

CHAPTER 1

Introduction

Background and Significance of the Research Problem

The goal of healthcare organizations is to provide cost-effective and high quality healthcare (Hamilton et al., 2007). Nursing is an important role to the healthcare provision worldwide (International Nurses Day [IND], 2016). Nowadays, the global nursing shortage is at 7.2 million (World Health Organization [WHO], 2013) which is aggravated by nurse turnover (Lyu, Li, Li, & Li, 2016). Losing competent and qualified nurses not only seriously influences the quality of care (Mazurenko, Gupte, & Shan, 2015), but also results in hospitals having to invest additional cost, time and workforce to recruit and train new nurses and retain qualified nurses (De Gieter, Hofmans, & Pepermans, 2011). The increasing turnover rate of nurses is a significant problem in China as a report by Xin Hua Net News (2016) stated that Chinese nurses who working in hospitals had a turnover rate of 10.2% - 11.2%, and nurses who had a turnover intention was as high as 56.94% by the end of 2014. In Kunming, Li (2011) found that 32.38% of nurses in six tertiary hospitals had a turnover intention. Thus, nurse administrators must be concerned with implementing policies and practices that help to retain nurses in their current position. A majority of studies have confirmed that organizational commitment was an important predictor of nurse turnover and turnover intention (Ahn, Lee, Kim, & Jeong, 2015; Kim, Kim, & Choi, 2016). Therefore, one strategy that seems to be effective in dealing with this high turnover rate is to increase the organizational commitment of nurses (Al-Hussami, Darawad, Saleh, & Hayajneh, 2014; Dadgar, Barahouei, Mohammadi, Ebrahimi, & Ganjali, 2013).

Organizational commitment is an important direction to take for work attitude and occupational mindset to improve (Khaleh & Naji, 2016). People who have high organizational commitment are inclined to stay longer in the organization. They often experience more job satisfaction, cope better with work-related stressors, and have the

aspiration to go above and beyond their required job duties (Hoang, 2012; Meyer, Stanley, Herscovitch, & Topolnytsky, 2002; Nehmeh, 2009). Zahedi and Ghajaryeh (2011) presented that a committed person is more responsible for the care of patients, offers professionally favorable service, and provides a high quality of care to patients. However, it was found that a lack of organizational commitment is a strong predictor of personal disengagement on the job (Jones, 2014; Yu, Hou, Li, & Chen, 2015) and increases the risks of errors to patients (Somunoglu, Erdem, & Erdem, 2012). Employing committed persons and retaining them in this difficult and highly responsibility-demanding occupation is a secret for increasing the organizational competitive advantage and organizational effectiveness (Khaleh & Naji, 2016; Rafiee, Bahrami, & Entezarian, 2015). Thus, it is imperative that nurse administrators need to be concerned about and improve nurses' organizational commitment to promote the quality of care.

Meyer and Allen (1991) defined organizational commitment as a psychological state which retains employees in the organization and is accompanied by a desire, a need or an obligation which reflects the relative degree of an individual's identification with and involvement in the employee's organization. It encompasses three components: affective commitment, continuance commitment and normative commitment. Affective commitment refers to the employee's emotional attachment to, identification with, and involvement in the organization. Employees have a strong affective commitment with the organization because they want to do so. Continuance commitment refers to the employee's assessment of whether the costs of leaving the organization is greater than the cost of staying. Employees with a high level of continuance commitment with the organization because they feel that they need to do so. Normative commitment refers to the employee's feeling of obligation to the organization. Employees with a high level of normative commitment stay with the organization because they feel that they ought to do so. Meyer and Allen (1997) proposed that employee can experience inconsistent degrees of one or more of these three components at the same time.

