

# An Exploratory Investigation of Negative Perceptions of the Affordable Care Act among Patient-facing Professionals and Intentions to Leave

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The primary objective of this exploratory study is to empirically test the relationship between negative perceptions of the Patient Protection and Affordable Care Act (ACA) and health care providers' intentions to leave patient care. Moreover, demographic predictors of these negative perceptions were examined. Job tension and job satisfaction were also tested as predictors for a new scale of intentions to leave patient care. To test these two hypothesized models, graduate students (currently working in the health care industry in patient-facing roles) in a health care MBA program were surveyed at a public university in the southwestern United States. The data was analyzed using both ANOVAs and multiple regression analysis. Results supported four out of eight posited hypotheses. Findings, limitations, and implications for both theory and practice are included.

- Affordable Care Act (ACA)
- Intentions to leave
- Health care
- Corporate sustainability

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**H**EALTH CARE EXPENDITURES INCLUDING HOSPITAL visits, medications, and other services represent approximately 17% of the U.S. gross domestic product (GDP) (Center for Medicare & Medicaid Services, 2014). Through a combination of hospitals, clinics, and other types of health care organizations, the health care industry employs over 11 million people including 7.84 million as health care practitioners and technical occupations and 3.94 million in health care support occupations (Bureau of Labor Statistics, 2014). However, as an industry that is now heavily regulated by the federal government, it is greatly affected by public policy changes. It is unsurprising, then, that health care in the U.S. significantly changed when the Patient Protection and Affordable Care Act (hereafter ACA) was signed into law in 2010 (Department of Health & Human Services, 2015). *Forbes* notes that the health care industry, which for several years has been on brink of upheaval, is now in a state of emergency with the launch of the ACA (Llopis, 2014). One of the major critiques of this public policy is that it requires more of health care providers but, ultimately, pays them less. This not only creates a disincentive to join the health care profession, but also threatens the profitability and sustainability of the thousands of health care organizations across the country that are already dealing with increasing health care costs rising faster than inflation (Patton, 2015).

Compounding these business concerns resulting from the ACA, the industry faces the challenge of attracting and retaining health care professionals, as analysts have projected the health care industry to be the fastest growing segment of the U.S. economy over the next decade (ASHHRA, 2011), in part due to the increase in baby boomers who will need medical care. Despite the ever-growing need for health care workers, many are leaving the industry entirely. Research indicates that 30–50% of all new nurses elect to change positions or leave nursing entirely within the first three years of working in the field (AACN, 2003; Aiken *et al.*, 2002; Cipriano, 2006). In addition to nurses prematurely exiting the field, there is a substantial exodus of nurses from patient care in general, one reason being, according to Lafer (2005), the suboptimal working conditions and the high amount of stressors (e.g. job tension) placed on nurses. The ACA is predicted to add to these stressors due to the increased bureaucracy. As a result, nursing workforce projections indicate that by 2025 the RN shortage may exceed 500,000 (AACN, 2010). Unfortunately, nurses are not the only professionals exiting direct patient care. A recent poll suggests that 34% of physicians plan to leave patient care within the next 10 years, citing health care reform as a primary reason for departure (Sofranec, 2012). Doctors surveyed about the ACA believe that it should be repealed (55%) and that it would not improve the quality of health care (61%) (Sofranec, 2012). Health care professionals, due to the ACA, are also considering transitioning to administration from patient care and are pessimistic about the future of medicine (Richardson, 2013).

However, in spite of these doomsday statistics, the authors have yet to find empirical research that tests the assumption that the ACA influences professionals to leave patient care. It is important to understand what influences intentions to leave patient care, as lack of direct patient-care providers is the

main challenge facing society and health care organizations as a whole. Health care organizations (from small, private clinics to large, public hospitals) will face challenges in staffing if patient-facing health care professionals leave. These challenges will not only pose fiscal obstacles, but also put increased strain on those who do stay. Societally speaking, a lack of direct patient-care providers will result in increased wait times not only in emergency rooms, but also for time-sensitive surgeries and access to health care (Rajczi, 2014). This is a main critique of universal health care systems, as seen in Canada where wait times from a general practitioner referral to a consultation with a specialist is over eight weeks and from the specialist to the patient receiving treatment is over nine weeks, averaging a total of 17 weeks (Barua & Esmail, 2013).

