

**A QUANTITATIVE EXAMINATION: PREDICTORS OF HOME  
HEALTHCARE LEADERS' JOB SATISFACTION, ITS IMPACT ON  
ORGANIZATIONAL COMMITMENT**

by

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## **Abstract**

This dissertation presents a quantitative analysis of the predicting factors that affect home healthcare leaders' job satisfaction levels. This study examined the relationship between leaders' job satisfaction levels and organization commitment. The abridged version of JDI, JIG and the OCQ was utilized to gather the data that answered the research question. Data analysis was conducted to determine if any statistical relationships exist between variables that are predictors of home healthcare leaders' job satisfaction and their organizational commitment. Correlational analysis was conducted to examine the strength of the relationships. The data analysis revealed that a significant relationship exist between home healthcare leaders' satisfaction levels and affective and normative commitment. However, the relationship between their job satisfaction levels and continuance commitment was non-existent. Home healthcare leaders' tenure and age was found to be irrelevant to their perceptions of job satisfaction and organizational commitment. Overall, the majority of home healthcare leaders were generally satisfied with their jobs despite working in a very challenging environment. The area of greatest dissatisfaction (46%) for home healthcare leaders was promotion or opportunity for upward career mobility.

## **Dedication**

To my children and grandchildren, this dissertation is dedicated to you. Never give up pursuing your dreams whatever they might be. To Suzanne Lee, my oldest child, who often times attended family functions and events for me when I busy studying, thank you for being there whenever I needed you. Gillian Gordon-Perue MD, the physician in the family, Errol Kennedy Jr., my Marine, and Jon Kennedy, high school junior and my youngest child, I am so blessed that God gave you to me. I thank each of you for believing in me and for the excitement you displayed as I completed each step of the journey. Jon, I know that you sacrificed the most because of the times I missed your school activities. I thank you for your patience and your resilience over the past three and a half years as you traveled with me on this adventure. To Shanice Lee, my first grandchild and a freshman in college; Micah Lee, Caitlyn and Caleb Perue, thank you for understanding why I sometimes missed special events in your lives.

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## CHAPTER 1. INTRODUCTION

### Introduction to the problem

Most workers in the US spend a majority of the hours they are awake practicing their craft in the form of a job, which leads to the question what motivates people to work? Why do some people work for one organization for a long period of time when others do not? There is a growing perception that workers of past generations kept their jobs longer than workers do today. This suggests that the reasons people stay with one job longer than others might be related to their perceived level of job satisfaction. Researchers, Greenhaus, Collins & Shaw (2002) equate the level of contentment an employee has with their job to their perceived level of job satisfaction. In addition, job satisfaction is said to influence employees' happiness, general health, and work/life balance (Greenhaus, Collins & Shaw, 2002). Joseph, Kok-Yee, Koh & Soon (2007), study revealed that employees who are dissatisfied tend to be absent from work more frequently than their peers. The study also revealed that dissatisfied employees have high incidences of tardiness, are less productive, and are likely to quit their jobs (Joseph, et. al. 2007). The Bureau of Labor Statistics (2012) listed quitting as one of the top two reasons workers leave organizations. Employee turnover impact on the bottom line is significant because of the cost associated with hiring, and training new employees. In addition, organizations suffer additional cost from reduced productivity of current employees as they adjust to the introduction of new coworkers into the workflow (Cropanzano, Howes, Grandney, & Toth, 1997; MorBarak, Nissly, & Levin, 2001).

Business leaders have begun to recognize the impact of employee job satisfaction and subsequent turnover on their bottom lines and have drawn the conclusion that they must continuously work to find ways to decrease turnover (MorBarak, Nissly, & Levin, 2001). The factors that influence employee satisfaction include work condition, employees' personality, social influences, and employees' intrinsic or extrinsic values (George & Jones, 2005). These components or factors of job satisfaction are discussed in more details in the following section. Social influences, is another component of job satisfaction that increases employees perception of being content at work. When employees perceive that there are opportunities to socialize as members of work groups, and that these organizational groups holds similar beliefs and values as their own, employees level of job satisfaction increases (George & Jones, 2005). Another factor that drives job satisfaction is employees' characteristics (extroversion, agreeableness, conscientiousness, and openness). These characteristics influence employees feelings and thinking about their jobs. Employees' intrinsic values, as defined by George and Jones (2005), include personality, growth, competence, responsibility and accomplishment are also drivers of employees' feelings about their jobs.

While many components of job satisfaction are out of the control of organizations, work condition and employees' extrinsic values are the areas that organizations are able to influence. Work conditions are impacted by how favorable the environment is to employees. Do they have a boss who is good to them? Is their work interesting? Are coworkers agreeable and is their working environment comfortable for work? Meanwhile, employees' extrinsic values such as pay, benefits, and opportunities for advancement, status, and job security are also values that are held high by employees. When these values align with the values of the organization, it will have a positive impact on employees' job satisfaction (Lambert & Hogan, 2009).

Many research studies point to job satisfaction as a common denominator in employee turnover (Lambert & Hogan, 2008; Rosati, Marren, Davin, & Morgan, 2009). Job satisfaction is also known as an antecedent to organizational commitment, and is said to significantly correlate to employees' organizational commitment (Moon, 2000; Tett & Meyer, 1993; Porter & Steers, 1973). Organizational commitment focuses on the attitudes employees have towards their organization. These attitudes emerges either as the emotional attachment they have with their organization, the moral obligation they feel about continuing to work for their organization, or the high cost they must face if they should leave the organization (Pool & Pool, 2006). Since job satisfaction significantly relates to organizational commitment, the predictors of both constructs are important to the success and profitability of organizations (Moon, 2000; Tett & Meyer, 1993; Porter & Steers, 1973).

Since the early 1990s more than 12, 000 studies were conducted examining the predictors of employees job satisfaction (Ghazzawi, 2008). Many of these studies focused on particular industries but only a few focused on home healthcare. This study focused on home healthcare and specifically examined the predictors of home healthcare leaders' satisfaction. The home healthcare industry in the U S is undergoing drastic regulatory changes, an unprecedented demand of their services, and a critical shortage of home healthcare workers (Rosati et al., 2009). The ever-changing landscape of the home healthcare industry and their struggles to recruit and retain professionals presents a prime opportunity to conduct a study on home healthcare leaders as they navigate and guide their organizations through these challenging times.

## Background of the Study

Job satisfaction and organizational commitment are the two constructs that will be the focus of this study. Job satisfaction is known as a precursor to organizational commitment and is said to have a significant correlation to organizational commitment (Lambert & Hogan, 2009; Moon, 2000; Tett & Meyer, 1993; Porter & Steers, 1973). Researchers cite job satisfaction as the single most important reason employees separate from their organization (Lambert & Hogan, 2009; Rosati et al., 2009). It is also reported that the level of employees' job satisfaction has a negative link to employees' intent to separate from their organization. This means that there is increased likelihood an employee will separate from an organization when their level of job satisfaction is at the lowest end.

Organizational commitment multifaceted construct focuses on the three-pronged attitudinal relationship between employees' and their organization. These three components include affective commitment, normative commitment, and continuance commitment. Affective commitment is the level of emotional attachment employees have with their organization. Normative commitment is the level of moral obligation employees have for their organization, and continuance commitment is the cost employees perceive they will have to suffer if they leave their organization. Continuance commitment can also occur when employees stay with the organizations because they perceived that there is a lack of alternative job opportunity (Pool & Pool, 2006).

The nature of work and work itself is a predictor of job satisfaction. Work itself includes work that is challenging, diversified, creative, and has a variety of tasks (Kinicki, McKee-Ryan, Schriesheim & Carson, 2002). The nature of work includes workload, autonomy, job enrichment, job complexity, and responsibility (Balzer et al., 2000). Working in a healthcare facility or

hospital can be stressful and demanding of employees' time. Working in the home healthcare industry can be just as stressful and even more demanding because home healthcare employees must drive many miles per day to provide healthcare interventions in patients' homes. The difference between hospital workers' work environment and home healthcare workers' work environment is that home healthcare workers, work alone in environments that are unstructured, unfamiliar and unsupervised. In addition, their only form of support is via telephone from an individual who is located many miles away. These factors could have a significant impact on the job satisfaction level and organizational commitment of home healthcare workers. Studies revealed that employees' job satisfaction significantly relates to employee turnover and their organizational commitment (Pool & Pool, 2006; Moon, 2000). In other words, dissatisfied employees are likely to quit. With the reported critical shortage of home healthcare workers (Rosati et. al., 2009) and the predicted drastic demand for home healthcare services in the coming years (National Center for Healthcare Analyses, 2004), home healthcare organizations are seeking ways to stem the tide of employee turnover and to entice new workers to the industry.

The U. S. Bureau of Labor Statistic (2012) projected that the U. S. labor market will grow more than 10% by 2020. It is also estimated that during this same period that there will be a 49% increase in the number of workers who are over age 55 (Bliss & Associates, 2006). Rosati et al., (2009) reported that currently approximately 35 million Americans are over the age of 65. Data from the U.S. Census Bureau (2004) predicts that this number is expected to balloon to more than 54.6 million in 2020. These predictions suggest that the ageing baby boomers will have a double impact on the healthcare workforce. As many workers begin moving into retirement, they are also simultaneously increasing their use of healthcare services. In addition to the



explosion of baby boomers, Carter (2008), in her presentation on the caregiver crisis in America and around world, remarked that individuals with chronic illnesses are living to unprecedented ages because of the use of technology, medical advances, better nutrition, and access to improved healthcare.

These events have exponentially increased the demand for home healthcare services creating an unprecedented demand for home healthcare workers in the US (Rosati et. al., 2009). In addition, these challenges have created an environment in which it is difficult for home healthcare leaders to recruit and retain talented high performing employees. Fryer (2002) posited that the turnover rate of healthcare workers was greater than 20% and that many individuals who are exiting organizations are also removing critical organizational support. For example, oftentimes, the responsibility of the central components of many organizations internal operations lies with a few employees. When they separate from an organization, the gap left behind is enormous (Fryer, 2002). This scenario is true in the home healthcare industry because many home healthcare agencies have a few leaders handling day-to-day operations. Therefore, finding ways to retain employees by increasing their job satisfaction levels would decrease turnover and minimize the potential negative impact on daily operations.

As the population ages and the cost of healthcare increases, the focus of local and national news coverage is on the introduction of new government initiatives to reduce healthcare cost. The central theme of these initiatives is to reduce the number of days patients are hospitalized for an episode of acute illness (Stone, Pastor, & Harrison, 2006). The result of the implementation of these initiatives has shifted the paradigm for the home healthcare industry and the ways in which they conduct business (Rowe, 2012). As hospitals adhere to these changes, many patients are discharged home with continued need for healthcare interventions. This has

led to increase utilization of Medicare home healthcare services (Brega, Jordon & Schlenker, 2003; Rosati et al., 2009). Consequently, those efforts to restructure healthcare by reducing cost have impacted integral components of care delivery in the home throughout the US (Naylor, et al. 2004; Coyte & McKeever, 2001a). In addition, restructuring and government regulatory changes in the home healthcare industry have changed the way leaders and employees practice their craft. Ellenbecker, Samia, Byleckie & Milburn (2008) reported that employees working in an environment where the shortage of worker is commonplace view it as a source of dissatisfaction, which often leads to home healthcare workers considering alternate career opportunities.

Gaining a deeper understanding of the predictors of home healthcare leaders' level of job satisfaction and organization commitment is vital to maintaining stability in an industry that is facing significant drastic regulatory changes, unprecedented demand for services, and a critical shortage of workers. The aim of this study is to provide home healthcare organizations with empirical evidence, by examining the predictors of job satisfaction and organizational commitment. Home healthcare agencies could utilize the data from this study to develop policies that will address ways to reduce leaders' turnover rate

### **Statement of the Problem**

The home healthcare industry is undergoing drastic changes because of government regulations and mandates that dictates the way business is conducted and how employees practice their craft (Naylor et al., 2004; Coyte & McKeever, 2001a; Stone et al., 2006). In addition to these changes, the industry is suffering from a critical shortage of workers at a time when the demand for home healthcare services has dramatically increased. Recent legislative

changes, health care reform's Patient Affordable Care Act has caused a significant paradigm shift on how business is conducted in the healthcare industry. More importantly, this shift in paradigm includes an over- abundance of modifications to home healthcare regulations (Rowe, 2012)

Prior to these recent events, the role of a home healthcare leader was complex. The addition of these events has increased the complexity of the home healthcare leaders' role. For instance, in addition to having the skills that are required for most healthcare leaders, home healthcare leaders must possess a special set of skills that enables them to manage employees who are not contained on a hospital unit, office or clinic. A report from the National Association of Home Care and Hospice (2010) reported that home healthcare workers travel hundreds of miles per day to patients' homes where they must single handed provide complex patient care in environments that are unstructured, unfamiliar and unsupervised (Ellenbecker et al., 2008). Sneltvedt, Odland & Serlie, 2010 study revealed that nurses who began working in a home healthcare for the first time were surprised by the complexity of the vast expanse of clinical skills they utilized in while providing care in the home. These nurses expressed how demanding and heavy it was to stand-alone as they make important difficult decisions (Sneltvedt & Serlie, 2012)

One of the most important responsibilities of home healthcare leaders is the delivery of safe, quality care to patients in their homes. These leaders are held responsible for the care provided in patients homes, despite the fact that the level of direct supervision they can provide home healthcare clinicians is limited (Kendra, 2002). It is therefore imperative, that home healthcare leaders develop skills sets that allow them to create an environment where there is a

high level of trust between leaders and followers in order to facilitate safe effective delivery of quality patient care.

Against the backdrop an ever-increasing demand for home healthcare services, as well as the drastic changes occurring in the industry, home healthcare leaders face the daunting task of recruiting and retaining professionals (Kendra, 2002; Rosati et al., 2009). Likewise, many home healthcare employees have considered finding alternate careers or to separating entirely from the home healthcare industry due to the intense pressures to reduce healthcare cost. Home healthcare workers are faced with utilizing fewer resources, despite intense pressure to demonstrate that they provide good quality care as reflected in their patient outcomes scores (Meyer, Allen & Smith, 1993; Miller et al., 2003; Ellenbecker et al., 2008; Rosati et al., 2009).

The potential to lose home healthcare leaders during this crucial time is as alarming and daunting as the fact that the industry is facing an unprecedented shortage of workers. It is a daunting fact because as Rouser and Dorsey (2003) argued, many organizations do not have a process for knowledge transfer between employees. Castillo and Hinck, (2004) reported that human resources professionals have expressed concerns that turnover of certain individuals within an organization could become a potential problem. The authors contend that whenever turnover occurs, there is a significant impact on day-to- day operation in many organizations due to the loss of operational knowledge. This scenario is relevant to the home healthcare industry because many home healthcare agencies are small and are not a part of a hospital or larger system (NAHC, 2010); therefore these agencies have limited managerial resources. The loss of a home healthcare agency's leader could potentially stifle future growth, significantly affect quality of care, as well as influence the daily operations because of the knowledge gap that would be left behind. Galup, Klein, and Jiang (2008) posited that organizations with satisfied

employees are often successful organizations; while organizations with mostly dissatisfied employees are crippled (Carr, 2007) due to the loss of operational knowledge from employee turnover.

### **Purpose of the Study**

The framework of the home healthcare industry has undergone frequent changes in practices because of government mandates and regulations to contain cost and restructure the industry (Miller et al., 2003; Stone et al., 2006; Rosati et al., 2009, Rowe, 2012). In addition, the industry faces an uphill challenge as the demand for services increase and the number of available workers decreased. It was reported that 14% of frail elderly people receive care in their homes and outside the hospital setting (Weiner, Squillace, Anderson, and Khatutsky, 2009). Consequently, home healthcare leaders face a conundrum as the drastic changes in healthcare practices and reimbursement policies have created a demanding environment in which cost containment and the need to increase the level of quality care provided have become competing priorities (Rosati et al., 2009).

Work, for home healthcare leaders is considered to complex, challenging, and overwhelming and could if not handled effectively lead to leader dissatisfaction. This facet of job satisfaction is critical because it evaluates employees' satisfaction with certain premise of work. Is it challenging work? Is there diversification of work? Is there creativity and task variety? Is there an appropriate level of responsibility? Is the workload adequate? Are their autonomy, job enrichment and job complexity (Balzer et al. 2000; Kinicki et al., 2002)?

The center for workforce studies (2006) purports that home healthcare employees are less than 10% of all healthcare employees. However, because of the ongoing explosive growth in the

home healthcare industry, and the drastic changes occurring in the industry, the center for workforce studies recommended that the current home healthcare setting provide researchers with increased opportunities to develop a deeper understanding of the dynamics between home healthcare workers' job satisfaction and organizational commitment.

The impetus of this inquiry includes developing a deeper understanding of job satisfaction and its impact on home healthcare leaders' organizational commitment. Specifically, this study concerned itself with exploring and examining the predictors of home healthcare leaders' job satisfaction to determine if their level of job satisfaction influenced their organizational commitment. Further, the aim of this study was to provide information that would help fill the gap in research literature on home healthcare leaders' job satisfaction levels.

### **Rationale**

Many studies on job satisfaction and organizational commitment focuses on understanding job search behaviors among employees (Pool & Pool, 2006; Rosse, 2010). However, it is reported that very little research on job satisfaction and organizational commitment has focused on understanding the predictors of leaders' job satisfaction levels and their organizational commitment (Rosse, 2010). The current environment of the home healthcare industry is engulfed with a convergence of many significant changes that includes a severe shortage of workers. As the industry experience drastic and rapid change it provides researchers with opportunities to examine what are the predictors of home healthcare leaders' job satisfaction. It also provides an opportunity to gain a deeper understand of the dynamics between leaders' job satisfaction and organizational commitment. The results of this study would provide the home healthcare industry with statistical data, as well as evidentiary insight into the factors

that influences this group of professionals' job satisfaction levels and their organizational commitment.

### **Research Questions**

R1: In what ways and to what extent are home healthcare leaders job satisfaction related to their affective commitment?

R2: In what ways and to what extent are home healthcare leaders job satisfaction related to their normative commitment?

R3: In what ways and to what extent are home healthcare leaders job satisfaction related to their continuance commitment?

R4: In what ways and to what extent are home healthcare leaders' job satisfaction influenced by age, tenure, and gender?

