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Climate factors related to intention to leave in administrators and clinical professionals



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ABSTRACT

This study seeks to identify the best-fitting model to determine which organizational factors relate to the various dimensions of not-for-profit administrators or clinicians' intention to leave their jobs. A structural equation model (SEM) analyzed data on 318 administrators and clinical professionals. Based on this analysis, the best-fitting model was comprised of three factors consisting of three latent variables, and four exogenous variables regressed on them. Model fit statistics indicated the data fit the model well. The Comparative Fit Index (CFI) values was 0.99. The Tucker–Lewis Index (TLI) assessed the model's goodness-of-fit excellent at 0.99. The model indicates that administrators and clinicians experiencing certain factors, specifically organizational support, role clarity, and manageable workloads, showed significantly reduced thinking about and looking for another job. Administrators experiencing job autonomy and organizational support decreased looking for and actively finding a new job. This study located organizational climate factors that are most important for administrators and clinicians, thus identifying potential approaches for retention.

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1. Background

Leadership is consistently identified with having a major impact on organizational culture and climate, especially regarding the implementation of innovation, evidenced-based practice, and employee turnover, as well as building and sustaining partnerships with public contractors (Collins-Camargo, Armstrong, McBeath, & Chuang, 2013; Laschinger, 2014; McClean, Burris, & Detert, 2013; Potter, Comstock, Brittain, & Hanna, 2009). Administrators and clinical professionals are responsible for ensuring the stability of the organization and delivering care that is high quality, effective, and strategically aligned with collaborating agencies. However, little is known about administrators and clinical professionals' perception of organizational climate and its impact on their turnover.

Much of what we know in child welfare is limited to studies of caseworkers in that turnover is a persistent issue for both public and private agencies. Caseworker turnover is associated with low salaries, high caseloads, documentation burdens, insufficient supervisory support, and inadequate time for training (COFCCA, 2012; GAO, 2003). Many child welfare workers leave their jobs within a few years of being hired, resulting in substantial costs to agencies and negatively impacting children and families' outcomes (Dorch, McCarthy, & Denofrio, 2008; Flower, McDonald, & Sumski, 2005; Strolin-Goltzman, Auerbach, McGowan, & McCarthy, 2007; Strolin-Goltzman, Kollar, &

Trinkle, 2010). Turnover rates in not-for-profit child welfare agencies can range from 30% to 50% compared to the public sector turnover rate of 20% (COFCCA, 2012; Pew Commission on Children in Foster Care, 2004). These rates are especially significant since more public child welfare agencies are contracting with community and residential not-for-profit/private agencies to deliver child welfare services.

A number of studies link organizational climate factors to job satisfaction and job commitment (Claiborne et al., 2011; Ellett, 2009; Freund, 2005). Organizational climate is also associated with worker performance and the ability of the agency to achieve successful client outcomes (Wagner, van Reyk, & Spence, 2001). Climate is the perceptions of how the work environment impacts individual workers, e.g., their well-being, function, and job satisfaction (Glisson et al., 2012; James, & James, 1989; Parker et al., 2003), whereas organizational culture is defined as the expectation of the way things are done, e.g., norms that form behaviors (Cooke & Szumal, 2000; Glisson et al., 2012). The focus of this study is the relationship between organizational climate and turnover in not-for-profit child welfare administrators and clinical professionals.

However, information on not-for-profit child welfare administrators and clinical professionals' turnover behaviors and organizational climate perceptions is sparse. Literature found is primarily from the for-profit or other professional sectors; nevertheless, it can suggest areas that inform the not-for-profit arena. Blome and Steib (2007) refer to the frequent turnover of public agency executives. Our experience corroborates this perception. During our study, the executive director in three of the 13 not-for-profit agencies left the agency (in

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the 18 months we worked with each agency). Also, three additional executive directors had worked at one of the other 13 agencies within 2 years of becoming the leader of their current agency.

Studies of leaders and clinical professionals among social workers, nurses, educators, and public agencies identified climate factors associated with turnover to include negative organizational support, lack of autonomy, work load, role conflict, and role ambiguity (Bennett, Harvey, & Anderson, 2014; Jaskyte & Lee, 2009; Laschinger, Wong, Grau, Read, & Stam, 2011; Mrayyan, 2004; Yurur & Sarikaya, 2012). A number of studies identified the relationship between organizational climate factors, turnover, and burnout. Burnout is a substantial cost for organizations associated with turnover expenditures and resource allocation (Kim & Stoner, 2014; Schaufeli & Bakker, 2004). One study of a large human service organization found administrators and professionals who experienced promotions more often, were less likely to leave. Interestingly, being underpaid increased turnover; yet being overpaid did not impact turnover (Saporta & Farjoun, 2013).

