Factors Predicting Organizational Commitment Among Nurses in State Hospitals, Malaysia

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Introduction

- Nursing shortage is a main problem in the healthcare settings and it is a major symptom of high turnover rate in the healthcare industry.

- High nurse turnover can increase costs of the organization (Waldman, Kelly, Arora & Smith, 2004) and negatively impacts organization's capacity to meet patient's need by interrupting the continuity of patient care (Shields & Ward, 2001).

Introduction

- Nursing organizations in Malaysia are under the Ministry of Health (MOH) and nursing personnel are a large portion of the health care workforce.

- Approximately, two-third of Malaysian nurses are working with government and they are encouraged to work full time.

- The turnover rate of nurses in Malaysia had increased more than 50% from the year 2005 to the year 2010 (Nursing Board, Malaysia, 2010).

Introduction

- Malaysia also faces the migration of nurses with an attrition rate of 400 per year (Ahmad, 2011).

- Because of this situation, Malaysia facing a deficit of 7, 000 nurses per year and it is estimated that a total of 70, 000 nurses are required by the year 2020 (Ahmad, 2011).

Research Objectives	Research Questions
1. To determine the level of organizational commitment among nurses in state hospitals, Malaysia	1. What is the level of organizational commitment among nurses in state hospitals, Malaysia?
2. To determine the predictability in organizational commitment that can be explained by the factors including perceived organizational support (POS), components of job satisfaction including pay, autonomy, task requirement, organizational policies, interaction, professional status as well as years of experience among nurses in state hospitals, Malaysia.	2. How much of predictability in organizational commitment can be explained by the factors including POS, components of job satisfaction including pay, autonomy, task requirement, organizational policies, interaction, and professional status as well as year of experience of nurses in state hospitals, Malaysia?

Conceptual Framework

Perceived Organizational Support

Components of Job Satisfaction
- Pay
- Autonomy
- Task Requirement
- Organizational Policies
- Interaction
- Professional status

