



INVESTIGATION OF NURSES' ORGANIZATIONAL COMMITMENT LEVEL: THE CASE OF TURKEY*

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ABSTRACT

Organizational commitment is one of the concepts that are widely researched in the nursing. However, there are differences in the research results regarding the level of organizational commitment of nurses.

This study aimed to investigate the results of researches on the organizational commitment levels of nurses in Turkey. This study was designed as a literature review model and it was conducted using several keywords such as "organizational commitment" and "nurse" in different databases in Turkish and English. As a result, 41 studies were accessed complying with the inclusion criteria. The total sample size of the research was 10,287 nurses for affective commitment, 9,836 nurses for continuance commitment, and 9,898 nurses for normative commitment.

The research included 41 studies that were published between 2006-2018. 68.29% (28 studies) of these studies were graduate studies (master theses and doctoral dissertations) and 92.68% (38 studies) were published in 2010 and afterward. It was reported that 84.2% of these studies in the research had lower levels of affective commitment, lower levels of continuance commitment in 84.2% of these studies and lower levels of normative commitment in 97.4% of these studies. The results of correlation analysis indicated no correlation between affective, continuance and normative commitment level of the nurses and data collection years.

It was concluded that the organizational commitment level of nurses were low and no linear increase or decrease was found in the commitment level over the years.

Keywords: Affective commitment, continuance commitment, normative commitment, nurse, organizational commitment, Turkey.

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1. INTRODUCTION

Organizational commitment is defined as the emotional state that is characterized by the employee's relationship with the organization and is effective in making the decision to continue or not to organizational membership (Meyer & Allen, 1991). Organizational commitment is also defined as "an individual's deliberate decision to recognize an organization's goals and values and their endeavour to achieve these goals and commitment to maintain membership in the organization (Mowday et al., 1982). Although it has frequently been stated that organizational commitment is a multi-dimensional concept, the three-dimensional organizational commitment model designed by Meyer and Allen (1991) is widely accepted as the generic model which includes three basic components, affective commitment, continuance commitment and normative commitment. Affective commitment basically means the identification and the affective attachment of the individual with the organization (Allen and Meyer, 1990; Meyer et al., 2002). In continuance commitment, on the other hand, individuals remain as members of the organization simply because there are no better alternatives or their decision to leave the organization will bring out certain consequences (Meyer et al., 2002). In normative commitment, employees are affiliated with their organizations because they "feel obliged to continue being a member of the organization" with a sense of responsibility and moral obligation (Allen and Meyer, 1990).

Organizational commitment bears much significance since it has various influences on several organizational factors. Recent studies have shown that high levels of organizational commitment affirm job satisfaction, organizational trust, employee productivity, job quality, organizational citizenship behavior, job performance, leadership behaviors (Demirel & Aslan, 2008; Geisler et al., 2019; Holmgren et al., 2014; Lin et al., 2019; Top, 2012). Nevertheless, it has been also reported that poor organizational commitment causes challenges such as productivity problems, job dissatisfaction, job stress, absenteeism and leaving the organization (Jacobs et al., 2010; Labrague et al., 2018; Lambert and Hogan, 2007; Lin et al., 2019; McCunn et al., 2018).

There have been numerous studies, both at international and national scale, on organizational commitment. Aharon et al. (2019), for instance, investigated the correlation between organizational commitment and quality of life at work among public health nurses in Israel, Church et al. (2018) analyzed the factors affecting organizational commitment and leaving the organization in nurses. In Turkey, on the other hand, Karaaslan and Aslan (2019) conducted a study on nurses serving in prisons in Turkey and their work-related quality of life. Ergun and Celik (2015) focused on the correlation between nurses' job satisfaction and job stress and

organizational commitment, Arı et al. (2017) discussed the correlation between organizational justice and organizational commitment in healthcare workers. In researches related to the organizational commitment levels of nurses, Labrague et al. (2018) determined that nurses in the Philippines show moderate organizational commitment and are undecided about leaving job. Timalsina et al. (2018) carried out a study on predictive factors of organizational commitment in a nursing faculty in Nepal and reported that a majority of the participants (68%) had moderate levels of organizational commitment. In relevant studies conducted in Turkey, on the other hand, Top (2012) investigated the organizational commitment, organizational trust and job satisfaction profiles of physicians and nurses and similarly reported moderate levels of organizational commitment among nurses. Durukan et al. (2010) also conducted a study and noted that the organizational commitment levels of nurses were almost at moderate levels. Additionally, Sevinç and Şahin (2012) found lower levels of organizational commitment among nurses. A review of studies on organizational commitment levels of nurses in Turkey indicates no comprehensive studies on such issues allowing a holistic approach. It is especially suggested that this particular study enables a thorough assessment of the results of studies on the organizational commitment of nurses in Turkey.