Several studies identified the organizational commitment among nurses, but only five studies have been found to explore the three components of nurses' organizational commitment using Meyer, Allen and Smith's Three-Component Model of Employee Commitment Survey (1993) with a 7-point Likert scale. In Ontario, Meyer et al. (1993)

reported that the mean score of affective commitment, continuance commitment, and normative commitment was 3.91 (SD=1.47), 4.03 (SD=1.39), and 3.04 (SD=1.41), respectively. In the U.S., Porter (2015) reported that the mean score of affective commitment, continuance commitment, and normative commitment was 1.52 (SD=0.49), 1.44 (SD=0.49), and 3.06 (SD=0.48), respectively. In Alexandria, one study revealed that the mean score of affective commitment, continuance commitment, and normative commitment was 3.9 (SD=1.83), 4.5 (SD=1.79), and 4.3 (SD=1.88), respectively (Ibrahim, Elhoseeny, & Mahmoud, 2013). Moreover, in Jeddah, Olfat, Fatmam and Hind (2016) found that the average score of organizational commitment was 3.87. Further, in Kunming, P. R. China, Chen (2011) reported that the mean score of affective commitment, continuance commitment, and normative commitment was 4.38 (SD=0.92), 4.43 (SD=0.77), and 4.08 (SD=0.90), respectively, and the results revealed that the three components were at a moderate level in three tertiary hospitals. According to this evidence, the mean scores of these studies show that nurses' organizational commitment is not at a high level and some components seem to be a low level, whilst the nurses experienced different preference with the degrees of three components at the same time in different settings. Thus, the inconsistent findings of previous research results indicate that more research regarding organizational commitment among nurses need to be explored. Moreover, there is only one study which has been conducted in tertiary hospitals of Kunming by Chen (2011). However, a person's work experience and organizational structure can affect the individual's organizational commitment (Meyer & Allen, 1991), and Kunming as the capital city of Yunnan Province, the hospitals have higher level of development than others, hence, the result of Chen's study is not extensive enough to represent nurses' organizational commitment level in the affiliated hospitals of Dali University.

Organizational commitment develops as the result of individual's different experiences (Meyer & Allen, 1991). It has been found that personal characteristics (age, gender, marital status, job tenure and level of education) (Carman-Tobin, 2011), perception of management behavior (psychological reward from head nurse and supervisor, fairness perception, justice and trust) (Ibrahim et al., 2013; Vagharseyyedin, 2016), perception of organizational context (job status, job security and monetary benefits) (Vagharseyyedin, 2016), and work environment conditions (interpersonal relationship,

managerial support, regular routine and modern technology) (Lorber & Skela-Savic, 2014; Rubel & Kee, 2015; Tsai, 2014; Vagharseyyedin, 2016) were positively related to organizational commitment. To emphasize, some foreign scholars identified that work motivation was an important influencing factor of organizational commitment of nurses (Altindis, 2011; Bahrami, Bariti, Ghoroghchain, Montazer-alfaraj, & Ezzatabadi, 2016; Battistelli, Galletta, Portoghese, & Vandenberghe, 2013; Charoensook, 2010; Fernet, Trépanier, Austin, Gagné, & Forest, 2015; Galletta, Portoghese, & Battistelli, 2011). However, inconsistent relevance was observed in studies between work motivation and organizational commitment. Thus, more research is needed to study the relationship between work motivation and organizational commitment.

Amabile (1993) developed a model of motivational synergy based on the work motivation theories of Herzberg (1966), Hackman and Oldham (1976), and Deci and Ryan (1985). Amabile (1993) defined work motivation as a force to drive people by a passionate interest or external inducements to engage in what they do. It encompasses intrinsic motivation and extrinsic motivation. Intrinsic motivation refers to individuals engaging in their work who are intrinsically motivated or for its own sake, because the work itself is interesting, engaging or in some way satisfying. People with high intrinsic motivation seek enjoyment, interest, satisfaction of curiosity, self-expression, task-involvement, competence or personal challenge. Extrinsic motivation refers to individuals engaging in their work who are extrinsically motivated in order to obtain something apart from the work itself. People with high extrinsic motivation seek the competition, evaluation, recognition, money or other tangible incentives and constraint by others. According to this model of motivational synergy, intrinsic motivation and extrinsic motivation can exist at the same time and people can prefer varying degrees of both facets of work motivation (Amabile, 1993).

