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Professional Commitment, Organizational Commitment and Job Satisfaction of Nurses

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看護婦の職業および組織コミットメントと職務満足

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Key words : professional commitment, organizational commitment, job satisfaction, intention to leave, graduate education

Professional commitment, organizational commitment, job satisfaction, and intention to leave the employing organization were examined from the data of 25 nurses currently enrolled in graduate study in nursing. The data revealed that hospital nurses have lower affective commitment to the organization and lower job satisfaction with management. The data also showed that most of the respondents have an intention to look for a new job after the completion of the master's program. The qualitative results showed that the main reasons for enrolling a master's program were personal and professional growth, and specifically, higher autonomy. Data further indicated that the reasons for dissatisfaction with the employing organization are lack of support, lack of reality, lack of communication, and ignorance of professionalism.

The nursing shortage in hospitals is a crucial issue in the US. Nurses who intend to quit seem to be dissatisfied with their current job. This dissatisfaction often leads to turnover¹⁾ and one useful index to predict turnover is commitment²⁾.

Commitment refers to the psychological relationship with an entity to which the individual belongs. Porter et al. developed an organizational commitment questionnaire(OCQ) and demonstrated that organizational commitment predicts turnover better than job satisfaction²⁾. A number of researchers used this tool to investigate organizational commitment. Many of

these studies focused on the affective nature of organizational commitment, while others looked at the nature of the relationship. Allen and Meyer identified three forms of commitment : commitment as an affective attachment to an organization, commitment as a perceived cost associated with leaving the organization, and commitment as an obligation to remain in an organization³⁾. It is widely accepted that the former two aspects of commitment exist.

While commitment studies generally looked at organizational commitment, they can also be applied to investigate commitment to other work-related entities such as employing organi-

zations, work groups within the organization, profession, union etc.

Most nurses are employed in an organization rather than being self-employed. It is reasonable to consider that these nurses will have commitment to the organization and to the nursing profession. Aranya, N., Pollock, J., and Amerenic, J.⁴⁾ developed a professional commitment questionnaire which had items parallel to Porter et al.'s²⁾ OCQ, and demonstrated that organizational commitment and professional commitment were distinguishable. Blau developed a career commitment scale that indicated career commitment was relevant to the intention to leave the profession but irrelevant to the intention to leave the organization⁵⁾. Meyer, Allen, and Smith⁶⁾ generalized Meyer and Allen's⁷⁾ 3-component model of organizational commitment to the domain of occupational commitment. Ishida and Yoshida⁸⁾ administered a questionnaire to the nurses in Japan with the items based on Takagi, Ishida, and Masuda's⁹⁾ organizational commitment scale which was also based on Allen and Meyer's³⁾ scale. Ishida and Yoshida applied the scale to the profession and measured the commitment of nurses to the organization and to the profession⁸⁾. They demonstrated that affective commitment to the organization and to the profession were distinguishable. Ishida found that nurses had a stronger commitment to the profession than to the organization¹⁰⁾.

The terms occupation, profession, and career have been used somewhat interchangeably in the commitment literature. There is controversy surrounding nursing as a profession, however, nursing has many characteristics of a profession such as education based on theory, self-regulation, code of ethics, altruism, and identification with peers¹¹⁾. So the word professional commitment will be used here.

In this study, the terms affective commitment (AC) and continuance commitment (CC) to the organization are used according to Meyer et al.⁶⁾. The terms AC and CC to the profession instead of occupation are used.

The level of commitment and job satisfaction between the hospital nurses and the nurses in other facilities was also examined, in order to examine the relation of the nurses shortage in hospitals and their commitment and job satisfaction. Job satisfaction is a concept which is related to commitment. It is acknowledged that these two concepts have high correlation¹²⁾. DeCotiis and Summers showed that organizational commitment and job satisfaction with coworkers, supervisor, and money were correlated¹³⁾.

The purpose of this study is to examine the differences of commitment and job satisfaction between hospital nurses and nurses in the other facilities.

