Occupational turnover:
Understanding nurses’ intent
to leave the nursing profession

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ABSTRACT
This longitudinal study among 1,187 nurses examined the importance of nurses' social work environment and work-home interference for nurses' intent to leave nursing. Our outcomes indicated that an unsupportive environment and high work-home interference, resulted in lower occupational commitment and job satisfaction, and predicted nurses' intention to leave the profession.
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1. Introduction

In light of current concerns over nursing shortages, nurses' intent to leave the profession is a topic of great importance. Compared to other occupational groups, nurses tend to leave the profession at a much greater rate. At the same time, demographic changes have led to a decline in the number of graduates entering the profession, an aging nursing workforce, and an increased need for care as the baby boomer generation approaches retirement (North et al., 2005; Taunton et al., 1997). As a consequence, most western countries are facing more or less serious nurse shortages (Aiken et al., 2002; Sjgren et al., 2004). Shortages and nursing turnover have been associated with decreased standards of patient care (Newman, Maylor & Chansarkar, 2002; Price & Mueller, 1981) and increased pressure on those left in the job (Gauci Borda & Norman, 1997). There is evidence that low nurse retention in health care practice is related to burdensome workloads and high levels of job-related burnout and job dissatisfaction (Aiken et al., 2002). Given this situation, greater understanding of the factors underlying nurses' considerations to leave their profession is essential if health care organizations are to meet client needs for nursing care in the future (Taunton et al., 1997).

2. Theoretical background

Our current understanding of why nurses leave the profession is still limited. Although researchers have studied the career behaviors of nurses in the past, the focus was mostly on organizational turnover (see Gauci Borda & Norman, 1997; Irvine & Evans, 1995), and less on occupational turnover. Retirement from the profession however includes something more than a decision to leave one's current employer; it represents a withdrawal from a career as well as a particular work situation (Adams, 1999). Since the decision to give up on an occupational career has a large impact upon the specific employee, we substantiated that the reasons for this decision would be serious and
personal. Work-home interference and nurses social work environment may be important factors in this respect.

The objective of the present study was to examine potential influences on nurses intention to leave the profession that reside both in the work situation and in the work-home interface using a longitudinal design. Both the work and nonwork domains of people’s lives have been suggested as possible causes of retirement decisions (Beehr, Glazer & Farmer, 2000). More specifically, this study addressed the relationships of nurses’ social work environment and work-home interference with nurses’ intention to leave the profession, through their relationships with job satisfaction and occupational commitment. The research model is presented in Figure 1.

Figure 1. The theoretical model

2.1 Occupational Turnover, Job Satisfaction, and Occupational Commitment

Occupational turnover refers to employee withdrawal from an organizational position or a career path of considerable duration (cf. Feldman, 1994). There is extended evidence
suggesting that (dis)satisfaction with the work situation is an important precursor of employees’ decision to leave the organization or profession (Griffeth, Hom & Gaertner, 2000; Maertz & Campion, 1998). Especially characteristics of the direct work environment have been found to predict job satisfaction. In their meta-analytic study of nurses’ turnover, Irvine and Evans (1995) observed that work content characteristics, such as routinization, autonomy, and role conflict, and characteristics of the work environment, such as leadership, supervisory relations, and participation, were all related to job satisfaction. Moreover, job satisfaction was negatively related to turnover intentions and turnover behavior. Studies of retirement decision-making have also found that work-related variables, such as job satisfaction, are related to the decision to retire (Lu et al., 2002). Based on these findings, we expected job satisfaction to be an important aspect for nurses to consider in decisions to leave health care.

Since choosing and developing a career is usually a long-term process, characterized by personal involvement and large investments, the decision to leave one’s profession may not be easy. Whether an employee decides to leave the profession will therefore also be affected by the employee’s occupational commitment, that is, the emotional connection the employee feels with his or her occupation (Lee, Carswell & Allen, 2000). Empirical research has revealed strong relationships between occupational commitment and intention to leave the profession (Blau & Lunz, 1998; Lee et al., 2000; Meyer, Allen & Smith, 1993). In their meta-analysis, Lee and associates (2000) observed a weighted mean correlation of -.62 between occupational commitment and occupational turnover intention.

