Organizational Commitment and Associated Factors among Nurses Working in Jimma University Medical Center, South West Ethiopia

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Jimma, Ethiopia

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DECLARATION

I, the undersigned, hereby declare that this thesis is my original work. The work has not been presented for degree in any university and source of materials used for the project has been acknowledged.

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Abstract

Background:*The magnitude of staff perception of organizational commitment reflects an employee's loyalty to the organization. This indirectly indicates organizational success and wellbeing.However, there is the scarcity of information about perceived organizational commitmentand its associated factors among nurses working at Jimma university medical center.*

Objective:*To assess magnitude oforganizational commitment and associated factors among nurses working in Jimma university medical center, south west Ethiopia.*

Methods: *Institution based cross-sectional study design was conducted at Jimma University Medical Center frommarch1 to 18, 2019 on 221 rondomly selected nurses. The data were collected using a self-administered questionnaire. After chekingthe completeness of the questioner the data were entered in to Epi data version 3.1 and analyzed by SPSS version 23.0 for statistical analysis. Simple (at P-value <0.25)and multivariable linear regression (at P-value <0.05) analysis were used to to identify independent predictors of organizational commitment.Finally, the findings were presented using graphs, tables, narratives and descriptive numerical summarymeusure.*

Results*:Theover allpercentage mean score of organizational commitment was 52% (SD=9.9). Work experience (β=4.39, 95%CI: (0.424,8.36), monthly salary (-β=2.94, 95%CI: (-5.72,-0.162), perceived role influence on their jobs scale score (β=2.09, 95%CI:(0.979,3.21), perceived nurses motivation on punctuality scale score (β=1.43, 95%CI: (0.419,2.43), perceived nurses satisfaction scale score (β=1.378, 95%CI: (0.179,2.578) were significantpredictors of nurses organizational commitment.*

Conclusion:*The magnitude of organizational commitment among nurses working at Jimma University Medical Center was low work experience, salary, influence at worke, satisfaction and level of motivation were predictors of job comitmnent. Thereforehospital managers should establish appropriate reward systems to increase nurses satisfaction and their organizational commitment.*

Key words: *Commitment, Jimma, Nurses*

Acknowledgment

Abbreviations

ICU	Intensive Care Unit
JUMC	Jimma University Medical Center'
MOH	Ministry Of Health
OC	Organizational Commitment
OR	Operation Theatre
PCA	Principal Component Analysis
SRS	Simple Random Sampling
SM	Mtandardization Mean
VIF	Variance Inflation Factors
WHO	World Health Organization

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Chapter One: Introduction

1.1 Background

Organizational commitment is the degree to which a person identifies psychologically with his/her work and is the internalization of the values and the importance of work for the person's worth and the degree to which one's work performance affects one's self-esteem and self-image.It shows the psychological attachment of anemployee to the organization. A wide variety of definitions and measure of organizational commitment exist and defined the term in a three dimensions: a strong desire to remain a member of a particular organization; willingness to exert high levels of efforts on behalf of the organization and define belief in and acceptability of the values and goals of the organization (1,2).

According toMeyer and colleagues,there are three types of organizational commitment: Affective, Continuance and NormativeCommitment. Affective commitment relates to an employee'semotional attachment to the organization and its goals.Continuancecommitment shows cognitive attachment between an employee and his or her organization because of the costs associated with leaving the organization. Finally normative commitment refers to typical feelings of obligation to remainwith an organization (2).

Organization commitment is a major concept in organization research and in understanding of employee's behaviors at workplace. So, it would be useful for organization to consider human feelings and attitudes (3).

Organizational commitment provides a broad measure of the effectiveness of leadership which offers a way to further explore the subject of the relationship between leadership and Commitment. However, organizations are always looking for the committed human resources in order to achieve its strategic objectives. Specifically, supervisors have the responsibility to emphasize to their subordinates their link and contribution to the success of the organization and to understand the significance of building a positive relationship with their respective subordinates to enhancing the subordinate's commitment to the organization(4).

Nursing managers have an essential role in hospital management. This includes facilitating care, ensuring patient safety, enhancing the quality of work life of nurses, and championing change processes that serve these ends. This requires managers to empower their nurses to perform their obligations using best practices. It also, requires managers to ensure the staffing nurses' commitment by means of providing an optimal work environment whilst maintaining a high level of quality care and patient safety. Nurse empowerment is not only an essential requirement, but it also affects organizational commitmenttoachieve these outcomes(4,5). However, it has been reported that the relations between nurse managers and staffing nurses have grown more strained, leading to less opportunityfor nurses to communicate their concerns about patient care and their own roles with their managers.

1.2. Statement of the problem

Improving the productivity and performance of health care workers in order to enhance efficiency in health interventions, is a major challenge for many countries in the world. Human resources for health (HRH) (clinical and non-clinical) staff are paramount as staff is the most important asset of health systems. Performance of health care organizations depends on the knowledge, skills and motivation of individual employees at the work place. Health care workers are not producing the desired output in terms of health interventions, which is a concern for the World Health Organization (WHO) and policy- and decision makers(6).

Healthcare organizations are systems where human resources are the most important assets for the delivery of quality healthcare; nursing is the largest workforce within the healthcare organization. Therefore, achieving optimal healthcare delivery is difficult, if not impossible without the efforts and commitment of staff nurses. Nursing leadership has a significant impact on creating practice environments that support and motivate staff nurses to provide the highest level of care to healthcare consumers(7).

After all, high levels of absenteeism and staff turnover can affect the administrators' bottom lines, as temps, recruitment, and retaining take their toll.In the recent years organizations have gone through dramatic changes, including flatter and looser structures, downsizing, and horizontal approaches to information flow, these changes are due to rapid technological developments, global competition, and the changing nature of the workforce that triggered by interventions such as total quality management and business process reengineering(8).

Committed nurses provide asset value of stable, dedicated workforce; lower employee recruiting, training and development costs; retention of nurses with knowledge, skills, and abilities that are critical to organizational success; improved organizational image within the community; in addition, a committed workforce influences customer loyalty Job satisfaction is so important in that its absence often leads to lethargy and reduced organizational commitment(9).

It has also been reported that limited participation of nurses in decision-making, affecting their jobs and work environment, entails a cost to the organization in terms of mistrust of hospital management and resentment; high levels of stress, decreased morale, reduced job satisfaction

and lower organizational commitment. These conditions collectively contribute to nursingburnout and nurses leaving the organization and even the profession(10).

Poor leadership lead continuously hiring new employees is costly, and frequent staff turnover affects employees' morale and impairs patient care. The rapid turnover has been found to have negative physical and emotional effects on nursing home residents, leading to a greater incidence of falls, medication errors, fear and anxiety, and feelings of hopelessness(11).

Shortage of Health workers staff in Ethiopia has always been critical. Health worker/population ratios, for example are3 to 4 times lower than even East African standards. In 2005 inEthiopia, there were 18,809 nurses, all categories which encompassesabout 2.5 nurses per 100,000 population ratio which is very much low when compared with other African countries and developed western and eastern countries. Nursing shortage is a significant part of the on-going healthcare crisis in the health care delivery system(12).

When it comes to the general context of Ethiopia, there are a few studies which are somehow related to this study. According to a study conducted in East Gojam showed that organizational commitment was found to significantly associated with nurses' turnover intention(13).

 Of course, as the best search of the researcher there are no studies conducted on this particular topic atJimma University Medical Center. Therefore, the current study will enhance our understanding of the magnitude of organizational commitment and its associated factors amongnurses which would ultimately be linked with the achievement of organizational goals.

1.3. Significance of the Study

This study helps to generate relevant information about magnitude of organizational commitment and its associated factores among nurses. It helpes for the concerned bodies such as policy makers may also use the findings of this study to review and propose better polices that would spearhead the performance of nurses. Policy makers always need facts to stand on. With findings of this study, policy makers have support effective to formulate or establish policies related to health facilities in the country. use during nursing training and hospital managers may develop clearly leadership support for the employee as to improve strategies for quality health services provision. Moreover, the study was expected to add knowledge the variables that increase nurses' commitment. Researchers also use this finding as abaseline data.

Chapter Two: Literature Review

2.1.MagnitudeOrganizational Commitment

Organizational commitment has been viewedas a dimension of organizational effectiveness, which contributes to increased nurses (perceived) effectiveness through work performance and reducing turnover. Research has also shown that increased commitment improves work performance and reduces absenteeism and turnover(10).

The study conducted in Iran in 2016 showed that the average level of organizational commitment among nurses was 74.24% ±8.36, which was graded as moderate level of organizational commitment. Anaother study conducted in government health facilities of Gurage zone showed that the percentage mean score of organizational commitment for health professionals working in government health facilities of Gurage zone was 64.81%(11).

Organizational commitment was described by Yoon and them as a construct that affected employees' work behaviors using two approaches. One is the emotional/affective approach, which focused on overall job satisfaction. The other is the cognitive approach, centered on the perceptions of support received from supervisors (organizational support).Employee commitment reflects the quality of the leadership in an organization(14,15).

