A qualitative study of the determinants for nurse turnover

Analyzed from the theoretical perspective of the psychological contract

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by

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En kvalitativ studie om orsakerna till personalomsättning bland sjuksköterskor
Analyserat utifrån det psykologiska kontraktet

av

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Abstract
Job turnover amongst nurses is a current issue not only in Sweden but globally. Not only is it expensive and inefficient for hospitals and employers to have a high employee turnover, but the turnover might also result in vacant nursing positions which force patient slots to shut down, resulting in that fewer patients receive treatment and that the patient safety decreases. In order to cope with the issues that spring from a high turnover, retention measures has to be taken within the organization. By conducting ten observations at an infectious disease department at a Swedish university hospital in combination to an extensive meta-analysis of existing turnover models, a model for nurse turnover was developed. By understanding the dynamics of the healthcare industry and the department under study, four themes were identified that contributed to intentions to stay or leave an employment: “Contextual setting”, “Culture and norms”, “Personal factors”, and “Critical events”. The model was later used as a foundation for the analysis and synthesis of eight in-depth interviews with nurses and two in-depth interviews with nurse managers. The nurses’ work environment was studied in regard to the theoretical concept “Psychological contract”. Findings showed that prosocial motives laid the ground when nurses chose their profession, and that strong affective commitment such as group coherence was highly emphasized as the most motivating factor to remain within the organization. It was also shown that breaches to the psychological contract limited the nurses’ organizational commitment levels. Discrepancy between expectations and fulfillment of educational opportunities and specialized job roles caused breaches to the relational psychological contract, and consequently caused reasons for turnover. Findings also imply that nurses are governed by professional commitment rather than organizational commitment.

Key-words: job turnover, nurses, employee retention, job embeddedness, organizational commitment, professional commitment, psychological contract, healthcare.
Sammanfattning

Nyckelord: personalomsättning, sjuksköterskor, bibehållning av personal, jobbinbäddning, organisatoriskt engagemang, professionellt engagemang, psykologiskt kontrakt, sjuksvärd.
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## List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ATP</td>
<td>Advanced Training Program</td>
</tr>
<tr>
<td>CIF</td>
<td>Clinical Innovation Fellowships</td>
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<tr>
<td>KTH</td>
<td>Royal Institute of Technology</td>
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<td>SDT</td>
<td>Self-determination Theory</td>
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## Nomenclature

<table>
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<th>Term</th>
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<tr>
<td>Assistant nurse</td>
<td>A professional that helps patients and clients with healthcare needs under the supervision of a nurse.</td>
</tr>
<tr>
<td>Clinicians</td>
<td>The term for assistant nurses, nurses, and physicians.</td>
</tr>
<tr>
<td>Department</td>
<td>The infectious disease department, the part of the hospital designed for treating patients with infectious diseases, is also referred to as the department.</td>
</tr>
<tr>
<td>Manager</td>
<td>A professional that has the ultimate responsibility for administration, staffing, development, and budgeting of a hospital department. The department has two managers, also referred to as department managers.</td>
</tr>
<tr>
<td>Nurse</td>
<td>A licensed professional that has the ultimate responsibility of caregiving and handing out medication.</td>
</tr>
<tr>
<td>Physician</td>
<td>A licensed professional that has the ultimate responsibility for diagnosing patients and prescribe medication.</td>
</tr>
<tr>
<td>Quality group</td>
<td>A functional group, consisting of clinicians from the department that works with a specific topic related to the clinical work.</td>
</tr>
<tr>
<td>Ward</td>
<td>A unit of a hospital department consisting of isolated rooms with patient beds where the patients are treated. The department has three wards.</td>
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1. Introduction

The following chapter presents the background, the formulated problem, and the purpose of the research as well as the research questions. Thereafter delimitations are discussed to clarify the scope of the research project. In the end of the chapter the contributions to knowledge are clarified.

1.1 Background

Job satisfaction is a determining factor in a person’s work life that has to be fulfilled in order to remain productive and successful at work. One commonly used measure of the job satisfaction is the employee turnover rate, which objectively shows the employee's decision to leave the organization or the profession (Hayes et al., 2012). Many organizational scholars have identified turnover as a dependent variable upon e.g. job satisfaction and organizational commitment that is explained in the literature (Porter & Steers, 1973; Mobley et al., 1979). A major drawback of these explanatory models developed by these early scholars is the indifference of the variables deemed to cause employee turnover. More recent literature is focusing on specific settings in order to explain employee turnover, making it easier to employ inclusiveness to the various determinants of other scholars’ work and continue build on existing literature (Mitchell & Lee, 2001; Crossley, Bennett, Burnfield & Jex, 2007). The most common strategic approach to identify which and to what extent determinants for turnover operate has been to apply causal models that explain the relationships between the determinants. Scholars within different industries have performed such studies where employee turnover is higher than the national average, ranging from the public child welfare (Benton, 2010) to the healthcare industry (Lam, Kervin, Clark, Reid & Sirola, 1998; Gardulf, Söderström, Orton, Eriksson, Arnetz & Nordström, 2005; Dill, Erickson & Diefendorff, 2016). These studies are performed on large populations in order to identify the dependent variables contributing to employee turnover. Generalizations are easier drawn within a field where the working conditions are similar to one another. However, a major weakness is that these models are applied in large contexts where the differences between each setting will counteract each other, leaving room to only discover general trends for turnover. For example, a study of the health care in a state in the U.S. will give answers for the broad spectrum of health care, but might not capture differences between private vs. state-owned hospitals, or acute vs. preventative care.

The nature of commitment and turnover has been described from implicit perspectives through the idea of a ‘psychological contract’. The psychological contract is an exchange relationship that encompasses an employee’s perceptions of obligations between themselves and the organization (Robinsson & Rosseau, 1994). Such obligations concern promotion opportunities, professional development, and level of responsibility (Rosseau, 1989). These contracts are inherently subjective, and as a consequence, employees and employers may have completely different perceptions about the obligations. Breaches in the psychological contract may occur when an employee perceive a promise to not be fulfilled, thus involving the risk of influencing the employee’s commitment level, job satisfaction, and turnover. The
nursing profession is recognized as a profession highly dependent on commitment, and committed nurses have shown a higher degree of responsibility for delivering health care for patients (Brooks & Swailes, 2002).

Employee retention has been a longstanding challenge for the healthcare industry that is under continuous pressure. One reason that is highly discussed in Sweden causing this climate is the privatization and commercialization of the health care system. Market-oriented reforms have been implemented in the Swedish healthcare system from 1990 to 2013 and have led to a more stressful working climate, reduced trust in the healthcare system, and unfairly spent resources on patients with major health problems compared to minor health problems (Dahlgren, 2014). According to a public opinion poll made by SIFO, the percentage of the Swedish population with a high level of trust in the healthcare system has dropped from 60% in 2011 to 46% in 2014 (SIFO, 2016). It has been argued that the increased focus on extrinsic motivations that traditionally belong to the public marketplace stands in opposition to the ideal healthcare industry. The marketization brings incentives of self-interest and individualism, such as pay-for-performance plans, which has shown to be efficient in the private sector but rather ineffective for public service employees (Perry, Mesch & Paarlberg, 2006). A major cause to why these incentives have shown to be inefficient is that they stand in opposition to the familiar idea of health care. By managing the industry with extrinsic and monetary means, the proportion of caregivers that are driven by prosocial motivation will automatically decrease, putting the level of high quality and altruistic care at the risk of decline (Dill et al., 2016).

Studies show that the national mean of nurse turnover rate is somewhat similar internationally: 10% in England (Morris, 2006); 19.9% in Canada (O’Brien-Pallas, Murphy, Shamian, Li & Hayes, 2010), and 15.1% in Australia (Roche, Duffield, Homer, Buchan & Dimitriolis, 2014). The turnover rate amongst nurses in the Swedish healthcare system varies widely dependent on the region: 15.2% in Uppsala, 12.1% in Stockholm, 7.8% in Västra Götaland, 3.3% in Kalmar, and 3.1% in Norrbotten (Vårdförbundet, 2017). A reason for the variance in the regional turnover rates may be that alternative workplaces are limited in less densely populated regions like Norrbotten.

Swedish media has focused on announcing the strained conditions of the health care system. During the period of the study, nurses at Danderyd University Hospital in Stockholm have reported to Dagens Nyheter, a daily newspaper in Sweden, that they do not have enough time for lunch breaks or visits to the toilet (Gustafsson, 2017a). Some of the nurses have undergone medical examination and the results indicated starvation. Consequently, the number of nurses has declined with 17% over the last two years (ibid). In order to maintain the nurses, to reduce the stress connected with patient care, and to increase their competence, proactive models of employment have been launched to retain nurses. Dagens Nyheter reports in another article that Stockholm County Council gives 150 nurses within the county the right to further educate themselves to specialist nurses while maintaining their full salary (Nandorf, 2017). In regard, the nurses have to serve the hospitals within Stockholm County Council for a minimum of two years. The proposition is seen as an investment, both in reducing the shortfall of specialized nurses and as an incentive to retain the nurses.
Simultaneously Huddinge University Hospital has implemented a working model in order to cope with the increasing employee turnover where the staff at the emergency department has metaphorically been considered to flee the sinking ship. The working model offers the staff to work one day less per week and in regard they are required to work every second weekend (Gustafsson, 2017b). The operational manager of the hospital claims in an article in Dagens Nyheter that the department would have been forced to shut down all patient slots due to the lack of staff if it was not due to the implementation of the new working model (ibid).

1.2 Problematization

Job turnover trends amongst nurses are continuing within the Swedish healthcare industry, affecting the nation and its university hospitals negatively. According to the report “Nationella planeringsstödet 2016” published by Socialstyrelsen in 2016 there is a shortage of nurses in every county council in the country. Further it is stated that the shortage of nurses has increased over the last five years. In comparison with the rates from the healthcare regions the turnover is higher at the university hospitals than the averages for respective regional area, making their situation even more severe. The turnover rates at the Swedish university hospitals in 2016 all indicate high levels; Sahlgrenska University Hospital 16.3% (Wärngård, 2017; Sahlgrenska Universitetssjukhuset, 2017), Danderyd University Hospital 18% (E. André, personal communication, 2017.02.28), and Karolinska University Hospital 15.7% (Gustafsson, 2017c).

The high turnover of nurses is problematic from both a macro and a micro perspective. From a macro perspective, the high turnover rate can force patient slots to be unexpectedly shut down as a consequence of the shortage of nurses. Closed patient slots will in turn result in fewer patients getting the treatment needed and thus becoming a societal issue. From a micro perspective, the high turnover rate can lead to an eventual shortage of nurses and thus increase the workload for the remaining staff. The increased workload can in turn lead to increased sick leave and burnouts amongst the nurses.

There are also economical drawbacks connected to high employee turnover. The cost of recruiting a new nurse, including administrative costs of hiring, training of the new employee, and decreased productivity, was estimated to 220,000 SEK (Kallin, 2013). The estimate was verified by the HR manager at Danderyd University Hospital who projected it to be 250,000 SEK (L. Henning, personal communication, 2017.03.02). Consequently, the high turnover causes expenses that could have been spent differently, e.g. increased salaries for nurses or increasing the number of patient slots. Additionally, turnover often influence the effectiveness and job morale of the staff in a negative manner. When experienced and trained staff leaves the organization, the workload for the remaining staff increases and the time spent with patients may be insufficient (Benton, 2010). Persisting turnover may cause the remaining employees to question their job situation and move them into a mindset where decisions of quitting their job is taken (ibid). Coping with the issue of turnover has potential to create positive effects for the employees, the department, and the society.
1.3 Purpose

The purpose of the study is to identify the reasons causing nurses’ intentions to leave and intentions to stay at university hospitals, and how these intentions affect the psychological contracts that the employees have toward the organization. It will be achieved with a conceptual model that will explain nurse turnover in a qualitative approach based upon a meta-analysis of existing turnover frameworks, causal models, and empirical research. The applied models from the literature will be justified qualitatively in order to capture context-dependent reasons of employee turnover and how they are affected by psychological contracts. Secondly, the purpose is to investigate how breaches in psychological contracts affect organizational and professional commitment levels, and thus may contribute to turnover intentions. The breaches will be studied from the perspective of the transactional psychological contract and the relational psychological contract.

1.4 Research questions

The following research questions were addressed to fulfill the above stated purpose. The first research question RQ1 will identify determinants affecting the employees’ psychological contracts and causing turnover, both from an individual perspective and from an industrial perspective within the healthcare industry.

RQ1: How is the psychological contract influenced by underlying reasons that cause turnover among nurses and what are the reasons that cause intentions to stay?

The findings from RQ1 will contribute to the last research question RQ2.

RQ2: How do breaches to the psychological contract affect nurses’ organizational and professional commitment levels?

1.5 Delimitations

The study was limited to examine voluntary turnover as voluntary turnover is highly dependent on the individual’s job satisfaction and commitment to the workplace. Involuntary turnover was not considered since an organizational decision to terminate a nurse’s employment is based on managerial choices and not the individual’s own decision. Involuntary turnover is therefore not relevant to be examined in this study, as it can not be improved by the organization. Dismissals, retirements, and deaths are considered as types of involuntary leaving that are excluded in the study.

The case study took place at the infectious disease department at Danderyd University Hospital, making the results slightly less generalizable compared to if multiple departments were studied. The reason for choosing one department for study is to capture the similarities and differences within an organization, leaving many of the context-dependent intentions to high turnover rate unexplored, as variations would have been cancelled out. Although turnover rate emerges at two levels, both nationally on a macro level and on a micro level at
the department, the turnover factors emerging at these two levels may not always coincide due to unlike factors operating at each level (Donitsa-Schmidt & Zuzovsky, 2016). Capturing these differences are crucial in order determine the deviations between the general difficulties to retain nurses in the healthcare industry compared to specifically at the infectious disease department. Such context-dependent reasons for turnover had to be determined by answering RQ1, which would be further analyzed in terms of breaches to the psychological contract in RQ2.

The department at which the case study took place had recently been undergoing a large expansion with the opening of two new wards, meaning that they increased their capacity of patient slots and staff with 100%. Consequently, the department has been under extended pressure compared to what the normal circumstances allow for. It was desirable in our study as it makes it easier to detect what is causing dissatisfaction and satisfaction among the nurses, as they recently have been exposed to a challenge. Thus it should be reminded that the results of the study might be slightly exaggerated when illustrating the current issues of the healthcare industry.

The university hospital at which the case study was carried out was located in a populated capital. Consequently, some of the reasons for turnover may be explained by the multiple options of alternative workplaces that the nurses in this region had. These findings may not be applicable to regions with no other option for employment, and thus the affective organizational commitment may be higher in such regions and the level of turnover may be slightly lower.

1.6 Contributions

This thesis results in three contributions. The first contribution is on a theoretical level where the study contributes to the research field within job turnover and psychological contract. The theoretical contribution includes a meta-analysis that assesses core models made by turnover scholars from 1973 until today. A new model was developed with the aim of capturing the reasons causing intentions to leave and intentions to stay at the employment. Thus, our study contributes with a modified turnover model that can be qualitatively adapted to the specific setting under study.

The second contribution is the qualitative study that identified context-specific reasons leading to high turnover at the infectious disease department. Previous studies regarding job turnover have been dominantly performed in a quantitative manner based on regression analyses. To our knowledge this is one out of few qualitative studies concerning voluntary turnover amongst nurses in Sweden. Observations, in-depth interviews with nurses, and interviews with managers have given enough data to prove that unmet expectations regarding educational opportunities and specialized job roles caused intentions for turnover.

The third contribution of the research is that it indicates whether breaches in psychological contracts affect nurses’ organizational and professional commitment levels. It does also examine whether such breaches influence turnover intentions. Findings imply that nurses are
governed by professional commitment rather than organizational commitment, and that breaches to the relational psychological contract caused intentions to turnover.
2. A psychological contract perspective on job turnover

This chapter covers a broad background to the theoretical perspectives highlighted in this thesis. The psychological contract is introduced in terms of how it relates to an individual’s commitment levels. Psychological motives are explained in order to understand what causes job satisfaction and motivation.

2.1 Psychological contract

At the same time an agreement of employment is signed, an implicit contract is also generated; the psychological contract, which concerns the less tangible expectations between the organization and the employee. The term psychological work contract was first stated by Argyris (1960) and focused on the tacit expectations between management and staff. Argyris described it with an example; if an employee prefers and operates best under passive leadership and the manager realizes it, a psychological work contract would be hypothesized between the two. The concept has since then been redefined to psychological contracts and has been studied by many scholars, and the most prominent influencer and contributor has been Rousseau (1989; 1995; 2001). According to Rousseau (1989) a psychological contract emerges when an individual perceives that the contributions she makes obligate the organization to reciprocity, or vice versa. Further she states that what constitutes the contract is the individual’s belief in an obligation of reciprocity. The psychological contract does not hold a two-way communication, thus its existence can only take form from the employee’s perspective and not the organization’s. However, a manager can form a psychological contract towards its employee (Rousseau, 1989). Breaches to the contract can be as severe as breaches of employment contracts, causing reduced job satisfaction and employee motivation, which in the long-turn may cause high turnover rates. Rousseau (1989) identified two types of psychological contracts: relational and transactional, see Figure 1.

Figure 1. Psychological contracts. How relational and transactional psychological contracts are connected to elements and commitment.
The *relational psychological contract* is tied to the professional affiliation of an individual. The level of commitment arising from the relational contract is dependent on belief in professional goals and values, social interactions, and the desire to remain a part of profession, as illustrated in Figure 1. The employee receives safety and promotional opportunities in exchange for loyalty towards the organization. Breaches to the relational psychological contract are associated with lower organizational commitment, lower job performance, and lower quality patient care (Rousseau, 1989).