### **Significance of the Study**

Most studies on job satisfaction and turnover frequently evaluated the consequences of organizational factors on subordinates (Cappelli & Hamori, 2006) while only a few have investigated the job satisfaction levels of leaders. For example, reports from Downey, March & Berkman (2001) study revealed that of a sample of 90 applications for leadership positions, 68% were from leaders who were in their position less than 12 months. This report suggests that 68% of the leaders who were new to their current position had applied for another position because they found factors of their current job unsatisfactory (Cappelli & Hamori, 2006). Rosse (2010) describes the 1992 study conducted by Gaertner and Nollen as one of the few studies that examined the overall job satisfaction of leaders. Further, the author contends that of the

thousands of studies conducted on job satisfaction very little have targeted managers, particularly senior managers (Rosse, 2010). The identified gap in the research literature on factors that affects leaders' job satisfaction and organizational commitment is significant to the subject of the proposed study because it will provide data to aide in the development of processes, policies, and programs for retaining leaders in an industry that is experiencing drastic changes.

The results of the study will add to the body of knowledge on job satisfaction, organizational commitment, and home healthcare. Finally the study aim to provide home healthcare owners, administrators and human resources managers statistical data from which they can develop policies that will shape the future of home healthcare leaders' job satisfaction and organizational commitment perspectives

### **Definition of Terms**

**Home Healthcare** is defined as a provider of healthcare interventions including skilled nursing services, homemaking and personal care services, social work services, physical, occupational and speech therapy services and psychological support in whatever place the vulnerable individual call home (Miller et al., 2003, Rosati et al., 2009).

**Job satisfaction** is the function of an employee's appraisal of what is needed from the job and what the job has to offer (Vandenabeele, 2009)

**Organizational commitment:** the level of commitment and attachment an employee holds towards the organization as measured by the Organizational Commitment Questionnaire (Pool & Pool, 2006; Lambert and Hogan, 2009).

**Tenure** defined in month and years for the length of time an employee have been working in their current job and within their current organization.



## **Assumptions and Limitations**

### **Assumptions**

There are certain assumptions about the study that were understood to be true. First, that the population studied did not have recent personnel issues that affected their job performance. In other words, the researcher assumes that each participant is capable of performing his or her job. Secondly, the researcher assumed that respondents would respond honestly to each question. Finally, the assumption was made that the instruments utilized to gather data in the study are appropriate based on prior evidentiary construct reliability and validity testing.

### **Limitations**

Certain limitations of the study were outside the researcher's control. The researcher had no knowledge if participants are in the midst of a disciplinary process at work, if so this could influence their level of job satisfaction or organization commitment. Secondly, self-reporting measures could have an inflationary effect on job satisfaction and organization commitments scores due to its subjective nature. Participants' willingness to participate in the study was also a limitation, as no rewards or incentives were offered. The final limitation was that the survey for the study was sent to members of the state association who had identified themselves as leaders within their organizations, thereby limiting generalization of the study to the greater population.

## **Nature of the Study**

Meyer at al., (2004), proposed that the theories utilized to understand the many factors that motivate employees offer different perspectives to a complex issue. Motivation is an energizing force that induces actions. Motivation dictates intensity, direction, and durations of

individuals' actions. Thus, the importance of understanding what motives employees to work hard intentionally is important to the success of organizations. The theoretical framework of this inquiry is Herzberg motivational theory and the aim of the study was to gain a deeper understand of how environmental factors, such as work itself, affect individuals' behaviors.

The Job Description Index (JDI) and Job in General (JIG) tools were utilized to explore the predictors of home healthcare leaders' job satisfaction. Job satisfaction is frequently studied (Christen et al., 2006; Demoussis & Giannakopolos, 2007; Lund, 2003) and is viewed as a multifaceted construct that is measured on a large-scale taking into account an array of organizational factors (Pool & Pool, 2006). The second variable that was examined is organizational commitment utilizing the organizational commitment questionnaire (OCQ). The variables associated with job satisfaction and organizational commitment directly influence employees' job performance and efficiencies (Lambert & Hogan, 2009) and will have a subsequent impact on organizational outcomes. Organizational commitment is another phenomenon that is frequently studied because of its impact on organizational efficiencies and effectiveness (Beck & Wilson, 2000; Pool & Pool, 2006 & Wagner, 2007).

**Nature of the study.** This quantitative study examined the relationship between the predictors of home healthcare leaders' job satisfaction level and its impact on the components of organizational commitment. Participants in the study utilized a survey questionnaire to identify their perception of job satisfaction factors, pay, promotion, supervision and work in general. They also utilized the same questionnaire to identify their perception of their organizational commitment. The research instruments that were utilized include the abridged versions of the Job Descriptive Index (JDIA), Job in General Scale (JIGa) and the organizational commitment questionnaire. Participants were asked to complete a short three question demographic

questionnaire from which data was gathered on their age, gender, and tenure with the organization.

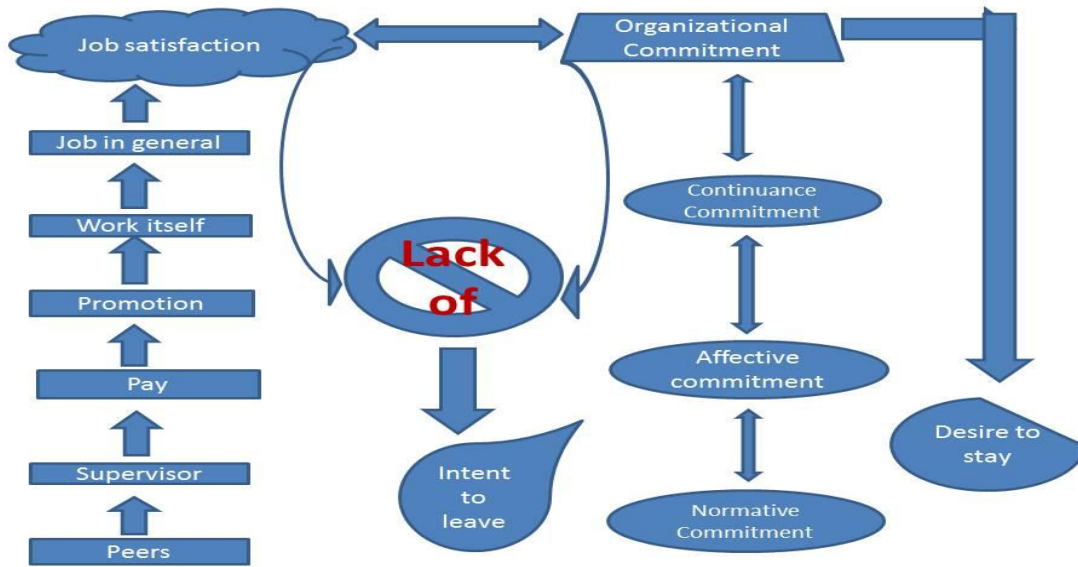


Figure 1. Theoretical framework leader job satisfaction  
A model of predicting factors that influences leader satisfaction and the consequential impact on their organization commitment and subsequent intent to leave or desire to stay

### Organization of the Remainder of the Study

The organization of this research study included five chapters. Chapter 1 introduced the study. A review of the literature on job satisfaction and organization commitment was presented in chapter two. Chapter 3 described the methodology of the study to include a description of the population and sample size, a description of instruments utilized in the study for data collection, as well statistical procedures that were utilized to analyze the data. Chapter 4 discussed the statistical analysis of the data and the final chapter, Chapter 5 provides the conclusion, researcher's critical interpretation of the data, limitations of the study and any recommendations for future research.

## CHAPTER 2. LITERATURE REVIEW

This research study was conducted to examine the predictors of home healthcare leaders' satisfaction and its impact on their organizational commitment. Most studies on job satisfaction evaluate the impact of organizational factors on subordinates. In support of this argument, Rosse (2010) stated, "Literally thousands of studies have been conducted on these topics, but relatively little has targeted managers, particularly senior managers." (p. 45). In fact, the author points to Gaertner and Nolan, (1992) study as one of the few studies that has examined overall job satisfaction of leaders (Rosse, 2010). This argument reveals a gap in the literature on the effects of organizational factors on leader satisfaction, which is the basis of this study. The purpose of this study is to bridge the research literature gap of studies that examines the predictors of the job satisfaction levels of home healthcare leaders' and how it affects organizational commitment.

The literature review began with a review of the subject of job satisfaction, its definition, and its relationship to various organizational variables. The review also examined studies that highlighted the Job Descriptive Index (JDI) and Job in General (JIG) tools. The second part of the literature focused on the meaning, antecedents, and consequences of organizational commitment. Finally, an overview of home healthcare as a sector of the health care industry was discussed. The intent of this chapter was to ensure that the study is conducted within the appropriate scholarly context of the literature that will guide and ground the research.

## Job Satisfaction

### Overview

In the review of literature on job satisfaction, it is difficult to find a single definition on which researchers agree. In earlier years, the basic premise of job satisfaction was about feeling and attitudes. Weiss (2002) acknowledged Brayfield and Rothe's definition of job satisfaction as the attitude of individuals towards work (Brayfield & Rothe, 1951). Later, job satisfaction was viewed as a function of ones' appraisal of what is needed from the job and what the job is offering. Employees' appraise aspects of what they perceive as values that the job offers, implicit or explicit. Employees also appraise or pass judgment on the relationship between what they perceived as valuable and what is valued by the organization. These factors then play an important role into their assessment of how satisfied they are with their jobs. Weiss (2002), study acknowledged that job satisfaction includes feelings of being satisfied on the job and that these feelings influence employees' organizational commitment. The study also extended the concept of job satisfaction and expanded the definition by describing job satisfaction as evaluative, which is to pass negative or positive judgments on the job or job situation. More recently, researchers (Weiner et al., 2009) posited that employees' judgment about the intrinsic factors of their job aligns closely with their perceived level of job satisfaction. Intrinsic values include personal growth, competence; responsibility and accomplishment (George & Jones, 2005).

## **Significant Studies**

Job satisfaction is an important factor in attracting and retaining employees. Galup, Klein, and Jiang (2008) posited that organizations with satisfied employees are often successful organizations; Conversely, Carr (2007) proposed that organizations with mostly dissatisfied employees are crippled. Over the years, studies conducted on job satisfaction points to the various variables and motivating factors that influences employees' perception of being satisfied (Bassett-Jones & Lloyd 2005; Riketta, 2008). These factors have propelled employers to view job satisfaction as extremely important to the success of their organizations. Accordingly, organizations have spent numerous hours implementing processes or programs to improve employees' job satisfaction.

### **Foundational studies**

Bassett- Jones and Lloyd (2008), contends that the contributions of early management theorist, Taylor (1911), Mayo (1933, Maslow (1943), and Herzberg et al., (1959) laid the foundation for studies identifying the factors that motives employees and increase their job satisfaction. The trajectories of Taylor's (1911) work were to inform management that the financial losses of the country were a direct result of industry inefficiencies. Secondly, he contended that these inefficiencies could be resolved through the management of processes. Thirdly, Taylor (1911) argues that the laws, rules, and principles of scientific techniques could be utilized in defining the best management techniques to reduce inefficiencies. Taylor's studies on ways to motive employees stemmed from the poor working conditions of workers and his belief that because of these conditions workers were not motivated to do more than is necessary to complete their assigned tasks. Taylor (1911) was curious if improving ironworkers working

conditions, by increasing their pay, would result in the workers becoming more productive. So he conducted a study to examine the relationship between pay and productivity. The results revealed that workers' productivity did increase with an increase in their pay (Taylor, 1911). The result of that study highlighted the relationship between better pay and increase productivity. In other words, the study confirmed Taylor's hypothesis that workers who were more satisfied where more productive.

Sherlock, Morgan and Karvonen (2007), reported that Mayo (1937) disagreed with Taylor's scientific management theory. Mayo (1937) posited that there were factors other than financial factors that also influenced or motivated employees' level of inefficiencies. Mayo was curious if alterations in the work environment would increase or decrease workers' productivity. Roethlisberger and Dickson, (1939) reported that Mayo altered the physical work environment in the Western Electric Plant by changing the lighting, humidity, and temperature and then compared the employees' level of productivity. In a similar study of female workers at Western Electric, the employees were moved from their normal work environment to a test room to evaluate if changing the physical work environment would influence worker productivity. The study revealed that the female workers level of productivity continued to increase although their work environment was changed. In addition, their overall attitude also improved (Sherlock, Morgan & Karvonen, 2007). Mayo later determined that despite the physical alterations of their work environment the workers' performance improved because they felt that leaders were paying attention to them. This interaction between leaders and employees resulted in an increase employees' productivity, morale, and their level of job satisfaction. This phenomenon was identified as the *Hawthorne effect*. Meaning that as the environment was altered to be warmer or cooler, lighter or darker, worker productivity improved because of their awareness that the

changes were occurring because they were in the midst of an experiment. The increase in workers' productivity occurred because they recognized that their leaders were showing interest in them (Roethlisberger & Dickson, 1939; Sherlock et al., 2007)). After these studies, the paradigm shifted and changed the focus of research on job satisfaction. The primary focus of most research changed from scientific management theory that is looking for the correlation between financial compensation and employee performance, to studies examining the significance between employees' attitude towards work, morale and performance.

In 1935, building on the results of the Western Electric studies, Hoppock (1935) developed and began using the first survey instrument to gather data on job satisfaction. Hoppock went door to door distributing 309 questionnaires to workers asking for their perspective on many factors including family relationship, health, and social status in the community. The overall result reflected that 66% of workers in New Hope, Pennsylvania were satisfied with their jobs (Hoppock, 1935, Lambert & Hogan, 2009). The result of Hoppock's use of a survey instrument was successful, so in later years he conducted a comparison study of teachers utilizing a survey questionnaire to gather the data. Five hundred teachers were surveyed and the 100 most satisfied with their job were compared to 100 least satisfied teachers. Evidence from this study suggested that job satisfaction was not influenced by a single factor; rather it was influenced by the convergence of the cumulative effects of many factors that determines job satisfaction (Hoppock, 1935; Lawler, 1973, Lambert & Hogan, 2009). Moreover, it was determined that there is an existing correlation between job satisfaction, mental health status, religion, overall satisfaction with life, and family influences (Wagner, 2007).

Rossiter (2009) incorporated Maslow's (1943) extension of other seminal researchers into his studies on motivational factors and employee satisfaction. Maslow utilized psychological



models to expand the investigation of predictors of job satisfaction and coined the term *hierarchy of needs*. Maslow contends that based on human motivation factors, psychologically individuals have certain basic needs that must be met. These needs are driven by the progressive human nature of individuals ranging from lowest to highest. Stated otherwise as individuals meet one level of need through growth and development their focus turns to the development of the next level of need (Rossiter, 2009). The five basic human needs are said to occur in the following manner, physiological, which is needed to sustain life, these are food, water and air (Rossiter, 2009). Security or shelter from the elements and physical protection is the second hierarchy of needs. These needs only emerge after the physiological needs are met (Rossiter, 2009). The third level of needs, social acceptance, friendship, and love includes the fulfillment of the need for romantic love, affiliation, being accepted and belonging (Skemp-Atlt & Toupenca, 2007). The fourth level of needs include self-esteem, respect, and recognition (Zalenski & Raspa, 2006). This level proposed that everyone has a need to view him or herself as stable and respected, as well as accepted and recognized by others (Rossiter, 2009). The highest and final level of need is self-actualization (Skemp-Atlt & Toupenca, 2007). This level of need emerges in the form of restlessness when the individual have met the first four levels and is ready to begin operating at their fullest potential (Skemp-Atlt & Toupenca, 2007).

Another important factor in Maslow's hierarchy of needs is that individuals can move back and forth through the levels of needs, and that they might even place more importance on one stage of need over the other (Maslow, 1954; Galup et al., 2008). For example, if individuals need for security and food were met at one point in their life, but a change in circumstances removed their sense of security, they would have an increase interest to satisfy their basic need for shelter, protection, and food. Individuals' priority for shelter and protection would recede

and their physiological need for food would emerge and take priority over the other needs. Likewise, individuals can undervalue a need, thereby reversing the hierarchy of need if they continue or remain at one level of need for an extended length of time. In other words, individuals whose experiences of safety, shelter, and protection is positive and never threatened, then oftentimes the need for security, protection and shelter is underestimated. Security, shelter, and protection are then viewed as less important than a higher level need, such as the need for love (Zalenski & Raspa, 2006).

Many studies were conducted utilizing Maslow's hierarchy of needs, but the theory has had its share of critics. O'Connor and Yballe (2007), critics of Maslow's theory, purport that there is no research that provides any evidence to support the notion that individuals follow a rigid process as they progress through each level of need. Another critic argues that individuals' needs are dynamic and not static as assumed by Maslow's hierarchy of needs (Whittington & Evans, 2005). Despite these criticisms, Maslow's hierarchy of needs continues to drive the research of many studies on job satisfaction. Moreover, Maslow (1954) contention is that the third through fifth basis level of individual needs are the most instrumental in determining job satisfaction.

### **Herzberg's theory**

The review of seminal works on job satisfaction would be incomplete if Herzberg's two-factor theory was not discussed. Herzberg's two factor theories or motivation hygiene theory is well respected and frequently utilized by researchers to identify predictors or motivators of job satisfaction (DeShields et al., 2005). Herzberg and colleagues theorized that there are two classifications for the multifaceted factors, which influence job satisfaction. The authors posited that these scales run on an independent continuum that coexists to either dissatisfy or satisfy

employees. The first scale contains motivating or satisfying factors and carries a range from satisfied to neutral. The second scale contained hygiene or dissatisfying factors, which ranges from dissatisfied to neutral (Herzberg et al, 1959).

Supporters of Herzberg theory, Buelens et al. (2007) and Timmreck (2001) identified specific facets of a job that are satisfying to individuals. Opportunity for advancement, work responsibility, recognition, achievement and work itself. These factors are motivational, in that they are strongly aligned with self-actualization and growth, therefore are likely to influence job satisfaction level (Zalensky & Raspa, 2006). Factors that tend to cause individual job dissatisfaction include interpersonal relationships, working conditions, policies, administration or leadership, supervision and salary. Researchers Beuleus et al. (2007) theorized that leaders or organizations that create environments in which there is a balance between both factors tend to have better outcomes. Despite these results, Herzberg's two-factor theory has continued to be the subject of many discussions.

