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**Organisational commitment
as a predictor of job satisfaction, employee well being,
absenteeism and intention to stay
in the New Zealand Aged Care Sector.**

**A thesis presented in partial fulfilment of the requirements for the degree of
Master of Arts in Psychology at Massey University.**

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1999**

Abstract

This study, one of the first in the New Zealand aged care sector, examined the predictability of organisational commitment on job satisfaction, employee well being, absenteeism and intention to stay. A composite questionnaire incorporating Allen and Meyer's three component organisational commitment questionnaire (1990) was completed by 124 predominately female aged care employees. The results of the questionnaire were compared with overseas literature and showed that organisational commitment is predictive of employee well being, job satisfaction and intention to stay, although job satisfaction proved to be a more significant predictor of intention to stay.

Implications of organisational commitment for aged care employees, aged care organisations and patients are discussed. Directions for future research include a call for more New Zealand studies of organisational commitment in the healthcare professions, and the development of human resource strategies, which are sensitive to differences in organisational commitment in a multi-cultural population.

Acknowledgements

Many thanks to all those who helped me mentally and spiritually complete this thesis. In particular a special thank you to my supervisor, Dr Hillary Bennett for always being enthusiastic when it seemed progress was at times painfully slow and my wife Karen for her patience and encouragement. Thank you also to Lifeline Auckland for giving me maximum flexibility in my work timetable to complete this thesis. Finally many thanks and appreciation to the Auckland Healthcare organisation that allowed the researcher access to their employees and the participants who took part in the research.

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CHAPTER 1

INTRODUCTION

1.1 Background to changes in the New Zealand Aged Care Sector

The New Zealand Health sector has undergone a radical transformation throughout the 1980's and 1990's, with major changes in work practices and remuneration systems for health workers (Health and Disability Commissioner, 1998).

This has had significant impact on the Aged Care sector resulting in a higher and more stressful workload for health care workers. The median age of elderly people living in residential homes is 84 years of age. This late age of entry into retirement villages is a result of elderly people having access to homecare workers and being able to stay independent in their own homes to a much later age. Only 1.3 percent of elderly people aged 65 to 74 and 5.7 percent of elderly people aged 75 to 84 were in residential homes. One in 4 elderly people aged 85 years and older was in a residential home (Statistics New Zealand, 1998). The clients in residential homes are largely frail and dependent, increasing the workload for healthcare workers.

The funding in turn has not recognised the higher dependency of clients which requires more staffing. This increase in staff is having to be financed in part through changes in contracting and remuneration systems. Penal rates and other allowances have been removed from most Aged Care organisations both locally and internationally and downsizing of staffing levels has become a common feature of Aged Care facilities. (International Council of Nurses, 1997). As a consequence many skilled and experienced workers have vacated the industry.

The forming of Health Funding Authorities in 1992 and the arrival of the Employment Contracts Act in 1991, has enabled healthcare management to have more control over the employment conditions of their staff at a local level. This has enabled organisations to manage their facilities as a business. The result of managing in a business like manner has been that nurses work longer hours with no overtime allowances, staff numbers have been reduced although caseloads have often increased. There is stiff competition for funding and contracts among private and community providers, with a consequent reduction in job security and pay and conditions for healthcare workers employed by these services (New Zealand Ministerial Taskforce on Nursing, 1998).

Since the Employment Contracts Act was implemented for nurses in 1993, the income of many nurses has fallen in real terms (New Zealand Ministerial Taskforce on Nursing, 1998). It is logical to conclude that these working conditions have impacted on the work attitudes, organisational commitment and behaviours of healthcare workers.

In the mid 1990's, New Zealand also, experienced a shortage of registered nurses throughout the Health sector and particularly in Aged Care Services (Miles, 1997). This prompted a renewed interest in nursing retention. The issue was not simply a generalised shortage of nurses but rather an acute maldistribution of nursing personnel in certain geographic and industry related care sectors. Many graduates chose to by-pass the New Zealand health sector for overseas appointments, while non-professionals such as caregivers, went to other locally based service industries outside the health sector. This is illustrated by the fact that while just over 40,000 nurses are registered in New Zealand, only 29,000 are actively practising as nurses (New Zealand Health Information Service, 1998).