The *transactional psychological contract* focuses on the explicit parts of the contract between the employee and the organization. The perceived expectations and obligations on the organization regard concrete rewards such as money, time, and promotional opportunities. The transactional psychological contract is limited to time and content, which can be symbolized as the employee receives flexibility from the organization in exchange for the risk of being exchanged. Perceived transactional breaches are associated with lower job satisfaction and higher turnover (Rousseau, 1989).

The psychological contract is highly linked to an employee’s commitment (Rousseau, 1995). As illustrated in Figure 1 both relational and transactional contracts influence professional and organizational commitment levels. *Professional commitment* refers to the employee’s commitment to offer services to the society, belief in everyone’s right to her practical skill, and professional autonomy. Such levels of engagement are embedded in the employee’s attitude to her professional skills; skills that will be alike no matter the workplace unless the psychological contract is breached. Meyer and Allen (1991) identified three components of *organizational commitment* that will be used further on; affective, continuance, and normative. Employees with a strong affective commitment experience emotional attachment to the organization (ibid). Continuance commitment makes the employee loyal to an organization due to high costs associated with leaving the employment. Employees with a strong normative commitment remain within the organization as a result of obligation or duty (McCabe & Sambrook, 2012).

The psychological contract has gained criticism over the years, and Guest (1998) studied whether the psychological contracts even were worth taken seriously. Guest (1998) questioned the use of the term ‘contract’ since it does not hold an employer perspective and thus is unidirectional. He further challenged whether the psychological contract even could be considered a theory and claimed that it was problematic if the term would simply become a buzzword used to address things for which it is inappropriate. Rosseau (1998) states that psychological contract is a scientific construct and that with every construct it is important to keep its defined boundaries in order to maintain its appropriateness. The psychological contract has two defined boundaries: (1) the contract exists on individual level, and (2) the individual beliefs comprise the contract by sets of reciprocal obligations that the individual and the other party are believed to have committed themselves to (ibid).

Few studies explore the psychological contracts of nursing professionals in the healthcare sector, and even fewer how these contracts can impact on nurses’ commitment levels to their profession and the organization. A discourse analysis was conducted on qualitative data from
semi-structured interviews with 28 nurses and 11 nurse managers on large acute and small community organizations in the British National Health Service. Findings showed that the relation between the nurses and nurse managers are governed by relational psychological contracts dependent on an affective commitment and to a lesser extent normative commitment towards the profession. The psychological contract showed to be influenced in a negative manner with decreasing job satisfaction, and positive outcomes were supported by managers’ involvement, leadership development, and sensitivity to nursing discourses. (McCabe & Sambrook, 2012)

A quantitative study by Rodwell and Gulyas (2013) investigates the impact of the psychological contract, justice, and individual differences among nurses. Through a survey with 253 responding nurses the scholars performed a regression analysis mapping how psychological contract, organizational justice, and negative affectivity were affecting organizational and career commitment, job satisfaction and psychological distress. Their findings supported that psychological contracts affected nurse retention, and that false promises from management was critical and that it was important to fulfill promises made in order to keep the nurses satisfied.

### 2.2 Psychological motivation

In order to gain understanding regarding how psychological contracts affect the employees, it is important to understand what sources of motivations the nurses have. Motivations can spring from many factors. Thus it is interesting to understand how psychological motivation affect the psychological contract an employee has towards the employer, or how they affect the employer’s contract toward the employees. For example, understanding what source of psychological motivation that is dominating the workplace may simplify in maintaining psychological contract within an organization. Psychology scholars (Ryan & Deci, 2002; Güntert, 2015) have explained employee’s motivation by means of intrinsic and extrinsic motives in the Self-Determination Theory (SDT). Intrinsic motivation is triggered by an inherent enjoyment of the job. Emotions typically generated from intrinsic motivation are joy, interest, and excitement, and do usually contribute to an individual’s personal development or affiliation. On the contrary, extrinsic motivation origins from external activities beyond the job activity, and examples are monetary rewards and status of the job. Although intrinsic motivation is the fundamental type of self-determined motivation, extrinsic motivation can be regulated in a self-determined or autonomous way when employees internalize behavioral regulations (Güntert, 2015). An example of internalization of extrinsic motives is when employees are able to understand and follow the organization’s strategy in their everyday work, which according to Güntert (2015) is causing low turnover intentions in a similar manner as intrinsic motivation does. The SDT focuses on the social-contextual conditions that facilitate self-motivation and psychological development. The findings have led to postulate three psychological needs that satisfy self-motivation: competence, autonomy, and relatedness (Ryan & Deci, 2002). However the SDT does not focus on the effects of prosocial motivation, which is highlighted in the more recent research by Grant (2008). In Figure 2 the three sources of nurses’ motivation are illustrated. The
sources can be intertwined and thus a nurse can be affected by one, two, or all three of the sources.

Nurses and other clinicians have a strong emphasis on prosocial forms of motivation when choosing their profession, differently from many other professions. Prosocial forms of motivation include performing your professional duties because you have an unselfish interest in helping another person. Grant’s publications on the benefits of prosocial motivation and how it has increased employees’ willingness to go beyond their original duties have recently gained lot of attention in the academia as well as in the popular press. However, the historical belief, that the best workers within health care are those that are motivated by the familial environment, is challenged. A recent study performed on a sample of nurses (N=730) in a health system in the U.S. stands in contrast to Grant’s work and indicates that high prosocial motivation is related to higher levels of job burnout than among nurses with lower levels of prosocial motivation (Dill et al., 2016). Simultaneously, it was found that high intrinsic and extrinsic motivations among nurses related to significantly lower turnover intentions (ibid). A potential explanation is that nurses who pursue their work for other reasons than prosocial motivations find their work less stressful both emotionally and physically. By being motivated by other means than prosocial, the nurses are dependent on determinants that are not as likely to fluctuate in the daily routine as the emotional relation to the patient could do, making it easier to retain a constant level of satisfaction. To conclude, the study indicates an important level of distinction between the terms intrinsic and prosocial motivation, which may be crucial to consider when assessing the level of job satisfaction among clinicians.
2.3 Psychological contracts in contrast to turnover

As stated earlier, in section 2.1 Psychological contract, breaches in psychological contracts can cause intentions to leave an organization. Therefore, it is interesting to investigate what violations that actually influences intentions to leave for an employer. The psychological contract and turnover are investigated by many psychology scholars (Turnley & Feldman, 1999; De Vos & Meganck, 2008; Bloome, van Rheede & Tromp, 2010). Turnley and Feldman (1999) studied violation of psychological contracts and what the breaches mean for the organization in accordance to control theory. Control theory focuses on the construct of discrepancy of expectations and according to the theoretical perspective employees initiate an attitudinal or behavioral response any time that they perceive a discrepancy between what they have been promised and what they have received. By studying 800 managers, Turnley and Feldman (1999) investigated how breaches of the psychological contract affected exits, voice, loyalty, and neglect. Exits refer to turnover, meaning that the employee terminates its employment. Voice refers to the employee’s initiative to speak their mind in order to reach improvements and loyalty to commitment and long-lasting relationships to the organization. Lastly, neglect, refers to employees putting in a less effort to the job, being more absent, and paying less attention to quality in their work. They found that violations of the psychological contract may increase the number of employee-exists that an organization experiences, and may cause the employees to neglect the in-role job duties, and reduce their willingness to defend their organization. Why voice and neglect behavior occurred less frequently may be due to that consequences associated with these behaviors can be more severe for the individual employee.

In 2008, De Vos and Meganck performed a two sided study researching both Human Resources (HR) managers’ and regular employees’ views on retention management. The study held a psychological contract perspective. The 70 participants in the study focusing on HR management worked at one of the 100 largest organizations in Belgium, all employing more than 1000 people. The 5286 participants of the employee study worked for public and private organizations located in Belgium. First, they investigated what the HR managers’ views on retention factors were and what measures they had taken to promote retention. Secondly, employees were surveyed from a psychological contract perspective. It was found that HR managers believed that financial returns and lacking career opportunities were the most frequent reasons for leaving, and that social atmosphere and job content were the most important reasons for staying. Also, it was found that the most common measures taken to promote retention were training and career management. In the second sub-study, taking the employee’s perspective into consideration, career development opportunities, social atmosphere, and job content were regarded as the most important retention measures. The results show that there are differences between what HR managers promote and what the employees want. Although the HR managers initiate training and career management measures, the findings showed that there were lacking initiatives in regards of job enhancement. Job enhancement is important in order to achieve job loyalty (Steel, Griffeth & Hom, 2002) and therefore De Vos and Meganck (2008) argued that job content and social atmosphere measures also should be initiated. Further it was stated that the findings showed a discrepancy between viewpoints of the HR and the viewpoints of the employees on
financial rewards. HR considered financial rewards to be the most important factor causing voluntary turnover, and therefore put in a lot of effort in solving problems using monetary incentives. Given that they could not show a significant relationship between employee outcomes and financial rewards, it would assumedly be better for organizations to promote intrinsic motivation.

Bloome et al. (2010) studied psychological contracts and turnover amongst highly educated hospitality workers, and found that psychological contract measures could describe the substantial variance in intentions of leaving their respective organization between the participants. The following measures of the psychological contracts were used: job content, development opportunities, job security, work climate, intra-organizational mobility, work-family balance, autonomy, salary, performance related pay, clarity about the task, and promotion opportunities. It was found that the psychological contract measures were especially valid if affective commitment was considered. Younger respondents were less affectively committed to their employer and job content was the most significant predictor of intention to leave. It was concluded that individuals who find their jobs to include challenging, comprehensive, and diverse tasks are less likely to leave their employment. Further, employees who consider their jobs to be challenging were also more committed to their organization. Bloome et al. (2010) also performed a gender related analysis and found that women promotion opportunities were highly connected to employee turnover for women, but not for men. Morris (1995) found that this might be dependent on that women often have lower expectations than men when beginning their careers, and therefore might be more willing to take career risks and change jobs.

2.4 Summary of a psychological contract perspective on turnover

A psychological contract is a concept that emerges when an individual perceives that her contributions obligate the organization she works for to respond on performed work with a positive exchange. When the organization fails to fulfill the employee’s expectations, breaches in the psychological contract emerge, which can be damaging for the employee-organization relationship. The psychological contract can be divided into two forms: a relational contract and a transactional contract. The relational contract is linked to intrinsic and prosocial elements of psychological motivations, while the transactional psychological contract is linked to extrinsic motivation. The motivations (extrinsic, intrinsic, and prosocial) are part of the SDT theory, which examines what sources that motivate people. Extrinsic refers to motivations that come from outside a person, for example salary or promotional opportunities. Intrinsic refers to forces within a person, such as group coherence and eagerness to learn. Prosocial motivation is an altruistic form of motivation and derives from the will to help other people. Both the relational and the transactional psychological contracts form commitment, either professional and/or organizational commitment.

The psychological contract is important to consider when studying employee turnover. It is crucial for employers to avoid violating their employees’ psychological contracts given that the breaches create intentions to leave the organization. Scholars have found that job enhancement programs (relational psychological contracts) should be initiated to promote
retention and organizational commitment, and career development opportunities (transactional psychological contracts) are important to gain employee loyalty and professional commitment.
3. Modeling job turnover

In the previous chapter the theoretical perspective of this thesis, the concept of psychological contract, was discussed together with psychological motivation and job turnover. As breaches in the psychological contract can create intentions for employees to leave their organizations, it is important to fully understand the determinants causing turnover. Thus, a meta-analysis of turnover scholars and their turnover models is presented below. The meta-analysis builds the foundation of an adapted turnover model applied to nurse turnover, in which themes and determinants reflect both the relational and the transactional psychological contract. Subsequently, a review of subpopulational turnover studies and a literature review of professional development are followed.

3.1 Meta-analysis of turnover scholars

The reasons for why some companies have low employee turnover whilst other organizations have to struggle to retain its workforce has been a research topic for decades. Scholars have tried to pinpoint what underlying factors that influence employee turnover. The following sections describe prominent turnover models developed by scholars within the field from 1973 until 2007.

3.1.1 Job satisfaction and job dissatisfaction

Porter and Steers were early and prominent in their extensive examination of employee turnover in 1973. By thoroughly investigating what had been found within the field of research pre-1973, Porter and Steers built a conceptualized framework for job turnover and met expectations. It was found that whether a person’s expectation is met or not is of high importance for her decision to resign from an employment. Their conclusion stated that job satisfaction was strongly linked to turnover and could be divided into four groups; organization-wide factors, immediate work environment factors, job-related factors, and personal factors. Organization-wide factors are factors that affect the employees but are controlled by external forces to the immediate workgroup. These elements can be organization size, monetary policies, or promotions. Immediate work environment factors consider the supervisory style, the work unit size, and the nature of the peer group interaction. Job-related factors are overall reactions to job content, task repetitiveness, job autonomy and responsibility, and role clarity. Finally, the personal factors are variables such as age, tenure with the organization, and similarity of job with vocational interest, personality characteristics, and family considerations. A weakness in the framework is that it has the individual perspective on the organization, but does not put any emphasis on the market-wide attractiveness, which can be a major reason to turnover.

The work by Porter and Steers (1973) generated a continuation of research that showed how many different factors had a negative and consistent relation to job turnover. However, Mobley, Griffeth, Hand and Meglino (1979) argued that less than 20% of the variance in the turnover had explanations and that existing dissatisfaction and lack of future attraction at
present employer created turnover incentives. Mobley et al. (1979) created a conceptual model of employee turnover with regard to the attractiveness of the current job and alternative jobs. The model takes acknowledge of organizational, individual, and economic-labor market variables. *Organizational factors* create job-related perception through for example goals, values, rewards, and work group. *Individual variables* create individual values from both occupational factors (skill level, status) and personal factors (age, interests). *Economic-labor market factors* create labor-market perceptions from the degree of unemployment in the market and word-to-mouth information about job prospects. These three variables create intentions to search for new alternatives and thereby lead to turnover behavior. The research from both Mobley et al. (1979) and Porter and Steers (1973) has the perspective of the individual as the theories explore why the individual voluntarily terminates her employment rather than why an organization discharges employees.

How job dissatisfaction drives employee turnover has also been examined by Hom and Kinicki (2001). Their research highlights the drawbacks of extra work endeavors as a conflict to the employee's professional role. It may be harder to fulfill an increasing number of activities demanded by the job, putting additional pressure from social groups off- and on-the-job. Such dissatisfaction may create a desirability of movement. Their model emphasizes the formal incorporation of role interference that is more frequently occurring between occupational and private lives (ibid). A reason for including such determinants may be that at the time of the study more mothers, single parents, and families that prioritize the individual freedom, was joining the workforce. The study can also be seen as relevant as it focuses on explaining challenges and possibilities of searching for new jobs, thus shifting the focus from former research on organizational setting to the external environment.

### 3.1.2 Job embeddedness

More recent research has developed the job embeddedness theory (Mitchell & Lee, 2001). Job embeddedness focuses on why people stay or become “embedded” in their job, rather than the reasons for turnover, and it can be seen as a result of various organizational and community-related forces (Mitchell, Lee & Burch, 2014). Mitchell and Lee (2001) state that three dimensions are strongly connected to job embeddedness; links, fit, and sacrifice. *Links* are formal and informal connections that an individual has with other people or groups on and/or off-the-job. It can be envisioned as a web of attachments to friends, family, and community co-workers. *Fit* denotes the individual’s compatibility with the job and off-the-job settings. The authors state that a person’s overall fit or compatibility will influence employee retention. The better the fit, the more likely the employee is to stay. *Sacrifice* captures the things that someone must give up when resigning from an employment. These things can be loss of colleagues, loss of possibility of advancement, or loss of psychological benefits such as stability. Financial factors are not included in sacrifice due to that they are being built into job satisfaction measures or organizational commitment, which are not considered in the job embeddedness. One benefit of the framework is that it considers external off-the-job factors that could enhance or decrease the attractiveness of the work, such as the distance to work or attachment to family. However, the framework does not include external factors such as availability of alternative job opportunities.
Crossley et al. (2007) extend the previous research on job embeddedness by Mitchell and Lee (2001) by examining the relationship between job embeddedness and job dissatisfaction. The composite measure of job embeddedness is formed when links, fit, and sacrifice are added together. In contrast, Crossley et al. (2007) used an approach based on a global measure of embeddedness that assumes that the whole is greater than the sum of its composite parts. It was found that the global measure predicted voluntary turnover beyond job attitudes and core factors from traditional models, and that embeddedness interact with job satisfaction to predict turnover. However, the global measure is of greater utility for quantitative studies testing turnover models using latent determinants and long survey length (ibid). Thus, the difference between the original composite measure defined by Mitchell and Lee (2001) and the global measure developed in this study by Crossley et al. (2007) is mainly significant to quantitative studies. Employee’s cognitive frames and experiences influence global perceptions of job embeddedness, which is something that the current study does not take into consideration. For example, employees with high strive for achievement may have increased interest in finding ways to advance outside the organization and thus be less embedded. Consequently, considering personal factors could make the study explain job embeddedness more accurately in its subjective nature.

3.1.3 Job alternatives

Steel (2002) developed the Evolutionary Search Model of Employee Turnover that describes the job search process for an individual. The simplicity of the job search process is claimed to influence turnover rates. The initial step in the model outlines the personal and job situations in terms of personality and opportunity of advancement. Secondly it analyses the work setting in terms of subjective norms and the cost-benefit of job seeking. Thirdly it adds the job effect, which considers job satisfaction and organizational commitment. In order to complete the job seeking process after the individual and organizational perspectives are analyzed, the industrial aspects are considered such as availability of alternative jobs and labor mobility. Steel (2002) also pinpoints the importance of the increasing information flow that makes an employee exposed to more job alternatives today than previously. Here we can see a clear trend in how the model captures changes in the labor market, moving from a regional to a global marketplace. As the model builds on the underlying statement that job search is a consequence of the dynamic process of an employment, a longitudinal evaluation would increase the validity of the research compared to the current cross-sectional nature.