Therefore, the purpose of this exploratory study is, first, to empirically test what health care providers and opponents of the ACA have long argued: that the ACA is detrimental to the field of medicine (and ultimately, society at large) by way of professionals (e.g. physicians, nurses) intending to leave patient care. Second, we seek to understand what demographic factors influence negative perceptions of the ACA to help elucidate what measures can be taken to encourage these individuals to stay in patient care. Third, in addition to negative perceptions of the ACA, we examine two other important predictors given the staffing challenges facing the health care industry—job tension and job satisfaction—as predictors of intentions to leave patient care.

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## Theoretical framework

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### Corporate sustainability

As sustainability moves to the forefront of strategic decisions, organizational leaders must continually consider stakeholder interests including employee engagement throughout the business decision-making process (Cosby, 2014). The importance of corporate sustainability (CS) is examined in multiple research studies (Ardichvili, 2013; Cosby, 2014; Lawler & Conger, 2015; Russ-Eft, 2014; Spooner & Kaine, 2010; Stankeviciute & Savaneviciene, 2013). The triple-bottom-line model is “based on an assumption that sustainable development can be achieved only when there is a balanced attention to the environmental, economic, and social elements of the system” (Ardichvili, 2013, p. 457). Lawler and Conger (2015) discuss how strategic and organizational strategies should be examined relative to their impact on profits, society, and the environment for sustainable effectiveness. Whereas, Spooner and Kaine (2010) explored the various definitions of sustainability in human resource management and concluded further research should consider sustainability with regard to both the task and the human resource practices that may impact the sustainability of the employee.

## Patient Protection and Affordable Care Act

While the ACA addresses many gaps in the U.S. health care system, including ending pre-existing condition exclusions, ending lifetime limits on coverage, and extending the age that young adults can be covered under their parents' health plan (Department of Health & Human Services, 2015), its opponents cite the challenges that health care providers face as a result of the legislation. Hospitals, for example, might see an increase in their bottom line due to a reduction in uncompensated care. However, they could also experience an increase in patients and procedures (Cheney, 2014) that will increase the workload of hospital employees, who already cite stress and being overworked as reasons for leaving the industry (Lafer, 2005). According to a CareerBuilder survey, 29% of health care workers say that they are currently trying to acquire skills in a new industry or field in order to transition out of health care. The same survey reveals that 44% of the respondents are dissatisfied with their work/life balance, and 75% of health care workers say they do not earn their desired salary (CareerBuilder, 2013). This is disconcerting, as the same survey reveals that the reason 57% of health care workers stay in the industry is that they find their work satisfying and rewarding (CareerBuilder, 2013).

On a similar note, the ACA has resulted in changes to physician reimbursement. The ACA now requires that physicians report their patient outcomes to a government agency that will study the data to determine payment on a value-based payment modifier (Kulshrestha, 2013). Moreover, physicians concerned about their income might worry about maintaining a high value-based modifier, which will distract them from patient care (Horton & Hollier, 2012). For this reason, we believe individuals who self-identify as a physician, physician assistant, or nurse practitioner will be more likely to have a negative view of the ACA than nurses and other more administrative, but still patient-facing roles.

These challenges induced by the ACA are exacerbated by current laws, such as the Balanced Budget Act of 1997, which forces the industry to reduce costs while still maintaining quality patient care (Roberts, 2001), which is challenging given the reductions in Medicare payouts (Wu & Shen, 2014). We posit that individuals who perceive these changes as negative will be less likely to have high job satisfaction and, ultimately, that these negative perceptions of the ACA will increase their intentions to leave patient care. Moreover, there has been research linking certain demographic characteristics (i.e. political affiliation) to evaluations of the ACA. According to Gross *et al.* (2012), there is a large partisan gap with 51% of Democrats favoring the bill compared to 8% of Republicans. Therefore, we posit that political affiliation will influence how respondents view the ACA.

Likewise, research on physician specialties and views on health care reform indicates that physicians with less direct patient contact are less likely to support public health care options (Keyhani & Federman, 2009). Based on this logic, we posit that position type will affect views on the ACA, as certain roles (i.e. nurses) tend to have more patient contact. Similarly, the percentage of administrative work performed should affect perceptions as administrative work takes away from direct patient contact. Although we could not find research linking health care perceptions with gender and ethnicity, we argue that gender will influence

negative perceptions of the ACA as there is some evidence suggesting that men and women have differing attitudes about the changing health care system in the U.S., with women being more positive (Hojat *et al.*, 1999). Therefore, we posit that men will be more likely to have negative perceptions of the ACA. Likewise, ethnicity has been correlated to political affiliation, indicating that ethnicity should be a significant predictor as well.