In summary, theory and research indicate that job satisfaction and occupational commitment are likely to affect nurses’ intention to leave their profession. Previous studies have focused on the role of either job satisfaction or occupational commitment. We predicted that both, in combination, would be negatively related to the intention to leave nursing. In addition, we expected that job satisfaction and occupational commitment would be affected by work and non-work characteristics, and would mediate the relationships between these characteristics and nurses’ intention to leave nursing.
2.2 The Importance of Nurses Social Work Environment

Research on the retention and turnover of nurses has emphasized the importance of nurses social working conditions (Gauci Borda & Norman, 1997; Irvine & Evans, 1995). The nursing profession is generally characterized as an emotionally demanding work setting along with physically demanding working conditions. In order to cope with this demanding working situation, nurses social work environment may be of crucial importance. Empirical evidence indicates that interpersonal relationships are important predictors of job satisfaction, and relate to absenteeism, expression of grievances, and turnover (Boyle et al., 1999; Lucas, Atwood & Hagaman, 1993; Rhoades & Eisenberger, 2002; Tett & Meyer, 1993). Given the context of our study, we assumed leadership quality and social support from close colleagues and supervisor to be extremely important to prevent withdrawal from the nursing profession. There is extensive evidence that social support and leadership quality are related to job satisfaction and commitment. Several studies have shown that employees with supportive supervisors and colleagues were more satisfied with their work (Irvine & Evans, 1995), were more committed to their profession (Lee et al., 2000), and were more inclined to stay in their job (Karsh, Booske & Sainfort, 2005). Based on this evidence we expected that social support and leadership quality would be negatively related to nurses intention to leave health care due to their positive relationships with job satisfaction and occupational commitment.

2.3 Work-Home Interference in the Nursing Profession

Mutual interference of the work and home domain might be another factor affecting nurses considerations to leave health care (Gottlieb, Kelloway & Martin-Matthews, 1996). For many nurses there exists the need to combine work and family demands. With the proliferation of dual-career couples, balancing work and home responsibilities has become more and more difficult, leading to an increase in work-home conflict (Luk & Shaffer, 2005).

Work-home interference is often defined as a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect (Greenhaus & Beutell, 1985). As this definition suggests, work can affect private life while private life can affect work. In Kossek and Ozeki’s (1998) meta-analysis,
work-home interference was related to satisfaction with work and life in general. These relationships were stronger for work-to-home interference than for home-to-work interference. Additionally, the meta-analysis of Allen et al. (2000) revealed relationships between work-home interference and work-related outcomes, such as job satisfaction, absenteeism, and stress reactions. There is also evidence showing that work-home interference is related to organizational commitment, turnover intention, and actual turnover (Allen et al., 2000; Grandey & Cropanzano, 1999; Greenhaus et al., 1997; Rosin & Korabik, 1990). Few studies have investigated the relationship between work-home interference and occupational turnover. Greenhaus et al. (1997) for instance found that the decision to leave the field of public accounting was related to perceptions of work-home interference, work overload and feelings of stress.

Based on these findings, we expected that work-to-home interference and home-to-work interference would positively relate to intentions to leave the profession, through a negative relationship with job satisfaction and occupational commitment.

2.4 Hypotheses

In order to promote the retention of nurses, it is crucial to increase our insight into the processes underlying nurses’ intention to stop nursing. Accordingly, the objective of the present study was to develop a model that accounts (at least partly) for nurses’ intention to leave the profession, and to test this model in a longitudinal field study. The hypotheses tested in this study were as follows:

Hypothesis 1: Job satisfaction is negatively related to occupational turnover intention at Time 1 and at Time 2.

Hypothesis 2: Occupational commitment is negatively related to occupational turnover intention at Time 1 and at Time 2.

Hypothesis 3: Social support from close colleagues is positively related to job satisfaction (3a), and occupational commitment (3b).

Hypothesis 4: Social support from supervisor is positively related to job satisfaction (4a), and occupational commitment (4b).
Hypothesis 5: Leadership quality is positively related to job satisfaction (5a), and occupational commitment (5b).

Hypothesis 6: Work-to-home interference is negatively related to job satisfaction (6a), and occupational commitment (6b).

Hypothesis 7: Home-to-work interference is negatively related to job satisfaction (7a), and occupational commitment (7b).

Hypothesis 8: Occupational turnover intention at Time 1 is positively related to occupational turnover intention at Time 2.

