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Moderating effects of work values on stressor-strain relationships

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**MODERATING EFFECTS OF WORK VALUES ON STRESSOR – STRAIN
RELATIONSHIPS**

A Thesis

Presented to

The Faculty of the Department of Psychology

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Peter Senatore

August 2003

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ABSTRACT

MODERATING EFFECTS OF WORK VALUES ON STRESSOR – STRAIN RELATIONSHIPS

by Peter Senatore

The present study was conducted to examine the effects of the discrepancy in work values and organizational values (as perceived by the employees) on occupational stress, assessed in terms of stressors (i.e., role ambiguity, role overload, and role conflict) and strains (i.e., anxiety, general health, low commitment, and intention to leave). Self-administered surveys were completed by 185 employees at a private hospital in Illinois. Reliabilities across the measurement scales ranged from .75 to .93. Hypothesis 1, that a high discrepancy between values and perceived organizational values will result in higher levels of stressors and strains, was mostly supported. Hypothesis 2, that the overall value discrepancy score will moderate the relationship between stressors and strains, such that the relationships will be stronger with high discrepancy scores than with low discrepancy scores, was partially supported. Value discrepancy moderated the relationship between role overload and intention to leave, such that people who do not share in the organization's values were more likely to report intention to leave due to role overload than people whose values were congruent with the organizations' values. Post hoc mediated regression analyses showed that values are important, as they mostly mediated stressor - strain relationships. Implications of these findings with regard to attraction, selection, and attrition of employees are discussed.

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TABLE OF CONTENTS

SECTION	PAGE
List of Tables.....	ix
List of Figures.....	x
INTRODUCTION.....	1
LITERATURE REVIEW.....	6
Stress.....	7
Stressors.....	8
Role Stressors.....	9
Interpreting Role Stressors.....	10
Role Overload.....	11
Role Ambiguity.....	12
Role Conflict.....	13
Strain.....	13
Anxiety.....	14
General Health.....	15
Organizational Commitment.....	15
Affective, Continuance, and Normative Organizational Commitment.....	16
Intention to Leave.....	19
Work Values.....	19
Person Organization Fit.....	22

Value Congruence.....	23
Identity Theory.....	26
Theoretical Model.....	27
Hypotheses.....	28
METHOD.....	29
Sample.....	29
Measures.....	30
Role Stressors.....	30
Job-Related Anxiety.....	30
General Health Questionnaire.....	31
Continuance and Affective Commitment.....	31
Intention to Leave.....	32
Work Values.....	32
Procedure.....	33
RESULTS.....	34
Correlation Analysis.....	34
Moderated Regression Analyses.....	35
Mediated Regression Analysis.....	38
DISCUSSION.....	40
Implications and Future Directions.....	47
Limitations.....	48
Conclusion.....	50

REFERENCES.....	52
APPENDIX.....	60
Questionnaire.....	60

LIST OF TABLES

TABLE	PAGE
1. Means, Standard Deviations, Reliabilities and Correlations Among Stressors, Strains, and Value Discrepancy.....	67
2. Moderated Regression Analyses of Values Discrepancy on Stressor - Strain Relationships.....	68
3. Mediated Regression Analysis of Values on Stressor – Strain Relationships.....	70

LIST OF FIGURES

FIGURE	PAGE
1. Model of the Relationship between Role Stressors and Strains Moderated by Value Differences.....	5
2. Interaction Effects between Role Overload and Value Discrepancy on Intention to Leave.....	37
3. Model of the Relationship between Role Stressors and Strains Mediated by Value Differences.....	40

Introduction

Occupational stress is a pervading problem in industrialized societies. Work stressors, that is, demands, constraints, and opportunities, presented in the person's work, can affect physiological, psychological, and behavioral well being. Lu, Shiau, and Cooper (1997) stated that the relationship between stress and health is a problem not just for individuals in terms of physical and mental disability, but also for employers and governments that have started to assess the financial consequences of work strain. In addition to soaring medical expenses related to work related stress (Wisdom, 1984), there is also a problem of retention. Because a high turnover rate costs organizations millions of dollars each year in wasted selection and training efforts, it is essential to retain good employees. When qualified individuals leave because of unmanageable stressors, management must begin to ask why.

One factor that might explain how stressors affect strains may be a lack of congruency between the work values endorsed by the organization and the work values endorsed by the employees. When an organization's values are not perceived by employees to be the same as their own, then it can be said that there is lack of fit (discrepancy or incongruity) between organizational and personal values. When values are incongruent between the person and the organization, employees might develop personal strains and consider leaving their workplace. According to Schneider (1987) people are attracted to, selected by, and remain with organizations that share similar values and through socialization, the congruence is expected to get stronger. This theory is often labeled A-S-(S)-A for Attraction-Selection-(Socialization-) Attrition. When

socialization of values fails, attrition might occur. Thus, the process of value shaping ought to be taken seriously (Posner, 1992). There are many benefits resulting from congruence between employee-organization work values, such as reduced anxiety, increased commitment, and intention to remain with the organization. Greenwood (2002) and Kalliath, Bluedorn, and Strube (1999) found that in a time of increasing pressure toward efficiency and keeping a low budget, promoting value congruence is vital to maintain commitment and loyalty among employees, which, in turn helps to lower turnover intentions and increase employee motivation to stay and work for the organization. The more committed an employee is to his or her company, the more likely a person is to remain with the company (Allen & Meyer, 1996; Finegan, 2000; O'Brien & Humphrys, 1982).

Vandenberghe (1999) further suggested that health care professionals who understand and agree with the values of their hospital may develop a greater amount of awareness of the entire hospital's values and needs and may thus want to fulfill those needs. Vandenberghe examined the extent to which a match between nurses' work values and their perceptions of the work values of the hospital where they work affected turnover. Vandenberghe's findings suggest that employees' value profiles that match the value profile of their organization are less prone to leave. Posner (1992) similarly found that adjustment to a job, satisfaction, and organizational commitment improve when job requirements and employees' perceptions of organizational values are clearly perceived. Both Posner and Vandenberghe conclude that if employees perceive the organization to have similar work values as their own, then they are more likely to stay with their

organization. Also, both studies suggest that it is the organization's job to make sure employees believe that they share the same values as their employees.

Today, in the United States of America, hospitals are shifting to follow business models, as evident in the rapid patient bed turnover. Many hospital employees, however, joined it because it originally followed a plan rooted in full healthcare for patients. It is possible that today's hospitals are no longer espousing the values that first motivated employees to join it, which might affect stressors and strains. In addition, hospital staff employees face ever-changing environments, such as improved technology and changing regulations concerning health care. In order for employees to transition to these changes there is a constant need for collaboration among employees in modifying the goals and vision of the hospital. However, Schneider (1987) speculated that employees (e.g., medical, nurses, administrative hospital employees) may not all hold the same values and goals with each other, which could lead to problems, such as failure to communicate. Failure to communicate effectively is often the reason for reports of role stressors.

A value match between employees and organizations should be achieved early in a job. It had even been suggested that health care administrators assess the value congruence between health care professional applicants and the whole hospital, as one criterion for hiring decisions (Vandenberghe, 1999). This was suggested because the higher the initial congruence between personal and organizational values, the less probable recruits' subsequent departure.

In addition to a reduction in turnover intent, perceived shared values enhances people's identity with their companies. Reade (2001) defined employee identification as a

psychological attachment to the organization experienced by employees. This attachment occurs when organizational members share the same values and goals as their organization. Reade (2001) stated that employee identification provides consistency throughout the organization, by having a shared vision among employees. Through a shared vision, employees' actions will be in accord with the organizations goals. Often, employee identification with an organization is measured by organizational commitment (Quick & Quick, 1990; Thoits, 1991). Organizational commitment is generally defined as an attachment to an organization (Allen & Meyer, 1996). Affective commitment, one component of organizational commitment includes the notion of identification with, involvement in, and emotional attachment to an organization (Allen & Meyer, 1990; 1996; Randall & O'Driscoll, 1987; Reade, 2001). It is believed that value congruence will relate positively with affective commitment, which is expected to reduce turnover intention. Continuance commitment includes the notion that employees stay with an organization because of lack of alternatives (Allen & Meyer, 1990). Therefore, since continuance commitment is based on the situation and not the individual, it is believed to be unrelated to work value congruence (Randall & O'Driscoll, 1987).

Value congruence, or lack of it, between employees and their organizations is likely a critical factor affecting stressors and strains among employees. It has been shown that value incongruence can lead to strains (Finegan, 2000; Posner, 1992; Vandenberghe, 1999). Also, stressors, such as role overload, role conflict, and role ambiguity can lead to strains, such as low commitment (Allen & Meyer, 1996), anxiety or poor health (Gurney, Cooper, & Wallace, 2002; Jamal, 1984; Sperry, 1984), and

turnover intention (Ferris & Rowland, 1987). Therefore, value congruity is expected to buffer the negative effects of stressors on strains. In other words, large discrepancies between a person's values and the values a person perceives an organization to endorse might negatively relate to a person's reactions to his or her work environment.

Furthermore, because stressors can also relate to strains, value discrepancies would likely intensify this negative relationship. Thus, the extent to which person and perceived organizational values are similar is expected to buffer the relationships between stressors and strains. In the present study the relationship between three role stressors (i.e., role

Model of the Relationship between Role Stressors and Strains as Moderated by Value Differences

Figure 1

overload, role conflict, and role ambiguity) and five strains (i.e., anxiety, health, affective commitment, continuance commitment, and intention to leave) moderated by value

congruity (assessed in terms of low or high value discrepancy) will be examined (see Figure 1).

Literature Review

The study of occupational stress in hospitals is important, as the stressors and strains perceived and manifested by hospital personnel (including health care providers and support staff) can have detrimental effects not only on the employees and the organization, but also the patients that all hospital personnel ultimately serve. After over thirty years of multitudes of studies on stressors and strains alone among hospital staff (e.g., Beehr, Walsh, & Taber, 1976; Hammer, Jones, Lyons, Sixsmith, & Afficiando, 1985; Wisdom, 1984), another such study would add little vital information. Consequently, the goal of this study is to examine if differences in individuals' and organizational work values (as perceived by the employees) affect stressors and strains, and the relationship between stressors and strains. The general idea is that when people perceive the organization to share their values, the effects of stressors on strains will be weaker than when the fit between individual and organizational values is weak.