Detractors, Brenner, Carmack and Weinstein (1971) questioned the techniques Herzberg utilized to validate his study. They argue that they could not embrace the generalizability of his study. Smith et al. (1969) argued that both factors of Herzberg's two-factor theory are dependent on each other. In addition, they argue that both factors are capable of satisfying or dissatisfying an individual in certain situations and should be on a single continuum. In response to critics Herzberg, as well as other researchers (Bassett-Jones & Lloyd, 2005; and Herzberg, 1987) conducted studies that validated motivation hygiene theory. Bassett-Jones and Lloyd (2005) quantitative study utilized a survey instrument and a stratified sample of 5,000 employees from various business sectors across the United Kingdom to determine the efficacy and validity of Herzberg motivation hygiene theory in organizations. The results were conclusive and

supportive of Herzberg's fifty-year-old theory. Upon further research, it was determined that the tool should be comprised of four distinct factors, satisfaction with work itself, pay and promotion, supervision and lastly with coworkers. Later the influences of pay and promotion were separated to create a fifth factor and the survey instrument became what is known today as Job Description Index (JDI) tool (Bassett-Jones & Lloyd, 2005). Since its implementation, the JDI has been utilized and publicized in numerous studies examining job satisfaction and was utilized in this study against the backdrop of Herzberg motivational theory framework.

In recent years, researchers used more general terms to identify the potential variables that affect job satisfaction. Christen et al. (2006) used the terms compensation to include promotion, salary or pay, and social climate. Job attractiveness, role overload and role conflicts relates to the general term of work, while the involvement of supervisors and the ambiguous nature of each role relates to the general term identified as organization. As mentioned earlier, job satisfaction is specific to individuals' emotional response and their judgment of their work environment.

Touranqueau and Crawley (2006) study signaled the importance of employees' emotional response to their work environment. The study revealed that employees with high rates of absenteeism were very dissatisfied with their jobs. In addition, the authors argued that absenteeism is a significant predictor for separation from organizations. Murphy (2004) contends that the negative effects of job dissatisfaction strongly correlate with poor quality organizational outcomes. A meta-analytic study examining the relationship between performance and job attitudes supports the results of Murphy's study. Ricketta (2008) analyzed 16 prior studies and found evidence to support the assumption that employee's job attitude has an impact on their performance and organizational outcomes. In a study conducted in Mexico, 49 floor

shop workers in a manufacturing company were studied to determine the factors that contributed to their job performance. The results revealed that a significant relationship exists between job satisfaction and performance. This implies that employees who perceived their needs were been met judged their job as satisfying, and tended to have higher job performance levels (Riketta, 2008).

Hansen (2003) utilized the JDI in a study of public health nurses working in three counties in California. The results revealed that nurses in Madera, Fresno and Tulane counties were equally satisfied in three facets of job satisfaction, supervisor, work itself, and coworkers. In addition, they were generally satisfied with their jobs. The differences between the nurses' satisfaction levels occurred in the areas of pay and promotion. Nurses in Tulane County were dissatisfied with their pay while the others were mostly neutral. In contrast, nurses working in Madera and Tulane counties expressed dissatisfaction with opportunities for promotion, while nurses in Fresno County expressed satisfaction with having promotional opportunities. Hansen's (2003) study provided researchers with opportunities for future studies on how geographical locations might affect job satisfaction. In addition, leaders of the public health nurses who participated in the study were provided an avenue by which they could implement changes to improve the factors that influenced the nurses' job satisfaction levels.

One other study utilizing a random sample of participants from several counties in Florida examined the job satisfaction level of middle schools assistant principals (Border, 2004). Eighty questionnaires were analyzed and 90% of the respondents expressed overall satisfaction with their jobs. Ninety –two and one half percent were satisfied with work itself, while 93.75% and 87.49% were satisfied with supervision and coworkers respectively. The results of this study were similar to the results of Hansen (2003) study of public health nurses. Promotion and pay

were the two predictors of job dissatisfaction. Only 32.5 % were unsatisfied with their promotional opportunities and 50% unsatisfied with pay. However, 62 % were satisfied with their perceived opportunities for promotion and the same amount 32.5 % were satisfied with their pay. Thirty-two percent of nurses from Hansen's study were also dissatisfied with opportunities for promotion. The study did not elaborate on geography, but it presents an interesting opportunity for future research to understand if geography influenced the results in which nearly a third of the studies' participants held opposing views on these predicting factors.

The correlation between job satisfaction and employees' intent to quit was found to be strong in many studies. The Veterans' Affairs Department conducted a large study to examine this correlation. Lichtenstein, Alexander, McCarthy and Wells (2004) utilized the JDI to measure job satisfaction levels of 1,025 employees from 102 units at the Veterans' Affairs department. The results revealed that job satisfaction correlates strongly with employees' intent to quit. Likewise, in a study of 1,248 community and hospital nurses examining the predictors of job satisfaction it was determined that community nurses, which included home healthcare nurses, predictors of job satisfaction was significantly different from those of hospital nurses (Cameron, Armstrong- Stassen, Bergen & Out, 2004). Home healthcare nurses were found to have high job satisfaction levels when both their intrinsic and extrinsic job satisfaction factors were met (Kroposki & Alexander, 2004; 2006). These results are significant because home healthcare nurses require a high level of autonomy and independence because they operate in isolation and work many miles away from any supervisory or peer support.

In a more recent study, Abraham, Friedman, & Thomas (2008) investigated the relationship between employees' intent to quit and job satisfaction utilizing a random sampling method to gather data from 5,610 union members. The authors utilized the JDI and JIG scales to

examine their job satisfaction levels. Regression analysis was utilized to analyze the data and the results found that the relationship between job satisfaction and intent to quit was significant for union workers. Abraham et al., (2008) study, as well as the study conducted at the Veterans' Affairs department determined that the correlation between job satisfaction and intent to quit was very strong.

The above studies described the results when the original JDI was utilized for the study. Studies utilizing the abridged versions of JDI and JIG survey instruments were found to be comparable to studies that utilized the original versions. Both the original and abridged version of this tool is frequently utilized interchangeably because their validity and reliability scores are similar (Stanton et al., 2001; and Russell et al., 2004).

In 2004, Wagner administered the abridged Job Descriptive Index (aJDI) to a convenience sample of human services employees. This study involved analyzing questionnaires of 150 employees who were divided into sub groups, direct care workers, and program coordinators. The results of the study was similar to the studies conducted utilizing the full version of the JDI. Overall, the participants were satisfied with work, supervision, and coworker. The two predictors of job satisfaction that reflected negatively in the studies mentioned earlier were also expressed negatively in this study. Almost 100 % were dissatisfied with pay and 58.3 % were dissatisfied with opportunities for promotion (Wagner, 2004).

### **Job Descriptive Index**

The Job Descriptive Index (JDI) is well known globally, has been translated over the years into nine different languages, and has been used in studies in seventeen different countries (O'Connor et al., 1978; Stanton et al., 2001). The popularity of this instrument is a result of its

ease of use, brief response format, as well as utilization of language appropriate for all reading skills levels (Stanton et al., 2001). In addition, the instrument provides participants with words that they could easily use to describe their work situation (Abraham et al., 2008). The abridged version provides an overview of work, pay, promotion, supervision, and coworkers, which are the five factors that were examined in this study and was utilized to gather data.

The following section provides an overview of the five factors of the Job description index.

**Pay.** Pay as it relates to job satisfaction is considered to be the difference between the employee's perception of what they should receive for their performance and the actual pay they received (Balzer et al., 2000; Abraham et al., 2008). It is important to note that some external factors such as previous salary from former jobs, employees' personal financial position, and the current state of economy in their region, state or city weighs heavily on employees perception, thereby influencing their subsequent response to this question.

**Promotion.** Promotion as a construct of job satisfaction promotes the potential for upward mobility for employees. It is the contention of researchers (Balzer et al., 2000; Abraham et al., 2008) that the perception of lack of upward mobility could lead to job dissatisfaction. In other words, employees who experience frequent, important, and or desirable promotional opportunities have a more positive attitude to the question of promotion

**Supervision.** This construct as it relates to job satisfaction is also based on the perception of employees. Employees who perceive their supervisor to be employee focused and who are more considerate tend to have higher satisfaction levels with their supervisors than those whose perception of their supervisor is opposite. In addition, when employees perceive that their supervisor is competent their confidence and satisfaction level in their supervisor increases



because they believe that the supervisor has the qualification needed to serve as their leader (Balzer et al., 2000; Abraham et al., 2008)

**Coworkers.** This construct measures the mutual admiration and fondness among employees. Employees' perception of their interaction with others, and how others interact with them, on work related issues dictates the relationship between this question and job satisfaction (Balzer et al., 2000).

**Work.** Work as it relates to job satisfaction focuses on actual work. Many factors influence this construct. Challenging work, diversification of work, creativity and task variety, responsibility, work load, autonomy, job enrichment and job complexity are but a few of the factors that directly influences employees' response to this question (Balzer et al., 2000). Some employees find challenging and diversification of work satisfying while others do not. Conversely, others would prefer to have jobs that are less complex and would view a complex job as dissatisfying.

## **Organizational Commitment**

### **Overview**

Researchers contend that commitment in the workplace takes many different forms to include commitment or loyalty to organizations (Lambert & Logan, 2009), commitment to leaders and teams (Bishop, Scott & Burroughs, 2000), career advancement (Noordin, Williams & Zimmer, 2002), commitment to professions or occupations (Wagner, 2007) and commitment to unions (Abraham et al., 2008). In addition to the different meanings associated with commitment, there are also various conceptual frameworks for commitment. Current researchers posited that commitment has a multidimensional construct whose antecedents and consequences

vary across dimensions (Meyer, Stanley, Herscovitch & Topolnytsky, 2002; Bentein et al., 2005). Whereas, some earlier researchers viewed commitment as one-dimensional (Buchanan, 1974; Wiener, 1982), others viewed it as multidimensional without varying antecedents and consequences (Angle & Perry, 1981; Meyer & Allen, 1991). Because of the plethora of studies conducted on organizational commitment, the assumption could be made that organizational commitment and its antecedents and consequences on other work-related variables have captured the attention of researchers. Further, organizational commitment has piqued the interest of organizations and businesses because studies have shown that organizational commitment have an impact on organizational efficiency and effectiveness (Beck and Wilson, 2000; Bentein et. al. 2005; Wagner, 2007).

Researchers (Bishop, Scott & Burroughs, 2000; Noordin et al, 2002; Wagner, 2007) have identified many forms of commitment in the workplace, consequently the definition of organizational commitments are many. Early researchers' argued that organizational commitment is the process by which the goals of the organization and individuals are integrated (Hall, Schneider & Nygren, 1970), or an attitude that links the identity of the individual to the organization (Sheldon, 1971; Lee, 1971). Others defined it as attachment to the organization's goals and values (Buchanan, 1974); loyalty to the organization independent of individual's satisfaction (Marsh & Mannari, 1974); and the level of individual involvement and the strength of their identification with the organization (Porter, Steers, Mowday & Boulian, 1974). In the 1980s early 1990s, organizational commitment was viewed as an internalized pressure to act in ways to meet the organization's goals (Wiener, 1982); psychological attachment to the organization (O'Reilly & Chatman, 1986); and reward and investment arrangements or transactions between employees and organizations (Oliver, 1990). Utilizing the various concepts

of organizational commitment, Meyer & Allen (1991), developed three broad classifications of organizational commitment, affective, cost-based and obligation based. The components of organizational commitment classified as affective commitment relates to the attitudes of individuals that connect their identity to the organization (Beck & Wilson, 2000; Rosetti, 2009). Cost- based classification refers to the cost to an individual for separating from an organization (Dixon, Cunningham, Sagas, Turner, & Kent, 2005) and obligation based commitment relates to the individual having a deep moral obligation to continue working for the organization (Bentein, et al., 2005).

In addition, organizational commitment was conceptualized into three distinct components, affective commitment, continuance commitment, and normative commitment. Affective commitment is summarized as the level of emotional attachment an employee has to their organization, as well as their level of involvement and identification to the organization (Dixon et al., 2005). In contrast, continuance commitment highlights the cost employees' associates with leaving an organization while normative commitment focuses on employees staying with an organization because they feel morally obligated (Wagner, 2007). McGee and Ford (1987) argued that employees with continuance commitment remained with organizations not only because of the perceived high personal sacrifices associated with leaving, but may also continue with their employer because of the lack of alternatives for employment.

Recent studies (Carson & Carson, 2002; Culpepper, Gamble & Blubaugh, 2004) validated McGee and Ford arguments reporting that personal sacrifices and lack of opportunities consistently related to each other and have a positive link to continuance commitment. Acknowledging the relationship between these two components, many researchers suggested that the organizational commitment conceptualization should have four components instead of three

(Carson & Carson, 2002; Culpepper, Gamble & Blubaugh, 2004; Bentein et al. 2005). In response to these studies, the organizational commitment scale was modified. Carson and Carson (2002) modified the scale by adding a second dimension to continuance commitment construct after removing several original items. These actions strengthened, the organizational commitment scale making it more robust (Carson & Carson, 2002). Meyers and Allen's model of organizational commitment is not the only multidimensional model available, however it is the model that has been scrutinized the most and that has gained the largest share of support from researchers (Clugston, 2000; Meyer, Becker & Vandenberghe, 2004, Wagner, 2007).

### **The Antecedents of Organizational Commitment**

**Demographic characteristics.** Organizations seeking to gain employees commitment might express interest in studies on the impact of demography on organizational commitment. However, researchers are hesitant in studying this area because organizations cannot alter demographic variables. In addition, charges of discrimination could be raised if they selected employees based on demographics. On the contrary, Taormina (1999) argues that organizations with knowledge that the commitment levels of certain group are low could utilize human resource strategies to increase their organizational commitment levels.

**Gender.** The results of studies on gender and organizational commitment are mixed. Some studies revealed a significant relationship between gender and organizational commitment while others revealed the opposite. In a study of college and universities internal auditors, there was a significant relationship between gender and organizational commitment (Colbert & Kwon, 2000). A 1990 study-utilizing students as its population examined the association between work values, gender, and organizational commitment. The evidence from that study suggested that a

significant predictor of commitment was gender. In addition, the results of an earlier meta-analysis study reported that women had higher levels of commitment than men did (Mathieu & Zajac, 1990). Recently, several researchers conducted a study on interns in the sports and recreation industry to assess their affective commitment. Their study was confirmatory and supported the findings of Mathieu and Zajac, (1990) study, as well as supported the results of Dixon et al. (2005) study that women had higher levels of commitment than men did.

Wahn (1998) examined continuance commitment. The populations sample consisted of female and male human resources professionals. The purpose of the study was to analyze the difference between genders and their organizational commitment. However, the results differed from the results of those studies in the prior section as it revealed that while women were more committed, the organizational commitment level between men and women ranges from minimum to moderate (Wahn, 1998). Dodd-McCue & Wright (1996) study of accountants stood in stark contrast to the above studies. The authors found men to be more committed to their organization than women. However, a meta-analysis conducted prior to the 1996 study, as well as two other studies conducted after the 1996 study of accountants found no relationship between organizational commitment and gender. The meta-analysis examined data from 27 independent studies and found no significant difference between male and female commitment to organizations (Aven. Parker, & McEvoy, 1993). Likewise, Turner and Chelladurai (2005) examination of intercollegiate coaches, and Peterson (2003) study of business professionals found no significant differences between the opposite sex and organizational commitment.

**Tenure.** The studies on employee length of time or tenure within an organization, an antecedent of organizational commitment, have resulted in similar results as studies on gender and organizational commitment. Some studies have shown that there is a significant relationship

between tenure and organization and the results of other studies had the opposite results (Colbert & Kwon, 2000). An early study on the relationship between female and male human resource professionals' tenure and organizational commitment was positive; however, there was a stronger relationship between organizational commitment and tenure for women than men (Wahn, 1998). The author theorized that women in the late 1980s had less job prospects than men did thus the reason for their high levels of organizational commitment.

Researchers (Meyer et al., 2004) posited that tenure increases the sacrifice for employees leaving an organization because employees might have to leave pension plans or retirement plans behind. However, it is unclear if the positive relationship associated with tenure and increased organizational commitment occurs because committed employees tend to stay longer with organizations or if employees are more committed because they have been with the organization for a long time (Meyer et al., 2002). In an earlier meta-analysis study, Meyer et al. (2002) found a weak relationship between tenure and organizational commitment and so did Brewer (1996) in his study of bus operators, which revealed that there was a lack of significant relationship between tenure and organizational commitment. However, a more recent study of nurses revealed a statistically significant relationship between tenure and organizational commitment (Tourangean & Cramley, 2008). In contrast, a study examining a specific organizational component, affective commitment of police officers, revealed that officers with increase years of experience had the opposite effect, their affective organizational commitment decreased as their years of service increased (Beck & Wilson, 2000).

**Age.** Studies on age, another antecedent of organizational commitment, have received similar results to those studies on gender. The difference between age and gender as revealed in a meta-analysis study conducted by Mathieu and Zajac (1990) is that like gender, age positively

relates to organizational commitment. However, when the analysis is moderated for significance to affective and continuance commitment the significance of age to affective commitment was much higher than the significance of age to continuance commitment. Studies reflecting opposing results on the relationship of age to organizational commitment include Peterson (2003); and Wahn (1998) studies where evidence suggested that there was no relationship between age and organizational commitment. However, Meyer et al. (2002) study revealed that a weak relationship exists between age and organizational commitment.

**Education.** Education another component of population demographic also relates to organizational commitment. Beecroft, Dorey and Wenten (2007) study of new RN graduates revealed that nurses with Baccalaureate degrees were negatively related to the concept of organizational commitment and had higher levels of intentions to quit. In an earlier meta-analysis of studies on demographics and organizational commitment, results disclosed evidence that the relationship between affective commitment and educational levels were significantly stronger than the relationship between educational levels and continuance commitment (Mathieu & Zajac, 1990). As discussed earlier, demographic variables correlate to organizational commitment. The variables discussed above are not the only variables that affect organizational commitment. There are obligations that are not work related (Mellor, Mathieu, Barnes –Farrell & Rogelberg, 2001) such as marital status which also influences organizational commitment but will not be discussed in this study.

**Job Characteristics.** Job characteristics have several variables that influence the commitment of employees to organizations. Variables such as skill variety and feedback task identity, task significance and autonomy, power, decision-making, and job challenges (Colbert & Kwon, 2000; Dixon, et al. 2005) was the focus of this section of the discussion. However, it is

important to mention that this list is not inclusive of the variables that impact organizational commitment. The results of an early study on the effects of the relationship between skill variety and feedback on organizational commitment were positive (Dunham, Grube and Castaneda, 1994). However, Colbert and Kwon (2000) posited that in their study of internal auditors the relationships between job characteristics and organizational commitment was inconsistent. For example, the relationship between skill variety and organizational commitment was found to be positive. The results were unexpected because the relationship between feedback and organizational commitment was significantly negative and was different from the results of similar studies. The authors speculated that a possible explanation for this unexpected result could be that employees responding to the survey might have had recent negative feedback instead of positive feedback from their supervisors. In addition, the authors contended that the measuring tool used in their study assessed levels of feedback not types of feedback, which could have influenced the results. Durham et al. (1994) series of nine studies revealed evidence suggesting that the relationship between task identity, task significance, and autonomy with organizational commitment is significant. More recent studies (Colbert & Kwon, 2000 and Dixon et al., 2005) contradicted the results of Durham et al. (1994) studies, because the results of (Colbert & Kwon, 2000 and Dixon et al., 2005) studies found that there were no significant relationship between the task identity, task significance, autonomy and organizational commitment.