Meyer and Allen argued the three components of commitment, affective, continuance and normative, have quite different consequences for other work related behavior, such as attendance, performance of required duties and willingness to go above and beyond the call of duty(16). Nurses with strong affective commitment feel emotionally attached to the hospital. This suggests these nurses have a greater motivation to contribute meaningfully to the organization than nurses with weaker commitment. However, on the other hand, Meyer and Allen maintain that employees, who are linked to the organization based on continuance commitment, stayed, not because of emotional attachment, but because of the realization the cost associated with leaving was high. Third component of organizational commitment surmises that nurses with strong normative commitment are connected to the organization by feelings of obligation and duty. This form of commitment encourages nurses to be positive toward work behaviors such as job performance and work attendance. The authors also argued that it was more appropriate to consider affective, continuance and normative commitment to be

components, rather than types of commitment because an employee's relationship with an organization might reflect varying degrees of all three components(16).

Commitment includes three factors: a strong belief in, and acceptance of, the organization's goals and values; a readiness to put the effort necessary on behalf of the organization; and the willingness to remain part of the organization(17).

In a research done in Malaysian nurses approximately 48.80% of the subjects had a high level of organizational commitment, 44.23% of the subjects had a moderate level of organizational commitment and 6.97% of the subjects had a low level of organizational commitment (30). Commitment developed by provided the background to conduct this study on nurses' commitment to the organizations. Meyer and Allen developed a three component model based on the observation that there were both similarities and differences in existing Uni-dimensional conceptualizations of organizational commitment. However, their work did not include the component of leadership behavior. Studies conducted revealed that leadership behavior was a predictor of organizational commitment(18).

A study conducted in Ghana showed that, there were 206 participants in the study, out of these 92 representing 44.7% were males of which 25 (27.2%) recorded low commitment, 35 (38%) were moderately committed and 32 (34.8%) were highly committed (19).

In contrast to Kanter's focus on structural empowerment, has focused more on the psychological state of the employees who experience empowerment (or not). Psychological empowerment has four components: meaning, competence, self-determination, and impact. Meaning entails congruence between an employee's beliefs, values and behaviors, and job requirements(20).

2.2. Assoiciated with Organizational Commitment
Socio-demographics related factors

A range of demographic variables have been found to be related to employeecommitment. For a variety of reasons, age has been found to be a positive predictor of employee commitment. As Mathieu &Zajac suggest, the older employees become, the less alternative employment options are available. As a result, older employees may view their current employment more favourably(21).

With regard to gender, a number of studies have reported women as being more committed on their job than men. This is typically explained by women having to overcome morebarriers than men to get to their position in the organization. Marital status has also been shown to relate to commitment, with married employees usually showing more commitment. However, it is suggested that the reason for this is because married employees will typically have greater financial and family responsibilities, which increases their need to remain with the organization (22).

According to the study done at Shanghai China showed that, severe shortage of registered nurses are: inadequate policies for recruitment, poor retention of nurses, abscesses of social respect for nurses contribute to intention of nurses to quit their profession. In similar study organizational support and job satisfaction were also considered to be predictors of nurses' commitment to their organizations(23).

A study conducted in pakistran indicated that qualification is one of the significant fctore for organizational commitment: qualification wise those faculty who hold Master degree were more dedicated as compare to their higher-ranking counterpart who have MPH and PhD degrees(24).

Leadership related factores

Supervisor-Subordinate Relationship

The implementation of management reforms has affected professional groups such as nurses by increasing the power of supervisors.So that they can make their professional staff moreaccountable and therefore reduce their staff's power. The important factorappears to be the extent to which supervisors mediate organizational management goals fornurses.A study

conducted in tiwan showed that there is positively associated with leadership behavior (P <0 .001) and job satisfaction (P< 0.001) and organizational comkitment of among nurses working in hospitals (14).

In their review of leadership in health care, noted that the vast majority of research is focused on nurses and nurse managers. There were strong links between nurse managerial style and staff job commitment turnover and retention. Nurses preferred managers who were participative, facilitative and emotionally intelligent and such styles were in turn linked to team cohesion, lower stress, and higher empowerment and self-efficacy. They also found that effective nurse leaders were characterized as flexible, collaborative, power sharing, and as using personal values to promote high quality performance(25)

Job satisfaction and organizational commitment are noteworthy issues that ensure proper nursing care in healthcare sector. Another study in india showed the study found the nurses' total organizational commitment levels were significantly correlated to their level of job satisfaction .A study conducted in iran showed a significant correlation of job experience and organizational commitment. (p-value=0.006)(26).

A study conducted on organisational commitment in Mpumalanga showed that, there is stastically significant positive association between organizational commitment and inspirational motivation (P-value<0.001) and work influence (P-value=0.001)(27).

Conceptual framework of the study

Perceived Organizational Leadership and support related factors.
- Perceived oragizationalsupport
- Perceived autonomy of work
- Perceived relationship with managers
- Perceived influency at work
- Perceived possible development
- Perceived role-clearity

Organizational Commitment

Motivation related factors
- Perceived nurses emotional strength scale score
- Perceived motivation on their values scale score
- Perceived nurses motivation on punctuality scale score

Levele of Satisfaction
- Perceived nurses satisfaction scale score

Socio-demographic characteristic
- Age,Gender
- Marital status
- Qualification
- Work experience
- Working unit
- Role within working unit
- Net monthly salary

Figure 1: Conceptual framework of Job commitment and associated factors among nurses working in jimma university medical center, south west Ethiopia, Developed from reviewing Different Litratures

Chapter Three: Objectives

3.1 General Objective

➢ To assess the magnitude of organizational commitment and associated factors among nurses working at Jimma University Medical Center.

3.2 Specific Objectives

1. To determine the magnitude of organizational commitment among nurses working at Jimma University Medical Center.
2. To identify factors associated withorganizational commitment among nurses at Jimma University Medical Center.

Chapter Four: Method and Materials

4.1 Study Area and period

The study was conducted in Jimma University Medical Center (JUMC)Jimma, Oromia Regional state from March 1- March 18, 2018. JUMC is one of the oldest public hospitals in the country. It was established in 1938 G.C by Italian invaders for the service of their soldiers. Geographically, it is located in Jimma city 352 km southwest of Addis Ababa.

Currently, it is one of teaching and referral hospital in the southwestern part of the country, providing services for approximately 15,000 in-patient, 160,000 outpatient attendants,11,000 emergency cases, and 4500 deliveries in a year coming to the hospital from the catchment population of about15 million people.It has a total of 1,448 staff from which 816 are technical staffs and the remaining 587 are supportive staffs. From the technical staffs 242 physicians, 536 all types nurses, 57 pharmacist, 57 laboratory technologist, 8 radiographer (23).

4.2 Study design

Facility based cross-sectional study design wasemployed.

4.3 Population

4.3.1 Source population:

All Nurses who were working at JUMC during the study periods.

4.3.2 Study population

All randomly sampled nurses who were working in JUMC during the study periods and fulfill the inclusion criteria's

4.4 Inclusion and exclusion criteria

4.4.1Inclusion criteria

4.4.2 Exclusion criteria

Nurse who served less than six month in the hospitals

4.5 Sample size and sampling technique

4.5.1 Sample size determination

Since there were no study conducted onorganizational commitment in similar setting,the sample size was estimated based on the assumption that the over all percentage mean score of organizational commitment (P) 50%, 5% margin of error, and 95% confidence level, the required sample size *n* had been 384. As the sources population was(< 10,000) correction formula were used,

n= (Z α/2)^2 p (1-p)/d^2

Where

  ➢ **n** is the minimum possible sample size
  ➢ Zα/2 is standard error which is=1.96 for 95% Confidence level)
  ➢ **P is t**he over all percentage mean score of organizational commitment,which is assumed to be 50%.
  ➢ dis margin of error (4%). The margin of error is used as 4% to increase the sample size**.**

$$n=\frac{(1.96)^2(0.5)(0.5)}{(0.04)^2}=\mathbf{384}$$

Since the number of nurses is 536 (<10,000), finite population correction formula was used as follow.nf $=\frac{n}{1+n/N}$nf$=\frac{384}{1+384/536}=\mathbf{223}$.

Considering 10% non-response rate the final sampe size was =245.