Method

Participants and data collection procedures

In the first questionnaire, data were collected from twenty five student registered nurses enrolled in master's program at a small private college in the east coast of the USA. Questionnaires were administered during three regular class meetings. The students were notified that the participation was voluntary and confidentiality would be protected.

Demographic data were as follows:

- Gender: 1 male and 24 females
- Age: 40.7 ± 8.2
- Period of being a nurse: 13.4 ± 11.1 years
- Period working for their current organization: 7.2 ± 7.3 years
- Basic educational backgrounds in nursing: diploma 6, associate degree in nursing 15, baccalaureate degree in nursing 2, master's

degree in nursing 1, advanced practice nurses 2

- Types of facilities : Hospital 12, Dr's office 1, School health 2, Community health 1, Home health 3, Occupational health 1, College (teaching) 2, Others 2 (Ambulatory treatment center, Wellness center of college).

In the second questionnaire, data were collected from 19 students out of 25 who participated in the first questionnaire.

Measures

The organizational commitment scale consisted of 9 affective commitment items and 4 continuance commitment items based on Ishida and Yoshida's⁸⁾ items and Meyer et al.'s⁶⁾ items (Table 1). The professional commitment scale

consisted of the parallel items from the OC scale in which the word 'organization' is replaced with the word 'profession'. Responses to these items were made on 5-point Likert scales (1=disagree and 5=agree). Job satisfaction (satisfaction to money, supervisor, coworkers, management, and nursing) was assessed on 4-point scales (1=strongly dissatisfied, 2=dissatisfied, 3=satisfied, and 4=strongly satisfied).

Demographic data include gender, age, educational background in nursing and in general, license, period of being a nurse, period of working for their current organization, type of facility where nurses are working now.

In the second questionnaire, intention to look

Table 1. Organizational commitment & Professional commitment

	items	OC	PC
a f f e c t i v e	1. I am glad that I chose nursing (this organization).	3.88	4.40
	2. If I could do it again, I would choose nursing (this organization) again.	4.00	4.04
	3. I talk up nursing (this organization) to my friends as a great profession (organization).	3.68	3.76
	4. I like my nursing job (this organization).	3.87	4.40
	5. I find that my values and nursing (the organization's) values are very similar.	3.36	4.36
	6. I am willing to put in an effort in order to develop the nursing profession (help this organization successful).	4.04	4.20
	7. I feel as if problems in nursing (this organization's problem) are my own.	2.76	2.76
	8. I am always aware of being a nurse (a member of this organization).	3.64	4.08
	9. Nursing (Being a member of this organization) is important to my self-image.	2.80	3.84
		3.58±.79	3.98±.46
c o t t i n u a n c e	10. Changing professions (organizations) now would be difficult for me to do.	3.52	3.84
	11. Too much of my life would be disrupted if I were to change my profession (decided to leave my organization) now.	3.40	3.68
	12. It would be costly for me to change my profession (the organization) now.	3.60	4.00
	13. I feel that I have too few options to consider leaving nursing profession (this organization).	2.52	2.60
		3.26±1.04	3.53±1.03

for a new job after the completion of master's degree and the reason for studying for the master's degree were evaluated. The level of satisfaction with nursing management in their current organization and the reason for it were also asked.

Analyses

The descriptive data of AC and CC with regard to the organization and to the profession, job satisfaction were obtained. The correlates among them and demographic data were analyzed. t-tests were performed in order to know the differences of AC and CC to the organization and to the profession and job satisfaction between the hospital nurses and the nurses in other facilities. The reason of attending master's program and the reason for satisfaction/dissatisfaction with management were classified into groups.

Result

(1) Descriptive data

Commitment scores : AC to the organization ($3.58 \pm .78$) was the stronger than CC to the organization (3.26 ± 1.04). AC ($3.98 \pm .46$) to the profession was also stronger than CC (3.53 ± 1.03) to the profession. Professional commitment was a little stronger than organizational commitment in each aspect (Fig. 1).

