Exploring the Relationship of Work-life Conflict and Intention to

Turnover: A Case of Teaching Hospitals of Karachi

Ambar Abrar

SZABIST Karachi Campus

Dr. Zaki Rashidi

SZABIST Karachi Campus

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Abstract

This study investigates the prevalence and nature of both dimensions of work-life conflict namely Work-family and Family-work, which are located within the psychosocial work environment of health care professional of Pakistan and explores their relationship with the intention to turnover. The effects of socio-demographic factors on the individual professional's work-life conflict and intention to turnover's inter-relation are also examined. Data was collected by questionnaires from health care professional working in a teaching hospital of Karachi during November 2013. One hundred and thirty two health care professionals (response rate 66%) participated in the survey. Work-life conflict was measured using modified WAFC scale, measuring two distinct constructs: work to family conflict and family to work conflict and intention to turnover was gauged using modified Intention to Stay Scale. Socio-demographic factors were also measured and the inter-relation of all variables was determined.Work-family conflict was found to be somewhat present shown by mean of 3.4 on 5 point scale whereas family-work conflict was rather low (3.03). Intention to turnover was about average (3.23), showing most of the participants were neutral to it. A positive relationship was found between work-family, family-work conflict and intention to turnover in health care professionals of a teaching hospital of Karachi. Some socio-demographic factors were also found to have a mediating effect on this inter-relation.

Keywords: work-life conflict, intention to turnover, health care professionals, teaching hospital.

JEL Classification: A10, J28, J63

Introduction

Work-life conflict is a form of friction where pressures arising from work and family domains, become incompatible with each other, in some ways (Kossek, Noe & DeMarr 2001). In first dimension work-family conflict arises when work responsibilities interfere with family responsibilities. On the other hand, family-work conflict is a form of inter-role conflict where general demands of time are devoted to work-related responsibilities and pressure of the family interferes with job (Cinamon & Yisrael 2002). Also Higgins & Greenhaus (2006) classify this role conflict into two types.

- Work-to-family conflict: that occurs when work demands prevents employees to satisfy their family needs such as long work hours, job stress and so.

- Family-to-work conflict: occurs when family responsibilities cause degradation of work performance. Children's care and conflict at home are examples of family situations that may affect work.

Thus, work-life conflict can be caused by two major mechanisms. Firstly, the functional aspect: problems arising by scheduling conflicts and time crunches as a single person cannot be present at two different locations at any given time. Secondly, the perceptual aspect: a sense of being besieged by, work load or strain of multiple roles.

Health care professionals belong to a profession where an extra-ordinarily high work commitment is required. Especially at junior level and during medical specialization, the most strenuous and demanding span of medical career, employees experience immensely high work demands with job control of minimum level which itself may contribute to increasing job stress (Serrano 2007). On the other hand after graduation, the specialist training often coincides with family-founding life stage of young professionals. They are likely to have children and accordingly subjected to higher family / parenting demands, which may lead to higher degrees of Work-Family Conflict. Research has proven that health

care providers enduring hardships during their education and training already give precedence to their profession over personal activities (Heru 2005). Still the data of Work-Life Conflict within the medical professions is generally insufficient and there is a scope of further exploration.

Meyer (1993) defined turnover intentions as conscious will fullness to seek alternative job opportunities in other organizations. Reviews on the antecedents of turnover intentions have highlighted intent to leave, rather than actual turnover, as the outcome variable. Employees decide in advance whether to leave the organization or not before their eventual exit. This is in line with attitude-behaviour theory (Fishbein & Ajzen, 1975), which infers that one's intention to engage in a specific behaviour is the close predictor of that behaviour. Turnover intent is defined also as "the (subjective) probability that an individual will change his or her job within a certain time period" (Sousa- Poza & Henneberger, 2002). The iter-relation of turnover intention and turnover has been widely researched (Hom & Griffeth 1991; Mobley, 1977). Current study would use "Intention to turnover" as the dependent variable, drawing upon literature that has established its role in predicting and comprehending actual quits.