The following section is a review of literature on stressors, strains, and values. Within each section, each study variable is defined and examples of empirical studies that have included these variables are reviewed. The ultimate goal of this literature review is to develop sound theoretical foundation for the proposed relationships between stressors, strains, and values. First, literature on stress in general is reviewed, followed by stressors and strains. Second, P-E fit theory in terms of work values is discussed, as well as

identity theory, which is related to employee goals and values. These studies will serve as the foundation for the present study.

Stress

Researchers have provided numerous definitions for stress, however sometimes the definition can be misleading. For example, Bhagat et al. (1995) stated that *stress* occurs when the demands placed on individuals exceed their resources. Jamal (1984) wrote that *stress* points to a poor fit between individuals' capabilities and their work environment, in which either excessive demands are made upon the individuals or the individuals are not fully equipped to handle a particular work situation. Peterlini, Tiberio, Saadeh, Pereira, and Martins (2002) defined *stress* as the result of an imbalance between the requirements of the moment and the capability of the individual to deal with them without unreasonable or destructive costs. Although each of these definitions provides context for their studies, they are not consistent across studies. Moreover, they do not distinguish clearly the major elements of stress, that is, stressors and strains.

Much research on stress does not distinguish between stressors and strains (Jex, Beehr, & Roberts, 1992). Stress is usually generalized as one broad construct. However, when stress is generalized, it leads to confusion and misunderstanding of the term. On the one hand, someone feeling "stress" might be feeling a stressor in his or her work environment, but not strain. On the other hand, someone feeling stress might be experiencing a strain without knowing which stressor precipitated the strain. Therefore, in this study, stressors refer to job or organizational conditions, events, or demands (Beehr & Glazer, 2001; Jex et al., 1992). Strains refer to the individual's responses to

stressors. It is essential for the construct of stress to be broken down into two parts, stressors and strains, for it to be fully understood and studied properly. “Stress, in general, refers to a situation or process in which work related stressors lead to individual strains” (Beehr & Glazer, 2001, p. 97). Thus, when the word “stress” is used in this paper it is to refer to an area of study that looks at stressors leading to strains.

Determining which stressors relate to strains in a given context might help management reduce the destructive stressors creating the strains. Quick (1998) and Siu, Cooper, and Donald (1997) noted that over the years it has been increasingly recognized that stressors are costly to industries, in part because of its direct and indirect effects on withdrawal intentions and counterproductive behaviors. The need for research on stressors and strains continues to be warranted because it remains unclear what the contingencies are that would minimize the harmful effects of stressors on strains.

Stressors

Stressors are “environmental events in the workplace requiring some type of adaptive response” (Jex et al., 1992, p. 623). There are different types of stressors found both inside and outside the workplace that affects the physical, psychological, and behavioral health of employees. Moore and Cooper (1996) stated that a majority of work stressors reported in the literature are those considered intrinsic to the job. Intrinsic stressors originate from within the organization or a particular job role. Three intrinsic stressors found in most organizational settings are role overload, role ambiguity, and role conflict. Extrinsic stressors refer to extra-organizational stressors, and environmental

stressors, such as family life interactions and how safe an employee feels at his or her workplace. In this study only work-related role stressors will be examined.

Role stressors. Role theory is comprised of two parts, status position and roles. Status position is defined as a position occupied by individuals in society's structure, which can be achieved or ascribed. Roles are behavioral expectations given by others concerning one's position (Beehr, 1985; Hughes, 2001; Parasuraman & Alutto, 1981). The basic idea behind role theory is that people occupy status positions and are expected by others to perform certain roles. Much of human behavior simply involves humans performing roles expected of them by others (Hughes, 2001). The people imposing expectations upon the role incumbent are referred to as a role set such as upper management, co-workers, and customers. Role expectations are a set of potential behaviors expected of someone by others in his or her role set. Thus, role stressors are demands, constraints, or opportunities that result from one's role set (Parasuraman & Alutto, 1984). Upper management provides job definitions, instructing employees what their roles are in the company. Co-workers and customers affect how one performs his or her job by being involved in day-to-day activities (Parasuraman & Alutto, 1984).

Role stressors are characteristics of one's social system, not any one person in the system. Three common examples of role stressors found in organizations include role ambiguity, role conflict, and role overload (Beehr, 1976; 1995). Jamal (1984) found that stressors, such as role conflict, role overload, and role ambiguity were negatively related to job performance and patient care.

Interpreting Role Stressors. Various aspects of organizational roles and situations can influence individuals' work experiences and reactions. However, not everyone exposed to the same environmental conditions will report the same stressors to the same degree; situations are not in themselves stressful, it is how individuals receive the demands and give meaning to those demands that can be stressful (Lu et al., 1997; Parasuraman & Alutto, 1984). Consequently, not everyone perceiving the same stressors in the work environment will exhibit the same psychological, physical, and behavioral reactions (Jex & Beehr, 1991). According to Jex and Beehr, role stressors correlate much higher with psychological strains, such as anxiety, than with behavioral or with physical strains, such as high blood pressure. However, they contend that this could be due to the fact that most researchers who study stress are psychologists and have a background in psychological symptoms, not physical symptoms.

Stressors have been found to be positively correlated with turnover rate. Peiro, Gonzalez-Roma, Tordera, and Manas (2001) stated that emotional arousal may occur when workers feel they no longer have sufficient emotional resources to handle the interpersonal stressors. Instead, many adopt a defensive strategy such as that of withdrawal. Employees often react to stressors by leaving the situation or job (Brown, 1998; Hammer et al., 1985; Jex & Beehr, 1991; Moore & Cooper, 1996; Peiro et al., 2001; Siu et al., 1997). Reducing and controlling role overload, role conflict and role ambiguity to an optimal level will contribute to preventing or reducing strains, including anxiety, turnover, poor health, and low organizational commitment.

Role Overload. Hecht (2001) found that role overload is an important factor affecting the physical and mental health of employees. Hecht reviewed two types of role overload, qualitative and quantitative overload. Qualitative role overload is when tasks assigned to an employee are too difficult to complete successfully. It deals with the amount of information one must handle in a given amount of time and a person's ability to work on the task(s). Quantitative role overload is when an employee is assigned too many tasks in a short time span. A person perceiving quantitative role overload does not have enough time to complete a task. In this study, quantitative work overload will be studied, but not qualitative role overload, because it is assumed that hospital employees have the competencies to be able to handle most situations within their occupational domain, but even with the competencies to do their jobs, they might not have the time needed to work on some projects.

Job performance may be affected by overload conditions in a variety of ways. A study by Margolis, Hurrell, and Kroes (1974) found overload to be associated with lowered confidence, decreased work motivation, increased absenteeism, and sharply reduced numbers of suggestions contributed by overloaded employees. Overload may also be indirectly responsible for decreases in decision-making quality, deteriorating interpersonal relations, and even accident rates (Peiro et al., 2001). Occasional overload seems inevitable. Some overload, however, can be avoided or minimized through better scheduling, better assessment of resource needs, and more attention being paid to the fit or match between the individual's expertise and the requirements of the job (Brown, 1998).

Role Ambiguity. A lack of clear role expectations or role ambiguity is another work related role stressor. Tummers, Lan Deweerdt, and Van-Merode (2002) stated that role ambiguity occurs when role expectations are not communicated clearly. Brown (1998) stated that role ambiguity occurs when little information is available on expected performance and participants in a role set disagree on the role expectations. Employees reporting role ambiguity are confused about what their job is and what is expected of them. Elizur, Borg, Hunt, and Magyari-Beck (1991) found that re-structuring the organization to allow individuals to have a clearer understanding of their job roles gave people a sense of greater control over their positions, increased perceived participation in decision-making, reduced discrepancies between their job role and their daily job duties, and resulted in a reduction in turnover. Not only does the organization need to supply employees with job definitions and goals or approve employees' set goals, but the organization also needs to make sure the employees understand the job definitions and goals, and share the set goals in order to insure employee efficiency (Vandenberghe, 1999). If employees do not have any goals or do not understand what their goals are, a change must occur to fix this discrepancy.

If an employee is unclear of his or her specific role in the organization he or she might exhibit signs of strain. According to Brown (1998), role ambiguity is positively associated with propensity to leave an organization, anxiety, and low levels of productivity. Likewise, Parasuraman and Alutto (1984) found that role ambiguity leads to a feeling of alienation at work, which causes the employee to feel external to the organization and rejected. Unfortunately, as organizations, including hospitals, become

more complex, uncertainty on the job (created by role ambiguity, Beehr, 1995) and conflicting demands increase (Peiro et al., 2001). Brown (1998) stated that enhancing role clarity would improve feelings and experiences of personal accomplishment.

Role Conflict. A third stressor that is studied here is role conflict. It occurs when role expectations are at odds. It includes two or more sets of incompatible, contrary demands concerning work issues (Beehr & Glazer, 2001). Hecht (2001) and Jamal (1984) found that role conflict leads to anxiety, increased absenteeism, and turnover. Individuals who experience a harmful amount of role conflict and role ambiguity tend to show it through feelings of frustration and dissatisfaction, but do not necessarily perceive them to affect personal health or well-being (Hecht, 2001).

Strain

Work-related strains reflect individual responses to stressors, which can be psychological (e.g., feelings of anxiety), behavioral (e.g., turnover), or physical (e.g., high blood pressure) (Beehr & Glazer, 2001; Jex et al., 1992). Stressors can change a person's psychological or physiological condition (Bhagat et al., 1995). Brown (1998) noted that psychological strains can be experienced by an employee as an increased level of awareness, general emotional arousal, or anxiety. Strains have an aversive impact on the individual and can be harmful to both the individual and the organization. Jex et al. (1992) found that strain cyclically leads to further missing appointments, conflict with coworkers, low commitment, unexplained absences, and making mistakes at work.

Post and Weddington (1997) stated that strain is often produced when a difference of opinions exists between the person and the hospital environment, thus

creating conflict. Conflict or the presence of unwanted outside factors that one has no control over can have a direct affect on one's job and lead to strain. If an employee does not relate to the goals and values of an organization, strain can develop.