**Power.** Another factor that influences employees' commitment to organizations is power. Executives employed with the federal government reported in a study that they had higher levels of commitment to the organization if they perceived that they have the power needed to execute and achieve positive organizational outcomes (Buelens et al., 2007). Likewise, federal



employees at the U.S. Mint reported that when they are involved in decision-making processes that their organizational commitment levels increases (Steel et al., 1992). When employees are challenged, feel empowered, and perceive that they are being developed, these factors translates into positive correlations to organizational commitment reports Dixon et al. (2005). On the contrary, the authors reported that their study did not reveal a significant relationship between supervisor support, role stress, and employees' organizational commitment.

**Organizational characteristics.** There are many variables associated with organizational characteristics that influence employees' commitment to their organizations. These variables include company reputation, company ethical stance, organizational values, organization's stance on employees' development and organizational support of employees (Bishop, Scott & Burroughs, 2000; Finegan, 2000; Peterson, 2003; Peterson, 2004, Dixon et al., 2005). Employees' perception of certain variables tends to negatively affect organizational commitment. For example, when employees perceive that the culture or the environment of their organization is too political, then their organizational commitment decreases. However, when employees perceive that their organization is dependable, that the lines of communications are open, that they have satisfactory benefits, and that they perceived that they are treated fairly and justly, then their affective organizational commitment increases (Culpepper et al., 2004; Siegel, Post, Brockner, Fishman & Garden, 2005; Thompson & Heron, 2005).

Organizational support is defined as the value organizations place on employees' contributions and their well-being (Siegel et al., 2005). The results from an earlier study conducted by Eisenberger et al. (1990) in a steel plant revealed that there is a positive relationship between employees 'organizational commitment and their perception that they have high levels of organizational support. More recent studies examining hospital employees,

correctional officers, and automotive plant employees supported the results of the earlier study and revealed that there is a positive relationship between employees' organizational commitment and organizational support (Lambert and Hogan, 2008; Wagner, 2007; Bishop et al., 2000).

### **The Consequences of Organizational Commitment**

Employees' commitment to organizations can be either positive or negative. Evidence from studies to determine the impact of employees' commitment to organizations reveals a process with multifaceted factors that includes major factors such as, performance, turnover, intent to leave, and knowledge sharing (Lambert & Hogan, 2008; Wagner, 2007). Other factors that influences organizational commitment include absenteeism, organizational change, and organizational citizenship behavior (Lambert & Hogan, 2008; Wagner, 2007)

**Performance.** The results of studies on the relationship between employees' organizational commitment and their performance are mixed. Mathieu and Zajac (1990) meta-analysis study suggest that the influence of organizational commitment on performance is miniscule. In addition, the findings of two separate meta-analysis studies conducted in later years revealed similar results (Becker, Billings, Eveleth & Gilbert, 1996; Riketta, 2002), although the primary focus of one study was narrowed and focused specifically on the relationship between a single component of organization commitment and performance. The study revealed that the impact of affective commitment on employee performance was small (Riketta, 2002).

Conversely, other studies revealed minor but significant impact of organizational commitment on performance. In a study of inter collegiate coaches, Turner and Challadurai (2005) discovered that the relationship between organizational commitment and performance

while small was statistically significant. A stronger relationship was found to exist between organizational commitment and performance in a study of employees of a financial institution (Meyer et al., 2002). However, Becker and Kernan (2003) contends that students participating in a laboratory study made clear distinctions between performance and organizational commitment based on whether they were rating their supervisor or the organization. In addition, the study revealed that the relationship between affective commitment and types of performance was found to be stronger than those of continuance commitment and performance (Becker & Kernan, 2003). The authors speculated that the results of these studies vary because of the types of performances that was studied and because employees' self-rating of performance often equaled their self-rating of organizational commitment. Suliman (2002) study suggested that employees who rated their organizational commitment as high also rated their performance higher than those who rated their organizational commitment scores lower. Lambert and Hogan (2008) agreed with these findings and posited that employees with strong organizational commitments are highly motivated to put forth more efforts for their organization.

**Turnover.** Turnover an area of focus for organizations and the topic of many studies is an antecedent of organizational commitment because it affects all ranks of employees. In fact, Wilson and Stranahan (2000) proposed that the turnover rate of hospital chief executive officers in America is significant. Organizational management researchers Porter et al. (1974) argued that organizations could reduce the rate of employee turnover if they could increase employees' organizational commitment rates. A meta-analysis of studies found that turnover had a high correlation to attitudinal commitment (Meyer et al., 2002). Meanwhile, Bentein et al. (2005) argued that the impact of organizational commitment on actual turnover is much greater than the impact of organizational commitment on career, customers, work group, or supervisor.

**Intent to leave.** Employees' intent to leave is a significant component of actual turnover and is said to be the topic of more research studies than studies on actual turnover (Mitchell, Holton, Lee, Sablinski & Erez, 2001). Evidence from Bishop et al. (2000) study reveals the existence of a negative correlation between organizational commitment and intent to leave (Bishop et al., 2000). A later meta-analysis study revealed that intent to leave had a significant negative correlation to the three components of organizational commitments, affective, continuous, and normative commitment (Meyer et al., 2002). A 2005 study revealed a low positive relationship between continuance commitment and intent to leave because of employees' perception of the high sacrifice they must make if they depart an organization, as well as their perception that the availability of alternate job opportunities might be limited (Dixon et al., 2005). Meanwhile, affective and normative commitments are said to have a significant negative correlation with intent to leave (Turner and Challadurai, 2005) and are classified as critical to the process of employee turnover. However, researchers have found that employees' organizational commitment is not static but changes with time (Bentein et al., 2005).

**Knowledge sharing.** Alvesson (2001) case study suggested that employees who are committed to an organization are more innovative, creative, and willing to share information because they perceived that their organizations created a work environment that allows them to grow also develops high levels of organizational commitment, in turn, this commitment influences them to generate and disseminate new knowledge. The examination of one consulting firm employees' knowledge sharing behaviors revealed that employees with high levels of organizational commitments are more willing to share knowledge with peers more so than employees with low levels of organizational commitments (Robertson, O'Malley Hammersley, 2000).

**Other factors.** Employee absenteeism, willingness to accept organizational changes and their organizational citizenship behaviors (Meyer et al., 2002) are other variables which could have an impact on organizational commitment. These variables are not inclusive of all other variables that influence organizational commitment; however, they will not be discussed in this study but it is important to acknowledge that these variables also influence organizational commitment.

### **Job Satisfaction and Organization Commitment**

The review of literature on studies of organizations, as well as review of studies on nursing are replete with analysis of the relationship between job satisfaction and organizational commitment (Finegan, 2000; Morris and Bloom , 2002; McNeese-Smith and Crook, 2003; Rosati et al., 2009). Studies utilizing prediction models revealed significant correlations between job satisfaction and organizational commitment (Moon, 2000; Logan and Hogan, 2009). In a review of the theoretical and empirical work on organizational commitment, researchers support the notion that the link between job satisfaction and organizational commitment is significant and substantial (Mowday, Porter & Steers, 1982; and Wagner, 2007).

Morris and Bloom (2002) study made a positive link between employees' perception of their organizational climate, job satisfaction, and organizational commitment. McNeese-Smith and Crook (2003) study of more than four hundred nurses revealed that the correlation between job satisfaction and organizational commitment were different for line staff from those of nurse leaders because of the various values that affect job satisfaction. Male nurses were more satisfied and committed to their organization than female nurses if they perceived that they had high levels of job autonomy. Conversely, nurse leaders were more satisfied and committed to their organization if they perceived that they had high levels of creativity in their role (McNeese-

Smith & Crook, 2003). The authors contend that employees whose values align with those of the organization are more satisfied and committed than those with differing values. Consequently, Wagner (2007) purported that a strong link exists between employees' organizational commitment and their job satisfaction levels.

Knoop (1995) surveyed over one hundred and seventy nurses to measure the relationship between commitment and job satisfaction. Utilizing regression analysis to explain variances, the results exposed a positive correlation between organizational commitment and job satisfaction. However, the authors contend that the nurses may be committed to their profession and not to the particular organization (Knoop, 1995). Further evaluation of the relationship between job satisfaction and organizational commitment was conducted in a 2002 study of four thousand registered nurses (Ingersoll, Olsan, Drew-Cates, DeVinney & Davies, 2002). In that study, the job satisfaction levels of nurses who were over 50 years old, nurse educators, and masters level nurses were higher than the job satisfaction levels of other nurses. The predicting factor of job satisfaction identified through regression analysis of the data, include the role of the nurse, educational degree, and employment setting. Moreover, the study result revealed that nurses working in administrative roles (leadership roles) had high levels of organizational commitment. However, a significant trajectory of the study found that there were a high percentage of the nurses working in administrative roles and had high commitment levels, also indicated in the same study that they intended to separate from their organizations (Ingersoll, et al. 2002). These results align with the rationale of the proposed study on the predictors of Home healthcare leaders' job satisfaction and its impact on their organizational commitment. The assumption made from Ingersoll et al. (2002) study is that even though leaders might have high levels of organizational commitment they may also be dissatisfied with their jobs as indicated by their

intent to separate from their organization. In addition, the assumption could be made that the reverse scenario could also be true. Echoing a similar sentiment are researchers Barak, Michal, & Nissely (2001) who proposed that job dissatisfaction directly relates to turnover. Conversely, organizational commitment is identified to be equally important as job satisfaction in predicting nurses' turnover Wagner (2007).

### **Home Healthcare**

With the introduction of managed care in the 1980s, the US healthcare system went through unprecedented changes (Gray-Toft & Anderson, 1985). The commentaries and the news headlines of the day were similar to the commentary and news headlines of today, as initiatives to reduce healthcare cost took center stage (Stone et al., 2006; Rowe, 2012). Over the years, as the efforts to contain healthcare cost increased and the length of patients' hospital stay decreased there has been a significant increase in the number of patients needing skilled care in their home. This led to increase utilization of Medicare home healthcare services (Brega et al., 2003; Roseti, et al., 2009)). Healthcare observers reported that the integral components of care delivery in patients' home throughout the US and other Western countries including Canada were greatly impacted by efforts to restructure healthcare (Wiener et al., 2009; Naylor et al., 2004).

The role of the home healthcare industry is to provide healthcare interventions and psychological support in whatever place the vulnerable individual called home (Wiener et al., 2009; Miller et al., 2003). Care intervention provided by home healthcare workers includes, skilled nursing service, which are similar to the nursing care, provided on a medical surgical unit in a hospital. Care interventions also include: rehabilitation services similar to those provided by a physical therapist, occupational therapist, or speech therapist, in a rehabilitation clinic, hospital

or a nursing home. Care intervention in the home; also include social services similar to those a patient would receive in a hospital, nursing home, or health department. Home healthcare workers also provide homemaking and personal care services often in conjunction with one of the other services mentioned above. At times, home making and personal care services maybe provided alone (Wiener et al., 2009; Miller et al., 2003).

The changes in government regulations and mandates forced all health care organization to acknowledge that their industry is facing radical changes. As a result of these changes, the home healthcare industry is faced with a challenging opportunity to meet the needs of an aging population, therefore it is imperative that home healthcare leaders embrace the opportunities presented (Morgan, 2010; Kendra, 2002). While these challenges provide home healthcare agencies with many opportunities for rapid growth, they are also burdensome, because they compete with the plethora of priorities home healthcare leaders have in order to maintain high quality patient care, recruit, and retain staff, as well as ensure employees and patients' satisfaction and safety concerns are addressed.

One of the predictors of job satisfaction is work itself, which include challenging work, diversification of work, creativity and task variety, responsibility, workload, autonomy, job enrichment and job complexity (Pool & Pool, 2006; Balzer et al. 2000). Considering the complexities of the home healthcare leaders' responsibilities and the additional challenges the home healthcare industry faces, these work factors could have a significant impact on home healthcare leaders' satisfaction levels, as well as their commitment to their organizations. The aim of this study was to take a closer look at how the combination of these frequent, drastic regulatory changes coupled with the critical shortages of home healthcare workers, as well as the



ballooning demand for home healthcare services will affect the job satisfaction levels of home healthcare leaders as they work to sustain the viability of their organizations.

### **Summary**

This chapter presented a summary of significant studies that contributed to the literature review of job satisfaction and organizational commitment. It also provided an overview of the definition of home healthcare and the complexities associated with the role of a home healthcare leader. A summary of job satisfaction, the various facets, and variables associated with job satisfaction was also presented. It was determined that job satisfaction includes employees' feelings of being satisfied on the job, and that these feelings impacted employees' organizational commitment. However, the definition of job satisfaction was expanded beyond just employees' feeling to being evaluative, that is employees pass negative or positive judgments on the job or job situation (Beuleus et al., 2007; Weiss, 2002). The chapter also relayed that certain facets of a job, such as opportunity for advancement, work responsibility, recognition, achievement, and work itself were found to provide the most satisfaction to individuals; (Pool & Pool, 2006). The facets that predominately tend to cause job dissatisfaction include interpersonal relationships, working conditions, policies, administration/ leadership, supervision and salary (Christen et al., 2006, Riketta, 2008). A summary of the abridged and original versions of JDI and JIG, and studies that utilized these instruments was also presented, as well as the validity and reliability of both versions were found to be comparable and can be utilized interchangeably (Russell et al., 2004; Stanton et al., 2001).

The second section of the chapter summarized the meaning, antecedents, and consequences of organizational commitment. Organizational commitment has attracted the

interest of organizations and businesses because of its link and influences on organizational effectiveness and efficiency. Evidence of studies on organizational commitment predicts that organizational commitment have a significant influence on employee turnover, absenteeism and knowledge sharing between employees (Turner & Challadurai, 2005; Bentein et al., 2005).

Finally, this chapter discussed the contribution the study will make to the body of research on job satisfaction and organizational commitment. The results of this study could benefit home care leaders, administrators, and policy makers in understanding the antecedent of leaders' satisfaction and its effect on organizational outcomes. Chapter 3 discussed the research methodology, instrumentation, procedures, and data analysis that were utilized to conduct the study.

## CHAPTER 3. METHODOLOGY

This chapter describes the study's research design and provides an overview of the process that was followed to determine the relationship between predictors of job satisfaction and organizational commitment. The objective of this empirical, quantitative research study was to expand the body of literature on job satisfaction and organizational commitment as it relates specifically to home healthcare leaders. Utilizing a design that is cross-sectional and correlational allowed the researcher to explore and examine aspects of the predictors of job satisfaction and its impact on organizational commitment. The chapter addressed the hypotheses, research design, variables, population, sample, instrumentation, reliability, and validity of the instruments, data collection procedures, data analysis techniques, assumptions and limitations to the study.

### Hypotheses

The hypotheses related to this study are listed below.

H1: There is a positive relationship between home healthcare leaders' satisfaction level and normative commitment

H2: There is a positive relationship between home healthcare leaders' satisfaction level and affective commitment

H3: There is a positive relationship between home healthcare leaders' satisfaction level and continuance commitment

H4: Home healthcare leaders' tenure is positively related to job satisfaction and continuance commitment.

H5: Home healthcare leaders' age is positively related to job satisfaction and normative commitment.

## Research Design

Creswell (2009) posited that the research question is the driver of the research design. The research question inquires about the relationship between constructs. Swanson and Holton, (2005) contends that quantitative research designs are deemed appropriate when there is justification on how effective and efficient they are accomplishing the goals of the study. The aim of this quasi- experimental study is to test specific hypotheses; therefore the utilization of quantitative methodology is appropriate as the findings explained and presented quantifiable data that are objective rather than subjective (Lawal, 2009; Creswell, 2009). In addition, abridged JDI, JIG and the OCQ were utilized to gather the data that answered the research question. Data was gathered to determine if any statistical relationships exist between variables that are predictors of home healthcare leaders' job satisfaction and their organizational commitment. Correlational analysis determined the strength of the relationships between job satisfaction and organizational commitment of home healthcare leaders. Researchers Mowday et al., (1982); Stamps (1997); Warner (2000); Meyer et al., (2004) argued that there is a significant relationship between job satisfaction, and organizational commitment, as such this study aimed to expand the knowledge base on the studies of organizational commitment and job satisfaction.

Random sampling will be utilized to choose participants for this cross-sectional designed study. The use of cross-sectional design will allow the researcher to collect, analyze and present results in a short period. Polonsky and Waller, (2005) purports that cross- sectional design gathers data at only one point in time, which results in a more timely publication of results. Conversely, the duration of time to gather data in studies utilizing longitudinal design could span from one to more than 29 years. The use of survey instruments as the tool to gather data in this

study is practical because the population studied is geographically dispersed, and because the cost of administering surveys are minimum in relation to the cost of gathering data using other methods (Creswell, 2009). In summary, a cross-sectional design is optimum and an appropriate design to achieve the objectives of this research study as it relates to the dimensions of time.

### **Sample**

The population of this study includes management employees of home healthcare agencies in one state. The population classification includes leadership or management employees of home healthcare agencies in one state. The role classification of the participants includes anyone who supervises other employees and holds the title of supervisor, coordinator, manager, administrator, director, vice president, executive director, regional director, or regional manager. It is important to expand the titles of home care leaders for this study because similar titles do not hold the same meaning or carries the same responsibility in all home healthcare agencies. For example, a person holding the title of director in one home healthcare agency may be responsible for the clinical functions, while a person holding the same title in another agency might be responsible for all aspects of the agency to include financials, operations and clinical depending on the size and ownership of the agency. Age, tenure, and gender will be the other population characteristics that will be examined. Tenure includes employees employed one or more years with an organization

Random sampling is frequently utilized in studies examining relationships between organizational commitment and job satisfaction. Bryman (2006) contends that researchers utilize simple random sampling to ensure that there is an equal probability that each individual can participate in the study. Simple random sampling will be utilized to gather the data to decrease

the probability for under or over representation and reduce the risk of sample bias (Bryman, 2006; Swanson & Holton, 2005). The email address of leaders of the 118 home healthcare agencies who are members of the state's home health association were assigned a number from 1-118. Then the number of participants needed to complete the survey based on the sample size calculation was selected and a survey questionnaire emailed to each of them. This form of simple random sampling is appropriate because the number of participants is relatively small which makes it cost effective, manageable, and convenient to gather the data.

