Faithful or Faith Full? An Exploration of the Impact of Religiosity on Nurses’ Job Satisfaction

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Abstract

Objective: The objective of this research study was to explore the relationship between religiosity and job satisfaction and turnover intention among actively practising registered nurses in Ontario.

Background: Job satisfaction is a widely understood work construct, and clarifying its relationship to religiosity would be a significant step toward understanding and theorizing about religiosity and work. Given the limited research examining the impact of nurses’ personal religious or philosophical orientations on their work, it is important to examine this concept as it relates to job satisfaction; what is the effect of religiosity on job satisfaction?

Problem Statement: The inability of some hospitals to retain nursing staff can threaten the adequacy of healthcare delivery as well as increase personnel and healthcare costs. The task of increasing the retention of registered nurses, both in the workplace and in the profession, is necessary to address the current and impending nursing shortage. Moreover, decreasing nurse turnover could also decrease healthcare costs, increase staff satisfaction, and maintain safer patient care. Healthcare settings require a combination of interventions to retain new and experienced staff. Canadian healthcare and nursing organisations in particular have recognized the seriousness of the nursing shortage and called for measures to help resolve these issues. Many factors are involved when examining job satisfaction and staff retention, one of which is the construct of spirituality. Spirituality in the workplace has a positive influence on nurses’ organizational citizenship behaviour and organizational commitment, noting that this perspective can attract employees attempting to find meaning in their work and interconnectedness with other staff.
Hypothesis: Higher levels of religiosity will be associated with higher levels of job satisfaction.

Purpose: The purpose of this research was to compare job satisfaction, between registered nurses who identify as being religious with those who do not. To examine if religiosity increases job satisfaction and explore turnover intention within this group of nurses.

Methods: A non-experimental research design using a correlational method survey of nurses who provided a self-report using a questionnaire was utilized. The questionnaire used the Duke Religious Index to examine religiosity and the Job in General scale to examine job satisfaction. Turnover intention was measured using a one item questionnaire. Data collection utilized a convenience sample.

‘God appoints our graces to be nurses to other men's weaknesses’

-Henry Ward Beecher
Acknowledgments

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Chapter 1: Introduction

Many factors are involved when examining staff retention and job satisfaction, and the impending nursing shortage is a significant global issue affecting healthcare on many levels (Nantsupawat, Kunaviktikul, Nantsupawat, Wichaikhum, Thienthong, & Poghosyan, 2017). There is an increasing need to understand why nurses are not satisfied with their jobs, or are intending to leave, as these are important precursors that can predict turnover (Han, Trinkoff, & Gurses, 2015). Turnover rates can contribute to the nursing shortage, as this can have an impact on inadequate staffing at the hospital level, as well as leaving certain units within the hospital understaffed (Nantsupawat et al., 2017).

The research problem of this study identifies the difficulty some hospitals have retaining nursing staff, which can threaten the adequacy of healthcare delivery as well as increase personnel and healthcare costs (Kleinman, 2004). The inner propensity of someone to leave their job, or turnover intention, is closely related to actual turnover (Janssen, De Jong, & Bakker, 1999); decreasing nurse turnover can also decrease healthcare costs, increase staff satisfaction, and maintain safer patient care (Lartey, Cummings, & Profetto-McGrath, 2014). There are often negative implications of the ‘cycle’ of the loss of performance and efficiency of staff after turnover has occurred; this can have an impact on the remaining staff, resulting in the possibility of further turnover (Coomber & Barriball, 2007). The burden of this cycle can serve as a reminder of the importance of focusing attention on staff retention as a means to decrease turnover and address nursing shortages (Coomber & Barriball, 2007). Moreover, as hospitals are faced with nursing shortages, difficulties in retention are highlighted, and it is imperative that the reasons nurses are leaving their jobs are clearly identified if the issue is going to be fully addressed by organizations (Coomber & Barriball, 2007). Twigg and McCollough (2013) argue...
that a positive practice environment can improve nurse retention as well as quality of care to patients. Organizations that focus on providing a positive practice environment tend to have lower turnover rates and higher retention rates. Furthermore, the authors contend that creating a positive practice environment can be an effective strategy to enhance nurse retention.

Concerns related to staff shortage have been associated with a disruption in care for patients, an increase in personal stress and job burnout, and significant amounts of money spent on recruitment and training, all of which can all result in greater costs to the healthcare system as a whole (Mittal et al., 2009). These general concerns are of interest to managers as they examine how to retain staff, and demonstrates the importance religion has related to staff who work directly at the bedside with patients (Mittal et al., 2009). Moreover, there is a need for nurse managers to support staff in enjoying healthful religiosity in the workforce (Taylor et al., 2014), and ensure hospital administrators provide a working environment favorable to the experience of spirituality at work (Kazemipour, Mohamad Amin, & Pourseidi, 2012).

Job satisfaction is a complex experience with many influencing components (Coomber & Barriball, 2005), one of which is the construct of religion and/or spirituality. Kazemipour et al. (2012) found that workplace spirituality had a positive influence on nurses’ organizational citizenship behaviour and organizational commitment, noting this perspective can attract employees attempt to find meaning in their work and their interconnectedness with other staff.

