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Organizational climate and nurses' turnover intention: a mixed method study

Clima organizacional e intenção de rotatividade de enfermeiros: estudo de método misto

Clima organizacional e intención de reemplazo de enfermeros: estudio de método mixto

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ABSTRACT

Objectives: to describe the organizational climate perceived by nurses of a hospital linked to the Brazilian Hospital Services Company and the reasons for the turnover intention. **Methods:** mixed, concomitant triangulation type. Qualitative data were analyzed according to the discourse of the collective subject, in addition to quantitative data analysis, descriptive analysis, Pearson correlation, and multiple linear regression. Data collection was carried through a semi-structured interview with 116 nurses. **Results:** the study presented the speeches in five categories: Leadership and organization support; Reward; Physical comfort; Control/pressure; and Cohesion among colleagues. It showed that, with increased Reward factor, there is a decrease in turnover intention; and, with decreased Physical comfort, there is an increase in turnover intention. **Conclusions:** there is a dichotomy in the organizational climate perceived by nurses, and personal reasons mainly justify the turnover intention. The reason could be the current processes of institutional reorganization and the hiring of experienced staff.
Descriptors: Nurse Practitioners; Hospitals, University; Working Environment; Personnel Management; Nursing.

RESUMO

Objetivos: descrever o clima organizacional percebido pelos enfermeiros de um hospital vinculado à Empresa Brasileira de Serviços Hospitalares e os motivos de intenção de rotatividade. **Métodos:** mistos, do tipo triangulação concomitante. Dados qualitativos analisados segundo o Discurso do Sujeito Coletivo; e dados quantitativos, análise descritiva, correlação de Pearson e regressão linear múltipla. A coleta de dados ocorreu mediante entrevista semiestruturada com 116 enfermeiros. **Resultados:** os discursos foram apresentados em cinco categorias: Apoio da chefia e organização; Recompensa; Conforto físico; Controle/pressão; e Coesão entre os colegas. Evidenciou-se que, com aumento do fator Recompensa, há uma diminuição da intenção de rotatividade; e, com a diminuição do Conforto físico, há um aumento da intenção de rotatividade. **Conclusões:** o clima organizacional percebido pelos enfermeiros encontra-se dicotomizado, e a intenção de rotatividade foi justificada, principalmente, por motivos pessoais. Acredita-se que isso decorra dos recentes processos de reorganização institucional e contratação de pessoal vivenciados.
Descritores: Profissionais de Enfermagem; Hospitais Universitários; Ambiente de Trabalho; Administração de Recursos Humanos; Enfermagem.

RESUMEN

Objetivos: describir el clima organizacional percibido por enfermeros de un hospital vinculado a la Empresa Brasileña de Servicios Hospitalarios y los motivos de intención de reemplazo. **Métodos:** mixtos, del tipo triangulación concomitante. Datos cualitativos analizados según el Discurso del Sujeto Colectivo; y datos cuantitativos, análisis descriptivo, correlación de Pearson y regresión lineal múltiple. Recolecta de datos ocurrió mediante entrevista semiestructurada con 116 enfermeros. **Resultados:** discursos presentados en cinco categorías: Apoyo de la jefatura y organización; Recompensa; Conforto físico; Control/presión; y Cohesión entre los colegas. Evidenciado que, con aumento del factor Recompensa, hay una disminución de la intención de reemplazo; y, con la disminución del Conforto físico, hay un aumento de la intención de reemplazo. **Conclusiones:** el clima organizacional percibido por enfermeros está dicótomo, y la intención de reemplazo fue justificada, principalmente, por motivos personales. Cree que eso suceda de los recientes procesos de reorganización institucional y contratación de personal experimentados.
Descriptores: Enfermeras Practicantes; Hospitales Universitarios; Ambiente de Trabajo; Administración de Personal; Enfermería.

INTRODUCTION

The organizational climate is the subject's perception concerning the environment of the institution and its interpersonal relationships, which may influence the workers' behaviors and result in absenteeism and turnover[1]. Research aimed at identifying the intention of turnover has stood out among organizational behavior studies, as they are parameters capable of estimating the idea, programming, and aspiration of workers to disconnect from the institution in which they work[2].