### Job satisfaction and intentions to leave

Job satisfaction is one of the most researched constructs in organizational psychology and human resources literature, as well as a topic of concern among practitioners in all industries. It has longed been linked to withdrawal behaviors which represent a physical removal from the workplace, such as absenteeism, intentions to leave, and turnover (e.g. Hom & Griffeth, 1991, 1995; Hulin, 1991; Johns, 2003; Koslowsky, 2000; Swider *et al.*, 2011). In a study by Waldman *et al.* (2004), turnover costs including hiring, training, and productivity loss represented a minimum loss of 5% of the total annual operation budget of a major medical center. Moreover, absenteeism by nurses is costly and detrimental to patient care, while also increasing the pressure on those nurses left to pick up the slack, lowering their morale and possibly further increasing turnover (Borda & Norman, 1997; Shaw *et al.* 2005). Additionally, even if health care professionals do not engage in withdrawal behaviors or explicitly engage in turnover by leaving their health care organization for another, they can retire early, as retirement can be considered a means that individuals (such as doctors and nurses) use to avoid dissatisfying work situations (Hanisch & Hulin, 1990; Schmidt & Lee, 2008). Clearly, job satisfaction is an important topic in health care when the consequences of dissatisfaction are so costly to organizations. This is exacerbated by the challenges the health care industry is facing with the need for individuals in patient-facing roles, as indicated in the introduction, and in Williams *et al.* (2010) who found that physician job satisfaction is inversely related to intention to leave direct patient care. Even more alarming is that job dissatisfaction can lead to intentions to leave patient care all together, as indicated by a study on nurses and the progressive model of withdrawal intention. Krausz *et al.* (1995) found that a nurse first decides to leave the ward, then the hospital, and then ultimately the profession. To keep the industry sustainable, we as researchers must seek to understand why these critical health care professionals leave these patient-facing roles so that we may better provide solutions for practitioners.

### Job tension and intentions to leave

While the relationship between job tension and intentions to leave in the health care context has been established (e.g. Shader *et al.*, 2001), no studies to date have examined the relationship between job tension and intentions to leave direct patient care, which is the most critical issue facing the sustainability of the health care industry at this time. This distinction is important because patient-facing roles are different in nature than other health care positions, with patient-facing

roles more likely having more job tension due to increased workload requirements and more bureaucratic layers of approvals required before certain medical procedures are authorized by insurance providers. Job tension may be further exacerbated by the new ACA policies which now link payments to providers to quality outcomes in that physicians will be paid based on value rather than volume, with value determined by policy makers and patient satisfaction scores (Department of Health & Human Services, 2015). Likewise, with the health care shortages predicted, it is even more important for hospital administrators to understand the drivers impacting job tension and its potential effect on employee retention.

## Hypothesis development

An interesting vantage point to examining: (1) the influence of ACA on intentions to leave patient care; and (2) the demographic factors that might influence ACA perceptions is Trevino's (1986) person-situation interactionist model, which argued that both the person and the situation interact to influence behavior. While this model was intended to explain ethical decision-making behavior, it is very useful in the health care context, which often involves the interaction of the person (e.g. individual differences such as demographics) and the situation (e.g. job-specific contexts like level of job tension and job satisfaction). Together, these variables can help explain complex behaviors such as intentions to leave patient care. Based on this theoretical framework and the aforementioned literature review, we posit the following relationships (see [Figs. 1](#) and [2](#)):

**Hypothesis 1.** The percentage of administrative work conducted by health care providers will be positively related to negative perceptions of the ACA.

**Hypothesis 2.** The political affiliation of health care providers will influence perceptions of the ACA, such that those who affiliate as Republicans will have a more negative view of the ACA and those that affiliate as Democrats will have a more positive view of the ACA.

**Hypothesis 3.** The gender of health care providers will influence their perceptions of the ACA, such that men will have a more negative view of the ACA and women will have a more positive view of the ACA.

**Hypothesis 4.** The position type held by health care providers will influence their perceptions of the ACA, such that physicians, physician assistants, and nurse practitioners will have a more negative view of the ACA and nurses and other patient-facing but more administrative roles will have a more positive view of the ACA.

