



Determinants of Employee's Commitment among Healthcare Professionals

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Abstract Being an important concept in human resource management, a wide span of literature exists on employee's commitment research. However, little is known of the factors that enhance employee's commitment among healthcare professionals in the Philippines. Consequently, this study sought to examine the influence of selected factors on the commitment of healthcare professional in the Philippines. Using quantitative methods the study established that the factors in the study were significantly and positively correlated with employee's commitment. Among the factors, job satisfaction of employees emerged as the most important in explaining employee's commitment. Finally recommendations for research and practice are made.

Key words Employee commitment, job satisfaction, healthcare organizations, Philippines, multiple regression

DOI: 10.6007/IJARAFMS/v6-i2/2038

URL: http://dx.doi.org/10.6007/IJARAFMS/v6-i2/2038

1. Introduction

Commitment is agreed to be a vital factor in organizations because it was found to enhance organizational citizenship behavior, employee performance, and more involvement in work (Czaja, 1999). In most cases, commitment is related either to work, career, or the organization (Guney, Diker, Guney, Ayranci and Solmaz, 2012; Wu and Lui, 2006). Research studies have established that there is a positive impact of organizational commitment on employees' job performance and the organizational performance (Gasic and Pagon, 2004; Iqbal, 2010; Naqvi *et al.*, 2011). Furthermore, studies have found that organizational commitment, especially normative commitment has positive relationship with employees' performance in healthcare organizations and other industries (Irefin and Mechanic, 2014; Khattak and Sethi, n.d.; Memari, Mahdieh, and Marnani, 2013). In other words, employees tend to perform better based on their sense of obligation and loyalty towards their organizations. Therefore, the lack of commitment from employees in the organization increases their intent or act to leave and reduce the overall organizational performance.

Today, healthcare organizations are challenged by the lack of commitment from nurses and doctors due to their choices to leave the organization. The World Health Organization (WHO, 2003) specified, "The most critical issue facing healthcare system is the shortage of the people who make them work (p. 1)." This phenomenon called employees' turnover can be defined as the act of employees to leave the organization. Also, employees' turnover describes the ratio of employees who have been replaced at a certain period of time (Rouleau et al., 2012; Price, as cited in Abdali, 2011). Studies have suggested that employee turnover is a growing issue in healthcare organizations in the world (Nursing Solutions Inc., 2014; Deloitte, 2014; Romualdez et al., 2011; POEA, 2012) There are several reasons for the phenomenon of employees' turnover in healthcare organizations. Around the world, especially in developing countries, the reasons for the employees to leave their organizations are the push and pull factors (WHO Report, 2006). Pull factors include better remunerations, better standards of living, gaining experiences, and upgrading qualifications. Furthermore, push factors include lack of facilities, lack of promotion, ineffective management, excessive work stress, lack of training, and absence of career development. The employees' decisions to quit healthcare organizations are also linked to the level of stress, empowerment, and respect within the organizations (Peterson, 2009). It must be noted that the level of commitment of healthcare professionals affects patients' care quality, the employees' productivity, and their effectiveness (Al-Hassumi, 2008). Consequently, the purpose of this study is to contribute to the understating of the influence the selected factors have, on employee's commitment.

2. Literature Review

Examining existing literature provides a detailed understanding of the hypothesized relationships. As such, this section discusses the literature pertaining to the variables included in this study. Resulting from this discussion four hypothesis are developed for testing and presented after each relevant sub-section.

Organizational Climate

Organizational climate describes how employees perceive particular characteristics of their employing organization. For this study, organizational climate includes dimensions such as the leadership style, the communication level, and the employees' participation in the decision making. A study concluded that organizational climate influences healthcare employees' level of commitment till 60% (Liou and Cheng, 2010). The healthcare workers tend to decide to leave their jobs according to their degree of agreement with the level of trust, the flow of information, and the leadership style (Linzer al., n.d.). So, organizational climate has an influence on the employees' behaviors and attitudes towards the organization, and therefore on their commitment to the organizations (Adjei-Appiah, 2008).