One of the justifications for turnover intention may be the organizational climate, as workers who carry out their activities in institutions in which the climate allows a feeling of support have a greater interest in staying in the company[3]. Investigating the atmosphere is a powerful tool to listen to workers' desires, opinions, and perceptions. It enables the awakening and strengthening of the feeling of belonging and co-responsibility of workers by the institution[1].

The organizational climate interferes with the quality of health services and the satisfaction of users and workers. Changes in organizational structure, responsibility, reward, support, norms, identity, and internal conflicts reflect on the social well-being of the institution[4]. Under this perspective, we can include the significant changes that occurred in Federal University Hospitals in Brazil regarding the management processes and their developments for health care.

Law 12.550, of 15/12/2011, created the Brazilian Company of Hospital Services (EBSERH) to manage federal public educational organizations[5]. There are currently 50 university hospitals linked to 35 Federal universities. From this arrangement, EBSERH is in charge of the management of 40 University Hospitals[6].

Despite also adopting the Labor Laws Consolidation regime, EBSERH brought another operational reality to hospitals. The transition period for the management of the company was troubled due to the different existing labor relations and the number of newly hired professionals, facts that generated social, organizational, and quality of care impacts. Despite the difficulties, EBSERH enabled a different functional reality for hospitals. Regarding the nursing professional, the study recognized that the professional appreciation associated with the opportunity to expand the career in the institution and the prestige of the most qualified nurses act significantly for loyalty or turnover[7].

The implementation of EBSERH aroused the interest of health professionals from different regions of Brazil to work in hospitals managed by this company. Given this scenario, this study questions the perception of health professionals regarding the organizational climate, as well as their motivation and desire to disconnect from the institution.

OBJECTIVES

To describe the organizational climate perceived by nurses at a University Hospital in the State of Minas Gerais linked to EBSERH and the reasons for the turnover intention.

To analyze the relationship between demographic and professional variables, organizational climate, and intention of turnover of nurses in a University Hospital of Minas Gerais linked to EBSERH.

METHODS

Ethical aspects

The Research Ethics Committee (CEP) of a Federal University in the countryside of Minas Gerais approved the study through the Plataforma Brasil. The participants of the study signed the Informed Consent Form (ICF).

Design, period and place of study

This is a mixed-methods study, such as concomitant triangulation[8]. The methods had the same weight, and there was the integration of data combinations. The theorization was explained in the text.

The study was developed in a university hospital linked to EBSERH in the countryside of the State of Minas Gerais. Currently, the hospital has 302 active beds, of which twenty are neonatal/Pediatric Intensive Care Unit (ICU) beds, ten adult ICU beds, ten coronary ICU beds, thirty-two emergency room beds, and fourteen operating rooms[9].

Population or sample; criteria of inclusion and exclusion

The research included nurses allocated in the different care and administrative units of the hospital and who had at least three months of an employment relationship with EBSERH. The delimitation of this time is justified by the possibility of coinciding with the end of the period of experience proposed by EBSERH, which is 90 days[10]. The research excluded those who, during the data collection period, were on vacation, health leave, or away from their professional activities for any reason.

The calculation of the sample size considered an aprioristic coefficient of determination $R^2 = 0.13$, in a linear regression model with five predictors, with a significance level or alpha (α) type I error equal to 0.05 and beta type II error (β) equal to 0.1, resulting in an aprioristic statistical power of 90%. Using the Power Analysis and Sample Size (PASS) application, version 13, introducing these values, the research obtained a minimum sample size of 116 participants. The principal outcome variable was the turnover intention score, and the recruitment of participants was non-probabilistic.

Collection of data or study protocol

Data collection was carried out through a semi-structured interview, guided by a roadmap developed by the researchers, composed of sociodemographic and professional variables and open questions aimed at investigating nurses' perception of the organizational climate in the context of nursing work. In addition to the interview, the study also used two instruments: Organizational Climate Scale (OCS) and Turnover Intention Scale (TIS).

