

Selected Predictors of Organizational Commitment among Nurses, In Divisional Hospitals, the Republic of Fiji

Mr. Osea K. Masilaca (MNS, BNS, DIP.NSG)

* Mrs. Litia Sili (PGCMH, BNS, NC)

Corresponding Author: Mr. Osea K. Masilaca

Abstract: Introduction: As demand for nurses outweighs supply, employers need to ascertain factors that will make their nurses committed to the organization to retain them, as recruitment is a costly exercise. This descriptive predictive study aimed to explore the level of organizational commitment and determine how job satisfaction, perceived organizational support and transformational leadership influence this.

Method: The sample included 348 nurses selected from 3 divisional hospitals in The Republic of Fiji. Random proportional stratified sampling was used. Research instruments included Organizational Commitment Questionnaire, Survey of Organizational Support Scale and the Multifactor Leadership Questionnaire. Descriptive and Inferential Statistics were used to analyze the data.

Results: The overall response rate was 70%. The majority of participants 223(91%) were females and 21(9%) were male. The level of organizational commitment was high (\bar{x} = 5.11, SD = 0.83). The selected predictors explained 10% of the variability of nurse's organizational commitment where organizational support (β = .22) was the strongest predictor, job satisfaction (β = .17), and transformational leadership (β = -.02) the least strong predictor.

Key Words: Organizational Commitment, Job Satisfaction, Perceived Organizational Support, Transformational Leadership, Divisional Hospitals, and Nurses.

Date of Submission: 04-12-2019

Date of acceptance: 17-12-2019

I. Introduction:

Organizational commitment which is “the relative strength of an individual’s identification with an involvement in an organization ”(Mowday, Porter, & Steers, 1982 where the core concept is employees want to, “need to”, or “feel they should remain in the organization (Allen & Meyer, 1997) This has important outcomes for organizations (Tosun & Ullisoy, 2017) as employers need to ascertain the factors that will make their nurses committed to the organization so as to retain them as recruitment is a costly exercise and it does impact the quality of nursing care.

A plethora of studies reveal factors associated with organizational commitment range from distributive and procedural justice along with conflict and trust (Lambert, Hogan, & Griffin, 2007; Moye, 2003). Leadership style, organizational culture, and personality type also influence organizational commitment, which is evidenced by the organizations criteria for selection for employment in the organization (Zangaro, 2001). Wagner (2007) found that the length of employment was the key moderating variable among staff nurses organizational commitment. Since organizational commitment is a multidimensional broad construct it is difficult to define precisely (Tobin, 2011) also considering the different settings studies had been conducted. Organizational commitment can be achieved by offering job security whilst on the other hand regular promotions are becoming impractical for many organizations (Arnold, 2005). Meyer and Allen (1997) suggested that managing organizational commitment is through ‘resuscitating the survivors of change’ due to restructuring that often involves significant downsizing that results in a negative impact on the survivor's moral and organizational commitment.

Job satisfaction which refers to the positive affect towards employment or an overall state of satisfaction (Mueller & McCloskey, 1990) or an “effective feeling that depends on the interaction of employees, their personal characteristics, values and expectations with the work environment, and the organization (Cumbey & Alexander, 1998) has been to be positively correlated with organizational commitment (Kirsch, 1990; Koop, 1995; Smith, 1996; Al-Aameri, 2000; Siew, 2011). Herzberg’s two factor theory of job satisfaction clearly demarcates the factors that enhances job satisfaction such as recognition of achievement, work the employees do, and promotion to mention a few and job dissatisfaction was prompted by supervision, salary, organizational policy, and interpersonal relationship (Herzberg, 1996). Studies have revealed that when nurses had a high level of job satisfaction it translated in to a high level of organization commitment (Al-Hussaini, 1990; Al-Aameri, 2000, Gregory, Way, Barrett & Parfrey, 2007; Sikorska-Simmons, 2005; Shore & Lamb, 1998; Wu & Norman,

