

Supervisor's effect on clinical workers' job satisfaction and turnover intentions

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Abstract Healthcare supervisors who lack proper knowledge of the profession's standards may inadvertently put patients' safety at risk. Clinical workers' job satisfaction and turnover intentions potentially affect the quality of care provided to patients. Contingency Theory, Transformational Theory and Situational Theory are appropriate to underpin this study because healthcare supervisor expertise can affect job satisfaction and turnover intentions of their employees. This causal comparative study examined the relationship between clinical workers' perceived leadership expertise of their supervisor and the turnover intentions and job satisfaction of employees of healthcare organisations in Southern Louisiana. The study included research questions regarding the following: the relationship between the responses of supervisors and clinical workers on the Leadership Practices Inventory (LPI), the relationship between clinical workers' job satisfaction, as measured by the Job in General scale, and their perceptions of their general healthcare supervisor's expertise, and the relationship between clinical workers' turnover intentions, as measured by the turnover intention scale of the Michigan Organizational Assessment, and their perceptions of their general healthcare supervisor's expertise. Utilising the analysis of variance, no statistically significant relationship was identified among the variables. The primary findings of the study, however, revealed a strong association between a supervisor's expertise and the leadership practices of modelling the way and encouraging the heart on LPI. Although the findings were not aligned with those of previous studies, the results are valuable to healthcare leaders seeking to examine the relationship of healthcare supervisor competencies and workforce shortages.

KEYWORDS: job satisfaction, leadership, nursing, supervisor, turnover intent

BACKGROUND

Leadership, job satisfaction and turnover intentions are common talking points in healthcare. A crucial part of guaranteeing quality care and healthy environments in the medical field is effective supervision.¹ The success of a medical organisation depends not only on the productivity of its clinical workers, but also on job satisfaction levels of all healthcare staff. Clinical workers have a decreased likelihood of calling off or quitting if they are content with the supervisor. Those who promote clinical workers to supervisors must ensure they designate a supervisor who will champion the cause of patients receiving the highest quality care available.

INTRODUCTION

A clinical supervisor should possess medical skills, embody problem-solving traits to handle healthcare regulations and develop creative solutions to complex issues.² In the healthcare industry, employees must have leadership skills and knowledge of the profession's standards.³ There is a positive relationship between job satisfaction and rapport, while inpatient assignments and heavy workloads negatively relate to job satisfaction. There are numerous studies that analyse the most effective leadership style as it relates to job satisfaction and turnover intentions. Various studies have concluded that transformational leadership is the most effective leadership style in healthcare.⁴⁻⁷ The problem is that there is limited evidence available on the relationship between healthcare supervisors' expertise and employee job satisfaction or turnover intentions.

A healthcare supervisor may have unit-specific skills or skills that lie within the discipline. Speciality units such as the neonatal intensive care, coronary care, intensive care, paediatric intensive care units and the emergency department require specific competencies. A goal of this study was to conduct research on perceived supervisor

expertise from the Leadership Practices Inventory (LPI) and Job in General scale (JIG) as either contributing to or impeding job satisfaction. The results of the study may add another mitigating factor for turnover intentions or job satisfaction in hospitals.

RESEARCH QUESTIONS AND HYPOTHESES

The following are the research questions (R.Q) and hypotheses (H) for the study:

R.Q1. What is the relationship between a supervisor's response to the self-assessment and clinical workers' response to the observer's assessment of leadership expertise of general healthcare supervisors as measured by LPI?

H1_O. There is no statistically significant relationship between a supervisor's response to the self-assessment and clinical workers' response to the observer's assessment of leadership expertise of general healthcare supervisors as measured by LPI.

H1_A. There is a statistically significant relationship between a supervisor's response to the self-assessment and clinical workers' response to the observer's assessment of leadership expertise of general healthcare supervisors as measured by LPI.

R.Q2. What relationship, if any, exists between clinical workers' perception of their general healthcare supervisor's expertise and their job satisfaction as measured by the JIG?

H2_O. There is no relationship between clinical workers' perception of their healthcare supervisor's expertise and their job satisfaction, as measured by the JIG.

H2_A. There is a statistically significant relationship between clinical workers' perception of their healthcare supervisor's expertise and their job satisfaction, as measured by the JIG.

RQ3. What relationship, if any, exists between clinical workers' perception of their general supervisor's expertise and their turnover intentions, as measured by the turnover intention scale of the Michigan Organizational Assessment?