Especially in service industry it's of utmost value to get a competitive edge in terms of the quality of service (Deery, Iverson & Walsh 2004). "Human resource management is both important and challenging in a labour intensive sector such as health care, in which organisations operate within a complex political, economic and legislative environment" (O'Donnell, 2010). Many health care organizations face the challenge of employee turn-over and it has direct consequences for the organization and indirect implications for the profession as a whole.

Research Problem

"This research focuses on exploring the conflict arising from the domains of work place and home in relation to each other, and trying to find its role as a predictor of turnover intentions along with socio-demographic factors in HCP's in a teaching hospital of Karachi, Pakistan".

The key questions discussed in this study include:

(a) Whether there exists a work-life conflict among HCP's of a teaching hospital of Karachi? If yes, then in what form?

(b) What is the association between work-life conflict and intention to turnover in HCP's in a teaching hospital of Karachi?

(c) How do the socio-demographic factors influence this association?

Research Objectives

The objectives of this study are;

- To find out the prevalence and the nature of work-life conflict in HCP's in a teaching hospital of Karachi.

- To ascertain the relationship between work-life conflict and intention to turnover from the current health care organization in HCP's.

- To understand other factors which influence this co-relation.

Assumptions

As per research norm, it is assumed that;

- Sample would represent the target population and the participants would be willing to respond.

- Respondents would be honest and unbiased.

- The results would be meaningful for the stake holders.

Literature Review

The purpose of literature review in this study is to get knowledge of the factors influencing turnover rates among health care professionals. This would enable the researcher to comprehend this topic, acquire pre-knowledge of the research problem and help formulate potential solution strategies.

The Work-Life Balance Theory

According to De Bruin & Dupuis (2004), over the decade, the significance of managing an employee's balance of work and family life has increased markedly. Also Hacker & Doolen, in their 2003 study showed how the international organisations have tried to adopt a set of policies like telecommuting opportunities, on-site child-care facilities, flex timings and on-site health & fitness centres for the employee as well as their families. These are attempts to enhance the flexibility so that employees can enact the work-roles and cater to their family-based needs to a certain extent, simultaneously. Many theories have been devised to rationalize the conflict of work with family life. Although these theories commonly state that a conflict between work and family is present.

Role Theory

It refers to an employee's social role in his work domain, and the strain which negatively affects his performance in familial sphere (Googins, 1991). Work resources like authority, working hours and job satisfaction influence this social role and if the employee can utilize these resources in a positive way, he will have less conflict in his work and family life (Friedman & Greenhaus, 2000).

Spillover Theory

Fredriksen & Scharlach (2001) gave the conceptualization that work sphere can influence the family sphere either positively or negatively and attitudes and behaviours can create distress at home. Googins (1991) named the process "negative spill-over," and

"negative interference resulting from a person's experiencing problems in work domain affecting the performance in familial domain". Work can literally spill into family life if employees have to complete work at home for meeting a deadline.

Conflict theory

There is an inherent conflict of family and work as both domains are "generally incompatible, given their different norms, responsibilities and expectations (Fredriksen, Goldsen & Scharlach, 2001). The assumption of anything at work creating some conflict at home is the base of this theory.

Literary Conceptualization of Turn Over

The contemporary turnover theory landscape started developing from 1977 onwards. During this period most of the basic turnover models were presented (Mobley, Griffeth, Hand, & Meglino, 1979; Price & Mueller, 1981; Steers & Mowday, 1981). A major chunk of research of organizational behaviour discipline has been to test the implication these core models, shown in the form of organizational commitment / job satisfaction, and turnover theory.