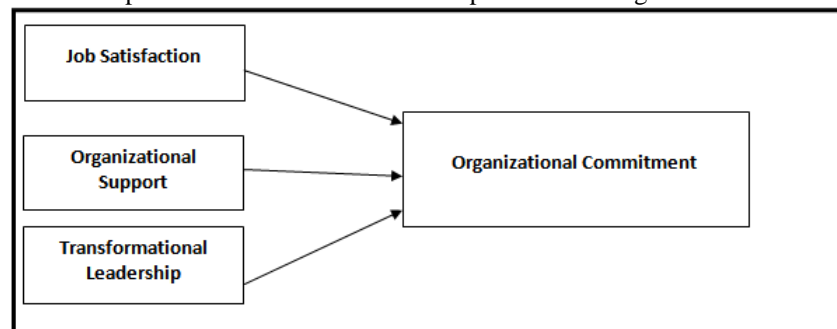
2006) meaning satisfied nurses were committed to their organization and had the intention to stay (Ingersoll et al, 2002; Fang, 2001; Tsai & Huang, 2007).

Perceived organizational support refers to employees perception concerning the extent to which the organization values their contribution and care about their well-being (Eisenberger, Huntington, Hutchinson, & Sowa, 1986) The dimensions for perceived organizational support consist of elements for social exchange where employees trust that organization they work in, are provide rewards and value their accomplishments valued ; and the organization trusts that the employees will perform better at work (Shore & Wayne, 1993). Studies by Rhodes and Eisenberger (2002), Shore and Shore (1995) along with Carlson, (2005) have shown relationships between perceived organizational support and antecedents such as fairness, supervisor support, organizational rewards, favorable job conditions, ethical climates. Negative relationship with absenteeism was reported by Eisenberger and colleagues (1986), Adebayo and Nwabuoku (2008); and turnover intention (Tumwesigye, 2010) while positive relations were shown with effort-reward expectancies, in role performances and prosocial behaviour (Uymaz, 2014) and proactive citizenship behaviour (Shore & Wyane, 1993, Chu & Lee, 2006; Young, 2012) while Rhodes and colleagues (2001) summarized that perceived organizational support led to a change in an effective organizational commitment and not the reverse.

Transformational leadership seeks and welcomes input from followers where goals are formulated and decisions made thru collaboration, consultation, and consensus seeking (Markham, 1998). It reflects a leader who motivates followers to perform to their full potential over time by influencing a change in perceptions and by providing a sense of direction (Huber, 2010) it also refers to “when one person takes the initiative in making contact with others for the purpose of an exchange of valued things” (Burns, 1978, p.19). On the dimensions of transformational leadership, Bass and Avolio (1992) asserted that it is compounded by the core factors of idealized influence, inspirational motivation, intellectual stimulation and individualized consideration. Upenieks (2003) asserts that transformational leadership depict dimensions such as supporting staff nurses with resource to do their job, being visible and visionary, being credible and honest, being articulate and knowledgeable, and supporting advancement and educational opportunities while Cummings and colleagues (2010) explained that transformational leaders have a vision for what the organization can be and shares that vision with others to stimulate and inspire followers to exceed their own self-interests for a higher purpose. Transformational leadership was positively correlated with and was also a strong predictors of organizational commitment (Limsila & Ogunlana, 2008; Lo, et al. 2010; Erkutlu, 2008; Tremblay, 2010; Rowden (2000); Yousef (2000). However, Savery (1991) found that while there was a significant relationship between leadership styles and organizational commitment it was found that there were no moderating impacts between them. Inconsistency in findings of the relationship between leadership style of which transformational leadership a subset of and organizational commitment exists.

