

ORGANIZATIONAL COMMITMENT AND ITS PREDICTORS AMONG NURSES
WORKING IN JIMMA UNIVERSITY SPECIALIZED TEACHING HOSPITAL,
SOUTHWEST ETHIOPIA

BY:
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JIMMA UNIVERSITY
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May, 2016

Jimma Ethiopia

ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Faculty of college of Health sciences in effect at the time of grant is forwarded as the result of this application.

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Abstract

Background: *The idea of organizational commitment has intuitive appeal because of the relationship of commitment to turnover, absenteeism, and organizational performance. All of these are important to healthcare executives who are attempting to stabilize a nursing workforce in the presence of a growing nursing shortage.*

Objective: *the objective of the study was to determine the level of organizational commitment of nurses and its predictors among Jimma University specialized teaching hospital nurses, Southwest Ethiopia.*

Methods: *Institution based cross-sectional study design was conducted in Jimma University Specialized Teaching Hospital from March 2 to March 18, 2016 and systematic sampling technique was used to select a total of 242 study subjects. Data were collected using self-administered questionnaire and entered to Epi data version 3.1 and analyzed using SPSS version 16 software. One-way analysis of variance, independent sample T-tests and Multivariable linear regression analysis was conducted to identify predictors of organizational commitment and significance was checked at $p < 0.05$.*

Result: *The respondents mean score of organizational commitment was 70.45 ± 8.22 and only 72 (32.9%) of the nurses score high level of organizational commitment. The independent t- test and One-way analysis of variance result revealed educational status and working ward were significantly associated with organizational commitment. The multivariable linear regression showed that perceived organizational support ($\beta = .482, p < .001$), interpersonal relationship ($\beta = .303, p = .008$), job satisfaction ($\beta = .059, p = .027$), transformational leadership behavior ($\beta = .165, p < .001$), educational qualification ($\beta = -1.860, p = .02$) and working ward ($\beta = -.585, p = .018$) were significant predictors of organizational commitment among nurses.*

Conclusion: *The organizational commitment levels of nurses were low. Job satisfaction, perceived organizational support, transformational leadership behavior, interpersonal relationship, and working in ICU and OR are significant predictors of organizational commitment.*

Recommendation: *Human Resource Management, CEO and Nursing Leaders of JUSTH shall participate nurses in managerial decision making, using improved communication skills and give appreciation for their contributions to the organization*

Key words: *Organizational commitment, Jimma, Nurse*

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Acronyms

CEO	Chief Executive Officer
CSA	Central Statics' Agency
FMOH	Federal Ministry of Health
GTP	Growth and Transformation Plan
ICU	Intensive Care Unit
JU	Jimma University
JUSTH	Jimma University Specialized Teaching Hospital
LSD	Least Square Difference
OC	Organizational Commitment
OR	Operation Room
SPSS	Stastical Package for Social Studies

CHAPTER ONE: INTRODUCTION

1.1 Background

Organizational commitment is defined as “the relative strength of an individual’s identification with and involvement in a particular organization” [1]. Others described as employee’s belief in the goals of the organization and determination to remain a part of the organization [2]. It is further conceptualized by the following three factors: “a) a strong belief in and acceptance of the organization’s goals and values; b) a willingness to exert considerable effort on behalf of the organization; c) a definite desire to maintain organizational membership”. It could also be referred to as the extent to which an employee develops an attachment and feels a sense of allegiance to his or her employer [3].

As cited by Mullins, committed employees in any organization must possess three major characteristics : sense of belonging to the organization, sense of excitement in the job, and confidence in management leadership[4]. Based on this commitment is seen as encapsulating “giving all of you while at work”. This commitment entails a number of things such as using time constructively, paying attention to details, making extra effort to attain the organizational goals and so on. [5]

Organizational commitment in recent years has become an important concept in organizational research and in the understanding of employees' behavior in the workplace[6]. No organization in today’s competitive world can perform at peak levels unless each employee is committed to organization’s objectives and works as an effective team member. One of the challenges facing modern organization involves maintaining employee commitment in the current working environment[7]. Studies have reported that nurses were more content, and happier with their work if they were committed to the believes, values, and practices in the organization [8,9]. However, nurses have reported being unhappy with many factors of organizational commitment like job satisfaction, perceived organizational support, transformational leadership behavior and level of education [10].

Therefore, It is important in showing how organizations has to work hard in order to keep their staff or employees committed to the organization because employees are the assets and the assistants to the organization [11]. Consequently, managers need to understand the concept of

commitment – what it is, how it operates and most importantly, which behaviors are displayed by employees committed to the organization and the factors affecting commitment and the way in which organizations should build employee commitment [8].

1.2 Statement of the problem

Economic, social, and political development can only be achieved by building and sustaining effective and productive organizations. This demands human resource management skills. Good human resource management results in attracting, retaining, and satisfying committed employees. Employees join and continue for an organization, as long as they are satisfied by the working conditions [9].

Due to the importance of employees in organizations, their commitment may go a long way in determining how well organizations achieve their set goals and objectives. As a result, it will be pertinent for organizations to pay attention to the wellbeing and satisfaction of their employees in order to increase their employees' organizational commitment. It therefore follows, that a responsible organization will strive to provide enabling work environment and make sure that the organizational framework gives shape, support and satisfaction to its employees that will enhance employee's organizational commitment [11].

Health service delivery is affected by a number of factors which includes human resources for health, health service delivery system and health infrastructures. Among these factors human resource is a vital component in delivering health services[12]. Health systems cannot function effectively without sufficient number of skilled, motivated and supported health workers. The presence of highly qualified and motivated staff is a key aspect of health system performance[13].

Nowadays, hospitals are confronting great competition and scarcer resources than ever before. They are also severely challenged by the external and internal environment to achieve their goals effectively and efficiently. Nurses, as the largest group of professionals, play an important role in determining the quality and cost of healthcare. It is argued that they have the potential to be part of solutions to key problems in health care systems. Issues such as organizational commitment of nurses are of paramount importance for administrators and managers in health care organizations due to the crucial role they play in their organizations' performance [14].

Nursing is generally perceived as a stressful and demanding profession. It is both physically and psychologically challenging. Nurses are the most essential resource of hospital that carry out the hospital activities such as care of our beloved through utilizing the human and non-human

resources of hospital and achievement of hospital goals depend on nurses commitment [15]. However there is no or little known about the organizational commitment of Ethiopian nurses.

Nursing shortage is a major problem in the healthcare setting throughout the world and it is a major symptom of high turnover rate in the healthcare industry and this high turnover rate is significantly related with organizational commitment of nurses [16]. High nurse turnover can negatively impact an organization's capacity to meet the patient's need by interrupting the continuity of patient care. Researches on staff nurses suggested that organizational commitment indirectly influences turnover through its direct effect on antecedents of turnover, such as intent to leave [17]. Contemporary studies have continued to report a statistically significant relationship between organizational commitment and turnover behaviors in staff nurse populations. These studies confirm the multidimensional nature of the concept of organizational commitment [18, 33].

In order to deal with nurses' turnover, most of the healthcare organizations increase the recruitment and retain nurses to maintain adequate staffing. Although increasing recruitment of nurses may help to offset the problem of nursing shortage in the short term, retaining them may be the best strategy in the long term because a healthcare objective is to maintain high quality of care at reduced costs. Among the factors that contributed to high retention, organizational commitment has been found as an antecedent [19, 20, and 21].

Nurses enumerated different major factors that contribute to their commitment to the organization: perceived organizational support, transformational leadership behavior, relationships and interaction opportunities for learning, job satisfaction, a plan to retire from the organization, monetary benefits, patient care, coworkers, cultural factors, and job security, were related with level of organizational commitment [2, 22, 23, and 24].

And finally Organizational commitment in healthcare is directly related to the quality of the patient care program. For this reason healthcare managers need to understand the dynamics of commitment and its role in developing and fostering it. The idea of OC has intuitive appeal because of the relationship of commitment to turnover, absenteeism, and organizational performance. All of these are important to healthcare executives who are attempting to stabilize a nursing workforce in the presence of a growing nursing shortage. Organizational commitment also affects organizational effectiveness and the quality of work life [24].

