeau, Cranley, Spence Laschinger, & Pachis, 2010). For example, poor staff-patient ratios and work overload (Brannon, Barry, Kemper, Schreiner, & Vasey, 2007; Hayes et al., 2012); inadequate management (Hayes et al., 2012; Mittal, Rosen, & Leana, 2009); poor job design (Brannon et al., 2007); poor recognition, lack of respect, lack of autonomy in decision making, and lack of challenges and responsibilities (Brannon et al., 2007; Mittal et al., 2009) influenced employees' intentions to leave. Furthermore, increased

workloads (Baernhauddt & Mark, 2009) and poor or unsupportive work environments (Leineweber et al., 2016; Pocock & Skinner, 2012; Tourangeau, et al., 2010) were facet measures of job satisfaction found to increase employee turnover in the health care sector, globally.

In addition to working conditions, research has found a variety of personal variables to correlate with turnover intention. Specifically, work-life concerns (Mittal et al., 2009; Pocock & Skinner, 2012), self-image (Chênevert, Jourdain, & Vandenberghe, 2016), and personal capacity to execute the work (Ellet, Ellis, Westbrook, & Dews, 2007; Mittal et al., 2009) have been shown to influence an employees' intent to leave their position. Further, other attributes such as age, lacking dependent children, as well as tenure within the field have also consistently correlated with, specifically, nursing turnover intention (see literature review by Hayes et al., 2012).

But what of the role of the client and other external factors in the decision to stay or leave the organization? Deeply engrained within the health professions is an altruistic “call” to serve the patient or client. However, only one study was located that considered the client as a determinant of turnover intent for health care employees. Treuren and Halvorsen (2016) examined the effect of client embeddedness on employee satisfaction, tenure, and commitment. In their assessment of longitudinal data, the authors found a relationship between client embeddedness and satisfaction, commitment, and engagement. While the work of Treuren and Halvorsen (2016) was the first to shed light on the nature of the relationship, the manner in which clients affect employee retention and turnover remains far less understood than those models inclusive of personal and organizational variables only.

Thus, we aim to explore the following research questions:

*RQ1: To what extent, in relation to other personal and organizational variables, do clients impact employees' intentions to stay and leave?*

*RQ2: Are there client-related evaluated as favorable that draw employees to their work or those deemed challenging that foster the conditions for intending to leave?*

To examine these research questions, first, a study of the Australian aged care workforce is presented followed by a study of American state prison health nurses. Results are discussed and implications for health care policy and management are offered.

## **Study 1 Method**

### **Setting**

The aged care sector in Australia consists of Residential Aged Care (Long term care), Community Aged Care (in home care) and Respite Services (short term care) (Department of Health and Ageing, 2004). Residential Aged Care services facilities deliver permanent and transitory accommodation to older people living in Australia. On the other hand, Community Aged Care services afford the opportunity for independent living within the individual's own home (Department of Health and Ageing, 2011). Lastly, Respite Services are provided in both residential and community settings and provide short term relief and care for older people to provide a rest for their informal carers. The aged care sector employs over 366,000 workers, with 260,317 of these employed in a direct care role (Mavromaras et al., 2017). This study explores the factors that influence direct care employees' intentions to stay and leave in the Australian aged care sector.

### **Procedure**

As part of a larger study (Radford, 2014), ethics approval was obtained from the university as well as the involved aged care organizations (1 very large [>4000 employees], 1 large [<900 employees], 1 medium [<300 employees], 1 small [<80 employees]) dispersed across rural, regional, and urban settings over two states of Australia. Using a convenience sample, 2118 employees were invited to participate in the study. Only those workers

providing front-line care services to clients were eligible to participate. The initial survey dissemination was followed by two subsequent reminders. Surveys were distributed to each participating organization by the researcher. Questionnaires were then collected and responses entered into SPSS (version 21.0) and Microsoft Excel for analysis within NVivo.

## **Measures**

The larger questionnaire contained items related to employees' perceptions of support, job satisfaction, job embeddedness, gender, age, health and area of work. This paper reports on the findings from the four open ended questions designed to explore the aspects affecting employees' short term (12 months) and long term (5 years) intentions to leave and stay. The four questions were asked at the end of the questionnaire before the demographic data to further discuss any factors that influenced their intention to stay and leave.

Specifically, the questions asked employees' "what factors influence your intentions to stay within the next 12 months?", "what factors influence your intentions to stay within the next 5 years?", "what factors influence your intention to leave your organization within the next 12 months?" and, "what factors influence your intention to leave your organization within the next 5 years?"