3. Method

3.1 Procedure and Participants

This study was part of a large European study of nurses’ intention to leave the profession (NEXT, Nurses Early Exit, Hasselhorn, Tackenberg & Mueller, 2003). The research design was longitudinal. Respondents supplied data at two points in time, with a one-year time interval. The initial survey was carried out between October 2002 and June 2003, while the follow-up measurement took place one year later. Only those who had returned the first questionnaire received the second one. In order to enhance generalization, respondents were sampled across three different kinds of health care institutions: hospitals (N = 9), nursing homes (N = 9), and home care institutions (N = 4). At Time 1, 9,200 nurses received the questionnaire, and the mean response rate was 43.6% (or 4,018 persons). At Time 2, 1,187 respondents returned the questionnaire with a response rate of 29.5%. The latter was not surprising given the length of the total NEXT study questionnaire. The final sample consisted of 753 (63.4%) registered nurses working in hospitals, 183 (15.4%) nurses working in nursing homes, and 251 (21.1%) nurses working in home care institutions. The mean age within the sample was 39.8 years (SD = 9.7). The average number of years of nursing experience was 13.6 years (SD = 8.6), and the mean organizational tenure was 4.3 years (SD = 1.0). Most nurses (94.4%) were female. Furthermore, 541 nurses (53.4%) had children to take care of at home, with 299 nurses (25.2%) taking care for children under the age of seven.
3.2. Measures

Social support from supervisor and social support from colleagues were measured with two four-item scales (Van der Heijden, 2003) using a six-point rating scale (1 = never and 6 = very often). Cronbach’s alpha was .83 (supervisor support) and .77 (colleague support).

Work-home interference was measured with two five-item scales of Netemeyer and associates (1996) referring to work-to-home and home-to-work interference. A five-point rating scale was used (1 = fully disagree and 5 = fully agree). For both scales Cronbach’s alpha was .85.

Leadership quality was assessed by a four-item scale derived from Kristensen (2000). The items probed into the superior’s engagement in leadership activities. A five-point rating scale was used (1 = to a very small extent and 5 = to a large extent). Cronbach’s alpha was .87.

Occupational commitment was measured with four items of Meyer et al.’s (1993) scale for affective occupational commitment. A five-point rating scale was used (1 = strongly disagree and 5 = strongly agree). Cronbach’s alpha was .75.

Job satisfaction was measured with Kristensen’s (2000) four-item scale with a four-point rating scale (1 = very unsatisfied and 4 = very satisfied). Cronbach’s alpha was .74.

Occupational turnover intention was measured with a three-item scale: How often during the course of the past year have you thought of giving up nursing completely? How often during the course of the past year have you thought of taking a further qualification outside nursing? How often during the course of the past year have you thought of giving up nursing completely to start a different kind of job? Responses were made on five-point scales (1 = never and 5 = every day). Cronbach’s alpha was .89 at Time 1 and .85 at Time 2.

Control variables. Age, gender, level of qualification, tenure with the current employer, tenure with the profession, number of children at home, and working hours per week, were included as control variables.
3.3. Analyses

Structural equations modeling (SEM) with maximum likelihood estimation was used to test the hypotheses and the fit of the overarching model. The AMOS software package (Arbuckle, 1999) was used.

4. Results

4.1 Preliminary analyses

Preliminary analyses showed weak but significant correlations between age and occupational turnover intentions at Time 1 ($r = -0.08$), and at Time 2 ($r = -0.10$). These effects disappeared when all model variables were included in the analysis. Therefore, it was decided to report on the results for the model variables only. Table 1 (see appendix) presents the means, standard deviations, reliabilities, and inter-correlations of the study variables.

4.2 Model fit and hypotheses tests

The hypothesized model showed an adequate fit: $\chi^2 (df = 11) = 60.244, p = 0.000$; $\chi^2 / df = 5.477$; GFI = 0.989; TLI = 0.924; CFI = 0.977; RMSEA = 0.061; AIC = 128.244. However, the standardized residuals suggested that the model fit could be improved by including the relationship between work-to-home interference and intention to leave nursing at Time 1. The revised model showed a good fit: $\chi^2 (df = 10) = 27.695, p = 0.002$; $\chi^2 / df = 2.770$; GFI = 0.995; TLI = 0.970; CFI = 0.992; RMSEA = 0.039; AIC = 97.695. Table 2 (see appendix) presents the standardized path coefficients for the revised model.

Although a majority of the path coefficients was significant at the .05 probability level, some hypothesized relationships were not confirmed. As regards Hypothesis 1, job satisfaction was indeed significantly negatively related to turnover intention at Time 1 ($\beta = -0.257, p < .001$), and at Time 2 ($\beta = -0.068, p < .05$). Hypothesis 1 was therefore fully supported. Occupational commitment showed a significant negative relationship with
turnover intention at Time 1 ($\beta = -.282, p < .001$), but not at Time 2 ($\beta = -.029, \text{n.s.}$). Hypothesis 2 was therefore partially supported.