The Republic of Fiji, a Small Island Developing State (SIDS), formal nursing began with Ms. Webber in the 1860 is a student of Florence Nightingale (Usher, 2004). Nursing evolved in terms of education and administration. Recently in 2015, the undergraduate nursing curriculum was upgraded to degree level, the scope of nursing practice, licensing, registration and promotion policies were tailored. Policies on merit and a new interview process for promotion was enforced which saw some nurse managers demoted from their positions which they had held for a number of years. Since majority of the nurses were diploma graduates, an influx of nurses upgrading their qualification from diploma level to degree was apparent. The relationship and influence job satisfaction, perceived organizational support and transformational leadership on organizational commitment has not being investigated in The Republic of Fiji context. Therefore, this study aimed to test a model that links nurse’s job satisfaction, perceived organizational support and transformational leadership and their impact on organizational commitment among nurses in divisional hospitals in The Republic of Fiji.

Figure 1: Conceptual framework of the selected predictors of organizational commitment.



II. Methodology:

Design, Setting & Samples

This descriptive predictive study investigated the predictive ability of job satisfaction, perceived organizational support and transformational leadership on the dependent variable organizational commitment. Three main teaching hospitals Colonial War Memorial Hospital, Lautoka Hospital and Labasa Hospital in the Republic of Fiji were study settings. Sample size of 348 nurses was calculated using Yamane's (1973) formula and a 20% of sample was included for possible loss of participants (Krejcie & Morgan, 1970). Proportional stratified random sampling was instituted.

Instrument & Data Collection

Four validated questionnaires used are Organizational Commitment Questionnaire (OCQ) (Meyer et al, 1993; Minnesota Satisfaction Questionnaire (MSQ) – Short form; Survey of Perceived Organizational Support (SPOS) (Eisenberger Huntington et al (1986) and Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 1992). The reliability of the four aforementioned instruments were tested on 20 nurses who were not part of the sample. Cronbach's Alpha calculated measured 0.70, 0.91, 0.75 & 0.93 respectively. In addition to the questionnaires, demographic profiles including gender, age, tenure, in-service training attended, and clinical setting working in were sought.

Three hundred and thirty-six (336) questionnaires were randomly distributed to registered nurses who had worked for more than one year in their departments.

Ethics Approval

Ethical approval was sought from the College of Medicine, Nursing and Health Sciences, Office of Pro. Vice Chancellor (Research) Fiji Nationality University and the Ministry of Health (Fiji). The Divisional Hospitals' Managers and the Directors of Nursing were informed of the study's objectives and the data collection plan.

Data Collection Procedure

The research package included participant information sheet, informed consent forms, and questionnaires were distributed to the selected sample. The participant information sheet introduced the researchers, invited the participants, and explained the objectives of the study, timeframe, method of assurance of anonymity and confidentiality and the right to withdraw at any time without any negative consequences. The returned questionnaires were collected every week for a period of 2 months.

Statistical Analysis

The returned questionnaires were checked for completeness and analyzed using the SPSS software package (SPSS Windows, version 21.0, SPSS Chicago, IL, USA). Demographic data of subjects was summarized using counts and percentages, the overall scores for organizational commitment, perceived organizational support, job satisfaction and transformational leadership were used analyzed using mean and standard deviation. Factors predicting organizational commitment were tested using stepwise multiple regression after all the assumptions of multiple regression including normality of distribution, linearity and homoscedasticity were met.

III. Results:

Table I: Summary of the characteristics of the sampled nurses.

| Characteristic of the Subjects | n | % |
|--|-----|-------|
| Gender | | |
| Male | 21 | 8.60 |
| Female | 223 | 91.40 |
| Total | 244 | |
| Department tenure (\bar{x} = 5.11, SD = 5.06, Range = 44 - 1) | | |
| 1 - 5 years | 168 | 68.90 |
| 6 - 10 years | 50 | 20.50 |
| 11- 15 years | 17 | 7.00 |
| 16 - 20 years | 7 | 2.90 |
| 21 - 25 years | 2 | 0.80 |
| Participation in training programs | | |
| Yes | 203 | 83.00 |
| No | 41 | 17.00 |