## **Analysis**

Thematic content analysis was employed to classify common patterns of data that emerged from the dataset in a systematic objective way (Creswell, 2007). We used "personal factors", "organizational factors", and "external factors" as sensitizing concepts (Patton, 2002) to guide the coding process. These broader, high-level themes provided a framework from which to begin the analysis. Using this approach, the dominant and less central themes that emerged from the analysis of each question were recorded and compared to each other to ascertain similarities and differences. In order to reveal these, participants answers were first coded into themes according to the words used and the meanings provided. If a participant

provided multiple influences, all of these influences were coded as equally dominant to participants' influences as the question asked about what factors (plural) influenced employees' intentions to stay and leave. Following this coding process, the researcher used the number of responses (or frequency of responses) in each theme, as a basis for determining the most and least dominant theme arising from this analysis.

### **Study 1 Results**

A total of 420 surveys were received back from participants (19.83% response rate). The results of the analysis are presented in Table 1 in three sections. The top of the table illustrates the personal factors influencing employees' intentions to stay or leave. The middle of the table presents the organizational factors influencing employees' intentions to stay or leave. The bottom section reports on the client and external factors that influence employees' intentions to stay or leave. The table also presents factors by the four types of intentions across the table, plus the percentage rate of the frequency of that factor's occurrence within the data. All factors are listed in descending order of frequency and all responses fitted into one of these broad categories.

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As illustrated in table 1, the factors that impact short term and long-term intentions to stay and leave were varied. For employees' intentions to stay, personal factors were found to account for 17% (short term) and 21% (long term) of the reasons provided for staying at the organization. However, for intentions to leave, these increased slightly to 19% for short term intentions to leave and 27% for long term intentions to leave. These findings combined suggest that when considering their future, personal circumstances hold more weight in these decisions.



In contrast, we found that organizational factors accounted for more of the reasons allocated to intentions to stay than intentions to leave. In particular, 69.1% of responses (short-term) and 60.4% of responses (long-term) related to organizational factors that are traditionally listed in organizational retention models. However, for intentions to leave, this study found that organizational factors only accounted for 41.6% of the reasons to leave in the next 12 months and 36.5% of the reasons they would leave within the next 5 years. Client-related factors contributed to 11.3% of the reasons why people would stay in the next 12 months and 8.2% of the reasons why they may stay for the next five years. Additionally, client-related reasons represented only 1.9% of the reasons why people chose to leave in the short-term, and 1.8% of the reasons why people may leave in the next five years. Lastly, external factors contributed to 2.6% of the reasons why people would stay in the next 12 months. However, they represented 15.3% of the reasons why they may choose to leave in the next 12 months.

### **Study 1 Discussion**

With these findings, it appears that from an organizational perspective, the internal environment impacts employees' intentions to stay more so than their intention to leave which adds further weight to the need to separate models that explain intentions to stay and leave work in the literature. It also provides insight into the value that organizational development and culture plays on enticing employees to stay rather than impacting their decision to leave.

Additionally, several factors beyond the control of an organization or person were reported as reasons why some people would leave and stay in their job. For instance, some of the participants shared client-related reasons such as "*I want to continue to help my clients*" and, "*the loyalty I have for my clients is keeping me here*", whereas others mentioned a lack of alternative options in the job market. Comparably, clients were more of a pull to stay than

to leave, which suggests that fostering a relationship with clients may indeed actually produce a working environment that supports employees to remain at their work. However, clients themselves did not influence people's decisions to leave. This suggests that, while having a relationship with others is important to maintain fulfilment and stay at an organization, it is not necessarily as important to why people leave.

## **Study 2 Method**

### **Study Setting**

The state prison health environment is a unique practice setting that poses distinct challenges to the practitioner. Prisons are overcrowded (Kendig, 2016), housing a population that may have a violent history and one which suffers from a disproportionately high prevalence of communicable diseases (Kendig, 2016). In addition to inmate characteristics and structural impediments to care, correctional clinicians are often faced with ethical challenges arising from the tension between helping the patient and serving the correctional mission (Watson, Stimpson, & Hostick, 2004). As the literature identifies work environment as associated with turnover intention (Hayes et al., 2012; Pocock & Skinner, 2012), this extreme case sample offers the opportunity to provide rich exploration and insight into the role that a client – who in this case is an incarcerated offender – has in employees' intentions to stay or leave the organization.