Research questions

- 1-What is the organizational commitment level of nurses?
- 2-Has the level of organizational commitment of nurses considerably changed over time?

2. METHODS

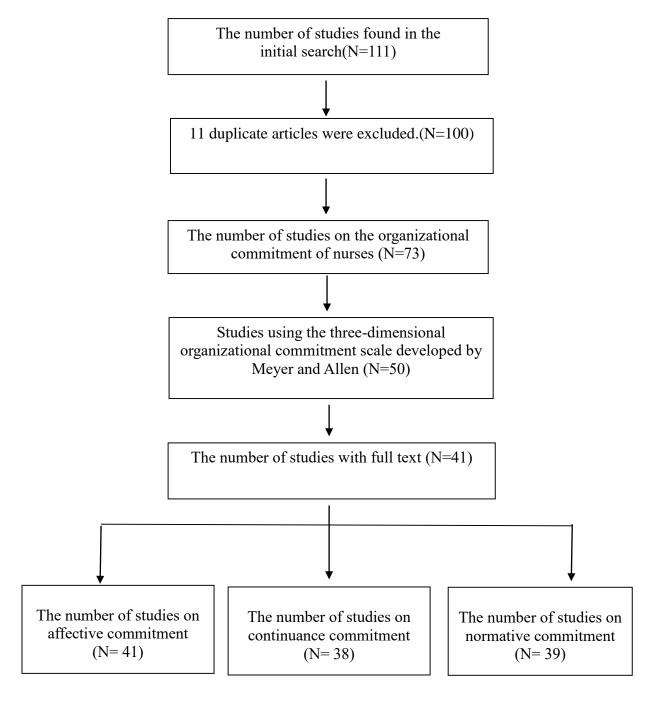
This study primarily aimed to investigate organizational commitment level of nurses in Turkey and analyze changes in the organizational commitment level over time. The study was designed based on a literature review model. Using the three-dimensional organizational commitment scale developed by Meyer and Allen (1991), the results of studies on the organizational commitment levels of nurses were compiled and analyzed. The three-dimensional organizational commitment scale is widely used to evaluate the organizational commitment levels of nurses with a comparative approach and the researchers, therefore, decided to included those studies using the scale in the research. The researchers also benefited from the cross-temporal meta-analysis, a special meta-analysis technique used to analyze the change in organizational commitment levels of nurses (Twenge et al., 2010).

Research Strategy

The researchers reviewed studies on the levels of organizational commitment among nurses in Turkey. To this end, the researchers searched for certain keywords, "organizational commitment" "nurses" and "Turkey" in Turkish and English in several databases such as Turkish Medical Directory, National Graduate Studies Center, Pubmed, Google Scholar, EBSCO Host, Scopus and Web of Science until May 2019.

The studies were included in the research if (a) they were published in English or Turkish, (b) they were conducted in Turkey, (c) the study sample was composed of nurses, (d) the study data were available for a quantitative data analysis, (e) the study data were measured by the three-dimensional organizational commitment scale designed by Meyer and Allen (1991), (f) the study was a graduate study or an article, and (g) the study data enabled the analysis of change in organizational commitment (sample size, mean and standard deviation).

Figure 1. Study selection process flow diagram



The flow diagram indicating the process of inclusion of the studies is given in Figure 1. The researchers conducted a comprehensive search and individually evaluated all titles and abstracts of the studies that were initially enlisted. They accessed a total of 111 studies consequently. 11 of these studies had duplicate copies, the sample of 27 studies were not nurses, and 23 studies did not use the three-dimensional organizational commitment scale. Moreover, nine of the studies did not have a full text. As a result, 41 studies on affective commitment, 38 studies on continuance commitment and 39 studies on normative commitment were included in the study. The included studies in the research are given in Appendix 1.

The study data were collected with a data coding form developed by the researchers, which included title of the studies, name of the author / authors, the year of publication, publication type, publication language, a measurement tool, sample size, data collection year, mean scores of organizational commitment sub-dimensions and standard deviations of each individual study. When the data collection year was not specified, the data collection year was considered to being two years earlier than the publication year as suggested in previous studies (Konrath et al., 2011; Twenge, 2001). The reliability of the coded data was tested by comparing the coding forms of each researcher. In case of disagreements in data coding, the researchers reassessed the forms and consequently achieved a 100% consensus.

Cross-Temporal Meta-Analysis Procedure

The cross-temporal meta-analysis focuses on the mean values of the measurement results and aims to figure out to what extent there is a change in the mean values over time rather than merely summarizing the impact size (Twenge, 2001; Twenge and Campbell, 2001; Twenge and Nolen-Hoeksema, 2002).