Work-Life Conflict as a Determinant of Turnover

All the psychological and mental consequences from higher work demands and resulting work-family conflict are found to be more serious than normally thought. Employees go through days carrying their disconnection, stress or loneliness and don't read much into it as shown by Wharton & Blair-Loy (2006). But later on these factors may affect the worker and his family physically and psychologically when stress bleeds into his social world. If decreased life satisfaction plagues a worker, it can influence the way he interacts with friends and co-workers (negatively), proven by Googins' (1991) "Job and Home Study" that found "juggling of work and family obligations" in business people all over the industrialized world. This stress and dissatisfaction may lead to the decreased organizational

commitment and pave way for intentions to quit the work as discussed earlier in turnover models (Mobley, Griffeth, Hand, & Meglino, 1979; Price & Mueller, 1981; Steers & Mowday, 1981).

Research in Health Care Organizations

Research in healthcare has been conducted mainly profession wise, studying nurses, doctors, therapists, etc. separately. Hence, a unified approach to healthcare professionals envisaging all employees being a part of the healthcare service is lacking. As healthcare industry is a service sector where quality of care and patient satisfaction is defined by the service experience on the whole and the pertinence of such a holistic approach has been highlighted in various studies like Veld et al., (2010).

This research was conducted within this perspective that in Pakistan studies on health care sector are very few and an overall health care professional approach is completely non-existent. To conclude the topic chosen for the research was reviewed and the framework identified on the basis of existing literature on both variables understudy. This helped the researcher to devise research methodology and formulate the hypotheses to be tested.

Research Methodology

Research Design

This was a positive, deductive, hypothesis testing theory based study. Numerical data was gathered by using mono method i.e., pre-tested survey questionnaire. In non-contrived settings, a descriptive, quantitative, cross sectional research, was carried out. There was a search for co-relations, between independent variable of work-life conflict and the dependent variable of intention to turn over. The mediating variables were also studied for the role on this relationship.

Research Settings

The research was conducted in natural setting at a teaching hospital of Karachi, though the respondents were free to complete the questionnaire at work or home. The total number of health care professionals in the chosen organization is 305. The sample size calculated at a confidence level of 95% is 170 individuals (Saunders, Lewis & Thornhill, A. 2007). Non-probability, convenient sampling technique was used due to time and resource constraints.

Data Collection Tool

Primary data was collected through survey questionnaire to find out the independent variables of work-family / family-work conflict and the dependent variable of intention to turnover along with demographic factors. The questionnaire was derived from the literature review as well as other research instruments used in previous studies. A pre-test was conducted with a small group of health professionals at one of the hospitals not selected to participate in the actual study. The pre-tested questionnaire were then coded and printed for distribution.

Measurements

Work-family conflict-Independent Variable

Operational Definition: On a 4 item scale measured by Likert five-point scale where 1 = strongly disagree and 5 = strongly agree. Scale-Final Score-Sum of all 4 = 20, (range 4-20).

Constitutive definition: Work and family conflict were measured using WAFC scale (Haslam & Sanders, 2012), measuring two distinct constructs: Work to family conflict and family to work conflict. Sample statements include "My work prevents me from spending quality time with my family".

Family-work conflict-Independent Variable

Operational Definition: On a 3 item scale measured by Likert five-point scale where 1 = strongly disagree and 5 = strongly agree. Scale-Final Score-Sum of all 3= 15, (range 3-15)

Constitutive definition: Family-work conflict was measured using WAFC scale (Haslam & Sanders, 2012), measuring two distinct constructs: Work to family conflict and family to work conflict. Sample statements include "Family concerns often distract me at work".

Intention to leave-Dependent Variable

Operational Definition: On 5 item scale measured by Likert five-point scale (where 1 = strongly disagree and 5 = strongly agree). Scale-Final Score-Sum of all 5= 25, (range 5-25)

Operational Definition: Turnover intention was measured using modified scale of Intention to Stay by Pascal Paillé (2012). Sample statements include "I frequently think of leaving this organization".

Socio-demographic Variable

Five demographic items were measured including, age, gender, marital status, number of dependents and working hours.