H3_O. There is no relationship between clinical workers' perception of their general healthcare supervisor's expertise and their turnover intentions, as measured by the turnover intention scale of the Michigan Organizational Assessment.

H3_A. There is a statistically significant relationship between clinical workers' perception of their general supervisor's expertise and their turnover intentions, as measured by the turnover intention scale of the Michigan Organizational Assessment.

There have been numerous investigations of aspects of healthcare leadership and its effect on staff who report to them. There is a positive relationship between leadership and social support and a negative relationship between job strain and leadership. Nurse managers should strive to offer support to staff to assist in retaining those who provide direct patient care.⁸ Shortages in staffing hinder the ability of workforces to provide quality care. Elevated nurse turnover rates cause increased workloads and stress, leading to decreased job satisfaction and turnover intentions.⁹

Members of the nursing staff are vital to healthcare organisations.¹⁰ Critical care nurses require job satisfaction, an aspect that is associated with organisational commitment and the mode of leadership used by management. Managers may prevent burnout in employees with knowledge of mitigating factors. Heavy assignments correlated with nurses' dissatisfaction, negativity and decreased effectiveness.¹¹

Higher rates of turnover among those working in intensive care units (ICU) can increase distress in ICUs workers.¹² The

use of supervisors without speciality skills may be challenging to achieve the goals of the organisation such as improving staff communication, decreasing patient safety risks and decreasing 30-day readmission rates.

METHOD

The aim of this causal comparative study was to examine the extent to which a difference exists between clinical workers' perceptions of their supervisors' expertise, unit specific or within discipline, and their turnover intentions and job satisfaction. The promotion of supervisors with general healthcare skills already happened. The causal comparative design allowed the researcher to explore differences in the perceptions of clinical workers who directly reported to supervisors with unit-specific expertise as compared with those who directly reported to supervisors with expertise that lies within the discipline.

POPULATION AND SAMPLE

Clinical workers employed at two hospitals in Southern Louisiana made up the population of this study. Some clinical workers directly reported to healthcare supervisors with expertise leading a specialised unit, while others directly reported to healthcare supervisors with skills within the discipline. Although supervisor expertise can affect all healthcare employees and support staff within the medical organisation, this study focused on clinical staff. Clinical workers include all staff members who provide direct patient care and, in this setting, included nurses, respiratory therapists, physical therapists and occupational therapists. The researcher gained knowledge of this subject matter by surveying members of this specific population who worked in hospitals. Participants included 300 clinical employees at public, non-profit hospitals.

The researcher invited employees who met the inclusion criteria to participate

in this study. Inclusion criteria for the proposed study included the following: (a) clinical workers, including all staff who provided direct patient care such as nurses, respiratory therapists, certified nursing assistants, physical therapists and occupational therapists; (b) employees who reported to the same supervisor for a minimum of one year. Participants in this study may work on different nursing units such as medical surgical, intensive care, coronary care, telemetry, emergency room, obstetrics and neonatal intensive care.

SAMPLE SIZE

The researcher chose an appropriate sample size that was representative of the selected population. Representative samples enabled the researcher to make inferences about the target population with the findings. Using the G*Power calculator, the researcher determined that a sample size of 267 was representative of this population for a confidence level of 95 per cent and a margin of error of 2 per cent. The power of the sample was 80 per cent, and the researcher used a medium effect size.

DATA COLLECTION

Before collecting data, the researcher received approval from the University of Phoenix's Institutional Review Board (IRB). The researcher sent a request to participate letter identifying the purpose of the study, the risks, the benefits and the time frame to both Southern Louisiana hospitals. The researcher also provided contact information for questions and concerns. After obtaining signed permission to use the premises from the facilities, the researcher administered the survey instruments. The researcher selected the two hospitals because of the ability to access the participants and delivered 140 envelopes to clinical employees and 10 envelopes to supervisors.