Concerning nurses' social environment, most predictions were supported. Social support from close colleagues showed significant positive relationships with both job satisfaction ($\beta = .071, p < .01$), and occupational commitment ($\beta = .163, p < .001$). Hypothesis 3 was therefore fully supported. Social support from the supervisor was positively related to job satisfaction ($\beta = .078, p < .05$), but not to occupational commitment ($\beta = .016, \text{n.s.}$). Hypothesis 4 was therefore partially supported. Leadership quality showed positive relationships with both job satisfaction ($\beta = .321, p < .001$), and with occupational commitment ($\beta = .087, p < .05$). These outcomes imply that Hypothesis 5 was fully supported.

With respect to work-home interference, our hypotheses were partially supported. Work-to-home interference showed a significant negative relationship with job satisfaction ($\beta = -.161, p < .001$), but not with occupational commitment ($\beta = -.004, \text{n.s.}$). However, a direct relationship between work-to-home interference and turnover intention at Time 1 was found ($\beta = .153, p < .001$). Hypothesis 6 was therefore partially confirmed. No significant relationships were found between either home-to-work interference and job satisfaction ($\beta = -.010, \text{n.s.}$), or home-to-work interference and occupational commitment ($\beta = -.057, \text{n.s.}$). Therefore, Hypothesis 7 was not supported.

As regards the relationship between turnover intention at Time 1 and turnover intention at Time 2, a significant positive relationship ($\beta = .521, p < .001$) was found. Therefore, Hypothesis 8 was confirmed.

5. Discussion

Using a longitudinal design, this study investigated the importance of nurses' social work environment and work-home interference for their intention to leave nursing
at two points in time. Our outcomes showed that an unsupportive social work environment and work-to-family interference were related to nurses' intention to leave the profession through their effects on job satisfaction and occupational commitment. These factors pertained to influence nurses' turnover intentions over the following year.

More specifically, as regards nurses' social environment, we found that the presence of a satisfying social support network was of high importance in the light of nurses' job satisfaction as well as their occupational commitment. Especially the support from close colleagues appeared to be a consistent predictor of positive work outcomes. Support from the direct supervisor was related to job satisfaction but unrelated to occupational commitment. Previous research has already indicated that when it comes to situations of psychological stress, colleagues are the most important source of support, particularly when institutionally that kind of support is lacking (Kirpal, 2004). In addition, leadership quality appeared a significant predictor of job satisfaction and occupational commitment. Several studies have supported the importance of high quality leadership styles for employee satisfaction and retention (e.g., Boyle et al., 1999; Taunton et al., 1997). In our study, leadership quality affected turnover intentions not only through job satisfaction but also through occupational commitment. In general, our findings indicate that nurses withdrawal from the profession may be prevented by increasing leadership quality and social support at work.

With respect to work-home interference, our hypotheses were partially confirmed. Especially work-to-home interference appeared to have a negative relationship with nurses' intention to leave the profession. In addition to the predicted indirect relationship between work-to-home interference and turnover intention, through job satisfaction, there existed an unpredicted direct relationship. Apparently, the continuous interference of work with family responsibilities was reason enough for the nurses to consider changing professions. Our predictions concerning the effects of home-to-work interference were not confirmed. This result is in line with the outcomes of the meta-analysis as performed by Kossek and Ozeki (1998), showing that work-to-home interference had much stronger relationships with work outcomes compared to home-to-work interference. Neither form of work-home interference was related to occupational commitment, indicating that nurses' emotional attachment to the profession was not undermined by a bad fit between
work and family responsibilities. Nevertheless, occupational commitment was strongly and negatively related to nurses' intention to leave nursing at Time 1, suggesting that nurses who were less attached to the nursing profession would more easily consider leaving the profession.

5.1 Limitations of our study

This study knows several limitations. As we have used self-reports measures, both for the predictor variables, i.e. the facets of one's social work environment and work-home interaction, and for the work-related outcomes and intention to leave nursing, a common-method bias may exist (Doty & Glick, 1998; Podsakoff et al., 2003). In order to increase the validity of the outcomes, nurses' self-assessments and supervisor assessments ought to be combined in future research. Another limitation of our study is that our results should be viewed in light of the data having been collected in the health care profession. This may cast some doubts on the suitability of generalization to other professional sectors. Finally, more research needs to be done including actual turnover scores. Nevertheless, we think that our results are noteworthy and provide challenges for future research and cross-validation in different settings.