Years of Experience

Organizational Commitment
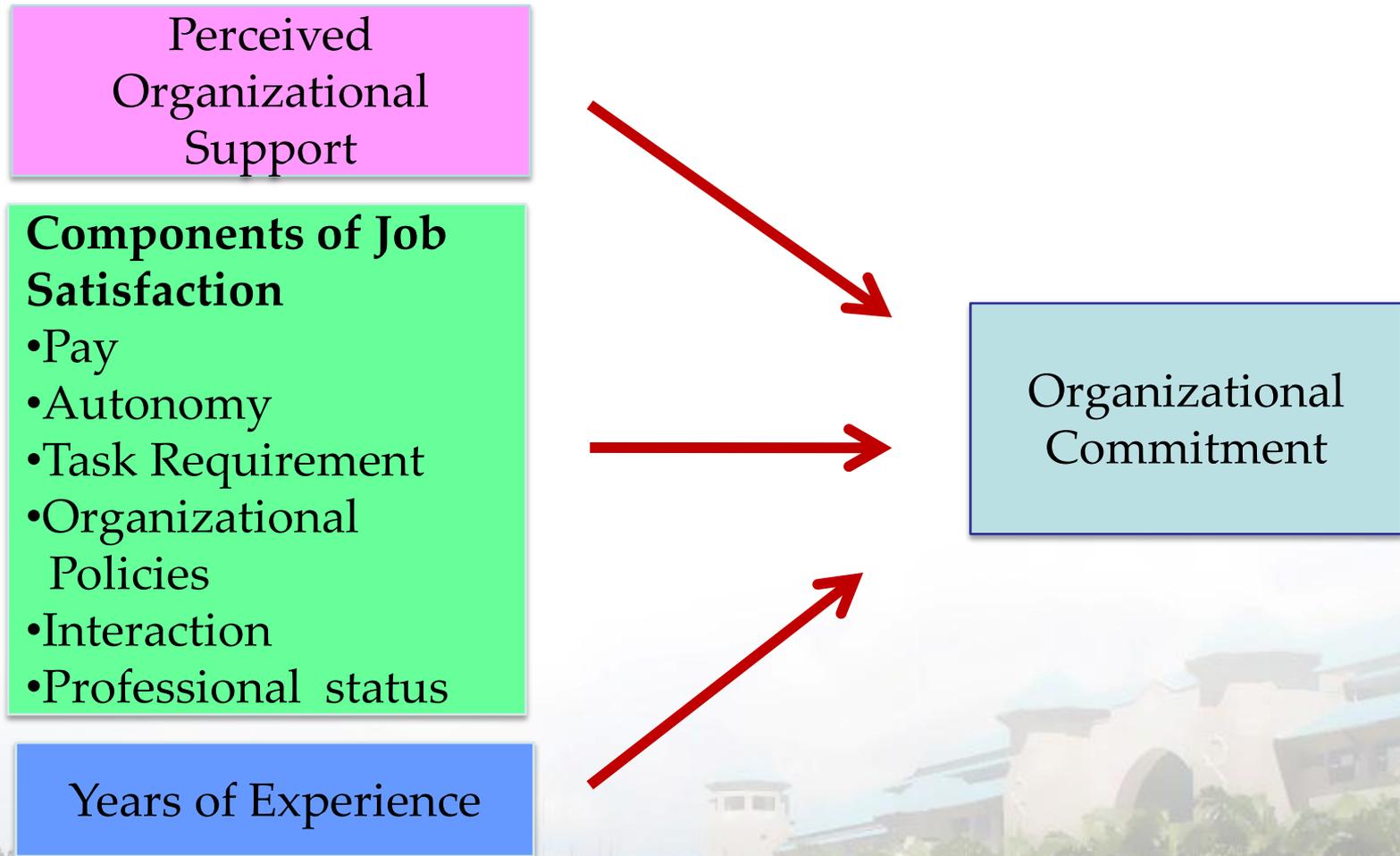
Methodology

- Research Design - descriptive and predictive study design.

- The target population - nurses who were worked in clinical area of the 12 state hospitals in Peninsular Malaysia.

- Inclusion criteria – nurses who were full-time staffs of state hospitals and worked in their positions for at least six months.

Methodology (Cont.)

Sampling Method

- Twelve state hospitals in Peninsular Malaysia were divided into four main regions.

- Four hospitals were selected from each region.

- Sample was selected – random sampling method.

- Sample size - 480 registered nurses

Methodology (Cont.)

- Fifty-five of 471 questionnaires were excluded due to incompletion.

- A total of 416 questionnaires were finally analyzed.

- Response rate – 87%

Methodology (Cont.)

- Research Instruments

  - Part I: Demographic Data Form

  - Part II: Survey of Perceived Organizational Support [SPOS] (8 items)

  - Part III: Index of Work Satisfaction [IWS] (44 items)

  - Part IV: Organizational Commitment Questionnaires [OCQ] (9 items)

Methodology (Cont.)

Quality of the Instruments (20 subjects)

| Instruments	Cronbach's Alpha
SPOS	.80
IWS	.80
Pay	.72
Autonomy	.70
Task requirement	.67
Organizational Policies	.68
Interaction	.69
Professional status	.69
OCQ	.95

Methodology (Cont.)

Data Analysis Procedure

- Demographic data - frequency, percentage, mean and standard deviation.

- The overall scores of organizational commitment - using mean, and standard deviation.

- Factors predicting organizational commitment - stepwise multiple regressions analysis.
  {All assumptions of multiple regression were met}

Findings

PART II: The level of organizational commitment of the subjects

Findings (Cont.)

Level of Organizational Commitment

Legend:
- Low (red)
- Moderate (blue)
- High (green)

6.97%

48.80%

44.23%

M = 4.97, SD = 1.20, Range = 1.56 -7.00

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Findings (Cont.)