Gay and Airasian (2002) proposed that in order to establish if a significant or non-significant relationship exists between two constructs in a correlational study, there must be a minimum of 30 participants. Portney and Watkins (2000) support this argument when they proposed that a quantitative study with a sample size of 30 is considered reasonable and acceptable. Lawal (2009) posits that in studies with small populations the entire population should be studied. Studies with populations greater than 500 should utilize a sample that is 50% of the population. Studies that have populations larger than 1,500 require 20% sample size and studies with larger populations require an 8 % sample size in order to generalize from the sample to the population (Leedy & Ormrod, 2001). Researchers (Creswell, 2009; Marjolein, Berings, Anja, Doornbos, & Robert-Jan-Simons, 2006) contend that studies with a large sample size garner greater statistical power and generalizability of the findings.

Participant response rates are important factors in sample surveys because they could drastically affect the findings. If the sample size or the response rate from the sample is, too small it could threaten the results of the study. An inappropriate sample size could create type 1 or type 2 errors, or false positive errors. The results from a study in which the sample size is too small could be considered useless and the resources utilized in the study would be wasted. In

addition, in studies where the sample size is too large for the population being studied, could result in a waste of financial resources since similar results were achievable if fewer resources were utilized (Lawal, 2009).

Therefore, it is imperative that response rates are considered when making statements of generalization (Bryman, 2006), since the variation in survey participation rates is very wide, however the expected participation rate for studies utilizing survey instruments should be between 3-20%. It is proposed that a minimum of 30 survey responses are necessary to meet the assumptions of parametric distribution and statistical validity of studies that utilize survey instruments (Lawal, 2009; Leedy & Ormond, 2004; Robson, 2002).

The data that is gathered for this study is continuous, the researcher utilized a margin of error that is 0.04, and alpha of 0.05 (Creswell, 2009). Upon soliciting, the state association to determine the number of home healthcare agency leaders that meet the description and who are also members of the association, it was determined that there were 118 leaders. To determine the appropriate sample size from a population of 118 respondents the researcher utilized a sample size calculator and concluded that the number of leaders that should be requested to participate in the study is 90. The researcher believed that a confidence level of 95% is achievable with this sample size.

### **Setting**

The setting for this study was an Internet survey of members of a state association who manages staff in their agencies. Permission was granted from the association to utilize members e-mail addresses to collect the data. Recruitment activities were limited to an e-mail sent to participants prior to the beginning of the survey. The e-mail informed them that the association had agreed to participate in a research study, and that it is seeking their participation in the study.

Two reminder e-mails was sent to participants. Both of the e-mails reminded them about the study, and to ask for their participation, as well as to inform them that their participation was voluntary. The researcher was available via telephone or via e -mail to answer any questions participants might have had about the study. The benefit to the association members is that they will have access to the results of the study once it is published. The results of the study would aide in the development of programs that could influence home healthcare leaders' job satisfaction and organizational commitment levels.

### **Instrumentation/Measures**

Three separate validated measurement tools, as well as three demographic questions to gather participants' age, tenure, and gender was utilized to obtain data for the study. The researcher did not modify any of the instruments but did compile the instruments into one document for ease of use. The three instruments administered in this study were the abridged versions of the Job Descriptive Index (JDI) and Job in General (JIG) tools, as well as the Organizational Commitment Questionnaire (OCQ). Both the JDI and JIG were obtained from the Bowling Green State University, these instruments has played a key role in studies of job satisfaction. Mowday et al., (1979 developed the OCQ which is widely utilized and accepted by researchers. Permission to use the abridged versions of JIG and JDI instruments was obtained from Bowling Green State University.

### **Job Descriptive Index and Job in General**

Over the years many instruments have been developed and utilized to examine job satisfaction in quantitative studies. Discussions on job satisfaction can be emotion driven and



the interpretation of observers can vary, therefore it is critical that the techniques utilized to gather data is reliable and valid (Locke, 1969, Stanton et al., 2001). A few of the most frequently used instruments to examine job satisfaction include the Brayfield-Rothe Index (1951); Porter Need Satisfaction (Porter, 1962); Minnesota Satisfaction Questionnaire (Wiess, Darvis, England, & Lofquist, 1967); and Job Descriptive Index (Smith et al., 1969). These instruments are often tested and retested and revised as new learning occurs (Stanton et al., 2001). The JDI instrument is no exception to being revised. Since its development more than 50 years ago, the JDI has had many adaptations to its original instrument.

The JDI is a multi-factorial instrument whose language is easy to read and includes measurements of five specific factors that are known to influence job satisfaction. However, all components of the levels of job satisfaction were not determined by these factors (Stanton et. al., 2001), therefore the authors developed the job in general (JIG), which is administered along with the JDI to determine a more global view of job satisfaction (Blazer et. al., 2000). It is important to note that while both instruments are administered together and have established convergent validity, they are separate instruments and must be handled as such (Ironson et. al., 1989). The role of the JIG is to evaluate the participants view on their job satisfaction level overall, while the JDI looks at specific components of job satisfaction. The benefit of utilizing the JDI and the JIG instrument is that both have an abridged version, which provides the participants with a shorter version of the questionnaire. The facets of the abridged JDI and JIG utilized to determine job satisfaction are evaluated by the use of short phrases, which describes each component, and participants are asked to respond with yes or no answers.

Many early studies to test the reliability of the JDI five factors found that its reliability statistics ranges between 0.80-0.88 (Smith et al., 1969; Muchinsky, 1977; Johnson, Smith &

Tucker, 1982; Drasgow & Miller, 1982; and Christian, 1986). The specific reliability of each of the five factors include 0.84 (work); 0.80 (pay); 0.86 (promotion); 0.87 (supervision) and 0.89 (coworkers). However, in 2000 it was reported that the reliability alphas for these factors changed (Blazer et al., 2000). They were listed in the JDI manuals as 0.90 (work); 0.86 (pay); 0.91 (supervision); 0.87 (promotion) and 0.91 (coworkers). Likewise, the JIG gauges the overall job satisfaction levels of employee and has a reliability alpha reliability of 0.92 (Ironson et al., 1989). In 2000, the reliability alpha for JIG was reported as unchanged, however in 2003 a systematic review of job satisfaction indexes revealed a slight decrease in JIG reliability alpha from 0.92 to 0.91 (Van Saane et al., 2003), meanwhile the abridged JIG reliability alpha remained unchanged at 0.92 .

The abridged versions of JDI and JIG will be utilized in this study to reduce the length of time required for participants to complete the survey while maintaining the overall validity and reliability of the data. Studies utilizing the abridged versions support the notion that the convergence of discriminate validity and reliability of these instruments are good when compared with other job satisfaction instruments (Kinicki et al., 2002). After a review of more than 210 articles examining the relationship between correlates and consequences of job satisfaction the construct validity of the abridged JDI and test-retest reliability were found to be acceptable with the range of the median consistence reliability ranging from 0.80-0.85 (Kinicki et al., 2002).

### **Organizational Commitment Questionnaire**

The original 15-item instrument was developed as a means for survey respondents to indicate the degree at which they agree or disagree with a particular question about their feeling

towards their organization. In 1993 Meyer, Allen, and Smith modified the original instrument by removing and adding questions more suitable to answer questions about employees' feelings towards their organization. Participants would respond to each question by the degree with which they agree with the question *1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = undecided, 5 = slightly agree, 6 = agree and 7 = strongly agree*. The current organizational commitment questionnaire (OCQ) has 18 questions that are scored on a 7-point Likert scale. This instrument is widely accepted in the field by researchers who find the instrument easy to administer, easy for participants to follow, and require only a minimum amount of time for participants to complete (Pool & Pool, 2006; Wagner, 2007).

Validity and reliability of the OCQ was found to be acceptable after testing was conducted utilizing the instrument in studies of 2,563 participants in nine different organizations across various setting. Convergent reliability testing revealed correlations between 0.63 and 0.74 (Mowday et al., 1979). Additional testing and retesting of the reliability of the instrument occurred in 1982, At that time its correlations coefficients ranges from 0.53 – 0.75 (Mowday et al., 1982) suggesting that the external reliability of the instrument was good (Bryman, 2006). Likewise, internal reliability of the instrument had high levels of coefficient alpha ranging from 0.82 – 0.93 with a median point of 0.90 for all studies (Mowday et al., 1982). In later years, another researcher conducted a test-retest of the OCQ to evaluate its reliability (Lam, 1998; Meyer, Allen & Smith, 1993). The instrument was utilized to conduct studies in eight organizations in a span of 10 weeks and the results indicated a moderate level of reliability with alpha coefficients of 0.82 – 0.84. Wagner (2007) contends that organizational commitment measures the same attitudinal factors as job satisfaction but organizational commitment was found to have a stronger predictor to turnover than job satisfaction.

## **Demographic Data**

Lastly, participants were asked to respond to three questions about their gender, age, and tenure with their organization. This data was collected to aide in establishing the characteristic of the populations, as well as evaluate the relationship that exists between demographics, job satisfaction, and Organizational commitment. Utilizing the abridged version of the JDI and JIG, as well as the OCQ greatly reduced the time participants spent answering the survey questions.

## **Data Collection**

An e-mail seeking permission to conduct the study and utilizing the e-mail addresses of members was sent to the state association. The e-mail explained the nature and purpose of the study, and the process that would be utilized to gather the data from home healthcare leaders. The e-mail further explained that participation in the study was voluntary. Further reassurances were given that any data collected will be kept confidential and that the survey questionnaire would be administered anonymously to protect participants' privacy. Permission was granted by the president of the board of directors to utilize the association members e-mail address to collect data for the study. The data was gathered utilizing a survey questionnaire comprised of the abridged versions of the JDI and JIG, as well as the OCQ which consist of 18 questions. In addition, responses to three demographic questions on age, tenure, and gender were gathered. The link to the survey questionnaire was included in the consent form explaining the purpose of the study and that participation was voluntary. The consent form also informed participants that the survey was anonymous and that they can withdraw from the study at any time. Completed surveys are kept in a locked safe deposit box and will be retained for six years.

### **Treatment/Intervention**

The primary independent variables for this study were factors of perceived job satisfaction. These variables were measured utilizing the abridged versions of the JIG and the JDI. These instruments assessed the dimensions of a job that are satisfiers and factors that can be dissatisfying to employees. The factors include pay, peers, supervisor, and promotion, work, and job in general. The demographic variables gathered were age, gender, and tenure and they were considered to be independent variables for this study. The dependent variables were the three forms of commitment as identified by organizational commitment questionnaire and as defined by Meyer and Allen (1991), normative commitment, affective commitment and continuance commitment.

### **Field Test**

A small field test was conducted to ensure that the instrument is error free and easily understood. One group of three individuals who are employed as leaders in a hospital setting were given samples of the survey instrument, soliciting feedback on terminology, structure and length of instrument. The participants reported that they used an average of 15- 20 minutes to complete the questionnaire. None of these individuals were participants in the formal survey and the feedback received from them was utilized to modify the survey.

The first participant was the chief nursing office and Vice President of Nursing of a local hospital system. She holds a Master's degree in healthcare administration and a Bachelor's degree in nursing. This participant has more than 35 years in healthcare, which include many years in the home healthcare industry. Her roles while working in home healthcare include manager, director, and administrator of a home care agency. The first participant reported that

the questionnaires were very easy to use and did not take much of her time to complete; in fact she reported that she was able to complete answering the questions in less than fifteen minutes

The second participant is an advanced practice nurse who is currently employed in a local women's health center. This participant holds a bachelor's degree in nursing, as well as a Master's degree as an advance nurse practitioner. She has more than 20 years nursing experience, and for ten of these years she worked in the home healthcare industry as a field nurse and as a manager. The second participant in the field study reported that the questions were appropriate and met the intent of the study. She commented on how little time it took her to complete the survey and felt that participants should be able to complete the survey in less than 15 minutes.

The third participant is the director of nursing services in a local hospital. This individual worked for a home healthcare agency for more than 5 years as field nurse before moving to a hospital setting 10 years ago. This participant holds a doctorate in nursing degree and a master's degree as an advance nurse practitioner. This participant identified one flaw on the questionnaire, she pointed out that one of the four original demographic questions response was not consistent with the responses of the other questions. The particular question asked respondents to identify highest degree earned from a list that was not continuous in nature as the responses were for the other questions. The third participant of the field study recommended that the researcher changed the responses to this question to match the nature of the responses of the other demographic questions, the researcher elected to remove the question from the questionnaire. The overall feedback from this participant of the field study was that the instruments were easy to use and that the questions met the desired intent of the survey. She also reported that participants should be able to complete their survey within 5 minutes.

Finally, conducting a pilot study to test instruments for their validity and reliability is an important step in studies that utilizes untested or new instruments, or when utilizing modified instrument. A pilot study was not an appropriate step for this study because the instruments validity and reliability were tested numerous times in previous studies and were found to be acceptable in the evaluation of job satisfaction and organizational commitment. The instruments were not modified for this study.

### **Data Analysis**

Data was analyzed using Statistical Package for Social Sciences (SPSS) version 18.0 for windows software for statistical analysis. SPSS was introduced in the 1960s and has been frequently utilized to conduct analysis on data derived from quantitative studies. Descriptive statistics was utilized to measure central tendency and dispersion of variables. The purpose of the study was to examine relationships between variables therefore; Spearman rho, as well as Person correlation analysis was utilized to determine the relationship between variables. Gall, Gall and Borg (2006), posits that Person r is often utilized to determine relationship, where strong relationship between variables are often reflected as a value closer to the absolute value of 1. Finally, regression analysis was utilized to test hypotheses and to evaluate the relationship between multiple variables from which conclusions about the analysis of the data were drawn (SPSS, 2009).

### **Validity and Reliability**

Validity and reliability testing of any instrument used in the process of conducting a study is extremely important to the results of the study. The abridged Job Description Index (JDIa) and Job In General (JIG a) as well as the Organization Commitment Questionnaire are the

primary instruments utilized in this study. The abridged versions of JDI and JIG have been tested, and over the years were used in many studies establishing their validity and reliability (Smith, 1992; Hanisch & Hunin, 1990; Stanton et al., 2001; Kinicki, 2002). Further, the psychometric testing of each instruments were found to be consistent across occupations and settings when assessing the five factors of job satisfaction which include satisfaction with supervision, coworkers, pay, promotional opportunities and the work itself (Kinicki, 2002). Participants responding to questions on JDIa were asked to respond with Y for agreement and N to indicate disagreement with the question. If the respondent was unsure or undecided then they would choose the ? mark sign. The researcher tabulating the data assigned numbers ranging from 0-3 to each response, and assigned each undecided answer with the number 1.

In a large study of more than 2,600 respondents, Golumbiewski (1978) found that the applicability of the JDIa was appropriate and reliable in determining the predictors of job satisfaction. The study revealed that the instrument's internal consistency ranged between 80-84% and confirmed the results of Smith et al. (1975) study. Moreover, Hanisch & Hunin (1990) described the instrument reliability and validity as impressive. Scientific literature on the scale identifies its discriminate reliability, discriminate validity, and convergence as good in comparison to other job satisfaction scales (Jung, Delessio, Johnson, 1986). Likewise, in test-retest studies to evaluate the instrument construct validity Kinicki et al. (2002) examined 210 studies that utilized JDIa to measure job satisfaction. The authors reviewed the relationship between correlates of job satisfactions and consequences of job satisfaction and concluded that the construct validity of the tool was very high with a median range of 0.80-0.85. The JIG developed in 1989 gauges the overall job satisfaction levels and has a reliability alpha reliability of 0.92 (Ironson et al. 1989). In 2000, the reliability alpha for JIG was reported as unchanged



however, in 2003 a systematic review of job satisfaction indexes revealed a slight decrease in JIG reliability alpha from 0.92 to 0.91 (Van Saane et al. 2003), meanwhile the abridged JIG reliability alpha remained unchanged at 0.92

The components of the OCQ theorized that employees are willing to exert additional efforts on behalf of the organization, that employees have a strong desire to be a part of a given organization and that they hold strong values and are accepting of their organizational values (Mowday et al., 1979; Meyer & Allen, 1991). These three concepts are known as organizational commitment. The organization commitment scale originally consisted of 15 questions utilizing the 7-point Likert scale to evaluate employees' level of commitment to their organization. Later the tool was revised, some items were removed, and others added to create a scale with 18 questions (Meyer et al., 1993). The reliability and validity of the OCQ was tested by utilizing six psychometric properties of the tool to conduct a number of studies with more than 2,500 participants in various work setting and in a variety of jobs. The psychometric properties tested include: means and standard deviation; internal consistency reliability; test-retest reliability; convergent validity; discriminate validity; and norms and found that the means and standard deviations of organizational commitment levels ranges from 4.0-6.0; while internal consistency had a median of 0.90 and ranged from 0.85-0.90 (Henson, 2001, Van Dijk, 2004). To conduct a test retest of the instrument for reliability over time, four separate studies were conducted and researchers found the correlation to be high and compatible to other measures that evaluated employees' attitude to remain with an organization. Convergent validity of six samples ranged from 0.63-0.74 and determined that the validity of the organizational commitment scale was acceptable (Mowday et al., 1982; Meyer and Allen, 1991; Meyer et al., 1993). Further, discriminate validity testing of the tool to examine several job satisfaction measures in relation to

organizational commitment predictors revealed that in general there is a strong relationship between both, however the factors predicting turnover was stronger for organizational commitment than it is for job satisfaction (Wagner, 2007; Lambert & Hogan, 2009).

### **Ethical Considerations**

Studies discussing job satisfaction and organization commitment can evoke certain emotions in participants and can be viewed as a stressful process because of the fears of breach of confidentiality (Capella, 2011). Participants were reminded that their information is held in the strictest confidence and will not be shared with anyone. In addition, participants were informed that their participation is voluntary and that they can withdraw from the study at any time without any retaliation. Capella IRB question and answer described workers of a particular company or organization as vulnerable if the gathered data is published because it could negatively affect the employee. The participants for this study were drawn from a variety of home healthcare agencies throughout the state, therefore the results of this study cannot be directly link to any particular agency. The cover letter that accompanied the questionnaire included a section for informed consent. The consent form also served as the introduction to the study, as well as to inform participants of the nature of the study and any associated risk or benefits (Bryman, 2006). This information allowed the participants to have a clear understanding of the consequences of participating in the study. The study was conducted in an Internet survey format; the researcher did not distribute the surveys, and no face-face encounters occurred between the participants and the researcher. This negates the threat of researchers' influence on the participants. Participants who clicked on the link and completed the survey indicated that they have read the informed consent and that their participation was voluntarily.

