

## THE EVALUATION OF ORGANIZATIONAL COMMITMENT IN HEALTH EMPLOYEES

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**Abstract:** Organizational commitment is the psychological commitment of an individual to an organization and is essential for organizational success. This study aimed to determine the level of organizational commitment in health employees and to evaluate the effects of sociodemographic characteristics on organizational commitment. This cross-sectional and descriptive study was conducted at the Tekirdag State Hospital in Turkey in January 2013. Data was collected using the survey method. A study sample of 660 employees was selected with the random sampling method and 272 questionnaires with no missing data were evaluated. The SPSS for Windows 17.0 software was used in order to analyze data. When we examined the organizational commitment of employees, we found that emotional commitment was high on average, continuity commitment was moderate, and normative commitment was high. Dimensions of organizational commitment showed significant differences according to employees' titles, gender, age, education, job experience, hospital experience, type of working, and the units they work at. Male employees had higher levels of emotional and normative commitment and lower levels of continuity commitment than females. It was determined that sociodemographic characteristics affected the level of organizational commitment in health employees. It is assumed that this study will guide similar research and will support health managers' decisions regarding organizational commitment.

**Key Words:** Organizational Commitment, Health Employees, Hospital

### 1. INTRODUCTION

The structure of health organizations becomes more complex and complicated with each passing day and they have to deal with many difficulties. In this regard, organizational commitment becomes a more important factor in means of health personnel's success. Ensuring that the personnel believe in the organization meeting their wishes and needs, that the personnel love their organization, and that they want to continue their employment in that organization, or in other words, ensuring that the personnel feel a belonging to the organization can be achieved via creating

organizational commitment. Organizational commitment provides a foundation for both satisfying the personnel and for actualizing organizational aims in an effective and efficient way. Organizational commitment denotes the psychological commitment of an individual to the organization (Blau, 1985) and means that the personnel feels love for the organization or identifies with it (Uyguc & Cimrin, 2004). Also, organizational commitment can be considered as an attitude which reflects the nature and quality of the relationship between an employee and the organization.

The most widely accepted model of organizational commitment is Meyer and Allen's three-dimensional model of organizational commitment. These dimensions are affective, continuance, and normative commitment (Allen & Meyer, 1990; Meyer & Allen, 1991; Cohen, 1993; Jaros, 2007, WeiBo et al., 2010; Kondratuk et al., 2004; Wasti, 2005; Akbolat et al., 2010; Kaya & Selcuk, 2007; Cihangi-roglu, 2010; Goksel & Aydıntan, 2012). Affective commitment involves an individual's identifications with the organization, being satisfied with being an employee at the organization, and being strongly attached to the organization. Individuals with high affective commitment continue to stay at the organization willingly and put effort into the organization. Continuance commitment means that an individual feels dependent on the organization in means of payment, social status, and access to social networks. These benefits would be at risk or be lost in case of leaving the organization. There are a few job opportunities and there are no alternatives. Individuals with high continuance commitment see staying at the organization as an obligation for avoiding financial and other losses. Normative commitment is shown as an obligation to feel morally responsible and corresponds to the feelings of voluntary obligation and loyalty. These feelings are formed via familial or cultural tools of socialization. Individuals with high normative commitment continue to work at the organization because they consider working at the organization to be their mission and they feel that staying at the organization or showing commitment to the organization is

the right behavior. In a study by Wasti, (2000) it was found that satisfaction with the general structure of the job and organization culture were the most important factors effecting affective commitment and that loyalty norms, organization culture, family, and recruitment affected normative commitment. Among the dimensions, affective commitment is the most desired dimension to be achieved and it leads to the strongest positive job behaviors. These dimensions correspond to three distinctive topics, which are effective attachment to the organization, recognition of costs associated with leaving the organization, and the obligation to remain with the organization (Baysal & Paksoy, 1999). Continuance of employment in an organization involves three distinctive components including affective commitment, which corresponds to the feeling of desire, continuance commitment, which corresponds to needs, and normative commitment, which corresponds to obligation (Meyer & Allen, 1991). Dimensions of organizational commitment have several common characteristics including representing the psychological state of an individual, showing the relationships between an individual and an organization, being related to the decision of continuing organization membership, and being effective in reducing employee overturn (Gumustekin et al., 2010; Uyguc ve Cimrin, 2004). Among employees, the most sought out characteristic is high affective commitment, followed by normative commitment and continuance commitment (Gumustekin et al., 2010). In the study, all three dimensions of organizational

commitment in health personnel were evaluated.

