

EMPLOYEE RETENTION IN PUBLIC AND PRIVATE HOSPITAL SETTINGS: AN EMPIRICAL STUDY OF ITS RELATIONSHIP WITH PARTICIPATIVE CLIMATE, AND ROLE PERFORMANCE

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ABSTRACT

Employee retention is a well-known yet quite neglected phenomenon in the hospitals. An incessant pressure indicated by growing concerns about employee retention has drawn an intensive interest regarding this issue and associated consequences. This converged for the pursuit of exploring and examining the concerned attribute. This study evaluates the perception of hospital employees in public and private sector hospitals and suggests the relationship among employee retention and Participative Climate (PC) and Role-Performance (RP). The study was conducted among 1010 individuals from public and private hospital settings. After the identification of underlying constructs; theory-driven factors were evaluated using correlation analysis. The findings contributed to the understandings of retention as well as to the exploration of some of the enshrouded factors and consequences. Thus, it concludes several implications and suggestions for enriching further insight and inquiry into employee retention in public and private hospitals.

Keywords: *Factorial Structure, Healthcare Setups, Employee Retention, Role-Performance, Participative Climate etc.*

Introduction:

The behaviour of hospital employees facilitates the achievement of the hospital's mission, promotes positive working experience and encourages establishment of better relationship among hospital employees and patients by creating and promoting a healthy work environment. Since, a hospital is an automatic and smoothly operating social system, therefore, emphasising on Participative Climate (PC) and Role-Performance (RP) and retention is considered prudent and propitious. Several theoretical inputs are available regarding the same. However, very few studies have been conducted as an attempt to establish their relationship and importance. This study is an attempt to overcome the gap by investigating retention and its antecedents i.e. Participative Climate (PC) and Role-Performance (RP).

Theoretical Background:

Employee retention is a multi-faceted attribute which cannot be isolated from the enacted contexts i.e. PC and RP; so, incorporating theoretical factors becomes quite complex and affiliate itself with corresponding difficulties. Thus, enhancing the complexity of the whole situation.

Role-Performance refers to a certain desired behaviour of the employees, associated with their formal job requirements which cannot be prescribed/ required in advance; therefore, any help which they could get might facilitate them in performing their duties (vital and life-saving actions and exercises) and ascertaining the importance of inter-professional support. Since, social, cultural and job factors all influence employees' behaviour (Gibson et al, 2000), so, several studies were oriented towards interpreting, the importance of organizational and non-required work roles of employees i.e. Muchinsky & Morrow (1980)

tacited that knowledge consists of technical skills of an informal nature; team work in performance models (Borman & Motowidlo, 1997) and emphasized on employees' role as an innovator (Gomez-Mejia & Balkin, 1992). A significant relationship was also emphasized on job satisfaction and job performance (Borman & Motowidlo 1997, 1993; Bateman & Organ, 1983); which was cemented by the study of Ugboro & Obeng (2000), when they ascertained that formation of an emotional connection by an employee can direct them towards exhibiting higher loyalty towards their organization leading to retention. Thus, all these studies indicated direct and indirect importance and connection of role performance with respect to job satisfaction, and ultimately, retention.

Participative Climates are expected to influence satisfaction and retention of employees. Inflexible companies with domination and autocracy in their organizational culture are likely to have dissatisfied employees in spite of good incentives associated with stay (Dalton, & Todor, 1979). Now-a-days, the medical staff members are involved to make collaborative decisions in clinical and operational issues, when considered necessary (Pillemer, n.d.). Since, enhanced decisional involvement is found to be coupled with fewer psychosomatic and physical complaints, and documented physical disorders i.e. Hunter & Hunter (1984) found that when employees (nurses) are more active in decision making in nursing practice, and unit management concomitant with patient care, it makes them feel more engaged; which ultimately leads to, higher satisfaction and lower turnover rates (Relf, 1995). Kanter (1977) also ensured that empowering work conditions have a significant impact on feelings of support and sense of accomplishment at work, which may play an integral role in middle management retention and attracting employees to management positions (with especial reference to nurses). Seibert, Silver and Randolph (2004) also clarified the relationship between structural empowerment and psychological empowerment. Therefore, association of participative climate with respect to job satisfaction and retention could not be ignored.