Motivation compels nurses to exert their efforts to engage in organizational activities and this motivation is manifested by effort (Pinder, 2008). Thus, a motivated people will exert more effort and do his/her best in accomplishing his/her tasks (Tentama & Pranungsari, 2016). People's work motivation determines their performance in such ways as arriving to work regularly, working diligently, and being flexible and willing to accomplish tasks (Battistelli et al., 2013; Hornby & Sidney, 1988). Moreover, a previous

study presented that people's work motivation positively affected the personal well-being, organizational performance (Vareilles, Pommier, Kane, Pictet, & Marchal, 2015). In addition, Kantek, Yildirim, and Kavla (2015) reported that people with higher work motivation may have a higher level of professional performance. Some scholars also identified that a motivated nurse was more likely to be ready to take care of patients and collaborate, to be more productive and creative, provide better nursing service, and be driven to further the development of the nursing profession (Ayyash, & Aljeesh, 2011; Engin & Cam, 2006; Gaki, Kontodimopoulos, & Niakas, 2013; Toode, Routasalo, & Suominen, 2011). Furthermore, work motivation can prevent people's intention to quit their nursing job and retain them within the organization (Khalatbari, Ghorbanshiroudi, & Firouzbakhsh, 2013; Yildiz, Ayhan, & Erdogmus, 2009).

Some studies have been done related to work motivation among nurses using different instruments. In India, one study (Jaiswal, Singhal, Gadpayle, Sachdeva, & Padaria, 2014) found nurses' work motivation was at a high level. In Cairo (Said, Abed, & Abdo, 2013) and Rwanda (Kamanzi & Nkosi, 2011), the moderate level of work motivation was found. While one study reported a low level of nurses' work motivation in Nigeria (Awosusi & Jegede, 2011). In addition, two studies have been conducted to explore nurses' work motivation that used Amabile, Hill, Hennessey and Tighe's (1994) Work Preference Inventory (WPI) with a 4-point Likert scale, but they did not show the level of work motivation. Amongst them, Thomas's (2015) study findings showed that the mean scores of intrinsic motivation and extrinsic motivation were 2.81 and 2.34 in Louisiana. For Chuang and Chen's (2012) study findings, the mean score of intrinsic motivation, extrinsic motivation, and overall work motivation was 3.16 (SD=0.52), 3.63 (SD=0.47), and 3.42 (SD=0.42) respectively in Taiwan and mainland China. Therefore, the above discordant findings with the level of work motivation and the obviously discrepant mean scores with two facets of work motivation imply that there is a need to conduct more study to examine work motivation among nurses. Moreover, there has been no study which looks at work motivation among nurses in Yunnan Province, whilst the personality and work environment may affect people's motivation in the work (Amabile, 1993).

According to an analysis of Amabile's (1993) model of motivational synergy and Meyer and Allen's (1991) three-component model of commitment, work motivation may have relations with each component of organizational commitment. When people are highly motivated by interesting work, which might make people prefer to affectively identify with organization that could increase people's willingness to engage in the organization. Thus, *work motivation* may increase people's *affective commitment*. Moreover, when people are highly motivated by tangible incentives as remuneration, high remuneration might increase their cost of leaving the organization and it may not easy for them to find other organizations that can provide more benefits than this organization. Thus, *work motivation* may impel people's *continuance commitment*. In addition, when people are highly motivated by intangible rewards as competence improving, there needs to be organizational investment in the people, which may cause people to feel an obligation to reciprocate by committing themselves to the organization. Thus, *work motivation* may strengthen people's *normative commitment*. In a word, when people have high motivation in the work, they could have high desire to satisfy their needs (Borkowski, 2011), hence, they may exert more effort in their work and have more willingness to keep a membership in the organization, namely, they might have high commitment to their organization.

As for the association between work motivation and organizational commitment, there are several studies that have explored the relationship between work motivation and organizational commitment among nurses based on different models or theories in some Western and Asian countries, but they revealed an inconsistent relevance. Amongst them, the results of some studies revealed that there was a positive relevance between work motivation and organizational commitment (Charoensook, 2010, $r = 0.54$, $p < 0.05$; Bahrami et al., 2016, $r = 0.135$, $p < 0.05$). However, one study reported that there was no correlation between work motivation and organizational commitment (Tahere, Zahra, Fateme, & Asma, 2012). Moreover, in China, no study has yet reported the relationship between work motivation and organizational commitment among nurses. Due to the cultural differences between countries, the findings of previous research from other countries may not be generalized into health care settings in China.