4.5.2 Sampling technique

First, list and number of nurses in each service units was taken from nurse director. Proportional allocation to different service units was made based on the number of nurses in each unit. Then, simple random sampling technique(Lottory method) was used to select sampled nurses from each unit**(Figuer 2).**
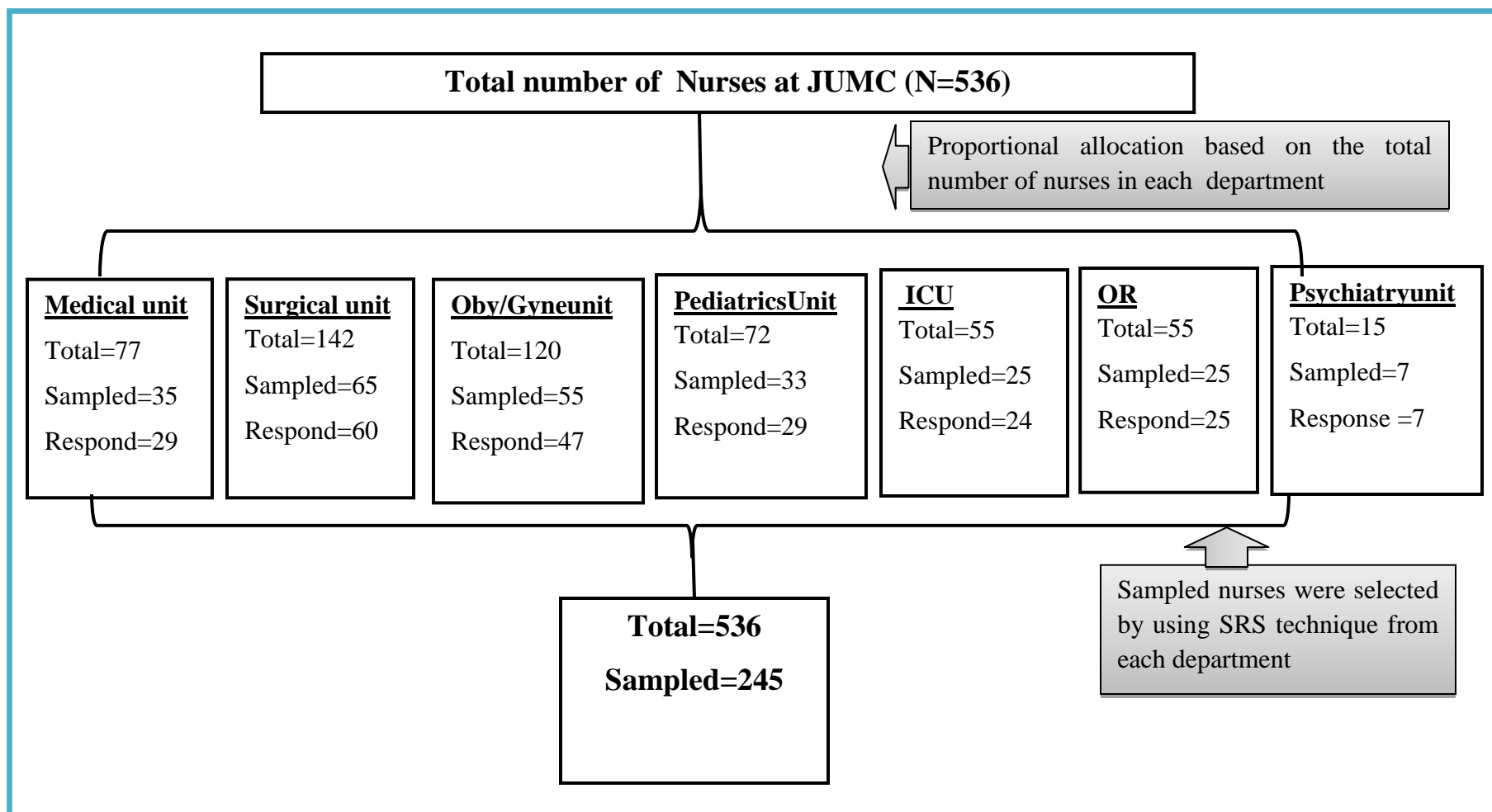
Figure 2: Schematic diagram of sampling procedure of the study at JUMC, 2018.

4.6. Data collection tool and procedures

The data were collected using self-administered structured and pre-tested questionnaires. The study population invited to participate voluntarily by explaining the rationale of the study at the time of data collection. Written guideline was given to the administrators of the questionnaire to assure that each nurses received the same direction and information.

4.6.1.Data collection Tools

Individual characteristics: of the respondents including their age,sex, marital status, qualification, work experience, working unit, role within working unit, monthly salary.

Percived organizational commitment scale: a 24 itemsfive-point Likert scale with response options ranging from (1 Strongly disagree to 5 Strongly Agree) which was adopted from Stephen Jaros and originally it was developed by Meyer and Allen's three-component model of organizational commitment(23).

Leadership support practicebehavior scale:30 items five-point Likert scale with response options ranging from (1 Strongly disagree to 5 Strongly Agree) which was adopted from M. Bass and B. J. Avolio(28).

*Perceived organizational supportscale:*a 16 items "Yes"/"No"responseoptionswhich was adapted from Robert Eisenberger and Rubin Hutington.*Job satisfaction scale:*a 7 items five-point Likert scale with response options ranging from (1 very dissatisfiedto 5 very satisfied) and Carer motivation was measured by a 18 items five-point Likert scale with response options ranging from (1 Strongly disagree to 5 Strongly Agree)(29).

4.7. Variable of the study

4.7.1 Dependent variable

OrganizationalCommitment.

4.7.2 Independent variables

Socio-Demographic characteristics: Age, Sex, Marital status, Qualification, Work experience, Working unit, Role within working unit, Salary.

Percived Organizational Leadership and support related factors: Perceivedoragizational support, perceived autonomy of work, perceived relationship with managers, perceived influence at work, perceived possible development, perceived role-clearity, Magnitude of motivation

Motivation and reinforcement: Perceived nurses emotional strength scale score, perceived motivation on their values scale score, perceived nurses motivation on punctuality scale score

Job satisfaction related variables: Perceived nurses satisfaction scale score.

4.8 Operational Definition

Organizational commitment: it is measured by using 24 items each scores in 5-point likert scale with 1 denoting strongly disagree and 5 strongly agree.The score ranges from minimum 24 to maximum 120. The higher the sum of the score shows the higher organizational commitment.

Autonomy: Subscale of leadership practice which refers to the characteristics that enable nurses to make individual decisions about daily practice and also it is feeling of nurses about independence in the work.

Possibility of development:subscale of leadership practice which refers to opportunities for advancement of nursing career given by the hospital.

Motivated: Nurses who are motivated with perception of motivation factors (i.e. recognition, responsibility, work itself, advancement in achievements and personal growth) and hygienefactors (i.e. relationship with coworkers and peers, salary, fringe benefits, supervision and leadership) in their hospitals.

Relationship and interaction: the contact and value placed on work by colleagues, other health care workers, patients and/or their relatives. This was measured by using four items each scored in 5-point Likert scale with 1 denoting very dissatisfied and 5 denoting very satisfied. The score ranges from minimum 4 to maximum 20.The higher the sum of the scores shows the higher level of relationship and interaction.

Level of satisfaction: This was measured by using seven items each scored in 5-point Likert scale with 1 denoting very dissatisfied and 5 denoting very satisfied. The score ranges from

minimum 7 to maximum 35. The higher the sum of the scores shows the higher level of satisfaction

4.9. Data quality assurance

The data collection tools were pretested two day before data collection at Shenen Gibe Hospital on 5% equivalent of the sample size=12 nurses to assess the reliability, clarity, sequence, consistency and understandability. After pretest necessary modification were made. Two days training was given for data collectors and supervisor on the research objectives, data collection tools, data collection techniques, and ethical issues. During data collection the whole procedure was supervised and cheeked frequently.

4.10. Data management and analysis

The data were reviewed and checked for omissions, legibility of handwriting, and completeness by principal investigator and supervisor on daily bases. The completed questionnaires were checked for inconsistencies and missed values. An incomplete questionnaire which cannot usedfor measure outcome variable was excluded from the data analysis.After checking the data were coded and entered into Epidata version 3.1and exported into SPSS version 23 software for analysis.

After data collection, for the purpose of reducing a large number of variables into a smaller number of components and for computing factor score for further linear regression, the likert scale data were subjected to exploratory factor analysis (Principal Component Analysis (PCA)methodwith varmox rotation. After conducting factor analysis the following components emerged as part of the tools: All the assumptions of factor analysis/PCA were checked to conduct data reduction. Sampling adequacy was checked with Kaiser-Meyer-Olkin measure of sampling adequacy and the results ofeach analysis was >0.5.Also, Bartlett's Test of Sphericity was checked and it was taken as significant at $p<0.05$ in each analysis.

Organizational commitment: Three components with eigen value greater than one were extracted. This three components explained 63.68% of the variability in organizational commitment among the participants.The first component includes: I really feel as if this organization's problems are my own, I feel emotionally attached' to this organization, this organization has a great deal of personal meaning for me, I feel as strong' sense of belonging to

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my organization, It would be very hard for me to leave my organization right now, even if I wanted to. All of the items are measures of affective commitment. So, this scale was named as *" Percived Affective Commitment scale"*.

The second component has five items: It would be too costly for me to leave my organization now. Right now, staying with my organization is a matter of necessity as much as desire, I feel that I have very few options to consider leaving this organization, one of the few serious consequences of leaving this organization would be the scarcity of available alternatives, one of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice.All of the items are measures of continius commitment. So, this scale was named as *"Percivedcontinius commitment scale"*.

The third component includes four items: I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain, I was taught to believe in the value of remaining loyal to one organization, things were better in the days when people stayed in one organization for most of their careers, I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful which are measures of normative commitment. So, this scale was named as "*Percivednormative commitment scale"*.

The reliability coefficient(Cronbach's alpha) for items in this study was 0.737.

Leadership Support practicescale: Three components with eigen value greater than one were extracted. Thisthree components explained 62.6% of the variability in organizational commitment among the participants. The first component includes three items: I am satisfied with the extent to make autonomous nursing care decision, I am satisfied with the extent to be fully accountable for those decisions I have made, I am satisfied all the information I need in order to do my work well which is named as *"perceived professional autonomy of nurses"*.