Organizational communication refers to the process and means the management transfers the information (goals, objectives, and strategies) to the employees (Boon *et al.*, 2006). The presence of a healthy climate in the organization helps to build, establish, and maintain the organizational commitment of the employees (Noordin *et al.*, 2010). Hence, communication is positively related to employees' commitment in the organization. According to a research done among nurses in Malaysia, communication is the dominant variable that has a significant effect on employees' commitment (Boon et al., 2006). Further, several studies concluded that there is a positive relationship between the leadership styles and the organizational commitment (Lai, 2004; Tseng *et al.*, as cited in Lee, Lee and Lin, 2014; Loke, 2001). Also, the findings on a study conducted on Egyptian nurses emphasized on the fact that it is important to involve employees in decision making and empower them. So, the participation of employees to decision making enables to increase the employees' commitment towards the organization (El-Salam *et al.*, 2008).

Furthermore, a study conducted among nurses and managers of hospitals in Iran suggested that mutual respect, promoting a culture of creativity, innovation, engaging employees in decision, and problem resolutions enhance employees' commitment towards the organization (Ghasemi and Keshavarzi, 2014). As a result, these actions encourage and enhance the employees' performance and capabilities within the organization.

Hypothesis 1: There is a relationship between organizational climate and employee's commitment

Job Satisfaction

The concept of job satisfaction can be defined as the contentment that employees gain from their job, the climate, and the condition of the workplace (Mollahaliloglu *et al.*, 2010). Job satisfaction is also defined as the level of employees' cognition, affection, and reactions about their work. Thus, job satisfaction is the degree to which employees are satisfied or dissatisfied with their job (Greenberg and Henne, as cited in Kaarna, 2007). In the end, job satisfaction describes the overall contentment or satisfaction of the employees about their intrinsic and extrinsic expectation of the work.

In healthcare settings, employees' satisfaction is an important factor for the patients' satisfaction and the organization's quality service. For instance, the results of a study conducted in Turkey on healthcare employees showed that there is a positive correlation between job satisfaction and the affective and normative commitment (Kaplan *et al.*, 2012). Al-Hussami (2008) established that healthcare employees are more committed to the organization when they are satisfied. Another research conducted in Saudi Arabia among 219 nurses found that the nurses from public hospitals are more committed than the ones in private hospitals (Al-Aameri, 2000). Likewise, the results of another research conducted in Iranian healthcare organizations established that employees' job satisfaction and their commitment are positively related. Mosadeghrad and Ferdoni (2013), in their study, noted that the employees of the hospitals were

moderately committed to the organization due to the fact that they were moderately satisfied with their job. Moreover, a research conducted in Saudi Arabia among 174 employees in service sector indicated that employees' satisfaction has a direct influence on their commitment to the organization (Ibrahim and Perez, 2014). Also, a research done among nurses demonstrated that the lower the level of job satisfaction, the higher their intent not to be committed to the organization and leave (Castle *et al.*, 2007). Job satisfaction has definitely a positive impact on the employees' commitment, in most of the organizations, including the healthcare organizations.

Hypothesis 2: There is a relationship between job satisfaction and employee's commitment

Training and Career Development

Training is one of the human resources practices that helps improve employees' involvement and organizational performance. The employees tend to remain in the organization in order not to lose any opportunity of training according to the study conducted in China (Newman *et al.*, 2001). However, training has a positive influence on the affective commitment, not the continuance (Bartlett, 2002). Thus, the stronger the affective commitment, the higher the will to participate in the training process though influenced by the employees' job satisfaction (Meyer and Herscovitch, 2001). In other words, the motivation to participate is due to the benefits of the training and the will to apply efficiently the new skills in the workplace. So, the opportunities for training positively influence on the employee retention, organizational commitment, and performance (Newman et al., 2001).