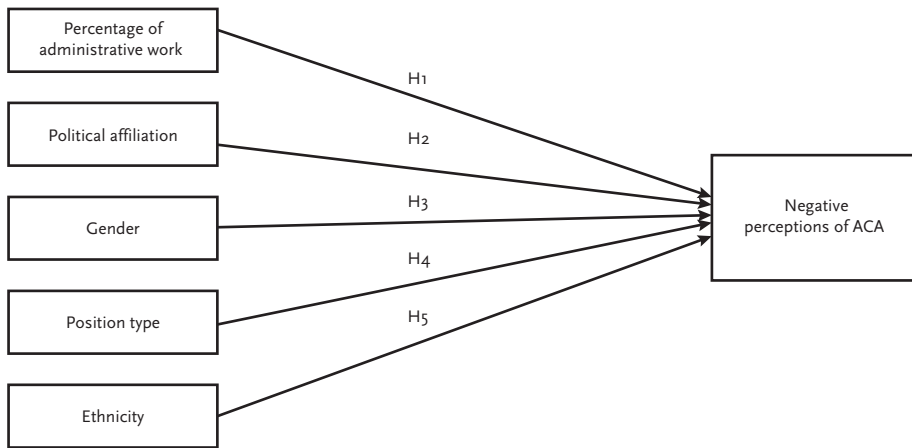
**Hypothesis 5.** The ethnicity of health care providers will affect their perceptions of the ACA, such that Caucasians and Asians will have a more negative view of the ACA and African-Americans and Latinos will have a more positive view of the ACA.

**Hypothesis 6.** Negative perceptions of the ACA are positively related with intentions to leave patient care.

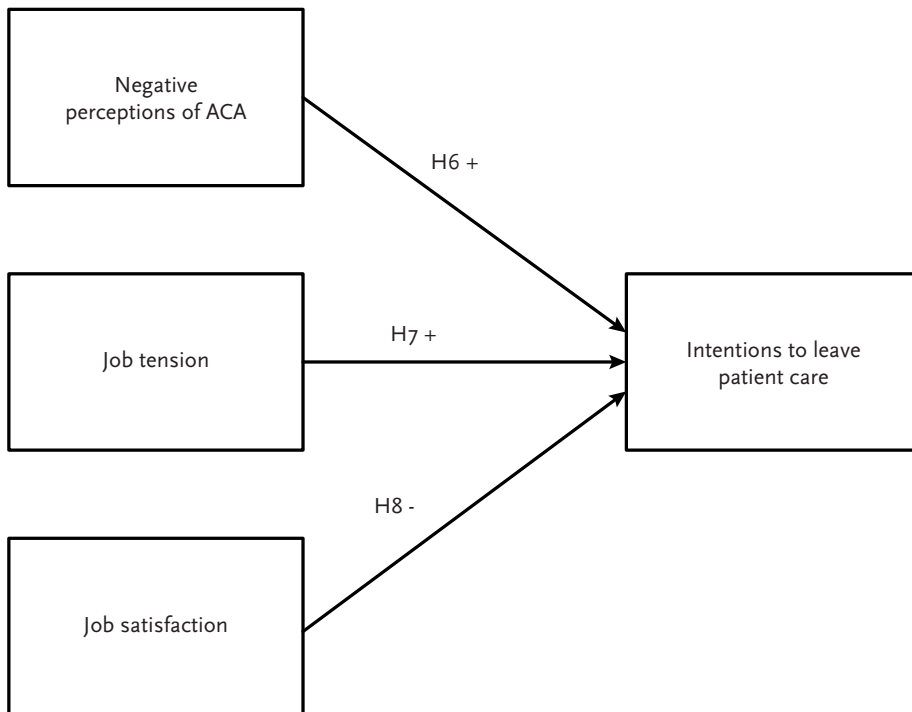
**Hypothesis 7.** Job tension is positively related with intentions to leave patient care.

**Hypothesis 8.** Job satisfaction is negatively related with intentions to leave patient care.

**Figure 1** Hypothesized model for categorical predictors and ACA perceptions



**Figure 2** Hypothesized model for intentions to leave patient care



## Methods

### Data collection

The patient data set includes responses from full-time health care providers enrolled in a university health care MBA program. The students either respond themselves based on their health care experiences as a patient-facing provider or suggest someone else from their organization that interacts in that capacity. Overall, the survey was made available to 169 students, with 146 students responding (approximately 86% response rate). Of those who responded, 14 were eliminated for completing the survey too quickly (under five minutes) and 31 were eliminated for incorrectly answering the control questions. Control questions included checks to ensure that the respondents were currently working in a patient-facing position in the health care industry. After eliminating these respondents, the final sample size was 101 ( $n = 101$ ). Given the exploratory nature of this study, we argue that this is an appropriate sample size to answer the research questions. This is supported by analysis of the statistical power of our study, which indicated that power is above 0.9 ( $K_b = 3$ ,  $L = 18.58$ ), indicating a low likelihood of making a Type II error.