Anxiety. Anxiety is one of the most widely studied strains that is harmful to the individual (Endler & Kocovski, 2001). Generally anxiety is of two kinds, state anxiety and trait anxiety (Endler & Kocovski, 2001). Beehr and Glazer (2001) stated that anxiety is a psychological and physiological reaction to stressors that cannot initially be controlled voluntarily. High anxiety levels can be caused by a variety of stressors including role conflict, role overload, and role ambiguity. McKenna, Oritt, and Wolff (1981) found that strains, including anxiety, can occur when employees feel they cannot put in the proper amount of time to deliver everything they have toward their patients, that is, they are overloaded. Anxiety can also be related to poor mental health, resulting in a decrease in general well-being (Schwartz, Sagiv, & Boehnke, 2000).

Spielberger (1985) defined trait anxiety as a stable dimension of personality. It implies a general and enduring predisposition to react to many situations in a consistent manner (Endler & Kocovski, 2001). Trait theory cannot completely explain why individuals do certain things because it does not take into consideration situational variables, which is the reason why trait anxiety will not be examined in this study (McCrae & Costa, 1995). One must consider situational variables or stressors, such as roles, abilities, expectancies, habits, and situational demands as additional explanations of behavior (Speilberger, 1985). State anxiety takes into account the social evaluation of situations, physical danger one might be in, if the situation is foreign or routine, and if it

fits in an individual's daily routine (Endler & Kocovski, 2001). In other words, state anxiety relates to reactions that depend on the situation (Spielberger, 1985). Role stressors (e.g., role ambiguity, role conflict, and role overload) are environment dependent, therefore state anxiety will be examined and not trait anxiety in this study.

General Health. A second strain is the disintegration of employees' general health. General health is conceptualized as the psychological well-being of employees (Prosser, Johnson, Kuipers, Szmukler, Bebbington, & Thornicroft, 1996), and operationalized in terms of psychological distress (e.g., anxiety) and physical distress (e.g., high blood pressure) (Goldberg, Rickels, Downing, & Hesbacher, 1976). According to Goldberg and Blackwell (1970), an individual's general health is in question when one's psychological or physical well-being deviates from normal functioning. When stressors in the workforce are unmanageable, physical and mental health problems might occur, and this could disrupt one's work routine. Siu et al. (1997) stated that mental ill-health is positively related to physical ill-health; if an individual's mental health fades so does his or her physical health. Job stressors have been found to relate positively with mental and physical ill-health (Jex & Beehr, 1991; Siu et al., 1997). According to Lu et al. (1997), the relationship between stressors and health is likely moderated by various psychological and social factors.

Organizational Commitment. Organizational commitment has been closely linked with turnover, job satisfaction, and performance. Organizational commitment is defined as the degree to which a person is involved with an organization and interested in remaining with it (Hackett, Lapierre, & Hausdorf, 2001). It has been operationalized as

the extent to which one identifies with, is involved in, and desires or needs to remain with an organization (Angle & Lawson, 1994). This operationalization of organizational commitment has been labeled affective organizational commitment (Allen & Meyer, 1984; 1990). Another form of organizational commitment is continuance organizational commitment, which refers to a motivational need to stay because of few alternatives or loss of organizational benefits (Allen & Meyer, 1984; 1990). Thus, “organizational commitment represents something beyond mere passive loyalty to an organization” (Jamal, 1984, p. 3). Either one actively seeks to maintain membership with the organization or one has calculated reasons for wanting to stay.

Lack of organizational commitment is a strain that often leads to turnover. Parasuraman and Alutto (1984) contended that commitment is a better predictor of turnover than job satisfaction most likely because commitment is more global, encompassing the whole organization, whereas job satisfaction pertains to various characteristics of one’s job. A person can be committed to an organization but not satisfied with a job. Moreover, job dissatisfaction may reflect a rejection of the actual job, but not the organization, making job satisfaction specific to the job role and not the entire company. Wisdom (1984) stated that stressors and low organization commitment directly contribute to voluntary termination of employment.

Affective, Continuance, and Normative Organizational Commitment. Although many have written about a global concept of organizational commitment, based on Mowday, Steers, and Porter’s (1979), Organizational Commitment Questionnaire, in the early 1990’s there was a concerted effort to explain organizational commitment in terms

of three components, affective organizational commitment, continuance organizational commitment, and normative organizational commitment (Allen & Meyer, 1990).

Affective commitment is based on individuals' perceptions of membership with the organization and individual goals, and it is seen when an individual identifies with, is involved in, and exerts effort toward maintaining membership in a particular organization (Allen & Meyer, 1984; 1990; Randall & O'Driscoll, 1997). Continuance commitment reflects a relationship that is largely based on a mutual exchange between the employee and the organization and the condition of the economy (Allen & Meyer, 1990; Organ & Greene, 1981; Randall & O'Driscoll, 1997). This notion is based on side-bet theory, which states commitment is based on personal objectives and outside factors. Normative commitment describes the feelings of obligation a person has toward remaining with an organization. Since normative commitment has been found to highly correlate with affective commitment ($r = .70$) in the United States (Allen & Meyer, 1996), where this study is based, it was believed to not add any unique information as an outcome measure of stressors, therefore, it will not be examined in the present study.

Finegan (2000) and Randall and O'Driscoll (1997) agree that both affective commitment and continuance commitment are associated with turnover. The motivational processes for deciding to withdraw however differ (Meyer, Irving, & Allen, 1998). The decision to withdraw due to low affective commitment is motivated by a poor relationship with the organization. In other words, staying is a result of a desire to remain with the organization. When one decides to leave the organization because of low continuance commitment, it means that the individual wanted to leave in order to obtain a

better position, compensation, or status. Furthermore, employees with an affective commitment tend to accept and agree with organizational policies and procedures more than employees with continuance commitment (Randall & O'Driscoll, 1997).

Of all the variables that are presumed to be antecedents of both organizational commitment components, Meyer et al. (1998) found that situational characteristics (e.g., confrontation with a co-worker) account for more variance than personal characteristics (e.g., personality). The work environment and what goes on day-to-day influences whether or not an employee is committed to his or her job (Organ & Greene, 1981). One situational characteristic that has been found in previous research to be among the best predictors of affective commitment is work experience. Meyer et al. (1998) noted that having positive experiences at work may contribute to employees' desires to remain in the organization. These same positive experiences were also found to be negatively related to continuance commitment which would be expected because continuance commitment is related to a desire to stay with a company because of lack of alternatives, not positive experiences. Positive experiences, and thus, affective commitment, would likely be felt due to congruence between personal and perceived organizational values.

Meyer et al. (1998) stated that work values and experience operate together to influence employee commitment. When employees' work experience is positive and employees' values are congruent with their organization, organizational commitment is high. However, Meyer et al. (1998) have found that work values and experience do not account for as much variance in continuance commitment, as they do in affective commitment. This could be due to the fact that for an employee to have a positive work

experience one must be able to identify with the company and agree with its policies, which is not the case for the continuance committed employee, where he or she is there because of lack of job options or likelihood of losing benefits.

Intention to Leave. Intention to turnover is a costly strain to both the organization and the employee in terms of money and emotional stability. Jex and Beehr (1991) stated that very little stress research has examined absenteeism and turnover as correlates of job-related stressors because of all the different variables that come to play when an employee decides to leave a company. Since Jex and Beehr's article, however, studies have examined withdrawal behaviors in relation to stressors and strains. For example, poor physical and mental exhaustion (Weisberg & Sagie, 1999) as well as role overload and role conflict (Hecht, 2001) were linked to intention to leave. Finally, Krausz, Koslowsky, Shalom, and Elyakim (1995) examined the relationship between role ambiguity and role conflict with turnover in a hospital setting and found that stressors are positively related to turnover.

Work Values

O'Brien and Humphrys (1982) define work values as the preferred bonuses of a job system, which includes an employee's desired social atmosphere and desired work goals. Sagie, Elizur, and Koslowsky (1996) define work values as the amount of importance an individual gives to a specific outcome in a workplace. Work values are the rewards and goals related to the work environment that drive one to stay in the workplace. Three ways to describe work values are intrinsic or extrinsic (Cooper, 1983); cognitive, instrumental, or affective (O'Brien & Humphrys, 1982); and the modality and

system performance of work values (Sagie et al., 1996). First, intrinsic values directly affect the mindset of the worker, such as security concerning one's job. Extrinsic values are tangible values, such as pay. Work values can also be categorized in terms of instrumentality, emotionality, and cognition (Elizur, 1993). Instrumental work values are tangible and of practical use, for example pay. Affective work values reflect a more personal special drive, based on opportunities to work with people, relations with colleagues, supervisor, and others, for example "keeping good ties with fellow employees at all cost." Finally, cognitive work values reflect self- enhancement, in terms of responsibility, and independence, for example "striving for empowerment within a company" (Elizur, 1993).

Finally, two basic components of work values and outcomes are modality of the outcome and system performance contingency. The modality of the outcome refers to set goals that one strives to achieve. It is suggested that one is internally driven toward attaining instrumental, affective, or cognitive work values (Sagie et al., 1996). "System performance contingency refers to various external valued incentives, which are usually given prior to task performance, not conditional upon performance outcomes, such as promotion based on tenure. These are referred to as system rewards, earned merely through membership in the system" (Elizur et al., 1991, p. 204). There are also outcomes that are contingent upon performance or merit. For the most part, work values are operationalized in the present study by a combination of all these concepts; intrinsic, extrinsic, affective, instrumental, and cognitive work values, as well as goals and incentives one strives to achieve.

Work values play a role in determining what motivates employees. Motivation and goal setting is dependent on the organization knowing what work values the employees share and hold. If the organization uses the wrong motivators, employees can exhibit signs of strain (e.g., anxiety) caused by the frustration of not being able to fulfill their values (Jalas & Boomer, 1999; Meglino, Ravlin, & Adkins, 1989; Sagiv & Schwartz, 2000). Meglino et al. (1989) stated that values have a direct effect on the behavior of individuals in the workplace. The work values people endorse influence their intentions to quit or to stay. Jobs or organizations that help individuals fulfill their personal work values enhance employees' work experiences, as they serve as guideposts that provide meaning to work experiences (George & Jones, 1996). In other words, individuals are more comfortable in an environment that is consistent with their work values than one that does not uphold similar values.