Conceptual Model

Figure 1 illustrates theoretical framework of work-life conflict which is further divided into; (i) work-family conflict, and (ii) family-work conflict, with respect to turnover intentions, with the moderating effect of socio demographic factors.
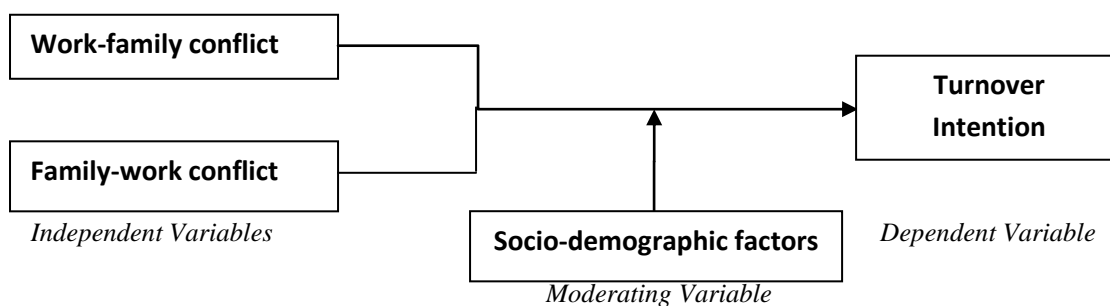

Figure 1: Work –Family Conflict Model by Haar (2004)

Hypothesis

H$_1$- There exist work-life conflicts in HCP's.

H$_2$- There is an association between their work-life conflict and the intention to turnover from the current health care organization.

H$_3$- Socio-demographic factors influence the association of work-life conflict and ITO in HCP's.

Data Analysis & Results

Microsoft Excel was used for data storage and SPSS 16 employed for data analysis including descriptive statistics, parametric and non-parametric correlation analyses, and explorative and confirmatory factor analyses, simple and multiple regression analyses, and reliability analyses.

Scale Reliability

Cronbach's alpha is determined in the analysis of the scale reliability to verify the consistency of the item information provided by respondents. For the three variables measured, the Cronbach's alpha was 0.90 which shows a good interim consistency.

Socio-demographic Variables

The frequencies of gender, marital status, age, number of dependents and working hours of respondents are shown by Table 4.1.

Table 4: Socio-demographic characteristics of the sample , n = 132

	absolute (*n*)	relative (%)
Marital status		
Married	61	46.2
Unmarried	71	53.8
Age cohort		
Less than 25 years	30	22.7
25 – 40 years	66	50.0
40 – 50 years	31	23.5

Above 50 years	5	3.8
Gender		
Male	43	32.6
Female	89	67.4
Number of dependents		
None	4	3.0
1 – 2	14	10.6
3 – 4	47	35.7
More than 4	67	50.8
Working hours/week		
Less than 40	13	9.8
40 – 50	78	59.2
50 – 60	41	31.1
More than 60	0	0

To summarize the results, 67.4 % health care professionals were females and 53.8 % were unmarried. 50.8% of the respondents had more than 4 dependents where as 35.6 % had 3-4 dependents. 50.0% belonged to the age group of between 25 – 40 years and 23.5% of 40-50 years. 59.1 % participants worked for 40-50 hours / week and 31.1% between 50 – 60 hours / week.

Descriptive Variables

Table 4.2: Descriptive Statistics (n 132)

	N	Range	Minimum	Maximum	Mean	Std. Deviation
WFC	132	4	1	5	3.40	.866
FWC	132	4	1	5	3.03	.844
ITO	132	4	1	5	3.23	.752

For the variables of ITO, WFC and FWC, descriptive statistics were obtained by tapping on a 5 point scale. WFC was found to be somewhat present shown by mean of 3.4 whereas FWC is rather low (3.03). ITO is about average on 5 point scale showing most of the participants are neutral to it. Minimum values show that some were seriously intending to

leave and maximum confirms that there are some who do not want to leave at all. Standard deviation of 0.75 shows the variability of our data.

Table 4.3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.831a	.691	.686	.422

a. Predictors: (Constant), FWC, WFC

      The final multivariate regression model included two factors, which together explained 69 % of the variance (cumulative R^2 = .691). Positive predictors for constant ITO were the scales WFC ($p < .05$) and FWC ($p < .05$). Beta WFC and FWC are (.68) and (.25) respectively which are significant at .000 and .001 levels. The positive beta values for WFC and FWC signify that the presence of work-family and family-work conflict boosts the turnover intention of HCPs.