Kammeyer-Mueller, Wanberg, Glomb, and Ahlburg (2005) developed a model incorporating predictors for turnover at five different points in time. The model deals with three dimensions that contribute to organizational withdrawal. The first dimension is contextual variables that concern the individual’s job alternatives within the organization and externally. Such variables are unemployment rate, internal alternatives, and the individual’s cost of turnover. The second dimension concerns work attitudes, which explains an individual’s attitude to the organization, such as organizational commitment and co-worker satisfaction. The third dimension is what distinguishes the turnover model in the meta-analysis as it adds the importance of critical events. Critical events may occur in the employee’s private life, such
as a divorce or birth of a child, or internally within the organization, such as dismissals. The model proposes that most employees keep the job as a function of habit rather than a choice. A critical event may shock an employee into a reassessment of her situation followed by immediate and sometimes deliberative action. The study showed that turnover that occurs in new employments is characterized by cost of withdrawal, lack of organizational commitment, and critical events. Occupational unemployment rates and job satisfaction became significant predictors for turnover that occurs in senior employments.

3.1.4 Evaluation of scholars

To summarize, the turnover literature has changed drastically where the older scholars (Porters & Steers, 1973; Mobley et al., 1979) focused on job satisfaction and organizational commitment. Job satisfaction is a highly subjective phenomenon that depends on an individual’s perceived expectations and thus relates to the psychological contract. If an employee’s psychological contract is fulfilled without breaches, it will contribute towards that person’s organizational commitment level. As noticed by the psychology scholars Turnley and Feldman (1999), violations of the psychological contract makes employees neglect job duties and reduce their willingness to defend the organization, thus also indicating decreased commitment levels. One notable exception to the traditional turnover paradigm is the research conducted by Mitchell and Lee (2001) who have focused on decision theory through job embeddedness, which illustrates pathways that can keep an individual from leaving her job such as various organizational and community-related forces. The theory by Mitchell and Lee (2001) can be explained in terms of the transactional and relational psychological contracts as it assesses an employee’s links, fit, and sacrifice to the organization, although it also considers of-the-job settings. As previously mentioned, links are the connections that an employee has with people on- and off her job and makes up a vital part of the relational psychological contract. Fit captures an employee’s compatibility with her work, which is highly individual and will depend upon what obligations she understands that she has in her transactional psychological contract. Similarly, sacrifice concerns the things an employee must give up when resigning from an employment, which are the more implicit parts of the transactional psychological contract. De Vos and Meganck (2008) argued that job content and social atmosphere measures need to be initiated in order to strengthen the relational psychological contract, and thus also job embeddedness. The theory was further developed by Crossley et al. (2007) and a global measure of job embeddedness was developed to overcome important limitations. Behavioral intentions gained a prominent role in turnover theory in the work by Hom and Kinicki (2001) that intends to outline a greater understanding of how job dissatisfaction drives employee turnover. However, in the most emerging literature, dynamic dimensions have been taken in regard that observes an employee’s turnover intentions over time (Steel, 2002; Kammeyer-Mueller et al., 2005). Kammeyer-Mueller et al. (2005) integrates an individual’s job alternatives within the organization and externally as determinants for turnover, and thus it has the potential to capture differences in organizational and professional commitment of the psychological contract. An individual may feel committed to her profession, but not necessarily to the organization where she is employed, and thus she may be more attracted to changing employment if a better work option is offered. Thus, she may be less tied to the transactional and relational psychological contract that she has
formed with her current employer. The psychological contract theory developed by Bloome et al. (2010) also indicates that mobility and alternative work opportunities are important if a psychological contract breaches since it highly decides whether an employee will resign or retain.

A set of independent determinants contributing to employee turnover was identified with the help of the studied turnover models previously mentioned. These determinants were recurring in the observations done at the infectious disease department where certain topics were more frequent in the nurses’ conversations about their workplace. A summary of the topics highlighted by the nurses at the department is found in Table 1, where each turnover model was dissected and analyzed in accordance to whether they covered the determinants. As can be seen in Table 1, non-overlapping turnover models are impossible to find. However, in order to capture all necessary determinants for nurse turnover, a new model has to be derived based on the meta-analysis.

Table 1. Evaluation of turnover models made by scholars between 1973-2007.

<table>
<thead>
<tr>
<th>Scholars</th>
<th>Possibility of advancement</th>
<th>Possibility of movement</th>
<th>Pay satisfaction</th>
<th>Collaboration with co-workers</th>
<th>Collaboration with management</th>
<th>Job role compatibility</th>
<th>Motivational forces</th>
<th>Off-the-job factors</th>
<th>Changes in work environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porter &amp; Steers (1973)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mobley et al. (1979)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Horn &amp; Kinnicki (2001)</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mitchell &amp; Lee (2001)</td>
<td></td>
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<td>X</td>
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<td>X</td>
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</tr>
<tr>
<td>Crossley et al. (2007)</td>
<td></td>
<td></td>
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<td>X</td>
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<tr>
<td>Steel (2002)</td>
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<tr>
<td>Kammeyer-Müller et al. (2005)</td>
<td></td>
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</tr>
</tbody>
</table>

The reason for reviewing older framework such as the theory by Porter and Steers (1973) is to avoid summarizing duplications of original author's work in more modern scholar's publications. Likewise, the review illustrates how the turnover models have been influenced
by improvements in decision making, sociology, and labor economics throughout the history and how refinements have been incorporated to the models. For example, we can see in Table 1 that the nurses’ possibility of movement is a factor considered more frequently by modern scholars. It may explain that new forces in the labor market start to interact with why nurses leave their jobs. Such a reason could be the growth in number of smaller, private hospitals that now compete with the larger university hospitals. Similarly, modern scholars put larger emphasis on job role compatibility than done in models developed by older scholars. The society has become completely individualized and the modern person has trouble to commit to collective contexts (Lindgren, Packendorff & Wåhlin, 2001), thus decreasing the chances for employee loyalty. A reason could be that individuals of our generation have more options to change work and/or profession; making compatibility to one’s job role a requirement for being loyal to the workplace.

3.2 Adapted turnover model

The core model made by Porters and Steers (1973) is fundamental to the later research as it captures reasons to turnover on an organizational and functional level but from an individual’s perspective. However, it does not capture the external economic-labor market, which often contributes to turnover. In order to capture the external environment, the determinant ‘Possibility of movement’ had to be included, which Kammeyer-Mueller et al. (2005) has a high focus on. Their work showed that occupational unemployment rates and search for alternative jobs become significant when predicting turnover over time, and it may reduce the importance of the psychological contract that an employee has towards her employer. In order to be in the forefront of the research, two recent studies were integrated in our model presented in Figure 3; the turnover model by Mitchell and Lee (2001) together with the model by Kammeyer-Mueller et al. (2005). These two models fulfill different themes in Table 1 and thus will complement each other. The work made by Porter and Steers (1973) focuses on why employees leave, similar to Kammeyer-Mueller et al. (2005), whereas the job embeddedness by Mitchell & Lee (2001) focus on why employees stay. The themes have been modified in accordance to observations at the infectious disease department to better fit analyses of healthcare environments and the specific workplace under study.
Figure 3. The Trigger Model. The four white boxes represent the themes and determinants that trigger an employee to leave or to stay within an organization, which in turn create turnover or retention. The employee’s relation to the organization and community can be analyzed in terms of links, fit, and sacrifice.

The three themes studied by Kammeyer-Mueller et al. (2005) were employed in order to describe the workplace from an industrial, organizational, and individual perspective: ‘Contextual setting’, ‘Culture and norms’, and ‘Critical events’. The ‘Contextual setting’ considers the labor market and the organizational setting at Danderyd University Hospital. The contextual setting within the organization is related to the transactional psychological contract as it includes monetary rewards and promotional opportunities. If the salary matches the expectation of the employee, it will create a positive outcome and fulfillment of the obligations in the transactional psychological contract. Additionally, job opportunities in the external labor market will also influence how tightly bound an employee is to her current transactional psychological contract. ‘Culture and norms’ capture work attitudes regarding collaboration with co-workers and managers at the workplace and constitutes of a major part of the relational psychological contract. ‘Critical events’ are internal or external incidents that may shock an employee to reassess his or her attitude towards work and dependent on the individual’s subjective experience of the change it may or may not cause breaches to the psychological contract. ‘Personal factors’ were added to the model in order to capture the individual’s personal job role compatibility and motivational forces that Porter and Steers (1973) focused on. These themes were further categorized into nine determinants that can trigger intentions to leave or intentions to stay at a workplace, thereby called The Trigger Model as seen in Figure 3. The reason for classifying the employee’s situation is to be able to see whether one or more of these determinants causes breaches to the psychological contract and thereby triggers intentions to leave or intentions to stay. It is common to make
such a classification in quantitative regression analyses when causal relations are to be demonstrated, as done by all the above reviewed scholars. However, the classification is also important in our qualitative study as the aim is to pinpoint one or more determinants that could be improved in order to facilitate nurse retention.

The three connections - links, fit, and sacrifice - defined by Mitchell and Lee (2001) are used as a set of tools when analyzing the nurses’ intentions to stay or leave the organization. Links states how well connected a person is to other people on- and off-the-job (Mitchell & Lee, 2001), and is highly determining for the relational psychological contract. In our model, an employee’s degree of links is related to her ‘Contextual setting’ and the ‘Culture and norms’ that comes with the employment. If an employee has strong links to people in her community, her increased ‘Possibility of movement’ may cause her to look for alternative jobs. If an employee experience good ‘Collaboration with management’, her links to the people in the organization will be strengthened and there is a possibility that she will become more embedded in the organization. Fit concerns a person’s compatibility to an organization or a community. In our model, an employee’s degree of fit is dependent upon ‘Personal factors’ and ‘Critical events’. For instance, a stress intolerant person may experience decreased ‘Job role compatibility’ if she works in a stressful environment, and thus has worse fit than someone who experience stress in hectic environments positively. A person who just experienced a drastic change in ‘Off-the-job factors’, such as giving birth, may prioritize family relationships and might thus have a better fit off-the-job than on-the-job. Sacrifice is what a person organizationally or communally has to give up by changing or staying in her employment. In the event of breaches to the psychological contract, the employee may experience that the sacrifice of leaving the employment already is so low that resigning does not incur additional costs. All four themes in The Trigger Model can be analyzed from the sacrifice perspective, as the termination of an employment will influence the individual’s whole situation. Together, links, fit, and sacrifice are affecting each other. Weak links can harm the individual’s fit to an organization, which in turn can make the sacrifice of staying at her workplace greater. At the same time, the sacrifice can be considered lower if the fit and the links are good.

3.3 Subpopulational turnover models

Turnover models that apply to the general population have been generated by multiple scholars (Porter & Steers, 1973; Mitchell & Lee, 2001; Steel, 2002; Kammeyer-Mueller et al., 2005). These scholars have also built the foundation for The Trigger model, as explained in section 3.2 Adapted turnover model. Regarding turnover theory, some of the recent literature is focusing on the turnover of individuals from specific groups. One reason might be that scholars want to identify why turnover rates are significantly higher in certain professional fields, making it highly valuable to examine the underlying reasons. Healthcare is such an industry where the high turnover amongst nurses and the widespread nursing shortage has become a global issue (Lu, Barriball, Zhang & While, 2012). As a consequence, multiple scholars have aimed to design turnover models that target a specified population sample. Such models are named subpopulational turnover models as they are based on the idea that determinants for turnover differ for people in different contexts (ibid). Reviewing turnover studies amongst nurses will provide valuable indications about the reasons for
terminating employments within the healthcare industry, which can help us outline the
direction of our descriptive study. Another reason for reviewing subpopulational turnover
literature is that it allows us to control that The Trigger Model includes determinants that
previously have shown to cause breaches to the psychological contract and cause nurse
turnover, and thus the model can be revised if necessary. The following studies have used
regression analysis or focus groups to methodologically explain determinants for turnover.

Murrell, Robinson, and Griffiths (2008) examined the turnover intentions among newly
graduated nurses with six months to three years of working experience. It was concluded
that intentions are stronger indicators than working with job satisfaction when individuals
are choosing to work as a nurse. Lack of development in early career showed to increase the
loss of newly qualified nurses. The authors recommend that any early signs of departure
should be met by support and educational development, which also was argued by Bloome
et al. (2010) as a major support to fulfil young employee’s psychological contracts.

A geographically local study was performed by Gardulf et al. (2005) at Huddinge University
Hospital in Stockholm, Sweden. They investigated why nurses at university hospitals want to
quit their jobs and the underlying reasons for turnover. It showed that 54% intended to quit
and 35% had already taken actions to do so. It should be emphasized that ‘intention to quit’
refers to whether an employee plans to quit their work and is thus not the same as turnover.
The main reasons showed to be dissatisfaction with the salary (65%), stressful work (32%)
and limited possibilities to make a professional career (19%).

Lum et al. (1998) aimed to explain whether nurse turnover was connected to job satisfaction,
pay satisfaction, or organizational commitment. The populational sample of this study had a
higher-than-usual level of nurturing as they were working within pediatric care. The results
address the direct and indirect impact of certain pay policies on turnover intentions of
pediatric nurses. This result was found in different control variables such as having a degree,
having children, or working 12-hours shift. The results indicated that job satisfaction only
had an indirect influence on intentions to quit.

A qualitative study regarding nurse turnover at a university hospital in Sweden has been
conducted by Sellgren, Kajermo, Ekvall, and Tomson (2009). By moderating focus group
discussions, they investigated why nurses leave and why nurses stay at their workplace. Their
findings implicate that there are four major possible influences for nurse turnover; intrinsic
values of motivations, workload, unit size, and leadership. The study showed that it is
important for managers to meet intrinsic values of motivations, such as staff recognition and
competence development, and that these are easiest achieved in smaller units. Again the
findings from De Vos and Meganck (2008), concluding that financial rewards are less
significant for the psychological contract than intrinsic values, are confirmed. Further it was
stated that adequate staffing to optimize the workload and managers with a clear vision were
important to reduce turnover.

The subpopulational turnover models found that pay satisfaction, job role compatibility, and
professional development were important for the decision-making regarding to stay or to
leave an employment. The review of these subpopulational studies has not added any new
dimension to The Trigger Model, and thus it did not have to be revised. Each individual subpopulational model lacks in describing how turnover varies among subpopulations in different hospitals, regions, and states but rather explains turnover at the specific hospital of study. Together the theses contribute with a generalized picture of turnover amongst nurses that can be used for contrast and compare in this specific study.

### 3.4 Professional development

The more experienced nurses, the better the patient care will be according to several scholars (Brooten & Youngblut, 2006; Aiken, 2001; Aiken, Clarke, Sloane, Sochalski & Silber, 2002), and according to Morgan and Cleave-Hogg (2002) there is a clear correlation between confidence and clinical experience. This correlation was found by surveying medical students. Those with higher clinical experience showed higher levels of confidence. Clinical experience deals with both formal and informal competencies and includes educational aspects and interactions with patients. The development of personnel throughout their careers as they gain experience has been studied by many scholars, for instance Drejer (2000) and Lyneham, Parkinson, and Denholm (2009). According to Takase (2013), professional development was summarized in three models illustrating the development of the employees, see [Figure 4](#).

![Figure 4](#). Three models showing how competence and experience are connected in regards of professional development (Takase, 2013).

The first model in the figure was developed by Drejer (2000) and describes professional development as stages and is illustrated as a ladder. An employee on the lowest stage is considered to be a “novice” and an employee on the highest stage is considered to be “world class”. Lyneham et al. (2009) presented an alternative to model 1 in which the stages are transformed to a slowly increasing exponential function. Model 3 suggests that an employee’s competence increases rapidly in the early stages of her employment, but the more experienced the person becomes, the growth of competence stagnates (Waldman, Yourstone & Smith, 2003). Takase (2013) found that nurses tend to undergo a rapid increase of competence in the beginning of their profession, and that the competence development stagnates over time, similar to the professional development illustration in model 3. Further, it is stated that the stagnation state where the nurse feels that she is no longer improving, can lead to sensations of e.g. frustration, which in turn can make the employee feel less compatible to her workplace. Thus, constant professional development at later stages in an individual's career can be considered as a necessity. Considering nursing, professional development can for instance take form as further education or department centered projects.
Bournes and Ferguson-Paré (2007) evaluated an implementation of a professional development model at a Canadian hospital. The model's foundation was that 80% of the nurses' salaried time was spent on direct patient care and the remaining 20% was spent on professional development (ibid). The professional development model generated positive outcomes in areas such as increased patient satisfaction, higher staff satisfaction, and more hours spent on education. The turnover rate was reduced from 3.5% to 0% among the participating nurses (ibid). Assumingly the increase of education, clinic-centered projects, and a better work-life balance for the staff were essential for increased patient satisfaction, which in turn can be an implication for increased patient safety. The concept of 80% job descriptive work and 20% organizationally related exploration for employees is more widely known and established outside the nursing context. Google’s “Innovation Time Off” is used as a spring for innovation within the company and Krasteva, Sharma, and Wagman (2015) argued that increased support for internal exploration could reduce employee retention at the workplace. 20% of the scheduled time, in which employees can focus on for example generating new ideas and exploring new work-based or educational opportunities, may increases the satisfaction and the embeddedness towards the organization.