Understanding the relationship between turnover and organizational climate existing within the not-for-profit child welfare agencies is especially compelling since more publicly funded child welfare services are provided by contractual agreement between not-for-profit and public agencies. Collins-Camargo, McBeath, and Ensign (2011) reported public child welfare agencies in 27 states subcontract to private agencies for services. Further, Wells, Jolles, Chuang, McBeath, and Collins-Camargo (2014) sampled eight states from the National Survey of Child and Adolescent Well-Being's 2009 cohort. Their analysis revealed a sizeable percent of child welfare services being subcontracted to private agencies for providing family in home services (80%), reunification services (70%), foster care (80%), residential treatment (76%), and adoptive placement (69%).

The purpose of this study is to develop a model that determines what organizational climate factors were related to turnover in not-for-profit child welfare agencies based upon job roles as administrators or clinical professionals.

2. Method

2.1. Sample and data collection

The sample was from thirteen not-for-profit child welfare agencies under contract with the public child welfare system in one state participating in the Children's Bureau supported child welfare workforce project. The agencies provide a wide range of child welfare services (e.g., prevention, foster care, residential, and community based services) and represent locations across the State with a mix of urban, suburban, and rural communities. The entire workforce was invited to participate in the research, and surveys were collected on-site at each agency from August 2009 to May 2012. The data collection occurred as each agency was initially contacted, thus the 4-year span for data collection. A total of 1,477 employees responded to the survey, resulting in a response rate of 70%. A subsample of 318 administrators and clinical professionals were included in this study's final analysis (165 administrators and 153 clinical professionals). Administrators included the executive director/CEO, program directors, managers, and department heads; clinical professionals included social workers, psychologists, and guidance counselors. Administrators and clinical professionals were included in the analysis if they confirmed that they had considered looking for a job within the previous year. The informed consent process approved by a university institutional review board occurred prior to conducting the survey.

2.2. Measures

Parker et al. (2003) developed the *Psychological Climate Survey* by modifying James and James psychological climate theory. James and colleagues' identify five primary domains of work environment

perceptions that comprise an organization's climate (James & Jones, 1974; James & Sells, 1981). The five domains are job characteristics, role characteristics, leadership characteristics, social characteristics, and organizational attributes. Parker et al. do not include James' social characteristics. The dimensions of role and job are essentially the same. Parker's supervisor dimension and organization attributes are similar to James' leadership characteristics and organizational dimension.

The Parker et al. (2003) Psychological Climate Survey has a total of forty-eight items measured on a 5-point Likert scale with items ranging from 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. Four dimensions, each comprising three subscales, measure climate. The dimension compositions are as follows:

- (1) Role dimension includes the ambiguity, conflict, and overload subscales. Ambiguity is operationalized as follows: unclear authority for decision making, unclear goals and objectives, and unclear job responsibilities and expectations. Conflict is operationalized as follows: rules and regulations interfere with doing a good job, workers must do things against their better judgment, too many people are directing the worker, or the worker is held responsible for things they have no control. Overload is operationalized as follows: more work than workers can do, the amount of work interferes with doing a good job, and workers are constantly under too much pressure.
- (2) Job dimension includes the importance, autonomy, and challenge subscales. Importance is operationalized as follows: people outside the organization are affected by how workers do their job, the job is important to the workers' team function, and the work makes a meaningful contribution and is highly important. Autonomy is operationalized as follows: the freedom to decide how the job is done, control is assigned so that the worker has authority to make decisions in the work area, the worker decides how best to do the job, and has freedom to complete assignments without over supervision. Challenge is operationalized as follows: the job requires a wide range of skills and effort to do it well, it challenges workers' abilities, and workers use their full knowledge and skills.
- (3) Organization dimension includes the innovation, justice, and support subscales. Innovation is operationalized as follows: workers are encouraged to develop ideas and try new ways of doing the job, improve on their boss's methods, and find new ways around old problems. Justice is operationalized as follows: decisions about worker jobs are made fairly, with concerns being heard, and accurate and complete information is collected before decisions are made. Support is operationalized as follows: the organization shows concern for the well-being and general satisfaction of workers, as well as their opinions.
- (4) Supervisor dimension includes the trust and support, goal emphasis, and work facilitation subscales. Trust and support is operationalized as follows: the supervisor treats workers with respect, listens to problems, and cares about workers' satisfaction and opinions. Goal emphasis is operationalized as follows: supervisors emphasize high stands of performance and set and emphasize the importance of measurable goals for performance and improvement. Work facilitation is operationalized as follows: supervisors demonstrate how to improve performance, model working hard, and help workers solve job-related problems to complete work on time.