Additionally, participants were asked to provide both personal and professional demographic information for the purposes of our study. Participants were 64% female, and the ethnic breakdown was as follows: 47% Caucasian, 20% Black or African-American, 12% Asian, 16% Hispanic or Latino, and 4% Other. Participant ages ranged from 23 to 63 (with the average age equaling 36) and held positions such as physician, physician assistant, and nurse.

### Measures

All measures were based on a 5-point Likert scale ranging from *strongly disagree/very dissatisfied* (1) to *strongly agree/very satisfied* (5) with *neutral* (3) as a midpoint. When answering the survey items, participants were asked to consider their most recent job in the health care industry.

#### Negative perceptions of ACA

To measure this construct, we created a new scale consisting of four items. A sample item includes “I preferred my work more before the ACA was implemented”. The Cronbach’s alpha for this exploratory scale is 0.811.

#### Intentions to leave patient care

To measure this construct, we used an existing intentions to leave scale (Colarelli, 1984) that consisted of three items. We then created four additional items specific to leaving patient care. Ultimately, the items loaded onto one factor rather than two, so both scales were combined. A sample item includes “I can see myself leaving patient care within the next few years”. The Cronbach’s alpha for this exploratory scale and these seven items is 0.783.



### Job satisfaction

To measure job satisfaction, the Minnesota Job Satisfaction Questionnaire (MSQ) was used. The MSQ was originally developed by Weiss *et al.* (1967) and was created to measure job satisfaction on a number of facets. The scale includes both intrinsic and extrinsic factors of satisfaction and is known to have high reliability, ranging from 0.85 to 0.91 (Fields, 2013). However, the scale was adapted to be more specific to the health care industry. In this study, the Cronbach's alpha for this scale is 0.926. A sample item includes, "The way my job provides steady employment".

### Job tension

We adapted the 15-item scale from Kahn *et al.* (1964). In previous research, the Cronbach's alpha for this scale has ranged from 0.80 to 0.89. In this study the Cronbach's alpha for these items is 0.893. A sample item includes "Feeling that you have too heavy a workload, one that you can't possibly finish during an ordinary workday".

### Categorical predictors of perceptions of ACA

Five categorical variables were examined as predictors for negative perceptions of ACA: gender, ethnicity, position type, percentage of administrative work, and political affiliation. While these demographics are typically used as control variables, we chose to use them as predictor variables to better understand the makeup of what type of individual is more likely to have negative perceptions of the ACA. Moreover, as Spector and Brannick (2011) state, "the distinguishing feature of control variables is that they are considered extraneous variables that are not linked to the hypotheses and theories being tested. Their role is assumed to be confounding, that is, producing distortions in observed relationships" (p. 2). We argue that these demographic characteristics are not confounding variables that need to be controlled for, but rather integral to theory and thus our treatment of them as predictor variables.

**Table 1** Descriptive statistics and correlations

Variable	M	SD	1	2	3	4	5	6	7	8
1. Negative Perceptions of PPACA	2.97	0.88								
2. Job Tension	2.31	0.68	0.14							
3. Job Satisfaction	3.92	0.62	-0.025	-0.406**						
4. Intentions to Leave Patient Care	4.29	0.79	0.062	0.478**	-0.447**					
5. Percentage of Administrative Work	3.44	1.51	-0.158	-0.086	0.242**	-0.7				
6. Political Affiliation	2.04	0.99	-0.202***	0.195	-0.165	0.093	-0.018			
7. Gender	1.65	0.478	0.025	0.046	0.136	0.078	-0.066	0.092		
8. Position Type	4.84	1.43	-0.027	-0.005	-0.1	0.196	0.162	0.074	-0.125	
9. Ethnicity	2.10	1.28	-0.259**	0.214***	-0.164	0.07	0.081	0.13	0.04	0.041

