Hospital organizational climates and nurses' intent to stay: Differences between units and wards

Abstract

Purpose: To assess variables of hospitals' organizational climates and nurses’ intent to stay in intensive care units and wards. Also, this study aims at studying the relationship between hospital organizational climate and nurse intention to stay.

Methods: A descriptive comparative design was used to collect the data from a convenience sample of 349 nurses who were working in 7 hospitals in Jordan, with a response rate of 70%. Farley’s Nursing Practice Environment Scale (NPES) was used to measure hospitals' organizational climates (Farly & Nyberg 1990). McCain’s Behavioral Commitment Scale was used to measure nurses' intent to stay (McCloskey 1990).

Results: Quality of care and professionalism were the most important variables that influence hospitals' organizational climates. Nurses reported that they will stay at their jobs even if these jobs did not meet their expectations. Based on the total scores, there were no significant differences between intensive care units and wards. Intensive care units and wards were different in nurses’ gender, average daily census, and model of nursing care. Nurses were also different in their perceptions about some aspects of administrative support, leadership, and professionalism. Nurses in units differed from those in wards in their decisions to retain their jobs. Hospitals' organizational climates and nurses' intent to stay were significantly correlated for the whole sample and intensive care units but not for wards.

Conclusions: Managerial actions should be used by nursing and hospitals' administrators to enhance hospitals' organizational climates and nurses’ intent to stay. These interventions
include but are not limited to increasing salaries, maintaining supportive relationships between nurses and physicians, sharing nurses in policy-making and administrative decisions, creating quality assurance measures, maintaining open communication and mutual trust between nurse managers and staff, and allowing autonomy about patient care and work environments.

**Key Words:** Organizational Climates, Intent to Stay, Hospitals, Nurse.