Elizur et al. (1991) noted that there is a growing interest in the analysis of value systems in general and of work values specifically because of their relationship with organizational commitment and turnover. Organizations have been trying to find what role work values play in the organizational environment. Schneider, Goldstein, and Smith (1995) have found that people are attracted to, selected to, and remain with certain jobs and organizations in which their values match those of the organization. This concept of matching values is related to the Person-Organization Fit theory described below.

Person-Organization Fit

Person-environment fit states that behavior is a function of the person and his or her surroundings (Caplan & Van Harrison, 1993). The extent to which a person responds favorably to situations is a reflection of congruency between the person and the situation, and is labeled person-environment fit. Conway, Vickers, and French (1992) stated that attitudes, behaviors, and other individual-level outcomes result not from the person or environment separately, but rather from the relationship between the two. Together, the person and environment influence individuals' responses and reactions to stressors, ultimately affecting their mental and physical health (Caplan & Van Harrison, 1993). Person-environment fit refers to how well a person responds to his or her environment. Person-organization fit is a type of person-environment fit. Person-organization fit is a match between employees' competencies or values and the organization's goals and values (or culture) (Caplan & Van Harrison, 1993).

Person-organization fit is an important concept to consider when creating an efficient and productive workplace. Person-organization fit can be defined as a harmonious match between the culture of the organization and employees' values (Caplan & Van Harrison, 1993). In other words, when the organization provides an employee that which he or she needs, usually by fulfilling his or her values through the endorsement of similar values, then there is a person-organization fit (Verquer, Beehr, & Wagner, 2001). Verquer et al. believe that values provide the most meaningful way of assessing person-organization fit because both individuals and organizations are guided by principals for goal attainment and related behaviors or activities. Beutell and Brenner

(1986) further contend that value congruence between employee values and perceived company's values is recommended for an employee to be able to work in a comfortable environment. If an organization provides a setting in which an employee feels comfortable or an organization and employees share similar values and beliefs, a healthy fit between the two will emerge. A "discrepancy between employees values and what the employees perceive the organization's values to be is harmful and leads to stress" (Meglino et al., 1989, p. 424).

Value Congruence

Kalliath et al. (1999) define congruence as the extent to which an individual and an organization share the same values. Meglino et al. (1989) found that the effects of time (length of tenure) and organizational culture appear to enhance the impact of value congruence on organizational commitment. The longer an employee is with a company the more committed he or she tends to be. This might be a result of socialization that occurs over time; the longer one is employed with a company the more likely his or her values will be similar to the company's (Schneider, 1987). Posner (1992) also found that an employee will be most committed and less likely to leave an organization in a situation in which he or she believes the company shares his or her same values. This was similarly shown in Meyer et al.'s (1998) study, as work status (independence), competence (growth) and security (comfort) values related to affective commitment. In their study, the espoused values and the experience of these values likely lead to increased affective commitment.

When people perceive they share similar values with the organization, then it is likely that people will have clearer role expectations arising from a greater ability to predict each others behaviors (Kalliath et al., 1999; Posner, 1992). According to Posner, the company does not necessarily have to hold the same values as the employees, but the company must make the employees believe that it shares the same values. When employees, based on displayed organizational values, can more accurately predict each others behaviors, there is often less role ambiguity and conflict (Kalliath et al., 1999; Meglino et al., 1989), and greater affective commitment (Kalliath et al., 1999; Posner, 1992). Congruent work values, based on perceptions of organization's values, can limit employee confusion and misunderstanding which can lead to stressors, such as role ambiguity that lead to strains, such as anxiety, intention to leave, and low commitment to the organization. Thus, in the present study, the person-organization fit will be assessed in terms of organizational values, as perceived by individuals, and not the average of all employees' values within the organization (Finegan, 2000). The average of all or some employees' values does not truly represent the value the organization purports to espouse nor the values the organization is perceived to espouse.

Because both values and stressors have been found to relate to strains, and to each other, it is expected that the extent to which stressors affect strains will be moderated by the value congruence between employees and their organization. It is conjectured that stressors will be more positively correlated with strain when perceived organizational values and personal values are highly discrepant. Sagiv and Schwartz (2000) stated that people's sense of well being depends upon successfully realizing their values and

reaching those values. "The more important a value to a person, the greater the probability that he or she will notice threatened or current discrepancies between the goals to which the value is directed and the desired state" (Schwartz et al., 2000, p. 313). It follows that organizations that do not promote values that are important to the employees will notice more strains among its employees than organizations that endorse similar values as the employee. If there is a high discrepancy between the work values of the employees and the organization, employees may feel threatened and leave in order to find a company that holds the same values (Bretz, Ash, & Dreher, 1989). In fact, Verquer et al. (2001) have found that value congruence has shown a strong effect in predicting work related outcomes, especially work attitudes like commitment and intent to stay. Person-organization fit is important for the organization and its incumbents, and should be sought after for the good of the entire organization and its employees. Involving the employees in the creation of values can create a sense of ownership which strengthens the bond between the organization and the employee (Bretz et al., 1989; Greenwood, 2002). Unfortunately, it seems that hospitals are changing their model from a total healthcare structure to a business structure, "customers" come in for immediate treatment (figuratively, to buy the goods) and return home "to assemble the parts" (i.e., recuperate). As a result, employees' values might not be taken into consideration as hospitals changed their business structures.

It is vital to properly collect employees' thoughts and opinions on values when creating a value system for an organization. One way to collect data on values is to assess each employee's values and his or her perception of the organization's values. To

determine how well an organization is functioning in terms of socializing and instilling shared values, gathering both personal values information and perceived organizational values is important for achieving unity. Creating a person-organization fit within a company is not an easy process. Posner (1992) found that person-organization fit is supported by systems that allow people choices, and, in turn, make these choices clear to others and difficult to back out of. Both the organization and employees form values and beliefs. Once the beliefs and values of the organization are formed, they are expected to be the norm and followed by the company and its employees. When a successful person-organization fit occurs, the process leads to positive work attitudes, and higher commitment, which helps reduce turnover.

Identity Theory

Employee identification is a critical factor affecting whether or not an employee will feel committed to an organization and/or withdrawal from the organization. When employees share the same values and goals as the organization, they are likely to identify with the organization (Finegan, 2000), and thus feel affectively committed to one's organization (Reade, 2001). Schwartz (2002) noted that identity is created through psychological experiences with the collective environment. Since work values are often shared among fellow employees in a given setting (Posner, 1992), identity may be established through shared work values. If an individual does not have the same values as his or her fellow employees or if there is a discrepancy in the apparent worth of certain value, he or she might feel out of place and leave the company to find a work setting more compatible with his or her own needs and values (Finegan, 2000). Goals and

values of a company that are shared by the employees will create a positive identity for employees with their company, ultimately increasing their organizational commitment (Reade, 2001). When employees help to shape an organization's values they become creators of the organization's culture (Schneider, 1987), and thus begin to form an identity with the activities of the organization, seeking more similar activities, and further justifying the values they originally took part in instilling (Schwartz et al., 2002). Identifying with the organization's values is expected to be good for the employees and the organization as it can reduce feeling of stressors and strains.

Theoretical Model

Congruence between personal and organizational work values appear to affect stressors and strains (Kalliath et al., 1999; Meglino et al., 1989; Posner, 1992), and thus would likely moderate the relationships between stressors and strains. Based on the literature review, the theoretical model (see Figure 1) proposed in the present study assumes value congruence moderates the relationship between stressors (e.g., role overload, role strain, and role ambiguity) and strains (e.g., anxiety, affective commitment, intention to leave, and general health), such that the greater the discrepancy between values, the stronger the relationship between stressors and strains. The purpose of the present study is to build on the previous research conducted on stressors and strains, and to test how value congruity affects stressors, strains, and the relationship between stressors and strains.

Hypotheses

H₁: A high discrepancy between individuals' values and perceived organizational values will result in higher levels of stressors (role stressors, role conflict, and role ambiguity) and strains (anxiety, intention to leave, poor health, and low affective commitment). In other words, as value discrepancy increases, stressors and strains will increase. High value discrepancy will yield high role stressors and high anxiety, high intention to leave, and low affective commitment and poor health.

H₂: Value discrepancy will moderate the relationship between stressors and strains, such that the relationship will be stronger with high value discrepancy scores than with low value discrepancy scores. In other words, the more congruent personal work values are with perceived organizational values, the weaker the positive stressor-strain relationships.

H_{2a}: The relationship between role ambiguity, role overload, and role conflict with anxiety and intention to leave will be more positive when values are incongruent than when they are congruent.

H_{2b}: The relationship between role stressors and both health and affective commitment will be weaker when values are incongruent than when they are congruent.

Hypotheses related to continuance commitment and work values are not posed, because, based on the above literature review, it is expected that value congruence will be unrelated to continuance commitment.

Method

Sample

Structured survey questionnaires were distributed to all 350 Mid-Western Region Medical employees at a private hospital in Zion, Illinois. One hundred and eighty completed surveys were returned for a response rate of 51%. Forty-one males (23%) and 137 females (77%) completed the survey. The average age of participants was approximately 43 years ($SD = 11.36$). Sixty-nine percent of the participants were health care professionals (including nurses and physicians) and the other 31% were categorized as non health care professionals (including lab assistants, research services, managers, supervisors, and maintenance). Participants worked in their profession for an average of 13 years ($SD = 10.30$). Participants worked in their unit for an average of 7 years, however the response range greatly varied ($SD = 7.49$). Participants worked at the hospital for an average of 8 years, however the response range greatly varied ($SD = 7.47$). The ethnicity of the sample included eight American Indian-Alaskan Natives (5%), ten Black or African Americans (6%), six Hispanic/Latino Americans (4%), 89 Euro-Americans (White) (54%), and 22 Asian-American/Pacific Islanders (13%). Eighty-six percent of the respondents were born in the United States, 13% were not. Both health care employees (e.g., physicians, nurses, etc.) and non-health care employees (e.g., administrators, etc.) are represented in the data. *T*-test analyses showed that there were no significant differences between non-health care employees and health care employees on predictor, outcome, and moderator variables. In order to use all of the data, both groups were combined and analyzed.