CHAPTER TWO: LITREATURE REVIEW

The focus of this study is on organizational commitment. Organizational research dates back to the 1950s. Organizational theorists including Becker produced seminal research on the concept of organizational commitment. His study suggested that organizational commitment is a large multivariate construct. Although it may elude precise definition, organizational commitment has been shown to be important to improving organizational effectiveness and retention [25].

Allen and Meyer, presented organizational commitment as multidimensional and containing affective, continuance, and normative components. Their conceptualization suggested that employees either “wants to,” “need to,” or “feel they should” remain in an organization [25]. They conceptualized organizational commitment as a three-dimensional model, with each dimension describing a core aspect of organizational commitment. Affective commitment involves the emotional or attitudinal attachment of people to the organization [26]. Continuance commitment is related to a balancing of the costs of leaving an organization and the benefits of staying. This component matches Becker’s side-bet theory [14]. Normative commitment is related to internalized pressures to act in ways that comport with organizational goals and interests. This component suggests that employees feel a moral need to stay in the organization. Meyer and Allen argued that these dimensions capture different aspects of the multifaceted construct of organizational commitment and that the gestalt of commitment emerges [15].

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. [22]

According to different literatures there are different factors that predict organizational commitment positively or negatively. Among these predictors the major ones are the components of job satisfaction, perceived organizational support, leadership style, level of education, and demographics attributes such as gender, age, marital status, experience, designation and professional qualification [23, 16, 27, 28].

According to the study conducted in Malaysia five factors were significantly predicting organizational commitment. Professional status, autonomy, interaction, task requirement, and

year of working as a nurse had a strongest predictive power for organizational commitment. as the score of these variables increases the nurse commitment to their organization also increases. Overall, all predictors could explain 33% of variability in the organizational commitment among nurses in state hospitals of Malaysia [22].

A study conducted on Slovenia by Mateja Lorber and Brigita Skela-Savič indicates that there is a strong positive correlation between nurses' commitment and job satisfaction, interpersonal relationship, organizational support and leadership style. The linear combination of these five independent variables was significantly related to the dependent variable (nurses' commitment). An estimate 78 % of the variance of the nurses' commitment index can be accounted for by the linear combination of predictors: job satisfaction, interpersonal relationship, organizational support, level of education, and leadership style [2].

In a research done in Albanian public hospitals indicates that satisfaction of the nurses with nature of the work, salary and quality of the supervision explained a considerable percent variance in their commitment. The regression coefficients of explanatory variables such as satisfaction with work-itself, pay and supervision were found to significant which indicated that they had significant and positive impact on organizational commitment of the nurses employed by public hospitals [29].

A descriptive comparative study was conducted in Jordan that aimed at comparing work satisfaction and organizational commitment between Jordanian nurses in ICUs and regular wards. It was noteworthy that nurses in both work settings (ICU & ward) reported moderate work satisfaction (68.7% and 62.7%, respectively) and organizational commitment (64.4% and 56.5%, respectively). The mean score for the organizational commitment scale was 103.68/161 (SD = 24.98) for the ward nurses, which was significantly higher than the score for the unit nurses (90.94, SD= 17.38) [30].

In a research done in Mazandaran Heart Center, Iran in 2014 with descriptive-analytical study design to evaluate nurses' organizational commitment working in ICU, it identifies different variables that are predictive of organizational commitment. Among the investigated variables in this study, including age, work experience and working hours, only age and experience had significant correlations with the rate of organizational commitment. According to the results of

this research with every one year of work experience, the rate of organizational commitment reduced by 0.027 (out of 7), which is equivalent to 0.38% [31].

At the same time across sectional study was conducted in USA private, not-for-profit, nursing homes by Mahmoud Al- Hussami, to determine whether a relationship existed between the dependent variable organizational commitment and the independent variables, job satisfaction, organizational support, transformational leadership behavior and level of education. Approximately 87% of variance of organizational commitment was accounted for by the predictor, job satisfaction, perceived organizational support and transformational leadership scores positively correlated with organizational commitment Scores. This finding suggests that higher scores in job satisfaction perceived organizational support and transformational leadership is associated with increased organizational commitment. Correlational analysis of level of education and organizational commitment revealed a significant positive correlation, and indicated approximately 9% of variance of organizational commitment was accounted for by the predictor, level of education. There are also positive correlations between the independent variables of job satisfaction, perceived organizational support, transformational leadership and level of education [10].

In a research done in Kingdom of Saudi Arabia by Ahmed S. Al-Aameri to investigate the relationship between a dependent variable organizational commitment and independent variable job satisfaction using cross sectional study design and non-probability sampling technique, the result shows that the two variables is significantly and positively related to one another. The correlation coefficient was found at 0.59, indicating a significant relationship between these 2 variables. This result means that nurses who are satisfied with their jobs tend to show a high degree of commitment to their employing hospitals. On the contrary, nurses who are dissatisfied with their jobs tend to show less loyalty to their hospitals [14].

In a cross sectional research done in Tanzania by Dr. Abdul Sattar Khan&Farooq Jan pay, promotion and work environment are most significant factors shaping organizational commitment of nurses in teaching hospitals of Dera Ismail khan. It is also shown that there is a considerable association among job satisfaction, organizational commitment and demographics attributes such as gender, age, marital status, experience, designation and professional

qualification. The findings of this research shows that the young (20 - 30 years) group nurses are more satisfied and committed than the elder ones. Unmarried nurses are satisfied and committed group. In addition, less experienced nurses (1- 10 years) shows to be satisfied and committed with hospitals. The designation of a nurse has an impact on his or her commitment. The result indicates that charge nurses are more satisfied and committed to their hospitals than head nurses. Highly qualified nurses (Degree holder) are found to be the less satisfied and committed to their hospitals because slow promotion in committed **[15]**.