5.2 Conclusions

In this study, we tried to understand why nurses develop the intention to leave nursing. We found that nurses were more likely to think of leaving when they experienced a lack of support in their social work environment and when the demands of their work interfered with their family life. In those cases, nurses' job satisfaction and commitment to their profession declined. As nurses' dominant work orientation is based upon the fundamental concern for patients' welfare, it is important to monitor the character of their job in order to guide their occupational commitment and job satisfaction (see also Meyer, Allen & Smith, 1993). Only if nurses like their profession and perceive their health care institution as a place where they can fulfill work-related desires, and wherein there are ample opportunities to balance work and family life, they will intent to stay in the nursing profession. It is hard to understand why, in a period of a huge nurse shortage, their life-long employability is so badly guided (Van der Heijden, 2002). After all, it is not only nurses' well-being and career development that is
important. Both the quality and quantity of health-care that is provided now, and will be provided in the future, is at stake here. As our findings indicate, it is extremely important to pay attention to the social work environment, and ensure that the nursing job is not that demanding that it interferes with family responsibilities. Through the development of leadership qualities and social support structures, and through the alignment of work demands with personal responsibilities, organizations may be able to prevent premature loss of capabilities, knowledge and commitment, and secure the supply health care in the future.
References


# Appendix

Table 1. *Means, Standard Deviations, Reliability Estimates, and Inter-Correlations of Study Variables* (N = 1,187)

| Variable                                | M    | SD  | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    |
|-----------------------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|
| 1 Leadership quality                    | 3.09 | .77 | (.87)|      |      |      |      |      |      |      |      |      |
| 2 Work-to-home interference             | 2.08 | .80 | -.12 | (.85)|      |      |      |      |      |      |      |      |
| 3 Home-to-work interference             | 1.51 | .60 | -.08 | .56  | (.85)|      |      |      |      |      |      |      |
| 4 Social support supervisor             | 3.03 | .87 | .65  | -.07 | -.05 | (.83)|      |      |      |      |      |      |
| 5 Social support colleagues             | 3.71 | .63 | .13  | -.00 | -.02 | .20  | (.77)|      |      |      |      |      |
| 6 Occupational commitment               | 3.98 | .62 | -.13 | -.05 | -.07 | .11  | .18  | (.75)|      |      |      |      |
| 7 Job satisfaction                      | 2.85 | .36 | .41  | -.21 | -.13 | .31  | .13  | .13  | (.74)|      |      |      |
| 8 Occupational turnover intention T1    | 1.59 | .73 | -.22 | .23  | -.12 | -.14 | -.02 | -.33 | -.33 | (.89)|      |      |
| 9 Occupational turnover intention T2    | 1.51 | .68 | -.14 | .17  | .10  | -.11 | .02  | -.21 | -.24 | .57  | (.85)|      |

Note: for $r \geq .06$ p < .05; for $r \geq .07$ p < .01; for $r \geq .11$ p < .001. Numbers in parentheses indicate internal consistency reliability estimates.
Table 2. *Standardized path coefficients and squared multiple correlations for the revised model (N = 1,187)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Occupational commitment (β)</th>
<th>Job satisfaction (β)</th>
<th>Occupational turnover intention, Time 1 (β)</th>
<th>Occupational turnover intention, Time 2 (β)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership quality</td>
<td>.087*</td>
<td>.321***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-to-home interference</td>
<td>-.004</td>
<td>.161***</td>
<td>.153***</td>
<td></td>
</tr>
<tr>
<td>Home-to-work interference</td>
<td>-.057</td>
<td>-.010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support supervisor</td>
<td>.016</td>
<td>.078*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support colleagues</td>
<td>.163***</td>
<td>.071**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational commitment</td>
<td></td>
<td></td>
<td>-.282***</td>
<td>-.029</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td></td>
<td></td>
<td>-.257***</td>
<td>-.068**</td>
</tr>
<tr>
<td>Occupational turnover intention T1</td>
<td></td>
<td></td>
<td></td>
<td>.521***</td>
</tr>
</tbody>
</table>

\[
\text{R}_0 = .046 \quad .195 \quad .199 \quad .308
\]

Note. * p<.05; ** p<.01; *** p<.001
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