

## Investigation of The Effects of The Organizational Commitment of Nurses on Attitudes Against Change

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**Abstract:** Organizational commitment is the important determinant of organizational change. This research was designed to examine the impact on attitudes against change of the commitment status of nurses. The research data were collected with the Information Form, the Organizational Commitment Scale (OCS) and the Attitude Against Change Scale (AACCS), completed by 279 nurses working in a university hospital and two state hospitals. The analysis of data was carried out using the statistical program. The nurses' score average obtained from the OCS was  $3.09 \pm 0.53$ , and the organizational commitment of the nurses was found to be at medium level. The nurses' score average obtained from the AACCS was  $60.40 \pm 11.79$ , and the nurses' attitudes against change were positive. It was found that the relationship between organizational commitment and attitude against change is statistically positive ( $p < 0.01$ ). Organizational commitment was identified as a contributor to attitude against change. Future research is suggested to determine other variables that explain attitude against change. Nurse managers should take into account that organizational commitment affects the process of change, and applications and policies to enhance organizational commitment must be developed.

**Keywords:** Organizational commitment; Change; Nursing.

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### I. Introduction

Organizational commitment is the important determinant of organizational change<sup>1</sup>. Organizational commitment may be defined generally as the psychological relationship between the employee and the organization. This psychological relationship makes the employee less likely to leave the organization<sup>2</sup>. The organizational commitment is characterized by three major components, and the components of commitment are identified by Allen and Meyer (1990)<sup>1,3</sup>. The components are: (1) strong belief and acceptance of the organization's goals and values, (2) willingness to exert considerable effort on behalf of the organization, (3) a strong desire to maintain membership of the organization<sup>4,5,6</sup>. According to this model, commitment is disclosed as affective, continuance and normative. Affective commitment refers to the employee's emotional attachment to the organization. Therefore, employees with strong affective commitment remain with the organization because they want to do so. Continuance commitment cites the extent to which the employee perceives that leaving the organization would be costly. Employees with strong continuance commitment remain in the organization because they have to do so. Finally, normative commitment is based on the employee's obligation to the organization. Employees with strong normative commitment remain with the organization because they feel they ought to do so<sup>1,3,7</sup>. The literature has determined that employees who have high organizational commitment exert much effort, prefer to stay longer in their organizations, communicate positively with other employees, make efforts for the achievement of organizational goals and do not plan to leave the job. Beside this, nurses with strong organizational commitment are reported to better cope with the problems caused by stress<sup>8</sup>.

Organizational change is the movement of an organization from the status quo toward a desired future state to increase organizational efficiency and effectiveness<sup>9</sup>. There are many change theories which have been developed from Lewin's three-step change theory. According to Lewin, the first step is unfreezing the present, the second step moving from the present and the third step refreezing. If this theory isn't followed, then changes will be short-lived<sup>9,10</sup>. Change is perceived by people as the loss of the status quo. Therefore, people resist change to maintain the equilibrium. To decrease the resistance, the process and the goals of the process must be re-evaluated by the change agent. Once the resisting forces are defined, the change agent works to strengthen the driving forces and apply plans to overcome the resisting forces. Strengthening the driving forces assists in moving the project forward to a successful outcome<sup>11</sup>. Three factors affect the response to changes in personnel; these are defined as the emotional and cognitive perceptions of employees, communication and participation in decisions by employees<sup>12</sup>. These factors are connected with the subdimensions of organizational commitment

and are very important for nursing employees. In some research a directly and positive correlation has been found between emotional commitment with emotional and behavioural attitudes to change<sup>1,13,14</sup>.

The cultural values of the country societies are also reflected in the organizations. Therefore, organizational structures may differ due to cultural differences. In this context, when Turkey is examined by The Hofstede's model of national culture, it can be said that it has a high power distance, a low tolerance for ambiguity, a collectivist structure and masculine values. Taking into account these cultural characteristics, organizations that avoid ambiguity tend to have low risk and high resistance to change. The cultural structure of the country with high resistance to change is also reflected in health care institutions. The nurses who are the majority of the health care workers are also very important for the success of the change process. In addition, The 2015 International Nurses Day theme that was determined by International Council of Nurses (ICN) also mentioned that nurses are a force for change. Although there are similar studies on this subject in different occupational groups, this research is important because of the rarity of the study examining the relationship between organizational commitment and attitude against change in the worldwide and the absence of study on nursing in this respect in Turkey. It is also essential to determine how commitment status of nurses influences achieving change in nursing.