### **Procedure**

University Institutional Review Board (IRB; #15-024) approval was obtained in addition to ethics approval from the Department of Corrections (DOC) at the state in which the study was conducted. Due to the internet and technological restrictions within the correctional setting, approval was obtained to use Survey Monkey as the data collection tool. Invitations to participate in a larger study were electronically sent to 1,017 health workers of the DOC in 2016 (Stephenson & Bell, 2019). For the purposes of the larger study, the term

“health workers” was broadly inclusive and encompassed nurses, nurse practitioners, nurse administrators, physicians, as well as drug and alcohol counsellors. However, this paper specifically reports on the contributions of the prison health nurses (e.g. Certified Nurse Assistants [CNA], Licensed Practicing Nurses [LPN], Registered Nurses [RN], Nurse Practitioners [NP/CRNP], and Nurse Supervisors/Administrators) as they comprised the majority of the respondent population who provided written-in responses. The initial invitation was sent followed by two subsequent reminder emails in an effort to boost response. Once returned, the survey responses were cleaned in Microsoft Excel and STATA Version 14.

### **Measures**

The questionnaire for the larger study included items pertaining to the prison health workers’ professional identification, perceived organizational support, burnout, job satisfaction, and intent to turnover. However, this paper reports on the results of two open-ended questions that asked 1) the attributes that the prison health workers liked most about their position as well as 2) those facets that they would change if able. While not directly inquiring about attrition intent, they provide the opportunity to gain a greater depth of knowledge of those aspects of work perceived by the nurses as positive factors potentially influencing satisfaction and those as challenges potentially contributing to frustration or burnout. The qualitative comments were then matched back to the quantitative responses to the question about whether the participant intended to leave their position within 12 months.

### **Analysis**

Qualitative content analysis (Patton, 2002) was used to discover emergent themes within the dataset. The purpose of the analysis was to systematically identify common patterns of response. In this case, the content analysis was inductive in nature as there were no preconceived frameworks or sensitizing concepts used to fit the data therein.

To implement this methodology, the researchers independently read the data several times. Then, the researchers analyzed the data separately. Also referred to as investigator triangulation, this process strengthens the study by enabling validity checks and reduces biases of subjective interpretation (Patton, 2002). The contributions of the respondents were then coded into themes. Employing an iterative methodology, the researchers met regularly to discuss their respective findings and to agree on the final coding schema. Once the final coding schema was determined, the researchers counted the frequency of responses in each theme to further determine those responses which were more common (e.g. dominant) within the dataset.

## Study 2 Results

A total of 175 prison health nurses of 590 in the original sampling frame provided written-in responses to the questions (30.0% response rate). The respondents were primarily Caucasian (89.7%), females (67.5%), who worked between 31 and 50 hours per week (93.7%), and were between the ages of 41 and 59 (70.3%). Of the respondents, 59.2% intended to stay, 27.6% were considering leaving or were not sure, and 13.2% intended to leave the position within 12 months. A nonresponse bias analysis was conducted and the respondents were deemed representative of the broader population on key demographic variables. The prison health nurses' perceived positive job attributes are presented by turnover intention in Table 2.

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[Insert Table 2 about here.]  
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In terms of the nurses' responses, perceived positive job attributes included personal factors like the feeling of accomplishment; organizational factors like flexible scheduling, clinical factors of the work, and variety of ailments treated; as well as client-related factors

that drew on a connection with the service population and a sense of meaning derived from such a connection. For those individuals who intend to stay within the position, when asked what their favorite aspect of the job entailed, 35.2% provided insight pertaining to the client. More specifically, 12.1% responded that, bluntly, serving the inmates was the best aspect of the work. Additionally, approximately 9.9% indicated that their favorite aspect of the job was making a difference in their clients' lives, while another 8.8% said helping or educating the inmates. For example, one respondent provided the following as her preferred part of the job, "*helping others and feeling I've made a difference for the better for them*" while another referenced "*educating the inmates to help them make choices that keep them in a health medical state*", and a third participant noted "*providing appropriate care to those who truly appreciate what is being provided*".

In addition to those job facets deemed as positive, respondents were also asked about challenging aspects of the work that they would change if the possibility existed (Table 3).

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[Insert Table 3 about here.]  
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Client-related factors pertained to the accountability of inmates and represented 4.8% of responses for those intending to leave and 3.1% of responses for those intending to stay. Examples of comments in this category include "*The way inmates treat staff and get away with it is a disgrace*", or "*less verbal abuse by inmates*".