When the employees' perception is positive on the concern of the organization about their career, there is a tendency for the employees to develop emotional attachment towards the organization (Garrow, as cited in Jehanzeb *et al.*, 2013; Lam and Zhang, 2003). Supervisor support is essential for the effectiveness of the training. Therefore, the human resources development should enhance their employees' involvement through opportunities for training and career development. Opportunities for training help build reciprocity, social identity, and lack of alternatives for the employees (Brum, 2007). When employees receive specific and non-transferable training, there is a lower possibility for them to leave. The more relevant the training is for their skills and career development, the more committed they are to the organization.

According to Tsai (2014), the implementation of a learning organization and internal marketing are strategies, which enhance the employees' commitment in healthcare organizations. The learning organization is defined as the continuous upgrading of employees' competences to improve patients' care and the quality of the service. Thus, in order to be competent, the healthcare should be able to adapt the technological and environmental changes, continual education, and training. In fact, learning organization helps to improve employees' creativity and efficiency in the workplace. Internal marketing involves strategies for the human resources management to encourage and motivate the employees for training and updates. Therefore, the healthcare employees tend to remain and be committed to the organization when the management practices promote and enhance personal development, improvement of employees' capabilities, and performance (Singh &Schwab, 2000).

Hypothesis 3: There is a relationship between training and development and employee's commitment

Employee Commitment

Commitment is defined as the connection between the organization and the employees. It is also described as willingness and steady forces that determines and maintains the attachment of an individual to a particular organization (Vance, 2006). In other words, it is a psychological bond that is characterized by the members' feeling of attachment, obligation, and loyalty to a given organization. Commitment also describes the level of employees' acceptance of the organization's goals and the willingness they have to work towards these goals (Manetje and Martins, 2009).

According to Meyer and Allen (as cited in McMahon, 2007), organizational employees' commitment has three main aspects: affective, continuance, and normative commitments. Affective commitment is defined as the emotional and sentimental attachment an individual has towards an organization. It is also considered as the level to which employees identify themselves with the organization and its goals to maintain their membership (Modway *et al.*, as cited in Azeem, 2010). The characteristics of the affective commitment include three elements: the belief and the acceptance of the organization's values and objectives; the willingness to work towards the organization's goals, and the aim to maintain the relationship with the organization (Porter *et al.*, as cited in Ismail, 2012). The continuance commitment is linked with the costs related to the alternatives to leave the organization. In other words, the employees remain in the organization because the alternatives are inexistent or not certain. Concerning the normative commitment is the moral obligation an individual has to remain in the organization. So, the employees are loyal and consecrated to the organization as a duty and obligation (Ismail, 2012).

Hypothesis 4: Organizational climate, job satisfaction and training and development predict employee's commitment

3. Methodology of research

The nature study determined the use of the quantitative design. Further, the study employed a crosssectional survey method in order to collect data. A cross-sectional survey method is useful when attempts are made to understand a particular population at a particular time (Guthrie, 2010).

Population and Sample

The population for this study, as determined by the topic, was the doctors and nurses of the health care organizations in Cavite, Philippines. Based on the bed-capacity and the efficiency of their technology, the hospitals are divided into three levels. This study included participants that only belonged to the top level—Level 3—hospitals because of better reputation, knowledge, and their influence compared to their counterparts. The province consisted of ten Level 3 hospitals, of which consent was given only for four. As such the data was collected from these four hospitals. In terms of sampling, a mix of purposive and convenience sampling was used. Purposive sampling is used when a certain criteria determines the recruitment of the participants (Teddlie and Yu, 2007). In this case, the participants who were either nurses or doctors belonging to the Level 3 hospitals that consented to the research study were included in the data collection. As a result of the approval of the hospital management and the willingness of the participants the data collection procedure yielded 152 returned responses of the 200 that were distributed. This represents a 76% return a rate.