Since, Employee Retention involves taking measures to encourage employees to remain in the organization for the maximum period of time (Griffeth & Hom, 2001) or until the completion of a particular project (Hom, 1995). The traditional retention plans in the organizations included fringe benefits (i.e. share options, medical aid etc.), which were clearly proved futile by Wickens (1995) and Cappelli (2000) stated them unsuited for talented employees. On one hand, studies like, Armstrong and Murlis' (1998) asserted on the rights of employees for demanding interesting and important work along with the freedom and resources to perform, and indicated that, this could lead to employees' retention, although, bad hiring decisions

on the part of the employer could cause 60% of turnover (Jackofsky, 1984). But, when employees feel unsatisfied and unappreciated and leave the organization the resultant higher workloads and stress levels of the remaining employees, further reduces satisfaction for both employees and patients (Fukuyama, 1995). Thus, all these studies clearly indicate the broad spectrum of retention and attributes concerned with it.

In order to resolve the direct and indirect issues associated with retention and to rectify the situation, the prerequisite is to identify and retain committed employees and improve the understanding of the concerned attributes. It can be feasible only when it is profitable for both the parties (employer/ management and employee). Based on previous researches, increasing level of job satisfaction might be able to improve employee retention. But, there are still several concealed and blatant; unexplored or less explored traits. The present study aims to identify and explore a few theoretically selected traits, which are less researched but are assumed to affect retention. Therefore, the objective of this study revolves around identifying the relationship between participative climate, role performance and retention.

The Present Study:

The objective of this study was to utilize the developed and adapted instruments concerned with the study and ascertain the relationship among Retention and Participative Climate (PC), and Role-Performance (RP) among the hospital employees in public and private settings.

Hypothesis:

Identify the factorial structure of Participative Climate (PC), and Role-Performance (RP) scales.

Based on the theoretical knowledge and further empirical indications via results of EFA *a-priori* was established (as indicated in figure 1) for all the above mentioned factors, which is as follows:

1. Employee Empowerment (EE), Co-Operation (CoP) and Management Practices and Operating Styles (MPOS) impacts public and private hospital employees by influencing Participative Climate.
2. Job Specific Task Proficiency (JSTP), Conscientious Initiative (CI), Citizenship Performance (CP), Career Role Behaviour (CRB), Innovator Role Behaviour (IRB) Team Role Behaviour (TRB) impacts public and private hospital employees by influencing Role-Performance.
3. Employee Shortage and Workload (ESW), Policies and Resources (PR) impacts public and private hospital employees by influencing Retention.

Null Hypothesis 1: There is no relationship between Participative Climate; Role Performance and Retention in health sector.

Method:**Sample:**

The present study included a total of 1010 respondents working at different hierarchical levels in various government and private healthcare setups of Madhya Pradesh, as medical and paramedical employees.

Tools and Techniques:

In order to successfully attain the set objectives of the research, tools pertaining to Participative Climate (PC) and Retention were adapted and developed as 11 and 6 item scale. In the same line, Role Performance (RP) scale based on after extensive literature survey and was adaptive and developed version of In-role performance scale developed by Welbourne, Johnson and Erez (1998). Considering the samples the scale was bilingual (i.e., both in English and Hindi) so as to help the respondent provide more accurate responses. The responses were gathered using a 4-point Likert type scale format (1=Very Dissatisfied/Strongly Disagree, 2= Dissatisfied/ Disagree, 3= Satisfied/ Agree, 4= Very Satisfied/Strongly Agree). Four point Likert type rating scale was used based on experience of pilot study while preparing the survey tool so as to avoid the maximum inclination of respondents towards the mid-point, which had the likelihood to compromise the results. Thus, the fresh and final tool used four-point rating scales in the line of recommendation of Garland (1991). The instrument included scale included 11, 20 and 6 items respectively, in total; other than the section concerned with gathering the basic information. Further, the study utilised survey method for collection of data.

The reliability of the scale was measured with the help of internal consistency coefficient Cronbach alpha, which was found to be satisfactory (As mentioned in Table 1, 2 and 3). There were no significant cross loadings. The validity of the scales were assessed and found adequate as indicated in Table. 4. The factorial structure was developed using Exploratory Factor Analysis (EFA) in a combination of Promax rotation and Maximum Likelihood (ML) method. Further, the latent constructs were substantiated by performing Confirmatory Factor Analysis (CFA).