The mean scores of studies were weighted with the sample size and inverse variance (Twenge and Campbell 2001), thus eliminating the impact of the sample size on the mean scores. In order to measure the weighted mean scores (w), the square of the standard deviations of the mean scores was divided by the sample size (SD2 / n) and the result was reversed. The correlation between weighted means and data collection year were analyzed with correlation analysis (Twenge, 2001; Twenge and Campbell, 2001). In addition, the correlation between the data collection years and the weighted mean scores were analyzed in order to find out if there is any change over time. It was consequently found that any positive or negative correlation indicated a change in the mean of that particular variable. (Wegman et al., 2018). Although it was unnecessary in this study, in case any changes in the cross-temporal meta-analysis process are

reported, the size of that change is measured with regression analysis (Twenge, 2001; Twenge and Campbell, 2001).

Data analysis

The study data were analyzed with SPSS 23.0 and Excel 2013 software. In data analysis, number and percentage distribution and correlation analysis were used.

Ethical considerations

As the study was based on a literature review model, it did not have any direct influences on humans or animals. Thus, the researchers didn't seek any approval from the board of ethics.

Limitations of the study

There are a variety of measurement tools to analyze the level of organizational commitment. The researchers deliberately preferred the three-dimensional organizational commitment scale developed by Meyer and Allen (1991) to compare the commitment levels. As this research particularly focused on investigating the level of organizational commitment among nurses in Turkey, it can not be generalizable for different countries.

3. RESULTS

Chart 1 indicates the distribution of the studies in the research by years. Accordingly, the studies in the research were published between 2006-2018 and the number of publications ranged from 1 to 6 each year. When the publication type of the studies was examined, it was determined that 68.29% (28 studies) consist of master's and doctoral theses and 31.70% (13 studies) consist of research articles.

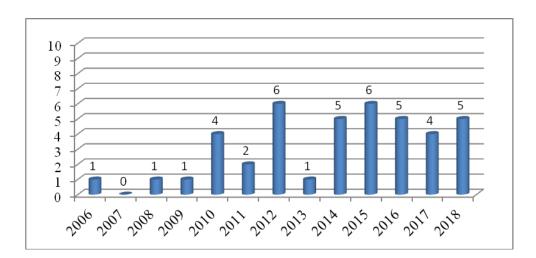


Chart 1. The distribution of the studies in the research by years.

Table 1 demonstrates the results of the level of organizational commitment of nurses. Affective commitment (87.8%), continuance commitment (84.2%) and normative commitment (97.4%) were found to be lower.

Table 1. The results of the level of organizational commitment of nurses

	Low		High	
Organizational commitment	Number	%	Number	%
Affective commitment	36	87,8	5	12,1
Continuance commitment	32	84,2	6	15,8
Normative commitment	38	97,4	1	2,6

The mean scores of affective commitment by data collection year are given in Chart 2. It was found that the data collection years of the studies on the level of affective commitment of the nurses were between 2004 and 2018, and the mean score of affective commitment was the highest in 2004 (mean = 4.73) and the lowest in 2013 (mean = 2.83).

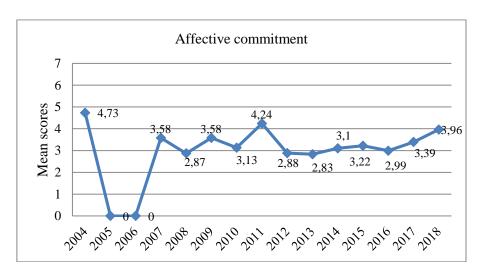
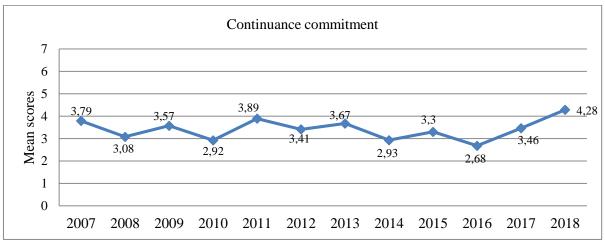


Chart 2. The mean scores of affective commitment by data collection year

Chart 3 presents the mean continuance scores of nurses by data collection year. It was noted that the data collection years of the studies on continuance commitment levels of the nurses were between 2007 and 2018, and the mean continuance commitment score was the highest (mean = 4.28) in 2018 and the lowest (mean = 2.92) in 2010.

Chart 3. The mean scores of continuance commitment of nurses by data collection year



The mean scores of normative commitment of nurses by data collection year are given in Chart 4. It was reported that the data collection years of the studies on the normative commitment levels of the nurses were between 2007 and 2018, and the mean of normative commitment scores was the highest (mean = 3.83) in 2018 and the lowest (mean = 2.58) in 2013.