Instrumentation

After being granted permission from the relevant authors the instruments for each variable was borrowed and adapted to suit the study. The survey instrument used in this study consisted of 47 items measuring the 4 variables included in this study. All the questions were measured using a 5-Point Likert type scale and were tested for reliability and validity. The reliability of the study was verified by the Cronbach's alpha. The Cronbach's alpha is a technique that helps to determine the reliability of a survey instrument and the internal consistency of the average correlation of variables in the survey (Gleim and Gleim, 2003). The accepted value for the cognitive test Alpha is equal to .7 (α =. 7). Table 1 presents the summary of the reliability results of the instruments based on the pilot test carried out prior to the actual data collection.

Table 1. Reliability Results of the Instruments

Variables	No. of Items	Cronback alpha (α)
Organizational climate	15	0.73
Job satisfaction	13	0.81
Training and development	9	0.73
Employees' commitment	9	0.75

4. Results and discussions

In order to achieve the purpose of this study Pearson's correlation was first carried out to verify if there existed a relationship between the independent variables—organizational climate, job satisfaction,

and training and development—and the dependent variable—employee's commitment. This analysis served to test hypothesis 1, 2 and 3. Additionally multiple regression analysis was employed to determine the predictive value of the model in explaining employee's commitment in the given context which tested hypothesis 4.

Hypothesis 1: There is a relationship between organizational climate and employee's commitment

The results suggest that organizational climate is positively correlated to employee commitment (r = .34, p \leq 0.05). Therefore we may safely conclude that the hypothesis was accepted and that there is a positive relationship between organizational climate and employee's commitment (see Table 2). Interestingly, organizational commitment has stronger correlations with job satisfaction and training and development (r = 0.67, p \leq 0.05 & r = 0.51 respectively).

Hypothesis 2: There is a relationship between job satisfaction and employee commitment

The results indicate that job satisfaction correlated moderately with employees commitment (r =0.42, p \leq 0.05). Therefore it may be concluded that the hypothesis is accepted and that there is a positive relationship between job satisfaction and employee's commitment (see Table 2). It should also be noted that job satisfaction had a stronger correlation with organizational climate and training and development (r = 0.67, p \leq 0.05 & r = 0.48, p \leq 0.05).

		EC	OC	JS	TD
	Pearson Correlation	1	-		
EC	Sig. (2-tailed)				
	Ν	150			
	Pearson Correlation	.341**	1		
OC	Sig. (2-tailed)	.000			
	Ν	150	152		
	Pearson Correlation	.418 ^{**}	.665**	1	
JS	Sig. (2-tailed)	.000	.000		
	Ν	150	152	152	
	Pearson Correlation	.279 ^{**}	.514**	.479 ^{**}	1
TD	Sig. (2-tailed)	.001	.000	.000	
	Ν	150	150	150	150

Table 2. Pearson's Correlation of the Variables in the Study

**. Correlation is significant at the 0.05 level (2-tailed).

Hypothesis 3: There is a relationship between training and development and employee's commitment The correlation analysis yielded results indicating that training and development was positively correlated to employee's commitment (r = 0.28, p < 0.05, respectively). As such, it may be concluded that the hypothesis is accepted and that there is a positive relationship between training and development and employee commitment (see Table 2). It is interesting to note that training and development had stronger relationships with organizational climate and job satisfaction (r = 0. 51, p < 0.05 & r = 0.48, p < 0.05 respectively).

Hypothesis 4: Organizational climate, job satisfaction and training and development predicted employee commitment

To understand employee's commitment in the given sample ANOVA and multiple regression analysis was carried out to test the hypothesized model. The model comprised of the three independent variables— organizational climate, job satisfaction and training and development—and the dependent variable— employee commitment. The results of these analyses are presented in Table 3 and 4. The model suggests that organizational commitment, job satisfaction and training and development predicts employee commitment (p = 0.000). Further, evaluating the strength of each independent variable—revealed in the β

coefficients—job satisfaction appeared to be the best predictor of employee commitment with a θ coefficient of 0.326 (See Table 4).