| | | |
|---|-----|-------|
| Number of training programs attended (\bar{x} = 2.4, SD = 3.09, Range = 0 – 20) | | |
| 0 (Nil) training | 77 | 31.60 |
| 1 – 5 trainings | 138 | 56.60 |
| 6 – 10 trainings | 20 | 8.10 |
| 11 – 15 trainings | 8 | 3.30 |
| 16 – 20 trainings | 1 | 0.40 |
| Number of ward meetings in the past 6 months (\bar{x} = 2.43, SD = 3.09, Range = 0 – 20) | | |
| 1 – 5 meetings | 160 | 65.57 |
| 6 – 10 meetings | 79 | 32.38 |
| 11 – 15 meetings | 2 | 0.82 |
| 16 – 20 meetings | 3 | 1.23 |

Two hundred and forty-four (244) valid questionnaires were analyzed, representing a 70% response rate. The demographic data revealed that 223 (91%) were females, 67(27.5%) worked in intensive care units, 43 (17.6%) in medical, 42(17.2%) maternity, 40 (16.4%) surgical, 31 (12.7%) clinics and 21 (8.6%) pediatric unit. Majority of the nurses 168 (69%) worked for less than 5 years in their various units and 144 (59%) of the nurses have worked for more than 5 years as a registered nurse. Most of the nurses 197 (80.7%) have participated in training programs within the past one year and majority 236 (98%) do eight hour shifts. More than half 160 (65.57%) indicated that there were at least 5 ward meetings conducted in their respective wards in the past 6 months.

Table II: Number and percentage of nurse’s sample classified by levels of organizational commitment.

| Variable | Level of OC | n | Variable % |
|---------------------|-------------|-----|------------|
| Overall Score of OC | | | |
| 1.00 – 3.00 | Low | 2 | 0.82% |
| 1.01 – 5.00 | Moderate | 70 | 28.69% |
| 5.01 – 7.00 | High | 172 | 70.49% |

Table II shows that the overall score of organizational commitment (OC) ranged from 1 – 7 (\bar{x} = 5.11, SD = 0.83); 70.49% of the subjects perceived a high level organizational commitment, 28.69% perceived a moderate level of organizational commitment and 0.82% perceived low level of organizational commitment.

Table III: Mean, standard deviation and range of factor predicting organizational commitment

| Variables | Range | Mean | SD |
|----------------------------------|-------|------|------|
| Job Satisfaction | 1 – 5 | 3.54 | 0.20 |
| Perceived organizational Support | 1 – 7 | 3.19 | 1.14 |
| Transformational Leadership | 1 – 5 | 2.17 | 0.78 |

Table III shows the mean scores for the predictors variables job satisfaction was 3.54 (SD = 0.20, Range = 1 – 5), perceived organizational support was 3.19 (SD = 1.14, Range = 1 – 7), and transformational leadership was 2.17 (SD = 0.78, Range = 1 – 5).

Table IV: Multiple regression analysis of the factors predicting organizational commitment.

| Variables | B | β | SE | t | p |
|-----------------------------|-------|---------|------|-------|--------|
| Organization support | 0.30 | 0.22 | 0.09 | 3.29 | 0.00* |
| Job satisfaction | 0.15 | 0.17 | 0.06 | 2.49 | 0.00** |
| Transformational leadership | -0.01 | -0.02 | 0.05 | -0.35 | 0.73 |

R = 0.31, R² = 0.10, Adjusted R² = 0.08, F = 8.44, *p < .05, **p < .01

Table IV shows that organizational support had the strongest predicting power (β = 0.22, p < 0.05) followed job satisfaction had the strongest predicting power (β = 0.17, p < 0.01) while transformational leadership was insignificant. Overall, all the predictors could explain 10% of variability in organizational commitment among nurses.

IV. Discussion:

Organizational commitment among nurses in The Republic of Fiji was at a high level (\bar{x} = 5.11, SD = 0.83); as reported by more than half of the subjects. This indicates nurse's loyalty to the hospitals they work in and could imply their strong intentions to stay in their present hospitals. High level of organizational commitment could be attributed to majority of the nurses having less than 10 years of work experience, a very young generation of nurses, most of the nurses had a department tenure of less than 5 years, most of the nurses reported involvement in about five training programs and have participated in five ward meetings in the past 6 months. This is a young generation of nurses who are yet to establish themselves in the profession and the organization.