The OCS, built and validated[11], evaluates the workers' perception of the dimensions of the organizational climate and is composed of 63 items that are gathered in five factors, namely: Leadership and organization support (Factor 1 with 21 items), Reward (factor 2 with 13 items), Physical comfort (factor 3 with 13 items), Control/pressure (factor 4 with nine items) and Cohesion

among colleagues (Factor 5 with seven items). The Likert scale evaluates the items with a score of 1 to 5 (1 – I totally disagree; 2 – I disagree; 3 – Neither agree nor disagree; 4 – I agree, and 5-I totally agree). The analysis of this scale is carried out by the individual assessment of the factors. A score was produced for each one, according to the factorial mean of the responses corresponding to that item. The higher the score, the better the organizational climate. Furthermore, the study considered that scores greater than 4 represent a good organizational climate, and less than 2.9 express a bad organizational climate[12].

The validated TIS[12] evaluates the worker's intention to quit working at their current job and is composed of three items with a score of 1 (never) to 5 (always), with the total score obtained using the arithmetic mean of the results of each item. The higher the score, the higher the probability that the worker will formulate mental projects about his disconnection from the company. It is suggested to consider high score between 4 and 5; medium, between 3 and 3.9; and low, between 1 and 2.9[12].

The research requested the appraisal by three experts on the subject and qualitative methodology to ensure the adequacy and conformity of the qualitative script with the research's objectives. The interview script was made available via email. The study obtained feedback from two experts who made pertinent considerations, which were accepted by the researcher.

Subsequently, the study conducted a pilot test with five nurses who work at the *Hospital das Clínicas* (HC), but under the Unified Legal Regime. However, when the researcher carried out the test, there was the need to adjust the data collection script. After the adjustments, the instrument underwent a second pilot test with five other nurses. Only after the shaping and supporting procedures of the qualitative instrument, the definitive data collection began.

The data collection took place from August to November 2019 in a reserved room in the work environment only in the presence of the researcher and the participants to ensure the confidentiality of the information. The research coordinator trained two master researchers with experience in quantitative and qualitative data collection to collect the data to boost the collection process. First, the researchers conducted the interview and recorded it and, subsequently, they applied the OCS and TIS instruments. If the interpretation of the average TIS score indicated that the professional intended to disconnect from the company soon, the researcher asked an open question to identify the reasons that led him to draw up these plans. The research identified the participants by the letter "I" (Interviewee) followed by an Arabic number (1, 2, 3...) according to the interviews.

Data analysis

The recorded qualitative data were transcribed in full by the researcher coordinating the study and analyzed according to the collective subject discourse analysis (CSD) method. Proceeded to comprehensive reading to extract the relevant contents of each speech, the central ideas or anchors, and their corresponding key expressions[13]. The categories were defined aprioristically, based on the factors of OCS: Leadership and organization support; Reward; Physical comfort; Control/pressure; and Cohesion among colleagues. The research used the DSCSoft® software to systematize this analysis process.

The Statistical Package for the Social Sciences (SPSS) version 26.0 helped in the quantitative data analysis. Categorical variables were presented by absolute and percentage frequency distributions; and quantitative variables by measures of central tendency, variability, and internal consistency indicator by Cronbach's Alpha. The influence of quantitative predictors included the Pearson product-moment correlation coefficient. The simultaneous contribution of demographic and professional predictors on organizational climate and turnover intention included multiple linear regression.

RESULTS

A hundred and sixteen nurses participated in the study. Women were predominant (101, 87.1%), with a partner (72, 62.1%), and the mean age was 36.96 years (SD = 5.08) — minimum of 27 years and maximum of 62 years. The results highlight that 75 (64.7%) of the nurses participating in the research did not reside in the municipality in focus before working at the hospital under study, and 13 (11.2%) did not live in the municipality, coming only to work. On the professional variables, the majority were nurses (94.81%), and all had complementary training, namely: specialization (84; 72.4%), master's degree (25; 21.6%), and doctorate (7; 6%). The mean time worked in the institution was 4.32 years (SD = 1.15) — a minimum of one year and a maximum of six years.