Model	R R Squa	R Square	-	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.431 ^ª	.186	.169	.46831	.186	11.112	3	146	.000

Table 3. Model Summary

a. Predictors: (Constant), TD, JS, OC

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		В	Std. Error	Beta		
	(Constant)	1.116	.404		2.759	.007
	OC	.105	.142	.078	.737	.462
T	JS	.449	.143	.326	3.140	.002
	TD	.092	.099	.082	.926	.356

Table 4. Predictors of Employees'

a. Dependent Variable: EC

The predictive model developed in this study had an R Square value of 0.186 with Adjusted R Square value of 0.169. This means that organizational climate, job satisfaction and training and development together explain 17% variance in employee commitment. Of the selected variables in the study job satisfaction emerged as the best predictor of employee commitment. Since the given model explains 17% variance in employee commitment there are other variables that account for 83% of variance in the construct. The equation for the employee commitment model as a result of this study is:

 $y = 1.116 + 0.078(\beta_{OC}) + 0.326(\beta_{JS}) + 0.082(\beta_{TD})$

Where *Y* = Employees' Commitment (Predicted Variable); a = Constant value or Y intercept; β_{oc} = Organizational Climate (Predictor Variable);

 β_{JS} = Job Satisfaction (Predictor Variable);

 β_{TD} = Training and Development (Predictor Variable).

The model developed in this study is significant and explains employees' commitment in Philippine healthcare organizations. Although organizational climate and, training and development are predictors in this model they are weak and account for little variance in the construct. Additionally job satisfaction was evidenced as the strongest predictor in the model. The findings of this study provide support for existing literature relating job satisfaction and commitment (Al-Hussami, 2008; Gilsson and Durick 1988; Savery 1994; Wilson 1995; Yousef 2000). Further the study suggests that when employees feel satisfied with their job they are more likely to experience higher levels of commitment to their organizations than otherwise. In the same vein, when employees perceive opportunities training and development in their employing organizations and are employed in favourable organizational climate they tend to be more committed.

5. Conclusions and recommendations

This study sought to develop a predictive model that explains commitment among health care professionals. The findings provide empirical support for existing studies and as such contribute to commitment literature. Practically, the study may be useful in enhancing employee's commitment and consequently their productivity in the healthcare industry. The findings of the study, at large, suggests that in order to enhance employees' commitment in healthcare organizations management efforts must be directed to improve the job satisfaction of professionals. Additionally, commitment may be enhanced by creating a favourable working climate and providing opportunities for training and development.

Furthermore, the study was limited to healthcare professionals in the Philippines and, as a result, any generalizations made should be done carefully. Since job satisfaction emerged as the best predictor of employees' commitment in this sample we suggest that future research endeavors investigate factors that enhance job satisfaction in similar contexts. Additionally, since there were strong correlations among the independent variables future studies may carry out structural equation modelling techniques to understand the influence each variable has on each other. Lastly, future research may investigate other variables that enhance commitment of healthcare professionals.

References

1. Al-Hussami, M. (2008). A study on nurses' job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. *European Journal of Scientific Research*, *22*(2), 286-296.

2. Abdali, F. (2011). Impact of employees' turnover on sustainable growth of organization in computer graphic sector of Karachi, Pakistan. *Afro Asian Journal of Social Sciences*, 2 (2.4), 1-27.

3. Adjei-Appiah, S. (2008). Organizational climate and turnover in the health sector: The case of the Korle-Bu teaching hospital in Ghana; (Unpublished master thesis). University of Waterloo. Retrieved from https://uwspace.uwaterloo.ca/bitstream/handle/10012/3987

/saa_thesis_2008-09-08_saa.pdf?sequence=1

4. Al-Aameri, S. (2000). Job satisfaction and organizational commitment for nurses. *Saudi Medical Journal*, *21*(6), 531-535.