The second component includes: I can influence how quickly I work, I have a say in choosing who I Work with, I can influence the amount of work assigned to me, I have influence on What I do at work, I have influence on my work environment, and I have influence on How I do My work which is named as *"perceived role influence on their Jobs"*.

The third component includes: the management and I have a joint interest in the jobs, management involve staff in decision making, management committee decisions communicated to the staff, an there is a formal problem solving in the hospital which was named as "*perceived*

relationship with management of nurses". The reliability coefficient(Cronbach's alpha) for the items in this study was0.829.

Level of motivation: Three components with eigen value greater than one were extracted. This three components explained 69.7% of the variability in organizational commitment among the participants. The first component includes two items: I feel emotionally drained at the end of the every day, and sometimes when I get up in the morning, I dread having to face another day at work which was named as *"perceived nurses emotional strength scale score".*

The second component includes four items: I am proud to be working for this health facility, I find that my values and this health facility are very similar, I am glad that I work for this facility rather than other facilities, and I feel very little commitment to this health facilitywhicha was named as *"perceived motivation on their values scale score".*

The third component includes: I am a hard worker, Do things that need doing without being asked or told, and I am punctual about coming to work which was named as *"perceived nurses motivation on punctuality scale score."* The reliability coefficient (Cronbach's alpha) for the items in this study was 0.77.

Level of satisfaction*:* one component was extracted: I am satisfied with the opportunity to use my abilities in this job, I am satisfied that I accomplish something worthwhile in this job, I am satisfied with my supervisor, I am not satisfied with my colleagues in my work, I am very satisfied with my job description given to me, I am satisfied with the freedom to use my own judgment, I am satisfied with the chance to work alone on the jobwhich was named as *"perceived nurses satisfaction scale score"* The reliability coefficient (Cronbach's alpha) for the items in this study was 0.810.After conducting PCA, descriptive statistics (including means, standard deviations, frequencies and percentages) were calculated for each extracted components as well as items under it. The mean scores for all scales were reported as the percentages of scale mean score (%SM) after standardization the mean was calculated. It ranges from 0 to 100%. For each case, it was calculated as by the following formula and the mean value of each scale gives the over all percentage mean score.

$$(\%SM)$$

$$= \frac{(\text{Actual score} - potential\ minimum\ score\ )}{\text{potential maximum score} - \text{potential minimum score}} \quad X100\%$$

To identify predictors of organizational commitment linear regression was conducted. First, all assumptions of linear regression were checked. Normality of distribution was checked by observing using histogram. Linearity was checked by observing p-p plot. Multicollinearity was checked by examining the variance inflation factors (VIF) which showed that there was no correlation between variables (VIF less than 5). Homoscedasticity was checked by observing all residual, box plots and scatter plots. So, all plots and contained points have the same width.

Then, Simple linear regression was conducted to identify candidate variables for multiple linear regressions; significance level of p-value <0.25 was taken as a cut of point for identifying candidates variables for further regression analysis. Multi variable linear regression analysis was conducted to identify independent factors associated with organizational commitment; significance level of p-value less than 0.05 at 95%CI was taken as a cut of point and unstandardized β was used for interpretation. The final fitted model was constructed using backward elimination method.

4.11 Ethical considerations

Ethical clearance and approval to conduct the research was obtained from Jimma University Institute of health science, Institutional Review Board(IRB). Then a letter was secured from the university to respective hospital management to gain support for the study. Prior to administering the questionnaires, the aims and objectives of the study was explained to the participants andpersonal consent was be obtained from study participant after explaining the objective of study. They was also told that participation is voluntarily and confidentiality and anonymity was be ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire.

4.12 Dissemination plan

The findings will be presented for Jimma university scientific community and will submitted to Jimma University Institute of health science, department of health economics, management and policy and Jimma University Medical Center. Final, efforts will be made to publish this research findings on the national or international journals.

Chapter Five: Results

5.1. Characteristics of the Participants

Among the eligible 245 participants, 221(90.2%) were returned the questionnaires.Out of the total respondents 111(50.2%) were males. Regarding age, majority of them 138(62.4%) were found at age category of 20-30. Slightly more than half of nurses participated in this study were Oromo. Concerning religion of participant, 93(42.1%) were orthodox. Half of (49.8%) study the study participants were single. Regarding educational status, 129(57.4%) of them were BSc degree holders.**(Table 1).**

Table 1: Socio demographiccharacteristic of participants on Organizational Commitment and Associated Factors among Nurses Working in JUMC, 2018(n=221)

Variables	Frequency	Percentage
Gender		
Male	111	50.2
Female	110	49.8
Age		
20-30 years	138	62.4
31-40 years	71	32.1
>40 years	12	5.4
Ethnicity		
Oromo	120	54.3
Amhara	52	23.5
Tigre	10	4.5
Others	39	17.6
Religion		
Orthodox	93	42.1
Muslim	42	19
Protestant	79	35.7
Others	7	3.2
Marital Status		
Single	110	49.8
Married	101	45.7
Others	10	4.5
Educational Status		
Diploma	92	41.6
Degree and above	129	57.4

Regarding to monthly salary of nurses, halfe of nurses 112 (50.2%) were have monthly salary of greater than 4000 Ethiopian birr while the rest 99(49.2%) were have less than 4000 Ethiopian birr per month(**Figuer 3**).
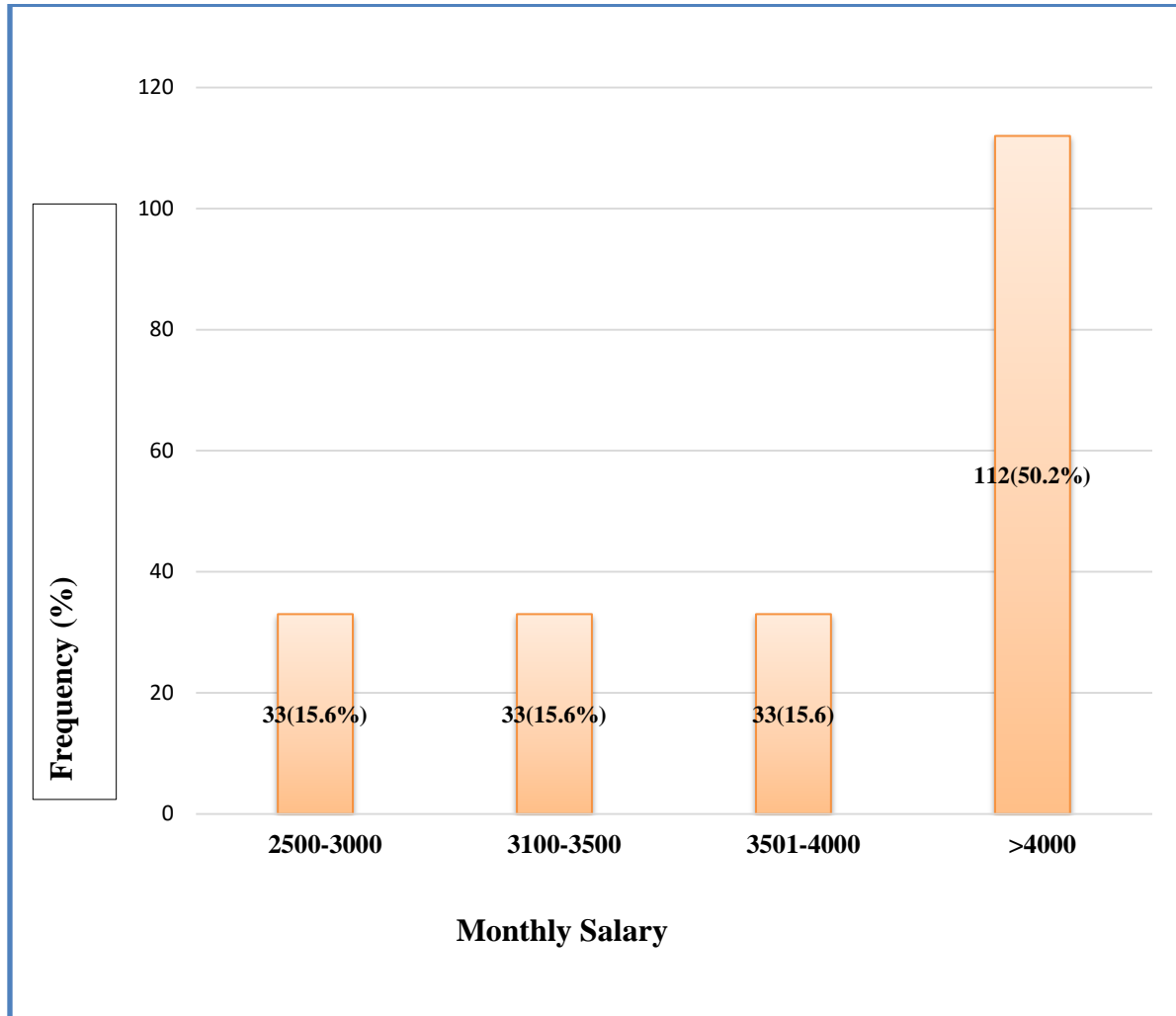
Concerning to general working unit, 60(27.1%) of nurses were working at surgical ward, 47(21.3%) were working at Gynacology and Obestetricsunit and 29(13.1%) were working at periatrics ward **(Table 2)**