The results of Chart 1 elucidate the categories and discourses of the participants regarding the perception of the organizational climate.

The results of Table 1 show the values resulting from the descriptive analysis of the score by OCS and TIS factors.

Regarding the quantitative evaluation of the organizational climate, the Cohesion among colleagues factor presented the highest mean score (3.63), while the reward factor presented the lowest mean score (2.54). On the other hand, the turnover intention scale had an average score of 2.49, which indicates a low turnover intention.

Pearson's correlation between organizational climate and turnover intent factors indicated a negative and weak correlation between Reward and turnover intention factors ($r = -0.20$; $p = 0.03$). With the increase in aspects related to the Reward factor, there is a decrease in turnover intention. Between the physical comfort factor and the turnover intention, there was a negative and moderate correlation ($r = -0.32$; $p < 0.001$), i.e., with the decrease in the physical comfort of the work environment, there is an increase in the intention of turnover.

When checking the relationship between the demographic and professional variables and the organizational climate of the nurses linked to the EBSERH, it was evident that the function (care or administrative) was statistically significant ($p < 0.001$), indicating that the administrative nurses have a better perception of the issues related to the human, structural and functional support of the leadership and organization; they better recognize the rewards granted; and present a more favorable understanding regarding the physical comfort of the hospital when compared with the perception of the care nurses (Table 2).

Chart 1 - Representation of the qualitative analysis process, according to the Collective Subject Discourse

Category	SUBCATEGORIES (key expressions)	Central ideas extracted after analysis according to the collective subject discourse
Leadership and organization support	Support tools (62 KE)	"It offers tools, medicines, inputs to the staff, [...] the hospital's structure is good as far as possible [...] it is trying to organize the staff. [...] another form of support is training, refresher courses [...] there is appreciation [...] has the autonomy to carry out the work, we can be seen, be respected [...]."
	Insufficient performance (69 KE)	"We miss the presence of leadership [...] to be closer to see the difficulties [...] they do not visit the sectors, do not listen to the nurses [...] there is no incentive of extra courses to specialize in the reality of each sector [...] we do not have much working condition, a matter of quantity of employees and material."
Reward	Work incentive factors (49 KE)	"The financial incentive is the salary itself, which is the differential [...] there is food, health care plan, additional payment for insalubrity [...] the vertical progression is very attractive, it makes my eyes shine! However, it is by competition, and I think this is a weakness [...] another incentive that I see is the advanced training."
	Disincentives to work (73 KE)	"To do something for professional growth is very bureaucratic, there are many impediments [...] There is a progression, but not everyone progresses, even having attended some course [...] the salary paid is an incentive for a short time [...] it is not only the money that motivates: what motivates is the recognition of leadership, relationship with colleagues, work properly in quantitative [...]."
Physical comfort	The problematics of the physical structure: a comprehensive look (27 KE)	"It is a very old hospital; the infrastructure is from past decades. All that has been done is an adaptation of an already old structure [...] the adaptations are made as far as possible [...] Hospital structures are highly adaptable because the laws change with great intensity."
	Inadequate physical structure and difficulties for assistance (87 KE)	"There is no accessibility [...] wards are small for the number of patients, very hot and very stuffy [...] the division of sectors is very disorganized; there is no flow of input and output."
	Building and equipment maintenance (12 KE)	"Lack of maintenance: we have damaged doors, sockets loosening wires, we need to connect extensions and adapters, rusty and broken beds, the old armchairs that broke, and has no one to repair [...] but logistics has greatly been improved about the maintenance infrastructure"
Control/ pressure	Supervision of work: how is it carried out? (97 KE)	"We work with the goal plan, agree on the goals at the beginning of the year, and they are monitored during the year [...] it is a summative evaluation, it is a sum of everything you have done [...] the evaluation has to be technical; it cannot take to the personal side. [...] it is very objective; it has no subjectivity."
	Work supervision: what is the nurses' feelings? (87 KE)	"I am satisfied with the supervision and evaluation. It is not in the sense of punishment, but in an effort of improving the quality of service [...], there is a channel very open to dialogue and conversation. The feedbacks are always well accepted [...] it is a way to see if I am evolving or not." "It is very one-off supervision [...] it equals people who are very different, they cannot individualize the work [...] the feeling is of injustice, you have supervision only when a mistake happens [...] the feeling is of frustration, anguish, I feel abandoned [...] there is a need to improve supervision, teamwork, communication."
Cohesion between colleagues	Hanging out in the workplace: respect for differences (87 KE)	"I understand that where many people are working, including many women, there are different profiles and personalities [...] the difficulties of interpersonal relationship exist [...] we can resolve conflicts most of the times"
	Hanging out in the workplace: difficulties (41 KE)	"The biggest challenge is interpersonal relationships. It comes from our profession, nitpicking that has nothing to do with the service, with our professional-patient relationship, ego issues [...] it is a lot of competition [...] there is no such interdisciplinarity, the joint participation of multiprofessional team. Communication is still very flawed."
	Relationship between different working relationships (9 KE)	"I think the relationship is weakened by having more than one bond [...] we have very different generations within the same hospital; we have a new generation that passed the public competition and an old generation that was already in the hospital for a long time. It bothers a little."