Table 4.4-Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.714	.153		4.675	.000		
	WFC	.537	.067	.618	8.016	.000	.404	2.478
	FWC	.228	.069	.255	3.312	.001	.404	2.478

  a. Dependent Variable: ITO

Effects of Moderating Factors

      To answer key question 3 about moderating effect of socio-demographic factors on our dependent and independent variables, t-test was run for all the socio demographic factors. The 4 age groups were juxtaposed separately for all variables and t-test was conducted. People who were less than 25 are not affecting FWC due to the fact that the t value is below the 2.0 benchmark while the sig value is also above the 0.05 benchmark. While it is significant for WFC as the sig value is less than 0.05. People above 50 are also insignificant on WFC and FWC.

Table 4.5: Age Coefficients

Age		Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
less than 25	1	(Constant)	.529	.283		1.871	.072
		WFC	.627	.157	.709	3.991	.000
		FWC	.190	.168	.201	1.134	.267
25-40	1	(Constant)	.816	.227		3.594	.001
		WFC	.563	.094	.653	5.980	.000
		FWC	.163	.092	.194	1.779	.080
40-50	1	(Constant)	.688	.313		2.199	.036
		WFC	.421	.138	.498	3.043	.005
		FWC	.373	.154	.397	2.428	.022
more than 50	1	(Constant)	-3.568	4.879		-.731	.541
		WFC	1.527	1.317	.579	1.159	.366
		FWC	.368	.528	.348	.697	.558

The t-test was significant for gender's effect on WFC but males do not affect WFC and females do not affect FWC's relation with ITO.

Table 4.6: Gender Coefficients

Gender		Model	Un standardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Male	1	(Constant)	1.010	.190		5.306	.000
		WFC	.171	.100	.245	1.714	.094
		FWC	.508	.115	.633	4.430	.000
Female	1	(Constant)	.394	.238		1.654	.102
		WFC	.708	.089	.703	7.931	.000
		FWC	.134	.081	.147	1.661	.100

a. Dependent Variable: ITO

The t –test was significant for the effect of marital status on WFC to ITO relationship whereas FWC –ITO relation is not affected by marital status showed by insignificant t statistic and p value above .05.

Table 4.7: Marital Status Coefficients

Marital Status	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Married	1	(Constant)	.767	.329		2.333	.023
		WFC	.567	.108	.602	5.274	.000
		FWC	.180	.106	.195	1.705	.094
Unmarried	1	(Constant)	.707	.170		4.158	.000
		WFC	.489	.089	.581	5.488	.000
		FWC	.281	.092	.322	3.040	.003

a. Dependent Variable: ITO

Table 4.8: No of Dependents Coefficients

Number of Dependents	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
None	1	(Constant)	-.300	.900		-.333	.795
		WFC	.800	.600	.605	1.333	.410
		FWC	.500	.520	.437	.962	.512
1-2	1	(Constant)	1.093	.403		2.710	.020
		WFC	.655	.202	.882	3.244	.008
		FWC	.030	.282	.029	.108	.916
3-4	1	(Constant)	.728	.337		2.163	.036
		WFC	.612	.129	.644	4.750	.000
		FWC	.140	.123	.154	1.138	.261
More than 4	1	(Constant)	.699	.232		3.011	.004
		WFC	.483	.096	.541	5.043	.000
		FWC	.282	.091	.334	3.111	.003

a. Dependent Variable: ITO

The relationship of WFC and ITO is moderated by only people with 40 – 50 and 50 –
60 working hours/week. But it is insignificant for WFC-ITO relation for all groups, depicted
by insignificant t and p values.