**Background**

Nursing has a history of recognizing and affirming the importance of religion and spirituality, and research shows that nurses generally have a high personal investment in their own religion (Weaver, Flannelly, Flannelly, Koenig, & Larson, 1998). After all, the nursing
AN EXPLORATION OF JOB SATISFACTION

profession emerged directly from religious orders that up to the early twentieth century staffed the majority of hospitals in both North America and other Western countries (Koenig, 2001). Nurses in diverse specialties have reported an involvement in faith practices at a rate as high as or higher than the general population (Weaver et al., 1998). Studies show there is a relationship between religious involvement and various aspects of mental health, noting that people who are religious experience better mental health and adapt more successfully to stress than those who are not (Mohr, 2006). Given the limited research investigating the impact of nurses’ personal religious or philosophical orientations on their work, it is important to note that if the positive effects of nurse religiosity are not appreciated, religious nurses may not benefit from this type of support (Taylor et al., 2014).

Religion and spirituality can be terms and concepts that are often used interchangeably. Taylor, Park, and Pfeiffer (2014) contend that nurses are often eager to disconnect religion from spirituality, however the overlap between these two concepts is widely accepted, albeit confusing for some nurses. The term ‘religion’ has been acknowledged as difficult to define in any universal sense. Theorists note that religion often involves transcendent and social dimensions, with its practice typically occurring through relatively formal social institutions (Reimer-Kirkham, 2009). Nursing research has largely focused on defining spirituality, often contrasting it with religion in a dichotomous fashion that label spirituality as ‘good’, ‘contemporary/new’ and ‘individual’, and religion as ‘bad’ or ‘old-fashioned/traditional’ and ‘communal’ (Reimer-Kirkham, 2009). Whether self-identifying as spiritual and/or religious, an individual will possess a worldview that offers perspectives about suffering, mortality, morality, and other fundamental questions of life; religions can offer organized, prescribed beliefs or doctrines that address these fundamental questions (Taylor et al., 2014). Hill, Pargament, Hood, McCullough, Swyers,
Larson, and Zinnbauer (2000) note that both religion and spirituality are complex phenomena that are multidimensional in nature and, that one single definition for either will likely be based on a limited and narrow perspective. Hill et al. (2000) therefore does not offer a definition of religion, however outlines several aspects of religion to help describe it in a broader sense. These descriptors include the belief that religion is related to cognitive phenomena, as well as affect and emotion, and religion has been recognized as having an important relationship to mental health status. Furthermore, in the context of religion, sacred content is often defined through institutional mechanisms such as clerical authority, writings and traditions (Hill et al., 2000). These institutionalized groups of knowledge work together to help provide answers to questions such as is God real, and the meaning of life (Hill et al., 2000). These constructs of religion were used to underpin the working definition of how being religious was used for this thesis research.

In summary, examining job satisfaction and turnover as it relates to religiosity can provide useful information for health care administrators when supporting nurses in their role. King and Williamson (2005) argue that religiosity is a valid construct that has been researched within social science, but continues to be understudied in organizational research even though it is centrally important to many individuals and has been shown to have considerable influence in several areas of life. Given the positive impact of religiosity on nurses’ ability to attribute meaning and cope with the stressors of patient care, it would be of benefit for nurse leaders to support a healthful sense of religiosity in the nursing workforce (Taylor et al., 2014).
Chapter 2: Literature Review

Nurses around the world are often religious, which in turn inherently affects their nursing practice (Taylor et al., 2014). Studies show there is a relationship between religious involvement and various aspects of mental health, noting that people who are religious experience better mental health and adapt more successfully to stress than those who are not (Mohr, 2006). Moreover, religion can influence the way stressors are perceived and the types of coping resources used to manage the effects of the stressors (Bakibinga, Vinje, & Mittlemark, 2013), as evidenced by how Mohr (2006) connects the many benefits of religiosity to coping, stress, and general wellbeing, which are all important factors that can intersect with job satisfaction.

Although the benefits of being religious are numerous to mental health, Koenig (2001) cautions that further clinical trials based on a scientific framework are needed to examine the effects of this on health outcomes.

The study having the most parallels to this thesis study is Kazemipour et al. (2012), who showed that spirituality increased nurses’ commitment to patient care and to their hospital, which in turn improved their satisfaction and the quality of services provided to patients. Similar to this study, Kazemipour et al. (2012) used a “correlational survey that utilized quantitative methodology to investigate the associations between workplace spirituality, OCB [organizational citizenship behaviour], and affective organizational commitment” (p. 304). Questionnaires were distributed with the research package, which included the questionnaires and information letter. The information letter included in the package described the purpose of the study, the voluntary nature of respondents, and the assurance of confidentiality and anonymity of the data. A total of 310 questionnaires were distributed among nurses, with a total of 305 returned, with a response rate of 98.3% (Kazemipour et al., 2012). There are several differences between the study
conducted by Kazemipour et al. (2012) and this study however, one being that there were three instruments used – one to measure spirituality, one to measure organizational citizenship behaviour and one to measure organizational commitment – and this study utilized three instruments that measure slightly different variables, including turnover intention. The instrument used by Kazemipour et al. (2012) measured spirituality, whereas this study focused on religiosity, and as such the instrument used focused exclusively on a measure of religiosity.