Given the major changes in the Aged Care and Health Care sector in general, it is now more important than ever to recruit and retain employees who will be committed to the organisation. This is particularly so given that

the proportion of elderly people, and especially frail individuals, will continue to increase in New Zealand for the next 20 years (Statistics New Zealand, 1998). Projections indicate that by 2051 elderly people will account for 25.5 percent of the population, up from 11.7 percent in 1996.

Aged Care organisations face major problems in keeping existing staff on the job and committed to their work (Helner, Olson, & Heim, 1993). There is already a considerable body of research focusing on excessive rates of absenteeism and turnover rates among health personnel. Annual turnover rates have been reported to range from 40% (Surpin, 1998) to 80% (Crowley, 1993). Wagnild (1988) has warned that staff turnover rates in excess of 50% may create a barrier to effective operation of nursing homes.

The cost of turnover and absenteeism are well documented (Wanous, 1980). These costs are one reason why much effort has gone into understanding the causes or antecedents of turnover. Work related attitudes, especially satisfaction has been a common focus in turnover research (Spector, 1997). Given the major changing world of work through re-engineering, technology, global competition and the paradigm shift from jobs to roles, it is suggested that employees are less committed to their organisation. Instead they are more focused on their own development to ensure their continued employability in the workforce (Stroh & Reilly, 1997).

1.2 Organisational Commitment

Commitment to the organisation is an important behavioral dimension and attitudinal construct that can be utilised by employers, to evaluate employees' strength of attachment to their organisation. Employers who are able to identify those variables that are related to organisational

commitment, can design organisational strategies to heighten commitment levels based on these findings.

Research into the behaviour of people in organisations has focused on motivation, job satisfaction, and quality of working life and leadership. A large amount of this research has attempted to link employee behaviour with work outcomes such as turnover intention, turnover, attendance and psychological and physical health (Spector, 1997). In recent years, considerable research has focused on the concept of organisational commitment in an effort to explain the above work outcomes (Hellman, 1997; Knopp, 1995). The research into organisational commitment attempts to define the relationship between the individual and the organisation in terms of the individual's commitment to the organisation. Organisational commitment has been defined as the relative strength of an individual's identification with and involvement in a particular organisation (Mowday, Porter, & Steers, 1982, p.27).

1.3 Rationale for the Study

Organisational commitment has been shown to contribute uniquely to the prediction of important outcome variables (Allen & Meyer, 1996; Blau & Boal, 1987; Tett & Meyer, 1993). Employee well being, job satisfaction, absenteeism and intention to stay have been shown to be directly related to an employee's level of organisational commitment to the organisation (Meyer & Allen, 1997). Although there is a growing body of research in regards to organisational commitment, with the exception of Kalliath, O'Driscoll, & Gillespie (1997), there is little locally based published research at present in New Zealand regarding organisational commitment in the Healthcare sector. Given the ageing population, there is a definite need for research, which can document the impact of organisational

commitment and its likely effect on organisational performance outcomes in the Aged Care sector.

The focus on organisational commitment is particularly important given that the emerging view in this area suggests that to create a profitable and happy workplace, an organisation must concentrate its energies on both economic and social performance and invest on employee commitment rather than compliance (Zeffane, 1994).

This study explores what, if any relationship exists between organisational commitment and the variables job satisfaction, intention to stay, employee well-being and a number of demographics of employees, within the New Zealand Aged Care sector. This is achieved through examining employees' commitment to their organisation and its relationship to variables of intention to stay, job satisfaction, general well being and absenteeism and demographics. Specifically it is hoped that the results will provide some valuable insights for Aged Care Managers for strategies to facilitate lowering the high turnover rate in the Aged Care Sector. Considering the costs associated with turnover (Caudill & Patrick, 1991), potentially much can be gained by finding ways to increase employees' commitment.

This study will contribute to the growing body of research on organisational commitment within a New Zealand context. It is hoped that subsequent New Zealand based researchers will be able to expand on the initial findings of this study and further increase the awareness of organisational commitment in the Aged Care sector and contribute further to the organisational commitment literature in New Zealand.

This study is divided into five chapters. The first chapter has established the purpose of the study. Chapter 2 reviews the literature on organisational commitment, including antecedents and consequences associated with organisational commitment and organisational commitment within the health sector. Chapter 3 describes the methodology associated with the study. Chapter 4 presents the results derived from this study.