2.1 CONCEPTUAL FRAMEWORK

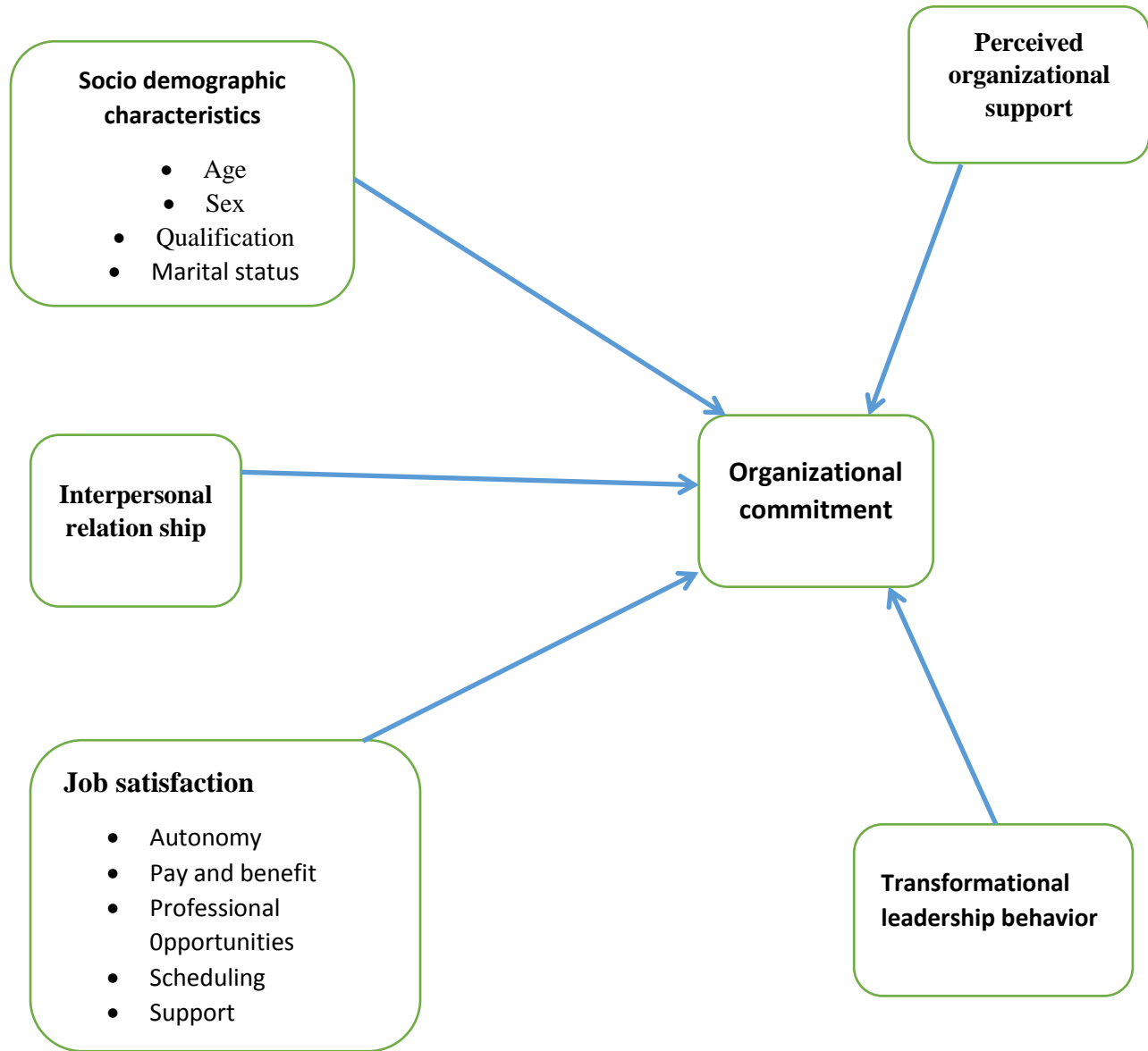


Fig1: conceptual framework developed by the investigator after reviewing different literatures.

2.2 Significance of the study

There is a lack of research specifically related to level of organizational commitment and factors that predict nurses' commitment to the organization in Ethiopia. This study addresses this gap by identifying predictors of organizational commitment among staff nurses. It is also important for other researchers as a base who wants to investigate in different health institutions. This research might also offer managers insight into strategies for practices to improve nurse's organizational commitment, staff retention, job satisfaction, and performance.

The outcomes of this assessment would help to jimma university, JUSTH administrators, and FMOH in drafting policies and guiding principles of nursing leadership in Ethiopia as well as for nursing leaders and staff nurses in providing information to confirm their organizational commitment and to examine factors associated with it.

CHAPTER THREE: OBJECTIVE

3.1 General objective

- ✎ To assess organizational commitment and its predictors among nurses working in Jimma University Specialized Teaching Hospital, southwest Ethiopia from March 2 to March 18.

3.2 Specific objectives

- ✎ To determine the level of organizational commitment among nurses working in Jimma University Specialized Teaching Hospital, Southwest Ethiopia.
- ✎ To identify the predictors of organizational commitment among nurses working in Jimma University Specialized Teaching Hospital, Southwest Ethiopia.

CHAPTER FOUR: METHOD AND MATERIAL

4.1 Study area and period

The study was conducted in JUSTH, Jimma, Oromia Regional state from March 2- March 18,2016. Jimma is the town of Jimma zone which is one of 18 zone of the Oromia Regional State found at 352 KMs from Addis Ababa, the capital city of Ethiopia, in the South western part of the country. Based on the 2007 Census conducted by the CSA, this town has a total population of 120,960, of whom 60,824 are men and 60,136 women. There are two public hospitals found in the town which are called JUSTH and Shenen gibe hospital.

Jimma University specialized teaching hospital is one of the oldest public hospitals in the country.it was established in 1930 E.C by Italian invaders for the service of their soldiers. Geographically, it is located in jimma city 352 km southwest of Addis Ababa. After the withdrawal of the colonial occupants, it has been governed under the Ethiopian government by the name of “Ras desta damtew hospital” and latter” jimma hospital” during dergue regime and currently Jimma University specialized teaching hospital.

Currently it is the only teaching and referral hospital in the southwestern part of the country, providing services for approximately 15000 inpatient,160000 outpatient attendants,11000 emergency cases, and 4500 deliveries in a year coming to the hospital from the catchment population of about15 million people.

Jimma university specialized teaching hospital is committed to reduce morbidity, mortality, disability and improve health status of the local people through providing a compressive package of high quality curative, preventive, promotive, and rehabilitative health service to the public and providing clinical education to the next physicians, nurses, medical laboratory technologists, pharmacists and other clinical and public health students in collaboration with respective stakeholders [37].

It has a total of 1448 servants from which 861 are technical staffs and the remaining 587 are supportive staffs. From the technical staffs 242 physicians, 497 nurses, 45 midwives, 53 pharmacist, 48 laboratory technologist, 7 psychiatric nurses, 5 ophthalmic nurses, 2 dental nurses, 8 radiographer and the remaining 4 are M.Sc. Nurses professionals.

4.2 Study design

Institution based cross-sectional study design was employed.

4.3 Population

4.3.1 Source population:

The source population was all Nurses who were working in Jimma university specialized hospital during the study periods.

4.3.2 Study population

The study population was consisting of all sampled Nurses who were on active duty in the hospitals that fulfill inclusion criteria.

4.3.3 Inclusion criteria:-

All Nurse who serve six month or more in the hospitals at the time of the study and willing to participate.

4.3.4 Exclusion criteria:-

Those who were not available during data collection time due to Annual leave, maternal leave and sick leave.

4.4 Sample size and sampling technique/sampling procedure

4.4.1 Sample size determination

Sample size was determined using single population proportion formula by considering the 50% proportion, 95 % confidence level and 0.05 margin of error

$$n = \left(\frac{z}{2}\right)^2 p(1-p)/d^2$$

$$(3.8416 * 0.5 * 0.5)/0.0025 = 384.16$$

Where

☞ **n** is the minimum possible sample size

- ✎ **Z $\alpha/2$** is standard score value for 95 % confidence level of two sides normal distribution (Z=1.96 for 95% Confidence level)
- ✎ **p** is the proportion of organizational commitment among nurses working in the study area which is assumed to be 50%.
- ✎ **D** is margin of error (5%). The margin of error is used as 4% to increase the sample size.

Since the number of nurses is 515(<10000), finite population correction formula was used as follows:

$$nf = \frac{n}{1+n/N} = \frac{384}{1+384/515} = 220$$

Considering 10% non-response rate=**242**

4.4.2 Sampling technique

Simple random sampling using lottery method was employed.

4.5 Data collection procedures

The data were collected by self-administered structured questionnaire which have six parts.

Part I socio demographic variables, part two organizational commitment questions, part three job satisfaction, part four questions related to interpersonal relationships, part five perceived organizational support questions and part six transformational leadership behaviors.

4.6 Instrument

The organizational commitment scales was adopted from Stephen Jaros and originally it was developed by Meyer and Allen's three-component model of organizational commitment [32]. The job satisfaction and interpersonal relationship items was adapted from [33,34] and these items will be answered on a five-point Likert scale with response options ranging from 1 (very dissatisfied) to 5 (very satisfied).and the perceived organizational support items was adopted from Format for the 8-itemSurvey of Perceived Organizational Support developed by Robert Eisenberger and Rubin Hutington and this is also on a five point liker scale[35] .and the transformational leadership behaviors items was adopted from [36].

4.7 Variables of the study

Dependent variable

- ✎ Organizational commitment

Independent variables

- ✎ Socio-Demographic characteristics
 - Sex
 - Age
 - Marital status,
 - Educational status,
 - Work experience,
 - Ward/unit of work
 - Income
- ✎ Job satisfaction
 - Professional opportunities
 - Support
 - Autonomy
 - Scheduling
 - Pay and benefit
- ✎ Perceived organizational support
- ✎ Relationship and interaction
- ✎ Transformational leadership behavior

4.8 Operational definition

Organizational commitment: Organizational commitment is defined as “the relative strength of an individual’s identification with and involvement in a particular organization” and 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.