Kazemipour et al. (2012) note workplace spirituality enhances performance of organizational citizenship behaviour as well as affective organizational commitment among nurses. Those nurses who gain greater meaning and purpose from their experiences at work perform frequent acts of organizational citizenship behaviour, such as actions that benefit their co-workers and go ‘above and beyond’ the regular job duties. Kazemipour et al. (2012) use the definition of workplace spirituality according to Milliman, Czaplewski, and Ferguson (2003), which states “workplace spirituality involves the effort to find one’s ultimate purpose in life, to develop a strong connection to coworkers and other people associated with work, and to have consistency (or alignment) between one’s core beliefs and the values of their organization” (p. 427). This study (Kazemipour et al., 2012) successfully focused on both the importance of the nurse relationship to their job, as well as patient care. Furthermore, although the study is specifically focused on spirituality, given the close connection to religiosity, it supports the notion that greater religiosity can lead to greater job satisfaction among nurses. Additionally, King and Williamson (2005) found the most significant influence on job satisfaction is the intersection between an organizations stance on religion and the employee’s acceptance of being able to express religion at work. This particular notion as it relates to nurses can contribute important input to healthcare literature. Because job satisfaction is a widely researched and
understood work construct, clarifying the relationship to religiosity will be an important step toward providing a strong basis for future research and theorizing about religiosity and work (King & Williamson, 2005). There is a need to investigate further the relationship with religion, as it can affect an employee’s work attitude, depending on whether the connection is complimentary or incompatible; workplace spirituality increases nurses’ commitment to patient care and to their hospital, which in turn improves their satisfaction and the quality of services provided to patients (Kazemipour et al., 2012; King & Williamson, 2005). Moreover, it provides insights into how nurses separate their religious personal identity and their often inability to share this identity in the clinical setting, which can have, in some organizations, implications related to job satisfaction (Taylor et al., 2014).

Given there are several factors contributing to job satisfaction, both internal and external factors must be taken into consideration. Liu, Aungsuroch, and Yunibhand (2016) contend that when nurses are satisfied with their work, their performance, quality of life, and condition of their health are increased. Furthermore, Liu et al. (2016) note that antecedent factors contributing to job satisfaction which include individual, emotional, work character, and environmental factors all contribute to positive attributes which in turn contribute to positive consequences such as intention to stay, retention, mental health, work stress, and job performance. Although there are several factors that contribute to job satisfaction, the definition itself remains a complex concept, or phenomenon, demonstrated by the multiple variables that have been studied in relation to it (Coomber & Barriball, 2005). The review of pertinent research conducted by Coomber and Barriball (2005) sought to explore the impact of the different facets of job satisfaction on intent to leave and turnover for hospital based nurses. The four themes with the highest frequencies in the literature that arose from their review included...
leadership, educational attainment, stress and pay. Religion or spirituality were not themes that emerged, however additionally the authors (Coomber & Barriball, 2005) note that given the multitude of issues that often surround the literature and research regarding job satisfaction and their effects on turnover intention, generalized conclusions should be drawn with caution. That is, not to say that religiosity and could or could not have a significant effect on either job satisfaction or turnover.

Some nurses find satisfaction in their jobs based on a calling. As Bakibinga et al. (2013) state in their study “They call it a vocation; I think it is a call from God because I really like to serve (…) I am in the right place” (p. 1347). Of the respondents that Mittal, Rosen, and Leana (2009) surveyed examining factors associated with turnover and retention of direct care workers, respondents who were coined as ‘stayers’ noted that they felt called to their job, noting that their religious beliefs and/or spirituality were the foundation of that calling and also helped them deal with tough job demands. Respondents noted the importance of religion, stating “I pray a lot. Through my job, as well as otherwise . . . it gets me through the night shift” (p. 629), and “a strong faith and my Christian background is absolutely (essential)” (p. 629). In terms of being called to work in healthcare, respondents stated “I don't know what else I would do, honestly. I couldn't even think of another job that I would rather do” (p. 628) and “I get a lot of satisfaction from work and a lot of peace knowing that I'm doing good for others” (p. 628). As evidenced by the literature, creating an environment that meets the needs of nurses related to their religiosity can have a positive influence on their intention to stay.

Grant, O’Neil, and Stephens, (2004) conducted a study examining nurses working in a hospital that purposefully created a culture of spirituality, with a focus on religion. The hospital led several religious initiatives, including being the site of a major study examining the health
benefits of intercessory prayer, as well as hiring a staff chaplain, and a clinical pastoral education program that trains several chaplain interns per year. Their study revealed a variety of opinions among the nurses they interviewed about what constituted the sacred or the spiritual, and showed that those who had spiritual beliefs often found it difficult to practise them in the workplace and were interestingly at times hesitant to speak about spirituality or religion at work (Grant et al., 2004). In terms of healthcare workers who are religious, Mittal et al. (2009) found that healthcare workers with higher occurrences of spiritual practices were more likely to remain in their line of work for three years or longer, and the same participants reported that integrating religion or spirituality into their work responsibilities helped them cope with the consistently high levels of occupational stress in the healthcare settings in which they worked. Although Mittal et al. (2009) focused on non-registered healthcare professionals, the purpose of the study aligns with concerns that organizations have with registered staff as well related to shortages of staff. Janssen et al. (1999) found in their study there was a correlation between quality of job content and turnover intention.

In conclusion, a relationship exists between religious involvement and various aspects of mental health (Mohr, 2006). Being religious can help influence the way stressors are perceived and the types of coping skills individuals use to manage the effects of the stressors (Bakibinga et al., 2013). Moreover, Mohr (2006) links the many benefits of religiosity to coping, stress, and general wellbeing, which are all important factors that can intersect with job satisfaction as well as turnover intention.
Chapter 3: Conceptual Framework

This study is theoretically grounded in Bandura’s model of self-efficacy (Bandura, 1977) and is based on the premise that given the appropriate skills and adequate incentives, efficacy expectations are a major determinant of people's choice of activities, how much effort they put into those activities, and of how long they will sustain that effort in dealing with stressful situations (Bandura, 1977). Religiosity underpins this framework as the hypothesis notes that religiosity can act as the incentive related to job satisfaction. Bandura states that “expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences” (Bandura, 1977, p. 191). As the literature has shown, being religious can improve one’s ability to manage stress, including work stress. Although this particular thesis research cannot answer every question related to job satisfaction and religiosity, an underlying theme that resonates with this framework is, can religiosity have an impact on how much effort a nurse puts into their job, how much effort they expend at work, and how long they will sustain that effort when faced with a stressful situation?