In fact, the bivariate analysis already indicated higher mid-level scores for administrative nurses when compared to care in the dimensions Leadership and organization support (3,98 ± 0,40; 3,36 ± 0,55); Reward (2,94±0,54; 2,44±0,56) and Comfort (3,43 ± 0,53; 2,85 ±0,62) (p < 0.001).

When checking the relationship between the demographic and professional variables, the factors of the organizational climate, and the turnover intention of the nurses linked to the EBSERH, the study observed that the fact of not residing in the same municipality of the hospital linked to the EBSERH before working there (p < 0.001) was statistically significant, i.e., those

professionals who did not reside in the city of the hospital under study presented greater turnover intention. The predictor Physical comfort also contributed significantly (p = 0.04) to the turnover intention, indicating that the worse the evaluation of aspects related to the physical comfort of the hospital, the greater the intention to leave it (Table 3).

The bivariate analysis confirms the regression data by considering as an outcome the turnover intention, which indicated a higher mean for non-resident nurses in the city before working in the study hospital when compared to residents (3.00±1.41; 1.56±0.89; p < 0.001), in addition to a negative correlation and

moderate magnitude (r = -0.35; p < 0.001), demonstrating that, the lower the physical comfort at the hospital, the higher the chance of nurses disconnect from the institution.

The qualitative analysis confirms the regression results, which, of the 116 (100%) nurses interviewed, 47 (40.52%) had an intention to leave the hospital, according to the TIS. When asked about what reasons would lead them to elaborate this intention, 34 reported intention to leave the hospital for personal reasons, the main one being the desire to return to live close to the family:

> *Back to live close to the family. I intend to move to stay close to the family, I have no relative here, avoid spend money with rent, transport.* (E6, E12, E14, E15, E17, E22, E25, E26, E29, E32, E33, E41, E45, E47, E49, E52, E53, E55, E56, E61, E64, E68, E77, E83, E84, E86, E93, E101, E102, E105, E106, E109, E115, E116)

In turn, eight told that the desire to leave the hospital is related to the working conditions offered:

> *I think about leaving the company because I am not satisfied with the conditions that I perform my job. You are very demanded, but we are little helped. They do not give me enough staff to work; it lacks material, equipment [...]. It is a company closed to new ideas. It is not a salary issue because the salary is very good, but the relationships that involve our work [...].* (E9, E43, E44, E58, E66, E78, E90, E108)

Five respondents reported they want to change their practice area (e.g., to retire and go to the academic area):

> *I am investing in my academic career [...] a public competition to work in the teaching area [...] I have other projects to be financially free [...] I plan to retire in June.* (E18, E19, E34, E40, E42)

DISCUSSION

There was a duality in the nurses' discourse regarding the support and presence of leadership in everyday difficulties and planning of the work process. On the one hand, some consider that the leadership and the organization offer support for the work; on the other hand, some express that their performance is insufficient. The perception that the institution offers support to employees encourages behaviors that tend to increase productivity, develop a pleasant work environment as well as motivate the quality of life at work[14].