Coventry, Maslin-Prothero, and Smith (2015) studied nurses’ continuing professional development. Their findings show that typical barriers were for instance that the nurses felt prevented from leaving the clinical setting to attend professional development. Employees felt prevented or reluctant, as they did not obtain paid or unpaid study leave. Lack of organizational culture and leadership that encouraged continuous development forced the staff to use spare time to undertake mandatory training. Coventry et al. (2015) concluded that these barriers for continuing professional development affected patient care and safety, job satisfaction, recruitment, and retention. Thus, it is important that organizational leadership stresses the importance of professional development and provides the tools and the time that the employees need, which should be considered as a long haul investment rather than a short term cost. This idea is also supported by Munro (2008) who states that employers expect individuals to contribute to learning, since it will generate personal growth and future employability. Continuing professional development is also necessary for the ability to perform at one’s current job, and it is thus considered as a professional responsibility and duty of the employee. However, lack of resources in terms of funding, time for professional development at work, and through release from work contradicts the above statement, as the ultimate goal in nursing environment is patient care and safety.

American Nurses Credentialing Center has developed a framework for achieving excellence in nursing care called The Magnet Model (ANCC, 2017), which provides a way of certifying the standards at hospitals. In 2015, 425 organizations worldwide were recognized to uphold Magnet standards (ANCC, 2016). The framework builds upon five pillars; transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvement, and empirical outcomes as seen in Figure 5.
The hospitals recognized by the American Nurses Credentialing Center are considered to be in the forefront of knowledge and expertise globally (ibid). According to Wolf, Triolo, and Ponte (2008) the components of The Magnet Model can be described as following. Transformational leadership aims to highlight that leadership has to be responsive to changes and that leaders are supposed to lead their staff to where they are needed to be in order to meet future demands. Structural empowerment concerns the nurses’ possibility to thrive, affect, and contribute to their workplace and thus professional development is a necessity. This is also emphasized by Schroeter (2010) who states that the staff should be given e.g. clear procedures and professional development in order to be empowered structurally. New knowledge, innovations, and improvement should improve the quality of the nursing practice and patient care. To achieve this Wolf et al. (2008) emphasize the importance of conducting research in-house. The research should improve the manner in which the staff is working. Maine Medical Center in USA is an example of how research based on The Magnet Model has been implemented successfully (Grant, Colello, Riehle & Dende, 2010). They performed an extensive research on how bedside-bed reporting could improve patient care and how change theory could support the implementation. Results showed successful implementation resulting in for instance higher patient satisfaction and patient care. Exemplary professional practice regards how the professionalism of the staff is supposed to enhance the practice and contribute to better communication and treatment of the patients and their relatives. Empirical outcomes illustrate the quality of the care and are dependent on the four previously stated components (Wolf et al., 2008). Studying The Magnet Model, it becomes obvious that the nursing staff has to be given the possibility to reach professional development that in turn will benefit the other components in the model and in the long haul increase patient safety and care. Likewise, the other components, i.e. research, will contribute to achieving professional development. Thus, the leaders have to provide tools and time for the nursing staff to reach development.
4. Method

The following chapter presents the research design process underlying the entire study. It explains how turnover models were assessed in order to find a suitable model for the current study. Furthermore, it describes how the observations and in-depth interviews are assessed with the The Trigger Model.

4.1 Research design

First, the purpose of the study was to identify the underlying reasons creating intentions to leave and creating intentions to stay for nurses. Secondly, the purpose was to identify how breaches in psychological contracts affect nurses’ organizational and professional commitment. Job turnover is, as previously mentioned, a well-studied phenomenon, and has been a topic of discussion for decades. However, the turnover models are almost exclusively tested with quantitative methodologies. Thus, there exists a knowledge gap in the current turnover literature. The gap is the lack of qualitative research regarding this topic. A qualitative approach enables the researchers to identify reasons that may not have been assumed to cause turnover and to dig deeper into the underlying reasons, rather than just finding correlations between determinants. Further, there is also a lack of qualitative research of psychological contracts in relation to turnover among nurses.

Literature and theories within the studied field were examined in order to learn from the findings from previous studies and to identify potential research gaps. Thereafter the research design was developed, which were divided into four phases as illustrated in Figure 6. The pre-phase was consisting of observations at the department and an extensive literature review resulting in a meta-analysis of existing psychology scholars’ turnover models. Based on the examined literature and the conducted observations, important themes and determinants for job turnover were identified. These highlighted themes, previously presented in section 3.2 Adapted turnover model, served as a basis for the questions asked during the in-depth interviews with the nurses. In-depth interviews were also conducted with the two managers of the department in order to understand their perception about the workplace and the phenomenon.

![Figure 6. The research design of the study.](image-url)
Further, the interviews were analyzed in accordance to The Trigger Model presented in section 3.2 Adapted turnover model and lastly, a synthesis of the empirics was performed. The components of the research design will be elaborated in the below sections.

4.2 Choice of setting for the case study

In order represent the current state of the healthcare industry that suffers from competition, insufficient availability of nurses, and decreased patient safety, we wanted to apply our model on a department suffering from high employee turnover. University hospitals have higher turnover than their regional averages (Vårdförbundet, 2017; Wärngård, 2017; Gustafsson, 2017c), which is why we wanted to conduct our research at a university hospital. The infectious disease department at Danderyd University Hospital was identified as a department with exceptionally high employee turnover rate. The department had an employee turnover rate of 28% among the nurses in 2015, whereas physicians and assistant nurses tend to stay significantly longer. For instance, the turnover rate for assistant nurses was five percent during the same period of time (Eriksson, 2016). The average turnover rate amongst nurses at Danderyd University Hospital 2015 was 18% (E. André, personal communication, 2017.02.28), which is significantly lower than the 28% at the department. The department did not have any specialized nurses in the workforce, making it more relevant to examine how professional aspirations and a potential desire for education affected their psychological contract.

4.3 Observations

The study included observations of the nurses’ daily work at the infectious disease department at Danderyd University Hospital. Observations were performed during ten occasions in February 2017, which included four day shifts running from 07.00-15.00, four evening shifts running from 14.00-21.00 and two night shifts running from 21.00-07.00. One of the two authors of the thesis accompanied a team of one nurse and one assistant nurse at each occasion. Activities that were observed included: administer medications, nursing, visiting patients together with physicians, providing counseling, administrative tasks, talking to patients, and physical examination. The observations of the nurses’ work at the department aimed to give a deeper insight of the different tasks and how they intercorrelated. Similarly, it aimed to give an understanding of what factors that potentially could lead to intentions to stay or intentions to leave the department.

4.4 In-depth interviews

The essence of choosing a qualitative research approach is to draw conclusions and recognize patterns among expressions to build a meaningful picture of the workplace without compromising dimensionality through standardization. The qualitative approach that was chosen was based on interviews. In-depth interviews were conducted in a semi-structured manner with eight nurses that either worked or had worked at the infectious disease department at Danderyd University Hospital. The aim of the interviews was to give answer to RQ1 and thus realize what causes intentions to stay and intentions to leave are. In-depth
interviews were also held with the two managers of the department in order to validate what determinants to turnover that the nurses and managers share the same idea about, and potentially find where discrepancies occur.

The interviews were conducted in February - March 2017 in a setting of two interviewees, of which only one was asking the formulated questions to the respondent and the other was taking notes and asking supplementary questions. The length of each interview differed, but all of the interviews were between 60 and 120 minutes. All of the interviews were held in Swedish due to that the working language at the hospital was Swedish and therefore the interviewees may not be as comfortable in expressing themselves in another language than their native. In order to study the researched phenomenon, the sample of nurses interviewed was chosen by referral by previously interviewed persons. This sampling technique is called snowball sampling. A snowball sampling technique is used when it is essential to include people with experience of the studied phenomenon (Collis & Hussey, 2013). In order to ensure anonymity to the largest extent possible, the participants will be referred to IDs instead of their personal names, see Table 2. The interviewees are referred to Respondent # or Manager #, and the participants from the observations will be referred to Observant #, where the hash has been replaced with a randomized letter. The randomization of the letters was made in order to strive for anonymity.

Table 2. A summary of the interviewees and respondents that are cited in the thesis.

<table>
<thead>
<tr>
<th>Profession</th>
<th>ID</th>
<th>Age</th>
<th>Years in profession</th>
<th>Interview length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Respondent J</td>
<td>41</td>
<td>1</td>
<td>01:07:54</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent D</td>
<td>37</td>
<td>8</td>
<td>00:47:54</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent B</td>
<td>25</td>
<td>3</td>
<td>00:52:47</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent X</td>
<td>40</td>
<td>7</td>
<td>01:59:49</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent Z</td>
<td>28</td>
<td>1.5</td>
<td>01:26:32</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent Y</td>
<td>30</td>
<td>7</td>
<td>01:13:28</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent L</td>
<td>37</td>
<td>7</td>
<td>01:02:57</td>
</tr>
<tr>
<td>Nurse</td>
<td>Respondent P</td>
<td>23</td>
<td>1</td>
<td>00:58:15</td>
</tr>
<tr>
<td>Manager</td>
<td>Respondent O</td>
<td>41</td>
<td>1</td>
<td>01:19:12</td>
</tr>
<tr>
<td>Manager</td>
<td>Respondent N</td>
<td>37</td>
<td>8</td>
<td>00:55:51</td>
</tr>
<tr>
<td>Assistant nurse</td>
<td>Observant H</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Nurse</td>
<td>Observant L</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

The questions used in the interviews with the nurses were formulated based on the nine determinants of The Trigger Model seen in Figure 5: possibility of advancement, possibility of
movement, pay satisfaction, collaboration with co-workers, collaboration with management, job role compatibility, motivational forces, off-the-job factors, and changes to work environment. As previously stated, the themes were developed based on the observations and in accordance to the turnover factors that Porter and Steers (1973), Mitchell and Lee (2001) and Kammeyer-Mueller et al. (2007) have identified. The questions used for interviews with the nurses are found in Appendix I and III.

The interviews with the managers aimed to capture their managerial philosophy and perception about their role at the department. In order to relate that to the nurses’ situation, the questions were formed in relation to the The Trigger Model, thus aiming to detect eventual discrepancies. The interview questions are found in Appendix II and IV.

The interviews were recorded and transcribed in order to capture everything that the interviewees mentioned and discussed during the interview sessions. The transliteration was an important part of the analysis, and will be discussed further in the following section 4.5 Analysis and synthesis.

4.5 Analysis and synthesis

The interviews with the nurses aimed to identify the processes that lead to intentions to stay and intentions to quit. The transcribed interviews served as qualitative data and were analyzed in order to identify which of our nine determinants that occurred most frequently. It was done through coding the statements made within the nine determinants, but also through analyzing its contextual meaning to identify whether it was contributing to turnover in a negative or positive manner. Questions asked were: Which determinant does this incident belong to? What consequences can this problem have? Does it relate to the nurse’s intention to stay? Does it relate to the nurse’s intention to leave?

The interviews with the managers were synthesized with the findings from the interviews held with the nurses. As the interviews held with the nurses aimed to pinpoint what they were satisfied and dissatisfied with at the department, the interviews with the managers aimed to find whether there existed discrepancies between the nurses and management. Comparing and contrasting the findings from the nurses and managers aimed to indicate where potential discrepancies could be found. The nurses’ job situation was analyzed and synthesized from the theoretical perspective of the psychological contract. Thus, RQ2 could be answered by analyzing the findings of RQ1 in terms of breaches to the psychological contract and how the nurses’ commitment levels were influenced.

4.6 Validity, reliability, and generalizability

Validity refers to the appropriateness of the tools, processes, and data employed in the qualitative research (Collis & Hussey, 2013). Whether the study was appropriate for giving answers to the research questions is highly dependent of the choice of methodology. In-depth interviews were employed in the study in order to ensure that contextual and cultural determinants were not excluded. Similarly, semi-structured interviews gave room for the
nurses to express any reasons causing intentions to stay or intentions to leave that might not have been assumed by the authors, which a survey may have excluded. The qualitative process of the study is therefore appropriate in order to answer both RQ1 and RQ2. The findings from the interviews with the nurses were validated with help of data from different sources: observations and interviews with the management, and by comparing what other scholars had found in this matter.

Reliability accounts for the accuracy and the precision of the study. Reliability is of high importance in quantitative methods, so that the study can be replicated and the same results generated. However, in a qualitative method the reliability is of less importance (Collis & Hussey, 2013). In qualitative methods there is a high focus on the observations and the interpretations made. Collis and Hussey (2013) argue that it is important that these can be explained and understood, and therefore it is necessary to build protocols and procedures. Thus the qualitative data collected in this study was carefully documented. Findings from observations were written down in field diaries and the interviews were recorded and transcribed, so that authenticity of the findings could be ensured. The transcribed interviews and field diaries are stored in the authors’ private library.

Generalizability is the level of which the findings of a single case study, or a few cases studies, can be extended to other settings (Collis & Hussey, 2013; Blomkvist & Hallin, 2014). In qualitative methods generalizability is discussed in an analytic manner. By analytically discussing how the findings can be scaled up, generalizability can be achieved from just one single case. However, to achieve analytical generalizability the research is required to be explained in detail so that the reader can make its own assessment whether the findings are sufficient enough or not (Blomkvist & Hallin, 2014). The generalizability of this study was achieved by first exploring which phenomenon that are critical within the healthcare industry according to current media and press. Secondly, subjects such as job turnover and psychological contract were further explored in the literature, from which our model for the analysis was developed. Thus the method and the model used for analyzing the interviews in this study can be applied the healthcare industry in general.

4.7 Ethics

In order to conduct the research in an ethically correct manner, the Swedish research council’s requirements of ethical principles of research in the humanities and social science were followed. The ethical guideline establishes four requirements that regard information, consent, confidentiality, and utilization (Blomkvist & Hallin, 2014). The information requirement discourses that people that are studied must be informed about the study’s purpose. The consent requirement entails that the people studied must have given their approval to be studied. Thereby all nurses that have been shadowed during the observations or interviewed for the study have been informed about the purpose of the study and have given their consent. The confidentiality requirement discusses that the information and the empirics that the researcher gathers must be treated with confidentiality. Thus, all the participants that have been shadowed or interviewed has been given complete anonymity.
Lastly, the utilization, or the good use, requirement entails that the collected material only will be used for what the researchers have informed the participants about.

Since the studied phenomenon is psychological contract in relation to turnover amongst nurses at one single department, it was possible that answers were expressing dissatisfaction about certain areas within the department. Providing anonymity was of high importance in order to get capture these thoughts and inter-subjectivist ideas through honest interactions and discussions. Thus, the anonymity was necessary in order to achieve honest responses. It is reasonable to assume that the reliability of the study decreases when all the participants are anonymous. However, by thoroughly documenting observations with field diaries, and interviews with recordings and transliteration every measure has been taken to ensure that the reliability of this study remains as high as possible.
5. Setting the scene for the study

We entered the hospital as a part of a research project conducted by the outsourcer Clinical Innovation Fellowships (CIF). CIF is an eight-month long scholarship-based joint initiative of the Royal Institute of Technology (KTH), Karolinska Institutet, and EIT Health. The goal of CIF is to improve healthcare through clinical innovation (CIF, 2017). Each year the focus is directed towards new departments at hospitals within Stockholm city council. During the clinical immersion the team identifies needs and areas of improvements at the departments currently under focus (ibid). In addition to the collaboration with the outsourcer CIF, our study is also part of the ongoing research project Ledarskapskulturer i förändring at KTH. The project studies how leadership cultures develop when professional organizations, like the healthcare industry, undergo change and how the leadership cultures are related to the experienced working environment (AFA Försäkring, 2013). The studies carried out in the research project take place mainly at Danderyd University Hospital. The following sections describe the organization Danderyd University Hospital in detail from five perspectives: strategy, structure, processes, rewards, and people.

5.1 Strategy

The infectious disease department at Danderyd University Hospital has a fundamental strategy with the ultimate objective of helping patients with acute and severe infectious diseases. The hospital uses a process-oriented approach that cuts through traditional departments, in which the patient’s health condition is the basis for the diagnosis, care, and treatment. By combining individualized care and interdisciplinary collaboration across the departments, the patients are ensured to have access to the hospital's resources (Danderyds Sjukhus, 2014). This strategy is operationally fulfilled through a matrix organizational structure that creates synergism through shared responsibility between the administrative and functional departments at the hospital. A strategy for matrix organizations aims to avoid trade-offs between activities, as two or more activities must be accomplished without hindering the other. Danderyd University Hospital achieves this by being a social organization consisting of persons with different authorities and responsibilities for achieving a common goal of patient care (ibid).

The competitive advantage of the department is captured in its strong reputation at the hospital. It is known as a well-being department with high level of enjoyment between the employees. Externally the department is known for broad competence and as a place where newly graduated nurses can learn qualitatively about a broad spectrum of medical diseases. The high level of caregiving and the broad patient spectrum have been recognized as strong benefits to why nurses have applied for job at the department (C. Karlsson, personal communication, 2017.03.16). In the compendium Strategy for Competence Maintenance for Danderyd University Hospital 2017-2021 it is stated that employer branding is something that the hospital will focus on in order to attract, develop and retain nurses. These competitive
advantages should thereby be highlighted and integrated in a potential strategic execution for branding of the department.

5.2 Structure

The *specializations* at the department are divided into administrative personnel and clinicians. The administrative personnel constitute of two department managers, one assistant department manager, one scheduler, and one nurse responsible for education. Due to the relatively large number of specializations, the department is partly functioning in a centralized manner concerning decision-making. However, the functional teams within each expertise are comprised of personnel with different professional knowledge and their close collaboration open up for decentralized routines. *Shape* refers to the number of people working at the department at each level of specialization and thus also the span of the control. There are 13 physicians, 40 nurses, and 41 assistant nurses at the department. Although the clinicians constitute the large majority of the department’s employees, the level of control is not proportionally shared among the clinicians and managers in a matrix organization.