Job satisfaction : Job satisfaction with the co-workers ($3.37 \pm .58$) was the strongest, followed by nursing ($3.22 \pm .52$), supervisor ($3.04 \pm .91$), and money ($2.79 \pm .59$). Satisfaction with management is the lowest ($2.71 \pm .95$) (Fig. 2).

Intention to leave

Researchers asked if nurses had an intention of looking for a new job after the completion of the master's program. 16 out of 19 respondents were thinking of looking for a new job. (Respondents selected more than one facility.)
 Yes : Hospital (10)→Teaching (6), Private prac-

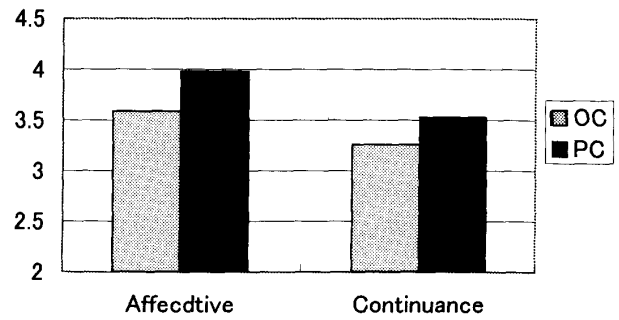


Fig. 1. Organizational commitment and professional commitment

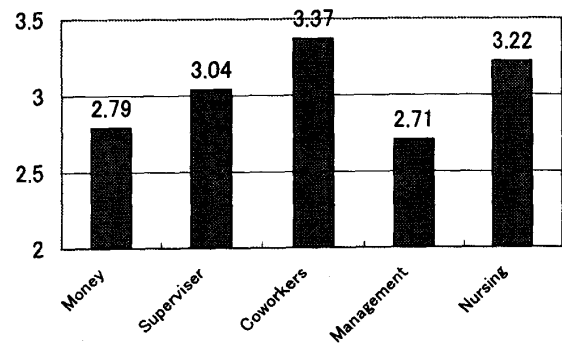


Fig. 2. Job satisfaction

tice (2), Community health (4), Hospital (2), Sales (1), Still unsure (1)
 Dr's office (1)→Hospital (1), Dr's office (1),
 Community health (1), Teaching (1)
 School health (1)→Community health (1)
 Occupational health (1)→Health insurance broker
 Home health (1)→Community health, Home health
 No: Outpatient treatment center (1), School health (2), Hospital (1)

As showing above, many hospital nurses had intention to leave the current organization.

(2) Correlation among commitment scores, job satisfaction, intention to leave, and demographic features

The correlation between the period of being a nurse and the period working for their current organization is .52**. Among 5 aspects of job

Table 2. Correlations

	1	2	3	4	5	6	7	8	9	10	11
1 Age											
2 Period of a nurse	.68**										
3 Period of a member	.32	.52**									
4 JS (Money)	.00	-.06	.08								
5 JS (Supervisor)	.33	.08	-.24	-.06							
6 JS (Coworkers)	-.16	-.25	-.22	-.40	.39						
7 JS (Management)	.22	.00	-.08	-.27	.77**	.37					
8 JS (Nursing)	.00	.22	.27	-.48	-.10	.19	-.04				
9 AC to organization	-.10	-.27	-.18	-.17	.51*	.52*	.75**	-.01			
10 CC to organization	-.18	-.27	-.04	-.11	-.03	.13	.26	-.17	.36		
11 AC to profession	-.32	-.58**	-.32	.04	-.09	.37	.17	-.17	.58**	.07	
12 CC to profession	.00	-.10	.27	.07	.12	.29	.27	.12	.32	.68**	.06

AC: affective commitment, CC: continuance commitment, JS: job satisfaction

satisfaction, the satisfaction with supervisor ($r=.51^*$), co-workers ($r=.52^*$), and management ($r=.75^{**}$) are highly correlated to AC to the organization. But they are not significantly correlated to CC to the organization nor professional commitment.