The study identified that administrative nurses have a better perception about the leadership and organization support, which was also observed in the qualitative findings, for, in the speech that emphasizes the leadership and organization tools that support the worker, there was greater participation of administrative nurses when compared to the discourse about the lack of support from the leader and hospital.

Table 1 - Measures of central trend, variability, and internal consistency for the factors of the Organizational Climate Scale and the Turnover Intention Scale, Uberaba, Minas Gerais, Brazil, 2019

	Minimum	Maximum	Media	Median	Standard deviation	Cronbach's Alpha
OCS*						
Leadership and organization support	1.86	4.81	3.48	3.50	0.58	0.93
Reward	1.00	4.08	2.54	2.50	0.59	0.86
Physical comfort	1.15	4.23	2.96	3.04	0.65	0.89
Control/pressure	1.33	4.11	2.96	3.00	0.55	0.77
Cohesion between colleagues	1.00	4.86	3.63	3.71	0.59	0.54
TIS§	1.00	5.00	2.49	2.17	1.43	0.92

* OCS – Organizational Climate Scale; § TIS – Turnover Intention Scale.

Table 2 - Multiple linear regression analysis, having as outcomes the factors of the organizational climate of nurses linked to the Brazilian Company of Hospital Services of a teaching hospital in a municipality in the countryside of the State of Minas Gerais, Uberaba, Minas Gerais, Brazil, 2019

Predictors	Leadership and organization support		Reward		Physical comfort		Control/ pressure		Cohesion between colleagues	
	β	p	B	P	β	p	β	p	β	*p*
Age	0.02	0.79	0.08	0.40	0.08	0.34	0.03	0.79	0.03	0.78
Function	-0.44	< 0.001	-0.32	0.001	-0.30	0.001	0.14	0.15	-0.07	0.47
Service time	-0.07	0.39	-0.17	0.07	-0.15	0.10	-0.03	0.78	-0.08	0.40
Residence outside Uberaba before working at HC	-0.05	0.60	-0.10	0.30	-0.15	0.12	-0.14	0.19	0.30	0.81
Current residence in Uberaba	-0.19	0.31	-0.12	0.20	-0.48	0.63	-0.09	0.35	-0.10	0.30

HC – Hospital das Clínicas.

Table 3 - Multiple linear regression analysis, having as outcomes the turnover intention of nurses linked to the Brazilian Company of Hospital Services of a teaching hospital in a municipality in the countryside of the State of Minas Gerais, Uberaba, Minas Gerais, Brazil, 2019

Predictors	Turnover intention	
	B	P
Age	-0.15	0.06
Position	0.05	0.57
Residence in a city other than the hospital linked to the EBSERH	0.41	< 0.001
Physical comfort	-0.20	0.04
Leadership and organization support	0.02	0.80

EBSERH – Brazilian Company of Hospital Services.

This fact shows that it is essential to restructure the health management model for a more participatory one, in which workers have the feeling of belonging to the institution and feel included and involved in decision-making and work processes[15].

Regarding the joint action of care professionals and management in the formulation of the work process, the study reiterated that there is little communication between the parties, and the deliberations are verticalized and centralized. A study carried out to know the nurses' perception of managerial skills in the hospital context showed that leadership, planning, and communication are fundamental for health management. However, professionals recognize their importance but do not apply them in the work routine[16]. There is a lack of participatory leadership with the promotion of meetings and spaces for listening to the worker[17].

The quantitative results of the research showed the lowest average score in the Reward factor. The speeches of the nurses interviewed identified the importance of recognizing the work done and valuing the professional. The study highlighted that there are actions that do not necessarily need financial resources and can humanize labor relations. In addition, it observed that, with the increase in aspects related to the reward factor, there is a decrease in the turnover intention of the interviewed nurses.