Table 2: Working unit of of participants on Organizational Commitment and Associated Factors among Nurses Working in JUMC, 2018 (n=221)

Working Unit	Frequency	Percentage (%)
Medical ward	29	13.1
Gynacology and Obestetrics	47	21.3
Surgical ward	60	27.1
Pediatrics ward	29	13.1
ICU	24	10.9
OR	25	11.3
Psychiatry	7	3.2

Regarding general working experience, majority of nurses 141 (63.8%) were working for 6 month-5 years while, 65(29.4%) were working for 6 years-10 years **(Figuer 4).**
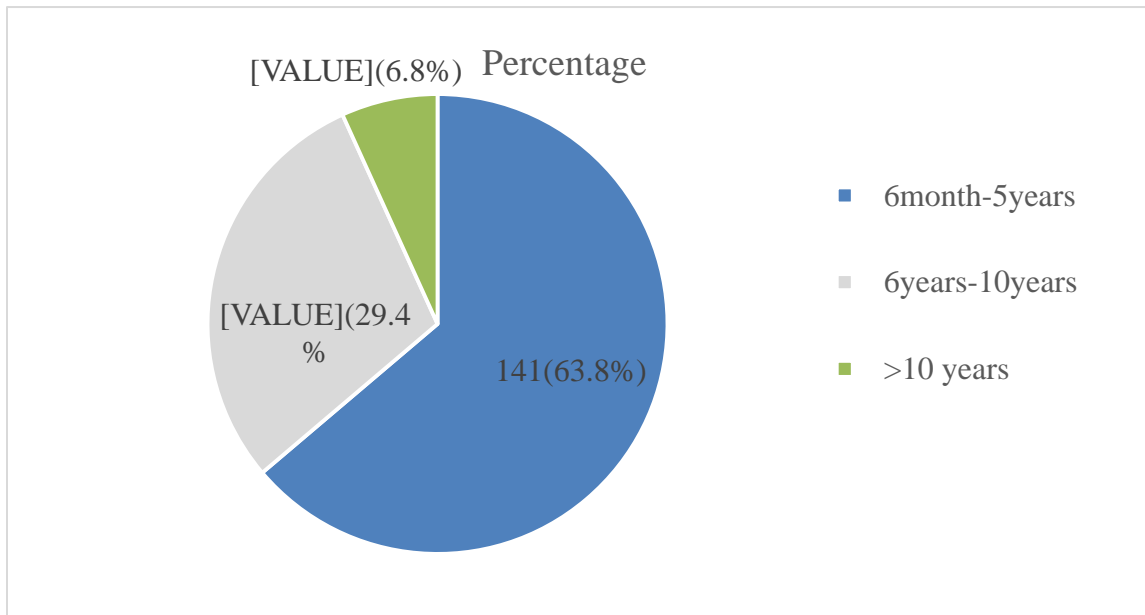
Figure 3: Working experience of participants on Organizational Commitment and Associated Factors among Nurses Working in JUMC, 2018 (n=221)

5.2. Magnitude Of Organizational Commitment

The over all organizational commitment percentages mean score of nurses who participated in this study was 52%(SD=9.9). Percentages mean score for continiues commitment scale was the highest which was 58.94%(SD=3.6). Percentages mean score for affective commitment scale was the least which was 43.17% (SD=9.24) **(Table 3).**

Table 3: Mean scores for organizational commitment among Nurses Working in JUMC, Ethiopia, 2018 (n=221)

Emerged components and its respective items	%SM±SD
Percived affective commitment	**43.17%±9.24**
I feel emotionally attached' to this organization	33.25±29.041
I really feel as if this organization's problems are my own.	43.55± 30.63
I feel as strong' sense of belonging to my organization	39.93± 28.16
It would be very hard for me to leave my organization right now, even if I wanted.	40.83± 30.67
Too much in my life would be disrupted if I decided to leave my organization now	58.25±32.63
Percived continuance commitment	**58.94%±3.6**
It would be too costly for me to leave my organization now.	60.74±29.68
Right now, staying with my organization is a matter of necessity as much as desire.	63.81±29.70
I feel that I have very few options to consider leaving this organization	56.91±29.68
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	59.05±29.91
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrific	54.18±30.189
Percived normative commitment	**56.85%±5.1**
I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain.	58.71±30.72
I was taught to believe in the value of remaining loyal to one organization.	63.81,±29.71
Things were better in the days when people stayed in one organization.	59.05±29.92
I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.	45.81±28.93
Over all commitment	**52%±5.1**

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On tertiale classification of the of magnitude organizational commitment for the study participants by rank order, 82(37.1%) of nurses have low commitment, 68(30.8%) have moderate magnitude of commitment and the rest 71(32.1%) have highmagnitude of commitment to their organization**(Figuer: 5)**
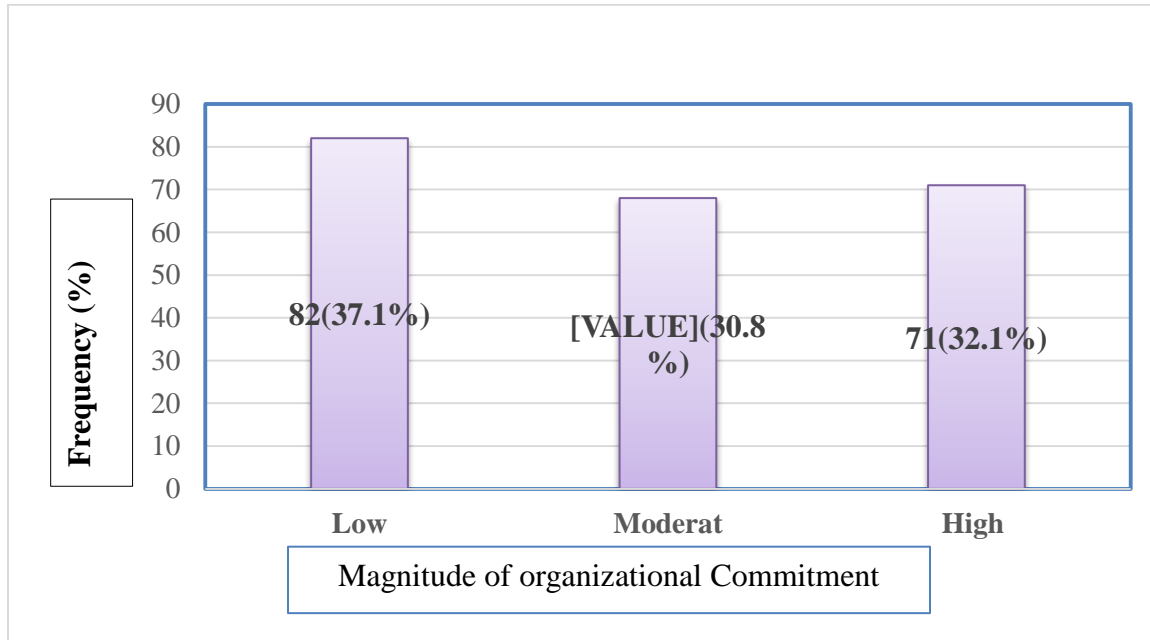
Figure 4:magnitude of Organizational Commitment among Nurses Working in JUMC, 2018 (n=221)

5.3. Description of Predictor Variables

5.3.1. Perceived organizational Leadership support practice

The percentages mean scoreautonomyof nursesin this study was 41.26% (SD=24.9). The overall ofmagnitude relationship to managment percentages mean score of nurses in this study was 36% (SD=25.1). Regarding to the magnitude of role influence, the overall magnitude of role influnce percentages mean score of nurses in this study was 48.4% (SD=11.6) **(Table 4).**

Table 4: Magnitude perceived organizational leadership for Nurses Working in JUMC, Ethiopia, 2018 (n=221).

Emerged Components	%SM±SD
Perceived professional autonomy of nurses	41.26(SD=24.9).
Perceivedrelationship to management of nurses	36% (SD=25.1)
PerceivedRole influence on their Jobs	48.4% (SD=11.6)

%SM is the standardized score as the percentage of possible maximum scale score, and it lies between 0 and 100.

Half of the participantesresponded as there is poor possibility of educational development. The role of nurses in the organization was not clear for about 82(37.1%) of nurses. Regarding to supervision from immediate manageres, it was perceived as there is poor supervision received from higher officials by 95(43%) of participants **(Table 5).**

Table 5: Magnitude of percived organizational support for nurses working at JUMC, Ethiopia, 2018 (n=221)

Variables	Frequency	Percent
Development		
Poor	111	50.2
Good	110	49.8
Role-clearity		
Not clear	82	37.1
Clear	139	62.9
Supportive Suppervision		
Poor	95	43
Good	126	57

5.3.2. Magnitude of motivation

The Overall of magnitude motivation percentages mean score of nurses who participated in this study was 47.3% (SD=12). The higher percentage mean score in perceived nurse motivation to work was in relation to perceived nurses motivation on punctuality scale score wich was 54%(SD=18) followed by perceived motivation on their values scale score which was 44.2% (SD=14). The cummulative rotated variance explained on principal component factor extraction analysis was 69.3% **(Table 6)**

Table 6: Mean scores formotivation among nurses working at JUMC, Ethiopia, 2018 (n=221) .