Table 4.9: Working hours Coefficients

Working Hours	Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
			B	Std. Error	Beta		
less than 40	1	(Constant)	.837	.574		1.459	.175
		WFC	.527	.361	.620	1.460	.175

		FWC	.113	.337	.142	.335	.745
40-50	1	(Constant)	.811	.173		4.680	.000
		WFC	.439	.069	.552	6.392	.000
		FWC	.309	.073	.368	4.265	.000
50-60	1	(Constant)	.519	.314		1.652	.107
		WFC	.788	.147	.815	5.373	.000
		FWC	.027	.149	.028	.183	.856

a. Dependent Variable: ITO

Discussion of the Study

In recent years, Work-Life Conflict has attracted an increasing attention being an integral part of work-life balancing phenomenon widely researched in work sciences. The reasons for this impact are two folds, one being its influence on job outcomes like intention to turnover, job satisfaction, organizational commitment and other being the mental and psychological health consequences on an employee and negative effect on his quality of life.

Especially in health care sector, the wellness of the professionals is a key factor in maintaining the quality of the services they provide to the wider community. Stresses and strains like incompatibility between their family and work life would impact their job performance and the patients would bear the cost for it, indirectly.

This research makes contributions by exploring an employee population which is under-explored in the work-family literature. The role of Work-life conflict as a predictor of turnover intentions due to cultural norms and family values in Pakistan warrants special attention. To fill in the literary gaps, this research was conducted keeping in view that in Pakistan studies on health care sector are very few and an overall health care professional approach is completely non-existent. So our research – being a part of HCP's improved service delivery and stress reduction studies – is significant to the larger public as well.

Purpose of current study was testing the work life conflict and intention to turnover relationship among health care professionals of teaching hospitals of Karachi. The conclusion

from data analysis revealed an above average prevalence of WFC as well as a positive relationship between Work-family and Family-work conflict and turnover intention. A similarly significant presence and relationship was also found by Cohen (1997) and Powell & Greenhaus (2006). The lower prevalence of FWC in this research is also in line with previous studies. While empirical research has found strong support for WFC influencing turnover intentions, studies exploring FWC have had mixed results. For example, studies have tested conflict from both domains but found only WFC to be a significant predictor (Anderson, Coffey, & Byerly, 2002; Greenhaus, Parasuraman & Collins, 2001).

Results also revealed that gender, marital status, working hour, age and number of dependents all mediate the relationship between WFC and ITO. These findings were shown in all major researches on Work-Life Conflict. For example, Boyar et al. (2003) concluded that as children and elderly family members may require care, the obligation to meet their needs can influence family roles, which in turn creates inter-role conflict, resulting in FWC.

Current study found that both WFC and FWC were positively related to turnover intentions, highlighting that both work and family issues may encourage employees to search for employment elsewhere. Thus, employees may respond to greater conflict through seeking greater work-life balance with a different organization. Likewise, Mowday, Porter, and Steers (1982) argued that non-work factors, such as family issues and responsibilities, may also influence turnover intentions. So on the whole this study has drawn more or less similar conclusions that previous researches have documented, though very few of them were conducted in Pakistan, unfortunately.

Conclusion and Recommendations

To answer our research questions this study found an above average prevalence of WFC among healthcare professionals of a teaching hospital of Karachi. A positive relationship was seen between both dimensions of Work-Life Conflict and the ITO. The

Socio-demographic factors of gender, marital status, age, working hours and number of dependents were also found to affect the WFC and ITO relationship.

This positive relationship shows that employees intend to leave their organization when they are unable to cope with stress at their jobs influencing their family lives negatively. Thus, it up to the health care organizations to formulate strategies for reducing the stress level of their workers. A job redesign and a management support program to deal with work overload, insufficient work authority and time urgency which result in employee turnover would be beneficial, as proven by past researchers that employees seem more satisfied when they have a working conditions, shift duties and work schedule according to their preference (Omer, 2010).

Future Research Themes

The future researches should tap the widely unexplored area of primary and secondary health care organizations that make up the biggest chunk of Pakistan's health care set up. Work-Life Conflict's relationship with quality of health care service is a very important area which has been completely ignored by researchers in Pakistan. A future study in these areas can establish a base line for the researchers to come.

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