As aforementioned, organizational commitment is a vital influencing factor of organizational effectiveness. However, based on the Chinese context, there are some barriers which can hinder nurses' organizational commitment. In regard to the affective commitment, because of no clear task partitioning, all nurses do the same work in their wards despite their educational level in China (Bai, 2012; Duan, 2016; Jiang, Ruan, Jin, & Hong, 2015). While this working assignment makes the nurses with high educational levels feel that there is no space to utilize their abilities and to accomplish their self-value (Hou, Shi, Li, Tan, & Du, 2016), which decreases the nurses' emotional attachment to the organization (Lv, Tao, & Chen, 2011; Zhu, Liu, Wu, & Gu, 2012). Nurses who participate less in policy-making and organizational decision-making may feel a lack of group cohesion and cannot clearly understand the key events or issues of their organizations (Tang, Yu, & Liu, 2016). Recently, high workplace violence has frequently been reported in hospitals (Yuan & Wang, 2014) which led nurses to feel job insecurity. In addition, under a state of fiscal constraints on health care institutions, nurses are required to do more and get less and experience a high level of effort-reward imbalance (Wang, Zhou, Ren, & Li, 2010). In recent years, nurses' educational level has rapidly improved (Chinese News Net, 2016), so they may have more chances to choose a more satisfying job. Since China has entered the World Trade Organization, a majority of nurses have travelled abroad to Western countries to work due to better salaries compared to those in China (Lu, While, & Barriball, 2007). Further, ongoing with the health system reform (CPC Central Committee and the State Council, 2009), the marketing competition between public hospitals and private hospitals has provided the opportunity for nurses to change jobs from one hospital to another. So, these status may influence the Chinese nurses' continuance commitment to their organization. For the normative commitment, Chinese nurses are younger and younger (XinHua Net News, 2016). However, these younger nurses have less stress reducing abilities than elder nurses and they lack a sense of responsibility to their patients and organization, thus, it is easier for them to quit their jobs (XinHua Net News, 2016). Temporary nurses face unsteady employment and inequitable treatment which reduces their sense of obligation to the organization (Chen, 2011). Therefore, above states may influence the Chinese nurses' commitment to their organizations.

In addition, some problems may destroy nurses' work motivation through work per se and organizational environment. Nursing work consists of a majority of task fragments, such as basic nursing care, nursing record, nursing treatment and so on. Experiencing a heavy workload and no technical tasks for extended periods can cause nurses to feel emotionally exhausted and have a lack of motivation to do the work (Lv et al., 2011). Chinese nurse are still under centralized power (Li & Jin, 1995). Thus, less empowered nurses have a lack of self-determination (Chen, 2011). Therefore, these may influence nurses' intrinsic motivation to do the work in their organization. Moreover, in the Chinese culture, nurses' social status is lower than other professionals. Usually, they receive less recognition and respect from patients and social population (Shen, 2010; Zhou, 2010). Nurses receive fewer appraisals from others for their work performance (Gu, 2004) and less opportunity for promotion (Yang, 2012). They reported that they were not satisfied with their compensation, especially temporary nurses who received lower remuneration than permanent nurses (Gu, 2015). This may decrease the nurses' extrinsic motivation to the work.

Yunnan province, located in Southwestern China, has a moderate-low level economic condition (Yunnan Daily, 2016). Low economic development causes the development of healthcare services to lag behind the national level (Qin, 2011). In Yunnan, the ratio of nurses was 2.05 per 1,000 people, which is lower than that of the national standard of 2.21 per 1,000 people (Ministry of Health of China [MoH], 2015). Yang et al. (2016) surveyed the ratio of beds to nurses which was 1:0.37 in Yunnan Province in 2014. This is lower than the national standard of 1:0.6 (MoH, 2011). Obviously, the nursing shortage is serious in Yunnan. Thus, nurses have a higher workload under limited government support, which may lead to nurses experiencing dissatisfaction with their job (Duan, 2016). In addition, Qin, Dao and Wang (2014) reported that 520 nurses had a high turnover intention in Dehong. Luo (2011) found that nurses had a high level of reduced personal accomplishment from three tertiary hospitals in Yunnan, while low personal accomplishment decreased the employees' extrinsic motivation to their work (Ryan & Deci, 2000). Also, Lin's (2012) study among 441 nurses showed that there was a low level of motivation and interested in their work.