## Study 2 Discussion

While organizational factors obtained a notably higher proportion of responses for each of the turnover intention groups, client-related factors – likewise - represented a crucial

mass of the provided comments regarding positive job attributes. In better understanding the aspects of the work that are seen as positive or favored, the results suggest that the addition of client-related factors to traditional models of retention holds the potential to expand explanatory power.

Organizational facets of the job like management issues, inconsistent standards, low pay, and the negativity of co-workers emerged consistently and dominantly from the data as perceived challenges. In each of the turnover intention categories, organizational factors were most frequently noted as perceived challenges in need of changing. This finding is consistent with the extant literature that focuses on correlates of job dissatisfaction and burnout such as excessive paperwork, poor management, staffing concerns, and a negative or unsupportive environment. Additionally, the clients themselves, in this case prison inmates, were only minimally mentioned as a perceived challenge.

### **Combined Discussion**

The purpose of this study was to explore the extent to which external forces such as client-related factors influence employees' intentions to remain within or vacate a position and within particularly challenging practice environments. While the two studies employed different approaches to exploring the organizational phenomena of turnover and retention, they both provided unique insight into the growing demand for more depth of understanding about the role played by the clients. In addition, both studies revealed that the current models of retention and turnover inadequately account for such client-related factors influencing employees' intentions to stay and leave.

In particular, study one highlighted that client-related reasons were more often cited for those employees intending to stay than those with intentions to leave. Similarly, in study two, client-related factors were also cited more often as positive job attributes (e.g. making a difference) for those intending to stay than those intending to leave. This is a noteworthy

result because, while previous research has begun to highlight the important roles clients play in the turnover process (Treuren, 2017; Treuren & Halvorsen, 2016), this study extends those findings to suggest that clients may play more of an influencing role than originally expected.

Given that current models of turnover and retention only explain around 50% of the variance (Maertz & Campion, 2004; Zimmerman, Swider & Boswell, 2019), the present analysis suggests that external factors may contribute to explaining more of the variance. This is particularly important in a health care setting where previous research has found that employee retention and turnover impacts the quality of care provided by staff to clients, the number of patient errors experienced by organizations, and overall client outcomes (Hancock et al., 2013; Jones & Gates, 2007; Maurits et al., 2015; Park et al., 2014).

Moreover, the findings from the present study support more recent findings that illustrate the importance of organisational support for professional level commitment to nursing careers (Chang, Chu, Liao, Chang, & Teng, 2019). That is combined these studies suggest that organisations need to acknowledge the external variables that impact staff outcomes, and then provide an environment that supports these variables. Without an acknowledgement of these stressors within an organisation, more nurses than ever could leave the profession. Consequently, this study builds on the recent evidence by Chang et al. (2019) that acknowledges the tangible value that external professional level variables have on nursing turnover.

Finally, acknowledging the external environmental pressures such as client relationships on employee outcomes is also important because previous research has identified that clients provide significant sources of stress and dissatisfaction to employees, which may lead to employee turnover if not managed correctly (Kim, Liu, Ishikawa, & Park, 2019; Muramatsu, Sokas, Lukyanova & Zanoni, 2019). Therefore, this study provides new and insightful evidence on the value of the client relationship to employee outcomes, and the

importance of a supportive, nurturing environment which acknowledges the impact that clients can have on employee outcomes.

### **Practical Implications**

This study offers three key practical lessons. First, this study highlights the importance of employing behavioral interviewing questions in the recruitment phase in order to explore the influence that clients may play on employees' decision-making processes. This allows organizations to be more aware of the values that underpin future employees and to examine the fit between them and the organization better, and also explore the influence that clients have on employee outcomes. Second, position descriptions should explicitly provide staff with the ability to focus on clients within their daily activities. That is, ensuring staff have time to build and maintain professional relationships with clients, as well as train and provide quality care services to their clients is critical to maximising retention within an organization.

Third, it is important that on-boarding activities reinforce the value that the client has within an organization to send clear messages to employees that clients are an important part of the organization. This reinforces to employees that their role is more than administrative and indeed, the organization values the contribution they play in enhancing the quality of life of clients where possible. While the changing political, economic, legal, and funding conditions surrounding health organizations continue to increase the competition for scarce resources, entities would benefit by enacting the aforementioned strategies as a way to reduce employee turnover and holistically improve quality of care.