Confidentiality was maintained throughout the study as no participants' identifying information or any identifying information associated with the link to the survey was obtained or solicited. The risk associated with participation in this study was minimal. There were no financial benefits to the participants.

### **Conclusion**

In summary, this study was a non-experimental, co relational, quantitative study designed to measure the predictors of home healthcare leaders' job satisfaction and the subsequent impact on organizational commitment. This study was limited to home healthcare leaders who are also members of the state association, as well as limited to the honesty of each respondent. The methodology utilized, the research question, hypotheses, design, variables, population, data collections procedures, instrumentation, techniques for data analysis, assumptions, and limitations were discussed. The results of the data collected and the researchers' interpretation is presented in chapter 4 and chapter 5 discusses the study's conclusion, recommendations for future studies, and any other relevant areas that were not discussed in prior sections.

## CHAPTER 4. RESULTS

The design of this study was to explore and examine the perspectives of a population of leaders who work in home healthcare agencies and are members of their state home healthcare association. A description and analysis of the data obtained during the study is presented in this chapter. The data was collected via an internet survey and then analyzed using SPSS software. The first section of this chapter provides information on the descriptive factors of the study, which is then followed by the analysis of the data that corresponds to the investigation of the following hypotheses:

H1: There is a positive relationship between home healthcare leaders' satisfaction level and normative commitment

H2: There is a positive relationship between home healthcare leaders' satisfaction level and affective commitment

H3: There is a positive relationship between home healthcare leaders' satisfaction level and continuance commitment

H4: Home healthcare leaders' tenure is positively related to job satisfaction and continuance commitment.

H5: Home healthcare leaders' age is positively related to job satisfaction and normative commitment.

The tools utilized in this study were the abridged Job Descriptive Index (aJDI) and the abridged Job in General Scale (aJIG), as well as the organizational commitment scale. The population and sample for this survey was obtained by utilizing an e-mail list of the association members. The target population was leaders of home healthcare agencies who were also members of the state's home healthcare association. The association contacted and informed

potential participants about the study, as well as requested their participation in the study. The association also sent reminder e-mails, during the data collection phase of the study, reminding participants that the survey link was still available for them to participate in the study.

### **Survey Completion**

The size of the population of home healthcare leaders in the state of Kentucky who were also members of the state association was 118 leaders. Based on sample size calculations, the sample size for this study was determined to be 90 participants. After utilizing simple random sampling to choose the 90 participants, an email with the link to the internet survey questionnaire was sent to members of the targeted population. Participants were informed in the email that the link to the survey would be available for two weeks. Email reminders were sent at the end of the first week, and on the morning of the last day of the survey, informing potential respondents that the survey link is available if they would like to participate in the study. .

Forty of the ninety questionnaires distributed were attempted; however, five participants abandoned the survey before answering all questions, resulting in thirty-five participants responding to each question and providing completed data for the study. Response rate is defined as the percentage of individuals who respond to a survey (Stevens, 2009). A high response rate ensures that there is a representative sample of the targeted population (Stevens, 2009). Response rate is also determined by the methodology utilized to administer the survey questionnaire. The consensus among researcher is that the acceptable online survey response rate is 30%.

Therefore, the response rate for this study was 38%, which is 8 % higher than the average rate for online surveys and is therefore deemed acceptable.

## Demographics

Demographic data was collected on three measures; gender, tenure, and age. All 35 participants were women, 10 of the participants had tenure of two- four years and 8 participants worked with the same organization for more than 20 years. The mean was 3.83 and standard deviation was 1.654. (Table 1) The data analysis on age revealed that 48 % or 17 home healthcare leaders who participated in this study were between 45-54 years. The ages of the second largest group of participants were 55 years and older, with a mean of 3.89 and standard deviation of 0.918 (Table 2).

Table 1. Tenure

Tenure		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 - 1	1	2.9	2.9	2.9
	2 - 4	10	28.6	28.6	31.4
	5 - 9	6	17.1	17.1	48.6
	10 - 14	3	8.6	8.6	57.1
	15 - 20	7	20.0	20.0	77.1
	Over 20	8	22.9	22.9	100.0
	Total	35	100.0	100.0	

Table 2. Age

Age		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25 - 34	4	11.4	11.4	11.4
	35 - 44	6	17.1	17.1	28.6
	45 - 54	17	48.6	48.6	77.1
	55 and Older	8	22.9	22.9	100.0
Total		35	100.0	100.0	

## **Data Analysis Procedures**

An overview of the data analysis procedures is discussed in this section. In order to provide a measure of central tendency and dispersions of each variable, descriptive statistics, such as standard deviation and means were computed. Spearman rho correlation, Pearson correlation, as well as multiple linear regression analysis was utilized to test the research hypotheses. Spearman rho non-parametric correlation testing was conducted on Hypotheses 1, 2 and 5 because the data did not meet normal distribution. Pearson correlation testing was conducted on Hypotheses 3 and 4. Multiple regression analysis was utilized to test all research hypotheses to evaluate the variables of multiple quantitative variables for their correlation to a dependent variable. An alpha of 0.5 was used to determine the statistical significance of the variables.

## **Job Satisfaction**

The abridged Job Descriptive Index (aJDI) and the abridged Job in General measurement instruments were the tools utilized in this study to gather data on job satisfaction. The five facets of job satisfaction, as well as the cumulative measure of job satisfaction were described using descriptive adjectives and the scales clearly outlined for participants who completed the questionnaire. All 35 participants answered each question, utilizing the directions on how to respond even if they were unsure of their answers. Based on Bowling Green State University recommendations for converting the data, the frequency of distribution of each adjective was identified and the scores categorized into three categories. Respondents' answers to each adjective were formulated into numbers, then totaled, and then placed into one of three

categories. Scores totaling 0-22 signify respondents who had feeling of dissatisfaction, 23-31 scores signal respondents whose feelings of satisfaction were neutral, and those with scores 32-54 had feelings of job satisfaction.

### **Work**

Work a facet of the abridged Job Descriptive Index (aJDI) is categorized as work itself or the content of one's job. Analysis of this facet is used to evaluate the satisfaction levels of respondents with their work. Participants scoring 32 or above indicates a high level of overall satisfaction with their work. The data revealed that of the 35 respondents, 77 % (27) had feelings of satisfaction with work itself. One participant or 2.8% rated their feelings as neutral and 20 % or 7 respondents' had feelings of dissatisfaction with work (see Table 3).

### **Pay**

Pay is the second facet of the abridged Job Descriptive Index (aJDI). The purpose of this question is to evaluate if respondents were satisfied or dissatisfied with the compensation they received for performing their jobs. The data for this facet revealed that 77 %, or 27 of the home health care leaders, who responded to this survey, had a high level of satisfaction with their current compensation. Likewise, 6 participants (17%) had feelings of dissatisfaction and 2, or 5.8 % of respondents scored in the neutral zone on this facet of the aJDI (see Table 3).

### **Opportunity for promotion**

This third facet of the abridged Job Descriptive Index evaluates if respondents perceived that they have opportunities within their organization to be upwardly mobile in their career. The results of the data revealed a narrow margin of difference between respondents who were satisfied with opportunities for promotion in their current job and those who were dissatisfied. The data showed that just fewer than 46 % or 16 respondents scored indicated a high level of



satisfaction; while 37% or 13 respondents indicated dissatisfaction with opportunities for promotion. The number of responses in the neutral category was 17 % or six of the 35 respondents (see Table 3).

### **Supervision**

Supervision is the fourth facet of the abridged Job Descriptive Index. This question asks respondents to evaluate their levels of satisfaction with their supervisors and their perception of the level of supervision they received from their supervisors. The data analysis revealed that 77% or 27 respondents scored above 32 suggesting that the respondents had a high degree of satisfaction with their current supervisor and level of supervision. Twenty percent or 7 respondents scored below 22 indicating their dissatisfaction with supervision and 2.8 % or 7 respondents were neutral with scores ranging from 23-31 (see Table 3).

### **Coworker**

The focus of the coworker facet of the aJDI was to determine respondents' perspective of their coworkers, peers or others with whom they interacted daily at work while doing their jobs. All respondents indicated an opinion about her coworkers, as no one scored in the ranges of 23-31. Eighty-six percent or 30 respondents scored above 32, indicating a high degree of satisfaction with their coworkers. Likewise, only 5 respondents or 14 % indicated dissatisfaction with their coworkers (table 3).

### **Overall satisfaction**

The abridged Job in General Scale utilized eight adjectives to capture an overall measurement of respondents' perception of their feeling about their job. The cumulative results for this measure revealed that the majority of home healthcare leaders in the state of Kentucky were satisfied with their job in general. Sixty-six percent or 23 respondents' scores were above

32 indicating a high level of job satisfaction, while approximately 23 % or 8 respondents had feelings of dissatisfaction with their job in general. Four respondents were neutral in their response to this measure (Table 3).

Table 3. Frequency distribution for aJDI facets and aJIG

Facets	Score	N	%	Cumulative N	Cumulative %
	0-22 Unsatisfied	7	20.1	7	20.1
	23-31 Neutral	1	2.8	8	22.9
<b>Work</b>	32-54 satisfied	27	77.1	35	100
	0-22 unsatisfied	2	5.8	2	6
	23-31 Neutral	6	17	8	23
<b>Pay</b>	32-54 satisfied	27	77.2	35	100
	0-22 unsatisfied	6	17.1	6	17.1
	23-31 Neutral	13	37.1	19	54.2
<b>Promotion</b>	32-54 satisfied	16	45.8	35	100
	0-22 unsatisfied	7	20.1	7	20.1
	23-31 Neutral	1	2.8	8	22.9
<b>Supervision</b>	32-54 satisfied	27	77.1	35	100
	0-22 unsatisfied	5	14	5	14
	23-31 Neutral	0	0	5	14
<b>Coworkers</b>	32-54 satisfied	30	86	35	100
	0-22 unsatisfied	8	22.8	8	22.8
	23-31 Neutral	4	11.5	12	34.3
<b>aJIG Overall satisfaction</b>	32-54 satisfied	23	65.7	35	100

N = 35

## Organizational Commitment

Respondents to the Organizational Commitment Questionnaire (OCQ) were asked to respond to 18 questions and to rate each question utilizing a 7- point Likert scale. Respondents also had the option to choose no opinion as a response to the questions; two respondents did choose this option in response to a couple of questions. All responses were then measured cumulatively with consideration given to certain questions that were scored in reverse, as recommended by the authors and developers of the instrument (Mowday, Steers & Porter, 1979). The minimum cumulative score of all 18 questions and 35 respondents were 46, a maximum of 194 with a mean of 92, which is indicative of a moderate range of total scores for this questionnaire.

Table 4. Cumulative responses - Organizational Commitment

	N	Minimum	Maximum	Mean	Standard Deviation
Organizational Commitment	35	46	194	92	51.881

## Hypotheses Testing

*H1o. There is no relationship between home healthcare leaders' satisfaction level and normative commitment.*

Overall satisfaction with job in general as it relates to the total normative score revealed a significance level of 0.003, which is less than 0.05, the null hypothesis was rejected and the conclusion drawn that there is a relationship between home healthcare leaders' satisfaction with

job and normative commitment. The correlation between these variables is 0.495, which means that a moderate positive correlation exists between these two variables. The data analysis of the six variables or facets of job satisfaction to examine the relationship with normative commitment revealed that four of the six variables (67%) had a significant relationship with normative commitment. This information led to the conclusion that there is a relationship between job satisfaction and normative commitment in general. However, a regression analysis utilizing overall satisfaction with job in general as the independent variable and total normative score as the dependent variable, depicts a significance level of 0.008, which is less than .05. Therefore, the null hypothesis was rejected and the conclusion drawn that normative commitment cannot be predicted by overall satisfaction with job in general. In this case, the R square value of 0.173 means that approximately 17% of the variance in normative commitment can be predicted from overall satisfaction with Job in General.

*H2o. There is no relationship between home healthcare leaders' satisfaction level and affective commitment.*

Data analysis revealed that the significance level between overall satisfaction with job and total affective score is 0.001, which is less than .05. Therefore, the null hypothesis was rejected and the conclusion drawn that there is a relationship between home healthcare leaders' satisfaction with job and affective commitment. The correlation is 0.542, which means there is a moderate to strong positive correlation between these two variables. Additional analysis of the six variables or factors of job satisfaction revealed that two of the six variables had a significant relationship with affective commitment, which would lead to the conclusion that there is some relationship between satisfaction and affective commitment in general. However, a regression

analysis utilizing overall satisfaction with job in general as the independent variable, and total affective commitment score as the dependent variable revealed a significance level of 0.020, which is less than 0.05. Therefore, the null hypothesis that affective commitment cannot be predicted by overall satisfaction with job in general was rejected. The R Square Value of 0.158 suggest that approximately 16% of the variance in Affective Commitment could be predicted from overall satisfaction with job in general

*H3o. There is no relationship between home healthcare leaders' satisfaction level and continuance commitment.*

The significance level between overall satisfaction with job in general and total continuance commitment score is 0.583, which is greater than 0.05. Therefore, the null hypothesis that there is no relationship between home healthcare leaders' satisfaction with job and continuance commitment was accepted. The analysis of the six variables or factors of job satisfaction revealed that only two of the variable had any significant relationship between them and continuance commitment, which would lead to the conclusion that there is very little relationship between satisfaction and continuance commitment. In addition, the two job satisfaction variables, promotion, and supervisor, which had a significant relationship with continuance commitment, also had a negative correlation with continuance commitment

The correlation between overall promotion and Continuance commitment is -0.561, which means there is a moderate to strong NEGATIVE correlation between these two variables and continuance commitment. Likewise, the Pearson correlation analysis revealed that there is a moderate NEGATIVE correlation between supervisor and Continuance commitment, as evidenced by a correlation of - 0.390.

*H4o. Home healthcare leaders' tenure is not related to job satisfaction and continuance commitment.*

The data analysis of these variables revealed that the significance level between overall satisfaction with job and tenure is 0.108, which is greater than 0.05, so the determination was made to accept the Null Hypothesis that there is no relationship between home healthcare leaders' satisfaction with job and tenure. The analysis of the seven variables or factors of job satisfaction revealed that a significant relationship existed between one of the seven variables and tenure. This led to the conclusion that it is possibly that a very small relationship exist between satisfaction and tenure in general. Further analysis of the data through regression analysis-utilizing tenure as the independent variable and overall satisfaction with Pay as the dependent variable was conducted. The data revealed a significance level of 0.059, which is greater than .05. This resulted in an acceptance of the null hypothesis that satisfaction with pay cannot be predicted by tenure

*H5o. Home healthcare leaders' age is not related to job satisfaction and normative commitment.*

Data analysis revealed that the significance level between overall satisfaction with job and age is 0.487, which is greater than 0.05. Therefore, the determination was made to accept the Null Hypothesis that there is no relationship between home healthcare leaders' satisfaction with job and age. The analysis of the seven variables or predictors of job satisfaction determined that there was a significant relationship between one of these variables (people) and age, which would lead to the conclusion that there is no relationship between satisfaction and age in general.

A regression analysis utilizing age as the independent variable and overall Satisfaction with people as the dependent variable showed a significance level of 0.003, which is less than .05. Therefore, the null hypothesis was rejected and the conclusion was drawn that satisfaction with people can be predicted by age. In addition, the R square value of 0.238 means that 24% of the variance in satisfaction with people can be predicted from age.

Table 5. Hypotheses summary

Null Hypothesis	Determination
H1o: There is no relationship between home healthcare leaders' satisfaction level and normative commitment	Null rejected; the relationship is significant
H2o: There is no relationship between home healthcare leaders' satisfaction level and affective commitment	Null Rejected; the relationship is significant
H3o: There is no relationship between home healthcare leaders' satisfaction level and continuance commitment	Null accepted; no significant relationship exist
H4o: Home healthcare leaders' tenure is not related to job satisfaction and continuance commitment	Null accepted; No significant relationship exists.
H5o: Home healthcare leaders' age is not related to job satisfaction and normative commitment	Null accepted; no significant relationship exist

## **CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS**

This chapter presents the conclusion of the study in which the impact of home healthcare leaders' satisfaction levels on their levels of organizational commitment was examined. The first component of this chapter provides a short synopsis of the study, this is followed by a discussion of the results, and the final component will include conclusions drawn, limitations of the study and recommendations or implications for future research.

### **Discussion**

The purpose of the study was twofold; the first was to examine the satisfaction level of home healthcare leaders working in an environment that is facing drastic regulatory and financial changes. These changes are compounded because of influx of patients into the industry, as well as a shortage of qualified home care workers. The second approach was to examine the relationship between home healthcare leaders' satisfaction levels and their level of commitment to their organization. Are the organizational commitment levels of home healthcare leaders impacted by their level of job satisfaction? Moon (2000) purports that job satisfaction, an antecedent to organizational commitment, significantly correlates to employees' organizational commitment. Job satisfaction is also viewed as a common denominator in employee turnover (Lambert & Hogan, 2008; Rosati et al., 2009). Therefore, the success and profitability of organizations hinges on the predictors of both constructs (Moon, 2000; Tett & Meyer, 1993; Porter & Steers, 1973).

Sometimes during the research process, changes have to be made to the proposed plan. During the research process for this study, the original IRB approval received from the Capella Institutional Review Board had to be modified to reflect a change in the way the data would be



collected. Approval was obtained to collect the data during the state's home health association spring conference 2011. However, the final approval was received on the first day of the conference; therefore, the study was modified to conduct an Internet-based survey instead.

The study was conducted via an Internet survey that was e-mailed to participants. The link to the survey remained open for two weeks. Participants were sent reminder e-mails at defined intervals during the two-week period, reminding them that the link to the study was still opened and asking them for their participation. Data gathered from the survey were tabulated after participants' responses to the Likert scales were interpreted. The results were then analyzed utilizing SPSS software.

In the past, numerous studies investigated employee satisfaction and organizational commitment in various settings, to include hospitals (Ghazzawi, 2008). This study also investigated job satisfaction and organizational commitment, but the approach was different in three areas. The first difference examined a sector of the healthcare industry that is not examined as frequently as other sectors. O'Conner (2012) proposed that research in the home healthcare industry is clearly in the infancy stage because of the limited amount of studies being conducted within the industry. Leader satisfaction was also examined. Rosse (2010) argued that this is an area that has not had much attention in the past. The final approach that was different was that the study took an evaluative look at the relationship between leaders' levels of job satisfaction and their organizational commitment.