Organizational commitment level: determined by tertiale classification in to low, moderate and high. The cutoff point bases on the organizational commitment score from the spss.

Nurse: anyone who had training in nursing profession at Diploma level and/or higher.

Job satisfaction: The extent to which nurses satisfied or dissatisfied with their job. This is measured by using 27 items each scores in 5-point likert scale with 1 denoting strongly

dissatisfied and 5 strongly satisfied. The score ranges from minimum 27 to maximum 135. The higher the sum of the scores shows the higher satisfied with their job.

Autonomy: Subscale of job satisfaction 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.

Professional opportunities: subscale of job satisfaction which refers to opportunities for advancement of nursing career given by the hospital.

Scheduling: subscale of job satisfaction which refers to the amount of time available to get through work, patient care and communicate with administration and patients.

Support: subscale of job satisfaction which refers to the amount and quality of help and guidance received from supervisor and/or colleagues in the job.

Pay and benefits: subscale of job satisfaction which refers to the amount and degree of fairness of salary received in comparison to people in other occupation and contribution; opportunities to get adequate training

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.

Transformational leadership behavior: staffs assumption of their managers and leaders behavior that can develop zeal and commitment among subordinates by using behavioral and personality characteristics such as charisma, the ability of high influence and extended vision which will lead to utilize the total amount of talent and effort behalf of achieving organizational goals. This was measured by using sixteen items each scored in 5-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree. The score ranges from minimum 16 to maximum 80. The higher the the scores shows the higher level of transformational leadership behavior.

4.9 Data analysis procedure

Data were checked for completeness, reversely coded items were backed, edited and entered into EpiData version 3.1 and exported to SPSS version 20.00 for analysis. The data were explored using descriptive statics such as frequencies to clean data. Scatter plots, skewness, and kurtosis were examined to determine the shape of the data distribution. On the basis of this information, data were determined to be fairly normally distributed, so no transformations were required but 3 items were found to be an outlier for organizational commitment score and left out of respective analysis.

One-way analysis of variance (ANOVA) and independent sample T-tests were used for comparing organizational commitment scores across the categories.

For descriptive purpose data driven classification was done on perceived organizational support, job satisfaction, interpersonal relationship and transformational leadership behavior score in to two (two tiles) i.e. good/poor perceived organizational support, satisfied/unsatisfied job satisfaction, good/poor interpersonal relationship and good/poor transformational leadership behavior.

Simple linear regression was done to see the independent effect of predictors on the dependent variables and multiple linear regression analysis was conducted to identify final predictors of organizational commitment after controlling other independent variables. Variables $p \leq 0.25$ in simple linear regression were entered in the final model. Participant's characteristics, perceived organizational support, job satisfaction, interpersonal relationship and transformational leadership behavior were entered independently.

Finally, variables with $P \leq 0.05$ were assumed to be statistically significant. The assumptions in linear regressions (linearity, normality and multicollinearity) were checked.

4.10 Data quality assurance

Five percent of the questionnaires were pre-tested in Shenenge Hospital to assess the reliability, clarity, sequence, consistency and understandability and the total time it takes to finish the questionnaire before the actual data collection. The result of pretest was for organizational commitment 0.83, perceived organizational support 0.819, for job satisfaction 0.87, relationship and interaction 0.88 and transformational leadership behavior was 0.85. Then after, the necessary comments and feedbacks were incorporated in the final tool. Training was given for the data facilitators on the objectives of the study and the way of collection.

4.11 Ethical consideration

Ethical clearance and approval to conduct the research was obtained from Jimma University College of health science, Ethical Review Board. 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 and personal consent was obtained from study participant after explaining the objective of study. They were also told that participation is voluntarily and confidentiality and anonymity will be ensured throughout the execution of the study as participants were not required to disclose personal information on the questionnaire.

4.12 Dissemination plan

Finally, the finding of study will be disseminated to Jimma University College of health science, Department of Nursing and Midwifery. The study result will also be disseminated to the hospital management and Nursing service director office through reports and giving awareness on the finding of the study and preparing meeting, seminars and conferences as opportunity permits. Efforts will also be made to publish on scientific journal.

CHAPTER FIVE: RESULTS

5.1: Socio Demographic Characteristics of the Study Participants

Out of the 242 distributed questionnaires 222 were collected from the respondents (9 questionnaires were unfilled, 3 questionnaires were not returned and 8 questionnaires were incomplete) giving the response rate of the study to be 91.7 %. 3 outliers excluded from the analysis.

From the study participants, 112 (51.1%) were male and 107 (48.9%) females. The participants' age ranged from 20 to 57 years with a mean age of 26.53 ± 5.057 years. One hundred thirty two (60.3%) were single and 87 (39.7%) married.

Regarding educational qualification, 114 (52.1%) of nurses were bachelor degree holders and only 2 (0.9%) were masters. They had work experience ranging from 1 year to 33 years with a mean of 4.33 ± 4.87 years and 211 (96.3 %) of them worked <10 years. Their monthly salary ranges from 1254 EBR to 8000 EBR with a mean of 2648.21 ± 1132.956 EBR.

Concerning the working area 57(26%) were in medical, 56 (25.6%) in surgical .30(13.7%) in gynecology and obstetrics, 28(12.8%) in pediatrics and neonatology, 19(8.7%) in OPD and 29(13.2%) were working in ICU and OR (Table 1).

Table 1: Distribution of Participant Nurses by their Characteristics Working in Jimma university teaching Hospital, South West Ethiopia, March 2016 (n=219)

Participant characteristics		N	%
Sex	Male	112	51.1
	Female	107	48.9
Educational qualification	Diploma	103	47
	Bsc degree	114	52.1
	Msc degree	2	0.9
Marital status	Married	87	39.7
	Single	132	60.3
Age category	20-29	195	89
	30-39	17	7.8
	>=40	7	3.2
Working unit category	Medical	57	26.0
	Gynecology and obstetrics	30	13.7
	Surgical	56	25.6
	Pediatrics and neonatology	28	12.8
	OPD	19	8.7
	ICU and OR	29	13.2

5.2 Level of organizational commitment among nurses

The respondents mean score of organizational commitment was 70.45 ± 8.22 , ranging from (44-99). From the given organizational commitment items (based on tertiale analysis); 71 (32.4%) of the respondents scored low level of organizational commitment; value ranging from (44-66), (34.7%) of them scored moderate level of organizational commitment; value ranges from (67-73) and only 72 (32.9%) of the nurses scored high level of organizational commitment; value ranges from (74-99) .



Figure 2: Level of organizational commitment among nurses working in JUSTH, southwest Ethiopia, 2016.

From the organizational commitment scale items” I think that people these days move from company to company too often “had maximum score frequency for agree (80 times) but “This organization has a great deal of personal meaning for me “had a minimum frequency of strongly agree.

Mean score were compared between marital status, educational status and sex category using independent sample t-test in relation to the “organizational commitment scale”-i.e. a higher score indicates a higher level of organizational commitment, and the result showed that diploma

holder mean score 72.0194(SD=6.8599) was significantly higher than the mean of BSC degree and above holders mean score 69.0603(SD=9.07101 at $t=2.696$ and $p=0.008$).

But, there were no significant mean difference seen between sex and marital status (Table 2).

Table 2: Independent Sample t-test showing the relationship between different categories of nurses and organizational commitment mean score among nurses working in jimma university hospital 2016

Variables category		Organizational commitment score				
Sex		N	Mean	SD	t	P
	Male	112	69.4732	9.3721	-1.825	0.69
	Female	107	71.4766	6.7086		
Marital status	Married	87	70.2874	8.0664	-0.240	0.810
	Single	132	70.5606	8.3531		
Educational status	Diploma holders	103	72.0194	6.8599	2.696	0.008*
	BSC degree and above	116	69.0603	9.0710		

Also mean scores were compared using one way ANOVA among different working ward groups of nurses. Organizational commitment mean score differed significantly among the six ward groups= 7.726 , $p<0.001$ (Table 3).

