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ORIGINAL ARTICLE

Organizational commitment of healthcare employees in a private sector

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Summary

Introduction: Organizational commitment is defined as 'psychological relationship of an individual with an organization'. The aims of this study were to analyze organizational affective and normative commitment of young healthcare providers, factors that determine their perception of organizational support, as well as to identify possibilities to promote employee dedication to the healthcare organization they worked for.

Method: The research was conducted as a cross-sectional study in a private healthcare institution 'Fizio Vracar' in Belgrade. Meyer-Allen questionnaire (with 24 questions) was distributed during the third week of May 2018, and 30 physical therapists of both sexes and with median age 29.9 completed it, voluntarily and anonymously.

Results: The organizational normative commitment declined with the increase of organizational support (r=-0.526; p<0.001), while organizational affective commitment increased with the increase of organizational support (r=0.756; p<0.001). On the scale from 1 to 5, all the employees had the average score above 3 for affective and normative commitment (3.72±0.56 and 3.19±0.75), while the score for organizational support was above 4 (4.11±0.54). The model of multiple linear regression showed that affective and normative commitment were factors that determined the perception of organizational support (B=0.66; 95% CI: 0.41-0.91; and B=-0.20; 95% CI: -0.38; -0.02).

Conclusion: Even though organizational support had better score than affective and normative commitment, there is certainly room for their improvement. Managers and employees should consider the employee requests together, care more about employee general satisfaction, empower team spirit, while the organization should implement mechanisms to retain work force.

Key words: healthcare employees, work environment, perception, organizational support, affective commitment, normative commitment, work psychology, human resources management

INTRODUCTION

Organizational commitment is defined as 'psychological relationship of an individual with an organization'. This type of research is rare within healthcare area, making it additionally valuable for HR management which aims to provide the clients with continuous quality healthcare.

Numerous research provide evidence that the building organizational commitment may contribute to better functioning and creating of desirable outcomes both on systemic and organizational level within the system, which are most frequently observed by high performance, low brain drain level and less absence time (1-6). Besides these effects on macro (systemic) and mezzo (organizational) level, there is evidence on the relevancy of investment into organizational commitment in order to achieve more quality relationships on a micro (individual) level, such as relationships between employees and users (7, 8). The significance of organizational commitment in sustainability of a healthcare system is well recognized (9), while increased mobility of healthcare employees in recent years emphasizes the need for healthcare systems to prepare to preserve their self-sustainability (9-11).

Numerous studies were focused on determining the perception of organizational commitment (12). Organizational commitment of employees is considered a performance determinant (13-15). Meyer and Allen (16) have defined organizational commitment as a psychological connection between employees and their organization which influences the probability for employees to stay with the organization. They have described organizational commitment as 'emotional attachment to organization, identifying with the organization and engaging within the organization'. Meyer and Allen developed three-component model of organizational commitment and designed a questionnaire to examine each component separately (16, 17). According to them, three types of commitment that relate the employees with their organizations are: Affective component - "I want to stay"; Normative component – "I have to stay"; Continuous dedication – "I should stay". Affective commitment is the first domain which includes the intensity of person's identification with the organization and participation in the organization. Affective commitment leads to the perception of normative commitment. Normative commitment describes the employee's intent to stay with the company because he/she feels obliged to. The construction of normative commitment is formulated as the sense of obligation which could be derived from numerous factors. Meyer and Allen identified two complex mechanisms which could contribute to normative commitment (16). The first one is a strong relationship between the individual's values and values of organization. The second mechanism is of more instrumental nature related to the reward system. Continuous commitment is observed from the point of view of costs the employee believes he/she would have if organization is left – if the cost of leaving exceeds the cost of staying, the employee tends to stay with the organization in order to avoid unplanned cost of leaving. The employees with continuous commitment stay with the organization because they have to, meaning that being their only option (18).

Most frequently, the literature observes the commitment from the aspect of organizational support which implies management investment in the working conditions and employee development (for example, the functioning of system for evaluation and reward) (19). A recent research in academic community in Serbia has shown that the success in education is positively correlated to organizational fairness (20).

There is no sufficient research to provide conclusions on organizational commitment of healthcare employees in Serbia.

The aims of this study were to analyze organizational affective and normative commitment of young healthcare providers, factors that determine their perception of organizational support, as well as to identify possibilities to promote employee dedication to the healthcare organization they worked for. The starting hypothesis was that the perception of organizational support was associated with employee normative commitment, and thus influenced affective commitment of young healthcare professionals.