### **Demographic Results**

The results of data analysis indicate that many home healthcare leaders in the state of Kentucky have longevity with their organization. This is reflective in the results of the study,

which revealed that the majority of these leaders worked for the same organization for ten or more years. A significant percentage (23%) worked for the same organization for more than 20 years. It is also important to note that the leaders in this study were all female suggesting that the home healthcare industry is female dominant.

Another significant result of the data analysis was that a large percentage of the population (50%) were approaching age 55, while a significant percentage (23%) were older than 55 years old. The results are supportive of the U. S. Bureau of Labor Statistic (2010) report that the need for workers in the US will grow more than 10% by 2018. It is also estimated that during this same period, that there will be a 49% increase in the number of workers who are over age 55 (Bliss & Associates, 2006). The finding of this study is similar to the results of Rosati et al. (2009) where it was reported that the aging population in the US will have a double impact on the healthcare workforce.

Lastly, one of the problems outlined as a basis for this study was identified as an industry problem after the analysis of data. The problem is that leaders in the home healthcare industry today are facing significant administrative and recruitment challenges. The results of the demographic analysis revealed that the aging home healthcare workforce is projected to have an impact on leaders' ability to recruit qualified professionals. Rowe (2012) supports this argument and contends that because of the web of regulatory complexities and heightened attempts by cash-strapped federal and state governments to decrease the cost of healthcare, the demand on home healthcare administration is more acute today that it has ever been before

## Job Satisfaction

The facets of job satisfaction were analyzed and the results revealed that most home healthcare leaders were satisfied with their job in general. Sixty-five percent reported overall satisfaction. The satisfaction levels work, pay and supervision were very high at 77 %. The conclusion drawn for these results is that despite the challenging home healthcare environment, home healthcare leaders find satisfaction in the work they perform and the compensation they receive. The researcher also reason that many home healthcare leaders do not require much supervision, therefore are content with the level of supervision they currently receive. Satisfaction with coworker scored the highest at 86%. The researcher concludes that the results of this facet is so high because of the level of trust that home healthcare leaders must develop with their staff and peers to operate effectively. Promotion obtained the lowest score at almost 46%. These results are similar to the study conducted by Hansen (2003) of public health nurses working in three counties in California. The results revealed nurses in Madera, Fresno, and Tulane counties were equally satisfied in three facets of job satisfaction index, supervisor, work itself, and coworkers. In addition, they were generally satisfied with their jobs. The differences between nurses' satisfaction levels occurred in areas of pay and promotion. Nurses in Tulane County were dissatisfied with their pay while the others were mostly neutral. In contrast, nurses working in Madera and Tulane counties express dissatisfaction with opportunities for promotion, while nurses in Fresno County expressed satisfaction with having promotional opportunities.

The researcher concludes that leaders in home healthcare have limited opportunities for upward career mobility because most home healthcare agencies have very few leadership positions. Therefore, leaders must either change organization or relocate to advance their career.

## Hypotheses Testing Results

Five hypotheses were tested; the first three examined the relationship between job satisfaction in general and the three components of Organizational commitment (affective, normative and continuance commitment). The remaining two hypotheses examined the influence of tenure on job satisfaction and organizational commitment, as well as the influence of age on job satisfaction and organizational commitment.

Data analysis of the first assumption, - H1: There is a positive relationship between home healthcare leaders' satisfaction level and normative commitment - was upheld. The second assumption, - H2: There is a positive relationship between home healthcare leaders' satisfaction level and affective commitment - was also upheld. However, the third assumption, - H3: There is a positive relationship between home healthcare leaders' satisfaction level and continuance commitment - was not upheld.

The data analysis revealed that two of the three hypotheses examining the relationship between home healthcare leaders' job satisfaction and their organizational commitment level supported the assumptions made. The researcher assumed that relationship among these variables was significant. Analysis of the correlation between variables revealed a moderately positive relationship between overall satisfaction and normative commitment. The correlation between overall satisfaction and affective commitment was also moderately positive.

Since the data revealed that relationship between leaders' job satisfaction, affective and normative commitment was determined to be significant and moderately positive in this study, the conclusions is that the job satisfaction level of home healthcare leaders had a significant impact on how they relate their feelings of loyalty and moral obligations towards their organization. The job satisfaction levels of these leaders are also significant as it relates to their

perception of how the values of their organization align with their own values based on their involvement with and emotional attachment to their organizations.

Conversely, the data revealed a different outcome about the relationship between job satisfaction and continuance commitment for these leaders. The relationship between job satisfaction and continuance commitment was determined to be insignificant and was negatively correlated. Stated another way, the analysis revealed that no relationship existed between these home healthcare leaders level of job satisfaction and their perception of the cost associated with leaving their organization. It is also significant that the correlation between these variables was negative.

The researcher deduced that the participants of this study were not concerned that they could not find employment opportunities outside of their current organization. This could be because of the notion that opportunities for leadership positions in home healthcare might be more available because the challenging home healthcare environment might have stymied the number of individuals willing to take on leadership positions. These results are similar to the results of a 2002 study where nurses working in administrative roles (leadership roles) were satisfied with their jobs and committed to their organization; however these nurses also indicated that they intended to separate from their organizations (Ingersoll et al., 2002). Signaling that the personal cost associated with separating from their organization was not exorbitant.

Data analysis of the final two hypotheses did not support the assumptions made by the researcher in this study. The first examined the relationship between job satisfaction and continuance commitment with tenure. H4: Home healthcare leaders' tenure is positively related to job satisfaction and continuance commitment. The premise that home healthcare leaders' time on the job would create a positive significant relationship with their job satisfaction and

continuance commitment was not upheld. These results were surprising to the researcher because the assumption made was that leaders who had many years of service with one employer would consider the personal cost associated with separating from their organization and so would have a high level of continuance commitment.

The final hypothesis examined the relationship between job satisfaction and normative commitment with age. H5: Home healthcare leaders' age is positively related to job satisfaction and normative commitment. The results revealed that a significant relationship, positive or negative, did not exist between home healthcare leaders' age and their job satisfaction level and normative commitment. The result of this analysis is significant because more than 50% of the study's participants were almost 55 years old and a large percentage of the participants have worked for their organization more than 10 years. The researcher deduced from these results that the age of home healthcare leaders is irrelevant to their perceptions of their job satisfaction or the moral obligation they have to their organization.

### **Implications**

The implications delineated from this study are that years on the job or the age of home healthcare leaders do not influence their loyalty, emotional attachment, involvement and identification with their organization (affective commitment) or moral obligation (normative commitment) to their organization. Conversely, home healthcare leaders' job satisfaction level does influence their loyalty, emotional attachment, involvement and identification with their organization (affective commitment) and their moral obligation (normative commitment) to their organization.

As the home healthcare industry works through the challenges it faces, and as it continues to evolve because of government regulations and budgetary constraints, it is imperative that the industry recognize the significance of these results and begin making efforts to increase leader satisfaction. The results indicate that organizational commitment is important to home healthcare leaders, but it is not as influential as their job satisfaction levels.

### **Limitations**

The honesty of respondents is a limitation of this study. The researcher has no guarantees that the respondents answered the questions truthfully and without bias or prejudice. Survey size was one of the limitations of this study. The population for the study was small with a sample size of 90. Forty respondents attempted the survey but only 35 completed the questionnaire. The researcher is unsure of the reason that five respondents aborted the questionnaire before completion. The tools utilized in this study were the shortened versions of both the job descriptive index and the organizational commitment scale, therefore the researcher does not believe that the length of the questionnaire or the time required to complete it was the reason these participants aborted the questionnaire before completion.

The population studied is also a limitation because the survey was sent only to leaders of home health care agencies who were also members of the state home healthcare association. Therefore, generalization of the study to the larger population is not recommended. Response rate was another limitation of this study; a higher response rate would have increased the generalization of this study to a larger population. The researcher believes that response rate might have been higher if the original plan to gather data at the conference was not aborted due

to a delay in obtaining IRB approval prior to the date of the conference. Participants might have been more likely to complete the survey during the two and a half days association's conference,

### **Recommendations**

This study examined job satisfaction and its impact on home healthcare leaders' organizational commitment in the state of Kentucky. The purpose of the study was to conduct an analysis of the impact of home healthcare leaders' job satisfaction levels on their organizational commitment. The researcher recommends that future research on a larger population be conducted to examine the application of these findings to the general population of home healthcare leaders. Consideration should be given to conduct the survey at a national home healthcare conference, instead of via an Internet survey, to increase the population size and respondent participation. Future research should also be considered to compare the results of home healthcare leaders who work for not- for – profit agencies against those who working in for profit agencies.

The researcher is not aware of any other current studies that are examining the job satisfaction levels of home healthcare leaders and organizational commitment. Therefore, this study plays a major role in the advancement of knowledge, as well as to increase the number of research conducted in the home healthcare industry.



## REFERENCES

- Abraham, S., Friedman, B., & Thomas, R. (2008). The relationship among union membership, facets of satisfaction, and intent to leave: Further evidence on the voice faces of unions. *Employee Response Rights, 20*, 1-11. 10.1007/s10672-007-9061-z
- Alvesson, M. (2001). Knowledge work: ambiguity, image and identity. *Human Relations, 54*(7), 863-886.
- Angle, H. L., & Perry, J. L. (1981). An empirical assessment of organizational commitment and organizational effectiveness. *Administrative Science Quarterly, 26*(1), 1-14.
- Aven, F. F., Parker, B., & McEvoy, G. M. (1993). Gender and attitudinal commitment to organizations: A meta-analysis. *Journal of Business Research, 26*, 63-73.
- Balzer, W. K., Kihm, J. A., Smith, P. C., Irwin, J. L., Bachiochi, P. D., & Robie, C., (2000). *Users' manual for the Job Descriptive Index (JDI: 1997 version) and the Job in General Scales*. OH: Bowling Green State University.
- Barak, M., Michal, E., & Nissely, J. A. (2001). Antecedents to retention and turnover among child welfare, social work and other human services employees: What can we learn from past research? A review and meta-analysis. *Social Services Review, 75*(4), 75-85.
- Bassett-Jones, N., & Lloyd, N. (2005). Does Herzberg's motivation theory have staying power? *Journal of Management Development, 24*, 929-943. doi:10.1108/026217050510627064
- Beck, K., & Wilson, C. (2000). Development of affective organizational commitment: A crossequential examination of change with tenure. *Journal of Vocational Behavior, 56*(1), 114-136.
- Becker, T. E., Billings, R. S., Eveleth, D. M., & Gilbert, N. L. (1996). Foci and bases of employee commitment: Implications for job performance. *Academy of Management Journal, 39*(2), 464-482.
- Becker, T. E., & Kernan, M. C. (2003). Matching commitment to supervisors and organizations to in-role and extra-role performance. *Human Performance, 16*(4), 327-348.
- Beecroft, P. C., Dorey, D., & Wenten, M. (2007). Turnover intention in new graduate nurses: A multivariate analysis. *Journal of Advanced Nursing, 62*(1), 41-52.

- Bentein, K., Vandenberg, R. J., Vandenberghe, C., & Stinglhamber, F. (2005). The role of change in the relationship between commitment and turnover: A latent growth modeling approach. *Journal of Applied Psychology, 90*(3), 468-482.
- Bishop, J. W., Scott, K. D., & Burroughs, S. M. (2000). Support, commitment, and employee outcomes in a team environment. *Journal of Management, 26*(6), 1113-1132.
- Bliss & Associates (2006). *The business cost and impact of employee turnover*. Retrieved January 25, 2011 from .employee\_turnover01.html
- Border, H. R. (2004). Job satisfaction of Florida's middle school assistant principals as a factor for preserving an administrative workforce. *Dissertation Abstracts International, 65*(06), 2031. (UMI No. 3134673)
- Brayfield, A. H., & Rothe, H. F. (1951). An index of job satisfaction. *Journal of Applied Psychology, 35*(5), 307-311
- Brega, A. C., Jordan, A. K., & Schlenker, R. E. (2003). Practice Variations in home healthcare. *Home Healthcare Services Quarterly, 22*, 41-64.
- Brenner, V., Carmack, C., & Weinstein, M. (1971). An empirical test of the motivation-hygiene theory. *Journal of Accounting Research, 9*, 359-366.
- Brewer, A. M. (1996). Developing commitment between managers and employees. *Journal of Managerial Psychology, 11*(4), 24.
- Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research, 6*, 97-113.
- Buchanan, B. (1974). Building organizational commitment: The socialization of managers in work organizations. *Administrative Science Quarterly, 19*(4), 533-546.
- Buelens, M., & VandenBroeck. (2007). An analysis of differences in work motivation between public and private sector organizations. *Public Administrative Review, 67*(1), 65-74.
- Bureau of Labor Statistic, US Department of Labor, *Employment Projections: 2010-2020 Summary*, (February 01, 2012; [www.bls.gov/news.release/ecopro.nr0.htm](http://www.bls.gov/news.release/ecopro.nr0.htm))
- Carter, R. (2008). Addressing the caregiving crisis. *Previous Chronic Disease 5*(1). Retrieved from [http://www.cdc.gov/pcd/issues/2008/jan/07\\_0162.htm](http://www.cdc.gov/pcd/issues/2008/jan/07_0162.htm) March 31, 2011.
- Cameron, S., Armstrong-Stassen, M., Bergon, S., & Out, J. (2004). Recruitment and retention of nurses: Challenges facing hospital and community employers. *Nursing Leadership, 17*(3), 79-92.

- Cappelli, P., & Hamori, M. (2006). Executive loyalty and employer Attribute. *Working Paper, WP06-10*, 1-23.
- Carr, M. (2007, November). Smoothing ripples before they become waves. *Business Credit*, 6-8.
- Carson, K. D., & Carson, P. P. (2002). Differential relationships associated with two distinct dimensions of continuance commitment. *International Journal of Organization Theory & Behavior*, 5(3/4), 359-381.
- Castillo, M. N., & Hinck, W. (2004). Human resources management and internal marketing in Mexico: An assessment of the Maquiladora turnover literature. *Journal of Business and Entrepreneurship Development*, 2, 77-83.
- Christian, P. L. (1986). The impact of expectations on faculty job satisfaction. *Journal of Nursing Educations*, 25, 378-383.
- Christen, M., Iyer, G., & Soberman, D. (2006). Job satisfaction, job performance, and effort: A reexamination using agency theory. *Journal of Marketing*, 70, 137-150
- Clugston, M. (2000). The mediating effects of multidimensional commitment on job satisfaction and intent to leave. *Journal of Organizational Behavior*, 21(4), 477-486.
- Colbert, A. E., & Kwon, I.W.G. (2000). Factors related to the organizational commitment of college and university auditors. *Journal of Managerial Issues*, 12(4), 484-501.
- Coyte P.C. & McKeever P. (2001a) Home care in Canada: passing the buck. *Canadian Journal of Nursing Research* 33 (2), 11-25.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mix-methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Cropanzano, R., Howes, J. C., Grandey, A. A., & Toth, P. (1997). The relationship of organizational politics and support to work behaviors, attitudes, and stress. *Journal of Organizational Behavior*, 18(2), 159-170.
- Culpepper, R. A., Gamble, J. E., & Blubaugh, M. G. (2004). Employee stock ownership plans and three-component commitment. *Journal of Occupational & Organizational Psychology*, 77(2), 155-170.
- Demoussis, M., & Giannakopoulos, N. (2007). Exploring job satisfaction in private and public employment: Empirical evidence from Greece. *Labour*, 21(2), 333-359
- DeShields, O., Kara, A., & Kaynak, E. (2005). Determinants of business student satisfaction and retention in higher education: Applying Herzberg's two-factor

theory. *The International Journal of Educational Management*, 19, 128-139.  
doi:10.1108/09513540510582426

- Dixon, M. A., Cunningham, G. B., Sagas, M., Turner, B. A., & Kent, A. (2005). Challenge is key: An investigation of affective organizational commitment in undergraduate interns. *Journal of Education for Business*, 80(3), 172-180.
- Dodd-McCue, D., & Wright, G. B. (1996). Men, women, and attitudinal commitment: The effects of workplace experiences and socialization. *Human Relations*, 49(8), 1065-1091.
- Downey, D., March, T., & Berkman, A. 2001. *Assimilating new leaders: The key to executive retention*. New York: Amacom.
- Drasgow, F., & Miller, H. E. (1982). Psychometric and substantive issues in scale construction and validation. *Journal of Applied Psychology*, 57, 268-269.
- Dunham, R. B., Grube, J. A., & Castaneda, M. B. (1994). Organizational commitment: The utility of an integrative definition. *Journal of Applied Psychology*, 79(3), 370-380.
- Eby, L. T., Freeman, D. M., Rush, M. C., & Lance, C. E. (1999). Motivational bases of affective organizational commitment: A partial test of an integrative theoretical model. *Journal of Occupational & Organizational Psychology*, 72(4), 463-483.
- Eisenberger, R., Fasolo, P., & Davis-LaMastro, V. (1990). Perceived organizational support and employee diligence, commitment, and innovation. *Journal of Applied Psychology*, 75(1), 51-59.
- Ellenbecker, C. H., Porell, F. W., Samia, L., Byleckie, J. J., & Milburn, M. (2008). Predictors of home healthcare nurse retention. *Journal of Nursing Scholarship*, 40(2), 151-160.
- Finegan, J. E. (2000). The impact of person and organizational values on organizational commitment. *Journal of Occupational & Organizational Psychology*, 73(2), 149-169.
- Fryer, S. (2002). Hospital turnover. *Health Care Strategic Management*, 20, 1-11.
- Gaertner, K. N. & Nollen, S. D. 1992. Turnover intentions and desire among executives. *Human Relations*, 45: 447-465.
- Gall, M. D., Gall, J. P., & Borg, W. R. (2006). *Educational research: An introduction* (8th ed.) . Boston: Allyn & Bacon.
- Galup, S., Klein, G., & Jiang, J. (2008). The impacts of job characteristics on employee satisfaction: A comparison between permanent and temporary employees. *The Journal of Computer Information Systems*, 48(4), 58-68.