\*\* $p < 0.01$ , \*\*\* $p < 0.05$ , two-tailed.  $N = 101$

Percentage of Administrative Work: (1 = <10%, 2 = 10 – 15%, 3 = 16 – 25%, 4 = 26 – 50%, 5 = >51%)

Political Affiliation: (1 = Republican, 2 = Democrat, 3 = Independent, 4 = Other)

Gender: (1 = Male, 2 = Female)

Position Type: (1 = Physician, 2 = Nurse Practitioner, 3 = Physician Assistant, 4 = Nurse, 5 = Administrator, 6 = Other)

Ethnicity: (1 = Caucasian, 2 = Black or African-American, 3 = Asian, 4 = Hispanic or Latino, 5 = Other)

## Data analysis

Table 1 displays the descriptive statistics and correlations for the variables. We conducted an exploratory factor analysis (EFA) for the variables since scales were adapted to fit a health care context and two scales were completely exploratory. All of the items loaded above 0.40 (Hair *et al.*, 2010) with the exception of one item, which loaded at 0.359 and there were no issues with cross-loadings. To test hypotheses 1–5, five separate one-way ANOVAs were conducted in SPSS with negative perceptions of ACA as the dependent variable and each of the categorical variables as the predictors. In conjunction with the ANOVAs, the homogeneity of variance assumption was tested and met. For hypotheses 6–8, a multiple regression analysis was conducted in SPSS, with intentions to leave patient care as the dependent variable and negative perceptions of ACA, job tension, and job satisfaction as the independent variables. Regression assumptions were checked and none were violated. Lastly, a post-hoc analysis (via two simple regressions) was conducted to test the relationship between negative perceptions of ACA and job tension in addition to the relationship between negative perceptions of ACA and job satisfaction.

## Results

Out of the five hypothesized predictors in model 1 (percentage of administrative work, political affiliation, gender, position type, and ethnicity) only two were significant. The two significant predictors of negative perceptions of ACA were political affiliation ( $F(3, 97) = 13.509, p < 0.001, n^2 = 0.295$ ) and ethnicity ( $F(4, 96) = 7.285, p < 0.001, n^2 = 0.233$ ). The ANOVA results can be found in Table 2.

**Table 2** Analysis of variance results

Categorical Variable	Sum of Squares	df	Mean Square	F	$n^2$
Administrative Work	4.233	4	1.058	1.373	0.054
Political Affiliation	23.06	3	7.69	13.51	0.295
Gender	0.048	1	0.048	0.061	0.001
Position Type	3.56	6	0.593	0.747	0.045
Ethnicity	18.22	4	4.55	7.29	0.233

$N = 101, p < 0.01, DV =$  Negative Perceptions of PPACA

To test the hypothesized model 2, a multiple regression analysis was conducted with intentions to leave patient care as the dependent variable and negative perceptions of ACA, job tension, and job satisfaction as the predictors. The hypothesized model was significant ( $F(3, 97) = 14.181, r^2 = 0.305, p < 0.001$ ). However, only two of the three predictors were significant: job tension ( $\beta = 0.414, p < 0.001$ ) and job satisfaction ( $\beta = -0.388, p < 0.01$ ). The results of the regression analysis are found in Table 3. The Cohen's  $f$  for the multiple regression analysis was 0.44, indicating a large effect size.

**Table 3** Multiple regression analysis results for intentions to leave patient care

Variable	$\beta$	S.E.	df	F	$R^2$	Adjusted $R^2$
Constant	3.13*	0.670	3.000	14.180	0.305	0.283
Negative Perceptions of PPACA	0.004					
Job Tension	0.414*					
Job Satisfaction	-0.388					