AC to the organization and to the profession ($r=.58^{**}$) and CC to the organization and to the profession ($r=.68^{**}$) were high (Table 2).

(3) Comparison between the hospital nurses and the nurses in other facilities

Nurses were classified into two groups; hospital nurses (Hospitals) and nurses in other facilities (Others). Twelve were Hospitals and 13 were Others. AC to the organization of Hospitals ($3.34 \pm .89$) was lower than that of Others ($3.86 \pm .58$). CC to the organization of Hospitals ($3.21 \pm .70$) was slightly lower than that of Others (3.31 ± 1.34). AC and CC to the profession of Hospitals were slightly higher than

those of Others. None of these numbers were statistically significant (Fig. 3-1, 2).

Job satisfaction with Money of Hospitals ($3.00 \pm .43$) was higher than Others ($2.58 \pm .67$). The other aspects of JS of Hospitals were lower than JS of Others. JS with Supervisor ($t(22) = -2.18, p < .05$) and JS with Management ($t(22) = -2.64, p < .05$) showed the statistically significant differences (Fig. 4).

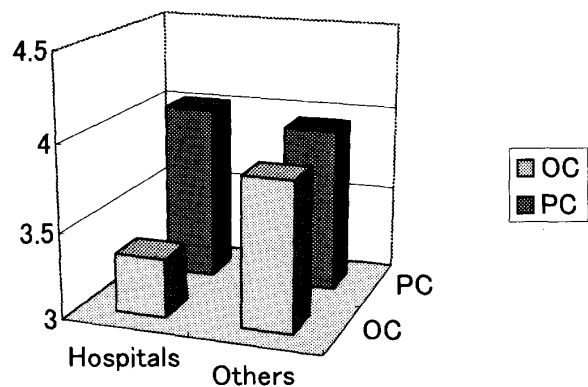


Fig. 3-1. Affective commitment by facilities

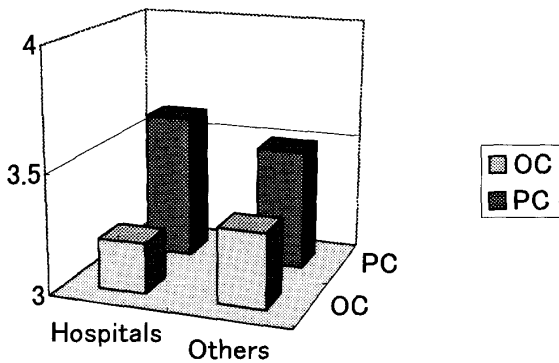


Fig. 3-2. Continuance commitment by facilities

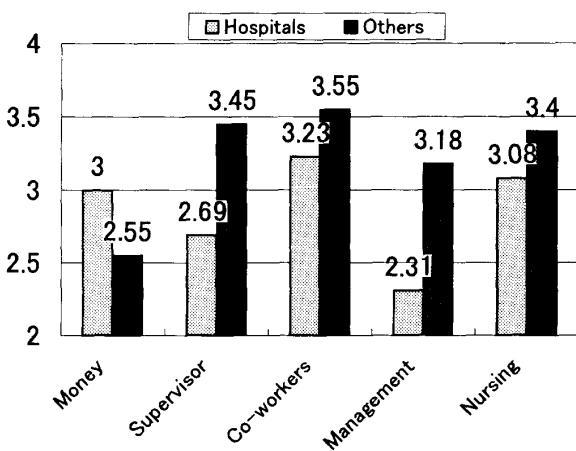


Fig. 4. Job satisfaction by facilities

(4) Qualitative data

The reason for pursuing graduate education

Four kinds of reasons were extracted from the descriptions.

- Higher autonomy: 'I want to practice nursing in an independent manner.' 'To be able to be more active in decision making in patient care and treatment.' 'I wanted my autonomy.' 'Less supervision over me.'
- Personal growth: 'For the satisfaction of achieving a master's degree.' 'Personal advancement.' 'Further my education.' 'Personal growth.' 'Always wanted to obtain a master's degree.'
- Professional growth: 'Grow professionally.' 'Wanted to broadening my options.' 'Hope

to continue on PhD.' (Desire for continuing education.' 'I wanted to have options open to advance my career beyond staff nursing.')