The *Intent to Leave Child Welfare Scale (ILCW)* was utilized as a proxy measure for turnover. This measure has been utilized in previous research (e.g., Auerbach, McGowan, Augsberger, Strolin-Goltzman, & Schudrich, 2010; McGowan, Auerbach, Conroy, Augsberger, &

Schudrich, 2010; Schudrich, Auerbach, Liu, Fernandes, & McGowan, 2012). Furthermore, this instrument has been recently validated by its authors and was found to be a predictor of actual turnover (Auerbach, Schudrich, Lawrence, Claiborne, & McGowan, 2014). Three dimensions were derived from the results of a confirmatory factor analysis (CFA): *thinking*, *looking*, and *acting*. Thinking subscale is the individual considering leaving the job, but not undertaking any action. Looking subscale is the individual researching job possibilities in various job announcements, yet not undertaking any further action. The acting subscale is the individual applying for jobs and/or proceeding with job interviews.

3. Analysis

Respondents answered eight items contained in the ILCW scale. There were no statistically significant differences on the items between administrators and clinical professionals. The first question asked in the *thinking* dimension was “How often have you thought about leaving?” Possible responses were “almost never,” “some of the time,” “often,” “very often,” and “almost every day.” The largest group of respondents ($n = 140$; 43.3%) indicated that they thought about leaving “some of the time.” The next question asked, “How often have you spoken with friends/spouse/partner?” Possible responses were “almost never,” “some of the time,” “often,” “very often,” and “almost every day.” The largest group of respondents ($n = 155$; 50.3%) indicated they thought about leaving “some of the time.”

Then for the *looking* dimension, participants were asked, “How often have you looked in the paper for a new job?” Possible responses were “never,” “every few months,” “monthly,” “weekly,” and “daily.” Here the largest group of respondents ($n = 99$, 33.3%) indicated that they look “every few months.” The next question asked, “How often have you looked in professional journals for a new job?” Possible responses were “never,” “every few months,” “monthly,” “weekly,” and “daily.” The largest group of respondents to this question ($n = 170$, 58.81%) indicated that they “never” looked in professional journals. The next question asked, “How often do you search the Internet for jobs?” Possible responses were “never,” “every few months,” “monthly,” “weekly,” and “daily.” Here the largest group of respondents ($n = 105$, 35.8%) answered they search the Internet for jobs “every few months.”

For the *acting* dimension, respondents were first asked to answer the following question: “How many phone inquiries have you made about other jobs?” Possible responses were “none,” “1–2,” “3–4,” “5–6,” and “more than 6.” Here the largest group answered ($n = 173$; 58.1%) that they had made no phone inquiries. Then participants were asked, “How many resumes have you sent out?” Here again, possible responses were “none,” “1–2,” “3–4,” “5–6,” and “more than 6.” The largest group of respondents ($n = 152$; 51.35%) indicated that they had not sent out any resumes. The last question asked, “How many job interviews have you had?” Possible responses to this question were “none,” “1–2,” “3–4,” “5–6,” and “more than 6.” Here the largest group ($n = 91$; 66.6%) stated they had no interviews.

The *Psychological Climate Survey* was utilized to assess the perception of organizational psychological climate. Each of the 12 subscales consisted of respondents' mean for the items. The scale ranges from 1, the lowest level of satisfaction within a subscale, to 5, the highest satisfaction within a subscale. The mean differences between worker types are presented in Table 1. Administrators and clinical professionals differed statistically on the following two dimensions, *ambiguity* and *autonomy*. For *ambiguity*, administrators had a more positive rating with a mean of 3.7 compared to clinical professionals with a mean of 2.3 ($t = 2.3$; $df = 315$; $p = 0.02$). Administrators also had a more positive score on *autonomy* with a mean of 3.6 compared to a mean of 3.4 for clinical professionals ($t = 2.2$; $df = 315$; $p = 0.03$).

Structural equation modeling (SEM) was used to identify the best-fitting model that determine what organizational factors were related to the various dimensions of workers' intention to leave their jobs

Table 1

Comparison of means for psychological climate dimensions by worker type (min = 1, max = 5).