Affiliated hospitals of Dali University include two tertiary hospitals: the Affiliated Hospital of Dali University is located in Dali, and the Third People's Hospital of Yunnan Province is located in Kunming. These two hospitals are responsible for providing medical services, teaching medical students and conducting scientific research. They are required to provide a higher quality of nursing care than other general hospitals. Thus, nurses working in these two hospitals have to play multiple roles. They have heavy workloads and often cannot complete their work within their shift and often have to work overtime unpaid. Similarly, these nurses are less empowered and there is an absence of autonomy. Moreover, some nurses do not come to work on time for their weekend shifts which influences the timely implementation of nursing tasks and threatens the quality of care (Personal communication, 2016). Therefore, these problems showed that nurses' work motivation may not be high and this may influence their work attitude. Recently, the Affiliated Hospital of Dali University reported that nurses' turnover rate increased from 17 nurses (3.26%) in 2014 to 27 nurses (4.83%) in 2015. Thus, it indicates that nurses' organizational commitment is falling which can be manifested by the nurses' turnover status (Wagner, 2007).

According to the above situations and problems in the affiliated hospitals of Dali University and other hospitals in Yunnan Province, the work motivation and organizational commitment of nurses in Yunnan Province may be different from those of nurses working in other provinces and countries. So the inconsistent results of previous studies regarding nurses' work motivation and organizational commitment imply that it is necessary to study work motivation and organizational commitment of nurses in affiliated hospitals of Dali University, Yunnan Province, as well as to investigate the relationship between work motivation and organizational commitment, as no study has been done on their relationship in mainland China. The results of this study could provide valuable information for nurse administrators to retain nurses staying at their organization and thereby promoting the quality of nursing care. In addition, it could provide evidence for future study and enlarge the knowledge about nurses' work motivation and organizational commitment in China.

Research Objectives

In this study, the general objectives were to examine work motivation and organizational commitment and the relationship between work motivation and organizational commitment among nurses, the specific objectives were as follows:

1. To examine the work motivation of nurses in affiliated hospitals of Dali University, the People's Republic of China.
2. To examine organizational commitment including affective commitment, continuance commitment and normative commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China.
3. To examine the relationships between work motivation and each component of organizational commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China.

Research Questions

1. What is the level of work motivation of nurses in affiliated hospitals of Dali University, the People's Republic of China?
2. What are the levels of affective commitment, continuance commitment and normative commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China?
3. Is there any relationship between work motivation and each component of organizational commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China?

3.1 Is there any relationship between work motivation and affective commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China?

3.2 Is there any relationship between work motivation and continuance commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China?

3.3 Is there any relationship between work motivation and normative commitment of nurses in affiliated hospitals of Dali University, the People's Republic of China?

Definition of Terms

The operational definitions for this study include:

Work motivation refers to as a force to drive nurses by a passionate interest or external inducements to engage in what they do. It encompasses intrinsic motivation and extrinsic motivation (Amabile, 1993). Work motivation was measured by the Work Preference Inventory (WPI) that developed by Amabile et al. (1994) and was translated to Chinese by the researcher.

Organizational commitment refers to a psychological state that retains nurses in the organization and is accompanied by a desire, a need or an obligation which reflects the relative degree of nurse individual's identification with and involvement in the employment organization. It consists of affective commitment (AC), which refers to the nurse's emotional attachment to, identification with, and involvement in the organization; continuance commitment (CC), which refers to the nurse's assessment of whether the costs of leaving the organization is greater than the cost of staying; and normative commitment (NC), which refers to the nurse's feeling of obligation to the organization (Meyer & Allen, 1991). Organizational commitment was measured by the TCM Employee Commitment Survey that was developed by Meyer et al. (1993) and was translated to Chinese version by Chen (2011).

Nurse refers to a person who graduated from an approved nursing education institution, whilst holding the nursing licensure granted by the Ministry of Health, P. R. China.

Affiliated hospitals of Dali University refers to the settings of tertiary level of health care which are directly affiliated institutions of Dali University in Yunnan Province, P.R. China. They provide and deliver medical and nursing care, whilst offer clinical education and training, and conduct scientific research.



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