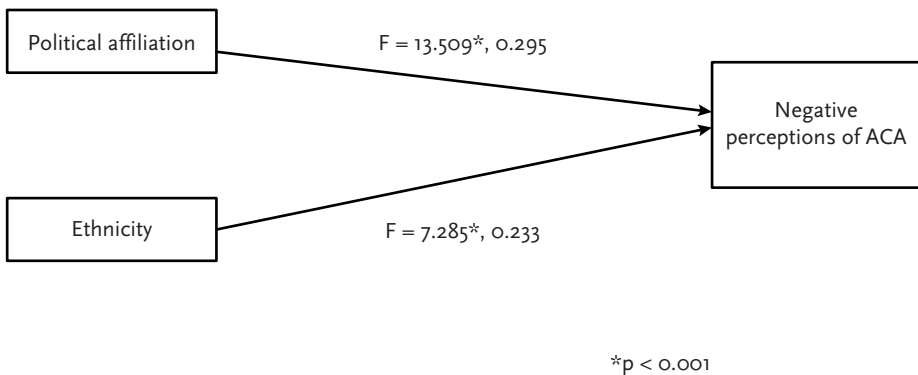
$N = 101, *p < 0.001, **p < 0.01$

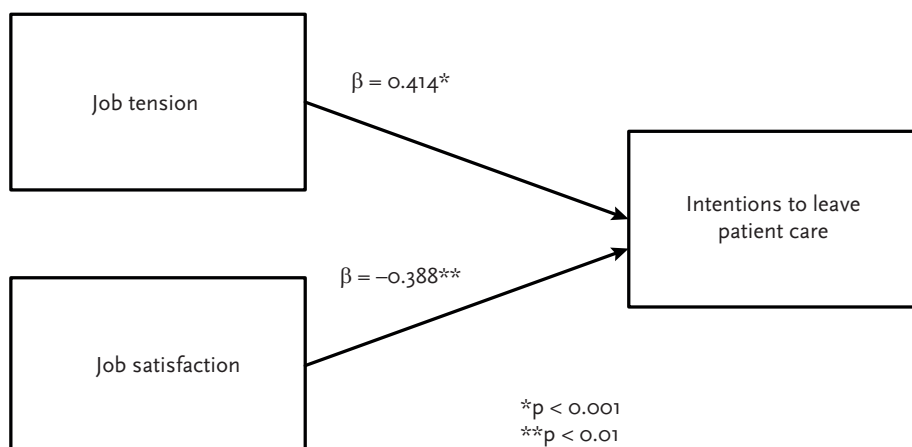
Lastly, a post-hoc analysis tested the relationship between negative perceptions of ACA and job satisfaction and job tension. However, these relationships were non-significant.

## Discussion

The purpose of this exploratory study was to empirically test what opponents of the ACA have argued: that the legislation and policy changes will cause health care professionals to leave patient care. Moreover, we examined the potential predictors of negative perceptions of the ACA to help health care administrators better understand how to address those concerns. Lastly, we sought to understand the relationship between job tension and job satisfaction and intentions to leave patient care. The aforementioned analysis suggested that both political affiliation (H2) and ethnicity (H5) were substantial, significant predictors of negative perceptions of ACA while, interestingly, the percentage of administrative work, gender, and position type had non-significant effects on these negative perceptions. This finding is interesting because one of the biggest criticisms of the ACA was that physicians and nurses would leave patient care as a result of the legislation. Yet, findings indicated no difference among the multiple position types held. However, as expected, political affiliation was found to be a predictor of negative perceptions of this legislation, as support has typically been split along political party lines, and ethnicity is sometimes correlated with political affiliation. Likewise, the finding that job satisfaction (H8) is negatively related and job tension (H7) is positively related to intentions to leave patient care supports previous research on the negative link between job satisfaction, job tension, and intentions to leave (Williams and Skinner, 2003; Williams *et al.*, 2010). Additionally, given the large effect size ( $f = 0.44$ ), the effects can be seen in small populations. Figures 3 and 4 depict the results of both models.

**Figure 3** Results model for categorical predictors and ACA perceptions



**Figure 4** Results model for intentions to leave patient care

Perhaps the most interesting finding was the relationship in model 2 that was found to *not* be significant: the relationship between negative perceptions of ACA and intentions to leave patient care. We believe this is the first study to empirically examine this relationship to see if the concern for the future of the health care profession is warranted or a little overestimated. These results, while exploratory and needing further validation with a larger sample size and across more contexts, suggest that these concerns are unwarranted as even the post-hoc analysis suggested that these negative perceptions did not affect job tension or job satisfaction, which were the only variables tested that were found to be predictors of intentions to leave patient care.

There are two main contributions to theory as a result of this study. The first contribution is that this study is the first to empirically test the relationship between negative perceptions of the ACA and intentions to leave patient care. Our finding of this non-significant relationship is interesting and warrants future research to better understand whether this result is an artifact of our methodology or due to some other underlying reasons since industry analysts posit that a relationship does exist. This has important implications for theory in that health care researchers should seek to understand why this relationship is non-significant. Second, the study indicates that both ethnicity and political affiliation are significant predictors of negative ACA perceptions, which extends our understanding of this little-studied construct. Additionally, we contribute to the literature through the creation and validation of two new scales: negative perceptions of ACA and intentions to leave patient care.