### **Limitations and Future Research**

Given the nature of qualitative methods, the results herein are not meant as generalizations but instead to guide further inquiry into the role that client-related factors play in the decision to stay or leave an organization. Future scholars would benefit by



quantitatively capturing the connection to clients in addition to the well-established organizational and personal factors influencing turnover.

Additionally, as both studies used survey-based instruments, there is susceptibility to response bias, though the respondent samples were deemed representative to the broader populations via nonresponse bias analyses. Lastly, the two studies in this research endeavour used different factions of the health care industry. As such, the unique nature of the Australian aged care workforce and the American state correctional nurses should be considered in the consumption of the results.

Furthermore, future studies should expand into different realms of health care to further examine how client-related factors influence the choice to stay or leave a job or organization. Additional research is also needed to extend this study across the employment lifespan. This will allow organizations to potentially address these factors and retain employees within their organizations for longer thereby also reducing costs affiliated with recruitment, hiring, and training.

### **Conclusion**

In conclusion, this study explored client-related reasons associated with employees' intentions to stay and leave, in addition to personal and organizational factors. In doing so, this study highlighted that client-related factors may have a greater influence on employees' intentions to remain than intentions to leave. This is important and suggests employee turnover and retention models need to incorporate these findings in their overall depiction of the decision-making processes that underlie employees' turnover or retention intentions.

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Table 1. Aged Care Summary Data

Short-Term Intentions to Stay (N=463 <sup>a</sup> )	% <sup>a</sup>	Long-Term Intentions to Stay (N=462 <sup>a</sup> )	% <sup>a</sup>	Short-Term Intentions to Leave (N=270 <sup>a</sup> )	% <sup>a</sup>	Long-Term Intentions to Leave (N=277 <sup>a</sup> )	% <sup>a</sup>
<b>Personal Factors</b>							
Financial need to work	10.0	Financial need to work	9.3	Financial need to work	5.2	Age	7.2
Location of work	2.8	Age	4.1	Family situation	4.8	Family situation	5.8
Age	1.9	Location of work	3.5	Travel or to other endeavours	3.0	Financial situation	4.7
Family	1.9	Family situation	2.6	Health	3.0	Health reasons	4.7
Health	0.4	Health	1.5	Stress	1.5	Travel or to explore other endeavours	4.0
				Age	1.5	Stress	0.7
<b>Subtotal</b>	<b>17.0</b>	<b>Subtotal</b>	<b>21.0</b>	<b>Subtotal</b>	<b>19.0</b>	<b>Subtotal</b>	<b>27.1</b>
<b>Organizational Factors</b>							
Job Satisfaction	23.9	Job satisfaction	18.6	Poor pay	12.3	Poor pay	14.1
Co-worker related reasons	9.3	Career opportunities	12.0	Workload or job demand changes	9.3	Poor supervision and management	8.3
Career opportunities	8.4	Organizational support	9.2	Supervisor related reasons	7.8	Changes in job demands or expectations	5.1
Supervisor support	6.9	Co-worker related reasons	5.4	Lack of job satisfaction	4.4	Lack of job satisfaction	3.2
Work environment	5.4	Pay	5.1	Co-worker related reasons	4.4	Lack of flexibility	2.2
Job security	5.1	Job security	4.3	Lack of flexibility	1.9	Poor provision of resources	1.8
Pay	4.1	Flexibility of work	3.0	Resource constraints (ongoing)	1.5	Co-worker related reasons	1.8
Organizational support	3.0	Supervisor support	2.4				
Flexibility – including choice of hours worked	2.4	Loyalty	0.4				
Organizational loyalty	0.4						
Work commitment	0.2						
<b>Subtotal</b>	<b>69.1</b>	<b>Subtotal</b>	<b>60.4</b>	<b>Subtotal</b>	<b>41.6</b>	<b>Subtotal</b>	<b>36.5</b>
<b>Client-Related Factors</b>							
Client-related reasons	11.3	Client-related reason	8.2	Client-related reasons	1.9	Client-related	1.8
<b>Subtotal</b>	<b>11.3</b>	<b>Subtotal</b>	<b>8.2</b>	<b>Subtotal</b>	<b>1.9</b>	<b>Subtotal</b>	<b>1.8</b>
<b>External Factors</b>							
Lack of alternative options	2.6	Changes in industry	1.1	Better career opportunities elsewhere	11.6	Better career opportunities elsewhere	15.5
				Changes in organization or industry	3.7		
<b>Subtotal</b>	<b>2.6</b>	<b>Subtotal</b>	<b>1.1</b>	<b>Subtotal</b>	<b>15.3</b>	<b>Subtotal</b>	<b>15.5</b>
<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>

<sup>a</sup> N = total number of responses coded not total number of participants.