The *distribution of power* is fairly hierarchical in terms of how organizational decisions flow. However, looking at issues that are directly critical to the department’s mission of providing safe care, the movement of power is decentralized as the qualitative requirements to attain safe patient care demands a local perspective in the decision-making. The distribution of power is structured in such a way that it facilitates horizontal flow of authority in addition to its vertical control. The department is highly dependent on effective information sharing in order to ensure that operations on the floor are correctly understood by the final decision-maker, thus opening up for matrix organizational structures. *Departmentalization* is done based on the professional knowledge of the employee, where the infectious disease department is divided into two major departments: the administrative department and the wards. All the clinicians working at the wards report to the same leader(s) at the same functional and administrative level concerning any issues outside the daily work performed within the team, thus representing a typical matrix structure.

Structure is usually overemphasized as it influences status and power and any change to it will reach the organization as a whole or be announced in the business press. For matrix organizations in a fast-changing environment, structure is becoming less important while processes, rewards, and people are becoming more important to manage change.

5.3 Processes

The structure of an organization can be thought of as the anatomy of the organization whereas processes are its physiology. The management processes at the infectious disease department are both vertical and horizontal. The management of the department is responsible for the business planning and following budgeting processes. They report all results to the operation manager, who further communicates the targets to the CEO of the hospital. These management processes are central to the effective functioning of matrix organizations. Horizontal processes mainly take place in the functional teams that assist the
patients. Although the physicians formally supervise the teams, the nurse and the assistant nurse have their defined responsibilities and the workflow is primary managed among all involved parts. The communication between the clinicians on the floor and the management is central to a well-functioning department where patient safety is the ultimate goal. These communication processes are supported by multidimensional information systems such as email, Advanced Training Program (ATP), scheduling, and verbal communication.

5.4 Rewards

The hospital’s reward system is based on regulated salaries that are hard to influence by the employees. In the compendium Strategy for Competence Maintenance for Danderyd University Hospital 2017-2021 it is stated “The ability and will to transfer experience, theoretical and practical knowledge into practice for the business shall set the wages” (Henning, 2016). Further it indicates “The department shall give the employees opportunities to develop in terms of new missions with relevant wages without having to change workplace”. Another criterion defined in the compendium is that “Well-defined career and development criteria shall be available for healthcare workers within each business unit” (ibid). During the time period of the study a career and competency model for nurses within clinical care was developed by the department (H. Andersson, personal communication, 2017.03.20). The model, illustrated as a ladder, describes what levels of competencies that exist at the department and how the nurses can advance according to the ladder through professional development. The professional development model is based on the book “From Novice to Expert: Excellence and Power in Clinical Nursing Practice” by Benner (2001). The ladder is similar to Model 1 discussed in section 3.4 Professional development, see Figure 3. The model is also supposed to describe how professional development is rewarded with an increase in responsibility and salary.

The monetary reward system does not include profit sharing, stock options, and pay-for-skill salaries. However, a bonus of 3500 SEK/month is paid to the nurses that are committed to work three shifts. Evenings are compensated with an additional amount of 18.75 SEK/hour, weekends are compensated with 37 SEK/hour and nights are compensated with 54 SEK/hour. Overtime is compensated with 2.4 times the hourly payment. (C. Karlsson, personal communication, 2017.03.16)

5.5 People

This area of the organization governs the human resource policies of recruiting, training, rotation, and development. The recruitment at Danderyd University Hospital shall always be based on competence (Henning, 2016). The hospital shall be characterized by diversity, equality and gender equality, as well as being a broadminded and including place without discrimination and differentiated treatment (ibid). There has been an extensive recruitment recently at the department due to the opening of two new wards, which consequently has put higher pressure on the training practices of new employees. The standard is that each newly hired nurse shall follow another nurse for three introductory weeks when a list of competences and routines shall be checked off from a template. Consequently, it may risk
the nurse’s ability to fulfil the overall objective of their operation, which is “To meet the patient’s needs” (ibid).

Rotational programs have been introduced to a few nurses who currently are working at the infectious disease department and partly at a secondary department. Such solutions can create flexible organizations as nurses can assist within different functional expertise. It is also fundamental to matrix organizations that need people who can manage conflict without the direct influence of authority. The continuous development of the nurses is supported by a broad spectrum of internal and external educational courses.
6. Job turnover factors: Empirical findings

Empirics have been gathered during observations, interviews with nurses, and interviews with managers and thus the quotes will be intertwined. Our empirics have been analyzed by the The Trigger Model that was presented in section 3.2 Adapted turnover model. The headings in the following chapter are categorized after the themes in the model, where each subsection goes through how the nurses at the infectious disease department experience their working situation and how the managers relate to the subject. It is described and analyzed in relation to the identified determinants from the literature leading to intention to leave or stay. The setting is analyzed in terms of how it creates links, fit, and sacrifice for the employee.

6.1 Contextual setting

The contextual setting for the nurses working at the infectious disease department is described by analyzing the internal organization at Danderyd University Hospital and the possibilities the nurses have to advance at the workplace. The external environment outside their current workplace has to be considered in order to understand what possibilities the nurses have in order to change their employment. The degree of turnover will be influenced by the accessibility of alternative jobs in the labor market. Similarly, analyzing the employees’ pay satisfaction will explain the nurses’ level of contentment about the rewards they are given for the work they are performing.

6.1.1 Possibility of advancement

In order to map why the nurses at the infectious disease department intend to leave or stay, it is of high interest to understand what attracted them initially to the department. Many nurses have explained that their first interest in the department was based on the broad spectrum of medical diseases that are treated that thus open up for possibilities to learn about different diagnoses.

“I believe that it is the broad spectrum of diseases that attract employees to us. I do not think the tasks are repetitive… I do not think it can get to that point at nursing departments because the patients have different diagnoses, backgrounds, and age, so there will always be something new. On top, I think that we have an even broader patient spectrum compared to other. It was the image we had about the department when we chose to work here.” - [Respondent X]

The fulfillment of career expectations is considered to affect job satisfaction level (Altuntas, 2014), and it is thus especially important to pay attention to the employees’ expectations in order to retain them. Porter and Steers (1973) also stated that whether a person’s expectation is met or not is of high importance for her decision to resign from an employment. Many nurses have implied that a great benefit with their employment is the extensive educational opportunities, where one nurse distinctively expressed it as a reason for staying at the department.
“The possibility to advance is the major reason to stay.” - [Respondent B]

“Change and development motivate me the most. I mean, having the possibility to be part of things, be part of projects and not only work on the floor.” - [Respondent J]

Rewards such as personal development and educational compensation increase an individual’s fit to the specific workplace as she gains specific context-dependent knowledge. Secondarily it diminishes the individual’s believed sacrifice, as she will be compensated by a reward that increases her personal value. Intrinsic motivation is triggered by an inherent enjoyment of a job that is interesting, and it will contribute to the psychological needs identified in the SDT: competence, autonomy, and relatedness (Ryan & Deci, 2002). Competence will be increased as education contributes to context-specific knowledge. An individual is granted more opportunities to work autonomously if her professional status is increased, which in turn leads to increased job satisfaction (Altuntas, 2014). The level of relatedness will also be strengthened as she has the competence and autonomy to act in context-specific situations; increasing her overall fit to the workplace. The dependence on intrinsic motivation among nurses can be considered crucial as they are educated professionals and thus may value intrinsic motives higher than extrinsic. However, these expected advantages are not always fulfilled at the department. Porter and Steers (1973) argue that the sum of an employee’s met expectation is equal to person’s job satisfaction, thus absent advantages might lower the overall satisfaction with the job and can create discomfort and disappointment towards the organization. Non-realized advantages have led to disappointment among the nurses as expressed in the following quotes.

“I was supposed to rewrite educational courses at Lär-torget where students had described multiple diagnoses, but nothing happened with that. I never got time for it.” - [Respondent X]

“I know a girl who quit her employment and started studying. She supposed to combine an education at KI about infectious diseases combined with working at the department, but the infectious disease department could just send one or two people each year. She never got it and gave up. It made her quit her job.” - [Respondent X]

The last quote indicates that repeatedly unmet expectations may diminish the level of sacrifice that an employee experience when leaving her work. The nurses have also experienced fluctuations in how well the educational opportunities are communicated to the employees.

“I have not developed such a relationship with the new managers yet. I could walk into the room of the previous managers and tell them: ‘I would like to attend this EKG course’. They would organize it for me and so I
would leave for two-three days for studying. It was very convenient. I have not tried that with the new managers yet, they have to get settled first.” - [Respondent L]

“I would love to take a university course to gain more university credits... But apparently one needs to shout to get that.” - [Respondent D]

The cost of knowing what previously worked well and viewing a decline in how it is managed may affect an employee's links to the management. The higher number of links an employee have to the people working in the organization, the more bound she is to the job (Mitchell, Holtom, Lee, Sablynski & Erez, 2001). Any weakened links to the managers may in the long-term cause the individual to search for alternative ways for advancement outside the organization and thereby contribute to turnover. During one of the observations, the topic of why nurses leave the department was discussed.

“What I have heard is that nurses quit after five years because they have been admitted to the anesthesia program or to further education in order to become a specialized nurse in intensive care. Not like at other departments, where they quit because of pay dissatisfaction or due to understaffing.” - [Observant L]

It raises an interesting matter; whether the nurses at the department feel that they receive enough professional development or not. It is possible that nurses do quit because they want to become specialized nurses, but it can also be that they terminate their employment because they feel lacking support in their professional development and thus have to attend further education in order to receive it. Interestingly, the management agreed with Observant L's understanding of why nurses leave the department.

“I have not perceived it to be high turnover, but rather that it has been a relatively stable group. But that there has been higher turnover in the beginning of the semesters when personnel has applied for further education. It is not due to a culture of dissatisfaction, it is more that some have quit in August and then some in January since a new semester starts.” - [Manager N]

The management has indicated that they try to find out what intentions an employee has during the recruitment process. Their frustration towards not being able to retain the nurses that want to further educate themselves is expressed in the quote below:

“When I recruit new nurses I ask them what they are aiming, and I always write down that we might keep them for about two years if they are aiming to further educate themselves -- unless we can offer something better.” - [Manager O]

However, the department offers the nurses an opportunity to apply for a university course that can benefit the department and in return they get time settled aside from the clinical
work at the department at an employment degree of maximum 20%. Interviews indicate that the nurses have not received this information.

“The person who is responsible for education at the department encourages us to take courses. However I have never heard about university courses that give credits. Maybe I have missed that information.”  - [Respondent P]

“It is a recurring theme, that we do not get an answer to why we do not get time for our education. I should have gotten time, but time was never set aside. The person who is responsible for education told the ones that are responsible for scheduling that time has to be set aside for me. But there was always something in-between.”  -[Respondent X]

Interviews with the managers also indicated that no nurse had taken advantage of this opportunity, as stated in the following quote:

“No, I do not think so. [...] Not [a single one has used the 20% for educational purpose] since August at least.”  - [Manager N]

Due to the fact that the nurses highly value their possibility of advancement within their employment, it will become especially sensitive if promises are not fully followed and if opportunities are not equally distributed. Opportunities that are never fulfilled may decrease the attractiveness of the work and lead to dissatisfaction, which according to many scholars is highly linked to employee turnover (Porters & Steers, 1973; Mobley et al. 1979). In a similar manner, organizations often fall into the trap of executing strategic changes without any substantial results and it creates cynicism within the organizations as it most likely has caused a trade-off on other structural benefits (Galbraith, 2002). This could be the case with the formal opportunity giving the nurses the right to 20% time set aside for university courses, although indications have shown that they are not aware of it and it has been confirmed by the managers that no one is currently using the benefit.

6.1.2 Possibility of movement

A nurse’s contextual setting can also be view from an industrial perspective that describes the labor market. The well-known fact that there is a shortfall of nurses in the healthcare industry was established during the interviews, which in turn makes nurses very attractive on the labor market.

“Turnover has become a trend within the healthcare industry and I believe it is a way to get better paid. Maybe also the thought that the grass is greener on the other side: ‘Alright, it was not perfect at this department either, that means I will try something new’. Some may want to test different departments before they know
what they want to focus on. It has been though the last year, and everyone may have their own reason to why they leave.” - [Respondent X]

A pulling market can lead to increased mobility and a low degree of unemployment, thus affecting the nurses’ intentions to leave and thereby also the turnover at the department. A pulling labor market may decrease the level of sacrifice that a nurse has to give up when leaving an employment (Mitchell et al., 2001). The otherwise loss of possibility of advancement may now be replaced by opportunities at the next employer, and a greater level of stability may be attained as their salary usually is increased when changing employment. The excitement for new challenges and personal development has been expressed as a common reason for choosing occupation, as illustrated in the quote below.

“Many people that leave our department have started studying, because that is how you do it in our profession in order to increase your salary and to be challenged. I believe that many nurses would have stayed at our department if we could increase the salaries and receive a real challenge.” - [Respondent J]

6.1.3 Pay satisfaction

Pay satisfaction is considered to not be part of the job embeddedness theory as it deals with organizational commitment. However, a workplace where extrinsic rewards are not understood correctly and are believed to be unfairly distributed will damage employees’ links with their colleagues as well as with the managers on-the-job. The weaker links the less embedded the employee will be to the organization. It may also decrease the sacrifice that an individual is experiencing when quitting her work, making the threshold to leave an employment lower. The nurses at the department have shown to be unaware about how to influence their wages.

“I do not know what they base our wages on, except for age and experience. Individual traits maybe… I am not sure.” - [Respondent L]

“I do not keep track of my monetary compensation and I think that I get tricked sometimes. [...] They probably make use of that we do not know.” - [Respondent P]

An unawareness and powerlessness towards one’s own monetary compensation can also influence off-the-job connections with external friends and family that may earn fairly more but are necessarily not performing more work. As a result, the nurse may experience their job commitment as a cost that is not rewarded extrinsically. Pay dissatisfaction has also shown to arise at the department due to inequalities among newly hired nurses that are in a better negotiation position compared to the more experienced nurses that have worked at the department for a longer period of time.
“There are employees here that perform maximum 65% of my work effort and they are much better paid than me. Such a thing annoys me, that there is no real update on how to develop, but you can ride on old privileges or that you have worked at the geriatric department. [...] When they begin their employment here they are better paid, just because they have chosen to work somewhere else before, although they have less knowledge. It annoys me to see, when I actually should be better paid since I have been loyal to the department, and I have not moved somewhere else.” - [Respondent Z]

The quote indicates that the nurse is experiencing frustration that about how the wages are set at the hospital as the current structure encourages nurses to change employment to raise their wages. There has shown to be a discrepancy between their believed interest in earning more money through working more overtime shifts or inconvenient working hours. The majority of the nurses interviewed have implied that the reason for working overtime is to earn more money. However, seven out of the eight interviewed nurses have shown to be unaware about the monetary compensation given for overtime hours and inconvenient work shifts. It indicates that the nurses understand themselves as being highly driven by extrinsic motives, but they do not act the following. Thus it may be worth considering what their highest motivational forces are. Alternative ways to increase pay satisfaction was also highlighted during their interviews:

“Let’s assume that everyone is working 80%. It would mean that we would have energy to manage another shift every second week without problem. And we would maybe want to do it, without being forced. They shot themselves in the foot. I think there are better solutions.” - [Respondent Y]

Restructuring the way that the work is rewarded by job design and alternative work schedules have shown to be effective strategies for improving performance and job satisfaction (Perry et al., 2006). Thus if the monetary rewards cannot be changed due to political influences from higher instances, each hospital might require to redesign their work schedules in order to compensate for the low salaries. Studying the findings described in section 3.3 Subpopulational turnover models, pay satisfaction was emphasized as the major reasons causing turnover in the subpopulation of nurses. Interestingly, the interviews were contradicting that matter. The interviewees stated that the compensation was not the essential source of motivation. Even though half of the nurses interviewed said that they were not satisfied with their salary, almost no one claimed that the salary created intentions to leave. Some of the nurses were even rather satisfied with what they were earning. Important to underline is that everyone said that they would not mind to earn more, but as the following quotes are stating they do not express dissatisfaction with their compensation.

“No, I am not dissatisfied at all. It could be a bit more, but it [the compensation] is not unbelievably low in my opinion.” - [Respondent L]
“In reality, I am satisfied with my salary. [...] I think I get a reasonable compensation for my work” - [Respondent Z]

The management has also expressed frustration towards being capable to influence the nurses’ salaries:

“I would like to give my employees more co-workers and higher salaries.” - [Manager O]

The general impassiveness towards being able to influence the salaries from any direction, managerial or collectively by the employees, may be a contributing reason to that some nurses do not show any greater interest affecting the salaries. Although when they actually start reflect and care about it, it may cause an employee to change employment as it is the only way to increase their salaries.

6.2 Culture and norms

Culture and norms are department specific and refers to the interaction between and among the managers and the employees. According to our model, culture and norms are contributing to the employee’s links in the organization. The stronger the links are to co-workers and managers, the more embedded the employee is in the organization and the large is the sacrifice of giving up one’s work (Mitchell et al., 2001).