Individuals will get involved in activities and behave with certainty when they feel capable of handling situations that would otherwise be intimidating or stressful (Bandura, 1977). Efficacy expectations determine how much effort people will expend and how long they will persist in the face of obstacles, therefore, the stronger the perceived self-efficacy, the more active the efforts (Bandura, 1977). Job satisfaction appears in nursing literature associated with organizational behaviour and has also been shown to be associated with basic human needs (Liu et al., 2016). Furthermore, Liu et al. (2016) note the current conceptual definitions of job satisfaction need to include nurses own perception of their job value and job equity. There may
be many different constructs that add to one’s perception of their job value, including religiosity. Additionally, there are many things that people can do with certainty of success that they *do not* perform because they have no incentives to do so (Bandura, 1977). Can religiosity act as an incentive to complete work tasks thereby succeeding to increase success and increase job satisfaction.
Chapter 4: Methodology

Research Design and Setting

The study utilized a non-experimental correlational research design. Non experimental research was appropriate in this study as there was no manipulation of variables. Data were collected without intervention, as the interest lies in exploration of an existing relationship as opposed to the evaluation of an intervention (Polit & Beck, 2012). The relationship between religiosity and job satisfaction was examined, and these were the two quantitative variables from the same group that were used to determine if there is a relationship, or correlation between them (Waters, n.d.).

Sampling

Participants were recruited using a non-probability, convenience sampling method, obtained through the database at the College of Nurses of Ontario (CNO). Upon ethics approval from Brandon University, an application was submitted to the CNO using the Home Mailing Address Form. The form outlines the criteria required for external parties to request the home mailing addresses of those members of the College who had consented to the release of their information on their annual registration renewal form (CNO, 2015a). Members consent to their home addresses being used for the purposes of research in nursing, information on continuing education opportunities, or information from nursing organizations (e.g., unions and professional associations) only (CNO, 2015a). The request form allows for specific requests, which for the purposes of this research was practicing registered nurses working in both the hospital and/or community settings. Positions of these nurses included that of case manager, staff nurse and any managerial/leadership positions.
Convenience sampling entailed using the most convenient people as participants who were not known to the researcher (Polit & Beck, 2012). Potential Participants were sent questionnaires to their home address through the mail. Both instruments were provided as they were developed originally, with the exception of the DUREL, where several words were changed. This is described further in the research instruments subsection. In the information sheet included in the package (see Appendix A), all participants were reassured the study was voluntary and they were free to either complete the questionnaires or not, without any subsequent consequence. Sampling bias was present, as only those nurses who have consented to their information being available for research purposes were included in the study. This type of sampling bias also decrease the generalizability of the data results, as participants will only be from one site or group, and may not be able to sufficiently be representative of the entire population (Polit & Beck, 2012) of nurses currently working in Ontario.

**Study Sample: Inclusion Criteria**

The target sample were participants from the membership database managed through the CNO. Inclusion criteria that participants must meet is that they are registered nurses actively employed in Ontario, 18 years of age or older and be able to read and comprehend English. Duration of employment was not an exclusionary criteria. This population is representative of the target population, which was nurses working in Ontario. The target sample size was approximately one hundred participants, and was based on the ability to effectively conduct a quantitative study design, and account for any non-responders. Three hundred and fifty recruitment packages were sent out to individuals, and 93 were returned, which did not quite meet the target sample size of one hundred.
Data Collection/Analysis

Written permission was obtained from the Ethics Review Committee at Brandon University. Participants were made aware that by completing the questionnaires, they provided consent indicating their willingness to participate in the study.

Data was collected using self-report questionnaires that were mailed to participants’ home address. The benefits of using a questionnaire include low cost, anonymity for the participants, the absence of interviewer bias and a dataset that will yield results directly amenable to analysis (Polit & Beck, 2012). Participant anonymity and confidentiality were maintained as the researcher was not able to link participants to their data, as data codes were used and all identifying information was kept in a locked cabinet for the duration of the study (Polit & Beck, 2012). Demographic information were also asked of the participants in a questionnaire included with the instruments (see Appendix B).

Time allocated for recruitment, and completion of the questionnaires was three months (December 2016 to February 2017). All questionnaires were returned by February 15, 2017. Time allotted for data synthesis and analysis was four months (February 2017 to June 2017). Follow-up reminders can be an effective tool in helping to achieve a higher response rate (Polit & Beck, 2012), and given this, 212 reminder letters were mailed out at the end of January 2017.

All data was analyzed using the Statistical Package for the Social Sciences (SPSS), software version 16. Descriptive statistics were used to analyze demographic information. Pearsons’s correlation analysis was run using a one-tailed t-test to test the correlations between religiosity, job satisfaction, and turnover intention. Multiple regression was used to identify predictors of turnover intention, being job satisfaction participation in religious activity.
Research Instruments

The Duke University Religion Index (DUREL) is a five-item scale which assesses the three major dimensions of religious involvement including organizational, non-organizational, and intrinsic or subjective religiosity (Koenig & Bussing, 2010). The DUREL (see Appendix C) is designed to be used as a brief measure of religiosity that can be included in epidemiological surveys to examine relationships between religion and health outcomes and is composed of items that capture each of the three dimensions of religiosity described above (Koenig & Bussing, 2010). Organizational religious activity (ORA) involves public religious activities such as attending religious services or participating in other group-related religious activity (prayer or study groups, etc.), non-organizational religious activity (NORA) consists of religious activities that an individual engages in in private, including prayer, scripture study, watching religious TV programs or listening to religious radio. Intrinsic religiosity (IR) assesses the degree of personal religious commitment or motivation, and involves pursuing religion as an ultimate end in itself (Koenig & Bussing, 2010). IR was first defined in the 1960’s as “persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion” (Allport & Ross, 1967, p. 434).