Measures

Data were collected via a structured survey (see Appendix) that included a number of validated measures and demographic and job-related information. The measures included in this survey assessed role stressors, anxiety, organizational commitment, intention to leave, and work values. Demographic and job-related information included sex, age, education level, marital status, number of dependent children, natural born citizenship, employment status (full-time or part-time), major job title, main pattern of shiftwork, average number of patients, and number of years worked in profession, unit, and hospital, ethnicity, and salary range. No names were asked and demographic information was obtained for statistical purposes only (to describe the general sample).

Role Stressors (see Appendix). Role conflict, ambiguity, and overload, were assessed through a total 15 items relating to three role stressors, five items each (Abdel-Halim, 1978; Beehr et al., 1976; Rizzo, House, & Lirtzman, 1970). The rating key was modified to 1--strongly disagree through 7--strongly agree, rather than 1--very false through 7--very true in order to unify the response scale throughout the survey. One role overload item, (item 2) and all role ambiguity items (items, 11-15) were reverse coded. The coefficient alphas were .81 for role overload, .78 for role conflict, and .77 for role ambiguity. Principal component analysis showed that all factor loadings were greater than .52.

Job-related anxiety (see Appendix). Four items (1, 3, 5, and 7), rated on a seven point Likert-type scale, with response options ranging from 1--strongly disagree through

7--strongly agree adapted from Parker and DeCotiis (1983), were used to assess job anxiety. The coefficient alpha for job anxiety was .84, and factor loadings were greater than .75.

General health questionnaire (GHQ) (see Appendix). A twelve item scale, developed by Goldberg (1972), was used to measure psychological and physical distress. This measure was modified to be congruent with the other scales in Section I. In particular, the instructions were originally to indicate the extent to which one could relate to a list of items. The modified version reworded the items into "I" statements. For example, the original questionnaire had a stem followed by 12 items such as, "lost much sleep over worry." This was reworded to "I have lost much sleep over worry." In addition, the scale was modified so that the range was no longer from 1 "not at all" to 4 "very often," but a seven-point Likert-type scale, ranging from 1, "Strongly Disagree" to 7, "Strongly Agree" in keeping with the other measurement scales. GHQ items 1, 3, 4, 7, 8, and 12 were reverse coded. The coefficient alpha for the General Health Questionnaire was .87, and all items loaded on to one common factor with loadings greater than .53.

Continuance and affective commitment (see Appendix). A sixteen item scale, developed by Allen and Meyer (1990) was used to measure health care professionals' commitment to the employing hospital on a seven-point Likert-type scale, 1--strongly disagree to 7--strongly agree. Low affective commitment is a psychological strain. Affective commitment items 4, 6, 8, and 17 were reversed coded, as well as continuance commitment items 9 and 12. After removing items 9 and 12, because of factor loadings below .40, coefficient alpha for continuance commitment was .75. After removing

items 3 and 4, because of factor loadings below .40, coefficient alpha for affective commitment was .81. Factor loadings for a 6-item continuance commitment scale and a 6-item affective commitment scale were above .58.

Intention to leave (see Appendix). Three-items were used to assess employees' intentions to leave their jobs. This measure was adapted from the Michigan Organizational Assessment Questionnaire (Cammann, Fichman, Jenkins, & Klesh, 1979). The first item was modified from the form of a question, asking about one's likelihood of looking for a new job, to a statement that follows the item structure of the other two items (Glazer, 1999). Responses were rated on a seven-point Likert-type scale. Intention to leave is an attitudinal strain related to a possible behavior of leaving one's workplace. Coefficient alpha for Intention to Leave was .85, and a Principal Component Factor analysis yielded factor loadings above .80.

Work Values (see Appendix). A 24-item work values survey developed by Elizur (1993) was used. In this study, work values were used to measure health care professionals' work values and their perceptions of the hospital's general work values. Respondents rated each value on the extent to which they constitute "a guiding principle in my work life" and "a guiding principle to my organization" on a 9-point scale ranging from not important (0) to of supreme importance (7) with an option of "I am opposed to it" or "My organization is opposed to it" (-1). This rating scale was adapted from Schwartz (1992) who assessed general life values.

The overall reliability for all 24 personal work values was .93, and for all 24 perceptions of organizational values reliability was .96. Factor loadings across a

composite factor of personal work values were greater than .40, and for perceived organizational work values were greater than .50. To assess the fit between personal work values and perceived organizational work values the differences between personal work values and perceived organizational work values, the score given for the particular personal work value was subtracted from the score given to the same perceived organizational work value. The mean of the absolute difference scores was determined. This score was used as the fit index in subsequent analyses.

Procedure

Packets of surveys were distributed to heads of departments during their organizational meetings, to further distribute to all their employees and self. Each employee was expected to have received a survey and a return envelope addressed to human resources, in the author's attention. Employees were asked to return completed surveys in the sealed envelope to the human resource department of the hospital through the hospital's internal mail system or personally hand deliver the survey to the human resource secretary within seven days of distribution. Only the researcher of this study was permitted to open the surveys and review their contents. The HR director issued follow-up memos and an incentive (raffle), sponsored by the HR director, to increase the response rate. The prize for the raffle consisted of a \$50 cash prize. Follow-up memos were sent by e-mail and signs were posted in department break rooms. Individuals who handed in surveys after the deadline were not included in the raffle. The raffle was held one week after the set deadline. Completed surveys were returned to the human resource office and the researcher collected the sealed envelopes every two days.

Results

Results are presented in three parts. First, descriptive statistics for all variables and an analysis of the correlations are presented. Second, a summary of the moderator analyses is presented. Third, a summary of a post hoc mediator analysis is presented.

Descriptive statistics (sample size, means, standard deviation, reliability, and correlations) for stressors, strains, and mean values difference are presented in Table 1. The mean scores for the main study variables, (i.e., stressors and strains) were at the mid-point of the scale ranging from 3.04 to 4.15, meaning on average participants did not express a strong opinion either way. The average modal score on stressors and strains was 3.76.

Correlation analysis

A correlation analysis was performed among value discrepancy scores (based on the mean value difference between employees' work values and their perceived work values of the organization), stressors (including role ambiguity, role overload, and role conflict), and strains (including anxiety, general health, affective commitment, continuance commitment, and intention to leave). Hypothesis 1 of the present study stated that a high discrepancy score between individuals' values and the same people's perceived organizational values will result in higher levels of stressors and strains. Based on the correlations, this hypothesis was partially supported (see Table 1). Role ambiguity was the only role stressor that positively correlated with mean value difference ($r = .23, p < .01$). Each of the strain variables significantly correlated with the value discrepancy score except continuance commitment. Anxiety positively correlated with value

discrepancy ($r = .23, p < .01$), poor health positively correlated with value discrepancy ($r = .23, p < .01$), affective commitment negatively correlated with value discrepancy ($r = -.31, p < .01$), and intention to leave positively correlated with value discrepancy ($r = .34, p < .01$).

Moderated regression analysis

The next step was to conduct a moderated regression analysis (see Figure 1). “A moderator is a qualitative or quantitative variable that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable” (Baron & Kenny, 1986, p. 1174). In this study the difference in employees’ work values and their perceptions of the organization’s work values was expected to moderate the relationship between role stressors and strains. In particular, the relationship between stressors and strains was expected to be stronger with high discrepancy scores than with low discrepancy scores. Fifteen hierarchical moderated multiple regression analyses were conducted to estimate main effects of each of three role stressors (role ambiguity, role conflict, and role overload) and value differences, and the interaction of value difference and role stressors on each of five strains (anxiety, general health, affective commitment, continuance commitment, and intention to leave). Each regression analysis consisted of four steps. In the first step of every regression analysis demographic variables were entered (salary, pattern of work, marital status, race, if respondent was a health care employee¹, academic background, whether or not the employee was born in the United States, gender, age, supervisory status, years in unit,

¹ Health care employees work directly with patients, non-health care employees do not.

and years in hospital) as controls. These were entered to rule out demographics contributions to any found relationship of stressors and value difference on strains. In the second step, a role stressor was added as a main effect. This was followed by entering the value discrepancy score. Finally, in the fourth step, the interaction between stressor and value discrepancy was added.

In each of three regression analyses for each of four strains (anxiety, general health, affective commitment, and continuance commitment) regressed on each of three role stressors, value discrepancy, and the stressor-value discrepancy interaction, none of the interaction terms were significant. However, all direct effects were significant. Above and beyond the demographic controls, role ambiguity and value discrepancy accounted for a total of 17.3% of variance in anxiety, 21.2% of variance in health, 12.5% of variance in affective commitment, and 1.1% of variance in continuance commitment. Role overload and value discrepancy accounted for a total of 28.9% of variance in anxiety, 15.3% of variance in health, 11.6% variance in affective commitment, and .2% of variance in continuance commitment. Role conflict and value discrepancy accounted for a total of 26.8% of variance in anxiety, 17.9% of variance in health, 11.9% of variance in affective commitment, and .5% of variance in continuance commitment.

Of the three regression analyses for intention to leave regressed on stressors, value discrepancy, and the stressor-value discrepancy interaction, one of the interaction terms (role overload-value discrepancy) was significant. The interaction between value discrepancy and role overload ($B = .57, p < .05$), significantly increased the variance accounted for in intention to leave from 23.1% to 26.3%. Plotting the interaction effects

revealed that as role overload increased intention to leave increased more with high discrepancy scores than with low discrepancy scores (see Figure 2). Individuals who perceived great difference between company values and their own values reported higher levels of intention to leave as a result of role overload.

Interaction Effects between Role Overload and Value discrepancy on Intention to Leave

Figure 2

In each of the other regression models for intention to leave, all direct effects were significant. Above and beyond the demographic controls, role ambiguity and value discrepancy accounted for a total of 20.4% of variance in intention to leave and role

conflict and value discrepancy accounted for a total of 18.9 % of variance in intention to leave.

Mediated Regression Analysis

Because the moderated regression analyses showed that both work value discrepancy and role stressors accounted for a significant amount of variance in strains, a mediated analysis was tested (Baron & Kenny, 1986) (see Figure 3). Simply stated, mediators intervene between stimulus and response. A mediator accounts for the relationship between the predictor and criterion. Whereas moderator variables indicate *when* certain effects will occur, mediators address *how or why* such effects take place (Baron & Kenny, 1986). “Moderator variables are typically introduced when there is an unexpectedly weak or inconsistent relation between a predictor and a criterion variable. Mediation on the other hand, is best done in the case of a strong relation between the predictor and the criterion variable” (Baron & Kenny, 1986, p.1178). Since the moderated regression analysis showed that there were strong relations between stressors and strains, a mediated regression analysis was performed.