		Type	
		Administrator	Clinical professionals
Ambiguity*	Mean	3.59	3.39
	<i>n</i>	165	152
	SD	0.77	0.76
Conflict	Mean	3.19	3.07
	<i>n</i>	165	152
	SD	0.73	0.80
Overload	Mean	2.90	2.81
	<i>n</i>	164	152
	SD	1.03	0.99
Importance	Mean	4.10	4.05
	<i>n</i>	165	152
	SD	0.63	0.50
Autonomy*	Mean	3.64	3.45
	<i>n</i>	165	152
	SD	0.70	0.76
Challenge	Mean	4.06	4.01
	<i>n</i>	165	152
	SD	0.53	0.50
Innovation	Mean	3.59	3.48
	<i>n</i>	155	132
	SD	0.75	0.81
Justice	Mean	2.98	3.01
	<i>n</i>	164	152
	SD	0.77	0.797
Support	Mean	3.25	3.07
	<i>n</i>	165	152
	SD	0.89	0.97
Trust and support	Mean	3.99	3.83
	<i>n</i>	165	152
	SD	0.84	0.89
Goal emphasis	Mean	3.75	3.69
	<i>n</i>	164	152
	SD	0.80	0.66
Work facilitation	Mean	3.80	3.76
	<i>n</i>	164	152
	SD	0.88701	0.83058

* $p \leq 0.05$.

based upon their job roles (administrators or clinical professionals). As a result, we considered for inclusion in the final model each of the subscales in the Psychological Climate Survey. In general, SEM can be utilized to confirm an *a priori* model, test alternate models, or generate models (Joreskog, 1993). According to Kline (2011), use of SEM for model discovery has three requirements. The first is that it is theoretically logical, the second is that it is “reasonably parsimonious” (p. 8), and the third is that it statistically fits the data. Model generation is the most commonly used application for the use of this statistical method. In the case of the present study, the model generating form of SEM was employed by re-specifying the model based initially upon the theoretical concepts identified in the literature.

The data were analyzed with MPlus 7 using the weighted least squares with missing values (WLSMV) estimator (Muthen & Muthen, 2010).

4. Findings

4.1. Demographics

As is common in child welfare, the majority of the workers in the sample were female ($n = 215$; 68.47%). The workers in this sample were predominantly white ($n = 248$; 81.6%). Half (50.9%) were married, and the next largest group (36.5%) was never married. In terms of education, 63.8% held a bachelor's degree or higher with 24.1% of the final sample holding a master's degree in social work. The largest group of workers ($n = 66$; 22.6%) had a salary of over \$50,000 per year. Household income for the workers was higher with the largest

group of workers' having household income of greater than \$70,000 per year ($n = 120$; 44.1%), while the next largest group ($n = 37$; 13.56%) had a total household income between \$35,000 and \$45,000. The average age of respondents was 38.2 years ($SD = 13.0$ years).

Administrators were older with a mean of 42.2 years ($SD = 13.3$ years) compared to clinical professionals with a mean of 33.8 years ($SD = 11.2$ years). This difference was statistically significant ($t = 5.9$; $p = 0.000$; $df = 301$). A larger proportion of administrators (39.5%) were male as compared to only 23.0% of clinical professionals being male (Fisher's exact = 0.002). Finally, as expected, administrators had higher salaries with 38.1% of them earning more than \$50,000 compared to only 6.9% of clinical professionals ($\chi^2 = 55.7$; $df = 5$; $p = 0.000$).

For a little over half of the sample ($n = 164$; 52.6%), this was their first job in child welfare. The majority ($n = 207$, 67.1%) of the participants said that child welfare had not been their first choice of fields in which to work. Still, over three-quarters ($n = 235$, 78.1%) would make the same decision to take their current job if they could turn back the clock. A larger proportion of clinical professionals, 59.5%, indicated child welfare was their first choice compared to 40.6% of administrators (Fisher's exact = 0.015).

4.2. Structural equation model (SEM)

4.2.1. Model specification

Because the sample consisted of clinical professionals and administrators from the same agencies, we assumed that they may share many of the same work experiences. As a result, the model assumed invariance (equal unstandardized coefficients) for the latent variables *thinking*, *looking*, and *acting* between the groups (Kline, 2011). We hypothesized that H1: the observed indicators of the three latent variables were assumed equal between groups, and H2: the exogenous measures of psychological climate impact on the latent variables was not.

The best-fitting model was comprised of three factors consisting of three latent variables, and four exogenous variables regressed on them. These are displayed separately for each group in Figs. 1 and 2.