Emerged Components	%SM±SD
Perceived nurses emotional strength scale score	43%±26
Perceived motivation on their values scale score	44.2%±14
Perceived nurses motivation on punctuality scale score	54%±18
Overall level of motivation percentages mean score	47.3%±12

%SM is the standardized score as the percentage of possible maximum scale score, and it lies between 0 and 100.

On tertiale classification of the over allmagnitude of motivation for the study participants by rank order, 75(33.9%) of nurses have low magnitude of motivation, 78(35.3%) have moderate level of motivation and the rest 68 (30.8%) have high magnitude of motivation on thier organization**(Figuer-6)**
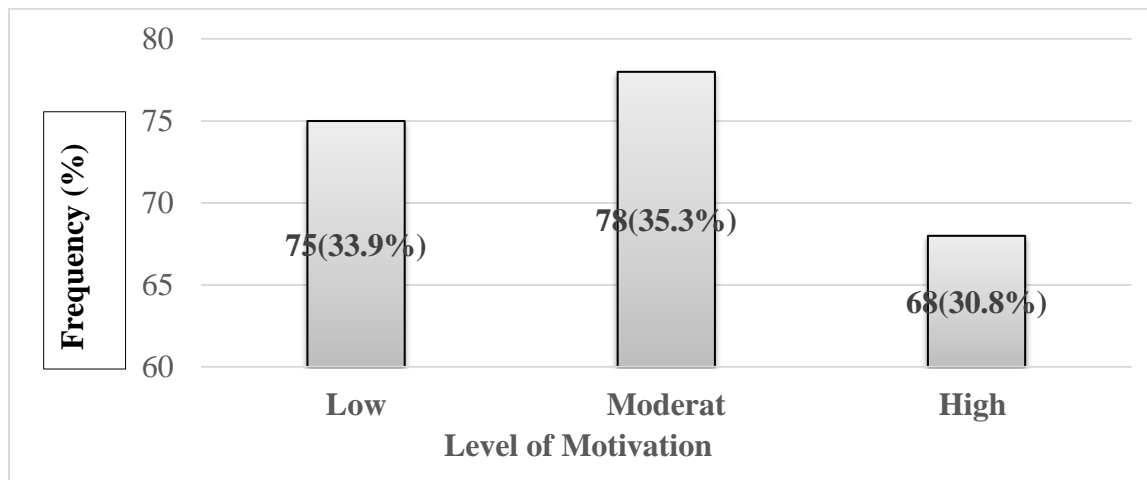
Figure 5: magnitudeof motivation among Nurses Working in JUMC, 2018 (n=221)

5.3.3Magnitudeof satisfaction

Concerning to nurses magnitude of satisfaction, it showed that the over allsatisfaction percentages mean score of nurses who participated in this study was 39.14% (SD=21) **(Table 7).**

Table 7: Mean scores forsatisfaction among nurses working JUMC, Ethiopia, 2018. (n=221)

Emerged Component	%SM±SD
Perceived nurses satisfaction scale score	39.14±21

%SM is the standardized score as the percentage of possible maximum scale score, and it lies between 0 and 100.

On tertiale classification of the magnitude of satisfaction for the study participants by rank order, 75 (33.9%) of nurses have low magnitude of satisfaction, 87(39.4%) have moderate magnitudeof satisfaction and the rest 59(26.7%) have high magnitude of satisfaction on their organization**(Figuer7)**
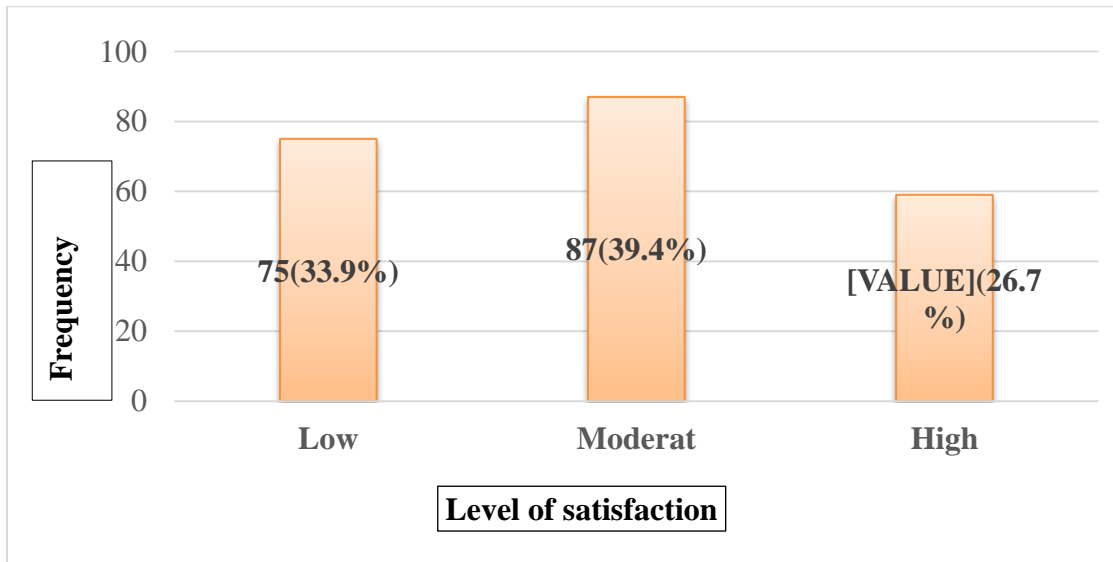
Figure 6: Magnitudeof satisfaction among Nurses Working in JUMC, 2018 (n=221)

5.4. Predictors of Organizational Commitment

5.3.1 Simple linear regression analysis.
Socio demographic characteristics as predictors of organizational commitment

From nurses socio demographic factors; gender, monthly salary, work experience were a candidate predictor for organizational commitment (at P<0.25). But age, marital status and educational status were not a candidate predictor for organizational commitment(**Table 8).**

Table 8: Nurses socio demographic characteristics predictors of organizational Commitment at JUMC, 2018 (n=221).

Variables	Unstandardized β	P-value	95% CI for β
Gender			
Male	1		
Female	-0.16	**0.015**	**(-5.88,-0.64)**
Age			
20-30 years	1		
31-40 years	0.569	0.64	(-1.87, 3.01)
>40 years	0.034	0.996	(-11.99, 12.06)
Work Experience			
6month-5years	9.507	**0.007**	**(2.57,16.43)**
6years-10years	9.064	**0.013**	**(1.97,16.16)**
11years-20years	6.167	0.167	(-2.59,14.93)
21years and above	1		
Marital Status			
Single	1		
Married	-0.076	0.948	(-2.38, 2.22)
Others	0.835	0.831	-6.88,8.557)
Educational Status			
Diploma	-1.67	0.15	(-3.94, 0.61)
Degree and above	1		
Salary			
2500-3000	-2.325	0.162	(-5.59,0.94)
3100-3500	0.521	**0.022**	**(0.56,0.09)**
3501-4000	3.826	0.745	(-2.63,3.67)
>4000"	1		
Working Unit			
Medical ward	2.502	0.470	(-4.31, 9.31)
Gynacology and Obestetrics	2.103	0.528	(-4.45,8.65)
Surgical ward	2.588	0.431	(-3.87,9.04)
Pediatrics ward	4.123	0.234	(-2.68,10.93)
ICU	4.363	0.217	(-2.58,11.31)
OR	10.851	**0.002**	**(3.93,17.76)**

| Psychiatry | 1 |

Organizational Leadership behavior and support as predictors of Organizational Commitment

Perceived professional autonomy of nurses scale score, perceived relationship with management of nurses scale score, perceived role influence on their jobs scale score were a candidate predictore for organizational commitment (at P<0.25). But there is no significant assocition between professional development, role-clearity and supportive supervision with organizational commitment (**Table 9**)

Table 9:Organizational Leadership behavior and support as predictors of Organizational Commitment JUMC, 2018 (n=221).