The DUREL has an overall score range from 5 to 27, however, since it measures three dimensions of religiosity, it ultimately consists of three subscales, with each subscale assessing a particular aspect of religious practice or religious devotion (Koenig & Bussing, 2010). Studies of the DUREL’s psychometric properties by other researchers have found the scale to be a reliable and valid measure of religiosity. The internal consistency (Cronbach’s alpha between
0.78 and 0.91), convergent validity with other established measures of religiosity (r’s = 0.71–0.86), and factor structure of the DUREL have now been demonstrated and confirmed in three separate samples by researchers (Koenig & Bussing, 2010).

The DUREL has several limitations, including that it was designed to measure religiosity in Western religions such as Christianity, Judaism and Islam, and may be less accurate in its assessment of religiosity in Eastern religious traditions such as Hinduism or Buddhism (Koenig & Bussing, 2010). This does not however necessarily mean that the DUREL is not valid in these populations, only that the wording may need to be adapted to those specific religious traditions, for example, the word “church” could be replaced by “temple” or “mosque” for non-Christian samples (Koenig, & Bussing, 2010). Given the propensity of the DUREL to measure religions such as Christianity, several words were modified from the original form, based on Brandon University Ethics Review Committee recommendations. These modifications included, in question 1, omitting the word 'church' and simply asking respondents how often they attend religious meetings. Question 2, omitting the word 'bible' in study, and replacing it with 'religious.' Other limitations include the DUREL is not intended to provide an in depth assessment of religiosity and that religiosity is a complex construct, and there continues to be ongoing debate about the definition and interpretation of intrinsic religiosity (Koenig, & Bussing, 2010).

The Job in General (JIG) instrument as designed to measure employee’s satisfaction with their jobs (see Appendix D). The JIG is a measure of global satisfaction, meaning that participants are asked to think about how satisfied they are with their job in a broad, overall sense' (Job Descriptive Index, 2016, para. 5). General instruments are intended to measure the respondent's general overall feelings about their job; these feelings are expected to predict key
behavior, such as quitting or being absent, and are widely used as indexes of organizational effectiveness (Ironson, Smith, Brannick, Gibson, & Paul, 1989). Although this study did not intend to research the aforementioned key behavior among nurses, part of the research problem relates to retention which can be linked to quitting. In an effort to get the most comprehensive responses, a general instrument is effective as it asks the respondent to combine their reactions to various aspects of their job in a single integrated response (Ironson et al., 1989). This instrument was also chosen for the ease of reading and response for participants (Ironson et al., 1989). The questionnaire is eighteen items, which consist of a three-response choice: agrees (yes), not sure (?), or does not agree (no) (Van Saane, Sluiter, Verbeek, & Frings-Dresen, 2003). The JIG scale has an internal consistency of Cronbach’s alpha of 0.91, and is among several scales that meet criteria for a high level of reliability and construct validity (Van Saane et al., 2003).

One limitation of the JIG scale is that it is a general scale designed to measure responses in a broad sense, and is less suitable for detecting specific high and low areas of job satisfaction (Van Saane et al. 2003). It is also not a scale specifically aimed at nurses only, however based on the review done by Van Saane et al. (2003), it seemed to fit as an appropriate tool to use in this research.

Both instruments have shown in other research to yield high quality data, given their reliability and validity. Other reasons both instruments are ideal choices for this research include low cost to the researcher, availability, population appropriateness, that is ideally all participants will hold the appropriate literacy level, no identified administration issues, and both instruments have been used in previous studies (Polit & Beck, 2012), albeit not together. A letter requesting permission to use the instruments was drafted and sent by this writer to the appropriate parties requesting permission to use the instruments. Both letters were returned granting permission.
In summary, both instruments were selected based on several factors that made them an appropriate choice for this research. Although both had limitations, they have proven to yield quality data and were straightforward instruments for the participants to use.
Chapter 5: Results

Demographical Data

Based on the existing literature, the hypothesis in this study was that higher levels of religiosity will be associated with higher levels of job satisfaction. The research findings in this study support the hypothesis, and provide evidence that there was a negative correlation between religiosity and job satisfaction and turnover intention. Study participants (n = 93) completed all the questionnaires that were provided to them in the mail, of which, a total of 350 were mailed out. The majority (95.7%) of the respondents were female and the majority (51.6%) were in the age range of 51 years and older. In terms of marital status, the majority (68.8%) were married, and the most widely held employment status was full time, at 64.5%. The demographics data are presented in Table 1.
Table 1. Participant Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
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<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>3 (3.2)</td>
</tr>
<tr>
<td>26 – 50</td>
<td>42 (45.2)</td>
</tr>
<tr>
<td>51 and over</td>
<td>48 (51.6)</td>
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<tr>
<td><strong>Gender</strong></td>
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<tr>
<td>Female</td>
<td>89 (95.7)</td>
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<tr>
<td>Male</td>
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</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>64 (68.8)</td>
</tr>
<tr>
<td>Divorced</td>
<td>8 (8.6)</td>
</tr>
<tr>
<td>Common Law</td>
<td>4 (4.3)</td>
</tr>
<tr>
<td>No Partner</td>
<td>17 (18.3)</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
</tr>
<tr>
<td>Part Time</td>
<td>33 (35.5)</td>
</tr>
<tr>
<td>Full Time</td>
<td>60 (64.5)</td>
</tr>
</tbody>
</table>

Note 1. Numbers of participants varied slightly in each response set, so percentages also vary slightly.