Procedure:

The questionnaire was based on thoroughly screened literature. Before the actual administration of the scale, extensive literature survey was conducted, which formed the base for developing items for the scales. Further, pilot study was conducted to ensure the usability and refinement of the items in the scale, before, actually administering the scale in order to ensure better understanding at the respondents end and receive more accurate responses. Based on the feedback of the respondents during the pilot study, the scales were finalised for administration on proper

sample, as initially decided for the study. In the final stage, the scales were administered to the medical (doctors) and para-medical (nurses, lab technicians etc.) in the form of questionnaire survey. The data was gathered from various government and private hospital settings with respondents consent. The overall response rate was above approximately 90%.

Findings and Discussion:

One of the objectives of the study were to identify factorial structure and validate the scales adapted from the various researchers followed by identify the relationship among the various independent variables.

Preliminary Analysis: Development of Participative Climate, Role Performance and Retention tools

As developing and validating the adapted scale for Participative Climate (PC), Role Performance (RP) and Retention (Ret) initially the items were identified by exploring the literature thoroughly, the language, style and finalization of items was performed after pilot survey. The developed tool was administered to the targeted medical and paramedical employees and their responses were recorded. EFA was used to identify the latent constructs and the model fit indices were used for evaluation (Hu & Bentler, 1999; Bollen,1990) followed by CFA, which was used to validate the factorial structure. EFA facilitates identification of underlying relationships between measured variables (Norris, & Lecavalier, 2009) and the sets of latent constructs (Finch, & West, 1997). The Eigen values greater than or equal to 1 (Kaiser, 1960) and from 0.7 to 1 (Stevens, 1986), followed by scree plot and parallel analysis facilitated exploring the number of factors. Maximum Likelihood method (ML), used in EFA was used for due to its consistent, unbiased and efficient nature. ML maximises difference between the factors and allows testing the statistical significance of factor loadings, calculating correlations among factors and computing confidence intervals for these parameters successfully, even with larger sample sizes (e.g. see, Cudeck, & O'Dell, 1994) as was the case here and also because use AMOS SEM package to conduct CFA.

Participative Climate Scale: Participative climate indicates a co-operative atmosphere where employees are empowered enough to take their own decisions and altogether they work for the benefit of the organization. It has been considered very important according to the literature as it determines the performance of the employee and organization both. The values of item-reliability and inter-item correlation was considered for item analysis as it indicates convergent validity, their concerned details are presented in table 1.

The scale includes 11 items, The emerged construct (as indicated in table 1) was confirmed via CFA and the emerged dimensions are as follows:

- **Employee Empowerment:** It measures the traits that indicate that the organization provides certain liberties and involves them more in their organization by including them in their decisions or policy making practices etc.
- **Co-operation:** It indicates that the professionals working within an organization and departments of the organization are rather interconnected and work together in sync consequently contribute towards an ease in working together.
- **Management Practices and Operating Styles:** It is expected to evaluate the practices of the organization and their working style.

Role Performance Scale: The role performance instrument used in this study was adaptive version of In-role performance scale from Welbourne, Johnson & Erez (1998). Which was modified and rephrased to suit the understanding of hospital employees and gather the most accurate responses from them. It is expected to determine if the employees can identify their roles in their organization and performance. It is important as it improves the effectiveness and efficiency of the organization; and along with that it indirectly also reflects the employees intent to Leave (ITL) too. The details reflecting the validity of the scale are summarised in table 2.

The scale is constituted by 20 items and the emerged construct (as indicated in table 2) is mentioned below:

- **Job Specific Task Proficiency:** It is expected to evaluate the competence of the employees to facilitate identification of current and future assets for the organization.
- **Conscientious Initiative:** It emphasises on the traits which are associated with the quality of work but do not neglect the quantity of work. Thus, they are considered as the traits of a great employee.
- **Citizenship Performance:** It focuses on attributes which indicate a psychological connection between the organization and the employee. Thus, reflecting on their Intent to Leave (ITL).
- **Career Role Behaviour:** This measure includes the traits that indicate the career oriented nature of the employee and reflect the need and importance of a proper career ladder. Thus, establishing the career planning and management as a pivotal requirement for the organization.
- **Innovator Role Behaviour:** As the creativity and innovative nature of the employees is the second nature of a smart and good worker. They might act resourceful at times, which is a prerequisite in this profession. But, they might be prone to leave when not give freedom to work.
- **Team Role Behaviour:** As working in a team is vital for healthcare employees this measure is expected to evaluate their inclination to work as a team.

Retention Scale: Retention is concerned with making employees stay in the organization and reducing the turnover. The convergent validity was indicated by item analysis. The values of item-reliability and inter-item correlation are presented in table 3.