Emerged Components	Unstandardized β	P-value	95% CI for β
Perceived professional autonomy of nurses scale score	3.46	<0.001	(2.42,4.49)
Perceived role management of nurses scale score	3.21	<0.001	(2.15,4.26)
Perceived Role influence on their Jobs scale score	3.53	<0.001	(2.49,4.56)
Development			
Poor	1		
Good	0.098	0.589	(-0.26,0.14)
Role-clearity			
Not clear	1		
Clear	0.156	0.264	(-0.11,0.43)
Supportive Suppervision			
Poor	1		
Good	0.015	0.915	(-0.29,0.26)

Motivation and satisfactionasapredictors of organizational commitment

As it indicated in Table 10, perceived nurses emotional strength scale score, perceived motivation on their values scale score, perceived nurses motivation on punctuality scale score, an perceived nurses satisfaction scale score had statistically significant association with

organizational commitment and candidates for multi-variable linear regression. Table 10:**Motivation and satisfaction as apredictors of organizational commitment JUMC, 2018 (n=221)**

Emerged Components	Unstandardizedβ	P-value	95%CI
Perceived nurses emotional strength scale score	2.54	0.001	(1.45, 3.62)
Perceived motivation on their values scale score	1.95	<0.001	(0.84,3.06)
Perceived nurses motivation on punctuality scale score	1.55	0.007	(0.44,2.67)
Perceived nurses satisfaction scale score	3.18	<0.001	(2.13,4.24)

5.3.2. Multi-variable linear regression analysis.

Eleven variables (including fourdummy variables) had shown statistically significant association during the simple linear regression; out of these work exeperiance, perceived role influence, perceived nurses emotional strength scale score, perceived nurses motivation on punctuality scale score and perceived nurses satisfaction scale scorewere found to have a significant association and level of organizational commitment with multivariate linear regression at p-value <0.05.

As compared to nurses who had 10years and above work experience, having work experience 6month to 5 years leades to increment of organizational commitment score by 4.393 (P-value=0.030). As compared to nurses who had monthly salary >4000Birr, having monthly salary 2500-3000Birr leadestodecreasment of organizational commitment score by 2.945(P-value=0.038).

A unit increment in perceived role influence on their jobs scale score resulted in 2.09 unit increments in perceived organizationalcommitment scale score of nurses (P-value<0.001). A unit increment in perceived nurses motivation on punctuality scale scoreresulted in 1.43unit increments in percived organizational commitment scale score of nurses (P-value=0.006). Similarly, A unit increment in perceived nurses satisfaction scale score resulted in 1.378 unit increments in perceived organizationalcommitment scale score of nurses (P-value=0.025).

Almost 36% of the organizational commitment variability explained by this model(Constant= 65, R Square =0.285, Adjusted R Square=0.262, P= 0.000)**(Table 11).**

Table 11: Independent predictors of organizational commitment of Nurse, JUSH, 2018 (n=221) (Multivariable linear regression)

Variables	Crud Unstandardized β	95% CI for crud β	AdjgustedUnstandardized β	95% CI for Adgusted β
Gender				
Male	1		1	
Female	-0.16**	(-5.88,-0.64)	-1.08	(-3.835,0.22)
Work Experience				
6month-5years	9.507**	(2.57,16.43)	4.393**	(0.424,8.36)
6years-10years	9.064**	(1.97,16.16)	4.845**	(0.676,9.02)
>10 years	1		1	
Salary				
2500-3000	-2.325*	(-5.59,0.94)	-2.945**	(-5.72,-0.162)
3100-3500	0.521**	(0.56,0.09)	0.236	(-2.62,3.08)
3501-4000	3.826	(-2.63,3.67)	1.117	(-1.92, 4.15)1
>4000	1		1	
Working Unit				
Medical ward	2.502	(-4.31, 9.31)	-1.152	(-4.09,1.787)
Gynacology and Obestetrics	2.103	(-4.45,8.65)	-1.152	(-3.62,1.32)
Surgical ward	2.588	(-3.87,9.04)	-1.672	(-4.16,0.823)
Pediatrics ward	4.123*	(-2.6,10.93)	-0.106	(-4.08,3.875)
ICU	4.363	(-2.58,11.3)	-0.482	(-4.041,3.07)
OR	10.85**	(3.93,17.76)	2.16	(-1.29,5.616)
Psychiatry	1		1	
Perceived professional autonomy of nurses scale score	3.46**	(2.42,4.49)	1.02	(-0.27,2.32)
Perceived role management of nurses scale score	3.21**	(2.15,4.26)	0.353	(-1.023,1.73)
Perceived Role influence on their Jobs scale score	3.53**	(2.49,4.56)	2.09**	(0.979,3.21)
Perceived nurses emotional strength scale score	2.54**	(1.45, 3.62)	1.373**	0.259,2.48)
Perceived motivation on their values scale score	1.95**	(0.84,3.06)	1.134	(-0.021 ,2.28)
Perceived nurses motivation on punctuality scale score	1.55**	(0.44,2.67)	1.43**	(0.419,2.43)
Perceived nurses satisfaction scale score	3.18**	(2.13,4.24)	1.378**	(0.179,2.578)

*Significant at P value <0.25, **significant at P value <0.05. Constant= 65.36, R Square =0.285, Adjusted R Square=0.262,Dependent variable:

Organizational commitment factor score, Max VIF=2.42 (no multicolinearity: at VIF<5)

Chapter Six: Discussion

The over all organizational commitment among nurses in JUMC was 52%. The result of the current study is consistent with studies done in Malaysia using Allen and Meyers organizational commitment scale which was 48% (30). However, the study findings point there is low level of organizational commitment among the studied nurses which is not similar as compared with findings in other studies in developing countris which was 74.26% in study conducted in Iran (11). This implies that thier might be poor professional career, poor working environment, attention given to nurses is low by the hospital management and university.

The present study also indicated that there is relatively low organiziational commitment as compared to study conducted in Ethiopia, Gurage Zone which 64.81%. This implies that there might be the presence of high degree of dedication and motivation that nurses have towards their organization and their patients.This is due to the fact that nurses, in spite of their devotion towards their job, obtain low recognition and rewards from sister nurses, doctors, and administrators(31).

In the present study, among socio-demographic and economic variables none of them was significant predictor in the final model p-value of less 0.05. But this finding is inconsistent with that of a study conducted in Jordan that stated nurses working in ICU showed lower level of organizational commitment(32).

There is a negative association between increasing work experience and organizational commitment, having work experience less 5 years leades to increment of job commitment score by 4.3(P-value=0.030)(33). This finding also supported by a study conducted in Iranshowed a significant correlation of job experience with organizational commitment (p-value=0.006). This may be due to the fact that as years of professional experience increases nurses burnout and this may decrease nurses organizational commitment(34).

In this study there is no significance association between perceived autonomy score and nurses organizational (p=0.12). But it is not similar with the findings of previous study conducted at Malaysia that autonomy was the predictor of organizational commitment (32,35).

Role influence of managers is a significant predictor of organizational commitment (p<0.019). This implies that if the quality of the relationship between managers and their employees improved, its organizational commitmentwill be improved. Several studies have found significant positive relationships between the two variables, that is, employees who have good relationships with their immediate managers have greater commitment(22,36).

According to this study motivation is one of the predictors of organizational commitment among motivation variables; aunit increment in perceived nurses motivation on punctuality scale score resulted in 1.43 unit increments in percived job commitment scale score of nurses (P-value=0.006). the finding is also consistant with a study conducted in Mpumalanga (South Africa) which stated there is stastically significant positive association between organizational commitment and motivation (P-value<0.001)(27).

Similarly, there is a positive association beteweennurses organizational commitment and level of satisfaction (P-value=0.025). This implies that improving staffs satisfaction is one way of improving commitment and Job satisfaction and organizational commitment are noteworthy issues that ensure proper nursing care in healthcare sector. This finding is also supported by a study conducted in iran showed a significant association between satisfaction and organizational commitment. Another study in india showed the study found the nurses'job satisfaction were significantly correlated to their level of organizational commitment levels (p-value=0.006)(37).

Limitation of the study

Self assessment were used as tools to measure organizational commitment and associated factors thus,bias and/or dishonest concerning participants filling out the forms may be present.

There is also limitation of literature on this topic in our country because of this reason comparison of the results was done with other countries where the health institutions setup, health policy and other factors are quite different. Since it is organizational research there is also social or cultural desirable bias which may overestimate level of organizational commitment.

Chapter Seven: Conclusion and Recommendation

7.1. Conclusion

The over all organizational commitment percentages mean score of nurses who participated in this study waslowasrelative to other studies. Work experiance, perceived role influence, perceived nurses emotional strength scale score, perceived nurses motivation on punctuality scale score and perceived nurses satisfaction scale score were indipendant predictors of organizational commitment.

Whereas employees' commitment is important for the growth and efficacy of every organization it would be reasonable to monitor the nurses' commitment according to different components of commitment. Furthermore, it would be useful to learn which components of commitment are rated lower by nurses in different departments or organizational units..With the ever changing healthcare system, hospitals will have to recognize that employees' commitment has a profound impact on the overall organizational performance.

Employees in nursing are more likely to be committed to an organization when they have appropriate support..

Relationships are progressively built through positive experiences, which can result in loyalty, mutual respect and high performance from staff. However, the development of positive relationships can be a challenge for s with many competing priorities and where a large span of control and constant restructuring serve as barriers to the development of quality relationships between staff and managers.

7.2 Recommendations
To Jimma Medical Center.

- Should improve nursesorganizational commitment through close supervision, meetings and give appreciation for their contributions to the organization.

- Shall involve (participate) nurses in, decision-making processes, and establish appropriate reward systems to improve nurses level of satisfaction and working motivation as well as increment of level of commitment of nurses to the organization.Attention should be given strength intracommunication between nurses and hospital manageres, since if there is close communication between them nurses becomes commited for the organization.

To Health Minister

- Ethiopian Nursing Associations (ENA) with Ministry of Health should support and encourage large scale study in order to have more representative finding level of organizational commitment& its consequences in the country and deal with the issue with the concerned bodies to improve nurses satisfaction and level of motivation.