Table 3: ANOVA table showing the relationship between working ward categories of nurses and organizational commitment mean score among Nurses Working in Jimma university teaching Hospital, South West Ethiopia, 2016

Variables		N	Mean	SD	F	p	95% Confidence Interval for Mean	
							Lower bound	Upper bound
Working wards	Medical	57	70.7895	7.2401	7.726	.000	68.8684	72.7105
	Gynecology	30	69.9667	5.7684			67.8127	72.1206
	Surgical	56	73.4107	7.5070			71.4003	75.4211
	Pediatrics and neonatology	28	71.6786	9.56867			67.9682	75.3889
	OPD	19	71.3684	5.36667			68.7818	73.9551
	ICU and OR	29	62.7931	9.42405			59.2084	66.3778

5.3. Associations of organizational commitment and Independent Factors

In the perceived organizational support assessment items 116 (53%) of the respondents fail to have good perception of organizational support. The top two factors with which the respondents strongly disagree from the perceived organizational support were “The organization really cares about my well-being “and “The organization cares about my general satisfaction at work”. The top two strongly agree were” The organization fails to appreciate any extra effort from me” and “The organization takes pride in my accomplishments at work”.

In job satisfaction assessment items (50.7%) of the respondents were not satisfied. The top two factors with which the respondents strongly disagree from the job satisfaction items were”

“I am satisfied with the amount of pay I receive in comparison with people in other occupations” and” I am satisfied with the degree to which I am fairly paid for what I contribute to this

organization” . The top very satisfied was” I am satisfied with the amount of time spent talking with my patients”.

In interpersonal relationship assessment items (52.5%) of the respondents were satisfied. “I am satisfied with the relationship I have with other health-care workers” was the top to be described as very satisfied and very dissatisfied.

In transformational leadership behavior assessment items (51.6%) of the respondents were fail to have good perception of transformational leadership behavior. The top two factors with which the respondents strongly disagree from the transformational leadership behavior items were “Our immediate boss re-examines assumptions” and “rewards our achievement”. The top strongly agree was “our immediate boss has my respect”.

Table4: levels of different independent variables among nurses working in Jimma University Specialized Teaching Hospital using data driven classification, Southwest Ethiopia, 2016

	Satisfied	Unsatisfied
Jo satisfaction	49.30%	50.70%
Relationship and interaction	52.50%	47.50%
Transformational leadership behavior	48.40%	51.60%
Perceived organizational support	47%	53%

Initial model of predictors of organizational commitment among Nurses

Fifteen predictors(including five dummy variables) were entered independently to see their independent effect on level of organizational commitment and out of these perceived organizational support, level of job satisfaction, level of relationship and interaction, transformational leadership behavior and working in ICU and OR ward were found to have a significant association with level of organizational commitment among nurses (Table5).

Table 5: Factors associated with organizational commitment in Simple Linear Regression Analysis among Nurses Working in Jimma university teaching Hospital, South West Ethiopia, 2016

Model	Unstandardized Coefficients		p	95.0% Confidence Interval for B		
	B	Standard error		Lower bound	Upper bound	
Perceived organizational support	.844	.105	.000	.637	1.050	
Relationship and interaction	.883	.116	.000	.654	1.112	
Job satisfaction	.205	.020	.000	.167	.244	
Transformational leadership behavior of managers	.331	.033	.000	.266	.396	
Age in years	.007	.110	.948	-.210	.225	
Sex	Male (ref)	1.647	1.108	.139	-.537	3.832
	Female					
Educational status	Diploma(ref)	-2.959	1.098	.008	-5.122	-.796
	B.Sc. Degree and above					
Marital status	Married (ref)	.273	1.138	.810	-1.970	2.516
	Single					
Working ward /dummy variables	Medical (Ref)					
	Gynecology and obstetrics	-.562	1.619	.729	-3.754	2.629
	Surgical	3.975	1.248	.002	1.516	6.434
	Pediatrics and neonatology	1.406	1.665	.399	-1.875	4.688
	OPD	1.003	1.977	.612	-2.894	4.901
	ICU and OR	-8.828	1.530	.000	-11.843	-5.813
	Work experience in years	.042	.115	.711	-.183	.268
Income	.000	.000	.128	-.002	.000	

Predictors of organizational commitment among nurses

Variables with $p\text{-value} \leq 0.25$ in bivariate analysis were entered in the final model. In the model perceived organizational support, relationship and interaction, job satisfaction, transformational leadership behavior, educational status, working wards (ICU&OR and surgical ward) and salary were entered through enter method (Table 5).

Perceived organizational support was found to have a positive association with organizational commitment and it explains slightly over 22.6% of the variance in bivariate analysis. For a unit increase in mean perceived organizational support organizational commitment score increases by .482 times at $p < 0.001$; those nurses who have positive perceived organizational support have increased level of organizational commitment than those nurses with negative perceived organizational support.

Relationship and interaction was also shows a positive association with organizational commitment and it explains slightly over 20.7% of the variance in bivariate analysis. For a unit increase in relationship and interaction organizational commitment score increases by .303 times at $p = 0.008$. Those nurses who have a good relationship and interaction have increased level of Organizational commitment than those who have not a good relationship and interaction.

Job satisfaction was also having a positive association with organizational commitment and it explains about 33% of the variance in bivariate analysis. For a unit increase in job satisfaction organizational commitment score increases by .059 times at $p = 0.027$. Satisfied nurses have increased level of organizational commitment than those who were not satisfied.

Perceived Transformational leadership behaviors of managers have a positive association with organizational commitment and it explains 31.2% of the variance in bivariate analysis. For a unit increase in perceived transformational leadership behavior of managers organizational commitment score increases by .165 times at $p < 0.001$. Those nurses who have positive perceived transformational leadership behavior of managers have increased level of organizational commitment than those who have negative perceptions.

Working in ICU and OR was found to have a negative association with organizational commitment; working in ICU and OR have shown to decrease mean organizational commitment by 3.62 times than working in other wards at $p = .004$.

Table 6: Factors associated with organizational commitment in Multivariable Analysis among Nurses Working in Jimma University Teaching Hospital, Southwest Ethiopia, 2016

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	45.067	2.523		17.860	.000	40.093	50.041
	Working wards							
	ICU and OR	-3.620	1.246	-.150	-2.906	.004**	-6.076	-1.164
	Medical (ref)							
	Qualification							
	BSc and above	-1.441	.802	-.088	-1.796	.074	-3.022	.141
	Diploma (ref)							
	Transformational leadership behavior	.161	.041	.272	3.936	.000**	.080	.241
	Job satisfaction	.058	.026	.162	2.200	.029**	.006	.110
	Relationship and interaction	.291	.112	.151	2.602	.010**	.070	.511
	Perceived organizational support	.462	.096	.263	4.798	.000**	.272	.652

a. Dependent Variable: organizational commitment mean maximum VIF =2.368
 minimum VIF=1.035

Adjusted R square= .498 **: significant for multivariable linear regression

CHAPTER SIX: Discussion

This study was carried out with the aim of determining the level of organizational commitment and its predictors among nurses. The study findings point to low level of organizational commitment among the studied nurses which is not similar as compared with findings in other studies [2, 22]. Only about 72(32.9%) of the nurses had a high level of organizational commitment. A number of factors might explain this low level of organizational commitment. These are related to perceived organizational support, relationship and interaction, job satisfaction, perceived transformational leadership behavior and other work related factors and they are discussed in the following sections.

The result of the current study revealed low level of organizational commitment among nurses which was inconsistent with studies done in Malaysia [22] using Allen and Meyers organizational commitment scale. This discrepancy might be due to poor working environment and the attention given to nurses is low by the hospital management.