The researcher obtained data using the LPI, the JIG, the turnover intention scale of the Michigan Organizational Assessment and a demographic questionnaire. LPI is a survey based on 30 behavioural assertions, six statements for each of the practices of exemplary leadership.¹³ The self-assessment allowed managers to analyse their leadership behaviours. Healthcare supervisors completed the self-assessment, and clinical workers completed the observer's assessment. Employees completed the observer portion and assessed the frequency with which leaders display leadership behaviours.¹⁴ The data collected provided information on the perceived leadership expertise of general healthcare supervisors. The researcher used a separate instrument to assess job satisfaction. The creators of the JIG survey developed the instrument to measure workers' overall job satisfaction.¹⁵ Lastly, the researcher handed participants a survey designed to evaluate turnover intentions. The turnover intention scale of the Michigan Organizational Assessment measures employee's intent to leave using a 7-point Likert scale. On this scale, one indicates disagree, and seven indicates strongly agree. The researcher returned to each of the facilities after 10 days and retrieved the instruments. Data collection took no longer than 5 weeks.

RELIABILITY AND VALIDITY

The LPI, the JIG questionnaire and the turnover intention scale of the Michigan Organizational Assessment have been used in numerous studies to assess job satisfaction and turnover intentions.^{16–22} The LPI looks for the following practices in leaders:

- Model the way
- Inspire a shared vision
- Challenge the process
- Enable others to act
- Encourage the heart

An acceptable reliability score on LPI is 0.7 or higher.²³ Cronbach alpha is a common test for internal consistency. The Cronbach alpha of LPI is 0.80–0.90 for frontline supervisors and 0.73–0.90 for healthcare managers.²⁴ The internal consistency is acceptable for both frontline supervisors and healthcare managers. The LPI is a 30-item assessment that measures leadership competencies based on Kouzes and Posner's Five Practices of Exemplary Leadership Model. All 30 questions used a Likert scale with the following range: 1 = *Almost Never*, 2 = *Rarely*, 3 = *Seldom*, 4 = *Once in a While*, 5 = *Occasionally*, 6 = *Sometimes*, 7 = *Fairly Often*, 8 = *Usually*, 9 = *Very Frequently* and 10 = *Almost Always*. The researcher used the JIG to evaluate job satisfaction. The JIG measures global job satisfaction and has a 0.91 consistency.²⁵ This instrument is a part of the Job Descriptive Index. Convergent validity justifies whether the scores under examination on one tool are reasonable in comparison with the scores on similar instruments.²⁶ The convergent validity of the JIG is 0.66–0.80.²⁷ The JIG scale is an 18-item instrument using 'Y' for yes if it describes your job, 'N' for no if it does not describe your job and '?' if you cannot decide. The final tool, the turnover intention scale of the Michigan Organizational Assessment, measures turnover intentions. The reliability of the turnover intention subscale was 0.84 and test-retest reliability was 0.50.²⁸ Test-retest reliability assesses the reliability of an instrument over time. The turnover intention scale of the Michigan Organizational Assessment is a 3-item questionnaire using the following Likert scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Slightly Disagree*, 4 = *Neither Agree or Disagree*, 5 = *Slightly Agree*, 6 = *Agree*, and 7 = *Strongly Agree*. Each of the instruments described has established reliability and validity, which indicated they consistently provided the data under investigation and measured what they purported to measure.

DATA ANALYSIS

The researcher reviewed the collected LPI, the JIG questionnaire and the turnover intention scale of the Michigan Organizational Assessment for completeness. Any incomplete surveys were removed and excluded from analysis. The initial response rate of clinical workers during the 5-week period was 61 per cent ($n = 173$) and that of supervisors was 45 per cent ($n = 9$). The researcher only accepted surveys that were 100 per cent complete. A total of 40 clinical workers declined to participate, and two envelopes contained incomplete surveys. Only one supervisor declined to participate. After removing the envelopes mentioned above, the final response rate of clinical workers was 43 per cent ($n = 131$) and that of supervisors was 40 per cent ($n = 8$). The data was analysed using Statistical Package for the Social Sciences Software (SPSS). To analyse the data gathered, the researcher used the analysis of variance (ANOVA). The null hypothesis was checked using ANOVA. The ANOVA also assisted in comparing the turnover intentions and job satisfaction level of clinical workers under healthcare supervisors with unit-specific expertise compared with those who reported to supervisors who have expertise within the discipline.

DESIGN LIMITATIONS

There were some limitations to the design of the current study. Even though every department has a supervisor, in healthcare settings clinical workers may identify their charge nurse or charge therapist as their supervisor. Another limitation of the current design was that the researcher did not account for supervisors who received training in a speciality area previously but had not used it in recent years. The researcher created groups based on the participants' responses to demographic questions, and this was a major limitation of the study.