6.2.1 Collaboration with co-workers

An individual’s links to an organization are tightly tied to the environment in which she exists, where her links to coworkers will be determining. Strong links to coworkers may increase the organization-related sacrifice that an employee would give up if she left her job (Mitchell et al., 2001). The staff at the infectious disease department exists of 13 physicians, 40 nurses, and 41 assistant nurses. The nurses and the assistant nurses are the ones that work closest together, and can be considered to be the core of the teams at the department. As previously mentioned the physicians have the medical responsibility for the patients whilst the nurses are responsible for the care given to the patients. The nurses ordinate nursing directives, and together with the assistant nurses the care is executed. The clearly defined responsibilities of the professional roles within the teams create a hierarchical structure. Due to the already established hierarchical structure that the employees have to come to term with, any additional pressure may become a significant strain. It was symbolized in an expression:

“The degree of being heard varies and I believe that my age is disadvantageous in many situations. If I suggest something, for example sending a referral to the geriatric department, it strongly depends on my authority from the physician’s viewpoint if we will follow my suggestion or not.” - [Respondent P]
In this extract, the nurse expresses the formal power of the physician and it reinforces the fact that the physician’s ultimate decision is highly dependent on the informal relationship between the nurse and the physician. The fact that Respondent P believe that age is determinant when decision-making takes place clearly shows that informal structures are present. Such informal structures can compete with the formal ones of the managers, and create unwanted links among the employees.

The communication between the shifts is crucial for maintaining patient safety, and takes place both in the written medical records and through verbal communication. The medical record includes notes about the patient’s medical history, completed treatment measures and orders for the next actions. Consequently, the documented communication should be sufficient enough for the staff working the next shift. The verbal communication aims to consider factors that are not transcribed in the medical record such as how the patient reacts to pain, whether the patient is picky regarding food, or if the patient is in a grumpy mood. Such information may simplify the work for the nurses starting the shift, but can be equally problematic if the nurses create preconceptions about the patient. It was raised as a problem by one of the interviewees:

“Discussing personalities is actually pretty stupid, but we do it. [...] If I have a conception and I tell it to you, you will have a preconception when you go to the patient.” - [Respondent B]

The verbal change-of-shift reporting is conducted without the help of a standardized protocol, making every change-of-shift reporting unlike the other, which can create frustration. Each professional emphasize different aspects and the duration of the reporting varies. The difference in the change-of-shift reporting can be understood from the following two extracts:

“During the verbal communication, it often happens that everything is discussed, even though it is not necessary. I believe that a template would be better than our own notes, especially for new employees.” - [Respondent P]

“We do not have a good matrix; no change-of-shift reporting is similar to the other. It is easy to hand over to a person who is thinking in the same manner as myself, but handing over to someone who you never met before is tricky. It requires skill to know how to do the change-of-shift reporting.” - [Respondent L]

The lack of a standardized protocol is problematic for many reasons such as decreased efficiency and patient safety. During one observation an error was surfaced during the change-of-shift reporting. The nurse handing over the patient asked the nurse taking over if he or she could sign some of the tasks performed during the day. Due to uncertainties in what had been performed and what had not, one patient did not receive one of the pills prescribed in the medical record. Another problematic aspect with the ambiguity of the communication between the shifts is when new employees are learning how to perform the
change-of-shift reporting during their training. Ambiguity can decrease the links to the organization, and as previously stated in The Trigger Model, weakened links may cause intentions to leave. By having well-established routines, the staff may feel more connected. The training that newly hired are undergoing should follow a template, but the routine of how to use it differs between the staff, as was expressed in the following extract:

“My training was really good since I was trained by the same person almost every time and we fulfilled all the learning criteria required. Yesterday I met a girl who had finished her training and she did not even know what the paper with the criterion was - which is what you are supposed to go through during the training.” - [Respondent P]

In every interview conducted with nurses there has been consensus regarding the collaboration with the co-worker and that it is working excellent. According to the embeddedness theory, the better the collaboration with the co-workers the stronger the links are for the employee to the organization, which in turn increases the intentions to stay (Mitchell et al., 2001). The interviewees often mentioned that there is a culture of helping each other if the workload is uneven. However, during the observations it showed to not always be the case. During one observation one nurse had nothing to do whilst another nurse was working in a high pace throughout the whole shift. During the shift, help was not asked for nor offered once. It is fairly interesting that the staff’s perception differ from what was observed at the observations. A more experienced interviewee expressed that there has been a culture of helping each other but that it had been overshadowed due to the large amounts of new recruits.

“It was a big part of the good ambiance, that we helped each other [...] now we have more personnel, which is really good. However, it can not be a reason for people to fika for an hour or be sitting in the couch in ward four.” - [Respondent X]

The overall perception is that there is a good ambiance within the staff, which from an employer point-of-view is excellent. This creates strong organizational links and enhances the overall job satisfaction for the employee. The perception that everybody is committed to help each other is positive for the organization too; however, the discrepancy between the perception and the reality must be taken seriously. Otherwise it can become harmful for the nurses’ links and satisfaction for the workplace. The lack of routines and standardized procedures can create frustration and negative stress, which in turn can make the employee experience a sacrifice when committing to her employment, causing intentions to leave.

### 6.2.2 Collaboration with management

The infectious disease department is managed by two department managers that share the staff between them. The department managers have been in charge since august 2016 and have since then spent the majority of their time on the expansion of the department and
recruitment of new employees. Some nurses have expressed that many changes recently occurred since the new management took over.

“I have been thinking about that, when I started working here all the administrative personnel was wearing same clothes as us, and now the new managers are wearing private clothes. It becomes obvious; that they are managers and that we are working on the floor. Previously it was possible to ask the managers for help, but now it is impossible. It is not possible to get help to insert an intravenous needle or anything.” - [Respondent D]

“Our previous manager always wore scrubs. [...] I would not have the courage to be a manager if I could not offer my help, especially if I had the knowledge and legitimacy to do so.” - [Respondent Z]

These extracts clearly indicate that the nurses experience arrogance in the manager’s decision of not wearing scrubs. Hospitals have clearly defined hierarchical structures among the clinicians, where the physicians, nurses and assistant nurses each have separate responsibilities. Thus it may be more sensitive when the management tries to differentiate themselves from the staff, leading to one further distinction in the hierarchy that may damage the links an employee has to her management. The following quotes by Manager N shows that there are some ambiguity in how to collaboration with employees should take form.

“We have really tried to keep the feeling that we actually work in the same place, and not a sensation of us and them.” - [Manager N]

“Always when you replace someone’s leadership you have to embrace the things you like and try to break down the things you do not like.” - [Manager N]

Even though the managers try to not differentiate themselves from the clinicians, they have actively chosen to wear regular clothing, something that the former manager was not committing to. The following extract shows that the nurses that they are not aware about what the managers are spending their time on, which further creates a distinction between the professional roles at the department.

“I think the managers could get a lot of credits for free if they were present, told us what they are doing and what their plans are. They would win a lot by showing up regularly for just 10 minutes each day.” - [Respondent L]

Lacking communication between the management and the employees may result in that the employees experience weaker or non-existing links. One nurse expressed how it could have direct effect on the employee turnover in the following statement.

“I would change work, if the absence of an active and present leadership would continue exactly as it is right now forever and ever.” - [Respondent L]
The statement clearly indicates that the level of sacrifice the employee would have to commit to when changing employment is fairly low, which in turn can subject to turnover.

6.3 Personal factors

According to our theory, an individual’s fit with the organization is dependent on the individual’s personal values, career ambitions, and plans for the future. Such personal factors must fit with the job knowledge, skills, and abilities demanded by the organization in order to achieve job role compatibility. How well an employee fits with the community and surrounding environment will also depend upon what motivational forces she is driven by, ranging from intrinsic, extrinsic, and prosocial motives. The greater the fit, the more likely a person is to feel professionally tied to an organization. According to the job embeddedness theory, being tied to an organization will increase the likelihood of continuing her employment (Mitchell et al., 2001).

6.3.1 Job role compatibility

If an employee feel that she is not compatible with her job description, her fit will subsequently weaken, and intentions to leave might be stimulated. One nurse expressed how fit to the job role was achieved as the person could undertake a civil role at work by benefiting from being personal and friendly with colleagues and patients.

“A big part of my job is that I can be my own personality, I do not have to pose to be someone else. I can be myself in all aspects of the work, as long as I work methodologically. It is very personal, to meet a lot of people that appreciate who you are in addition to your profession. That is the best part according to me, out of many good parts.” - [Respondent Z]

Being encouraged to express one’s own thoughts and ideas can increase the individual's believed cognitive niche that the job matches their talents and ideas, and thus increase job embeddedness (Mitchell et al., 2001). Further, one of the areas that hospitals that are certified with Magnet Model need to fulfill is the structural empowerment of its staff. Thus, allowing people to thrive with and in their personality is a step towards empowering them. Valuing the individual behind the work may also increase the employee’s autonomy in her work, simplifying her doubts about professional decision-making. Ryan and Deci (2002) stated in the SDT that autonomy is one of the psychological needs that an employee need to experience to be satisfied with her work.

One nurse expressed satisfaction over the fact that their duty includes detective work in order to identify the patient’s disease. It was explained as a relieving and unique experience to be able to change the health conditions of a patient drastically and it was stated as an appealing fit with the job role.

“It is pretty amazing when people become better after they have arrived to the department, because that is not always the case. If someone ends up at a cardiac department in a bad state, they become stable in that state,
and then they go home. But here at the infectious disease department they arrive in a bad state, often bedridden, but later they can walk home. That is very common, since we identify what they are suffering from and make them better. It is pretty unique within the health care to have that many cases continuously. I find that appealing.” - [Respondent L]

An individual may not only be affected by one’s own job role compatibility but also by the colleagues’ compatibility with their tasks. One nurse expressed the high number of newcomers at the department as a threat to the overall workforce compatibility:

“At my previous work there was a stable working group with many experienced nurses. A better mix. Some new, but many that had been working for 20 years. It had a good structure. [...] It led to better patient safety.” - [Respondent X]

And simultaneously, one of the managers expresses the achievement in recruiting a diversified workforce.

“I have recruited 29 nurses since August out of which only one is newly graduated and has no clinical experience, and I have recruited four nurses with over five years of experience.” - [Manager O]

The statement by Respondent X indicates disappointment with the new job assignment at the department compared to the nurse’s previous work place. An employee who has high tenure within her professional field may be influenced and colored by previous experiences, which have to match or be improved at her new employment. Porter and Steers (1973) showed that employees who left an employer and moved into new jobs perceived the disparity increasing between individual expectations and the realities of the jobs, compared to employees who entered their first job assignment. However, fulfilling the expectations of both experienced and newly graduated newcomers shall be especially studied as failure to meet expectations appears to be a contributing variable in the decision of terminating one’s work.

6.3.2 Motivational factors

Interviewees were asked what motivated them at work and a distinct trend showed that the nurses are highly stimulated by intrinsic motives such as group unity and colleagues, leading to an inherent feeling of affiliation.

“The colleagues, always! Even if it is a shitty day I always feel that I am longing to come back because of the colleagues. And then the patients.” - [Respondent P]

“Most of the colleagues make me to enjoy work. It is very rare that I feel bored.” - [Respondent J]
Intrinsic motivation is the fundamental type of self-determined motivation as the employee can regulate it in an autonomous manner, which is beneficial when considering employees’ intentions to stay. Several studies have reported positive correlation between self-determined types of behavioral regulation such as intrinsic motivation and turnover intention (Gillet, Gagné, Sauvagère & Fouquerseau. 2013; Otis and Pelletier 2005). Prosocial motives have also shown to be a major trigger for the employees leading to satisfaction, as can be seen in the following quotes:

“It is very satisfactory to be helping others.” - [Respondent X]

“To be working with people. [...] I have been thinking about it lately, and it is so amazing and grateful most of the times.” - [Respondent P]

If an individual is motivated by prosocial factors and if she experiences that such motives are noticed in the organization, her fit will subsequently increase. However, prosocial motives may be found at any employment in the healthcare industry, and may thus not be a reason for staying specifically at the infectious disease department. Grant (2008) showed that prosocial motivation will affect an employee’s willingness to go beyond her original duty. The statement by Respondent X indicates a desire to help others, but in a scenario where the responsible nurse is not able to make the patient better, she may experience a fluctuation in her motivation. It may be highly harmful to base one’s motivation on other means that what oneself can control. Dill et al. (2016) draw a similar conclusion that high levels of prosocial motivation were related to higher levels of burnout.

As mentioned in earlier sections, some of the nurses are dissatisfied with their salary. However, many of the interviewees expressed that intrinsic and prosocial factors motivated them more than extrinsic factors. Relations to patients and colleagues, the urge of helping others, and the social interaction contributed more to their motivation to work than their salary.

“I am not satisfied with my salary [...] the biggest reason for me to stay is that it is a fun place to work, it is fun, the colleagues, well everything.” - [Respondent J]

“I can stand to earn less as long as I thrive. That is more important.” - [Respondent P]

There exists a discrepancy between what the nurses express as their own motivational forces and what they believe other’s motivation is based on. Interestingly, most of the interviewees thought that the reason for the high turnover amongst nurses was connected to salary. Due to the vulnerable situation where nurses have to change employment in order to increase
their salary, one can consequently assume that nurses who focus on extrinsic motivations have a higher tendency to quit their jobs.

6.4 Critical events

Critical events are external or internal incidents that may spark an employee to reassess her attitude towards work. According to our theory, external events are described as off-the-job factors and may refer to the birth of a child or a divorce, whereas internal events are changes to work environment such as the on-going expansion of the infectious disease department. Changes to the work environment may be followed by an immediate and sometimes deliberative action by the employees, which can either strengthen or weaken their fit to the organization. External events may also influence the employee’s fit to the community surrounding the workplace, which may create incentives to stay or leave the employment.

6.4.1 Off-the-job factors

The employee's perception about their fit with the community, such as family attachments and hobbies, highly influence job attitudes. Lee and Maurer (1999) found that having children at home was a more accurate predictor of leaving a job than lack of organizational commitment. The correlation was confirmed by an expression from one nurse indicating that the family has to be prioritized and that such a prioritization can be a reason for leaving the department.

“I do not believe that it is worth it as the work is too heavy and stressful. I can not survive my life outside work. I need have energy to be a parent and to feel good.” - [Respondent X]

For similar reasons, another nurse has indicated that the fit to the family is a reason to stay at the department.

“I would have terminated the employment if it was not because I have a family to consider.” - [Respondent D]

The statements by Respondent X and Respondent D show that same determinant (off-the-job factors) may cause different triggers (intentions to stay or leave) dependent on the person that receives it. The reason is that significant events are highly personal and thus individuals may react differently (Kammeyer-Mueller et al., 2005). The Respondent X perceives the heavy workload at the department as a trigger to leave, whereas Respondent D implies that the sacrifice and loss of security connected with leaving the department could damage the family relationship and thus it is an intention for staying at the department.

The rotating scheduling system, which changes every 10th week and is released two weeks in advance, has been identified as a reason for dissatisfaction among the employees as they can not plan their free time in advance. When the work intrudes on an individual's freedom, she may experience a weakened fit with the surrounding environment. The weaker fit, the
less likely is the employee to perceive compatibility and comfort with an organization and the environment (Mitchell et al., 2001).

“These periods when we are waiting for a new schedule are completely useless. When someone asks you ‘Shall we do something in two weekends?’ you have to answer I do not know since I have not received my schedule’. In such case, it is better to know far in advance as I can plan accordingly.” - [Respondent J]

6.4.2 Changes to work environment

Critical events related to the work environment may cause individuals to promptly terminate their employment, but it may also be a slow deliberative process that originates from repeated critical events. The expansion of the infectious disease department has forced an immense recruitment process to take place, which has been a challenge for the whole workforce. Consequences of the event are expressed in the following quotes:

“We are many new nurses. […] We share a feeling like ‘I hope that we will survive, and that all patients will survive’. It is because we do not have anyone to lean against.” - [Respondent P]

“It is boring that so many employees have left the department, and you can notice that among the remaining employees. They feel like: ‘Soon it is only me left’.” - [Respondent X]

Clearly, the better the links an employee has within the organization the greater the fit is and on the contrary, weakened links affect the fit negatively. When the turnover rate is high, the remaining staff may experience that the sacrifice and personal loss connected with terminating an employment is reduced, as the individual do not have to give up well-established relationships with colleagues. The less an employee would give up when leaving, the easier it will be for her to quit the employment with the organization (Mitchell et al., 2001). Events may be more critical to employees with higher tenure who are more likely to be rooted in the organization, as opposed to recently employed who are assessing their new jobs for match quality (Kammeyer-Mueller et al., 2005).

“If I get sick I would not want to end up here.” - [Observant H]

Critical events may be considered to be more critical amongst personnel that have worked for the organization for a longer time period, and it was expressed by an assistant nurse that had been working for the department for several years during one of the observations. She stated that due to the large amount of new recruits, the staff had overseen routines and protocols, and that it was harmful for the patient safety.

Critical events have previously shown to be crucial for the department. Three years ago changes to the work environment subsequently lowered the nurses’ sacrifice to leave the department as illustrated in the extract below.
"It was an extreme increase in the workload and lack of staff... a heavy burden. We got no response when we told the management, and the number of employees per shift decreased from four to three. [...] In the end, we realized that it was not only our health that was on the risk, but also the patients [...] I think 17 nurses quit." - [Respondent Y]

This extract indicates that the nurses were willing to risk their own health, but when it was at the verge of risking the patient's health, they responded with terminating their employment. It should be observed that it is possibly not only the reason or termination as the quote also states that the nurses did not get any response from the previous management. Consequently there might have been underlying factors such as feelings of rejection and defenselessness that have made the employees to reassess their situation and the fit to the workplace. In such a scenario the level of sacrifice of quitting their work might have been less than the actual benefits of staying at the department.