Table 2. Prison health workers perceived positive job attributes by turnover intention (N= 143)

Category	Intent to Turnover (N=15)		Considering Turnover/Not Sure (N=37)		Intent to Stay (N=91)	
	Coding	Percentage	Coding	Percentage	Coding	Percentage
<i>Personal Factors</i>						
			Accomplishment	2.7	Accomplishment	7.7
	<i>Subtotal</i>	<i>0.0</i>	<i>Subtotal</i>	<i>2.7</i>	<i>Subtotal</i>	<i>7.7</i>
<i>Organizational Factors</i>						
	Schedule, Hours, Benefits	26.7	Coworkers, Team Players	18.9	Schedule, Hours, Benefits	19.8
	Coworkers, Team Players	20.0	Clinical Facets	13.5	Coworkers, Team Players	15.4
	Clinical Facets	13.3	Schedule, Hours, Benefits	10.8	Clinical Facets	8.8
	Job Design	6.7	Job Design	8.1	Job Design	6.6
	Diversity, Variety	6.7	Diversity, Variety	2.7	Diversity, Variety	6.6
	<i>Subtotal</i>	<i>73.3</i>	<i>Subtotal</i>	<i>54.1</i>	<i>Subtotal</i>	<i>57.1</i>
<i>Client-Related Factors</i>						
	Inmates	6.7	Inmates	32.4	Inmates	12.1
	Educating, helping inmates	6.7	Make a Difference	5.4	Making a Difference	9.9
	Make a Difference	6.7	Educating, helping inmates	2.7	Educating, helping inmates	8.8
	Clinical Facets	6.7	Clinical Facets	2.7	Clinical Facets	4.4
	<i>Subtotal</i>	<i>26.7</i>	<i>Subtotal</i>	<i>43.2</i>	<i>Subtotal</i>	<i>35.2</i>
	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>

\*Note – Analysis focuses on 143 participants who provided commentary and who also indicated turnover intention.



Table 3. Prison health workers perceived challenges by turnover intention (N= 164)

Category	Intent to Turnover (N=21)		Considering Turnover/Not Sure (N=45)		Intent to Stay (N=98)	
	Coding	Percentage	Coding	Percentage	Coding	Percentage
<b>Personal Factors</b>						
Safety		4.8	Safety	2.2	Food Location	2.0 1.0
	<i>Subtotal</i>	<b>4.8</b>	<i>Subtotal</i>	<b>2.2</b>	<i>Subtotal</i>	<b>3.0</b>
<b>Organizational Factors</b>						
Management Issues		42.9	Management Issues	28.9	Schedule, Shift, Hours	20.4
Staffing Shortages		18.9	Lacking Autonomy/Voice	13.3	Management Issues	16.3
Inconsistent Standards		9.4	Negative Coworkers	9.0	Negative Coworkers	12.3
Schedule, Shift, Hours		4.8	Schedule, Shift, Hours	6.7	Lack of Support	9.2
Negative Coworkers		4.8	Inconsistent Standards	6.7	Staffing Shortages	8.2
Redundant Paperwork		4.8	Poor Environment	4.4	Lacking Resources	7.1
Low Pay		4.8	Staffing Shortages	4.4	Practice Restrictions	6.1
			Lacking Resources	4.4	Inconsistent Standards	5.1
			Practice Restrictions	4.4	Redundant Paperwork	3.1
			Lacking Opportunities	4.4	Lacking Opportunities	3.1
			Redundant Paperwork	2.2	Low Pay	2.0
			Low Pay	2.2	Lacking Autonomy/Voice	1.0
	<i>Subtotal</i>	<b>90.4</b>	<i>Subtotal</i>	<b>91.0</b>	<i>Subtotal</i>	<b>93.9</b>
<b>Client-Related Factors</b>						
Inmate Accountability		4.8	Inmate Accountability	6.8	Inmate Accountability	3.1
	<i>Subtotal</i>	<b>4.8</b>	<i>Subtotal</i>	<b>6.8</b>	<i>Subtotal</i>	<b>3.1</b>
	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>	<b>TOTAL</b>	<b>100.0</b>

\*Note – Analysis focuses on 164 participants who provided commentary and who also indicated turnover intention.