In this perspective, the study emphasized that praising and decorating the work of professionals working in the institution can be done in different ways, such as providing a consistent salary with the function exercised, adequate working conditions, appropriate material, and human resources, and also actions based on humanization and well-being of workers — this adds advantageous attributes to the institution in the market[14].

In this sense, a study that investigated the factors of turnover and loyalty of nursing professionals recognized that the professional appreciation associated with the opportunity to expand the career in the institution and prestige to the most qualified nurses act significantly for loyalty or turnover[7].

Insufficient human and material resources as well as the creativity that the professional needs to carry out their work compromise the assistance provided. It converges with the literature by showing that the insufficient workforce and the inadequate provision/prediction of material resources were aspects that negatively interfere in the care provided to the patient, and may lead, in some cases, to the omission of nursing care[18].

Regarding work supervision, nurses reported having a good knowledge of how the institution evaluates them. However, this supervisory process exposes weaknesses in teamwork and communication. There must be communication in the entire work process to ensure the performance of activities more satisfactorily and concretely. It is essential that it is carried out impartially and accurately and is easily accessible to all professionals[16].

The institution must offer a counterpart regarding working conditions and transparency regarding the company's expectations when defining the tasks to be evaluated. It is also important to provide feedback processes and suggestions to overcome the flaws that may appear[19].

There is a good mood in interpersonal relationships in the hospital. The speeches emphasized that conflicts exist, but dialogue and conversation persevere to solve these frictions. These findings are based on the literature, which highlights that a good interpersonal relationship with managers and co-workers provides a pleasant work environment and is associated with the retention of employees in the institution[20-21].

The interviewees indicated the presence of distinct legal ties as one of the interpersonal causes that affect relationships at work. Another study[17] described a similar situation, which evidenced that the EBSERH hirings promoted a cultural conflict. Even the interviewees saying that there was an interaction between the different ties, this separation can trigger disagreements at work, especially regarding the work schedules and labor laws[17].

Aspects related to the physical structure of the hospital, equipment, and working conditions contributed to the turnover intention and a worse perception of the climate in this factor by nurses from other cities. Previous experiences can be a justification for making them more critical concerning structural issues.

These findings converge with the literature since studies show that working conditions — exemplified by remuneration, lack of recognition and appreciation, ineffective communication, uncomfortable workplace, discontent with work, and emotional exhaustion — are causes of the turnover intention[21-22].

Thus, it becomes fundamental to add that those professionals who intend to leave the institution and who still perform their work should be worthy of attention concerning their health, their relationship with the user, and in the practice of nursing[23].

Study limitations

The limitations of this study concerned the interviews and questionnaires that were applied in the workplace and may have inhibited the emergence of controversial themes; and the reduced population to the professional class of nurses and from only one municipality, which does not allow generalizations.

Contributions to the fields of Nursing, Health or Public Policy

The study results contribute to assist in the planning of interventions focused on the primary needs of professionals, emphasizing issues beyond the financial aspect, which is a necessary factor, but not sufficient to reduce turnover. Provision of adequate working conditions, construction of dialogical relationships, and appreciation/recognition of professionals are also devices that favor the permanence in the institution, actions that may reflect in the activities of teaching, research, and assistance offered to customers.

FINAL CONSIDERATIONS

This research revealed that the organizational climate perceived by nurses is dichotomized: on the one hand, there is a positive perception about the determinant aspects of the climate, but, on the other, there is a negative evaluation. It may be due to the recent institutional reorganization and staffing processes the hospital has gone through and the fact that the organizational climate is still being shaped.

Regarding the turnover intention, the research found statistically significant differences in the variables of position, origin, and current residence. When respondents answered the questions

about the reasons why they thought, planned, and wanted to leave the hospital, the study observed that most had personal reasons, the main one being the desire to live next to the family again.

The study has no intention to exhaust the subject. It suggests carrying out longitudinal research to advance the production of knowledge about the organizational climate and turnover intention. As the company is consolidating itself in the hospital management and will again go through a process of employee mobility, the perceived organizational climate may change. In addition, it is necessary to invest in participatory actions to take measures on the aspects indicated as negative and that are influencers of turnover intention.

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