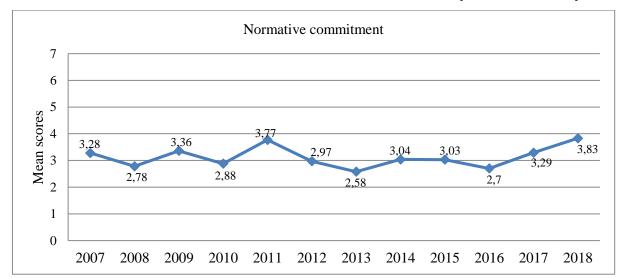


Chart 4. The mean scores of normative commitment of nurses by data collection year

The correlation between the weighted mean scores of organizational commitment and data collection year was analyzed with correlation analysis. The results indicated no correlation between the mean scores and data collection year (Table 2).

Table 2. The correlation between the weighted mean scores of organizational commitment and data collection year

	Data collec	Data collection year		
Organizational commitment (w)	r	p		
Affective commitment	-,176	,270		
Continuance commitment	-,041	,807		
Normative commitment	-,153	,354		

4. DISCUSSION

Organizational commitment is one of the best indicators for understanding nurses' behavior in regard to their perception of institution (Kim et al., 2017). Organizational commitment has frequently been investigated in nursing but the study results have not been evaluated with a holistic approach. This research seeks to answer questions such as "What is the level of organizational commitment of nurses?" and "Has there been a change in the level of organizational commitment?" based on the research data from studies on the organizational commitment of nurses in Turkey. Therefore, this research aimed to contribute to the improvement of the organizational commitment of the nurses by providing an overview of the current situation about the organizational commitment levels of nurses.

The study findings demonstrated that affective, attendance and normative commitment of nurses varied between high and low levels but often with lower levels of organizational commitment. Moreover, it was reported that the study findings indicated no linear increase or decrease in affective, attendance and normative commitment levels of nurses over time. Lower levels of organizational commitment entail a weak relationship between employees and the organization and organization's incapacity to fulfill its duties, potentials, and responsibilities to achieve its goals (Üçgül, 2017). The low organizational commitment are also characterized with negative outcomes such as slowdown in professional development, increased absenteeism, high rates of leaving the job and the professional career, low job satisfaction, low job quality and low customer satisfaction (Baykal & Türkmen, 2014; Duygulu & Abaan, 2007). Therefore, it is suggested that hospital managers, especially managing nurses, prioritize the attempts to increase the organizational commitment of nurses.

Although low organizational commitment is commonly regarded as a result of the insufficiency of institutions to meet the expectations of employees (Duygulu & Abaan, 2007), job satisfaction (Al-Hussami, 2008; Hoş & Oksay, 2015), intention to leave (Labrague et al., 2018), employee empowerment (Asiri et al., 2016; Oh and Chung, 2011; Samaa et al., 2013), organizational trust (Bağcı and Akbaş, 2016; Durukan et al., 2010), organizational justice (Arı et al., 2017), organizational support (Chang, 2015), working environment (Üçgül, 2017) are also among other causes of low organizational commitment. Therefore, managers should pay utmost attention to the impact of managerial decisions and practices on the organizational commitment of nurses. Besides, it is recommended for managers to evaluate regularly the organizational commitment and institutional expectations of nurses in order to ameliorate organizational commitment.

This research has provided a broad perspective on the organizational commitment levels of nurses in Turkey and their transformation over time. However, the research has certain limitations. There are a variety of measurement tools to investigate the levels of organizational commitment. This research focused on the studies that used the three-dimensional organizational commitment scale developed by Meyer and Allen (1991) in order to compare commitment levels. It aimed to analyze the levels of organizational commitment of nurses in Turkey and therefore, the results of this research cannot be generalized for other countries. The research data were collected from online databases and thus, the research results were confined with the publications in these databases. In line with the purpose of the research, the research

focused only on the levels of organizational commitment of the nurses and the institution types (public, university, private hospital, etc.) were not particularly analyzed. However, organizational commitment levels of nurses may also depend on the institution types, which is suggested to be particularly analyzed in further studies.

5. CONCLUSION

It was concluded that the organizational commitment levels of nurses were generally low with no linear increase or decrease in the commitment levels over the years. It is recommended for nursing managers to prioritize initiatives that would enhance the organizational commitment of nurses. In addition, examining the results of nurses' organizational commitment by hospital type will contribute to a better understanding of the cause of low organizational commitment and to develop appropriate strategy.

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APPENDIX 1. STUDIES INCLUDED IN THE RESEARCH

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