It's known that low level of organizational commitment leads to negative outcomes including increased staff turnover and decreased productivity of the organization[16,17]. It also affects retention of experienced nurses which serve the organization well and this may in turn affect the organization's objective of maintaining high quality of care at reduced costs [19, 20, and 21]. In our countries 5 year health related GTP where health care organizations are required to strive to deliver quality of care and improve patient satisfaction and as a whole achieve the health related goals of the plan the importance of committed and devoted health personnel is very important. But, we can't achieve all these goals by having nurses with low level of organizational commitment which takes the majority of health team in any health care settings.

With the increment of committed nurses to their organization, their roles will expand and as a result work environment will also change; the quality of nursing application in the hospital will increase, and patient care will be enhanced. So, Jimma University Specialized Teaching

Hospital may implement different strategies to increase organizational commitment among nurses.

Qualification of nurses was not a significant predictor of organizational commitment. Even if qualification is not a predictor of organizational commitment there is a significant mean difference between the two groups (BSc and above holders have lower organizational commitment score than diploma holders with $p=0.008$). This finding was inconsistent with that of a previous study conducted in USA and Tanzania and both stated that the nurses with higher educational levels showed a higher level of organizational commitment [10, 15] and the discrepancy might be no role difference between the two categories (the same job description) and this leads to BSC holders have lower scorer than diploma holders.

Working ward was a significant predictor of organizational commitment. Organizational commitment score decreases for those working in Intensive Care Unit (ICU) and Operation Theatre Room (OR) than other wards, their scores being .3620 times lower than those nurses working in other wards ($p=.004$). This finding is consistent with that of a study conducted in Jordan that stated nurses working in ICU showed lower level of organizational commitment [30]. In our situation the benefits gained from working in ICU and OR is much less when compared to the burden they face and it might be this reason that contributes to this phenomenon.

So it is important to develop strategies that foster organizational commitment of nurses working in these highly burdened wards (units).

Perceived organizational support is another significant predictor of organizational commitment ($p<0.001$). The overall R square of .226 indicated that over 22% of the variance in organizational commitment could be explained by perceived organizational support. This result is consistent with a study conducted in Slovenia and USA showed that perceived organizational support was significant and substantial predictor of organizational commitment explaining much of the variance in organizational commitment [2, 10]. The possible explanation is that, if employees didn't feel empowered by their managers, they will likely have more negative working relationships with managers, which would be expected to negatively influence trust, increase conflict and lead to lower employee commitment toward the organization.

In the present study, there was no significant difference in organizational commitment score with nurse's age and experience which was inconsistent with the finding in Tanzania revealing both age and experience statistically significantly associated with organizational commitment. The findings of their research shows that the young (20 - 30 years) group nurses are more committed than the elder ones and in addition, less experienced nurses (1- 10 years) showed to be more commitment [15]. The reason behind this discrepancy might be in our context the less experienced and younger nurses are always striving to get better job and they repeatedly move from one organization to the other compared to the older most of them have a family and not want to leave the organization.

The other findings from this study were transformational leadership behavior which was found to be significant predictor of organizational commitment at ($p < .001$). The overall R square of .315 indicated that slightly over 31% of the variance in organizational commitment could be explained by transformational leadership behavior in bivariate analysis. The result of this study was consistent with researches done in Slovenia and USA which showed Significant positive correlation between organizational commitment and transformational leadership behaviors [2, 10]. This might be if nurses are believed that they are not treated well by their immediate leader they believe they are not part of the organization and not devote their time for the organization.

Job satisfaction was also found to be significant predictor of organizational commitment at ($p = .027$). When mean job satisfaction increases by 1 unit mean organizational commitment is increased by .058 times. The result of this study is consistent with research done in Malaysia showing components of job satisfaction could explain 33% of variability in the organizational commitment among nurses in state hospitals of Malaysia [22]. The major reasons might be longer shift work, lack of motivation, insufficient resources and supplies, poor infrastructure, and inadequate human power.

The other finding from this study was relationship and interaction which was found to be significant predictor of organizational commitment ($p < .001$). The overall R square of .333 indicated that over 33% of the variance in organizational commitment means score could be explained by relationship and interaction. Those nurses who have satisfied with their relationship

and interaction scores .291 times more on organizational commitment score than from the unsatisfied ones ($p=.01$) and this is consistent with the findings in Slovenia ($r = 0.730$, $p<0.001$) [2]. The possible explanation might be collaborative and trusting relationships with supervisors and co-workers have consistently been linked to organizational commitment specifically among nurses.

This study also showed that marital status and sex is not a predictor of organizational commitment in JUSTH, Which was consistent with the study conducted in kingdom of Saudi Arabia, showed that there was no significant relationship between organizational commitment and these two variables [14].

Limitation of the study

The finding of this study is limited to teaching hospital. Therefore the finding may not be generalized to nurses working at health centers, district hospitals and referral hospitals.

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.

CHAPTER SEVEN: - CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The results of this study indicate that the organizational commitment levels of nurses are at a low level and factors associated with this were; working wards, perceived organizational support, interpersonal relationship, job satisfaction and transformational leadership behavior.

The finding of this study adds a small but essential piece to the puzzle of how to increase organizational commitment of nurses in Ethiopia.

7.2 Recommendations

Nursing director, Human Resource Personnel and CEO's of the hospital should develop various strategies to increase organizational commitment of nurses.

It will be important if Human Resource Management, CEO and Nursing Leaders of JUSTH shall involve(participate) nurses in, decision- making processes, and establish appropriate reward systems as such measures can result in the increment of level of commitment of nurses to the organization.

The hospital management must give necessary support to nurses how they are important to this organization through close supervision, meetings and give appreciation for their contributions to the organization.

Hospital management must reform and continuously improve hospital organization through the effective use of leadership within teams and using improved communication skills. So, the hospital management should take necessary measures for the optimal provision of intrinsic and extrinsic job rewards to make their core workforce highly satisfied and committed.

Further research is needed to examine the predictive ability of other variables such as empowerment on organizational commitment.

As a general recommendation; these findings indicate that leaders in Jimma university, Jimma university specialized teaching hospital and Ministry of Health should initiate policies and encourage programs for the development of organizational commitment of nurses.

Reference

1. Mowday, R. T. Reflections on the study and relevance of organizational commitment. *Human Resource Management Review*. 1998; 8 (4): 387.
2. Mateja Lorber, Brigita Skela-Savič. Factors affecting nurses' organizational commitment. *Obzornik zdravstvene nege*.2014; 48(4): pp. 294–301.
3. Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*. 1974; 59(5): 603-609.
4. Mullins, L.T. *Management and organizational behavior* 5th Edn. London: Financial Times Management,1999
5. Harry Obi – Nwosu, Joe-Akunne Chiamaka O, Oguebe Tochukwu M. Job characteristics as predictors of organizational commitment among private sector workers in anambra state, Nigeria. *International Journal of Asian Social Science*. 2013; 3(2):482-491
6. Shereen Ragab Dorgham. Relationship between Organization Work Climate & Staff Nurses Organizational Commitment. *Nature and Science*. 2012; 10(5).
7. Coetzee. The fairness of affirmative action: An organizational Justice Perspective. Faculty of Economic and Management Science in University of Pretoria etd. Chapter 5; Employee commitment. 2005; 5.1-5.18.
8. Lichi H., Lily C.,and Hui-Chiao Development of an instrument for assessing factors related to nurses ' organizational commitment . *Med Taiwan J. Med*. 2006 ; 11 : 9-19
9. Christian, U. Working Condition and Employees Commitment in Indigenous Private Manufacturing Firms in Nigeria. *The Journal of Modern Africa Studies*.2000; 38, 295-324.
10. Mahmoud Al-Hussami. Predictors of nurses' commitment to health care organizations.*Australian journal of advanced nursing*.2009; Volume 26 issue 4.
11. Adeyinka, T., L. Ayeni and S.O. Popoola. Work motivation, job satisfaction and organizational commitment of library personnel in academic and research libraries in oyo state, Nigeria. *Library, Philosophy and Practice*.2007; paper 118.
12. Mowday R. Strategies for adapting to high rate of employee turnover. *Human resource management; International Journal of Nursing Studies*. 2006; 39: 867-8
13. Gilson L, et.al.Developing a tool to measure health worker motivation in district hospitals in Kenya.*Human Resources for Health*. 2009;