Additionally, The Republic of Fiji – Ministry of Health mandated nurses to upgrade their qualifications to degree level. Nurses who could not secure scholarships through the ministry of health and other agencies were encouraged to do so privately and flexibility with department rosters at department levels through the unit nurse managers was recommended. In-service trainings in the field of cardiac, oncology, infection control, emergency obstetrics, non-communicable diseases were some trainings organized that involved nurses from the different department. Nurses may have also viewed the recent application of policies on job promotions by the government as transparently fair, making allowances for any nurse to apply for a position once the incumbent's contract expires. The change in nursing leadership at department level may have also contributed to the low level perception of transformational leadership.

The predictor variables: organizational support, job satisfaction and transformational leadership could explain 10% of the variance in organizational commitment hence the other 90% could be explained by other factors not explored in this study. Regarding organizational support the strongest predictor ($\beta = 0.22$, $p < 0.05$) of organizational commitment, the findings were consistent with previous studies ((Eisenberger, Huntington, Hutchinson, & Sowa, 1986; Shore & Wayne, 1993; Rhodes & Eisenberger, 2002; Shore & Shore, 1995; Carlson, 2005; Eisenberger et al.; 1986; Adebayo & Nwabuoku 2008; Uymaz, 2014; Shore & Wyane, 1993; Chu & Lee, 2006; Young, 2012; Rhodes et al., 2001). This can be attributed to the increased involvement in training and meetings, support for upgrading of their qualifications and the policies mandated by the government for job promotions, which the nurses viewed as a fair mechanism.

Job satisfaction as a predictor ($\beta = 0.17$, $p < 0.01$) found that nurses who were satisfied with their organization were committed to their organization. Job satisfaction in the aspects of policies and regulations that promoted fairness was apparent in this study. The results were congruent with previous studies (Hertzberg, 1996; Al-Hussaini, 1990; Al-Aameri, 2000; Gregory, Way, Barrett & Parfrey, 2007; Sikorska-Simmons, 2005; Shore & Lamb, 1998; Wu & Norman, 2006). Nurses workplace achievement, type of work they do, and promotion policies tailored in the organization, enhanced nurse's job satisfaction. This results in commitment to the healthcare organization that eventually stimulates intent to stay which economical for the organization.

Transformational leadership ($\beta = -0.02$, $p > 0.05$) was not positively nor a significant predictor of nurse's organizational commitment. This may be attributed to the recent change in policies for promotions and there were indications that nursing leaders need to recognize their nurses on the job they do, enhance collegial and professional relationship, and display effective communication. Findings of this study did not reflect studies previously reviewed (Limsila & Ogunlana, 2008; Lo, et al. 2010; Erkutlu, 2008; Tremblay, 2010). Additionally, this study differs from that of Savery (1991) in that while there was a positive correlation and no predicting power this study was negative to both. Previous studies (Saleh & Limerick, 2018; Asiri et al. 2016) caution that transformational leadership does have an impact on organizational commitment which nursing leaders in this setting should consider.

V. Conclusion:

This study aimed to test a model that links nurse's job satisfaction, perceived organizational support and transformational leadership and their impact on organizational commitment. The results of this study show that job satisfaction and organizational support as strong predictors of organizational commitment whilst leadership style in this study setting was insignificant. The current study builds on existing literature on the impact organizational support, job satisfaction and leadership styles have on organizational commitment. Nursing leaders could utilize the findings of this study to address leadership issues, tailor policies, set strategies that enhances nurse leaders training on leadership, and utilize the results as baseline information for future research.

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Mr. Osea K. Masilaca "Selected Predictors of Organizational Commitment among Nurses, In Divisional Hospitals, the Republic of Fiji" *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.06 , 2019, pp. 01-07.