## 2. OBJECTIVE

Organizational commitment is the psychological commitment of an individual to an organization and is essential for organizational success. This study aimed to determine the level of organizational commitment in health employees and to evaluate the effects of sociodemographic characteristics on organizational commitment.

## 3. METHODS

This cross-sectional and descriptive study was conducted at the Tekirdag State Hospital in Turkey in November 2013. The hospital where the study was conducted has a historical background. The Tekirdag Country Hospital was built on the Etyemez District Cemetery with the initiative of Governor Zekeriya Zihni and local military recruiting office commander Salim Pasha. The Turkish soldiers who were injured during the battles that took place in Canakkale and the Gallipoli Peninsula were being treated in the portable tents set up at the Country Hospital. The Country Hospital served with 50 beds until 1950 and reached a bed capacity of 250 in 2002, and 400 in 2006 by merging with the 82. Year State Hospital. Today, the hospital provides services under the name of Tekirdag State Hospital (<http://www.tdh.gov.tr/tarihce.html>, 2013). Data was collected using the survey method. The questionnaire consisted of two parts, which include the “organizational commitment scale” developed by Meyer and Allen in order to

measure affective, continuance, and normative commitment (Meyer & Allen, 1991) and the part that identified sociodemographic characteristics. The organizational commitment scale is scored according to 5 Likert-type response categories. In the evaluation of the items in the organizational commitment scale, “1” corresponded to the least perceived level of agreement (I do not agree at all) and “5” corresponded to the highest perceived level of agreement (I completely agree). Criteria shown in Table 1 were taken as a basis for evaluating scale items and dimension scores.

A study sample of 660 employees was selected with the random sampling method and 272 questionnaires with no missing data were evaluated. The SPSS for Windows 17.0 software was used in order to analyze data.

In data evaluation, nonparametric methods are used if the number of cases in a group is not sufficient or if data does not meet parametric test assumptions despite a sufficient number of cases (Demirgil, 2010; Sumbuloglu & Sumbuloglu, 2007). In case of using the ANOVA test, multiple comparison methods (post hoc tests) differ according to the results of the homogeneity test (Levene test) (Buyukozturk, 2010). In data analysis, the independent samples t-test, one way analysis of variance, the Mann Whitney U Test (MW), and the Kruskal Wallis H Test (KW), which were appropriate for the data, were conducted. The MW test was used when it was necessary to perform nonparametric tests. The Scheffe and Dunnett’s C multiple comparison tests were used for determining differences after con-

ducting one way analysis of variance. The relationship between variables was tested via spearman correlation analysis. Correlations between dimensions were evaluated as  $r=0.00 - 0.25$  very weak,  $r=0.26 - 0.49$  weak,  $r=0.50 - 0.69$  moderate,  $0.70 - 0.89$  high, and  $r=0.90 - 1.00$  very high (Sungur, 2010). Results were evaluated within 95% confidence interval and according to the significance level of

5%. Study findings cannot be generalized and they are limited to the study hospital.

## 4. RESULTS

### 4.1. Sociodemographic Characteristics

Among the personnel, 66.9% were female, 87.1% were married, 61% were nurses, 8.5% were doctors, and 27.9% were other employees. It was determined that 83.1% of the participants had associate degrees or higher (Table 3).

**Table 3. Sociodemographic Characteristics of The Employees**

Variables	Groups	N=272	%
Title	Physician	23	0.8
	Nurse-Midwife	166	61.0
	Administrative officer	7	2.6
	Other (Secretary, technician)	76	27.9
Gender	Male	60	22.1
	Female	212	77.9
Age	21-30	52	19.1
	31-40	148	54.4
	41-50	72	26.5
Marital status	Married	237	87.1
	Single	35	12.9
Education	High school or equivalent	31	11.4
	Associate degree	119	43.8
	Bachelor's degree	107	39.3
	Master's degree	15	5.5
Job experience (year)	1-5	45	16.5
	6-10	136	50.0
	11-15	31	11.4
	16-20	28	10.3
	21 and above	32	11.8
Organizational seniority(year)	1-5	119	43.8
	6-10	138	50.7
	11-15	15	5.5
Type of employment	Constant day shift	55	20.2
	Rotating shifts	45	16.5
	Constantnight shift	42	15.4
	Day shift and occasional night shifts	39	14.3
	Day shift and often shift	91	33.5
Unit	Surgery room	36	13.2
	Surgecal clinics	28	10.3
	Internal clinics	39	14.3
	Intensive care	29	10.7
	Polyclinic	23	8.5
	Laboratory	35	12.9
	X-Ray	22	8.1
	Emergency service	34	12.5
	Administrative units	10	3.7
	Other	16	5.88