The concerned scale was composed of 6 items and the latent variables revealed this construct:

- **Employee Shortage:** As the workload is affected by the number of employees this measure is expected to evaluate the shortage of employees in the staff.
- **Workload, Policies and Resources:** This measure is concerned with evaluating the workload, resources and policies.

To assure the structure of the construct the results of Confirmatory Factor Analysis (CFA) are presented in table. 4 indicating Tucker Lewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA) based on MacCallum, Browne, & Sugawara (1996) and Bentler, & Bonett, (1980). The diagrammatic representation of the emerged constructs are given in their corresponding figures Participative Climate (Figure 2), Role Performance (Figure 3) and Retention (Figure 4).

Relationship between Participative Climate (PC), Role Performance (RP) and Retention

One of the objectives of the study was to investigate the relationship between Participative Climate (PC), Role Performance (RP) and Retention (Ret) in health sector. The results of correlation to understand the null hypothesis revealed these results mentioned in table.5. The relationship between PC, RP and retention as investigated by Pearson coefficient indicated a relationship among these factors. In case of government employees retention is influenced by participative climate ($r=.119$). However, results indicated that participative climate and role performance are related with each other ($r=.192$), In case of private settings employee retention is influenced by participative climate ($r=-.145$); participative climate and role performance are related with each other ($r=.094$).

The main objective of this study was to investigate the relationship between Participative Climate (PC), Role Performance (RP) and Retention (Ret) in health sector; which was explored after thoroughly examining the results of correlation as indicated in table.5. The results evince that participative climate and retention are related with each other at different extents. However, role performance is related with participative climate in government settings and at a very slightly extent for private settings. The result of hypothesis testing indicate that retention holds a significant relationship with participative climate and participative climate and role performance are also associated with each other in both the setups, public as well as private settings.

Conclusion:

The study clearly evince that the a-priori 1, 2 and 3 were all selected. The result of hypothesis testing indicated that clearly participative climate and retention share a relation among them, and role performance and participative climate also indicated a relationship among them in government and private sector. Thus, the study provides insight regarding the general relationship between Participative Climate (PC), Role Performance (RP) and Retention. It also contributes to the concerned literature related to health sector. Considering the findings thoroughly, they can also contribute to the policies of public and private health departments in future. The results thus, strongly support that they can indirectly contribute to controlling the issues related with Intent to leave (ITL) and migration, in conjugation with job satisfaction and retention.

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References:

- Armstrong, M. & Murlis, H. (1998). Reward management. London: Biddles Ltd.
- Bateman, T. S., & Organ, D. W. (1983). Job satisfaction and the good soldier: The relationship between affect and employee "citizenship". *Academy of Management Journal*, 26, 587-595.
- Bentler, P. M., & Bonett, D. G. (1980). Significance tests and goodness-of-fit in the analysis of covariance structures. *Psychological Bulletin*, 88, 588-600.
- Bollen, K. A. (1990). A comment on model evaluation and modification. *Multivariate Behavioral Research*, 25, 181-185.
- Borman, W.C., & Motowidlo, S.J. (1997). Task performance and contextual performance: The meaning for personnel selection research. *Human Performance*, 10, (2), 99-109.
- Brown, J. D. (2009). Statistics Corner: Questions and answers about language testing statistics: Choosing the right number of components or factors in PCA and EFA. Shiken: *JALT Testing & Evaluation SIG Newsletter*, 13(2), 19-23.
- Cappelli, P. (2000). A market driven approach to retaining talent. *Harvard Business Review*, January-February, 103-111.
- Cudeck, R., & O'Dell, L. L. (1994). Applications of standard error estimates in unrestricted factor analysis: Significance tests for factor loadings and correlations. *Psychological Bulletin*, 115, 475-487.
- Dalton, D.R., & Todor, W.D. (1979). Turnover turned over: An expanded and positive perspective. *Academy of Management Review*, 4, 225-235.
- Finch, J. F., & West, S. G. (1997). The investigation of personality structure: Statistical models. *Journal of Research in Personality*, 31, 4, 439-485.
- Fukuyama, F. (1995). *Trust: The social virtues and the creation of prosperity*, New York: Free Press.
- Garland, R. (1991). Point on a Rating Scale: Is it Desirable? *Marketing Bulletin*, 2, 66-70.
- Gibson, L.L., Donnelly, J.H. & Ivancevich, J.M. (2000). *Fundamentals of Management*, Chicago: Irwin.
- Gomez-Mejia, L.R. & Balkin, D.B. (1992). *Compensation, organizational strategy, and firm performance*. Cincinnati, Ohio: South-Western Publishing Co.
- Griffeth, R.W., & Hom, P.W. (2001). *Retaining valued employees*. Thousand Oaks, CA: Sage.
- Hom, P.W., & Griffeth, R.W. (1995). *Employee turnover*. Cincinnati, OH: South-Western.
- Hu, L.T., & Bentler, P. (1999). Cutoff criteria for fit indexes in co- variance structure analysis: Coventional criteria versus new alternatives. *Structural Equation Modelling*, 6, 1-55
- Hunter, J.E., & Hunter, R.F. (1984). Validity and utility of alternate predictors of job performance. *Psychological Bulletin*, 96, 72-98.
- Jackofsky, E. F. (1984). Turnover and job performance: An integrated process model. *Academy of Management Review*, 9, 74-83.
- Kaiser, H. F. (1960). The application of electronic computers to factor analysis. *Educational and Psychological Measurement*, 20, 141-151.
- Kanter, R. (1977). *Men and women of the corporation*. New York: Basic Books.
- Muchinsky, P.M., & Morrow, P.C. (1980). A multidisciplinary model of voluntary employee turnover. *Journal of Vocational Behavior*, 17, 263-290.
- Norris, M., & Lecavalier, L., (2009).Evaluating the Use of Exploratory Factor Analysis in Developmental Disability Psychological Research. *Journal of Autism and Developmental Disorders*. 40(1), 8-20.
- Pillemer, K. (n.d.). A higher calling. Choose nursing assistants carefully, train them well, and your turnover rates will dwindle. *Contemporary Long-Term Care*, 20 (4), 50-2, 1.
- Relf, M. (1995). Increasing job satisfaction and motivation while reducing nursing turnover through the implementation of shared governance. *Critical Care Nursing Quarterly* 18, 3, 7-13.

Seibert, S., Silver, S., & Randolph, W. (2004). Taking empowerment to the next level: A multiple-level model of empowerment, performance, and satisfaction. *Academy of Management Journal*, 47, 332-349.

Stevens, J. (1986). *Applied multivariate statistics for the social sciences*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics (5th ed.)*. Upper Saddle River, NJ: Pearson Allyn & Bacon.

Ugboro, I. O., & Obeng, K. (2000). Top management leadership, employee empowerment, job satisfaction, and customer satisfaction in TQM organizations: an empirical study. *Journal of Quality Management*, 5 (2), 247-272.

Welbourne, T.M., Johnson, D.E., & Erez, A. (1998). The role-based performance scale: validity analysis of a theory-based measure. *Academy of Management Journal*, 41 (5), 540-555.

Wickens, P.D. (1995). *The ascendant organisation*. London: MacMillan

FIGURES(S)