METHODS

The research was conducted as a cross-sectional study in a private healthcare institution 'Fizio Vracar' in Belgrade. Meyer-Allen questionnaire (with 24 questions) was distributed during the third week of May 2018, and 30 physical therapists of both sexes and with median age 29.9 completed it, voluntarily and anonymously.

As an instrument, the research used Mayer-Allen questionnaire (19) on affective commitment and normative commitment and perception of support to organization. The original questionnaire is available on-line. This questionnaire has been translated from English and customized for research in a healthcare organization by being tested, before its distribution, on five persons and all necessary changes have been entered in the questionnaire (Appendix 1). The participation was anonymous and voluntary. The questionnaire had 24 questions. Seven questions are related to subject's general data. Questions on affective commitment (AC, five in total), normative commitment (NC, five in total) and experience on organizational support (EOS, seven in total), had five-level Likert scale answers. Internal consistency of questions for AC, NC and EOS was validated by Cronbach alpha coefficient.

DATA ANALYSIS

Statistical analysis included the methods of descriptive statistics (measures of central tendency and variability measures) and analytical statistics (correlation and linear regression). Correlation was examined using the Spearman correlation test. Linear regression analysis has been used to determine separate correlation between four individual factors (sex, age, AC, NC – independent variables) with organizational support as dependent variable (single regression model), as well as to determine the model of organizational support improvement (multiple regression model) based on statistically significantly correlated independent variables with outcome variable. The values of single and multiple linear regression analysis were presented by non-standard regression coefficients (B) and 95% confidence interval (CI). All the values at p<0.05 level were taken as statistically significant. SPSS 21 was used for data processing. The results were presented in tables (7 tables in total).

RESULTS

The study included 30 subjects employed with private healthcare institution FIZIO VRACAR in Belgrade. Employee gender structure is as follows, with both genders included: 14 male subjects (47 %) and 16 female subjects (53%). Subject's average age was 29.90 ± 2.11, with age range 26-34. Marital status of the largest number of subjects was out-of-wedlock (70%).

The values of Cronbach alpha coefficient point to adequate level of internal questionnaire consistency (**Table 1**). All examined domains have values of 70% or above.

Table 1. Internal questionnaire consistency

Domain	Cronbach alpha coefficient
Affective commitment	0.66
Normative commitment	0.70
Experience on organizational support	0.78

The range of replies from Affective commitment domain (AC) was from 1 to 5. The highest obtained value was for the question 'I enjoy talking about my organization with people outside of it" (4.10±0.61). The average values of all replies were higher than neutral score (3). Normative commitment (NC) domain of the subjects included five questions with the range of replies from 1 to 5. Average values of all replies were approximately neutral score (3). The highest average value of replies was obtained for the question 'I would continue working for this organization in the future since it deserves this' (3.77±0.82). The lowest average value of replies was obtained for the question 'I would feel guilty if I left the organization at this moment' (2.67±1.03). The third examined domain Experience on organizational support (EOS) included seven questions in the range between 2 and 5. The average values of replies to the questions from the first domain are higher than neutral score (3) pointing to employees' satisfaction in relation to total support provided by the organization. The highest average score was obtained for the question 'Our organization cares about our opinion' (4.37±0.67). Average values higher than 4 were obtained for questions: 'Our organization regularly supports its employees who are experiencing problems' (4.33±0.61), 'Organization cares about general satisfaction of employees at work' (4.10±1.06) and 'Each employee is treated with honest respect' (4.30±0.75). The lowest average value was obtained for the question 'Our organization does not ignore employees' complaints' (3.77±0.90).

Table 2 presents the average values of scores according to questionnaire domains. The highest score was obtained for domain Experience of organizational support (4.11±0.54), while the lowest one was for Normative commitment (3.19±0.75).

Table 2. Description of domain scores

Min		Max	x	SD	Skjunis	Kurtosis
Affective commitment, AC	2.80	4.60	**3.72**	0.56	0.271	-1.069
Normative commitment, NC	2.20	4.60	**3.19**	0.75	0.845	-0.061
Experience of organizational support, EOS	3.14	5.00	**4.11**	0.54	-0.244	-0.864

Correlation coefficient matrix for the observed criteria has shown statistically significant correlation between variables (**Table 3**). There is a highly statistically significant correlation between variables EOS and AC (p<0.01) and highly statistically significant negative correlation between variables EOS and NC (p<0.01).

Table 4 shows the relation of 4 factors with organizational support by single and multiple regression model.