**Main Analysis**

As Pearson’s correlation analyses was conducted, the results demonstrated the following three negative correlations when analysed using a one-tailed test for significance. A negative correlation between job satisfaction and turnover intention ($r = -.203$, $p = .027$) was found, which means as job satisfaction score increased, the intention to leave one’s current job decreased. As per the parameters for scoring the Job In General, two participant scores were removed from the total, changing $n = 91$, whereas $n = 93$ for all other instrument scores. A negative correlation was found between how often participants engaged in private religious activity (subscale 2) and turnover intention ($r = -.194$, $p = .031$). As the amount of time a nurse spent in private religious activity increased, the intention to leave their job decreased. Lastly, there was a negative
correlation between participant scores in subscale 3 and turnover intention ($r = -.173$, $p = .049$).

Subscale 3 asks about experiencing the presence of the divine, having religious beliefs lie behind the whole approach to life and carrying religion in all other dealings in life. As the scores in subscale 3 increased, the intention to leave one’s job decreased. Table 2 illustrates the correlations among the study variables.

Table 2. Correlations among Study Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meetings</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities</td>
<td>.72**</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Divine Experience</td>
<td>.61**</td>
<td>.63**</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Religious Beliefs</td>
<td>.68**</td>
<td>.64**</td>
<td>.78**</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dealings in Life</td>
<td>.62**</td>
<td>.60**</td>
<td>.70**</td>
<td>.88**</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>JIG Positive</td>
<td>-.06</td>
<td>-.1</td>
<td>-.06</td>
<td>.03</td>
<td>-.03</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>JIG Undecided</td>
<td>.19*</td>
<td>.03</td>
<td>.14</td>
<td>.1</td>
<td>.15</td>
<td>-.41**</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>JIG Negative</td>
<td>.04</td>
<td>.06</td>
<td>-.01</td>
<td>-.08</td>
<td>-.06</td>
<td>-.75**</td>
<td>-.08</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Turnover intention</td>
<td>-.12</td>
<td>-.19*</td>
<td>-.12</td>
<td>-.19*</td>
<td>-.17</td>
<td>-.18*</td>
<td>.07</td>
<td>.18*</td>
<td>1.</td>
</tr>
<tr>
<td>10</td>
<td>JIG Total</td>
<td>-.07</td>
<td>-.07</td>
<td>-.04</td>
<td>.03</td>
<td>-.01</td>
<td>.94**</td>
<td>-.44**</td>
<td>-.82**</td>
<td>-.20*</td>
</tr>
</tbody>
</table>

Note 1. Pearson $r$ correlation coefficients with a 1-tailed significance. Note 2. *Statistically significant at $P < 0.005$, **statistically significant at $P < 0.001$. Note 3. Subscale 3 is divided into three separate variables, numbered 3, 4, and 5.

To examine how much variation of turnover intention may be explained by participating in private religious activity and job satisfaction, regression analyses were used. These findings showed a significant prediction of the total score for job satisfaction predicting turnover rate. (See Table 3).
Table 3. Regression Predictors for Turnover Intention (n = 93)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>SE</th>
<th>Standard</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Job Satisfaction</td>
<td>.007</td>
<td>-.27</td>
<td>.037</td>
</tr>
<tr>
<td>Religious activities</td>
<td>.036</td>
<td>-.197</td>
<td>.058</td>
</tr>
</tbody>
</table>

R = .283, R^2 = .080

Note 1. Participants for total job satisfaction (n = 91). Note 2. SE = Standard error
Chapter 6: Discussion

Job Satisfaction and Turnover Intention

In this study, the relationship between religiosity and job satisfaction and turnover intention was explored and described. The participants included in this study were registered nurses who are actively employed in Ontario, which is a representative sample of the broader population of registered nurses. According to Bandura’s model of self-efficacy, the right incentive can have an impact on how much effort an individual puts into an activity, or how long they will maintain that effort, particularly in stressful situations (Bandura, 1977). To this end, Testoni, Capozza, Shams, Visintin, and Carlucci (2016) contend that religious beliefs are particularly functional in response to life’s challenges, and can be positively related to the ability to cope with stress, life stressors, and with resilience and well-being. Although this study did not explicitly explore job satisfaction and stress of nurses, the findings support the negative correlation between religiosity and turnover intention. Moreover, the nurses who identified as more religious, or who participated in religious activity, were less likely to leave their job.

The negative correlation between job satisfaction and turnover rate was not particularly surprising, as job satisfaction is a concept closely linked with turnover (Coomber & Barriball, 2005). Furthermore, an individual’s evaluation of how much their job fulfills their own job values, can cause either a positive state of emotional satisfaction or a contrasting negative state (Coomber & Barriball, 2005). Han et al. (2015) found in their study that nurses who were not satisfied with their jobs were more likely to experience higher psychological demands at work, experience lower autonomy in their jobs, work with relatively less supportive peers or supervisors, and work longer hours, with fewer breaks during the work day. Additionally the authors note that their findings can help organizations that struggle with retention, focus their
efforts on improving autonomy and support for nursing staff (Han et al., 2015). Although this particular thesis research did not explore additional variables such as autonomy, other research has outlined the benefit of being religious when dealing with stress both in and out of the work environment (Mohr, 2006; Taylor et al., 2014; Testoni et al., 2016). Research has suggested that effective leadership skills have been shown to enhance job satisfaction and promote staff nurse retention (Kleinman, 2004), however Han et al. (2015) argue that another strategy that may be helpful to improve retention in the nursing profession, is that nurses themselves should try to construct and facilitate supportive work climates. Part of the nursing role is to offer mentorship or preceptorship in the clinical setting, and it would be interesting to observe a shift in thinking about what this entails. Does mentorship need to focus only on clinical and academic roles, or is there room to explore the relationship that religion can play? Moreover, can nurses who are religious, and less intent to leave their job, mentor other nurses who are not as religious, and will this have an overall effect on job satisfaction or turnover intention.