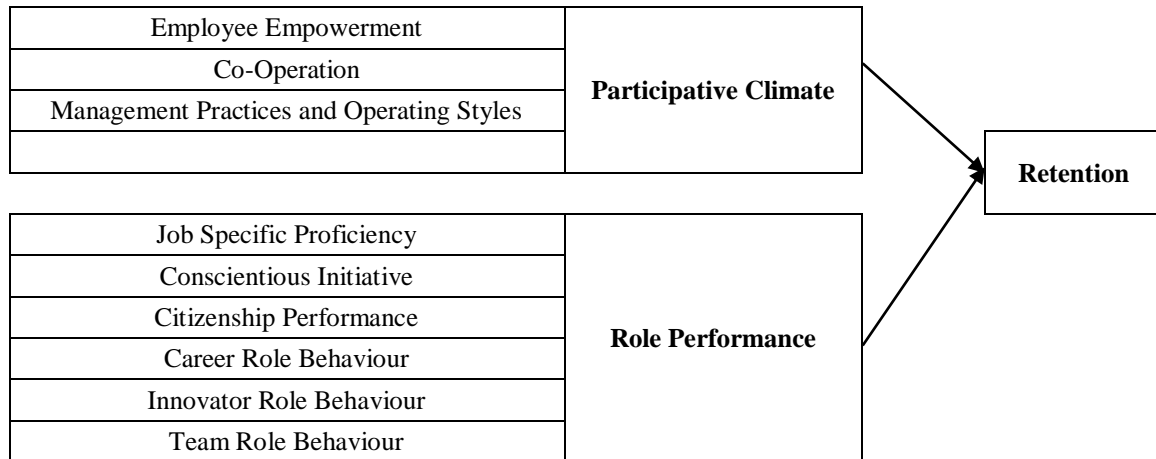


Figure1: based on a-priori and the results of the EFA

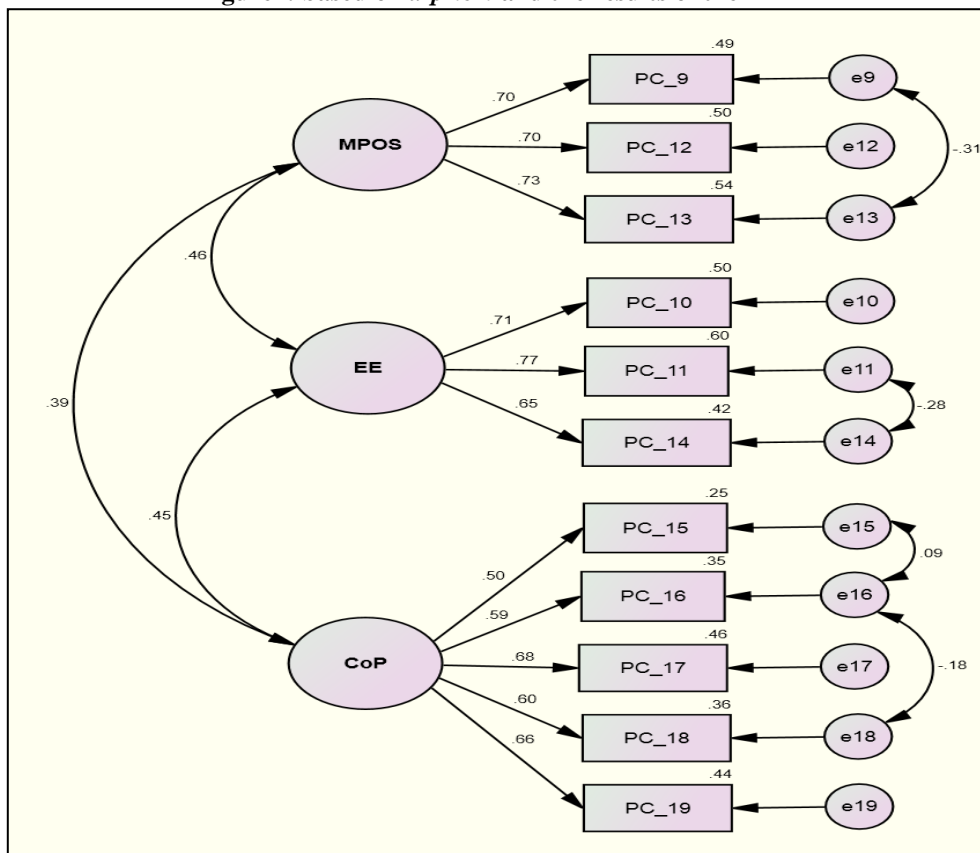


Figure 2: Confirmatory Factor Analysis of the measures of Participative Climate

Note: EE= Employee Empowerment, CoP= Co-Operation & MPOS= Management Practices and Operating Styles.