Table 3. Correlation coefficient matrix (r)

	Affective commitment, AC	Normative commitment, NC	Experience of organizational support EOS
Affective commitment, AC			
Normative commitment, NC	-0.359		
Experience of organizational support, EOS	0.756**	-0.526**	

Table 4. Variables associated with Experience of organizational support domain

Variables	Univariable		Multivariable	
	B (95% CI)	p	B (95% CI)	p
Gender	0.22 (-0.18-0.63)	0.264		
Age	0.02 (-0.08-0.11)	0.745		
Affective commitment, AC	0.73 (0.48-0.97)	**<0.001**	0.66 (0.41-0.91)	**<0.001**
Normative commitment, NC	-0.38 (-0.62; -0.14)	**0.003**	-0.20 (-0.38; -0.02)	**0.033**

In a multiple regression model, statistically significant independent predictors of EOS domain score are variables AC (p<0.001) and NC (p=0.033). Statistically significant inverse correlation between variables NC and EOS has been shown. The subjects with higher scores in NC variable have lower scores in EOS. Variable AC has a positive correlation with EOS. Subjects with higher AC scores have higher score in EOS. Subjects' gender and age are not correlated to the experience of organizational support, while normative and affective commitment are.

DISCUSSION

Primary aim of this study was to describe components of affective and normative commitment of employees in a private healthcare organization 'Fizio Vračar'. Specific aim was to determine if there was a correlation of affective and normative commitment with organizational support. Data was collected by using a questionnaire designed to measure commitment and provide score that could be analyzed. Statistical tests demonstrated that the questionnaire had gathered reliable subject data.

The study main results showed that there was an affective commitment and normative commitment, as well as organizational support within the organization. The analysis of affective commitment has established that in the given organization all employees have average score in affective commitment while higher score was given only for one out of five examined components of this commitment. Analysis if normative commitment has established that, in the given organization, all employees have average score in normative commitment while lower score was given for one out of five examined components of this commitment.

The factors that determine experience of support for young healthcare employees are affective and normative commitment in individual models of single logistic regression, as well as in multiple logistic regression model. Having in mind that the organization needs higher affective commitment, organization management may, most probably, improve affective and normative commitment if retention mechanisms are applied, organizational problems solved together with the employees, reputation elevated as well as respect to employees and organization, and team spirit empowered. Organizational support may be stronger if the management and employees consider employees' complaints together and care more of general employee satisfaction.

Similar to obtained results, other studies suggest that managers should strive to improve their capacities for organizational support (work processes, equipment, staff, beds, space) in order to encourage affective commitment and improve performance (21). According to new theory model of quality studied in hospitals in Ontario (*Ontario Hospital Association Quality Healthcare Workplace model*), there are three performance motivators – work environment, work characteristics and organizational support. The motivators influence individual outcomes (higher employee engagement and commitment) and consequently affect the organizational outcomes, including the quality and patient safety and operative efficiency (when patients are treated in the most efficient and effective way), recruiting and staff retention, employer's reputation, and productivity and costs (22). This study also emphasizes the importance for managers to understand that employees' commitment is a precondition for high performance and to focus on factors that contribute to improving of employee engagement. Engaged employees are especially important due to their commitment to achieving organizational goals and proven positive correlation between employee engagement and other desirable goals of human resources, including retention, individual performance and absence. Engaged employees are devoted to their employers, satisfied with their work and willing to provide additional efforts in order to achieve goals of their organization (22).

As healthcare organizations are faced with increasing demand, while at the same time it is expected to retain the high level of service to their patients with less resources (23), greater engagement is desirable from both the aspect of employee and organization. Firstly, from the point of view of an individual employee, the theory of social identity states that individuals seek to identify with relevant social groups and thus their identification with, engagement in, and/or commitment to organization present a part of their self-concept and self-valuation. This element is especially emphasized by the results of the study conducted in Fizio Vračar, where item 'I do not feel like a member of the family in my organization' of the affective commitment component had high score. Namely, identification with or commitment to is something that employees seek for. Secondly, from the point of view of the organization, greater engagement is desirable because of positive correlation between employee engagement and achieving other favorable goals connected to human resources.

Managers are the ones to provide sufficient resources in order to enable greater engagement because there is evidence that providing of appropriate resources is an important factor in better business outcomes (24),

Many authors wrote on positive influence of affective commitment to individual and organizational performance (25). Alternatively, it is expected that the lack of commitment results in poorer performance (26). Committed employees are satisfied with their work and willing to provide additional efforts to achieve organizational goals, while such engagement is a request for higher performance (22, 27).