PART III: Factors predicting the organizational commitment
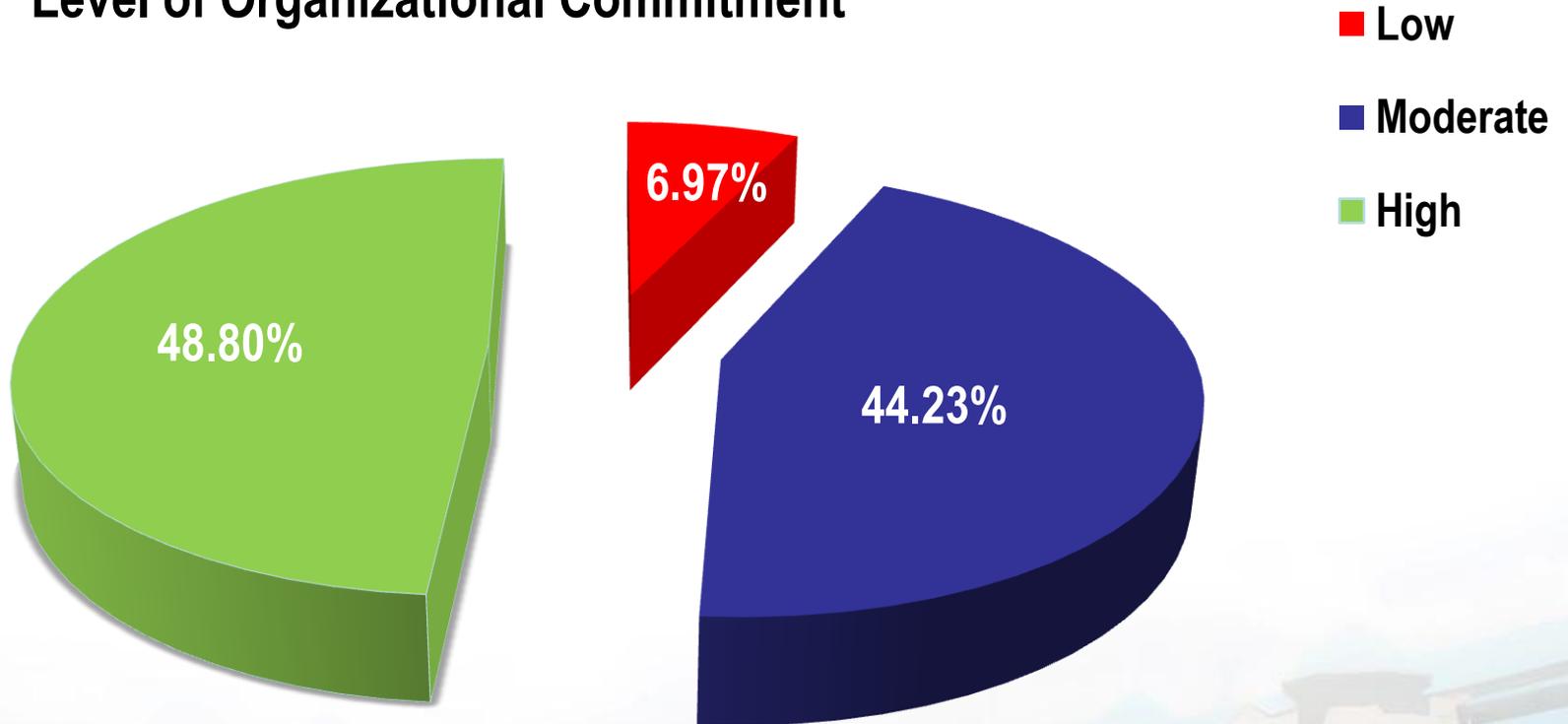
Findings (Cont.)

Results of multiple regression (n = 416)

Variables	B	β	SE	T	P
Professional Status	.76	.52	.05	12.47	.00**
Autonomy	.29	.17	.08	3.90	.00**
Interaction	.20	.13	.07	2.89	.00*
Task requirement	.18	.11	.07	2.36	.02*
Years of experience	.01	.09	.01	2.24	.03*

R^2 = .33

Adjusted R^2 = .32

F = 40.43   * P <. 05   ** p < .01

Discussion

1. Professional status was positively related to organizational commitment (r = 52, p <.01) and it was a good predictor of organizational commitment (β = .52, p <.01).

- This means nurses who were satisfied with their professional status were committed to their organizations.

- This finding was consistent with study of Jernigan et al., (2002).

Discussion(Cont.)

- The possible explanation -- if nurses felt that nursing care in the hospitals were appreciated by others, especially by clients and other health care providers; and if there is a clarity of nursing role and status – nurses feel that they are treated as important persons in the hospitals.

- Therefore, they are more likely to be satisfied with the professional status and will not leave their organizations (Ingersoll et al., 2006)

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Discussion (Cont.)

2. Autonomy was positively related to organizational commitment $(r = 29, p < .01)$ and it was a second predictor of organizational commitment $(\beta = .17, p < .01)$.

- This showed that nurses who were satisfied with their autonomy were highly committed to their organizations.

- This result was congruent with study by Galletta et al., (2011) and Jernigan et al., (2002).