5. Azeem, M. (2010). Job satisfaction and organizational commitment among employees in the Sultanate of Oman. *Psychology*, *1*, 295-299. doi:10.4236/psych.2010.14038

6. Bartlett, K. (2002). The relationship between training and organizational commitment: A study in the health care field. *Human Resource Development Quarterly, 12*(4), 335-352. doi:10.1002/hrdq.1001

7. Boon, K.O., Safa, M.S., and Arumugam, V. (2006). TQM practices and affective commitment: A case of Malaysian semiconductor packaging organizations. *International Journal of Management and Entrepreneurship*, 2(1), 37-55. Retrieved from <u>http://mpra.ub.uni-muenchen.de/10864/1/Malaysian semiconductor 11.pdf</u>

8. Brum, S. (2007). What impact does training have on employee turnover? *Schmidt Labor Research Center Seminar Research Series, 2007,* 1-13. Retrieved from <u>http://www.uri.edu/research/lrc/research/papers/Brum-Commitment.pdf</u>

9. Castle, N., Engberg, J., Anderson, R., and Men, A. (2007). Job satisfaction of nurses' aides in nursing homes: Intent to leave and turnover. *The Gerontologist* 47(2), 193-204. Retrieved from http://gerontologist.oxfordjournals.org/content/47/2/193.full.pdf+html

10. Czaja, S. (1999). Organizational commitment? What organization? *Japanese Journal of Administrative Science*, *13*(2), 63-70. Retrieved from <u>http://www.jaas.jpn.org/doc/pdf</u>/journal/13 2/01.pdf

11. Deloitte. (2014). 2014 global health care outlook: Shared challenges, shared opportunities. doi:10.1111/j.1365-2834.2011.0129

12. El-Salam, A., Ibrahim, M., Mohsen, M., and Hassanein, E. (2008). Relationship between organizational climate and empowerment of nurses in Menoufiya hospitals, Egypt. *Eastern Mediterranean Health Journal*, *14*(5), 1173-1184

13. Gasic, D., and Pagon, M. (2004). *Organizational commitment in Slovenian Police Force. Policing in Central and Eastern Europe: Dilemmas of Contemporary Criminal Justice,* 1-13. Faculty of Criminal Justice, University of Maribor, Slovenia.

14. Ghasemi, B., and Keshavarzi, R. (2014). The relationship between organizational climate, organizational commitment and organizational citizenship behavior in a hospital environment. *Reef Resources Assessment and Management Technical Paper*, 40(2), 759-773.

15. Gleim, J., & Gleim, R. (2003). *Calculating, interpreting, and reporting Cronbach's alpha reliability coefficient for Likert-Type scales.* 2003 Midwest Research to Practice Conference in Adult, Continuing, and

Community Education. Retrieved from <u>http://pioneer.netserv.chula.ac.th/~ppongsa/2013605/</u> <u>Cronbach.pdf</u>

16. Guney, S., Diker, O., Guney, S., Ayranci, E., and Solmaz, H. (2012). Effects of organizational communication on work commitment: A case study on public agency in Ankara. *Business Management Dynamics*, *2*(4), 18-29. Retrieved from <u>http://bmdynamics.com/issue_pdf/bmd1101276, %2018-29.pdf</u>

17. Ibrahim, M., and Perez, A. (2014). Effects of organizational justice, employment satisfaction and gender on employees' commitment: Evidence from the UAE. *International Journal of Business and Management*, *9*(2), 45-59.

18. Iqbal, A. (2010). An empirical assessment of demographic factors, organizational ranks and organizational commitment. *International Journal of Business and Management*, *5*(3), 6-27.

19. Irefin, P., and Mechanic, M. (2014). Effect of commitment on organizational performance in Coca Cola Nigeria Limited Maiduguri, Borno State. *Journal of Humanities and Social Science*, *19*(3), 33-41.