It should be emphasized that even though Allen and Mayer scale does not allow the participant to state the reason for commitment (for example 'I owe my organization a lot' or 'I would feel guilty if I left the organization now') the level of normative commitment influences organizational support. For example, the pediatricians in Taiwan are not happy with their work and have low commitment, which consequently may be the reason why young doctors leave this field and leave the country (28).

Research on organizational commitment of 162 doctors and 43 managers in Spain state hospitals ER (29), showed that the doctors committed averagely to the problems of the hospital where they worked (average 3.8 on a scale from 1 to 5), feel medium affection (3.4) and had high score in intention to keep working in that place (4.0). Similar to Fizio Vračar, the affective commitment of doctors in Spain had lower score than the normative commitment. Doctors' capabilities had influence on their affective commitment; specific training for emergency procedures and seniority influenced their continuous commitment while the opinion they had on the organization influenced their affective commitment. The resources of the hospital had no influence on work commitment, while training and perception of the services did. (29)

Even though the research did not show that gender and age influenced the organizational support, it is considered that some personal variables influence the employee's commitment to the organization. Different generations have different preferences and needs while differences (in gender, age, race, family status or origin, social and cultural connections) may have an impact on the fact how employee in each group commits to organization as it contributes to different value system, obvious and unique in each of the observed groups (30-33).

Numminen et al. (34) established that affective commitment of freshly graduated nurses had medium score. Multiple variant analyses detected significant associations between commitment and competence, turnover intentions, work satisfaction, previous professional education and work area. Specifically, the affective dimension with connotation of identifying with nurse work and preparedness to stay in that field implied positive organizational support for engagement (35) and positive

career development (36). A strong correlation between commitment and intention to stay is detected (37), while work satisfaction appeared as an important factor influencing the commitment (36, 38).

According to Jamaluddin et al. (39), healthcare organizations should strive to sustainability. New and effective strategies and practices which proved to be able to provide benefits to the organizations still are not able to survive in a long run (40, 41), being called 'improvement evaporation effect' (40, 42), because a successful change and strategy application in any organization may not happen and survive in a long run without the good support of human capital (43). The same authors also discovered that internal organizational factors such as management support, HR management, training and empowering of employees, as well as team work, were the areas to be focused to in order to achieve corporate sustainability. This study on organizational support in a private organization obtained similar results.

The attempts in recent decades in work psychology to explain the variation in individual productivity were frustrating as they did not consider organizational commitment, professional quality of life and organizational empowering. These positions describe the connection to work tasks, sense of competence and belief in capability to perform the task, self-determination related to the control and choice of work behaviour, supervisor support, especially the support of inspiring leaders who provide the purpose and efficiency to employees, existence of trainings for leaders as well as further development, and present a promising aid to influence employees' commitment (44, 45).

Gambino (46) emphasized that managers who were interested to retain employees should have understood which aspects of commitment and support contribute most to a typical decision of the employee to stay in the field of works, and more specifically with the same employer. A better understanding of their influence to staff retention may assist the managers to allocate resource in a better way so as to keep the experienced employees and provide more quality service to the patients. Unfortunately, there are few of these research and the results of this private organization research may be observed only as a beginning of a long journey towards identification of correlations between work characteristics, organizational commitment, support and productivity.

An empirical study which identified the relations between work characteristics, organizational commitment, work satisfaction, work engagement and organizational policy and procedures in transitional economy in Serbia included 566 persons employed with 8 companies (47). Similar to Fizio Vračar, the results of this large study showed that the existing models of work motivation which include all elements of organizational support need to adjust to partly increase work satisfaction and partly increase organizational commitment. Employees

in private companies scored higher on all variables except for work characteristics and the author explained that reason might be found in economic situation in Serbia and high rate of unemployment (over 20%), causing the fact that young people are satisfied by finding a job and not by the job itself (47).

The levels of organizational commitment and support may be improved even though it is suggested that employee commitment must be provoked by the organization and not assumed, implying that the organizations should try to be proactive in influencing the level of organizational commitment in their organizations (48). The organizations that want to be leaders in the market need to recognize the importance of focusing to organizational commitment of employees and work engagement for the benefit of both the organization and employees.

Other researchers suggest strategies for improvement such as salary increase, work load decrease, modification of task structure, growing passion for work and creating more professional opportunities for personal development of nurses as well as promotion. (49).

It is needed to have managerial initiatives which may consider including the employees in discussions on their aspirations and interests and introducing policies which may help them balance their financial and family needs with their own health and safety (45). Managers should try to improve the provision of adequate resources of beds, technology and work equipment (50).