The first latent factor, *thinking*, was made up of two observed variables. Factor loadings for this subscale ranged from a low of 0.94 ("How often have you thought about leaving?") to a high of 0.97 ("How often have you spoken with friends/spouse/partner?"), both of which were attributed to clinical professionals. As displayed in Table 2, all relationships were significant at the $p = 0.00$ level.

The second latent factor, *looking*, consisted of four items. Factor loadings for this construct ranged from 0.62 ("How often have you looked in professional journals for a new job?") for clinical professionals to 0.94 ("How often do you search the Internet for jobs?") for administrators. All relationships were significant at the $p = 0.00$ level.

The final latent factor, *acting*, consisted of four items with factor loadings ranging from a low of 0.85 ("How many job interviews have you had?") for administrators to a high of 0.97 ("How many resumes have you sent out?") for both administrators and clinical professionals. Like the other factors, all relationships were significant at the $p = 0.00$ level.

For the administration group, the correlation between the latent constructs *looking* and *thinking* was 0.66, which was the same for the clinical professionals. For administrators, the correlation between *acting* and *thinking* was 0.61 and it was 0.50 for clinical professionals. Finally, for administrators, the correlation between *acting* and *looking* was 0.69 and it was 0.73 for clinical professionals.

Table 3 displays the standardized estimates and significance levels for the exogenous covariates on the latent variables by group. For the latent factor *thinking*, the covariates *overload* and *support* were statistically significant for both groups. *Support* was a stronger predictor for administrators with a coefficient of -0.52 compared to -0.35 for clinical professionals. *Overload*, with a coefficient of -0.35 , was a slightly stronger predictor compared to that of clinical professionals with a coefficient of -0.17 . *Ambiguity* was a significant predictor for clinical professionals (coefficient = -0.15), but not for administrators.

For the latent factor *looking*, once again both the covariate *overload* and *support* were statistically significant. Once again, *support* was a stronger predictor for administrators with a coefficient of -0.31 compared to -0.22 for clinical professionals. The covariate *autonomy* was statistically significant for administrators (coefficient = -0.21),

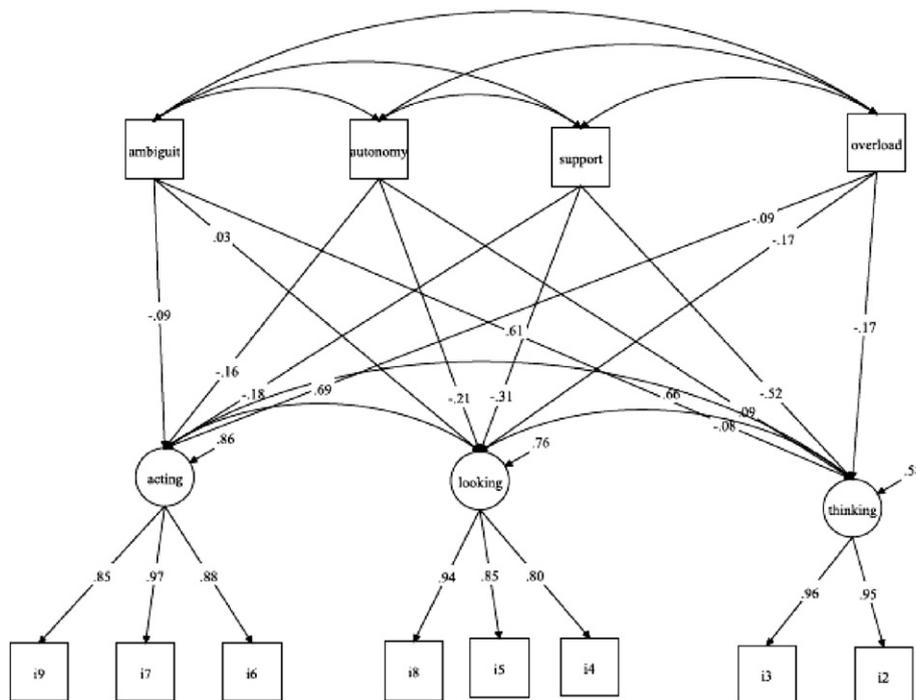


Fig. 1. Path diagram for administrators ($n = 164$; partial $\chi^2 = 59.43$). Overall fit statistics: overall $\chi^2 = 103.84$; $df = 99$; $p = 0.35$; RMSEA = 0.02; 90% CI = 0.00 to 0.05; CFI = 0.99; TLI = 0.99; total $n = 316$.