RESULTS

Healthcare supervisors who lack proper knowledge of the profession's standards may inadvertently put patients' safety at risk. Participants were asked to describe

their job title (Table 1), speciality area worked (Table 2), perceived level of expertise of their supervisor (Table 3) and supervisor's self-reported level of expertise (Table 4).

Table 1: Job title

Title	Frequency	Per cent	Valid per cent	Cumulative per cent
Occupational therapist	1	0.8	0.8	0.8
Respiratory therapist	50	38.2	38.2	38.9
Nurse	66	50.4	50.4	89.3
Certified nursing assistant	12	9.2	9.2	98.5
Physical therapist	2	1.5	1.5	100
Total	131	100	100	

Table 2: Speciality area worked

	Specialty area	Frequency	Per cent	Valid per cent	Cumulative per cent
	CCU	6	4.6	6.9	6.9
	ICU	33	25.2	37.9	44.8
	Telemetry	17	13	19.5	64.4
	Medical surgical	23	17.6	26.4	90.8
	NICU	7	5.3	8	98.9
	Emergency room	1	0.8	1.1	100
	Total	87	66.4	100	
Missing	System	44	33.6		
Total		131	100		

Table 3: Expertise of supervisor

Expertise of supervisor	Frequency	Per cent	Valid per cent	Cumulative per cent
Unit specific	75	57.3	57.3	57.3
Within discipline	50	38.2	38.2	95.4
Both	6	4.6	4.6	100
Total	131	100	100	

Table 4: Supervisor's reported level of expertise

Level of expertise	Frequency	Per cent	Valid per cent	Cumulative per cent
Unit specific	4	50	50	50
Within discipline	4	50	50	100
Total	8	100	100	

DISCUSSION

RQ1. What is the relationship between a supervisor's response to the self-assessment and a clinical worker's response to the observer's assessment of leadership expertise of general healthcare supervisors, as measured by LPI?

On the LPI Self, there was a significant difference between the responses of supervisors who listed their level of expertise as unit specific and those who listed within discipline on '*I praise people for a job well done*', '*I ask for feedback on how my actions affect other people's performance*', and '*I get personally involved in recognising people and celebrating accomplishments*' (Appendix A). The strength of association was highest (65 per cent) between supervisor's level of expertise and the exemplary practice of encouraging the heart. Supervisors who regularly recognise the accomplishments of their staff foster a sense of belonging, which can lead to increased retention rates. Additionally, the strength of association between supervisor's level of expertise and the exemplary practice of modelling the way was 46 per cent. Actions of the supervisor that relate to modelling the way include affirming shared values and setting a personal example of expected staff behaviours. The findings of the current study showed there was no difference between a clinical worker's perception of leadership practices of supervisors with unit-specific expertise or expertise within the discipline. Supervisors with unit-specific expertise, however, differed in regard to three responses concerning their leadership practices as compared with supervisors who described their expertise as within discipline. This finding was inconsistent with previous literature concerning healthcare leadership.^{29–31} The results showed no significant relationship between the responses to LPI observer versions of clinical workers who indicated their supervisor had unit-specific expertise and those who indicated their supervisor had

expertise within discipline. Potential factors that could influence varying results include the clinical workers' level of understanding, the population and the location of the study.

RQ2. What relationship, if any, exists between a clinical worker's job satisfaction, as measured by the JIG scale, and their perceptions of their general healthcare supervisor's expertise?

There was no relationship between a clinical worker's job satisfaction score on the JIG and the perceived expertise of their healthcare supervisor. This finding did not align with previous literature that suggested leadership is linked to job satisfaction.^{32,33} Factors that could affect the findings include culture and sample size. Prior studies included larger samples, which yielded higher response rates. After plotting the total satisfaction scores, the researcher did note that the satisfaction scores were higher among those who reported to supervisors with unit-specific expertise as compared with those who reported to supervisors with expertise within the discipline (Figure 1). The researcher asked supervisors to fill out the JIG. There was no relationship between the expertise they indicated and their job satisfaction.

RQ3. What relationship, if any, exists between clinical workers' turnover intentions, as measured by the turnover intention scale of the Michigan Organizational Assessment, and their perceptions of their general healthcare supervisor's expertise?