A contributing reason for the high turnover rate can be that when someone quits, the closest co-workers might find intentions to leave too, and therefore a snowball effect is activated where one single action of small significance becomes larger over time. One nurse explained a strategic action that could limit the high degree of turbulence at the workplace:

"I think we should have certain employees that have continuity, that are fixed to a certain department. No informal leader, but a person who is more connected to the department. They may not always be there, they can work in other places too, but it should be their home base in some way and thus make them care a bit more." - [Respondent L]

In order to make the employees experience a fit with their profession, it may be worth considering such notices. Mitchell et al. (2001) argued that an employee may stay because they experience a cognitive belief of a niche that match their talents and voices, rather than being organizationally committed. Simultaneously, the management has expressed that the current critical changes to the work environment at the department are less critical than the average status of the hospital.

"During the day-shift each nurse has four patients each and that is a bit too low work burden. I believe that it is a bit egoistic to have it that chill when the hospital in its whole is experiencing chaos and crisis." - [Manager O]

It is important the average status of the hospital is well communicated to the employees, who otherwise may not understand that their situation is not unique. It should also be confirmed that critical events may cause the employee to reassess her employment in a favorable manner. One nurse expressed the expansion of the clinic as a motivating factor to start working at the department:
“They tempted me with the expansion, and it is always fun to be part of something from the start. You get to build something, which is pretty fun.” - [Respondent Z]

Certain personalities may be less susceptible to shocks and may experience changes as a source of variation in their everyday work. Consequently, it may lead to positive stress for the employee.
7. Keeping or breaching psychological contracts in nursing

The findings from the previous chapter can be described in relation to the psychological contract. In most situations where a determinant causes intention to leave for an employee, the organization has failed to fulfill the employee’s expectations. The relational psychological contract is highly linked to intrinsic and prosocial forms of motivation, whereas the transactional psychological contract is based on extrinsic sources of motivation. The determinants cause intentions to stay or leave, but do also subject to an increased or decreased level of organizational and/or professional commitment.

The study has shown that not enough time and resources have been set-aside for educational purposes for the employees within nursing, as illustrated in Figure 7 that summarizes the major findings in The Trigger Model. Consequently, the nurses may suffer from breaches to the professional contract as they are employed in a sector that does not have the resources and capacity to meet the employee’s initial desires. In the specific case study, some nurses explained that they had been promised to attend a university course and/or been assigned a specialized responsibility besides their daily operational tasks. In situations where these promises were not followed, the relational contract that the nurses had to their managers suffered. Breaches to the relational contract can have severe consequences, and it was proven in the case study as two nurses have quit their employment because they were not given the time and resources to perform specialized tasks assigned. This finding strengthens the theory by Porter and Steers (1973) who proved that unmet expectations contribute to turnover. In a similar manner, the findings from Rodwell and Gulyas (2013) showed that fulfilling promises, rather than making promises, are more important in terms of nurse retention. The underlying reasons for the unmet expectations such as lacking financial support, insufficient workforce, and high pressure becomes less important in the view of the employees as it turns into a management issue in their daily work. Clearly the management perspective becomes an important consideration in the pressurized situation of the healthcare industry. McCabe and Sambrook (2013) identified that normative and affective commitment among nursing is highly linked to leadership and management development.
The nurses express that the high mobility of the labor market, attractiveness of their profession, and their competitive edge in salary negotiations are causes for turnover. Thus, the conditions within nursing are tempting to turn any breach to the psychological contract into a reason to look for alternative workplaces within the same profession. It may explain why the psychological contracts of the participants tended to be characterized by professional commitment rather than organizational commitment. A potential breach can be pay dissatisfaction that is highly linked to the employee’s transactional psychological contract as it focuses on the explicit element of the employee-organization relationship. If an employee’s organizational commitment is based on continuance it means that the employee remains loyal due to the high costs of leaving. It has shown to not be the case for the nurses.
as changing employment is the most effective way to increase salary. Due to the restricted political constraints that the public healthcare is governed by, actual salary levels cannot be influenced individually by a public university hospital. New ways have to be found to reward the employees for the unfairly set salaries in order to not breach the nurses’ transactional contract. Such an example is the benefit that the nurses were given 20% of their salaried time set aside for educational purposes. It is a way of offering non-monetary rewards through alternative work schemes. The study by De Vos and Meganck (2008) implied the lesser importance of financial rewards among all sectors. The study showed that a general discrepancy exists among HR manager’s views on retention factors versus the actual interest of the employee, where intrinsic rewards are favored above financial rewards by the employees.

The nurses’ organizational commitment was rather affective as the participants in the case study have indicated that co-workers were the major source triggering intentions to stay at the department, as illustrated in Figure 7. Bloome et al. (2010) claims that the psychological contract measures were especially valid if affective commitment was considered. The relational psychological contract highly emphasizes commitment and belief in the intrinsic values of people who want to work for something beyond monetary reasons. Findings from Bloome et al. (2010) concluded that younger respondents were less affectively committed to the organization, whereas our study showed that none of the participants, regardless of age, indicated affective commitment towards the organization per se. McCabe and Sambrook (2010) also highlighted the difference in age and the correlation to turnover. Younger nurses with less tenure indicated stronger turnover intentions. Such a discrepancy in age was not shown in our study, as it was the more experienced nurses who believed that breaches to the psychological contracts had influenced their working situation. It opposes the theory of Gambino (2010) who claims that age and normative commitment are the strongest indicators to remain within an organization. One reason may be that the nature of the employee’s psychological contract changes over time. In early career it is likely to be mostly transactional, focusing on the explicit and signed contract. Over time, relational aspects such as increased responsibility and promotion become more important, which requires more substantial support from the management. This finding is supported by the theory from Bloome et al. (2010), which confirms that individuals who are challenged at work are less likely to leave their employment. The recent changes of the expansion of the department were mentioned as a reason for the limited time and resources on fulfilling their duties and a lack of support from the management. Consequently, it has affected the nurses’ individual goals, as well as their social relations and loyalty towards the management, which directly may damage the organizational commitment according to Rosseau (1989). Repeated incidents of unmet expectations are the one of the most severe damages to the relational psychological contract (ibid).

Managerial support is necessary for nurses’ possibility to thrive within an organization. Due to the hierarchical structure that exists between the different professionals that are working in the healthcare industry, it may become even more severe if the management tries to distance themselves from the clinicians. It also came to our conclusion that the nurses felt undermined their managers, and it was especially obvious during critical events as described
in Figure 7. Such breaches to the psychological contract were especially obvious during critical events, when resources and time are less sufficient, turning any potential issue into a managerial question. Discrepancies between managers and employees have shown to cause breaches to the psychological contract (De Vos & Meganck, 2008; Turnley & Feldman, 1999).
8. Conclusion

This chapter presents the conclusions drawn from the empirics and analysis that the research questions resulted in. The fulfilment of the research purpose is presented in the last subsection of the chapter.

8.1 Conclusions regarding RQ1

The first research question was answered with the help of observations, interviews with nurses, and interviews with managers.

RQ1: How is the psychological contract influenced by underlying reasons that cause turnover among nurses and what are the reasons that cause intentions to stay?

The determinant possibility to advancement showed to be a major reason to turnover. Findings show that there exists a discrepancy between the expectations among the nurses and the managers regarding the time and resources set aside for professional development. The managers claimed that the nurses had the right to an extensive catalogue of internal courses and the benefit of getting 20% of the salaried time spent on university courses. From the nurses’ viewpoint, no time was given for the internal courses and they were unaware about the 20% benefit. It symbolizes a combination of unmet expectations, limited professional opportunities, and bad communication from the management. It was the most frequent reason mentioned to cause turnover intentions. Therefore, it is important to foster an environment where the nurses feel that they are continuously developing and gaining responsibilities. It is also important that the nurses feel that they are given enough time to work with their quality groups in order to meet their expectations. Our findings confirm the result from previous research where Murrell et al. (2008) showed that lack of development in early career increase turnover. However, a study by Gardulf et al. (2005) showed that limited possibilities to make professional career was the third most occurring reason to turnover, whereas it was the most critical reason in our study.

The majority of the interviewed nurses expressed intentions to stay. Strong affective commitment such as group coherence was highly emphasized as the most motivating factor to remain within the organization. Commitment towards the profession and compatibility with the job was also highlighted as reasons to remain, not necessarily at the department but within the profession. Relating to the job embeddedness theory in The Trigger Model, this finding shows that the nurses experience good links and a good fit, both with the organization and the community. It strengthens the argument that nurses’ motivation is highly dependent on prosocial motives (Grant, 2008). On the contrary to the study by Dill et al. (2016), our study does not show whether prosocial dependence leads to higher degrees of dissatisfaction and dismissals due to the emotional attachment it brings.

Most nurses did not express dissatisfaction with their salaries per se, but rather communicated the need of it being raised. Thus, the links and the fit can be considered to
overweight the sacrifice of earning less at the department compared to the salaries offered by a private clinic. This finding deviates slightly from the study by Gardulf et al. (2005) that found that pay dissatisfaction was the main reasons causing intention to quit to an extent of 65%. A reason may be that there were certain context-dependent reasons taking over the nurses’ dissatisfaction at the department, such as the unmet expectations regarding professional development. Nevertheless, being part of the highly regulated sector of public healthcare, monetary decisions has to be decided upon politically.

Changes to the work environment, and the expansion in this particular case study, were expressed as something exciting by the younger employees and as something negative by the more experienced employees. More experienced nurses stated that the expansion gained too much focus and that important routines and norms became neglected, whilst more recently employed stated the expansion as something that motivated them. Gardulf et al. (2005) founded that the second largest reason for turnover among nurses was the stressful ambient, which was seen in our study by the more senior nurses. Changes to the work environment can consequently increase the workload due to a period of adaptation, and workload was stated as one of the reasons influencing nurse turnover Sellgren et al. (2008). Why the senior nurses were more resentful towards change might be due to that e.g. breaking the status quo can decrease their fit and the uncertainty of changes at the work environment can increase the sacrifice of staying at the same employer. Rousseau (1989) argued that clinicians often are more sensitive and more ready to respond to relational and transactional breaches due to the on-going healthcare reform. It may be an explanation to why some nurses respond positively to changes to the work environment.

The possibility of movement affects an employee’s link to the organization and was concluded to create intentions to leave. Having many options on the labor market decreases the links a person has to an organization since she can find similar work elsewhere. Therefore, there must be high level of distinction in the current organization in order to retain the employees, such as possibility of advancement that can strengthen the links. Examples of such links are a higher degree of responsibility within a certain area, or a specialized role in the department. If the nurses are experiencing a stagnation of their professional development it can trigger them to seek themselves to new, more challenging environments. Since the Swedish healthcare is lacking nurses, the possibility of easily changing employment makes their links to the organization weaker. The nurses hold a position of power by having coveted knowledge, and therefore easily can change employer.
8.2 Conclusions regarding RQ2

The second research question RQ2 was answered by applying a perspective of the psychological contract when analyzing the empirics gained from RQ1.

RQ2: How do breaches to the psychological contract affect nurses’ organizational and professional commitment levels?

Discrepancy between expectations and fulfilment of educational opportunities and specialized job roles showed to be the most frequently mentioned reason for turnover. The opportunity of getting 20% of their salaried time set aside for university courses was a part of the nurses’ transactional psychological contract. The opportunity clearly indicated breaches in the contract, as it was not communicated to the nurses. Simultaneously as the nurses had the right to this opportunity, they expressed the lack of clear professional development paths in their transactional psychological contracts. Such misunderstandings may have crucial consequences, as the nurses are unaware of how to advance within the organization, how to gain more responsibility, and how to increase their professional value. Not only was there a risk that the nurses felt wronged due to an unachieved promise, but completely excluded, as they previously had been uninformed about the benefit. Previous literature supports the fact that such breaches include lower organizational commitment and higher intent to quit (Robinson & Rosseau, 1994; Rodwell & Gulyas, 2013). Neither were the nurses believing that they were given enough support from the managers in terms of setting aside time and resources so that they could complete internal education or work with their quality groups, consequently affecting the relational psychological contract in a negative manner. It was also mentioned as the reason to why two nurses, referred to in the interviews, terminated their employment at the infectious disease department. Findings from the study made by Rodwell and Gulyas (2013) showed that fulfilling promises is more important than making promises in order to retain nurses, and thus support our conclusion.

The high mobility of the nurses’ labor market also influences the nurses’ commitment levels towards the organization and the level of turnover. As the professionals have multiple alternatives to choose from, continuance commitment was seldom an argument for retaining within the organization. According to the interviews, changing employment was rather associated with higher salaries and promotional opportunities for the nurses. The current conditions of the nurses’ labor market, in terms of high mobility and attractiveness of nurses, oppose the transactional psychological contract, making the nurses value flexibility rather than loyalty. This conclusion was supported by a study made by Allvin, Jacobsson, and Isaksson (2003) where staffing nurses explained that they changed to staffing due to breaches in the employment contracts between themselves and the city council, where relational psychological contracts made the basis of their employment.

Levels of commitment were rather based on relational psychological contracts and an affective commitment towards the profession. Most of the interviewed nurses expressed themselves as emotionally attached to their co-workers. Nurses with a strong affective commitment feel emotionally attached also to their organization (McCabe & Sambrook,
2012), and may be more common in healthcare organizations as the nurses are motivated by prosocial means. Links were shown to be positively related to co-workers, but to a lesser extent to the managers. However, we have seen in our study that managers shall not assume that the affective commitment of nurses to their profession will automatically result in high organizational commitment, as job satisfaction and met expectations are more crucial when forecasting turnover. A professional discourse and respect towards the nursing expertise was also underpinned during the interviews, making it even more essential to align efforts towards educational and professional development in order to retain the nurses. The managers indicated that they perceived the major reason for nurse turnover was to attain higher salaries or to further educate they, rather than realizing that breaches to the transactional and relational psychological contracts caused job dissatisfaction and withdrawal.

8.3 Fulfillment of research purpose

The research purpose of the study was two sided. First, it aimed to identify what was causing nurses’ intentions to leave or to stay. Secondly, it aimed to investigate how breaches to psychological contracts affect organizational commitment and turnover. We argue that both are being fulfilled. By conducting in-depth interviews with nurses and with management at the infectious disease department, lack of possibility of advancement was underlined as the major reason for creating intentions to leave. Discrepancy between management and nurses created uncertainty and frustration among the nurses, which consequently caused breaches to the relational psychological contract and contributed to intentions to leave. The nurses were not aware about the professional development opportunity that they had the right to, thus conflicting with their transactional psychological contract, which in turn reduced organizational commitment levels.

Signs of commitment were rather based on relational psychological contracts and an affective commitment towards the profession. The group coherence and the co-workers were expressed as the major reasons for staying at the department under study, which indicates the importance of prosocial motives for employments within the healthcare. A professional discourse and respect towards the nursing expertise was also underpinned during the interviews, indicating a strong loyalty towards the profession rather than the organization.
9. Discussion

The following chapter includes a discussion about the methods used in relation to the findings. It also includes a critical discussion of The Trigger Model and the validity of the psychological contract. Lastly an overall discussion regarding the sustainability of the research will be presented as well as suggestions for future research.

9.1 Discussion of methods used

The study was carried out in a qualitative approach on a small sample. Although our findings clearly give indication on the nurses’ reasons for staying at the department and the reasons causing intentions to leave, no absolute conclusions can be drawn. Making ultimate relations would require a large sample that statistically could prove what the most occurrent reasons are. Similarly, making causal relationships between our determinants in The Trigger Model, e.g. pay satisfaction and turnover rate, can only be done through a regression analysis. The reason for performing in-depth interviews with a few nurses rather than sending out a questionnaire for statistical empirics to all nurses at the infectious disease department is due to that context-specific variables and ambiguity are easier detected with a qualitative approach. A qualitative and quantitative study performed in the Swedish healthcare system has shown that results from interviews indicate that the respondents’ level of knowledge is lower than indicated by surveys (Andersson, 1997). The reason is that a survey provides set alternatives that tend to result in an overestimation of the level of knowledge by the respondent. Similarly, a respondent that has to choose between a set of alternatives tend to choose the middle-range alternative, causing a discrepancy between quantitative and qualitative studies (ibid). The depth that can be reached in interviews allows the researcher to identify a common experience and the meaning of it, which quantitative studies do not (Berry, 2011). Additionally, the total nursing workforce was limited to 40 nurses, and thus the sample was not large enough to draw accurate statistical conclusions. Conclusively, we can argue that the method chosen was correct for the specific setting of our study.

A delimitation of the methodology is that cross-sectional data was collected during the in-depth interviews. A longitudinal study would have helped to find the variables that fluctuate for a person over time during their employment at the department. However, the delimitation to a cross-sectional study was necessary due to the time limit of the study. Reasons for staying at the department and reasons for causing intentions to leave may differ significantly dependent upon the number of years within the profession, but such variations could also be found in a cross-sectional study as interviews were held with individuals with varying years of experience.

The qualitative approach also helped the nurses giving answer to why they intend to stay or leave their workplace. Understanding the context and underlying reasons for the nurses’ intentions were more important for our study than understanding to what extent they carried such intentions. A quantitative study through e.g. a questionnaire would not be able to capture the depth of such intentions. Additionally, a questionnaire would limit the
respondents to already specified answers, thus there would be a risk to miss out the determinants that were not assumed to generate employee turnover by the questionnaire creator. Semi-structured interviews avoided such limitations.

If nurses had been sampled randomly from the whole hospital, a region or a country, more generalizable results would have been obtained. However, large variations are present within healthcare when considering public versus private care, hospitals versus health centers and acute versus preventative care. A study over the whole spectra would not address organizational determinants for turnover at the infectious disease department but rather capture turnover trends in healthcare industry. Turnover trends in healthcare industry are more dependent on salary dissatisfaction and lacking resources, which are highly connected to political decisions.