14. Ahmed S. Al-Aameri. Job satisfaction and organizational commitment for nurses. Saudi Medical Journal 2000; Vol. 21 (6): 531-535.
15. Dr. Abdul Sattar Khan & Farooq. The Study of Organization Commitment and Job Satisfaction among Hospital Nurses: A Survey of District Hospitals of Dera Ismail Khan Global Journal of Management and Business Research. Administration and Management. 2015;Volume 15 Issue 1 Version 1.0.
16. Girma Alem Getie, Erdaw Tachbele Betre, Habtamu Abera Hareri. Assessment of Factors Affecting Turnover Intention Among Nurses Working at Governmental Health Care Institutions in East Gojjam, Amhara Region, Ethiopia. American Journal of Nursing Science 2015; 4(3): 107-112
17. Wagner, C. M. Organizational commitment as a predictor variable in nursing turnover research: Literature review. Journal of Advanced Nursing. 2007; 60 (3), 235-247.
18. Holtom, B. C., & O'Neill, B. Job embeddedness: A theoretical foundation for developing a comprehensive nurse retention plan. Journal of Nursing Administration. 2004; 34(5), 216-227.
19. Laschinger HKS, Purdy N, Cho J, Almost J. Antecedents and Consequences of Nurse Managers' Perceptions of Organizational Support. Nursing Economics. 2006; 24: 20-29.
20. Rhoades L, Eisenberger R. Perceived Organizational Support: A Review of the Literature. J Applied Psychology 2002; 87: 698-714
21. Zangaro GA. Organizational Commitment: A Concept Analysis. Nursing Forum 2001; 36: 14-22.)
22. Siew PL, Chitpakdee B, Chontawan R. Factors Predicting Organizational Commitment among Nurses in State Hospitals, Malaysia. The international medical journal, Malaysia. 2011;Volume 10 Number 2
23. Ngozi I Moneke, Ogwo Jay Umeh. How organizational commitment of critical care nurses influence their overall job satisfaction. Journal of Nursing Education and Practice, 2014, Vol. 4, No. 1
24. McNeese-Smith, Donna K. A Nursing Shortage: Building Organizational Commitment among Nurses. Journal of Healthcare Management. 2001 Volume: 46
25. Meyer, J. P., & Allen, N. J. Commitment in the workplace: Theory, research, and application. Thousand Oaks, CA. 1997; Sage Publications.

26. Khatijah Omar & Marhana Mohamed Anuar. Organizational Commitment and Intention to Leave among Nurses in Malaysian Public Hospitals. *International Journal of Business and Social Science*. 2012;Vol. 3 No. 16
27. Allen, N. J., & Meyer, J. P. Affective, continuance and normative commitment to the organization: An examination of construct validity. *Journal of Vocational Behavior*. 1996; 49(3), 252-76.
28. Sheldon, K. M., Turban, D. B., Brown, K. G., Barrick, M. R., & Judge, T. A. Applying self-determination theory to organizational research. In J. J. Martocchio & G. R. Ferris (Eds.), *Research in personnel and human resources management*. 2003; Vol 22 (pp. 357-393). Oxford, UK: Elsevier Science Ltd.
29. Adriatik Gabrani, Jonila Gabrani, Elizana Petrela, Edmond Zaimi, Adrian Hoxha, Endrit Avdullari, Marsida Dul. Organizational commitment and job satisfaction among nurses in public hospitals in Albania. *The 1st International Conference on Research and Education—Challenges toward the Future (ICRAE2013)*. May 2013;24 -25
30. Ali M. Saleh, Muhammad W. Darawad, Mahmoud Al- Hussami. Organizational Commitment and Work Satisfaction among Jordanian Nurses: A Comparative Study. *Life Science Journal*. 2014; 11 (2).
31. Saeed Jafari, Tahereh Afshin, Kaveh Jafari, Maryam Barzegar. Evaluation of organizational commitment among nurses in intensive care units. *Journal of Nursing and Midwifery Sciences*. 2015; 2(3): 38-43.
32. Stephen Jaros. Meyer and Allen Model of Organizational Commitment: Measurement Issues. *The Icfai Journal of Organizational Behavior*. 2007; Vol. VI, No. 4.
33. Agezegn Asegid, Tefera Belachew and Ebrahim Yimam. Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. *Nursing Research and Practice*. 2014; Article ID 909768, 26 pages.
34. Trevor Murrles, Michael Clinton, Sarah Robinson. Job satisfaction in nursing: validation of a new instrument for the UK. *Journal of Nursing Management*. 2005; 13, 296–311.
35. Robert Eisenberger and Rubin Hutington. Perceived organizational support. *Journal of applied psychology*. 1986; vol 71, No 3, 500-507.

36. Dong I. Jung, Re-examining the components of transformational and transactional leadership using the Multifactor Leadership Questionnaire. *Journal of Occupational and Organizational Psychology*. 1999; 72, 441-462.
37. www.ju.edu.et/jimma-university-specialized-hospital/wikipedia

Annexes

Annex-01: Questionnaire

Consent form

Dear Sir/Madam! This is a study aimed to assess the level and predictors of organizational commitment among nurses working in Jimma university specialized teaching hospital. It is evident that the findings of this study will help both the nursing leaders and staff nurses to be aware of the level of Organizational commitment and factors affecting it. Your participation in this study will contribute a lot to meet the objectives of the study and your participation is totally with your voluntariness and you can stop your participation in the study at any time.

Be assured that the information you provide would be used for research purposes only and would be treated as confidential.

Are you willing to participate? A. yes B. No

If yes continue, if no thank him/her and go to the next respondent

Principal Investigator

Fantahun Walle

Thank You!

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.	Questions	categories
101	Sex	Male Female
102	Age (in years)	
103	Marital status	Married Single Divorced Widow
104	Educational Status	Diploma Bachelor Degree Masters
105	Work experience (in years)	_____
106	Monthly income(ETB]	
107	Ward/unit/department	Medical wards Gynecology and Obstetrics Surgical ward Pediatrics ward OPD OR Emergency ICU Orthopedics Psychiatry ophthalmology

Part 2: Nurses' organizational commitment questionnaire

Instruction: There are statements about nurses organizational commitment, and each statement has five alternatives with five point scale. Read each item carefully and circle:

1= If you strongly disagree about the statement.

2= If you disagree about the statement.

3= If you neither agree nor disagree (neutral) about statement.

4= If you agree about the statement

5= If you strongly agree about the statement.

Original Commitment Scale Items (Allen and Meyer, 1990)						
201.	I would be very happy to spend the rest of my career with this organization.	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 as attached to another organization as I am to this one.	1	2	3	4	5
205.	I do not feel like 'part of the family' at my organization.	1	2	3	4	5
206.	I do not 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 do not feel a 'strong' sense of belonging to my organization.	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.	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 wouldn't 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	1	2	3	4	5

	scarcity of available alternatives.					
216.	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here.	1	2	3	4	5
217.	I think that people these days move from company to company too often.	1	2	3	4	5
218.	I do not believe that a person must always be loyal to his or her organization.	1	2	3	4	5
219.	Jumping from organization to organization does not seem at all unethical to me.	1	2	3	4	5
220.	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
221.	If I got another offer for a better job elsewhere I would not feel it was right to leave my organization.	1	2	3	4	5
222.	I was taught to believe in the value of remaining loyal to one organization.	1	2	3	4	5
223.	Things were better in the days when people stayed in one organization for most of their careers.	1	2	3	4	5
224.	I do not think that to be a ‘company man’ or ‘company woman’ is sensible anymore.	1	2	3	4	5

5. Perceived organizational support (Format for the 8-item Survey of Perceived Organizational Support)						
501	The organization values my contribution to its well-being.	1	2	3	4	5
502	The organization fails to appreciate any extra effort from me.	1	2	3	4	5
503	The organization would ignore any complaint from me.	1	2	3	4	5
504	The organization really cares about my well-being.	1	2	3	4	5
505	Even if I did the best job possible, the organization would fail to notice.	1	2	3	4	5
506	The organization cares about my general satisfaction at work.	1	2	3	4	5
507	The organization shows very little concern for me	1	2	3	4	5
508	The organization takes pride in my accomplishments at work.	1	2	3	4	5

Part 3: Job satisfaction factors questionnaire

Instruction: There are statements about job satisfaction factors affecting nurses' organizational commitment and each statement has five alternatives with five point scale. Read each item carefully and circle:

1= If you are very dissatisfied about the statement.