There was no statistical significance between clinical workers' turnover intentions and their perceptions of their general healthcare supervisor's expertise. This finding was inconsistent with previous literature that suggested leadership was linked to turnover intentions.^{34–37} Aspects that could influence differing results include

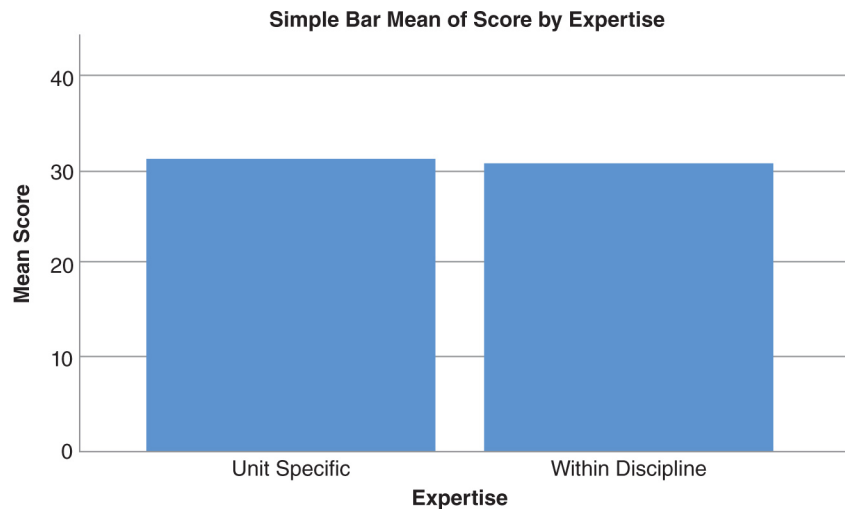


Figure 1: Satisfaction scores

other organisational aspects such as hours worked, patient workloads and pay. Analysis of relationships between other factors that may impact intent to stay were not completed in this investigation. The findings of the current study showed there was no difference in turnover intentions between those who perceived their supervisors had unit-specific expertise and those who perceived their supervisors had expertise within discipline. The researcher also asked supervisors to fill in the turnover intention scale. There was no relationship between the expertise they indicated and their turnover intentions.

CONCLUSION

The current study illuminated a gap in research concerning the differences between clinical workers who report to healthcare supervisors with specialised skills and those who report to healthcare supervisors with skills that lie within the discipline. In this study, 38.2 per cent of clinical workers classified the expertise of their supervisor as within discipline. Also, 50 per cent of supervisors who participated described their expertise as within discipline. Participant responses highlighted a trend in the promotion of clinical workers to supervisor

positions based on management capability regardless of the absence of specialised skills.

Healthcare facilities have organisational goals such as decreasing healthcare costs, enhancing the patient experience and improving patient outcomes. Leaders in the nursing field use studies performed on the relationship between work atmospheres and patient outcomes to help achieve benchmarks.³⁸ Increased emphasis on patient satisfaction pushes healthcare leaders to remedy any contributing factors to dissatisfaction. Leaders in healthcare must develop strategies for retention of clinical workers. Job satisfaction is crucial to attract and keep skilled staff. Retention of experienced staff is necessary to meet increasing healthcare demands.³⁹ Job satisfaction of clinical workers relates to the work environment.⁴⁰ Increasing the job satisfaction of clinical workers can have positive effects on patient perceptions and organisational performance.

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APPENDIX A: LPI SELF ANOVA

		Sum of squares	df	Mean square	F	Sig.
Sets a personal example of what he/she expects of others	Between Groups	0.125	1	0.125	0.029	0.87
	Within Groups	25.75	6	4.292		
	Total	25.875	7			
Talks about future trends that will influence how our work gets done	Between Groups	6.125	1	6.125	3.769	0.1
	Within Groups	9.75	6	1.625		
	Total	15.875	7			
Seeks out challenging opportunities that test his/her own skills and abilities	Between Groups	8	1	8	1.6	0.253
	Within Groups	30	6	5		
	Total	38	7			