- More money: 'Better pay.' '↑ Salary.'

The reason of satisfaction/dissatisfaction with management in the current organization

There is a significant difference in the type of responses obtained from hospital nurses vs. nurses in other facilities.

Satisfied:

- Support: 'I always receive support when I have new ideas.' (Others) 'Supportive and offers guidance only when needed.' (Others)
- Autonomy: 'My director lets me maintain my autonomy and independence.' (Others)
- Acceptance of professionalism: 'High level of professionalism.' (Others)
- Communication: 'My director listens to me - takes my idea and gives me back feedback.' (Others) 'I am satisfied, however the following issues require attention: Quality of care and commitment to excellence.' (Hospitals)

Dissatisfied: All of these were from hospital nurses.

- Lack of support: 'I feel that there is lack of support with our management.' (Hospitals) 'Management seems to act as if they care but really don't.' (Hospitals) 'They are not always supportive of nursing.' (Hospitals) 'Previous upper management were frequently present, interacted with all staff and had regular meetings on the floor to address concerns. Since the merger, upper management hasn't been seen of the floor.' (Hospitals)
- Lack of reality: 'Management needs to work along side or with the nurses as staff to see and recognize the needs.' (Hospitals) 'They don't seem to understand that nurses can do some much.' (Hospitals)

- Lack of communication : 'Lack of communication is a big issue at my hospital.' (Hospitals)
- Ignorance of professionalism : 'CEO are concerned only with the \$ not the quality of care we are able to provide.' (Hospitals) 'Do not feel advance practice nurses are utilized at a level of their expertise.' (Hospitals)

Discussion

As a whole, affective commitment was stronger than continuance commitment both to the profession and to the organization. Job satisfaction with management was the lowest, then money, supervisor, nursing, and job satisfaction with co-workers was the highest. When the respondents were classified into two groups by type of facility, there were remarkable differences. Affective commitment to the organization of the hospital nurses was lower than that of the nurses in other facilities. Job satisfaction with management and supervisor for the hospital nurses was significantly lower than those of the nurses in other facilities. However job satisfaction with money of hospital nurses was higher than that of nurses in the other facilities. Affective commitment to the organization and job satisfaction with management and supervisor were also highly correlated. The reason of no statistical significance in affective commitment to the organization can be attributed to the small sample size. These results supports the thinking that hospital nurses are dissatisfied. Nurses' dissatisfaction is about management and supervisors rather than about money. Especially job satisfaction with management of the hospital nurses scored low. It was striking that hospital nurses had so low affective commitment to the organization and so low satisfaction with management.

Dissatisfaction with management and the low level of affective commitment to the organization leads to the nurses' turnover and shortage of nurses. These results indicate that improvement in management was a higher priority rather than pay improvement. Further, researchers asked respondents why they were satisfied or dissatisfied with management. The four reasons of dissatisfaction with management were extracted from the data of the second questionnaire; lack of support, lack of reality, lack of communication, and ignorance of professionalism. Cullen insisted that the management style that is congruent with the needs of staff nurses was important¹⁴⁾. If nurses quit organizations and don't look for a nursing job anymore, it will lead a serious problem in nursing field. This causes a loss of human resources. In order to prevent this phenomenon, not only each manager but also the whole organization should address to this issue.

The reasons for attending master's program were personal and professional growth, especially autonomy. Most of the hospital nurses had intention of looking for a new job in the fields of community health, teaching. Some of them have selected private practice, sales, and home health. Those fields are the places that nurses can practice with more autonomy.

The limitation of this study is that these findings are based on only 25 subjects. The nurses are currently studying for a master's degree and have the intention of advancing their careers. Thoughts of nurses who intend to quit nursing all together should be examined. Further study with more subjects will give us more precise information on commitment of nurses.

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に行ったものである。

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