In this study it was not hypothesized that value discrepancy would mediate the relationship between stressors and strains. Baron and Kenny (1986) stated that it is common to begin with a moderator orientation and end up conducting a mediator process. They also contended that moderator analyses are useful in suggesting possible mediator effects.

A hierarchical multiple regression analysis was conducted to see if value discrepancy mediated the relationship between stressors and each of the five strains. In

the first step, demographics (as above) were entered, then the mediator variable, value discrepancy, was entered, followed by the third step in which all three role stressors were entered together. These analyses yielded four partially mediating effects (see Table 3). Value discrepancy partially mediated the relationships between stressors and anxiety, poor health, affective commitment, and intention to leave, as the effects of stressors on each of the strains was reduced in comparison to when the three stressors were entered into the regression equations without the value discrepancy score. More specifically, role stressors accounted for 34% of variance in anxiety, 19% of variance in health, 10% of variance in affective commitment, and 20% of variance in intention to leave when value discrepancy was *not* part of the equation. When value discrepancy was entered before role stressors, the variance accounted in each strain for by role stressors was lower (see Table 3). Moreover, in the mediated regression analysis, for affective commitment, the variance accounted for by stressors was significant, but the beta weights were not, although in the analysis without the work value discrepancy score, the beta weight for the role stressor ambiguity was significant, but the beta weights for the role stressors overload and conflict were not. When continuance commitment was regressed on role stressors, no significance was accounted for and values added before role stressors also yielded no significant variance.

Model of the Relationship between Role Stressors and Strains as Mediated by Value Differences

Figure 3

Discussion

The primary purpose of the present research was to test the hypothesis that a high discrepancy between individuals' values and their perceived organizational values will relate to higher levels of stressors and strains. Moreover, it was thought that the overall value discrepancy score would moderate the relationship between stressors and strains, such that the relationship would be stronger with high discrepancy scores than with low discrepancy scores. For the most part, high value discrepancy scores correlated with stressors and strains. Based on the correlation analyses, a discrepancy in individual and organizational work values was related to higher levels of ambiguity, anxiety, intention to leave, and lower levels of affective commitment and poorer health. Both identity theory

and person-organization fit theory are consistent with these findings, based on the assumption that a discrepancy in work values between employees and their organization disrupts the person-organization fit, thus making it harder for employees to relate to their company. The correlation analyses also showed that stressors positively correlated with anxiety, and intention to leave, and negatively correlated with affective commitment and health. The correlation results coincide with Iverson, Olekalns, and Erwin (1998), Kalliath et al. (1999), and Parasuraman and Alutto (1984). They all found that stressors have an affect on the amount of strain people endure in their work life.

Also, one significant interaction effect between value discrepancy and role overload on intention to leave was found. The interaction plot showed that as role overload increased so did intention to leave for both high and low value discrepancy scores. However, the effects of role overload on intention to leave were stronger for those with a high value discrepancy (i.e., low congruence) score than for those with a low discrepancy score. For employees with high value discrepancy, as role overload increased, intention to leave increased more strongly than for those with low value discrepancy. In other words, when employees do not share the same work values as their organization, and there is a feeling of overload at work, employees are more likely to consider leaving the company. However, when value discrepancy was reported as being low, role overload was less likely to lead to intention to leave. This result coincides with Schneider's (1987) attraction, selection, socialization, and attrition (A-S-S-A) theory. In other words, employees who were initially attracted to the organization, selected by the

organization, but not socialized to instill the same values as the organization, eventually developed intentions to leave.

Overload can be caused by a variety of different variables in a hospital setting (e.g., staff shortage, lack of proper equipment, abundance of patients). However, overload caused by staff shortages continues to be one of the main reasons of turnover in today's hospitals (Davies & Duerden, 1994; Jolma, 1990). Currently, there is a huge nurse shortage in hospital settings (Adomat & Hicks, 2003; Brown, 2003). Lack of health care professionals increases work for current employees, which leads to burnout, physical distress, and mental disorder (Baba, Galperin, & Lituchy, 1999). Too many patients and lack of time and equipment (e.g., hospital beds, medicine, surgical tools) overwhelm employees forcing them to either leave the profession altogether, or leave the hospital to find a smaller hospital environment with less patient traffic (Shader, Broome, Broome, West, & Nash, 2001). Something needs to be done to control the amount of work overload felt by employees in hospital settings.

Based on the present research findings, if values are congruent, stressors such as overload will less likely lead to strains, such as intention to leave, which will increase employee retention, thus saving hospitals both time and money (Wisdom, 1984). This implies that hospitals must be careful when reinforcing company values. To ensure employee retention, hospitals must either form their values based on input gathered from current employees on their own personal values, or hire applicants whose values fit those of the hospital. When the values of the employees are congruent with the values of the hospital, employees are less likely to exhibit signs of strain such as intention to leave,

caused by overload. Not only will value congruence cut down turnover rate, saving money on recruiting and training, but it will also help control overload by being able to hire more employees and buy more equipment with the money saved.

Although only one moderated analysis was significant, main effects were found for role stressors and value discrepancy on each of the strains, except continuance commitment, suggesting that value discrepancy plays an important role in individual and organizational health and well-being.

Furthermore, high levels of ambiguity, overload, conflict, and anxiety, and low levels of health and affective commitment have all been correlated with high levels of intention to leave in the present study. The A-S-S-A model states that people who do not fit in well with the environment around them or hold different beliefs and values than other workers will exhibit signs of strain, which in turn will hurt job performance and increase turnover (Schneider, 1987). The theory further contends that it is not the organization that defines individuals' behaviors, but individuals' behaviors that make up the values espoused by the company. The everyday activities needed to perform one's job are the result of people in the workplace behaving as they choose in compliance with others (Schneider, 1985). These behaviors and corresponding values ultimately affect organizational behavior. As hospital management has been changing the organizational model from healthcare to business, changes in values systems have also made its way. These values, espoused particularly by management, when not espoused by the employees, yields more stressors and strains. Incongruent values can lead to confusion of responsibilities ultimately disrupting employees from achieving their goals. When

employees hold similar values to the organization they report clearer role expectations, which makes it easier to fulfill their goals (Meglino et al., 1989). The present study's correlation analysis provides further support for this conclusion as greater value discrepancy was positively correlated with role ambiguity.

Individuals are attracted to certain environments, selected by those environments, and stay with them, ultimately creating a homogeneous effect throughout the organization. It is possible that more significant moderating effects of value discrepancy on the relationships between stressors and strains were not found because the values were more congruent than not. In other words, there might have been a ceiling effect with little variance. Companies that attract, select, socialize, and retain employees who share similar values also become homogenized, that is, there is little variance in the values shared by employees (thus providing some evidence as to the culture of the organization) (Schneider, 1987). Discrepancy between individuals and perceived organizational work values likely affect the culture and goals of the organization. The culture as a whole decides which goals will be sought after and rewarded. If employees cannot share common goals, commitment will be negatively affected, as might be evidence in the negative correlation between value discrepancy and affective commitment in the present study. Schneider (1987) stated that it is the goals and values of the organization to which people are attracted; it is the goals and values with which they interact. As shown in the present study, when the values of the individual and the perceived values of the organization do not fit, employees tend to be more anxious, less health, less committed to the organization, and more prone to wanting to leave it.

The present study showed that with an increase in role overload there is a slight tendency to report intention to leave even when values are congruent (though the effect is stronger with high discrepancy). These results might be a function of the strong effects overload had on strains, or as Schwartz et al. (2000) contended, people take particular notice when their values are threatened. Because people choose an organization in which to work that they believe will be most instrumental in obtaining their valued outcomes (Schneider, 1987), when something is blocking them from achieving their outcomes they might feel forced to leave.

There are many different variables that can contribute to a negative environment, such as lack of support from top management, however one that seems pertinent in today's society is a down economy. "Value congruence, which strengthens organizational commitment, may be less important for organizational commitment in conditions of reduced employment opportunities than in more promising economic circumstances" (Kalliath et al., 1999, p. 1194). In down times, people are more worried about keeping their jobs and paying the bills than whether or not the organization shares the same values they have. This implies that there are outside variables that affect organizational commitment that employees do not have any control over. In the present study continuance commitment did not significantly correlate with the discrepancy between personal work values and perceived organizational work values. The fact that data for this study were collected during down economic times, could have affected the results regarding organizational commitment, particularly continuance commitment, which assesses a need to stay due to lack of alternatives and possible loss of benefits.

When individuals decide to stay at their job because of lack of better alternatives, created by a poor job market, individuals do not take into consideration whether or not their values are being shared by the organization when determining organizational commitment. The individuals' decision to stay is based on fear that they will be unemployed or lose valuable benefits if they decide to leave the company.

Mediated multiple regression analyses of value discrepancy on stressor-strain relationships were performed post hoc. Four partial mediator effects of personal work value-perceived organizational work value discrepancies on the relationships between stressors and anxiety, poor health, affective commitment, and intention to leave were found. The partially mediating effects indicated that when value discrepancy was added in the equation, the effect of stressors on strains was partially explained by value discrepancy. The relationship between stressors and strains was weaker when value discrepancy was accounted for, except in the case of continuance commitment, whereby the variance accounted for by role stressors did not differ when value discrepancy was entered first. Meyer et al. (1998) found similar results; values did not predict continuance commitment, but did account for significant variance in affective commitment. The findings from the mediated multiple regression analyses further support the proposed theory that value discrepancy plays a role in the stressor-strain relationship. These results also suggest that when employees identify with their organization, the effects of the stressors on strains will be reduced. Thus, finding, training, and retaining employees who share similar values to that of the organization, might be advantageous for the employees who need to cope with stressors and minimize strains.

Implications and Future Directions

Generally the results of this study suggest that the attainment of value congruence seems to be an important process as congruency relates to less role ambiguity, anxiety, and intention to leave, and more affective commitment and good health. Since a positive outcome results when people's values are congruent with those of their organization, it is important to achieve value congruence early on in order for the organization to survive in terms of both profit and saving money, as well as providing quality patient care (Meglino et al., 1989). Once value congruence is achieved between the organization and its employees, the shared beliefs and values should stay constant unless organizational changes take place (Meglino et al., 1989). Regular evaluation of the organization and its employees' values is advised to ensure an understanding of employees' motives and goals.