## 4.2. Scale Reliability and Employee' Levels of Organizational Commitment

The Cronbach's alpha ( $\alpha$ ) reliability coefficient was used for evaluating the scale's reliability. The alpha coefficient is a measure of the internal consistency between the scale items. A scale is accepted to have no reliability if  $\alpha=0.00-0.39$ , to have low reliability if  $\alpha=0.40-0.59$ , to have notable reliability if  $\alpha=0.60-0.79$ , and to have high reliability if  $\alpha=0.80 - 1.00$  (Alpar, 2011). Reliability coefficients of the organizational commitment scale and its dimensions were calculated and the normative commitment dimension was found to be notably reliable ( $\alpha=0.796$ ), affective commitment ( $\alpha=0.930$ ), continuance commitment ( $\alpha=0.830$ ), and general organizational commitment ( $\alpha=0.921$ ) was found to be highly reliable.

When we examined the organizational commitment of the personnel, we found that they had high affective commitment ( $3.541\pm 0.978$ ), moderate continuance commitment ( $3.309\pm 0.713$ ), and high normative commitment ( $3.432\pm 0.672$ ). It can be said that the organizational commitment level of health personnel is at a desired level.

## 4.3. The Effect of Sociodemographic Characteristics on Organizational Commitment

Dimensions of organizational commitment showed significant differences according to personnel's titles, gender, age, education, job experience, hospital experience, type of employment, and unit of employment ( $p<0.05$ ).

However, dimensions of organizational commitment did not show significant differences according to marital status ( $p>0.05$ ). These findings are shown in Table 4.

Affective commitment of doctors was found to be higher than that of nurses-midwives and other personnel (secretaries, technicians). Affective commitment of nurses-midwives was determined to be higher than that of other personnel. Continuance commitment of doctors, nurses-midwives, and other personnel were found to be higher than that of administrative officers. Affective and normative commitment of males was found to be higher than females; whereas their continuance commitment was lower than females. Affective commitment of personnel aged between 31-40 and 41-50 years was higher than those aged between 21-30 years; while affective commitment of personnel aged between 41-50 years was higher than those aged between 31-40 years. Continuance commitment of personnel aged between 31-40 and 41-50 years was higher than those aged between 21-30 years, whereas continuance commitment of personnel aged between 41-50 years was higher than those aged between 31-40 years. Normative commitment of personnel aged between 41-50 years was higher than those aged between 21-30 and 31-40 years. Personnel aged between 41-50 years had the highest affective, continuance, and normative commitment levels. Affective commitment in personnel who had associate and Bachelor's degrees and in attending doctors were found to be higher than that of high school or equivalent graduates. Affective commitment of attending doctors was de-



terminated to be higher than personnel who had associate and Bachelor's degrees. Affective commitment increases as the level of education increases. Continuance commitment of attending doctors was found to be higher than personnel who had a Bachelor's degree and who graduated from high school or equivalent. Continuance commitment of personnel who had an associate degree was higher than those who had a Bachelor's degree. Normative commitment of attending doctors was higher than personnel who had an associate and Bachelor's degree and who graduated from high school or equivalent.

Affective commitment of personnel whose job experience was 6-10, 11-15, and 16-20 years was found to be higher than those whose job experience was 1-5 years. Affective commitment of personnel whose job experience was 11-15 and 16-20 years was found to be higher than those whose job experience was 6-10 years. Continuance commitment of personnel whose job experience was 6-10, 11-15, 16-20, and 21 or more years was determined to be higher than those whose job experience was 1-5 years. Normative commitment of personnel whose job experience was 16-20 and 21 or more years was found to be higher than those whose job experience was 1-5 years. Normative commitment of personnel whose job experience was 16-20 and 21 or more years was found to be higher than those whose job experience was 6-10 years. Normative commitment of personnel whose job experience was 21 or more years was found to be higher than those whose job experience was 11-15 years. Personnel whose job experience was

less than 5 years had the lowest level of organizational commitment compared to others. Affective, continuance, and normative commitment of personnel with a hospital seniority of 11-15 years were higher than those with a hospital seniority of 1-5 and 6-10 years. Normative commitment of personnel with a hospital seniority of 1-5 years was found to be higher than those who worked at the hospital for 6-10 years.