A limitation of the study is that the external environment was studied indirectly by asking employees during the interviews about the importance of working close to one’s home and the importance of alternative job opportunities, rather than actually study mobility, vacant positions, and unemployment rates. On the contrary, the internal environment was studied directly through ten observations at the department. The reason for studying the external environment indirectly is that it lies outside the organization’s boundary to influence the labor market, alternative job opportunities, or the distance from an employee’s home to work.

9.2 Discussion of The Trigger Model

Critics could be raised to The Trigger Model as it aims to capture the whole context of an employee within an organization rather than focusing on one specific perspective of the employment. It demands an analysis of multiple determinants that consequently adds together to describe the setting in an extensive manner, rather than allowing for in-depth analysis of one overarching perspective. The argument for aiming to describe the whole setting is to allow for the possibility of finding the determinants causing turnover and reduced commitment levels. An advice is thus to use the model for mapping the employee-organization context and thereafter open up for deeper analysis dependent on the findings.

Diversity is not covered in the The Trigger Model. A good mixture between more experienced nurses and newly employed have shown to be preferred by the workforce, and it was raised as a subject during the interviews that more male nurses are needed. Some patients only want to be taken care of by a person of the same gender, and nurses have expressed that a more gender equal group would stimulate a better dynamic. Adding a determinant that includes diversity can describe the workplace in a better manner and may capture the employee’s ideas and expectations about a diversified workforce. Identifying needs within diversification can lead to a better culture and organizational climate.
9.3 Discussion of the psychological contract

Rousseau (1989) argued that clinicians are often more sensitive and more ready to respond to relational and transactional breaches due to the on-going healthcare reform. This statement may be correct as we have seen that the nurse turnover rate is higher than the average employee turnover rate. The nurses seemed to be aware of causes that can lead to employee dissatisfaction such as low wages and a requirement to move between employments in order to increase their salary, and thus they do not express these determinants as breaches to their psychological contracts. What rather influenced their commitment levels were context specific determinants such as a false expectations regarding promotion or a desire to further educate oneself that was not supported by the organization.

Discrepancy between expectations and fulfillment of educational opportunities and specialized job roles were also the most frequently mentioned reason for turnover, which caused breaches to the relational contract. Psychology scholars argue that a current shift is taking place from relational to transactional psychological contracts (Millward & Brewerton, 2000; Allvin et al., 2003). Although our findings imply that nurses are governed by relational psychological contracts with an emphasis on professional values and professional commitments, their strong belief in the profession may make them more attached to their professional identity rather than their organizational. Such an attitude is more beneficial for nurses in today’s mobile labor market where they can move freely between employments and at the same time increase their professional value as they usually receive promotion and higher salary when changing employer. As a consequence, nurses could be argued to be more loyal towards their profession than the organization itself.

9.3 Sustainability

Coping with nurse turnover is very important from sustainability point-of-view. New technologies, innovations, and processes in healthcare have made it possible to diagnose and treat people in a more extensive and successful manner, leading to an older population. A population with a longer average lifespan requires the healthcare industry to be able to meet the increasing demands from the population in regard of treating and diagnosing people. As reported in the Swedish media nurse turnover has forced departments to close down hospital beds and in some cases even whole wards (Gustafsson, 2017a), creating an undesired mismatch in the supply and demand. Therefore, this study is addressing social sustainability issues within the welfare system. By identifying how breaches in psychological contracts affect turnover, measures can be taken that will make nurses stay at their work. Unfulfilled promises are damaging the commitment that the nurses have toward the organization, and thus it is of high importance to make sure that promises are kept. Social sustainability is also achieved on an individual level. By applying the ‘The Trigger Model, the employees’ working conditions are evaluated and potential determinants for dissatisfaction are likely to be identified. Thus, if taken seriously by the managers, it can increase the individual's’ well-being at work. By managing nurse turnover, the psychological pressures of having a non-ideal staffing will decrease. Possible outcomes are e.g. fewer sick leaves, optimized staffing, and decreased stress level in the workforce.
Nurse retention is also interesting from an economic sustainability perspective. By reducing turnover, the high cost of hiring and the decreased productivity that newly employed nurses are associated with while undergoing training will diminish. The cost of recruiting a new nurse was estimated as high as 250,000 SEK as presented in section 1.2 Problematization. Thus, nurse retention can allow costs to be reallocated and spent in organizational development such as improved productivity or investments in new equipment. Also, the social sustainability discussed in the paragraph above is intertwined in the financial sustainability. By reducing wasteful costs, money can be spent on ensuring as many hospital beds as possible to be open.

9.4 Suggestions for future research

Further exploration of the psychological contract among nurses in the healthcare industry would require a more longitudinal study that could show how levels of job satisfaction and commitment evolve over time. Such a study would indicate how the psychological contract changes over time, with a high focus on the transactional contract initially, and then moving over towards a relational contract as the employee-organization evolves.

A recommendation for future research is to validate The Trigger Model through several case studies in order to test its applicability. Such an extension of the research would also test the generalizability of the results attained in this study that currently has been validated with previous research. By testing the model at a department in a less densely populated area, at a private clinic, or at a non-university hospital, generalizations can be drawn to a broader perspective.

The major breach to the psychological contract showed to be that the nurses had the right to allocate 20% of their salaried time on university courses without being aware of the professional benefit. An interesting future study would be to communicate this opportunity to the nurses and encourage them to further educate themselves so that they in the long-run could achieve a Master's degree. Such a professional development opportunity has the possibility to strengthen the nurses’ relational psychological contract, and it would thus be of great interest to see how it would influence their organizational and professional commitment levels. Previous studies have shown that employee turnover rates can be decreased when offering alternative scheduling where the employees focus on professional development. Bournes and Ferguson-Paré (2007) implemented the 80/20 working model, which was described in section 3.4 Professional development, and consequently decreased the nurse turnover rate from 3.5% to 0%. Due to the critical state of the healthcare industry, Stockholm County Council has promoted similar opportunities to nurses. The proactive offer that was presented in section 1.1 Background gives 150 nurses within Stockholm County Council the right to further educate themselves to specialist nurse and receive the full salary (Nandorf, 2017). Such incentives are now initiated in order to meet the increasing demand of specialized nurses, but also as incentives to make them stay within the county council and not change to private healthcare employers. It is thus highly relevant to study how the nurses’ commitment levels would be influenced when the benefit of 20%
professional development is launched officially, as it has shown to reduce turnover in previous research.
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Lära-känna frågor
Beskriv dig själv och din livssituation med några meningar.
Vad fick dig intresserad av sjuksköterskeyrket?
Hur länge har du arbetat som sjuksköterska?
Vad är det bäst med att arbeta som sjuksköterska?
Varför sökte du dig till infektionskliniken?

Personliga faktorer
Beskriv din yrkesroll här på kliniken. Vilka är de formella uppgifterna och ansvarsområdena?
Känner du dig motiverad på arbetsplatsen?
- Berätta, ge exempel!
Vem eller vad är det som gör att du känner engagemang och vilja att jobba?
Har du rätt handlingsutrymme för dina ansvarsområden, kan du fatta de beslut som behövs själv eller kan du inte det?
- Ge exempel
Känner du dig någonsin uttråkad på arbetet?
- Om ja, varför?
- Om nej, vad är det som gör att det är roligt att jobba?

Kontextuell miljö
Upplevar du infektionskliniken som en klinik med hög status?
- Om ja, vad tror du det beror på?
- Om nej, vad skulle kunna ändras för att göra kliniken mer attraktiv?
Är du nöjd med din nuvarande lön?
- Om nej, vad tycker du den borde vara?
- Upplever du att du själv kan påverka att den ökar?
- Finns det andra saker än lön som är viktigt för din arbetsvilja?

Vad fungerar bra och vad fungerar mindre bra på kliniken?
**Kritiska händelser**
Beskriv klinikens utveckling under den tid du arbetat här. Har det genomförts större förändringar?

**Kultur och normer**
Hur fungerar samarbetet mellan olika yrkesgrupper här på kliniken?
- Mellan ssk och läkare?
- Mellan ssk och undersköterskor?
- Ge exempel på när det fungerar bra.
- Ge exempel på när det fungerar dåligt.
- Har dessa samarbetsrelationer förändrats något över tiden (Hur fungerar kommunikationen på kliniken?)
  - Mellan personal med olika professionella titlar?
  - Mellan skiften?

Definiera ledarskap! Vad är det?
Hur fungerar ledarskapet på kliniken?
Vilka personer har inflytande och makt?
  - Formellt och informellt?
Ge exempel på när ledarskapet eller ledaren fungerar riktigt bra!
Ge exempel på när det fungerar dåligt eller inte finns alls.

**Kontextuell miljö**
Har du utvecklats professionellt sedan du började på infektionskliniken?
Uppmuntrar ledningen till fort- och vidareutbildning?
Är fort- och vidareutbildning belönat med lönepåslag eller mer ansvar?
Upplever du att ledningen ger det stöd som personalen behöver?
  - Om ja, kan du utveckla?
  - Om nej, kan du utveckla?

**Kritiska händelser**
Liksom tidigare fastställt gör vi arbetet för att det personalomsättningen är ovanligt hög på kliniken. Kan du ge några åsikter kring varför så är fallet?

Upplever du en underbemannning av sjuksköterskor på kliniken?
  - Om ja, hur påverkar det ditt arbete?
Hur sker planeringen av ditt schema?
Hur många övertidstimmer arbetar du i månaden? Hur många skulle du bara okej med att arbeta?
Hur många timmar arbetar du obekvämt arbetstid i månaden? Hur många skulle du vara okej med att arbeta?
  - Hur många helger?
  - Hur många kvällar?
  - Hur många nätter?
Får du kompensation för övertid? För obekväm arbetstid?

**Personliga faktorer**
Upplever du negativ stress på arbetet?
Här du tillräckligt med tid för lunchrast, toalettbesök etc?
Kritiska händelser
Har du upplevt någon fysisk smärta eller psykiskt obehag relaterad till ditt arbete?
- Berätta, ge exempel.
Om ja, har du några förbättringsförslag för att minska risken för smärta och obehag?
Upplever du att ledningen försöker minimera orsaker som leder till fysisk smärta och obehag?

Har du vid något tillfälle tänkt på att säga upp dig?
Om ja, till en annan arbetsplats som sjuksköterska eller till ett annat yrke?
Om ja, av vilka anledningar och i vilka situationer har du övervägt att säga upp dig?
Vad tror du att du skulle kunna åstadkomma genom att byta arbete?
Vad är din starkaste anledning till att stanna på kliniken?

Avrundning: Har du några frågor till oss?
Appendix II – Interview questions for managers (Swedish)

FRÅGOR VID DJUPINTERVJUER MED VÅRDENHETSCHEFER

Lära känna-frågor
Beskriv dig själv och din livssituation med några meningar.
- År som chef?
- År som ssk?
Vad fick dig intresserad av chefspositionen?
Varför sökte du dig till infektionskliniken?

Personliga faktorer
Har du någon tidigare ledarskapserfarenhet?
Vad motiverar dig på arbetet?
Definiera ledarskap!
Vad innebär det att vara chef?
- Vad ingår?
- Vad ingår inte?
Finns det något du skulle vilja ge dina medarbetare som du inte har befogenhet att göra?

Kontextuell miljö
Hur är organisationen (DS) uppbyggd?
Vad är DS vision?
- Vad är klinikens vision?
Hur integreras DS strategi i ditt dagliga arbete?
Arbetar ni med värdeord för kliniken?
Har du rätt utrymme för att kunna fatta dina beslut? För dina medarbetare?

Vilka personer har informellt inflytande och makt?
Är du en redan etablerad kultur/nomer?
Hur enkelt eller svårt upplever du att det är att ändra etablerad kultur och normer på kliniken?

Vad tror du den höga personalomsättningen beror på?
Gör du något för att minska den?

Kultur och normer
Hur fungerar samarbetet mellan de anställda och ledning?
- Kommunikationen?
Hur fungerar samarbetet mellan dig och den andra vårdenhetschefen?
Har du någon gång känt dig motarbetad på kliniken?
- Kan du ge exempel?
Vad på infektionskliniken bidrar till hög status?

Kritiska händelser
Har du något exempel på när du gjorde ett bra jobb som chef?
- Mindre bra jobb?
Skulle du rekommendera andra att söka jobbet?
- Varför?
- Varför inte?
Vad har varit den tuffaste utmaningen sedan du började som chef på infektionskliniken?
Hur har öppningen av de nya avdelningarna påverkat ditt arbete?
Vilka kompromisser har du tvingats göra p.g.a. nyöppningen?
Har du någon gång funderat på att säga upp dig eller byta roll?
- Om ja, vad fick dig att fundera på det?
Vad skulle vara den största anledningen för dig att byta roll eller säga upp dig vara?
Appendix III – Interview questions for nurses (English)

IN-DEPTH INTERVIEW QUESTIONS FOR NURSES

Purpose of the interview: We are final year engineering students from KTH and are conducting our Master Thesis with the aim to identify the reasons for the high turnover rate among nurses at the infectious disease department. Our goal is to find a solution that can help the infectious disease department by reducing the high turnover and in order to do so we want to understand what functions well and less well at the department. This interview will help us by giving a deeper understanding about the work conditions for the nurses at the department.

Get-to-know questions
Describe yourself and your life situation in some sentences.
What led to your interest in nursing?
How long have you worked as a nurse?
What is best about being a nurse?
Why did you choose to work at the infectious disease department?

Personal factors
Describe your role here at the department. Formal tasks and responsibilities?
Do you feel motivated at work?
What motivates you the most?
- Explain, give examples!
What or who is it that makes you feel committed and willing to work?
Do you have the right room for action for your responsibilities, can you make the decisions needed or can you not?
- Give examples!
Do you ever feel bored at work?
- If yes, why?
- If no, what makes your work fun?

Contextual setting
Do you think that the infectious disease department has high status compared to other departments?
- If yes, why do you think it is that way?
- If no, what do you think can be done in order to make the department more attractive to work at?
Are you satisfied with your salary?
- If no, how much would you want to increase it?
- Do you feel that you can affect how your salary is increased?
- Are there other things than salary that is important for your willingness to work?

What works good and less good at the department?

Critical events
Tell us about how the department has changed during the time you have been employed. Have there been any major changes?
Culture and norms
How does the collaboration work between the different professions here at the department?
- Between nurses and physicians?
- Between nurses and assisting nurses?
- Can you give examples on when it works well?
- Can you give examples on when it works poorly?
- Have these collaborations changed over time?
(How does the communication work here at the department?)
- Between different professions?
- Between the shifts?

Define leadership! What is it?
How is the leadership at the department?
Which persons have influence and power?
- Formally and informally?
Give examples when the leadership or the leader is good!
Give examples when it is poor or non-existing.

Contextual setting
Do you experience that you have developed professionally during your time at the department?
Does the management encourage further education or training?
Does further education get rewarded with increased salary or more responsibility?
Do you feel that management gives the staff the support it needs?
- If yes, can you elaborate?
- If no, can you elaborate?

Critical events
As previously stated, we are doing this master thesis because there is a clear problem with the turnover rate among the nurses at your department. Could you quickly give us your point of view of why this is the case?

Do you consider the infectious disease department as being understaffed?
- If yes, how does this affect your work?

Can you explain how the planning of your work schedule is done?
How many overtime hours do you work a month? How many would you be ok with?
How many inconvenient working shifts do you have a month? How many would you be ok with?
- How many weekends?
- How many evenings?
- How many nights?
Do you get compensated for overtime? For inconvenient working hours?

Personal factors
Do you experience negative stress at work? If yes, when?
Do you have time for lunch breaks, toilet breaks etc.?

Critical events
Do you experience any physical pain related to activities at work?
- Explain, give examples!
If yes, do you have any ideas of improvements to reduce pain?
Do you feel that management tries to prevent this?

Have you ever thought about terminating your employment?
If yes, to another workplace within nursing or another profession?
If yes, for what reasons or in what situations did you consider it?
What do you realistically think you could achieve by changing employment?
What is your major reason for staying?

**Round-off:** Do you have any questions to us?
Appendix IV – Interview questions for managers (English)

IN-DEPTH INTERVIEW QUESTIONS FOR MANAGERS

Describe yourself and your life situation in some sentences.
- Years as a manager?
- Years as a nurse?
What made you interested in the managerial position?
Why did you choose to work at the infectious disease department?

Personal factors
Do you have any previous leadership experience?
What motivates you at work?
Define leadership!
What does it mean be a manager?
- What is included in the title?
- What is not included?
Is there anything you want to give to your employees that you do not have the authority to do?

Contextual setting
How is the organizational structure at DS?
What is DS vision?
- What is the department’s vision?
How does DS strategy integrate into your everyday work?
Do you work with values at the department?
Do you have the right to make the required decisions?
- For your employees?
Which persons have informal influence and power?
Did you inherit an already established culture/norms?
How easy or hard do you experience it is to change an established culture or norm at the department?

What do you believe the high employee turnover is based on?
What do you do to make it lower?

Culture and norms
How is the collaboration between the employees and management?
- How is the communication?
How is the collaboration between you and other department managers?
Have you ever felt opposed at the department?
- Can you give examples?
What gives the infectious disease department its high status?

Critical events
Do you have any examples of when you have performed well as a manager?
- Any examples of when you could have performed better?
Would you recommend others to apply for your position?
- Why?
- Why not?
What has been your toughest challenge since you became a manager at the infectious disease department?

How has the opening of the two new wards affected your work?

What compromises have you been forced to make due to the opening of the two wards?

Have you ever thought about resigning or two change position?

- If yes, what made you think in those terms?

What would be the major reason for you to change position or to resign?