2= If you are dissatisfied about the statement.

3= If you are neither satisfied nor dissatisfied (neutral) about the statement.

4= If you are satisfied about the statement.

5= If you very satisfied about the statement.

1. job satisfaction						
Autonomy						
301	I am 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 am satisfied with the chance to work alone on the job	1	2	3	4	5
304	I am satisfied with the freedom to use my own judgment	1	2	3	4	5
Professional opportunities						
305	I am satisfied with the opportunities for further education/degree or post graduate in nursing	1	2	3	4	5
306	I am satisfied with the opportunities to participate in morning rounds	1	2	3	4	5
307	I am satisfied with the opportunities to participate in nursing research	1	2	3	4	5
308	I am satisfied with the opportunities to write and publish research papers.	1	2	3	4	5
Scheduling						
309	I am satisfied with my ability to change my schedule after the schedule roster is posted, if I need to change it	1	2	3	4	5
310	I am satisfied with the time available for patient care	1	2	3	4	5
311	I am satisfied with the shift rotation I am assigned.	1	2	3	4	5
312	I am satisfied with the way that I am able to care for patients	1	2	3	4	5

313	I am satisfied with the amount of time spent talking with my patients	1	2	3	4	5
Support						
314	I am satisfied with the amount of support and guidance I receive from my supervisor	1	2	3	4	5
315	I am satisfied with the opportunities I have to discuss my concerns with colleagues	1	2	3	4	5
316	I am satisfied with the opportunities I have to discuss my concerns with my supervisor	1	2	3	4	5
317	I am satisfied with the support available to me in my job	1	2	3	4	5
318	I am satisfied with the overall quality of the supervision I receive in my work	1	2	3	4	5
319	I am satisfied with the degree of respect and fair treatment I receive from my superior	1	2	3	4	5
320	I am satisfied with the degree to which I feel part of a team	1	2	3	4	5
Pay and benefits						
321	I am satisfied with the amount of pay I receive in comparison with people in other occupations.	1	2	3	4	5
322	I am satisfied with the degree to which I am fairly paid for what I contribute to this organization	1	2	3	4	5
323	I am satisfied with my prospects for promotion	1	2	3	4	5
324	I am satisfied with the opportunities I have to develop professionally	1	2	3	4	5
325	I am satisfied with the match between my job description and what I do	1	2	3	4	5
326	I am satisfied with the amount of job security I have	1	2	3	4	5
327	I am satisfied with the extent to which I have adequate training for what I do	1	2	3	4	5

Part 4 here are questionnaires measuring nurses relationship and interaction and also nurse's perceived organizational support and each have 5 alternatives with five point scale. Read each item carefully and circle:

1= If you are very dissatisfied about the statement.

2= If you are dissatisfied about the statement.

3= If you are neither satisfied nor dissatisfied (neutral) about the statement.

4= If you are satisfied about the statement.

5= If you very satisfied about the statement.

4. Relationships and interaction						
401	I am satisfied with the relationship I have with other health-care workers	1	2	3	4	5
402	I am satisfied with the contact I have with colleagues	1	2	3	4	5
403	I am satisfied with the value placed on my work by my colleagues	1	2	3	4	5
404	I am satisfied with the value place on my work by my patients and/or their relatives	1	2	3	4	5

Here is questionnaires' related to transformational leadership behavior of **your immediate manager/leader and give the score which it describes best him/her**. Each has 5 alternatives with five point scale. Read each item carefully and circle:

1=if you very disagree

2= If you disagree

3= If you are neutral

4= If you are agree

5= If you very agree

No	Transformational leadership behavior	1	2	3	4	5
1	Instills pride in me for being associated with him / her	1	2	3	4	5
2	Goes beyond self-interest for the good of the department	1	2	3	4	5
3	Acts in ways that builds my respect for him/ her	1	2	3	4	5
4	Displays a sense of power and confidence	1	2	3	4	5
5	Re-examines initial assumptions to questions whether they are appropriate	1	2	3	4	5
6	Seeks differing perspectives when solving problems	1	2	3	4	5
7	Suggests new ways of looking at how to complete assignments	1	2	3	4	5
8	Gets me to look at problems from many different angles	1	2	3	4	5
9	Treats me as an individual rather than just a member of a department	1	2	3	4	5
10	Helps me develop my strengths	1	2	3	4	5
11	Spends time teaching and coaching	1	2	3	4	5

12	Considers me as having different needs, abilities, and aspirations from other individuals	1	2	3	4	5
13	Makes clear what I can expect to receive when performance goals are achieved	1	2	3	4	5
14	Provides me with assistance in exchange for my efforts	1	2	3	4	5
15	Expresses confidence that goals will be achieved	1	2	3	4	5
16	Expresses satisfaction when I meet expectations	1	2	3	4	5

The LSD Post Hoc test showing categories of working wards in jimma university specialized teaching hospital ,2016

Multiple Comparisons

LSD	medical	gynecology	.82281	1.72636	.634	-2.5801	4.2257
		surgical	-2.62124	1.44005	.070	-5.4598	.2173
		pediatrics	-.88910	1.76629	.615	-4.3708	2.5926
		OPD	-.57895	2.02751	.776	-4.5755	3.4176
		ICU and OR	7.99637*	1.74575	.000	4.5552	11.4375
	gynecology	medical	-.82281	1.72636	.634	-4.2257	2.5801
		surgical	-3.44405*	1.73167	.048	-6.8575	-.0306
		pediatrics	-1.71190	2.01115	.396	-5.6762	2.2524
		OPD	-1.40175	2.24404	.533	-5.8251	3.0216
		ICU and OR	7.17356*	1.99313	.000	3.2448	11.1024
	surgical	medical	2.62124	1.44005	.070	-.2173	5.4598
		gynecology	3.44405*	1.73167	.058	.0306	6.8575
		pediatrics	1.73214	1.77148	.329	-1.7597	5.2240
		OPD	2.04229	2.03203	.316	-1.9632	6.0478
		ICU and OR	10.61761*	1.75100	.000	7.1661	14.0691
	pediatrics	medical	.88910	1.76629	.615	-2.5926	4.3708
		gynecology	1.71190	2.01115	.396	-2.2524	5.6762
		surgical	-1.73214	1.77148	.329	-5.2240	1.7597
		OPD	.31015	2.27491	.892	-4.1741	4.7944
		ICU and OR	8.88547*	2.02782	.000	4.8883	12.8826
	OPD	medical	.57895	2.02751	.776	-3.4176	4.5755
		gynecology	1.40175	2.24404	.533	-3.0216	5.8251
		surgical	-2.04229	2.03203	.316	-6.0478	1.9632
		pediatrics	-.31015	2.27491	.892	-4.7944	4.1741

	ICU and OR	8.57532*	2.25899	.000	4.1225	13.0282
	ICU and OR medical	-7.99637*	1.74575	.000	-11.4375	-4.5552
	gynecology	-7.17356*	1.99313	.000	-11.1024	-3.2448
	surgical	-10.61761*	1.75100	.000	-14.0691	-7.1661
	pediatrics	-8.88547*	2.02782	.000	-12.8826	-4.8883
	OPD	-8.57532*	2.25899	.000	-13.0282	-4.1225

*. The mean difference is significant at the 0.05 level.