Future research might take age into consideration – looking at the effects of the interaction between age and value discrepancy on strains or even a three-way interaction of role stressors, age, and value discrepancy on strains. This would provide a better look at how age and experience affects the stressor-strain relationship and the accumulation of values.

Vandenberghe (1999) wrote that a hospital that socializes its members to hold similar core values encourages a sense of unity toward achieving the hospital's mission. Ferris and Rowland (1987) and Schneider (1985) also noted that socialization is an important aspect in creating unity in the workplace. If employees in the hospital share congruent beliefs and values endorsed by the organization, good attitudes would be

expected (Riordan, Weatherly, Vandenberg, & Self, 2001). Depending on the nature of the work and job, organizations might consider assessing applicants on their values to see if the organization fits the applicant. As this research suggests, as congruency in values increases, stressors and strains decrease. Future research might also try to ascertain if applicants with similar values stay longer than employees with dissimilar values to the organization by gathering values at the application stage and determining 6 months, 9 months, 12 months, 18 months, and 24 months later if those hired and remained were ones to have more similar values initially or not.

Limitations

This study is not without limitations. First, the sample included a mixed population from the hospital, including both health care professionals (e.g., nurses, doctors) and non-health care professionals (e.g., secretaries, managers). This could impact the interpretation of the results. In order to control for this problem, healthcare vs. non-health care employees were statistically compared and *t*-test analyses showed that there were no significant differences on mean scores of stressors, strains, and value discrepancies. However, the problem deepens as one considers the jobs within each of the two categories (e.g., healthcare employees included physicians, nurses, pharmacists, and others). Health care employees have a direct link with patients unlike non-health care employees who do not attend to patients directly. This difference affects the kinds of stressors one faces on the job. Because the study was looking at two different kinds of professional groups, values held by employees within each group might have been different, affecting the final results.

Second, the characteristics of the participants may have led to another problem. Because most of the respondents were women, this one sidedness may have affected the results. Beutell and Brenner (1986) stated that men and women differ in goal setting and value attainment, specifically in terms of career development and affiliation with co-workers. Conclusions formed based on these data, therefore, are tentative as they might present a false representation of general work populations. The ratio of women to men was disproportionate (in favor of women) to that which exists in most other industries.

Third, the average age of participants was over 40 years. People over 40 might have learned how to deal with the stressors of the hospital organization; they might have been fully socialized in the hospital. Also, more experienced workers may be able to deal with stressors in a healthier way since they have accumulated experience dealing with these stressors. Those who could not handle stressors might have left.

A fourth potential confound is that all participants were viewing the same organization, with which most had been employed for an average of eight years. Going back to Schneider's (1987) A-S-S-A model, the longer individuals stay with a company the more the values of the organization are impacted and shaped by its employees, ultimately making each organization uniquely based on the working population. Moreover, the older workers are likely in higher more influential positions where they could affect the change in values more readily than younger workers. Whether or not these results will generalize across organizations and particular populations is a question that remains to be explored.

Finally, because the respondents have been with the organization for a long time, perhaps over time their values had become similar. If their values were highly similar, then there would have been little variance in their value ratings, and as a consequence, neither these ratings nor the person-organization work value congruency could have predicted the relationship between stressors and strains. This was assumed because of the low average value discrepancy score between employees work values and their perception of the work values held by the organization ($M = 1.19$, range -1 to 7, $SD = 1.21$). By selecting only cases where participants responded being at the hospital for 5 years or more ($n = 78$), the standard deviation was low, around 1.10. Based on the standard deviation score, the range of those respondents was somewhat restricted.

Conclusion

The present study supports previous research (e.g., Meglino et al., 1989; Posner, 1992) indicating that work value discrepancies between employees' work values and their perceptions of the organization's work values relate to stressors and strains. Moreover, a significant interaction between value congruence and role overload on intention to leave was found, indicating the proposal was supported to some extent. It was also found that work value difference between organizations and employees had a partial mediating effect on four stressor-strain relationships, further backing up the notion that value congruence plays an important role in the stressor-strain relationship. The results confirmed that work values and stressors and strains do operate together to influence employee behavior on the job. The nature of the influence, however, seems to be more complex than has been recognized in the past. Additional research and study on

stressors and strains needs to be performed, to be able to understand their relationship with work values in the organization. The study also needs to be replicated further, with larger samples from multiple organizations, to extend current findings.

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Appendix

Assessment of Job Values and Stress

Survey Questionnaire

The purpose of this survey questionnaire is to obtain information about determinants of job stress among health care providers. This information is being acquired for research purposes, as well as to provide feedback to the hospital administration so that your work environment can be improved. Your responses will remain **anonymous**; no one will be able to identify you.

This questionnaire is divided into 3 sections. The first two sections of the survey ask questions that are related to your feelings about your job and work environment, as well as your work values and the work values of the organization. The last section asks questions about you and your job. These questions are being asked so that we can later describe the sample on which these data were obtained. This information will not be used to identify you or what you say.

Included with the questionnaire is an envelope addressed to me. Please seal your questionnaire in this envelope and have it delivered to me through your hospital's internal mail system within **one week**.

Finally, the questionnaire will take about 25 minutes to complete. Don't spend too long on any one section but please ensure that *all the questions and sections are completed*, since what you have to say is very important. Should you have any questions, comments, or concerns, please call me at (847) 800-7699.

Your time and effort is much appreciated.

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Section I:

Instructions: Please indicate the extent to which you agree or disagree with the following statements by circling the appropriate number, from 1 (strongly disagree) to (7 strongly agree).

A. Job Related Pressures

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. I received an assignment without the manpower to complete it.....	1	2	3	4	5	6	7
2. I am given enough time to do what is expected of me on my job	1	2	3	4	5	6	7
3. It seems like I have too much work for one person to do.....	1	2	3	4	5	6	7
4. On my present job, the amount of work seems to interfere with how well I can do the job.....	1	2	3	4	5	6	7
5. I often notice a marked increase in my work load.....	1	2	3	4	5	6	7
6. I have to do things that should be done differently.....	1	2	3	4	5	6	7
7. I work with two or more groups who operate quite differently.....	1	2	3	4	5	6	7
8. I receive incompatible requests from two or more people.....	1	2	3	4	5	6	7
9. I do things that are apt to be accepted by one person and not accepted by other.....	1	2	3	4	5	6	7
10. I work on unnecessary things.....	1	2	3	4	5	6	7
11. I feel certain about how much authority I have.....	1	2	3	4	5	6	7
12. I have clear, planned goals and objectives for my job.....	1	2	3	4	5	6	7
13. I know I have divided my time properly.....	1	2	3	4	5	6	7
14. I know exactly what is expected of me.....	1	2	3	4	5	6	7
15. Explanation is clear of what has to be done.....	1	2	3	4	5	6	7

B. Job-Related Anxiety

1. I have felt fidgety or nervous as a result of my job.....	1	2	3	4	5	6	7
2. Working here makes it hard to spend enough time with my family.....	1	2	3	4	5	6	7
3. My job gets to me more than it should.....	1	2	3	4	5	6	7
4. I spend so much time at work, I can't see the forest from the trees.....	1	2	3	4	5	6	7
5. There are lots of times when my job drives me right up the wall.....	1	2	3	4	5	6	7
6. Working here leaves little time for other activities.....	1	2	3	4	5	6	7
7. Sometimes when I think about my job I get a tight feeling in my chest.....	1	2	3	4	5	6	7
8. I frequently get the feeling I am married to the hospital.....	1	2	3	4	5	6	7
9. I have too much work and too little time to do it in.....	1	2	3	4	5	6	7
10. I feel guilty when I take off from the job.....	1	2	3	4	5	6	7
11. I sometimes dread the phone ringing at home because the call might be job- related.....	1	2	3	4	5	6	7
12. I feel like I never have a day off.....	1	2	3	4	5	6	7
13. Too many people at my level in the hospital get burned out by the job demands.....	1	2	3	4	5	6	7

C. General Health Questionnaire

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1. I have been able to concentrate on what I am doing.....	1	2	3	4	5	6	7
2. I have lost much sleep over worry.....	1	2	3	4	5	6	7
3. I have felt that I am playing a useful part in things.....	1	2	3	4	5	6	7
4. I have felt capable of making decisions about things.....	1	2	3	4	5	6	7
5. I have felt constantly strained.....	1	2	3	4	5	6	7
6. I have felt that I can't overcome my difficulties.....	1	2	3	4	5	6	7
7. I have been able to enjoy my normal day-to-day activities.....	1	2	3	4	5	6	7
8. I have been able to face up to my problems.....	1	2	3	4	5	6	7
9. I have been feeling unhappy or depressed.....	1	2	3	4	5	6	7
10. I have been losing confidence in myself.....	1	2	3	4	5	6	7
11. I have been thinking of myself as a worthless person.....	1	2	3	4	5	6	7
12. I have been feeling reasonably happy, all things considered.....	1	2	3	4	5	6	7

D. Organizational Commitment

1. I would be very happy to spend the rest of my career with this hospital....	1	2	3	4	5	6	7
2. I enjoy discussing my hospital with people outside of it.....	1	2	3	4	5	6	7
3. I really feel as if this hospital's problems are my own.....	1	2	3	4	5	6	7
4. I think I could easily become attached to another hospital as I am to this one.	1	2	3	4	5	6	7
5. I will actively look for a new job in the next year.....	1	2	3	4	5	6	7
6. I do not feel "emotionally attached" to this hospital.	1	2	3	4	5	6	7
7. This hospital has a great deal of personal meaning for me.....	1	2	3	4	5	6	7
8. I do not feel a strong sense of belonging to my hospital.....	1	2	3	4	5	6	7
9. I am not afraid of what might happen if I quit my job without having another one lined up.....	1	2	3	4	5	6	7
10. I often think about quitting.	1	2	3	4	5	6	7
11. Too much in my life would be disrupted if I decided I wanted to leave my hospital now.	1	2	3	4	5	6	7
12. It would not be too costly for me to leave my hospital in the near future...	1	2	3	4	5	6	7
13. Right now, staying with my hospital is a matter of necessity as much as desire.	1	2	3	4	5	6	7
14. I feel that I have too few options to consider leaving this hospital.....	1	2	3	4	5	6	7
15. One of the few negative consequences of leaving this hospital would be the scarcity of available alternatives.	1	2	3	4	5	6	7
16. One of the major reasons I continue to work for this office is that leaving would require considerable personal sacrifice – another hospital may not match the overall benefits I have here.....	1	2	3	4	5	6	7
17. I do not feel like "part of the family" at my hospital.....	1	2	3	4	5	6	7
18. It would be very hard for me to leave my hospital right now, even if I wanted to.....	1	2	3	4	5	6	7
19. I will probably look for a new job in the next year.....	1	2	3	4	5	6	7

Section II: Work Values

In this section you are to ask yourself: “What values are important to me” and “What values are important to my organization?”