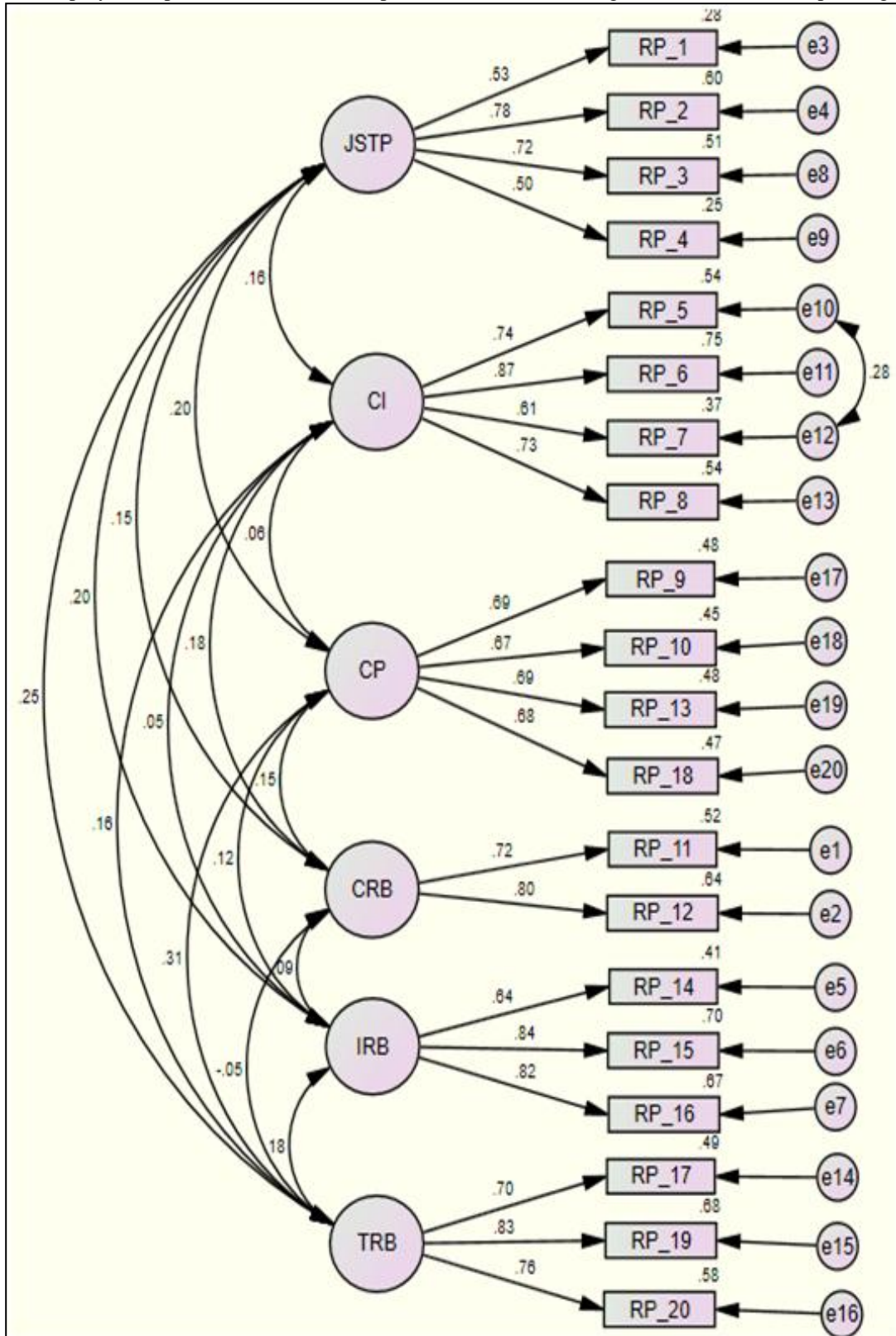


Figure 3: Confirmatory Factor Analysis of the measures of Role Performance

NOTE: EE= JSTP= Job Specific Task Proficiency, CI= Conscientious Initiative, CP= Citizenship Performance, CRB= Career Role Behaviour, IRB= Innovator Role Behaviour & TRB= Team Role Behaviour