Affective commitment of personnel who worked constant day shifts was higher than those who worked in alternating shifts and was lower than those who worked day shifts and occasional night shifts. Affective commitment of personnel who worked constant night shifts, day shifts, and occasional night shifts was higher than those who worked in alternating shifts. Affective commitment of personnel who worked day shifts and occasional night shifts was higher than those who worked constant night shifts. Affective commitment of personnel who worked day shifts and occasional night shifts was higher than those who worked both day shifts and frequent night shifts. Continuance commitment of personnel who worked night shifts, day shifts, and occasional night shifts was found to be higher than those who worked constant day shifts. Continuance commitment of personnel who worked night shifts was higher than those who worked alternating shifts, day shifts and occasional night shifts, and day shifts and frequent night shifts. Normative commitment of personnel who worked constant day shifts was higher than those who worked alternating shifts and constant night shifts. Norma-

tive commitment of personnel who worked day shifts and occasional night shifts and day shifts and frequent night shifts was higher than those who worked alternating shifts. Normative commitment of personnel who worked day shifts and frequent night shifts was higher than those who worked night shifts.

Affective commitment of personnel working at the polyclinic was found to be higher than those working at the surgery room, surgery clinic, internal diseases clinic, intensive care, laboratory, emergency service, administration, and other units. Affective commitment of personnel working at the surgery room, surgery clinic and radiology unit was higher than those working at the emergency service. Continuance commitment of personnel working at intensive care was found to be higher than those working at the surgery room, surgery clinic, internal diseases clinic, radiology,

administration, and other units. Continuance commitment of personnel working at the surgery room was higher than those working at the laboratory and administration. Continuance commitment of personnel working at the surgery clinic, internal diseases clinic, polyclinic, laboratory, emergency service, and other units was higher than those working at the administration unit. Normative commitment of personnel working at the polyclinic was higher than those working at the surgery room, surgery clinic, intensive care, laboratory, emergency service, and administration. Normative commitment of personnel working at the internal diseases clinic was higher than those working at intensive care and administration. Normative commitment of personnel working at intensive care, laboratory, and the radiology unit was found to be higher than those working at the administration unit.

**Table 4: The Effect of Sociodemographic Characteristics on Organizational Commitment**

Sociodemographic characteristics	Emotional commitment	Continuity commitment	Normative commitment
<b>Title</b>			
Physician	4.141±0.790	3.348±0.673	3.88±0.773
Nurse-Midwife	3.590±0.757	3.455±0.554	3.365±0.593
Administrative officer	3.643±0.523	2.286±0.787	2.714±1.022
Other (Secretary, technician)	3.242±1.335	3.073±0.882	3.508±0.686
F	5.710	11.014	7.455
p	<b>0.001*</b>	<b>0.000*</b>	<b>0.000*</b>
<b>Gender</b>			
Male	3.675±1.234	2.862±0.957	3.648±0.940
Female	3.503±0.892	3.436±0.569	3.371±0.562
MW	4 986.000	4 460.000	4 901.500
p	<b>0.010*</b>	<b>0.000*</b>	<b>0.006*</b>
<b>Age</b>			
21-30	3.204±0.975	2.937±0.873	3.291±0.513
31-40	3.570±0.835	3.356±0.573	3.243±0.655
41-50	3.724±1.185	3.482±0.760	3.922±0.559
KW	15.844	24.056	49.838
p	<b>0.000*</b>	<b>0.000*</b>	<b>0.000*</b>