Age and Turnover Intention

Another finding of this study confirms that a relationship exists between religiosity and turnover intention, with the largest age group of respondents in this study being 51 years of age and older. The world-wide nursing shortage is currently, and will continue to be a challenge for health care organizations, particularly in terms of older, or more experienced nurses (Clauson, Wejr, McRae, & Straight, 2011). These experienced nurses require support for professional development if they choose to change practice areas, and ongoing support of a different nature to manage complex care requirements within the health care system (Clauson et al., 2011). While some of the proposed relationships related to nurses and turnover have been well documented in the research literature, these relationships have not been examined in the context of older nurses.
(Armstrong-Stassen & Schlosser, 2010). Although one of the limitations of this study was sample size, the findings add a unique perspective into what may be important information for administrators to consider when addressing issues of recruitment and retention of experienced nurses.

**Religious Activities and Turnover Intention**

Interestingly, the results show a negative correlation between participating in private religious activity (subscale 2) and turnover intention, which can be particularly meaningful to nurse managers, as they explore ways in which to ensure the needs of their staff are being met. The data shows that nurses who participate in private religious activity are more likely to remain at their job; it would be a significant step for hospitals, agencies, or specific wards/units to explore how they can provide time and/or space for nurses to practice and engage in religious activity while at work. In their study, Taylor et al. (2014) note participants indicated that praying privately was something that helped them cope with the stress of patient care and guide their care of patients during the day; leading to less burnout and more apt to have higher job satisfaction. Gilliat-Ray (2005) notes that in addition to new prayer/quiet rooms, or places of worship being created in such places as shopping malls and tourist venues, many hospitals are either adapting or supplementing their existing space. This shift is to ensure there are rooms that can be used for people of all (or no) faith, as these rooms have traditionally been used as Christian Chapels (Gilliat-Ray, 2005). Most spaces in hospitals are generally used for patients or their families, however it may be prudent for administrators to find ways to encourage staff to utilize these spaces more often.
Study Limitations

This study used a random sample of 350 registered nurses who were actively employed in Ontario, from only one database of individuals. Although the total number of questionnaires mailed out represented a fair estimation of the population of nurses in the province, the response rate was 93 participants. Although small sample size was a limitation in this study, many nursing studies are based on relatively small samples (Polit & Beck, 2012). The participants in this study varied in employment status and areas of speciality; the study did not assess for specialized skill set, level of education or the type of employment held, i.e. bedside versus management. Finally, because both job satisfaction and religiosity can be fluid concepts, attitudes and opinions on both can change, and this study provided only a snapshot of both constructs. Administrators may have a current group of nurses who strongly identify as religious, however this can change quickly for various reasons in the workplace, and this should be taken into consideration when considering implications for practice.

In summary, this study highlighted the importance of examining job satisfaction and turnover intention for nurses, as it related to religiosity. The results can further add to the growing body of literature to support job satisfaction, and address the gap related to how religiosity can influence job satisfaction and turnover intention among registered nurses. From an administration and leadership perspective, this study has brought some clarity and additional insight into the importance of supporting the personal religious beliefs of nurses, and how this can have a significant impact on their turnover intention. By engaging in research examining the impact that being religious has on job satisfaction, both nurses and nurse leaders can gain a greater understanding of the importance of both of these constructs not only to job satisfaction, but also recruitment and retention.
Chapter 7: Conclusion and Implications for Future Research

This study showed that although there is a relationship between religiosity and job satisfaction and turnover intention, the question posed by Takase, Maude and Manias (2005), asking ‘why are nurses leaving their job and what can we do to stop them?’ remains an important one. Takase et al. (2005) examine the themes of nurses’ job dissatisfaction and their intentions related to turnover. These authors note that one of the common myths related to job satisfaction is that nursing research tends to support the idea that environmental characteristics act as the sole cause of nurses’ job dissatisfaction and turnover intention. This thesis research illustrated that in fact, intrinsic beliefs around religiosity and behaviour that supports this, have an impact on turnover intention; and these tend not to be simply environmental characteristics. Kazemipour et al. (2012) argue that administrators should consider workplace spirituality and its positive influence on nurse’s outcomes in order to improve their work performance, and subsequently the entire healthcare system. While nurses are often expected to provide spiritual care to their patients, they are cautioned against discussing their own religious beliefs, which can create difficulty for those nurses who are religious (Taylor et al., 2014). Since nurses are the largest group of professionals in hospitals and have the most frequent interaction with patients (Kazemipour et al., 2012), administrators should consider how to support nurses’ religiosity appropriately at work, because it can be a significant resource that provides a sense of well-being and a means for coping with the stress of work, potentially decreasing burnout and promoting job satisfaction (Taylor et al., 2014).
Kazemipour et al (2012) suggest evaluation of the current situation related to spirituality in hospitals. To take that conclusion one step further, this study proposes that administrators consider the level of religiosity of staff, and how they can encourage and nurture these beliefs. In terms of evaluation, perhaps integrating appropriate questions about religiosity into staff satisfaction questionnaires would be helpful. Such as the suggestion by Coombs and Barriball (2005) the conclusions of their study strongly encourage the need for analysis of each work environment individually, at each ward level. These authors suggest that appropriate techniques for this type of analysis should focus on qualitative interviews or action research, to gain an even greater insight (Coombs & Barriball, 2005). This in turn may be able to guide administrators in terms of supporting an inclusive work environment, which may lead to a positive impact on performance, job satisfaction, and turnover intention.
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AN EXPLORATION OF JOB SATISFACTION

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https://www.bgsu.edu/arts-and-sciences/psychology/services/job-descriptive-index.html


Reliability and validity of instruments measuring job satisfaction—a systematic review.