20. Ismail, N. (2012). Organizational commitment and job satisfaction among staff of higher learning education institutions in Kelanta (Unpublished master's thesis). University Utara Malaysia. Retrieved from http://etd.uum.edu.my

21. Jehanzeb, K., Rasheed, A., and Rasheed, M. (2013). Organizational commitment and turnover intentions: Impact of employees' training in private sector of Saudi Arabia. *International Journal of Business and Management, 8*(8), 7990.doi:10.5539/ijbm.v8n8p79-jhss/papers/Vol19-issue3/Version-1/F019313341.pdf

22. Kaarna, M. (2007). *The importance of job satisfaction in hospital quality process* (Unpublished master's thesis). Nordic School of Public Health, Tallinn, Estonia.

23. Kaplan, M., Ogut, E., Kaplan, A., and Aksay, K. (2012). The relationship between job satisfaction and organizational commitment: The case of the hospital employees. *World Journal of Management*, *4*(1), 22-29. Retrieved from <u>http://www.wbiconpro.com/454-Metin%20&%20Emine.pdf</u>

24. Khattak, A., and Sethi, S. (n.d.). Organizational normative commitment has psychological positive effects on employees' performance. *Abasyn Journal of Social Sciences*, *5*(1), 99-110.

25. Lam, T., and Zhang, H. (2003). Job satisfaction and organizational commitment in the Hong Kong fast food industry. *International Journal of Contemporary Hospital Management*, *15*(4), 214-220. doi:10.1108/0959611031047566

26. Lee, Y. J., Lee, I. C., and Lin, C. L. (2014). The effects of employees' satisfaction and leadership styles on organizational performance: Organizational commitment as a dual mediator. *Asian Journal of Empirical Research*, *4*(2), 104-124

27. Linzer, M., Manwell, B. L., Mundt, M., Williams, E., Maguire A., McMurray, J., and Plane B. M. (n.d). Organizational climate, stress and errors in primary care: The MEMO study. *Advances in Patient Safety*, *1*, 65-77

28. Liou, S., and Cheng C. (2010). Organizational climate, organizational commitment and intention to leave amongst hospital nurses in Taiwan. *Journal of Clinical Nursing*, *19*(11-12), 1635-1644.

29. Loke, J.F. (2001). Leadership behaviors: Effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, *9*(4), 191-204.

30. Manetje, O., and Martins, N. (2009). The relationship between organizational culture and organizational commitment. *Southern African Business Review*, *13*(1), 87-111.

31. McMahon, B. (2007). Organizational commitment, relationship commitment and their association with attachment style and locus of control (Unpublished master's thesis). Georgia Institute of Technology. Retrieved from <u>https://smartech.gatech.edu</u>

32. Memari, H., Valikhani, M., Aghababaee, Z., and Davali, M. (2013). The effect of positive organizational behavior of the staff on organizational performance, based on the Luthans model in public organizations of Behbahan. *Interdisciplinary Journal of Contemporary Reseach in Business*, 4(9), 568-583.

33. Meyer, P.L., and Herscovitch, L. (2001). Commitment in the workplace: Towards a general model. *Human Resources Management Review*, *11*(3), 299-326.

34. Mollahaliloglu, S., Kosdak, M., and Taskaya, S. (2010). Healthcare employee satisfaction survey.Report from the Ministry of Health, Refik Saydam Hygiene Center Presidency, School of Public Health, 2010.Retrieved from http://sbu.saglik.gov.tr/Ekutuphane/kitaplar/healthcare_employee_satisfaction_survey_turkey.pdf

35. Mosadeghrad, A. M., and Ferdoni, M. (2013). Leadership, job satisfaction and organizational commitment in healthcare sector: Proposing and testing a model. *Journal of the Academy of Medical Sciences of Bosnia and Herzegovina*, *25*(2), 121-126. doi:10.5455/msm.2013.25.121-126

36. Naqvi, S., Hashmi, A., Raza, A. S., Shaikh, M., and Zeeshan, A. (2011). Impact of supportive leadership and organizational learning culture as a moderator on the relationship of psychological empowerment and organizational commitment. *Australian Journal of Business and Management Research*, 1(8), 65-71.