<b>Marital status</b>			
Married	3.548±0.993	3.322±0.690	3.442±0.698
Single	3.496±0.881	3.225±0.862	3.364±0.460
MW	4 039.500	3 862.500	3 898.000
p	0.803	0.506	0.564
<b>Education</b>			
High school or equivalent	2.339±1.332	3.065±0.872	3.516±0.536
Associate degree	3.622±0.803	3.466±0.651	3.333±0.652
Bachelor's degree	3.683±0.808	3.156±0.724	3.408±0.686
Master's degree	4.367±0.439	3.667±0.139	4.217±0.452
KW	38.138	31.626	22.654
p	<b>0.000*</b>	<b>0.000*</b>	<b>0.000*</b>
<b>Job experience (year)</b>			
1-5	3.075±0.991	2.781±0.919	3.247±0.444
6-10	3.571±0.795	3.392±0.560	3.335±0.653
11-15	3.879±0.826	3.475±0.368	3.415±0.655
16-20	3.915±0.946	3.520±0.342	3.737±0.833
21 and more	3.414±1.481	3.357±1.072	3.856±0.652
KW	20.359	29.294	20.114
p	<b>0.000*</b>	<b>0.000*</b>	<b>0.000*</b>
<b>Organizational seniority(year)</b>			
1-5	3.568±0.884	3.245±0.793	3.457±0.589
6-10	3.400±1.032	3.301±0.638	3.292±0.664
11-15	4.625±0.183	3.895±0.402	4.525±0.118
KW	34.261	14.394	43.659
p	<b>0.000*</b>	<b>0.001*</b>	<b>0.000*</b>
<b>Type of employment</b>			
Constant day shift	3.573±0.939	3.133±0.686	3.552±0.750
Rotating shifts	3.061±0.963	3.175±1.096	3.247±0.697
Constant night shift	3.691±0.088	3.650±0.127	3.173±0.297
Day shift and occasional night shifts	4.333±0.410	3.465±0.480	3.670±0.864
Day shift and often shift	3.350±1.178	3.259±0.680	3.468±0.586
KW	53.391	27.102	17.359
p	<b>0.000*</b>	<b>0.000*</b>	<b>0.002*</b>
<b>Unit</b>			
Surgery room	3.681±0.768	3.433±0.158	3.368±0.580
Surgecal clinics	3.661±0.899	3.388±0.470	3.295±0.654
Internal clinics	3.654±0.656	3.480±0.617	3.606±0.527
Intensive care	3.552±0.703	3.562±0.605	3.263±0.509
Polyclinic	4.141±0.790	3.348±0.673	3.880±0.773
Laboratory	3.321±1.123	3.294±0.766	3.439±0.506
X-Ray	3.716±1.072	3.078±0.879	3.557±0.762
Emergency service	3.169±1.032	3.324±0.893	3.257±0.630
Administrative units	3.600±0.709	2.343±0.789	2.788±1.083
Other	2.852±1.664	2.893±0.867	3.641±0.811
KW	27.203	25.414	21.720
p	<b>0.001*</b>	<b>0.003*</b>	<b>0.010*</b>

#### 4.4. The Relationship Between The Dimensions of Organizational Commitment

There was a statistically significant relationship between continuance commitment and affective commitment ( $r=0.393$ ;  $p=0.000<0.05$ ). According to this, affective commitment increases as continuance commitment increases. There were significant relationships between normative commitment and affective commitment ( $r=0.653$ ;  $p=0.000<0.05$ ) and between normative commitment and continuance commitment ( $r=0.443$ ;  $p=0.000<0.05$ ). According to this, affective commitment and continuance commitment increase as normative commitment increases.

#### 5. DISCUSSION

In the study, the majority of personnel was nurses-midwives, middle aged, experienced, and senior and had high educational levels. When we examined the organizational commitment of employees, we found that emotional commitment was high on average, continuity commitment was moderate, and normative commitment was high. In one study, which was conducted at a training and research hospital, it was found that the personnel had moderate levels of organizational commitment in means of the three dimensions (Yanik et al., 2012. Tetik (2012) determined that the level of affective commitment was low and continuance and normative commitment levels were moderate among the employees; while Cihangiroglu (2010) found that military doctors' level of organizational commitment was low. Akbolat et al. (2010) reported that medical secretaries had high le-

vels of normative and affective commitment and low levels of continuance commitment. Kaarna (2007) determined that doctors, nurses, management and support personnel, and laboratory employees had very low levels of organizational commitment. In another study, it was reported that nurses had lower levels of organizational commitment compared to doctors (Sevinc & Sahin, 2012). Al-Aameri (2000) found that nurses had a very high mean organizational commitment score. In another study, it was determined that nurses' level of organizational commitment was above average (Karahan, 2008). Generally, moderate and low levels of organizational commitment are not preferred.