Discussion (Cont.)

- A possible reason for this could be due to nurses who had adequate responsibility, being trusted to carry out their tasks, can take control over their work activities and had authority to make decisions to provide nursing care will be satisfied with their autonomy.

- These will create a sense of achievement and sense of belonging to the hospitals which will increase the level of commitment towards their organizations (Boonraksa, 1996; Ingersoll et al., 2006).

Discussion (Cont.)

3. Interaction was positively related to organizational commitment (r = 33, p <.01) and it was the third predictor of organizational commitment (β = .13, p < .05).

- This showed that nurses who were satisfied with the "nurse and nurse" interaction and "nurse and physician" interaction were committed to their organizations.

- This will encourage a positive relationship and good team work among – enhance the level of commitment towards their organization.

Discussion(Cont.)

4. Task requirement was positively related to organizational commitment (r = 18, p <.01) and it was the forth predictor of organizational commitment (β = .11, p < .05).

- This showed that nurses who are satisfied with their task requirement will commit to their organizations.

- This result was in accordance to findings of few studies (Bateman & Strasser, 1984; Knoop, 1995; Tsai & Huang, 2007; Ingersoll et al., 2006).

Discussion(Cont.)

5. Years of experience as a nurse was found positively related to organizational commitment ($r = 17$, $p < .01$) and it was emerged as the last predictor of organizational commitment ($\beta = .09$, $p < .05$).

- This means nurses who had long years of experience as a nurse were reported highly committed to their organizations.

- This was in accordance to findings in few studies (Cohen, 1993; Al-Aameri, 2002; Kuokkanen, Leino-Kilpi and Katajisto, 2003; Jahangir and Shokrpour, 2009) and contradicted with finding of study conducted by Ahmad and Oranye (2010)

Discussion(Cont.)

- The remaining three variables including *POS*, *organizational policies* and *pay* did not contribute to the prediction of the organizational commitment among nurses in state hospitals of Malaysia.

Discussion(Cont.)

- **POS** was found positively related to organizational commitment (r = .34, p < .01), but it could not predict the organizational commitment because POS was strongly correlated with organizational policies, professional status, interaction and autonomy (r = .49, .42, .40, .39, p < .01) respectively

- This maybe because of it shared variance with other predictor variables.

Discussion(Cont.)

- This result was contradicted with three other studies (Al-Husaami, 2007; Aizat et al. 2008; Lew, 2009).

- Those three studies were conducted in different population and setting (nursing home in the USA, manufacturing workers in industrial sector, teachers in private university) which may have different organizational support from those of the state hospitals in Malaysia.

Discussion(Cont.)

- **Organizational policy** was found positively related to organizational commitment (r = .34, p < .01), but it could not predict the organizational commitment because it was strongly correlated with autonomy, interaction, professional status, (r = .54, .47, .39, p < .01) respectively.

- This maybe because of shared variance with other predicting factors.

Discussion(Cont.)

- This finding was contrary to the study conducted by Jernigan et al., (2002)

- This maybe because the study was conducted in the hospital in the USA which may have different policies that may determine the hospital staffing and scheduling, participation in decision making and opportunities for career advancement which may affect nurses' attitudes towards their organizational from those of the state hospitals in Malaysia.

Discussion(Cont.)

- **Pay** was found to have a low correlation with organizational commitment ($r = .13$, $p < .01$). Therefore, pay could not predict the organizational commitment.

- This result was in accordance with two previous studies (Jernigan et al. 2002; Knoop, 1995).

Discussion(Cont.)

- This tends to suggest that high pay does not translate to strong organizational commitment.

- This result is congruent to the concept of Porter et al., (1974) that proposed commitment can be influenced by affective rather than economic factors.

Conclusion
Implications
Limitation
Recommendations

Conclusion

- Almost half of the subjects (48.07%) reported high level organizational commitment.

- Thirty-three percent (33%) of variability in organizational commitment can be explained by the variables of professional status, autonomy, interaction, task requirement and years of experience.

Implications

- Nursing administrators should consider these predictors and incorporate them in nursing practice, by designing policies and develops a program to improve the nurses' attitude as well as for improving the level of organizational commitment.

Recommendations

- Further research is needed to examine the predictive ability of others variables such as leadership style and empowerment on organizational commitment.

THANK YOU