Your task is to rate how important each value is for you as a guiding principle in your work life and how important each value is to your organization. Use the rating scale below:

0--means the value is not at all important; it is not relevant as a guiding principle for you or for your organization.

3--means the value is important.

6--means the value is very important.

The higher the number (0, 1, 2, 3, 4, 5, 6), the more important the value is as a guiding principle in YOUR life or your ORGANIZATION.

-1 is for rating any values opposed to the principles that guide you or your organization.

7 is for rating a value of supreme importance as a guiding principle in your life or your organization; ordinarily there are no more than two such values for your life and for your organization.

In the space before **each value**, write the number (-1, 0, 1, 2, 3, 4, 5, 6, 7) that indicates the importance of that value for you, personally and then for your organization. Try to distinguish as much as possible between the values by using all the numbers. You will, of course, **need to use numbers more than once** (with the exception of the number 7).

Before you begin, read all the values listed, choose the one that is most important to you and rate its importance. Next, choose the value that is most opposed to your values and rate it -1. If there is no value, choose the value least important to you and rate it 0 or 1, according to its importance. Then rate the rest of the values in the list.

After you have completed rating your personal values, please do the same for your perception of the organization's values. First, choose the value that is most important to your organization and rate its importance. Next, choose the value that is most opposed to your organization's values and rate it -1. Then rate the rest of the values in the list.

List begins on next page

opposed to my values or my organization's values -1	not important 0	1	2	important 3	4	5	Very important 6	of supreme importance 7
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	AS A GUIDING PRINCIPLE IN MY LIFE, this value is:	AS A GUIDING PRINCIPLE IN THE ORGANIZATION, this value is:
	Your Values	Organizational Values
1. Achievement in work		
2. Advancement (chances for promotion)		
3. Benefits (vacation, sick leave, pension, insurance etc.)		
4. Company (be employed by company for which you are proud to work)		
5. Contribution to society		
6. Convenient hours to work		
7. Co-workers (fellow workers who are pleasant and agreeable)		
8. Esteem (that you are valuable as a person)		
9. Feedback (concerning the results of your work)		
10. Independence (in work)		
11. Influence (in the organization)		
12. Influences in work		
13. Job interest (to do work which is interesting to you)		
14. Job security (permanent job)		
15. Job status		
16. Meaningful work		
17. Opportunity for personal growth		
18. Opportunity to meet people and interact with them		
19. Pay (the amount of money you receive)		
20. Recognition for doing a good job		
21. Responsibility		
22. Supervisor (a fair and considerate boss)		
23. Use of ability and knowledge in your work		
24. Work conditions (comfortable and clean)		

Section III: Socio-Demographic Data

Instructions: For purposes of statistical analysis *only*, please answer the following questions about yourself. Your answers will remain *anonymous*. However, this biographical data is *crucial* to this research study. Most of the questions listed below are answered by circling a number. Some ask that you write a number or words. Please write **clearly and legibly**.

1. Gender: 1 Male 2 Female
2. Age (as of June 1,2002): _____ years
3. Were you born in the USA? 1 No 2 Yes
If you were not born in the United States, how long have you lived in this country? _____ months _____ years.
4. Number of dependent children: _____
5. Marital status:
1 Single
2 Married/Re-married
3 Living with partner(s)
4 Divorced/separated
5 Widowed/widower
6 Other (Please specify.) _____
6. Highest academic degree:
1 High School Degree
2 Bachelors degree
3 Master's degree
4 Doctorate
5 Other (please specify.) _____
7. Years spent in profession: _____ years.
8. Job Title: _____ (Please Specify)
9. Employment status:
1 Full-time
2 Part-time (Please specify.) _____
10. Unit in which you work:

1 Oncology	14 CCU	27 Neurology
2 Urology	15 Respiratory/Pulmonary ICU	28 Nephrology & Dialysis Unit
3 Orthopedics	16 Pediatrics	29 OB/GYN
4 Ear, Nose, & Throat	17 Surgical Units	30 Dermatology
5 Gastrology	18 Chest Surgery	31 Ophthalmology
6 Geriatrics	19 Pediatric Surgery	32 Premature Infants
7 Recovery	20 Vascular Surgery	33 Plastic Surgery
8 Waking From Surgery	21 Emergency Room	34 Internal Medicine
9 Delivery Room	22 Pediatric Emergency Room	35 Psychiatry
10 Operating Room	23 OB/GYN Emergency	36 Cardiology
11 Catheterization Room	24 Outpatient Clinic	37 Rheumatology
12 Pediatric ICU	25 Chief Nurses Office	38 Rehabilitation
13 ICU	26 Neurosurgery	39 Infants
		40 Other _____
11. Number of years working in this unit: _____ years.
12. Years working for this hospital: _____ years.

13. Main pattern of your work.

- 1 Day only
- 2 Evening only
- 3 Night only
- 4 Day and evening
- 5 Evening and night
- 6 Day and night
- 7 Changing shifts (day, evening, night, in-between)
- 8 Others _____ (Please specify.)

14. a. Do you supervise other employees?

- 1 Yes
- 2 No

b. If yes, how many? _____.

15. Ethnicity:

- 1 American Indian – Alaskan Native
- 2 Black – African American
- 3 Hispanic – Latino/a
- 4 Euro-American
- 5 Asian American – Pacific Islander
- 6 Other _____ (please specify.)

16. Annual Gross Salary:

- 1 Below \$30,000
- 2 \$31,001 to \$45,000
- 3 \$45,001 to \$60,000
- 4 \$60,001 to \$75,000
- 5 \$75,001 to \$100,000
- 6 \$100,001 to \$125,000
- 7 Over \$125,001

17. Describe what aspects of your work or job cause you the most anxiety and frustration.

THANK YOU very much for your participation in filling out the questionnaire. We hope that you have found it interesting and not too demanding of your time.

Table 1

Means, Standard Deviations, Reliabilities and Correlations Among Stressors, Strains, and Value Discrepancy

Variable	N	M	SD	1	2	3	4	5	6	7	8
Stressors											
1. Role Overload	164	4.15	1.84	.81							
2. Role Conflict	164	3.87	1.83	.50**	.78						
3. Role Ambiguity	174	3.04	1.63	.22**	.38**	.77					
Strains											
4. Anxiety	176	3.98	1.95	.52**	.54**	.38**	.84				
5. Health	164	3.08	1.62	.22**	.45**	.51**	.59**	.87			
6. Affective Commitment	172	4.68	1.69	-.14	-.30**	-.26**	-.27**	-.49**	.72		
7. Continuance Commitment	176	3.75	1.79	.09	.07	.00	.19*	.071	.18*	.75	
8. Intention to Leave	176	3.27	1.81	-.28**	.34**	.40**	.38**	.46**	-.52**	-.06	.85
9. Mean Value Difference	177	1.19	1.21	.05	.13	.23**	.23**	.23**	-.31**	-.02	.34**

Note. Coefficient Alphas are bolded on the diagonal

* $p < .05$.** $p < .01$.

Table 2

Moderated Regression Analyses of Value Discrepancy on Stressor-Strain Relationships

Predictor Variables	Dependent Variables									
	Anxiety		Health		Affective Commitment		Continuance Commitment		Intention to Leave	
	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1: Controls		.16		.21*		.14		.08		.11
Model 1										
Step 2: RA (a)	-.42**	.15**	.43**	.16**	-.30**	.08**	.12	.01	.40**	.13**
Step 3: Values (b)	.18*	.03*	.26**	.06**	-.24*	.05*	.01	.00	.29**	.07**
Step 4: a x b	.41	.01	.02	.00	-.01	.00	.32	.01	.07	.00
Model 2										
Step 2: RO (a)	.54**	.24**	.26**	.05**	-.23*	.05*	-.04	.00	.39**	.13**
Step 3: Values (b)	.23**	.05**	.33**	.10**	-.28**	.07**	.04	.00	.34**	.11**
Step 4: a x b	-.16	.00	.03	.00	-.35	.01	.26	.01	.57*	.03*

Predictor Variables	Anxiety			Health			Affective Commitment			Continuance Commitment			Intention to Leave		
	β	ΔR^2		β	ΔR^2		β	ΔR^2		β	ΔR^2		β	ΔR^2	
Model 3															
Step 2: RC (a)	.55**	.23**		.35**	.09**		-.27**	.06**		.08	.01		.35**	.09**	
Step 3: Values (b)	.21*	.04*		.31**	.09**		-.27**	.06**		.02	.00		.33**	.10**	
Step 4: a x b	.31	.01		.34	.01		.24	.00		-.20	.00		-.11	.00	

Note. RA = Role Ambiguity, RO = Role Overload, RC = Role Conflict, Values = Value Discrepancy Score

* $p < .05$.

** $p < .01$.

Table 3

Mediated Regression Analysis of Values on Stressor-Strain Relationships

Predictor Variables	Dependent Variables									
	Anxiety		Health		Affective		Continuance		Intention to	
	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2
Step 1: Controls		.16		.21*		.14		.08		.11
Step 2: Values	.27*	.07**	.35**	.11**	-.30**	.08**	.03	.00	.37**	.12**
Step 3: Role Stressors		.30**		.13**		.07*		.02		.15**
Role Ambiguity	.18*		.29**		-.17		.12		.22*	
Role Overload	.33**		.06		-.11		-.13		.26*	
Role Conflict	.28**		.18		-.11		.11		.08	

Note: Values = Value Discrepancy Score

* $p < .05$.** $p < .01$.