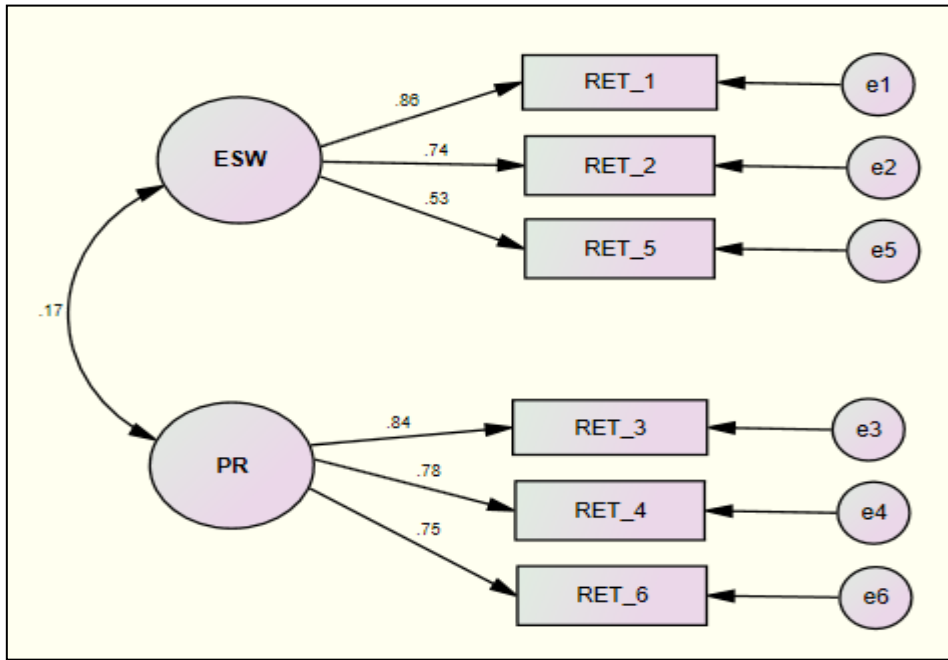


Figure 4: Confirmatory Factor Analysis of the measures of Retention

Note: ESW= Employee Shortage and Workload, & PR=, Policies and Resources (in Retention).

Table(s)

Table 1: Summary of EFA for Participative Climate (PC) Scale

Total Items in the Instrument Items	Component Loadings*	Eigen Values	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
PC 10	0.91	.861	.457	.718
PC11	0.67			
PC14	0.50			
PC15	0.61	2.957	.359	.737
PC16	0.63			
PC17	0.67			
PC18	0.52			
PC19	0.65	1.020	.458	.717
PC12	0.87			
PC13	0.67			
PC9	0.44			

Note: *Based on R

Table 2: Summary of EFA for Role Performance (RP) Scale

Total Items in the Instrument	Component Loadings*	Eigen Values	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
RP1	0.54	1.300	.393	.720
RP2	0.79			
RP3	0.75			
RP4	0.44			
RP5	0.80	2.671	.566	.838

Total Items in the Instrument	Component Loadings*	Eigen Values	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
RP6	0.82			
RP7	0.69			
RP8	0.73			
RP9	0.70	1.931	.471	.779
RP10	0.70			
RP13	0.71			
RP18	0.67			
RP11	0.60	1.206	.574	.729
RP12	0.95			
RP14	0.62	1.984	.578	.802
RP15	0.85			
RP16	0.81			
RP17	0.66	1.669	.576	.801
RP19	0.86			
RP20	0.77			

Note: *Based on R

Table 3: Summary of EFA for Retention Scale

Total Items in the Instrument	Component Loadings*	Eigen Value	Inter-Item Average Correlations	Reliability Statistics (Cronbach Alpha)
Ret1	0.87	1.382	.497	.749
Ret2	0.75			
Ret5	0.51			
Ret3	0.84	2.105	.623	.832
Ret4	0.80			
Ret6	0.75			

Note: *Based on R

Table 4: Summary of CFA for Participative Climate, Role Performance and Retention Scale

Dimension/ Variable	Number of Items	Loading Range	Model Fit				Cronbach Alpha
			Cmin/ df	TLI	CFI	RMSEA	
PARTICIPATIVE CLIMATE							
EE	3	.65-.77	3.959	.938	.958	.054	.718
CoP	5	.50-.68					.737
MPOS	3	.70-.73					.717
ROLE PERFORMANCE							
JSTP	4	.50-.78	2.795	.947	.957	.042	.720
CI	4	.61-.87					.838
CP	4	.67-.69					.779

Dimension/ Variable	Number of Items	Loading Range	Model Fit				Cronbach Alpha
			Cmin/ df	TLI	CFI	RMSEA	
CRB	2	.72-.80					.729
IRB	3	.64-.84					.802
TRB	3	.70-.83					.801
RETENTION							
ESW	3	.53-.86	5.515	.966	.982	.067	.749
PR	3	.75-.84					.832

Note: EE= Employee Empowerment, CoP= Co-Operation & MPOS= Management Practices and Operating Styles, (in PC); JSTP= Job Specific Task Proficiency, CI= Conscientious Initiative, CP= Citizenship Performance, CRB= Career Role Behaviour, IRB= Innovator Role Behaviour & TRB= Team Role Behaviour (in RP) and ESW= Employee Shortage and Workload, & PR=, Policies and Resources (in Retention).

Table 5: Summary of Correlations for Participative Climate, Role Performance and Retention Scale

GOVERNMENT OR PRIVATE HOSPITAL		RP	RET	PC
Government	RP	1	0.015	.192**
	RET	0.015	1	.119**
	PC	.192**	.119**	1
Private	RP	1	-0.01	.094*
	RET	-0.01	1	-.145**
	PC	.094*	-.145**	1
**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).				