It was determined that socio-demographic characteristics affected the level of organizational commitment in health employees this research. Dimensions of organizational commitment showed significant differences according to employee's titles, gender, age, education, job experience, hospital experience, type of working, and the units they work at. However, there were no significant differences in dimensions of organizational commitment according to employees' marital status. Demir et al. (2009) found that personnel's level of organizational commitment did not show differences according to marital status. Similar to our study findings, Pala et al. (2008) determined that gender, education, title, job and organization experience affected organizational commitment. In the study, the highest affective and normative commitment scores were obtained by doctors and the highest continuance commitment scores were

obtained by nurses-midwives. In addition, it was observed that the level of affective commitment increased as the level of education increased. Colakoglu et al. (2009) indicate that employees' perceptions regarding the organizational commitment dimensions showed significant differences according to educational level, department, and experience.

Male employees had higher levels of emotional and normative commitment and lower levels of continuity commitment than females in the research. Cihangiroglu (2010) found that female doctors obtained more positive results regarding all dimensions of organizational commitment compared to their male counterparts. Ozkaya et al. (2006) determined that continuance commitment showed differences according to gender. Gunes et al. (2009) reported that women have higher levels of emotional commitment and lower levels of general organizational commitment than men. In other studies, it was reported that the dimensions of organizational commitment did not show differences according to gender (Yanik et al., 2013; Durna & Eren, 2005). In the study, a significant relationship between organizational commitment and age was found and personnel in the 41-50 age group had the highest level of organizational commitment. In some studies, significant relationships between the dimensions of organizational commitment and personnel's age were also found (Cohen, 1993; Durna & Eren, 2005; Al-Aameri, 2000; Ozkaya et al., 2006). Similarly, Ozkaya et al. (2006) determined that the level of continuance commitment in personnel aged between 41-50 years was sig-

nificantly higher compared to personnel in other age groups. Karahan (2008) reported that there was no significant difference in nurses' organizational commitment according to their age groups. In addition, the author also found that employees whose job experience was less than 5 years had the lowest level of organizational commitment compared to others. Al-Aameri (2000) found a significant relationship between experience and organizational commitment. In the study, it was determined that the level of organizational commitment in employees whose hospital seniority was 11-15 years was higher than those who were less senior. Durna & Eren (2005) found a partial relationship between affective commitment and seniority, but failed to demonstrate a relationship between seniority and continuance commitment. Cohen (1993) asserted that the benefits obtained from the organization would increase as the duration of employment increases and that these benefits would affect organizational commitment. Hoff (2000) indicated that the level of organizational commitment in doctors increased in relation to the duration of employment at the organization and in turn, the doctors were more successful and participated more in senior management. It was found that the level of organizational commitment in doctors changed from organization to organization (Cetin et al., 2014). In another study, it was determined that doctors' level of organizational commitment did not change according to the organization where they work and their duration of employment (Cetin et al., 2012; Cetin et al., 2014).

In the study, employees who worked day shifts and occasion night shifts had the highest level of affective commitment; whereas employees who worked constant night shifts had the highest levels of continuance and normative commitment. In addition, employees' level of organizational commitment changed according to the unit they work at. In the study, it was determined that there was a significant relationship between continuance commitment and affective commitment, between normative commitment and affective commitment, and between normative commitment and continuance commitment. Affective commitment increased as continuance commitment increased. Affective commitment and continuance commitment increased as normative commitment increased. Gumustekin et al. (2010) also found a positive relationship between the dimensions of organizational commitment. In another study, a strong relationship between organizational commitment and normative commitment was found (Durna & Eren, 2005).

Organizational commitment is closely related to the personnel's job satisfaction. Uyguc and Cimrin (2004) indicated that job satisfaction was the only determinant of organizational commitment, that there was a positive correlation between job satisfaction and affective commitment, and that it had a positive effect. Al-Aameri (2000) also found a significant relationship between organizational commitment and job satisfaction. In a study by Tas (2011), it was reported that information sharing and job satisfaction affected emotional commitment and that managers should take

this fact into consideration. Shore and Martin (1989) found that organizational commitment is associated with job outcomes. When employees' level of organizational commitment decrease, leave of employment, arriving at work late, intentional slowdown, errors, tension, failure, ineffectiveness, etc. increase (Yanik et al., 2012). In this context, creating organizational commitment and the sense of loyalty is a duty that rests upon the manager of the organization (Arslan et al., 2011). Briefly, organizational commitment is of paramount importance in means of achieving personnel satisfaction and organizational success.