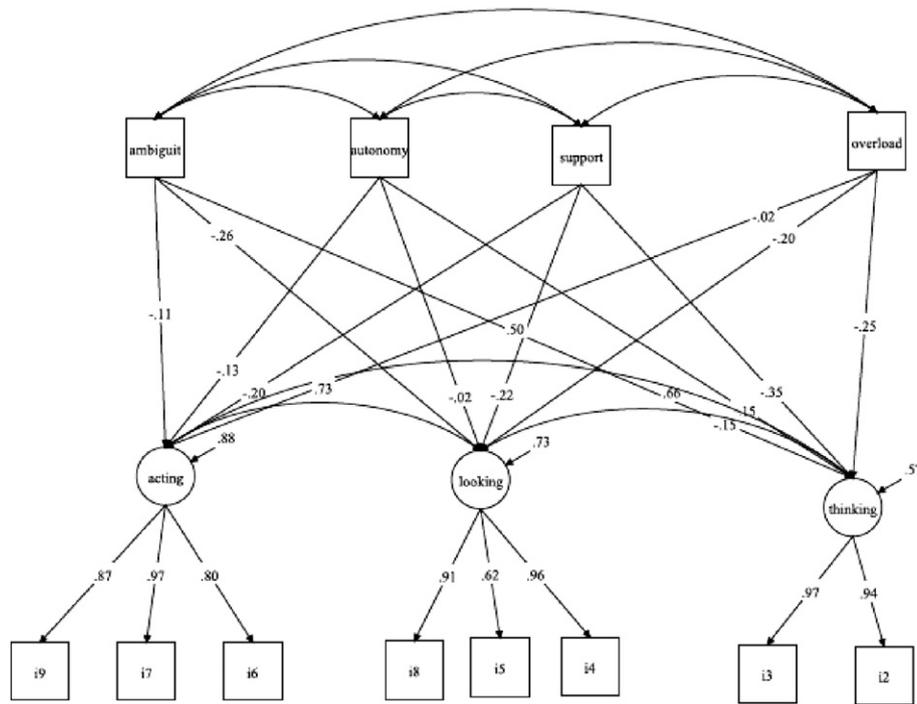


Fig. 2. Path diagram for clinical professionals ($n = 152$; partial $\chi^2 = 44.41$). Overall fit statistics: Overall $\chi^2 = 103.84$; $df = 99$; $p = 0.35$; RMSEA = 0.02; 90% CI = 0.00 to 0.05; CFI = 0.99; TLI = 0.99; total $n = 316$.

but not for clinical professionals. On the other hand, *ambiguity* was significant for administrators (coefficient = $-.26$), but not for clinical professionals.

For the latent variable *acting*, the only covariate approaching significance for administrators was the covariate *support*. No other covariates were statistically significant for either group.

Fit statistics for this model suggested that the data fit the model well. The χ^2 was non-significant ($\chi^2 = 103.84$; $df = 99$; $p = 0.35$). The root mean square error of approximation (RMSEA), a measure of badness-of-fit, was 0.02 with a 90% confidence interval ranging between 0.00 and 0.05, which is considered an outstanding range (Kline, 2011).

The Comparative Fit Index (CFI) was used to assess the model's goodness-of-fit. CFI values greater than or equal to 0.95 are considered to be indicative of a good fitting model (Hu & Bentler, 1999). The CFI for this model was 0.99.

The Tucker–Lewis Index (TLI) was also used to assess the model's goodness-of-fit. This index is often used in combination with RMSEA and CFI to confirm the goodness-of-fit of SEM models in social work research (Bowen & Guo, 2012). Similar to the CFI, values greater than or equal to 0.95 are considered to be indicative of a good fit (Hu & Bentler, 1999). The TLI for this model was 0.99.

Given the excellent fit of this model hypothesis 1, that the latent factors are invariant between groups is confirmed. Furthermore,

hypothesis 2 that aspects of psychological climate impacts intent to leave is also confirmed.

5. Discussion and implications for social work

Designing improvements to prevent turnover requires determining the organizational climate factors that influence different employees, as well as understanding where in the leaving process the employee is located. We found organizational climate to be a significant factor for turnover among both clinical professionals and administrators. Clinical professionals were defined as psychologists, social workers, and guidance counselors and administrators were executive director/CEO, program directors, managers, and department heads. Many influential factors were similar for the two sets of employees regarding their process of leaving. In particular, the climate factors of *job overload* and *organizational support* were significant for both administrators and clinical professionals regarding thinking of leaving and looking for another job. Similarly, both groups identified *role ambiguity* as an influence in intention to leave; however, this factor was associated with clinicians thinking of leaving, yet for administrators who were actively looking for another job.