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## Implications for sustainability of health care professionals

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Even greater than the implications for theory are the implications for sustainability of health care professionals. For instance, the finding of a non-significant relationship between negative ACA perceptions and intentions to leave patient care has important implications for health care organizations. This indicates that the ACA has less of a detrimental effect on turnover and intentions to leave than was predicted by industry analysts. This means that, rather than focusing on the ACA and its effects, organizations should focus on other areas (e.g. job tension and job satisfaction) if they want to decrease turnover and increase employee sustainability. By understanding what does and does not lead to health care professionals leaving patient care, health care organizations can increase not only employee sustainability, but more importantly, improve the sustainability of the health care industry as a whole.

As discussed by Russ-Eft (2014), sustainable organizations are those that can effectively adapt to changes in the global and organizational context. At least for now, the ACA appears to continue to be a divisive issue among many health care professionals. Therefore, it is important to effectively address employee concerns to ensure that employees feel engaged in the process of integrating policy changes required by this new legislation. Since both job tension and job satisfaction were both predictors of intention to leave patient care, managers should explore ways to reduce workplace tension caused by the implementation of new reimbursement policies and procedures as well as increasing employee engagement through quality circles and other areas where employees could contribute suggestions to improve job satisfaction.

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## Limitations and future directions

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Although this study provides many unique contributions to the health care literature, there are limitations to the study. For instance, due to the research design there could be issues with common method biases, although methods were taken a priori to reduce this through design techniques including protecting respondent anonymity to reduce over-inflation of the self-reports (Podsakoff *et al.*, 2003). Respondent completion time was also considered prior to survey launch and minimized to control for respondent fatigue. However, the primary limitation of this study is the use of convenience sample data. Although the MBA students were working full-time in the health care industry, this could affect the generalizability of the findings. One could argue that the respondents' enrollment in a health care MBA program could create a bias as this sample could inherently have more faith in the ACA or in the future of health care in general, thus the resulting non-significant relationship between negative perceptions of the ACA and intentions to leave patient care. Given the exploratory nature of our study, more work is needed to replicate our research with a larger sample size.

Future research could include testing our instrument across different types of health care organizations. Particularly, multilevel modeling (MLM) would be useful to analyze subgroup differences, possibly providing more insight into who might hold these negative perceptions, and under what circumstances they might significantly predict intentions to leave patient care. While we detected no subgroup differences, this could be a result of our sample size, in spite of the statistical power and effect size of our study. Moreover, despite the significance of both political affiliation and ethnicity as predictors, there is still unexplained variance in negative perceptions of ACA that should be investigated, given the importance of the health care industry to society at large. This variance could be explained by other demographic factors that were not tested or could be due to an artifact of the sample, so this would be an interesting area for future research. Lastly, future research could re-test our scales (despite the good reliabilities found), as this was exploratory research.

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## Conclusion

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This research addresses the debate on the ACA and its effects on health care providers leaving direct patient care by empirically showing no relationship between negative perceptions of the ACA and intentions to leave patient care, contrary to predictions by both the authors and industry analysts. Hospital administrators should therefore focus less on the negative perceptions of the ACA, and instead, devote efforts to influencing the provider reimbursement policies that modify payments to physicians and hospitals based on a determination of the quality of care provided to patients. Additionally, predictors of these negative perceptions were identified and new scales were developed. Political affiliation and ethnicity were determined to be significant predictors of negative perceptions, while the percentage of administrative responsibilities, gender, and position type were not significant predictors. Although negative perceptions of the ACA were not shown to impact the intention to leave direct patient care, the culture of the organization may be influenced by employees with negative perceptions of these governmental health care policies. Change management strategies should include communications regarding the new regulations and reimbursement policies to reduce ambiguity and stress that may exist due to current negative perceptions of the ACA by some health care providers. As greater emphasis is placed on retaining qualified health care professionals in patient-facing roles, it is increasingly important to understand the drivers that affect employee turnover. This study showed that job dissatisfaction and increased job tension are positively related to intentions to leave patient care, so it is necessary to continue to find ways to increase job satisfaction and lower job tension within the current health care system. Despite these advancements, more research should be conducted to expand the understanding of the impact provider perceptions of the ACA, job tension, and job satisfaction have on employee turnover in patient-facing roles.

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