## 6. CONCLUSION

In studies that investigate organizational commitment, it was reported that sociodemographic characteristics affect organizational commitment. However, in our study, both similar and different results were found. It can be said that organizational commitment changed from organization to organization and changed according to the duration of employment at the organization and sociodemographic characteristics. Therefore, employees' expectations should be determined and evaluated in accordance to study findings and these expectations should be rapidly met. In order to provide effective and high quality services in health organizations and to promote patient and employee satisfaction, studies aimed at maintaining and increasing organizational commitment and affective commitment in particular. It should be provided that employees feel their mission and themselves are important for the organization, believe mana-

gement support is given, feel secure, continue to work in the organization willingly; while team work should be adopted, the lack of communication within the organization should be reduced, fair and appropriate wages should be paid, and open information sharing should be provided. It is assumed that this study will guide similar research and will support health managers' decisions regarding organizational commitment.

## 7. ACKNOWLEDGEMENT

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## SAĞLIK ÇALIŞANLARI ÖRGÜTSEL BAĞLILIKLARININ DEĞERLENDİRİLMESİ

**Özet:** Örgütsel bağlılık bireyin örgüte duyduğu psikolojik bağlılık olup, bireysel ve örgütsel başarı için esastır. Çalışanların örgütsel bağlılığını örgütsel bağlılığın üç boyutu olan duygusal, devamlılık ve normatif bağlılık düzeylerine göre değerlendirmek anlamlı olmaktadır. Araştırma, sağlık çalışanlarının üç boyut ekseninde örgütsel bağlılık düzeylerini belirlemek ve örgütsel bağlılık üzerine sosyo-demografik özelliklerin etkilerini değerlendirmek amacıyla yapıldı. **Yöntem:** Araştırma, Türkiye’de Tekirdağ Devlet Hastanesi’nde 2013 yılı Ocak ayında yapılmış olup, tanımlayıcı ve çıkarımsal niteliktedir. Veriler anket yöntemi ile toplandı ve ankette beşli Likert ölçeği kullanıldı. Anket, birinci bölümde Meyer ve Allen tarafından geliştirilen duygusal, devamlılık ve normatif bağlılığı ölçmek için “örgütsel bağlılık ölçeği” ve ikinci bölümde çalışanların sosyo-demografik özellikleri olmak üzere iki bölümden oluştu. Araştırma için ilgili hastane yöneticisinden izin alındı. Çalışanlara araştırma hakkında bilgi verilerek gönüllü olarak araştırmaya katılmaları sağlandı. Tesadüfi örnekleme yöntemiyle, 660 çalışandan oluşan araştırma evreninden örneklem seçildi ve eksiksiz yanıtlanan 272 anket değerlendirmeye alındı. Verilerin analizinde SPSS for Windows 17.0 paket programı kapsamında bağımsız örneklerde T testi, Tek yönlü Varyans Analizi, Mann Whitney U Testi ve Kruskal Wallis H Testi uygulandı. Farklılıkların tespitinde Scheffe ve Dunnett’s C çoklu karşılaştırma testlerinden yararlanıldı. Değişkenler arasındaki ilişki korelasyon analizi ile test edildi. Bulgular %95 güven aralığında, %5 anlamlılık düzeyinde değerlendirildi. **Bulgular:** Araştırmada çalışanların çoğunluğunun ebe-hemşire, orta yaş aralığında, eğitim düzeyinin yüksek, deneyimli ve kıdemli olduğu görüldü. Çalışanların örgütsel bağlılıkları incelendiğinde; ortalama olarak duygusal bağlılığı (3.541±0.978) yüksek, devamlılık bağlılığı (3.309 ± 0.713) orta, normatif bağlılığı (3.432 ± 0.672) yüksek düzeyde bulundu. Örgütsel bağlılık boyutları ile çalışanların unvanı, cinsiyeti, yaşı, eğitimi, mesleki deneyimi, hastane deneyimi, çalışma şekli ve çalıştıkları birim arasında istatistiksel açıdan anlamlı farklılık bulundu (p<0.05). Doktorların ve ebe-hemşirelerin devamlılık ve normatif bağlılığı idari memurlardan yüksek belirlendi. Erkek çalışanların duygusal ve normatif bağlılık düzeyleri kadın çalışanlardan yüksek; devamlılık bağlılıkları ise düşük bulundu. Yaşa göre, 31-40 yaş ve 41-50 yaş çalışanların duygusal ve devamlılık bağlılığı, 21-30 yaştakilerden; 41-50 yaş çalışanların normatif bağlılığı, 21-30 ve 31-40 yaştakilerden yüksek belirlendi. Duygusal, devamlılık ve normatif bağlılığı en yüksek grup 41-50 yaş çalışanlardı. Önlisans, lisans, tıpta uzmanlık veya doktora mezunu çalışanların duygusal bağlılığı, lise ve dengi okul mezunu çalışanlardan yüksek bulundu. Tıpta uzmanlık veya doktora mezunu çalışanların devamlılık ve normatif bağlılığı, lisans, lise ve dengi okul mezunu çalışanlardan yüksek; önlisans mezunu çalışanların devam bağlılığı, lisans mezunu çalışanlardan yüksek belirlendi. Çalışanların eğitim düzeyinin örgütsel bağlılık açısından önemli olduğu görüldü. Mesleki deneyimi 6-10, 11-15 ve 16-20 yıl olan çalışanların duygusal bağlılığı ve mesleki deneyimi 6-10, 11-15, 16-20 yıl ve 21 ve üstü olan çalışanların devamlılık bağlılığı, mesleki deneyimi 1-5 yıl olan çalışanlardan yüksek bulundu. Mesleki deneyimi 16-20 yıl ile 21 ve üstü olan çalışanların normatif bağlılığı, 6-10 yıl olan çalışanlardan; mesleki deneyimi 21 ve üstü olan çalışanların normatif bağlılığı, 11-15 yıl olan çalışanlardan yüksek belirlendi. Mesleki deneyimi 5 yıldan az olan çalışanların diğerlerine göre örgütsel bağlılığı en düşüktü. Hastane kıdemi; 11-15 yıl olan çalışanların duygusal, devamlılık ve normatif bağlılığı, 1-5 ve 6-10 yıl olan çalışanlardan; hastane kıdemi 1-5 yıl olan çalışanların normatif bağlılığı, 6-10 yıl çalışanlardan yüksek bulundu.