- ENA should support further study that includes nurses in different parts of the county to determine the overall level, generalize more and explore additional factors.

- For future research, we recommend to replicate this study or conduct a similar one on nurses and other employees in other healthcare organizations in Ethiopia. One of the key challenges for every organization is to maintain the commitment of employees and increase their motivation.

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Annexes

Data Collection Tool

Dear respondents: I am a post graduate student at Jimma University Institute of Health Science. This questionnaire is designed to gather information for the research entitled "*Organizational Commitment and Associated Factors among Nurses Working in Jimma University Medical Center, South West Ethiopia"*. The research is conducted in partial fulfillment of Master in Public Health (MPH/HSM) degree and the information taken from you is used only for academic purpose. The data will be collected by self-administered structured questionnaire which have four parts. Part I socio demographic variables, part two organizational commitment questions, part three, leadership support practice related, Part four motivation. Your cooperation is a valuable input for the research findings. So, please provide your genuine opinion.

If any opinion you have contact me through list address:

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Part 1: Socio-demographic characteristics of nurses

Instruction: Please circle the number in front of the option you choose on the right side of the table**.**

NO	Statement	Category
101	Sex	1. Male 2. Female
102	Age (in a years)	
103	Ethnicity	1. Oromo 2. Amhara 3.Tigre 4. Others (specify)
104	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5 Other (specify)_____
105	Marital Status	1. Single 2. Married

		3. Widowed
		4. Divorced
106	Highest Education	1. Diploma
		2. 1st Degree
		3. 2nd Degree
107	What is your position and responsibility in this hospital ?	1.Staff nurse 2. H/ Nurse 3. Nursing Manager
108	How long have you been working in Jimma University Specialized Hospital by nursing profession	1. 6month-5 Years
		2. 6-10 years
		3. 11.20 years
		4. 21. Years and above
109	What is your monthly salary in birr-	
110	Ward/unit/department	**1**. Medical wards **2** .Gynecology and Obstetrics
		3 .Surgical ward **4**. Pediatrics ward
		5. OPD **6**. OR **7**. Emergency
		8. ICU **9**. Orthopedics **10**. Psychiatry
		11.Ophthalmology

Part III/B: Organizational commitment questions (to be scored as follows)

Strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current organizational commitment level in front of each question/item.

NO	Sub-component anditems	1	2	3	4	5
I	**Affective Commitment**					
201	I would be very happy to spend the rest of my career with this JUMC.	1	2	3	4	5
202	I enjoy discussing about my organization with people outside it	1	2	3	4	5
203	I really feel as if this organization's problems are my own.	1	2	3	4	5
204	I think that I could easily become attached to another organization as I am to this one	1	2	3	4	5
205	I feel like part of the family' atmyorganization	1	2	3	4	5
206	I feel emotionally attached' to this organization	1	2	3	4	5
207	This organization has a great deal of personal meaning for me	1	2	3	4	5

208	I feel as strong' sense of belonging to my organization	1	2	3	4	5
II	**Continuance commitment**	1	2	3	4	5
209	I am not afraid of what might happen if I quit my job without having another one lined up (R)	1	2	3	4	5
210	It would be very hard for me to leave my organization right now, even if I wanted to.	1	2	3	4	5
211	Too much in my life would be disrupted if I decided to leave my organization now	1	2	3	4	5
212	It would be too costly for me to leave my organization now.	1	2	3	4	5
213	Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4	5
214	I feel that I have very few options to consider leaving this organization .	1	2	3	4	5
215	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	1	2	3	4	5
216	One of the major reasons I continue to work for this organization is that leaving would require	1	2	3	4	5

	considerable personal sacrifice—another organization may not match the overall benefits I have here.					
	Normative Commitment	1	2	3	4	5
217	I don't think that people these days move from facility to facility too often.	1	2	3	4	5
218	I believe that a person must always be loyal to his or her organization.	1	2	3	4	5
219	Jumping from organization to organization seem at all unethical to me.	1	2	3	4	5
320	One of the major reasons I continue to work in this organization is that I believe loyalty is important and therefore feel a sense of moral obligation to remain.	1	2	3	4	5
321	For me this is the best of all possible organizations for which to work.	1	2	3	4	5
322	I was taught to believe in the value of remaining loyal to one organization.	1	2	3	4	5
323	Things were better in the days when people stayed in one organization for most of their careers.	1	2	3	4	5

224	I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.	1	2	3	4	5

`This tool assesses the leadership support practice of JUMC. The rating scale is a five-point. Strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies.

3	**Leadership support related**	1	2	3	4	5
I	**Autonomy**	1	2	3	4	5
301	I'm satisfied with the extent to make autonomous nursing care decision	1	2	3	4	5
302	I am satisfied with the extent to be fully accountable for those decisions I have made.	1	2	3	4	5
303	I'm satisfied all the information Ineed in order to do my work well	1	2	3	4	5
II	**Relationship To The Management**	1	2	3	4	5
304	The management and I have a joint interest in the running of the business at work place.	1	2	3	4	5
305	management involve staff in decision making	1	2	3	4	5
306	Management committee decisions communicated to the staff?	1	2	3	4	5
307	There is a formal problem solving in the hospital	1	2	3	4	5
III	**INFLUENCE AT WORK**	1	2	3	4	5

		1	2	3	4	5
	I can influence how quickly I work.	1	2	3	4	5
308	I have a say in choosing who I Work with.	1	2	3	4	5
309	I can influence the amount of workAssigned to me.	1	2	3	4	5
310	I have influence on when I Work.	1	2	3	4	5
311	I have influence on HOW I do My work.	1	2	3	4	5
312	I have influence on WHAT I do at work.	1	2	3	4	5
313	I have influence on my work environment.	1	2	3	4	5

1. YES   2. NO

IV	**Possibility of development**	1	2
316	Existence of enough support for continuing education	1	2
317	Does your work demand a high level ofSkill or expertise?	1	2
318	Do you have to do the same thing overAnd over again?	1	2
319	Do work require you to take theInitiative?	1	2
320	I have the possibility of learning new things through my work	1	2
321	Can you use your skills or expertise in your work?	1	2
322	Does your work give you the opportunity to develop your skills?	1	2
	ROLE-CLARITY	1	2
323	Do you know exactly how much say youHave at work?	1	2
324	Does your work have clear objectives?	1	2
325	Do you know exactly which areas is your responsibility?	1	2

326	Do you know exactly what is expected of you at work?	1	2
	Supportive supervision	1	2
327	Is your immediate superiorwilling to listen to your work relatedProblems?	1	2
328	Does your superior talk with you about how well you carry out your work?	1	2
329	Do your colleagues talk with you about how well you carry out your work?	1	2
330	Even if I did the best job possible, the organization would fail to notice.	1	2
331	Is there supervisory schedule from JUMC known by the department/ward or unit?	1	2
332	Was written feedback on the supervisory findings provided for the last visit?	1	2

This Question helpes to assess level of motivation among nurses working JUMC. Strongly disagree=1, disagree=2, neutral=3, agree=4 and strongly agree=5. Please circle the number that applies your current motivation level in front of each question/item.

	Statements	1	2	3	4	5
401	I Feel motivated to work hard	1	2	3	4	5
402	I Only do this job to get paid	1	2	3	4	5
403	I do this job as it provides long-term security for me	1	2	3	4	5
404	I feel emotionally drained at the end of the every day	1	2	3	4	5

405	Sometimes when I get up in the morning, I dread having to face another day at work	1	2	3	4	5
411	I do not think that my work in this health facility is valuable these days	1	2	3	4	5
413	I am proud to be working for this health facility.	1	2	3	4	5
414	I find that my values and this health facility are very similar	1	2	3	4	5
415	I am glad that I work for this facility rather than other facilities	1	2	3	4	5
416	I feel very little commitment to this health facility	1	2	3	4	5
417	This health facility really inspires me to do my very best on the job	1	2	3	4	5
418	I cannot be relied on by my colleagues at work	1	2	3	4	5
419	I always complete my tasks efficiently and correctly	1	2	3	4	5
420	I am a hard worker	1	2	3	4	5
421	Do things that need doing without being asked or told	1	2	3	4	5
422	I am punctual about coming to work	1	2	3	4	5
423	It is not a problem if I sometimes come late for work	1	2	3	4	5

This question will assess level of satisfaction among nurses working JUMC. Strongly dissatisfied=1, dissatisfied=2, neutral=3, satisfied=4 and strongly satisfied=5. Please circle the number that applies your current satisfaction level in front of each question/item.

SNO.	Satisfaction itms	1	2	3	4	5
1	I am satisfied with the opportunity to use my abilities in this job	1	2	3	4	5
2	I am satisfied that I accomplish something worthwhile in this job	1	2	3	4	5
3	I am satisfied with my supervisor	1	2	3	4	5
4	I am not satisfied with my colleagues in my work.	1	2	3	4	5
5	I am very satisfied with my job description given to me.	1	2	3	4	5
6	I am satisfied with the freedom to use my own judgment	1	2	3	4	5
7	I am satisfied with the chance to work alone on the job	1	2	3	4	5

Thank You