Administrators had the most striking difference from clinicians in the climate factors of *organizational support* and *autonomy*. Only

Table 2
Comparison of standardized factor loading for latent dependent variables by group.

Latent construct	Item no.	Item	Administration	Clinical professionals
			Standardized factor loading	
Thinking	i2	How often thought about leaving	0.951	0.944
	i3	How often spoken with friends/spouse/partner	0.961	0.969
Looking	i4	Looked in paper	0.797	0.962
	i5	Looked in professional journal	0.854	0.622
	i8	Searched the Internet	0.944	0.908
Acting	i6	Phone inquiries	0.878	0.800
	i7	Sent out resume	0.972	0.973
	i9	Job interviews	0.854	0.872

Table 3
Standardized estimates for exogenous covariates on latent dependent variables by group.

Dependent variable	Covariates	Standardized estimates (sig)	
		Administrators	Clinical professionals
Thinking	Overload	−0.166 (0.02)	−0.253 (0.00)
	Support	−0.519 (0.00)	−0.349 (0.00)
	Autonomy	−0.092 (0.32)	−0.152 (0.06)
	Ambiguity	−0.076 (0.44)	−0.151 (0.02)
Looking	Overload	−0.173 (0.02)	−0.204 (0.05)
	Support	−0.312 (0.00)	−0.219 (0.03)
	Autonomy	−0.212 (0.03)	−0.022 (0.80)
	Ambiguity	0.032 (0.76)	−0.256 (0.02)
Acting	Overload	−0.086 (0.34)	−0.022 (0.82)
	Support	−0.182 (0.06)	−0.196 (0.12)
	Autonomy	−0.162 (0.12)	−0.128 (0.26)
	Ambiguity	−0.092 (0.42)	−0.113 (0.27)

administrators cited positive *organizational support* reducing their acting on leaving the job. Having *job autonomy* was also significant for administrators in reducing their looking for another job. However, *job autonomy* was not significant for clinicians.

Individuals in both the administrator and clinician groups have specific skills and extensive education and training required to be a professional. The term professional indicates that a person, through this extensive training and skill, has been authorized to conduct their specialty autonomously, without close supervision. Autonomy refers to employees' sense of self-determination about workplace choices and predicts agency investment and job commitment (Claiborne et al., 2011). Having autonomy was significant for one set of professionals, those who are administrators, in reducing their behavior of looking for another job, but not for another set, the clinicians. Thus, while administrators need the freedom to decide the means and process for doing their job, to have decision-making authority, and freedom to complete assignments without surveillance, clinicians in these agencies do not perceive their professional autonomy as an issue.

As with autonomy, role clarity reduced administrators' behavior for looking for another job. Role clarity refers to conditions in which employees know the scope of their authority for decision making, have defined goals and objectives, and understand their job responsibilities and related expectations. Role clarity and job autonomy for administrators in not-for-profit agencies is traditionally authorized by the board of directors. However, these agencies have bureaucratic organizational structures and are governed by strict local and federal regulations, documentation demands, and close oversight by the local public child welfare entity (Barbee et al., 2009; Jack et al., 2010). Not-for-profit administrators are expected to establish successful performance contractual collaborations with public child welfare, managed care, and other cross-sector relationships. Inter-organizational relationships that are constructive provide administrators with an opportunity for advanced notice of changing agreements and establishes a forum for discussing implications. Such relationships allow administrators to plan for system changes and inform staff of the impending impacts in a manner that maintains agency stability.

Interestingly, organizational support for administrators was the strongest finding in this case. Administrators' perceptions of positive organizational support predicted a reduction in their actively pursuing another job as well as decreasing their thinking and looking behaviors. Organizational support measures the individual's perceptions that the organization cares about their opinions, their general satisfaction, and their well-being. Intra-organizational relationships with board of directors that convey a stable foundation for fiduciary and strategic planning conveys organizational support, in tandem with trust in top leadership to choose talented managers. Inherent to administrative roles is to recognize the deficiencies of any organizational system, monitor its operation, and manage deviations as quickly as possible when they emerge. Thus, administrative teams rely on the board of directors and

each other to establish organizational structures that promote independence and facilitate goal achievement. Clearly, administrators value discretionary power to act within the full scope of their authority to forge and maintain collaborative relationships and provide leadership within their agency.

Introducing elements of confusion, discrepancy, mistrust, or diminished authority in any of these relationships seriously impairs perceptions of organizational support, autonomy, and role clarity. Intrinsic to positive organizational support and autonomy is a leader's ability to perceive deviations from expected operations as information, in contrast to evidence of failure. As such, administrators are able to instill trust and proactively test assumptions, seek information from all staff, strive to cope with a wide array of anomalies, and encourage learning that promotes competence across the agency (Preskill & Torres, 1999).