The questionnaire on organizational commitment developed by Meyer and Allen (51) may be used to continue research in the area. For example, variable such as performance, work satisfaction and probability to leave the organization as well as occupational commitment may be analyzed (52-54).

Specifically, as suggested by Gregory (55), the organizations should identify and implement the policies and interventions with the aim to create work environment which provides more support and to implement policies and programs to retain employees (56).

This research has numerous limitations so the results need to be observed in that sense. This is a cross-sectional study which shows no effect of an intervention or causal correlation. Moreover, the subjects were evaluated only in a specific period of life. Namely, the study shows only current time correlation between the examined factors but does not describe which factor is the cause and which one is the consequence. Furthermore, the research was conducted on 30 subjects; although this number is high for a private sector in Serbia, the results may not be generalized. Also, there is a bias in subject selection. Namely, the convenient choice of subjects may be the reason why certain possible irregularities were not identifies, such as the relation of the gender, age, marital status, education and income with the affective and normative commitment and organizational support. The method based on self-reporting made the results biased under the assumption that those employees have a more positive perception of the organizational climate. It is equally important to say that the goals of the research focused on examining the perception so there were no objective productivity indicators, which would be the next step in this research. Considering the fact that we investigated in the private sector, even though privacy and anonymity were guaranteed, a certain degree of subjectivity in subjects' replies is possible; it is possible the subject provided the replies which would be favorable in case the employer had insight into their questionnaires. Although the study fulfills its purpose to provide the preliminary insight into a model, it is recommended for future studies to use more objective measures, larger sample and more variables related to healthcare employees. An empirical study should be conducted in order to understand, in more detail, the role of organizational commitment in relation to sustainability of state-owned organizations within healthcare system. As employees from different areas may have different approaches to corporate sustainability (57), it is more appropriate to conduct a study based on employees' area of work. Further studies may possibly investigate different types of commitment of employees in a hospital, such as nurses, administrative staff and medical workers separately. Therefore, even though there is an obvious similarity to other studies, the results obtained by this study may be interpreted as correct only for the above-mentioned organization and its staff, and cannot be generalized. The advantage of this study is in providing concrete insight, enabling the development of specific organization due to its implications on policy and management practice, and it provides suggestion of specific steps and investigation in the area.

Conclusion

Even though organizational support had better score than affective and normative commitment, there is certainly room for their improvement. Managers and employees should consider the employee requests together, care more about employee general satisfaction, empower team spirit, while the organization should implement mechanisms to retain work force.

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ORGANIZACIONA POSVEĆENOST ZDRAVSTVENIH RADNIKA U PRIVATNOM SEKTORU

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Sažetak

Uvod: Organizaciona posvećenost se definiše kao „psi-hološki odnos pojedinca sa organizacijom". Ciljevi ove studije bili su da se analizira organizaciona afektivna i normativna posvećenost mladih zdravstvenih radnika, faktori koji određuju njihovu percepciju organizacione podrške, kao i da se identifikuju mogućnosti za unapre-đenje posvećenosti zaposlenih zdravstvenoj organizaciji u kojoj su radili.

Metod: Istraživanje je sprovedeno kao studija preseka u privatnoj zdravstvenoj ustanovi „Fizio Vračar" u Beo-gradu. Meier-Allen upitnik (sa 24 pitanja) podeljen je tokom treće nedelje maja 2018. godine, a dobrovoljno i anonimno ga je popunilo 30 fizioterapeuta oba pola i srednje starosti 29,9 godina.

Rezultati: Organizaciona normativna posvećenost je opadala sa povećanjem organizacione podrške (r=-0,526; p<0,001), dok je organizaciona afektivna posve-ćenost porasla sa povećanjem organizacione podrške (r=0,756; p<0,001). Na skali od 1 do 5 svi zaposleni su imali prosečnu ocenu iznad 3 za afektivnu i normativ-nu posvećenost (3,72±0,56 i 3,19±0,75), dok je ocena za organizacionu podršku bila iznad 4 (4,11±0,54). Model višestruke linearne regresije pokazao je da su afektivna i normativna posvećenost faktori koji određuju percep-ciju organizacione podrške (B=0,66; 95% CI: 0,41-0,91; i B=-0,20; 95% CI: -0,38; -0,02) .

Zaključak: Iako je organizaciona podrška imala bolji re-zultat od afektivnog i normativnog zalaganja, svakako ima prostora za njihovo unapređenje. Menadžeri i zapo-sleni treba da zajedno razmatraju zahteve zaposlenih, više brinu o opštem zadovoljstvu zaposlenih, osnažuju timski duh, dok organizacija treba da implementira me-hanizme za zaposlenih.