- Gay, T., & Airasain, P. W. (2002). *Educational research: Competencies for analysis and application*. Upper Saddle River, NJ: Prentice Hall.
- George, J. M., & Jones, G. R. (2005). *Understanding and Managing Organizational Behavior* (4th ed.). Prentice Hall, NJ: Upper Saddle River.
- Ghazzawi, I. (2008). Job satisfaction among information technology professionals in the US: An empirical study. *Journal of American Academy of Business*, 13(1), 1-15.
- Golumbiewski, R. T., & Yeager, S. (1978). Testing the applicability of the JDI to various demographic groups. *Academy of Management Journal*, 21(30), 514-519
- Gray-Toft, P. A., & Anderson, J. G. (1985). Organizational stress in the hospital: Development of a model for diagnosis and prediction. *Health Services Research*, 19, 753-774.
- Greenhaus, J.H., Collins, K.M., & Shaw, J.D. (2002). The relation between work-life balance and quality of life. *Journal of Vocational Behavior*, 63(3), 510-531.
- Hall, D. T., Schneider, B., & Nygren, H. T. (1970). Personal factors in organizational identification. *Administrative Science Quarterly*, 15(2), 176-190.
- Hanisch, K. A., & Hulin, C. L. (1990). Retirement as a voluntary organizational withdrawal behavior. *Journal of Vocational Behavior*, 37, 60-78.
- Hansen, N. A. (2003). Job satisfaction levels of public health nurses in the counties of Fresno, Madera, and Tulare in California. *Masters Abstracts International*, 42(06), 2183. (UMI No. 1420489)
- Herzberg, F. (1987, September). One more time: How do you motivate employees? *Harvard Business Review*, 65(5), 109-120.
- Hertzberg, F., Mausner, B., & Synderman, B. J. (1959). *The motivation to work*. (2nd ed.). New York: J Wiley & Sons
- Hoppock, R. (1935). *Job satisfaction*. New York: Harper.
- Ingersoll, G. L., Olsan, T., Drews-Cates, J., DeVinney, B. C., & Davies, J. (2002). Nurses' job satisfaction, organizational commitment, and career intent. *Journal of Nursing Administration*, 32, 250-263.
- Johnson, S. M., Smith, P. C., & Tucker, S. M. (1982). Response format of the Job Descriptive Index: An assessment of reliability and validity by the multitrait-multimethod matrix. *Journal of Applied Psychology*, 67(4), 500-505.

- Joseph, D., Kok-Yee, N. Koh., C., & Soon, A. (2007). Turnover of information technology professionals: A narrative review meta-analysis structural equation modeling and model development. *Journal of Applied Psychology*, 31(3), 547-577.
- Jung, K. G., Delessio, A., & Johnson, S. (1986). Stability of the factor structure of the job descriptive index. *Academy of Management Journal*, 29(3), 609-616.
- Kendra, M. A.(2002). Perception of risk by administrators and home health aides. *Public Health Nursing*, 19(2), 86-93.
- Kinicki, A. J., Mckee-Ryan, F. M., Schriesheim, C. A., & Carson, K. P. (2002). Assessing the construct validity of the job descriptive index: A review and meta-analysis. *Journal of Applied Psychology*, 87(1).
- Knoop, R. (1995). Relationship among job involvement, job satisfaction and organizational commitment for nurses (Trans.). *Journal of Psychology*, 129(6), 643-649.
- Kroposki, M., & Alexander, J. W. (2004). Workplace variables and their relationship to quality client outcomes in home health. *Public Health Nursing*, 21(6), 555-563.
- Kroposki, M., & Alexander, J. W. (2006). Correlation among client satisfaction, nursing perception of outcomes, and organizational variables. *Home Healthcare Nurse*, 24(2), 87-94.
- Lam, S. S. K. (1998). Test-retest reliability of the organizational commitment questionnaire. *The Journal of Social Psychology*, 138(6), 787-788.
- Lambert, E., & Hogan, N. (2009). The importance of job satisfaction and organizational commitment in shaping turnover intent: A test of a causal model. *Criminal Justice Review*, 34(1), 96-118. doi:10.1177/0734016808324230
- Lawal, M. (2009). Reconciling methodological approaches of survey and focus group. *Nurse Researcher*, 17, 1-15. Retrieved from Academic Search Premier. (July 28, 2010)
- Lawler, E. E. (1973). *Motivation in work organizations*. Monterey, CA: Brooks/Cole Publishing Company
- Lee, S. M. (1971). An empirical analysis of organizational identification. *Academy of Management Journal*, 14(2), 213-226.
- Leedy, P., & Ormrod, J. (2004). *Practical Research: Planning and design* (8th ed.). Upper Saddle River, New Jersey: Prentice Hall.
- Lichtenstein, R., Alexander, J., McCarthy, J., & Wells, R. (2004). Status differences in cross-functional teams: Effects on individual member participation, job satisfaction, and intent to quit. *Journal of Health and Social Behavior*, 45, 322-335.

- Lund, D. B. (2003). Organizational culture and job satisfaction. *The Journal of Business & Industrial Marketing*, 18(2/3), 219-236
- Marjolein, G. M., Doornbos, A. J., & Robert-Jan-Simons, P. (2006). Methodological practices in on the job learning. *Human Resources Development International*, 9(3), 333-363.
- Marsh, R. M., & Mannari, H. (1977). Organizational commitment and turnover: A predictive study. *Administrative Science Quarterly*, 22(1), 57-75.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396.
- Maslow, A. H. (1954). *Motivation and personality*. New York: Harper & Row.
- Mathieu, J., & Zajac, D. (1990). A review and meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychological Bulletin*, 108, 171-194.
- Mayo, E. (1933). *The human problems of an industrial civilization*. New York, NY: Macmillan
- McGee, G. W., & Ford, R. C. (1987). Two (or more?) dimensions of organizational commitment: Reexamination of the affective and continuance commitment scales. *Journal of Applied Psychology*, 72(4), 638-641.
- McNeese-Smith, D. K., & Crook, M. (2003). Nursing values and a changing nurse workforce: Values, age and job satisfaction. *Journal of Nursing Administration*, 33(5), 260-270.
- Mellor, S., Mathieu, J. E., Barnes-Farrell, J. L., & Rogelberg, S. G. (2001). Employees' nonwork obligations and organizational commitments: A new way to look at the relationships. *Human Resource Management*, 40(2), 171-184.
- Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resources Management Review*, 1(1), 61-89.
- Meyer, J., Allen, N., & Smith, C. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology*, 78, 538-551.
- Meyer, J., Becker, T., & Vandenberghe, C. (2004). Employee commitment and motivation: A conceptual analysis and integrative model. *Journal of Applied Psychology*, 89, 991-1007

- Meyer, J., Stanley, D., Herscovitch, L., Topolnysky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior*, 61, 20-52.
- Miller, K., McKeever, P., & Coyte, P. C. (2003). Recruitment issues in healthcare research: the situation in home care. *Health & Social Care in the Community*, 11(2), 111-123. doi:10.1046/j.1365-2524.2003.00411.
- Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablinski, C. J., & Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of Management Journal*, 44(6), 1102-1121.
- Moon, M. J. (2000, February). Organizational commitment revisited in management. *Public Administration Review*, 24(2), 177-194.
- Morbarak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human services employees: What can we learn from past research? *Social Services Review*, 75, 625-661.
- Morgan, G. B. (2010). Job satisfaction in the home health care context: Validating a customized instrument for application. *Journal of Healthcare Management*, 55(1), 11-23.
- Morris, A., & Bloom, J. R. (2002). Contextual Factors affecting job satisfaction and organizational commitment in community mental health centers undergoing system changes in the financing of care. *Mental Health Services Research*, 4(2), 74-83.
- Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). *Employee-organization linkages: The psychology of commitment, absenteeism and turnover*. New York: Academic Press
- Muchinsky, P. M. (1977). Organizational communications: Relationships to organizational climate and job satisfaction. *Academy of Management Journal*, 20, 592-607.
- Murphy, B. (2004). Nursing home administrators' level of job satisfaction. *Journal of Healthcare Management*, 49, 336-345.
- National Association for Home Care and Hospice (2010). Basic Statistics about Home Care. Retrieved from <http://www.nahc.org/research.htm> March 30, 2011
- Naylor M., Brooten D., Jones R., Lavizzo-Mourey R., Mezey M. & Pauly M. (1994) Comprehensive discharge planning for the hospitalized elderly: a randomized clinical trial. *Annals of Internal Medicine* 120 (12)



- Noordin, F., Williams, T., & Zimmer, C. (2002). Career commitment in collectivist and individualist cultures: A comparative study. *International Journal of Human Resource Management*, 13(1), 35-54.
- O'Connor, E. J., Peters, L. H., & Gordon, S. M. (1978). The measurement of job satisfaction: current practices and future considerations. *Journal of Management*, 4(2), 17-26
- O'Connor, D., & Yballe, L. (2007). Maslow revisited: Constructing a road map of human nature. *Journal of Management Education*, 31, 738-756. doi:10.1177/1052562907307307639
- O'Connor, M. (2012). Hospitalization among Medicare –reimbursed skilled home health recipients. *Home Health Care Management & Practice*, 24(1), 27-37. doi:10.1177/1084822311419498
- Oliver, N. (1990). Rewards, investments, alternatives and organizational commitment: Empirical evidence and theoretical development. *Journal of Occupational Psychology*, 63(1), 19-31.
- O'Reilly, C. A., & Chatman, J. (1986). Organizational commitment and psychological attachment: The effects of compliance, identification, and internalization on pro-social behavior. *Journal of Applied Psychology*, 71(3), 492-499.
- Peterson, D. K. (2003). The relationship between ethical pressure, relativistic moral beliefs and organizational commitment. *Journal of Managerial Psychology*, 18(6), 557-572. 116
- Peterson, D. K. (2004). The relationship between perceptions of corporate citizenship and organizational commitment. *Business & Society*, 43(3), 296-319.
- Polonsky, M. J., & Waller, D. S. (2005). *Designing and managing a research project: A business student's guide*. Thousand Oaks, CA: Sage.
- Porter, L. W., & Steers, R. M. (1973). Organizational work and person factors in employee turnover and absenteeism. *Psychological Bulletin*, 80, 151-176.
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59(5), 603-609
- Portney L. G., & Watkins M. P. (2000). *Foundations of clinical research: applications to practice*. Upper Saddle River, NJ: Prentice Hall
- Pool, S., & Pool, B. (2006). A measurement development model: Measuring organizational commitment and its impact on job satisfaction among executives in a learning

organization. *Journal of Management Development*, 26(4), 353-369. doi:10.1108/02621710710740101

- Ricketta, M. (2002). Attitudinal organizational commitment and job performance: a meta-analysis. *Journal of Organizational Behavior*, 23(3), 257-266.
- Ricketta, M. (2008). The causal relation between job attitude and performance: A meta-analysis of panel studies. *Journal of Applied Psychology*, 93, 472-481. doi:10.1037/0021-9010.93.2.472.
- Robertson, M., & O'Malley Hammersley, G. (2000). Knowledge management practices within a knowledge-intensive firm: the significance of the people management dimension. *Journal of European Industrial Training*, 24(2-4), 241-253.
- Roethlisberger, F., & Dickson, W. (1939). *Management and the worker*. Chicago: Harvard University Press.
- Rosati, R. J., Marren, J. M., Darvin, D. M., & Morgan, C. J. (2009). The Linkage between Employee and Patient Satisfaction in Home Healthcare. *Journal for Healthcare Quality*, 31(2), 44-53.
- Rosse, J. G. (2010, April). *Leadership Succession and Retention: What do we know?* Panel Discussion presented at the SHRM annual meeting, Atlanta, GA.
- Rossiter, A. (2009). Why we work: Maslow on the job. *Chemical Engineering Progress*, 105(2), 60
- Rouser, K., & Dorsey, A. (2003, November). Managing technologically driven organizations: The human side of innovation and change. *Engineering Management Conference*, 3(2-4), 141-145.
- Rowe, J. (2012). Developing an internal risk audit process in home health care organizations: A basic primer for meeting the NYS office of the Medicaid inspector general compliance standards. *Home Health Care Management & Practice*, 24(1)21-26. doi:10.1177/1084822311414886
- Russell, S. S., Spitzmüller, C., Lin, L. F., Stanton, J. M., Smith, P. C., & Ironson, G. H. (2004). Shorter can also be better: The abridged Job in General Scale. *Educational and Psychological Measurement*, 64(5), 878-893.1.
- Sochalski, J. (2004). Building a home healthcare workforce to meet the quality imperative. *Journal for Healthcare Quality*, 26, 19-23.
- Sheldon, M. E. (1971). Investments and involvements as mechanisms producing commitment to the organization. *Administrative Science Quarterly*, 16(7), 143-150.

- Sherlock, J., Morgan, G., & Karvonen, M. (2007). *Addressing a national turnover problem from an HRD perspective: A field research study of direct care workers*. Paper presented at the International conference of the Academy of Human Resources Development Research, Columbus, OH.
- Siegel, P. A., Post, C., Brockner, J., Fishman, A. Y., & Garden, C. (2005). The moderating influence of procedural fairness on the relationship between work–life conflict and organizational commitment. *Journal of Applied Psychology, 90*(1), 13–24. doi: 10.1037/0021-9010.90.1.13
- Skemp-Arlt, K., & Toupence, R. (2007). The administrator’s role in employee motivation. *Coach and Athletic Director, 76*(7), 28-33.
- Smith, P. C. (1992). Retirement as a voluntary organizational withdrawal behavior. *Journal of Vocational Behavior, 37*, 60-78.
- Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement: A strategy for the study of attitudes*. Chicago: Rand McNally.
- Smith, P. C., Kendall, L. M., & Hulin, C. L. (1975). *The measurement of satisfaction in work and retirement: A strategy for the study of attitudes*. Chicago: Rand McNally
- Sneltvedt, T., Cand, S., & Sorlie, V. (2012). Valuing professional pride and compensation for lack of experience: Challenges for leaders and colleagues based on recently graduated nurses narratives. *Home Health Care Management & Practice, 24*(1), 13-20. doi: 10.1177/1084822311412592
- Stanton, J. M., Sinar, E. F., Balzer, W. K., Julian, A. L., Thoresen, P., Aziz, S., et al. (2001). Development of a compact measure of job satisfaction: The abridged job descriptive index. *Educational and Psychological Measurement, 61*(6), 1104-1122.
- Stamps, P. (1997). *Nurses and work satisfaction: An index for measurement*. Chicago, IL: Health Administration Press.
- Steel, R. P., Jennings, K. R., Mento, A. J., & Hendrix, W. H. (1992). Effects of perceived decision-making influence on labor relations and organizational outcomes. *Group & Organization Management, 17*(1), 24-43.
- Stevens, J. P. (2009). *Applied multivariate statistics for the social sciences* (5th ed.). Mahwah, NJ: Routledge Academic
- Stinglhamber, F., Bentein, K., & Vandenberghe, C. (2002). Extension of the three-component model of commitment to five foci: Development of measures and substantive test. *European Journal of Psychological Assessment, 18*(2), 123-138.

- Stone, P., Pastor, D. K., & Harrison, M. I. (2006). Organizational climate: Implications for home healthcare workforce. *Journal for Healthcare Quality*, 28(1), 4-11.
- Suliman, A. M. T. (2002). Is it really a mediating construct?: The mediating role of organizational commitment in work climate-performance relationship. *The Journal of Management Development*, 21(3), 170-183.
- Swanson, R., & Holton, E. (2005). *Research in Organizations foundations and methods of inquiry*. San Francisco: Berrett-Koehler.
- Taormina, R. J. (1999). Predicting employee commitment and satisfaction: the relative effects of socialization and demographics. *International Journal of Human Resource Management*, 10(6), 1060-1076
- Taylor, F. (1911). *The principles of scientific management*. New York, NY: Harper and Brothers.
- Tett, R. P., & Meyer, J. P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: Path analysis based on meta-analytic findings. *Personnel Psychology*, 46, 259-293
- Thompson, M., & Heron, P. (2005). The difference a manager can make: Organizational justice and knowledge worker commitment. *International Journal of Human Resources Management*, 16(3), 383-404.
- Timmreck, T. (2001). Managing motivation and developing job satisfaction in the health care work environment. *The Health Care Manager*, 20(1), 42-58.
- Tourangeau, A. E., & Cranley, L. A. (2006). Nurse intention to remain employed: understanding and strengthening determinants. *Journal of Advanced Nursing*, 55(4), 497-509.
- Turner, B., & Chelladurai, P. (2005). Organizational and occupational commitment, intention to leave, and perceived performance of intercollegiate coaches. *Journal of Sports Management*, 19, 193-211.
- U. S. Census Bureau. (2004). *U. S. Interim Projections by age, sex, race, and Hispanic origin*. Retrieved December 28, 2010, from <http://www.census.gov/ipc/www/usinterimproj/>
- Vandenabeele, W. (2009). The mediating effect of job satisfaction and organizational commitment on self-reporting performance: more robust evidence of the PSM-performance relationship. *International Review of Administrative Sciences*, 75(1), 11-34.
- Van Saane, N., Sluiter, J. K., Verbeek, J. H. A. M., & Frings-Dresen, M. H. W. (2003). Reliability and validity of instruments measuring job satisfaction- a systematic review. *Occupational Medicine*, 53(3), 191-200.

- Wagner, A. E. (2004). The relationship between job satisfaction and turnover intent of Human service support employees in a community-based organization. *Dissertation Abstracts International*, 65(05), 1868. (UMI No. 3132754)
- Wagner, C. M. (2007). Organizational Commitment as a predictor variable in nursing turnover research: Literature review. *Journal of Advance Nursing*, 60(3), 235-247. doi:10.1111/j.11365-2648.2007.04421.x
- Wahn, J. C. (1998). Sex differences in the continuance component of organizational commitment. *Group & Organization Management*, 23(3), 256-266.
- Warner, T. H. (2000). The effects of job satisfaction and organizational commitment on intent to leave among nurse anesthetists: a comparative study. Unpublished doctoral dissertation, Walden University, Minnesota
- Weiss, H. M. (2002). Deconstructing job satisfaction: separating evaluations, beliefs and affective experiences. *Human Resource Management Review*, 12, 173-194
- Weiss, D., Dawis, R., England, G., & Lofquist, L. (1967), *Manual for the Minnesota Satisfaction Questionnaire –Minnesota Studies in Vocational Rehabilitation: XXII*, Industrial Relations Center Work Adjustment project, University of Minnesota, Minnesota, MN.
- Whittington, J., & Evans, B. (2005). The enduring impact of great ideas. *Problems and Perspectives in Management*, 2, 114-122.
- Wiener, Y. (1982). Commitment in organizations: A normative view. *Academy of Management Review*, 7(3), 418-428.
- Wiener, J. M., Squillace, & Anderson, W. L. (2009). Why do they stay? Job tenure among certified nursing assistants in nursing homes. *The Gerontologist*, 49(2), 198-210.
- Zalenski, R., & Raspa, R. (2006). Maslow's hierarchy of needs: A framework for achieving human potential in hospice. *Journal of Palliative Medicine*, 9, 1120-1127.