### **Research Questions**

1. What is the level of attitude against change of nurses?
2. What is the level of organizational commitment of nurses?
3. What is the relationship between organizational commitment of nurses and attitude against change of nurses?

## **II. Methods**

This research is a cross-sectional analytical study. The research was conducted at a university hospital and two state hospitals in Manisa (Turkey). The universe of the research composed of 925 nurses, and, according to the Epi Info program, 95% confidence interval and 5% deviation for the sample of the research were calculated (n:271). The sample of the research was composed of 279 nurses who agreed to participate in the study voluntarily. The number of nurses that would be taken according to the hospitals was determined with a proportional stratified sampling method. According to the calculation, 95 (N:324) nurses from Celal Bayar University Hafs Sultan Hospital, 103 (N:351) from Merkez Efendi State Hospital and 73 (N:249) from Manisa State Hospital were randomly taken. Approval for the research was obtained from Celal Bayar University Local Ethics Committee and the hospitals which were included.

The research data were collected with the Information Form, the Organizational Commitment Scale (OCS) and the Attitude against Change Scale (AACS). The Information Form was prepared in accordance with literature by researchers. It consists of 15 questions including sociodemographic characteristics, for instance, age, sex, marital status, education level, working conditions.

### **Instruments**

The OCS which is developed by Meyer and Allen (1990) includes an 18-item survey<sup>3</sup>. The instrument's subscales are affective commitment, continuance commitment and normative commitment. The evaluation of the scale was calculated with the average score. According to this evaluation, total scores that can be obtained from the scale is between 1 to 5. The meaning of the higher scores indicate the higher organizational commitment. The reliability and validity of the OCS in Turkey was conducted by Wasti (2000)<sup>15</sup>. In this research, the internal consistencies of organizational commitment scale and its subscales (affective commitment, continuance commitment, normative commitment.) were .81, .73, .74, .78, respectively. The AACS which is developed by Seren (2007) is a questionnaire that contains 29 items. Instrument subscales include institutional policy in change (12 items), change outcomes (8 items), resistance to change (5 items), management style in change (4 items). The scale which contains 29 items has five items with negative statements. Obtained by summing the scores of 29 items, raw scores are between 29 and 145. Raw score is turned to 100 (absolute value) and then the scale scores acquired are between 20 and 100. When the average score of AACS is above 60, it indicates more positive tendency to change<sup>16</sup>. The internal consistencies of attitude against change scale and its subscales (institutional policy in change, change outcomes, resistance to change, management style in change) were .93, .92, .88, .71, .67, respectively. Both of the scales are Likert type scales and responses to each question are rated on a 5-point Likert scale (1 = strongly disagree, 3 = neutral, 5 = strongly agree).

### **Analysis**

The analysis of data was carried out using numbers, percentages to define demographic characteristics, and the Kolmogorov-Smirnov normality test, Student's t test, chi-square test, one way variance analysis, Kruskal-Wallis test, Mann-Whitney U test were done to assess the relationship between demographic

characteristics and scale score averages. Linear and multiple regression as bivariate analysis (Pearson r) was performed to examine the relationship between the mean of the scales.

### III. Results

When personal and professional variables of nurses were examined, age mean of nurses  $33.37 \pm 7.36$ , it was seen that most of them were between 30 and 39 years of age (45.5%), females (91.8%), married (71.7%), postgraduates (49.1%), clinical nurses (55.6%), working more than 40 hours a week (71.7%), day and night (76%).

The descriptive analysis of the OCS and AACS scores is provided in Table 1. The mean total organizational commitment score was 3.09 and organizational commitment of nurses was found as medium level. The mean OCS scores were 3.05, affective commitment 3.24, continuance commitment and normative commitment 2.96. Mean of the total attitude against change score was 60.40, and the attitude against change of the nurses was revealed to be inclined more positively. The means of the subscale scores were found to be institutional policy at change 60.05, the results of the change 61.32, resistance to change 65.76 and management style in change 52.93.