		Sum of squares	df	Mean square	F	Sig.
Develops cooperative relationships among the people he/she works with	Between Groups	0.125	1	0.125	0.059	0.816
	Within Groups	12.75	6	2.125		
	Total	12.875	7			
Praises people for a job well done	Between Groups	12.5	1	12.5	7.895	0.031
	Within Groups	9.5	6	1.583		
	Total	22	7			
Makes certain that people adhere to the principles and standards that have been agreed upon	Between Groups	2	1	2	0.857	0.39
	Within Groups	14	6	2.333		
	Total	16	7			
Describes a compelling image of what our future could be like	Between Groups	3.125	1	3.125	1.471	0.271
	Within Groups	12.75	6	2.125		
	Total	15.875	7			
Challenges people to try out new and innovative ways to do their work	Between Groups	8	1	8	1.627	0.249
	Within Groups	29.5	6	4.917		
	Total	37.5	7			
Actively listens to diverse points of view	Between Groups	4.5	1	4.5	2.842	0.143
	Within Groups	9.5	6	1.583		
	Total	14	7			
Makes it a point to let people know about his/her confidence in their abilities	Between Groups	10.125	1	10.125	4.119	0.089
	Within Groups	14.75	6	2.458		
	Total	24.875	7			
Follows through on the promises and commitments that he/she makes	Between Groups	6.125	1	6.125	5.444	0.058
	Within Groups	6.75	6	1.125		
	Total	12.875	7			
Appeals to others to share an exciting dream of the future	Between Groups	3.125	1	3.125	0.556	0.484
	Within Groups	33.75	6	5.625		
	Total	36.875	7			
Actively searches for innovative ways to improve what we do	Between Groups	3.125	1	3.125	1.271	0.303
	Within Groups	14.75	6	2.458		
	Total	17.875	7			
Treats others with dignity and respect	Between Groups	1.125	1	1.125	0.529	0.494
	Within Groups	12.75	6	2.125		
	Total	13.875	7			
Makes sure that people are creatively recognised for their contributions to the success of our projects	Between Groups	6.125	1	6.125	2.673	0.153
	Within Groups	13.75	6	2.292		
	Total	19.875	7			
Asks for feedback on how his/her actions affect other people's performance	Between Groups	15.125	1	15.125	7.723	0.032
	Within Groups	11.75	6	1.958		
	Total	26.875	7			
Shows others how their long-term interests can be realised by enlisting in a common vision	Between Groups	2	1	2	0.75	0.42
	Within Groups	16	6	2.667		
	Total	18	7			

		Sum of squares	df	Mean square	F	Sig.
Asks 'What can we learn?' when things do not go as expected	Between Groups	6.125	1	6.125	1.485	0.269
	Within Groups	24.75	6	4.125		
	Total	30.875	7			
Involves people in the decisions that directly impact their job performance	Between Groups	4.5	1	4.5	1.256	0.305
	Within Groups	21.5	6	3.583		
	Total	26	7			
Publicly recognises people who exemplify commitment to shared values	Between Groups	3.125	1	3.125	1.364	0.287
	Within Groups	13.75	6	2.292		
	Total	16.875	7			
Builds consensus around a common set of values for running our organisation	Between Groups	6.125	1	6.125	1.615	0.251
	Within Groups	22.75	6	3.792		
	Total	28.875	7			
Paints the 'big picture' of what we aspire to accomplish	Between Groups	8	1	8	1.524	0.263
	Within Groups	31.5	6	5.25		
	Total	39.5	7			
Identifies measurable milestones that keep projects moving forward	Between Groups	0.125	1	0.125	0.03	0.868
	Within Groups	24.75	6	4.125		
	Total	24.875	7			
Gives people a great deal of freedom and choice in deciding how to do their work	Between Groups	0.125	1	0.125	0.03	0.868
	Within Groups	24.75	6	4.125		
	Total	24.875	7			
Tells stories of encouragement about the good work of others	Between Groups	4.5	1	4.5	1.8	0.228
	Within Groups	15	6	2.5		
	Total	19.5	7			
Is clear about his/her philosophy of leadership	Between Groups	6.125	1	6.125	1.69	0.241
	Within Groups	21.75	6	3.625		
	Total	27.875	7			
Speaks with genuine conviction about the higher meaning and purpose of our work	Between Groups	3.125	1	3.125	0.949	0.368
	Within Groups	19.75	6	3.292		
	Total	22.875	7			
Takes the initiative in anticipating and responding to change	Between Groups	2	1	2	0.667	0.445
	Within Groups	18	6	3		
	Total	20	7			
Ensures that people grow in their jobs by learning new skills and developing themselves	Between Groups	12.5	1	12.5	4.412	0.08
	Within Groups	17	6	2.833		
	Total	29.5	7			
Gets personally involved in recognising people and celebrating accomplishments	Between Groups	12.5	1	12.5	10	0.02
	Within Groups	7.5	6	1.25		
	Total	20	7			