Clinicians are expected to coordinate service delivery to complex families while navigating collaborative relationships and implementing agency adaptations to accommodate necessary modifications (Collins-Camargo et al., 2013). Clinicians in these systems are also expected to provide staff supervision, conduct client evaluations, and deliver direct services. As these duties become increasingly divergent, direct communication with administrators tends to decrease. Decreased direct contact and feedback about job responsibilities and expectations can result in role ambiguity, which occurs when employees do not know what is expected of them in the workplace. In addition, the range of clinical responsibilities can become unmanageable due to high client-based demands or when clinical staff are held accountable for occurrences beyond their control. The resulting role overload indicates individuals feel under too much pressure and that the demands or work are unreasonably interfere with the worker's job performance. In such cases, role ambiguity, job overload, and lack of job autonomy can cause emotional exhaustion, leading to leaving the job (Ortqvist & Wincent, 2006). Recent social worker and nurse manager studies found role overload, organizational constraints, and role conflict to be predictors of stress, burnout, and turnover (Kath, Stichler, Ehrhart, & Sievers, 2013; Kim & Stoner, 2014). Both clinicians and administrators may feel compelled to complete multiple tasks in a short period of time that hinders thoughtful examination and deliberate action. However, when administrators and clinicians control their workload and create organizational structures that support performing their jobs well, their thinking about and looking for another job decreases.

Support from supervisors was not found to be a predictor for turnover in our study. Studies of organizational climate in child welfare show frontline supervision to be an important retention factor, ameliorating the impact of emotional exhaustion, job conflict, role ambiguity, and work-life conflict (Chen & Scannapieco, 2010; Lee, Weaver, & Hrostowski, 2011; Mor Barak, Levin, Nissly, & Lane, 2006). Hopkins, Cohen-Callow, Kim, and Hwang (2010) found stress, safety, and the consequences of inclusion in decision making were more significant in curtailing turnover than the supervision experience. These studies focused on caseworkers, where our study centered on administrators and clinicians who reside in a different sector of the organizational structure. Administrators and clinicians operate within a professional model, generally operating autonomously with empowered decision making. Thus, the relationship with their supervisor generally involves less contact and more formal communications than the traditional supervisor-caseworker model where communication occurs frequently and informally throughout the day. Infrequent, formal communication reduces expectations for emotional support. In addition, support for administrators and clinicians' professional development is often found outside the organization from similar professionals, such as professional networks and professional educational forums.

6. Limitations

A number of limitations in this study must be noted. First, the study instruments rely entirely on self-report measures. The results are

therefore specific to internal perceptions of the organization and do not necessarily capture previous or potential change outcomes. In addition, the cross-sectional nature of the study, while adding to knowledge on the correlation of factors studied, does not allow conclusions about causality. Some respondents did not respond to every question because of this missing values were handled in the SEM by the use of full maximum likelihood (FML).

Although some workers were prepared to act on leaving their job, there may be fewer available jobs on which to act. For example, almost half of the workers sent out resumes (49.5%), but only a third (33.4%) went on one or more interviews. Additionally, there may be a natural time lag between looking for a new job and acting upon leaving.

7. Conclusion

Top leaders, managers, and program directors provide administrative direction and financial stability to not-for-profit agencies. Psychologists, social workers, and guidance counselors ensure client assessment and practices are effectively delivered. For all of these professionals, experiencing organizational support, having role clarity, and managing their workload predicted a reduction in thinking about and looking for another job. Administrators experiencing job autonomy and organizational support decreased looking for and actively finding a new job.

These professionals, who hold such essential positions within their agencies, are well worth retaining when there is a good fit between them and their agency. Undoubtedly, the intra- and inter-organizational relationships in this job sector are complex and multifaceted. By determining the organizational climate factors that are most troubling in terms of their retention, this study offers implications for organizational practice. Specifically, it offers the reasons for and possible direction of initiating interactions among board of directors, administrators, and clinicians. Guided by managers from within or by external organizational practitioners, such efforts to resolve climate factors that perpetuate unsettled issues can lead to solution-focused problem solving that benefits climate and retention, at the very least.

The implication of this study is that not all types of employees are driven to look for or actively find a new job for the same reason. Further research on efforts to improve an organization's climate in order to retain key professionals can build on this study. Ultimately, understanding how to retain talented and committed professionals across the field can translate into human service organizations best able to serve their community.

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