**Table 1:** OCS and AACS and their Subscales Scores (n = 279)

OC Subscales (1- to 5-Point Scale)	Mean	SD	Min–Max
Affective commitment	3.05	0.71	1.00–5.00
Continuance commitment	3.24	0.72	1.00–5.00
Normative commitment	2.96	0.72	1.00–5.00
Total organizational commitment	3.09	0.53	1.50–4.61
AAC Subscales (1- to 5-Point Scale)			
Institutional policy on change	60.05	14.76	20.00–98.33
The results of the change	61.32	14.46	20.00–100.00
Resistance to change	65.76	13.47	20.00–96.00
Management style in change	52.93	14.39	20.00–95.00
Total attitude against change	60.40	11.79	23.45–96.55

In the bivariate analysis, there was a positive and weak relationship among organizational commitment and attitude against change. In addition, there was a positive and weak relationship among the affective and normative subscales of the OCS and the subscales of the AACS, also. However, there was no relationship between continuance commitment and attitude against change and its subscales. The strongest association was identified between attitude against change and the affective commitment subscales and organizational commitment ( $r = 0.477$  and  $0.421$  respectively) (Table 2).

**Table 2:** The Bivariate Analysis of OCS and AACS

	Institutional policy on change	The results of the change	Resistance to change	Management style in change	Total attitude against change
Affective commitment	.425*	.380*	.353*	.352*	.477*
Continuance commitment	.099	.067	-.009	-.049	.064
Normative commitment	.380*	.340*	.163*	.305*	.395*
Total organizational commitment	.406*	.354*	.227*	.273*	.421*

\*Correlation is significant at the .01 level (2-tailed).

#### Multivariate Results

The regression results indicated that organizational commitment contributed to 17.4% of the variance in the attitude against change. Working conditions, opinions of nurses related to institutions being inclined to

innovate and organizational commitment contributed to 36.6% of the variance in the attitude against change (p = .013, .000 and .000, respectively) (Table 3).

**Table 3:**Linear and Multiple Regression Analysis of AACS

Linear Regression Analysis	$\beta$	t	p	F	p	R <sup>2</sup>
Organizational commitment	31.640	12.818	.000	59.511	0.000	0.174
Multiple Regression Analysis						
R square (Constant)	51.556	6.626	.000	15.441	0.000	0.366
Age	-0.045	-0.829	.408			
Marital Status	-0.064	-1.233	.219			
Institution	0.054	0.977	.330			
Securing status	0.024	0.447	.655			
Working situation in a week	0.073	1.151	.251			
Working form	-0.093	-1.479	.140			
Satisfaction in profession	-0.050	-0.929	.354			
Working conditions	0.148	2.501	.013			
Opinions of nurses related to institutions being inclined to innovate	-0.344	-6.381	.000			
Organizational commitment	0.251	4.707	.000			

#### IV. Discussion

In this study, there was a positive and weak size relationship among organizational commitment and attitude against change. With these results, it can be considered that organizational commitment can be positively changed to attitude against change. Similarly, Vakola and Nikolaou indicated a positive relationship between organizational commitment and positive attitudes to change<sup>14</sup>. Moreover, the findings that organizational commitment influences attitude against change are consistent with previous research. Employees with high organizational commitment are more compatible with the aims and values of the hospital, eager to expend considerably more effort on the behalf of the hospital and so more likely to accept organizational change<sup>1</sup>. The more employees are satisfied with their organizations, the higher their commitment to the organization and the greater their willingness to accept change<sup>17</sup>. Similarly, Guest (1987) recommends that organizational commitment will result in a willingness to accept organizational change<sup>18</sup>.

Darwish, with the attitude toward the organizational change scale which was developed by Dunham, in his work reported that affective commitment directly and positively affects cognitive, affective and behavioral tendency attitudes toward organizational change. Moreover, normative commitment does not directly influence any dimensions of attitude toward organizational change. In addition, continuance commitment directly and negatively affects cognitive attitudes toward organizational change. That is, when there are few alternatives available outside their organization, employees are more receptive to change<sup>13</sup>.

#### V. Limitations

The results of the study include nurses of the hospitals in which the study was conducted and the results can not be generalized to other institutions.

#### VI. Conclusions

In this study, organizational commitment was identified as a contributor to attitude against change. Future research is suggested to determine other variables that explain attitude against change. According to the results of the study, nurse managers should take into account that organizational commitment affects the process of change, and they should develop applications and policies to enhance organizational commitment. In addition, the attitude against change of employees should be determined before starting change in a hospital and the change should be initiated with regard to this results.

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