Sürekli gündüz mesai şeklinde çalışanların duygusal bağlılığı, vardiya usulü dönüşümlü çalışanlardan yüksek, gündüz mesai ve ara sıra nöbet şeklinde çalışanlardan düşük tespit edildi. Sürekli gece vardiyası yada gece nöbeti, gündüz mesai ve ara sıra nöbet şeklinde çalışanların devamlılık bağlılığı, sürekli gündüz mesai şeklinde çalışanlardan yüksek tespit edildi. Sürekli gündüz mesai şeklinde çalışanların normatif bağlılığı, vardiya usulü dönüşümlü, sürekli gece vardiyası yada gece nöbeti şeklinde çalışanlardan yüksek belirlendi. Poliklinikte çalışanların duygusal bağlılığı, ameliyathanede, cerrahi klinikte, dahili klinikte, yoğun bakımda, laboratuarda, acilde, idarede ve diğer birimlerde çalışanlardan yüksek bulundu. Yoğun bakımda çalışanların devamlılık bağlılığı, ameliyathanede, cerrahi klinikte, dahili klinikte, radyolojide, idarede ve diğer birimlerde çalışanlardan yüksek tespit edildi. Poliklinikte çalışanların normatif bağlılığı, ameliyathanede, cerrahi klinikte, yoğun bakımda, laboratuarda, acilde ve idarede çalışanlardan yüksek belirlendi. Dahili klinikte çalışanların normatif bağlılığı, yoğun bakımda ve idarede çalışanlardan yüksek tespit edildi. Örgütsel bağlılık boyutları ile çalışanların medeni durumu arasında istatistiksel açıdan anlamlı farklılık bulunmadı ( $p>0.05$ ). Araştırmada devamlılık bağlılığı ile duygusal bağlılık, normatif bağlılık ile duygusal bağlılık ve normatif bağlılık ile devam bağlılığı arasında istatistiksel olarak anlamlı bir ilişki ve etkileşim olduğu belirlendi. Devamlılık bağlılığı arttıkça duygusal bağlılık ve normatif bağlılık arttıkça duygusal bağlılık ile devamlılık bağlılığı artmaktadır. **Sonuç:** Sağlık çalışanlarının örgütsel bağlılık düzeyini sosyo-demografik özelliklerin etkilediği belirlendi. Çalışanların isteyerek örgütte çalışmayı sürdürmelerine yönelik önlemler alınmalı ve eğitim programları düzenlenmelidir. Araştırmanın benzer araştırmalara yön vereceği ve örgütsel bağlılık konusunda sağlık yöneticilerinin kararlarına destek olacağı tahmin edilmektedir.

**Anahtar Kelimeler:** Örgütsel Bağlılık, Sağlık Çalışanı, Hastane