37. Newman, A., Thanacoody, R., and Hui, W. (2001). The impact of employee perceptions of training on organizational commitment and turnover intentions: A study of multinationals in the Chinese service sector. *International Journal of the Human Resource Management, 22* (4), 1765-1787. doi:10.1080/09585192.2011.565667

38. Noordin, F., Omar, S., Sehan, S., and Idrus, S. (2010). Organizational climate and its influence on organizational commitment. *International Business & Economics Research Journal*, 9(2), 1-10.

39. Nursing Solutions, Inc. (2014). 2014 national healthcare and RN retention report. Retrieved from http://www.nsinursingsolutions.com/Files/assets/library/retention

40. Peterson, Z. (2009). *Job stress, job satisfaction and intention to leave among new nurses*. (Unpublished master's thesis). University of Toronto. Retrieved from <u>https://tspace</u>..library.utoronto.ca/bitstream/1807/17817/1/Peterson Jessica Z

41. Philippines Overseas Employment Administration Report. (2012). 2008-2012 Overseas employment statistics. Retrieved from <u>http://www.poea.gov.ph/stats/2012_Stats.pdf</u>

42. Pillay, D. (2009).*Mission attachment as component of Organizational Job embeddedness in Trade Union Sector in South Africa* (Unpublished master's thesis). University of Pretoria.

43. Romualdez, A., dela Rosa, F., Flavier, J., Quimbo, S., Lagrada, L., and David, L. (2011). The Philippines health system review. *Health System in Transition*, 1(2)

44. Rouleau, D., Fournier, P., Philibert A., Mbengue, B., and Dumont, A. (2012). The effects of midwives' job satisfaction on burnout, intention to quit and turnover: A longitudinal study in Senegal. *Human Resources for Health*, *10*(9), 1-14.

45. Singh, D., and Schwab, R. (2000). Predicting turnover and retention in nursing administrators: Management and policies applications, *The Gerontologist*, *40*(3), 310-319

46. Tachibana, T., Takahashi, K., and Sakurayama, T. (2006). Factors causing the rapid turnover among novice nursing staff: Analysis of the survey conducted in 2006 on the employment situation of nursing staff in Tokyo metropolitan area. *Journal of the National Institute of Public Health*, *59*(2), 178-187.

47. Teddlie, C., and Yu, F. (2007). Mixed Method Sampling: A typology with examples. *Journal of Mixed Method Research*, 1(1) 77-100. doi:10.1145/571681.571686

48. Teddlie, C., and Yu, F. (2007). Mixed Method Sampling: A typology with examples. *Journal of Mixed Method Research*, *1*(1) 77-100. doi:10.1145/571681.571686

49. Tsai, Y. (2014). Learning organizations, internal marketing, and organizational commitment in hospitals. *Health Services Research*, *14*, 152. doi:10.1186/1472-6963-14-152

50. Vance, R.J. (2006). Employee engagement and commitment: A guide to understanding, measuring and increasing engagement in your organization. *Society for human resource management foundation's effective practice guidelines*. Retrieved from http://www.shrm.org/about/foundation/research/documents

51. Waldman, J., Kelly, F., Arora, S., and Smith, H. (2004). The shocking cost of turnover in health care. *Health Care Management Review*, *29*(1), 2-7.

52. World Health Organization Report. (2003). *Chapter 7: Health system: Principled integrate care*. Retrieved from <u>http://www.who.int/whr/2003/chapter7/en/index4.html</u>

53. World Health Organization Report. (2006). *Working together for health*. Retrieved from <u>http://www.who.int/whr/2006/whr06_en.pdf</u>

54. Wu, J., & Liu, A. (2006). A study on the relationship between organizational commitment and task performance in Chinese construction firms. In *22nd Annual ARCOM Conference 4-6 September 2006*, 207-217. Retrieved from <u>http://www.arcom.ac.uk/-docs/proceedings/ar2006-0207-0217 Wu and Liu.pdf</u>