*Occupational Medicine, (53), 191-200.*


https://www.capilanou.ca/psychology/student-resources/research-guidelines/Correlational-Research-Guidelines/
Appendix A

LETTER OF INFORMATION AND CONSENT

A Study about Religiosity and Job Satisfaction

Principal Investigator:
Tara Tourloukis, BScN
Brandon University
Brandon, Manitoba, Canada
Cell: (519) 441-8626
E-mail: tourlotl03@brandonu.ca

Purpose of the Study: You are invited to take part in this study I am doing for my thesis, on religiosity and job satisfaction. I want to explore the relationship between job satisfaction and religiosity of actively practicing registered nurses working in Ontario. I am hoping to compare job satisfaction, between registered nurses who identify as being religious with those who do not, and examine if religiosity increases job satisfaction. I also want to explore turnover intention within this group of nurses.

Procedures involved in the Research: You will be asked to complete three short survey instruments and mail them back to me. You will also be asked for some demographic/background information like your age and education. Questions in the instruments include ‘how often do you attend religious meetings,’ ‘in general, would you describe your job as pleasant?’ and ‘do you plan to leave the organization you currently work for within the next year?’

You have two separate envelopes included in your package – one is for the consent form and one is for the survey instruments.

Potential Harms, Risks or Discomforts: It is not likely that there will be any harms or discomforts from/associated with answering the questions in this study. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. I describe below the steps I am taking to protect your privacy.

Potential Benefits: Although this research will not necessarily benefit you directly at the present time, I hope to learn more about religiosity and job satisfaction, which in turn will result in helping to understand if there is a connection. This could help nurses and nurse leaders in the future have a better awareness of what contributes to higher job satisfaction.

Confidentiality: You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified in any way. No one but
me and the other members of the research team will know whether you were in the study unless you choose to tell them.

The information/data you provide will be kept in a locked cabinet where only I will have access to it and the information kept on a computer will be protected by a password and stored on a flash drive that is encrypted. The computer and flash drive will never be in a public place. Once the study has been completed, the data will be destroyed.

**Participation and Withdrawal:** Your participation in this study is voluntary, and it is your choice to be part of the study or not. If you decide to be part of the study, you can stop (withdraw), for whatever reason, even after you have signed the consent form. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

Once you have submitted your responses to the instruments for this survey, your answers will be put into a database and will not be identifiable to you. This means that once you have submitted your survey, your responses cannot be withdrawn from the study because I will not be able to identify which responses are yours.

**Information about the Study Results:** I expect to have this study completed by approximately *June 2017*. If you would like a brief summary of the results, please let me know how you would like it sent to you.

**Questions about the Study:** If you have questions or need more information about the study itself, please contact me at:

```
Tara Tourloukis  
Brandon University  
Tourlot03@brandonu.ca
```

This study has been reviewed by the Brandon University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

```
Brandon University Research Ethics Committee  
Office: (204) 727-9712  
Email: burec@brandonu.ca
```

Adapted from McMaster Research Ethics Board, (2016). Tips and Samples.
Appendix B

Demographic Questionnaire

*Please answer the following questions to the best of your ability.*

1. **What is your age range?**
   - Under 25 years __
   - 26 to 50 years __
   - 51 years and over __

2. **What is your gender?**
   - Female __
   - Male __
   - Other __

3. **What is your marital status?**
   - Married __
   - Divorced __
   - Widowed __
   - Common Law __
   - No partner __

4. **What is your employment status?**
   - Part time/Casual __
   - Full time __
Appendix C

Duke University Religion Index

Items of the Duke University Religion Index (DUREL).

(1) How often do you attend religious meetings?
1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

(2) How often do you spend time in private religious activities, such as prayer, meditation or religious study?
1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

(3) In my life, I experience the presence of the Divine (i.e., God)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(4) My religious beliefs are what really lie behind my whole approach to life
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(5) I try hard to carry my religion over into all other dealings in life
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

Appendix D

Job in General Scale

Think of your job in general. All in all, what is it like most of the time? In the blank beside each word or phrase below, write Y for “Yes” if it describes your job, N for “No” if it does not describe it, ? for “?” if you cannot decide.

__ Pleasant
__ Bad
__ Great
__ Waste of time
__ Good
__ Undesirable
__ Worthwhile
__ Worse than most
__ Acceptable
__ Superior
__ Better than most
__ Disagreeable
__ Makes me content
__ Inadequate
__ Excellent
__ Rotten
__ Enjoyable
__ Poor

Appendix E

Turnover Intention

Please rate your response to the following question on the scale provided below.

Do you plan to leave the organization you currently work for within the next year?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Unsure</th>
<th>Absolutely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix F

CONSENT

- I have read the information presented in the information letter about a study being conducted by Tara Tourloukis, of Brandon University.
- I have had the opportunity to ask questions about my involvement in this study and to receive any additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately April 2017.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: ___________________________ Date: ___________________________

Name of Participant (Printed) ___________________________

… Yes, I would like to receive a summary of the study’s results.
Please send them to me at this email address ___________________________
Or to this mailing address: ___________________________
____________________________
____________________________

… No, I do not want to receive a summary of the study’s results.