Finally Chapter 5 discusses the findings of the study and implications of those findings for the aged care facilities, healthcare employees and patients.

CHAPTER 2

LITERATURE REVIEW OF ORGANISATIONAL COMMITMENT

This chapter reviews the literature on organisational commitment. The sequence of this chapter is as follows: Firstly the theory and history of organisational commitment is presented including an in-depth review of Meyer and Allen's (1990) three component model of commitment which was the chosen measure for organisational commitment in this study. This is followed by an overview of the relationship of organisational commitment to job satisfaction, employee well-being, intention to stay and various demographic variables. Lastly the relationship between organisational commitment and health workers is discussed and a series of research questions is presented.

2.1 Theory of organisational commitment

The nature of employees' commitment to their organisation has long been a topic of great interest to organisational researchers. Mathieu and Zajac (1990) report that in recent years dozens of studies addressing organisational commitment have been published in the major organisational behaviour journals. This interest in employees' commitment has continued into the 1990's. Morrow (1993) confirms organisational commitment has attracted more attention than other forms of work commitment.

While some ongoing debate exists as to what the meaning of organisational commitment is, this has been largely resolved by

acceptance of the notion that no one view of commitment is fundamentally correct (Meyer, Allen, & Gellatly, 1990). A commonly accepted definition of organisational commitment is the relative strength of an individual's identification with and involvement in the organisation (Mowday, Porter, & Steers, 1982).

The attention paid to organisational commitment by researchers (Allen & Meyer, 1990; Porter, Steers, Mowday, & Boulian's 1974) has resulted in the formation of a number of unidimensional and multidimensional perspectives regarding the fundamental nature of organisational commitment. Allen and Meyer (1990) and Meyer and Allen (1991) have conducted comprehensive and empirically based critical reviews of the organisational commitment literature. They conclude that organisational commitment can be conceptualised in three distinct ways. Employees' commitment to an organisation can be seen as a function of calculative (also known as continuance organisational commitment), affective (also known as attitudinal organisational commitment), or normative involvement. Morrow (1993) reports these three perspectives have at times, been positioned as competing explanations. They also have been used in a multidimensional framework wherein each approach is viewed as an independent conceptualization and measure. The three perspectives of organisational commitment will each be reviewed separately.

2.2 Concepts of organisational commitment

An early definition of organisational commitment is "the strength of a person's attachment to an organisation" (Grusky, 1966, p.489). Even earlier, however, were the roots of a multidimensional approach to organisational commitment. March and Simon (1958) distinguished between an organisational member's motivation to participate in the organisation (i.e. to join and to stay) and to produce, referring to their

inclination to dependably perform their work tasks and to go beyond formal requirements of the position in the interests of the workplace. Blau and Boal (1987) describe organisational commitment as referring to the identification with and loyalty to the organisation and its goals. The work of Morrow (1983; 1993) has been seminal to the advancement of a multivariate approach to work commitment (Cohen, 1998).

Organisational commitment in this study is presented as a psychological attachment between the employee and his or her organisation (Allen & Meyer, 1996), rather than commitment to various sub-groups within an organisation such as top management (Reichers, 1985) or the work group (Zaccaro & Dobbins, 1989).

The leading concepts of organisational commitment have been identified by the researcher and will be reviewed in this chapter. The first is Hrebiniak and Alutto's (1972) calculative organisational commitment. Secondly Porter, Steers, Mowday, and Boulian's (1974) attitudinal organisational commitment. The next two approaches are Meyer and Allen's (1984) continuance organisational commitment and affective organisational commitment which form two-thirds of Allen and Meyer's three component view of commitment. Lastly, Allen and Meyer (1990) have recently proposed normative organisational commitment which completes the three component view of commitment.

2.21 Calculative Commitment – Hrebiniak & Alutto (1972)

Calculative organisational commitment has its basis firmly focused on the exchange components of the employee-organisation relationship. It was viewed as being a unidimensional construct of organisational commitment which in the early days of organisational commitment was prescribed thinking (Allen & Meyer, 1996). Calculative commitment was strongly influenced by the work of Becker (1960). Hrebiniak and Alutto

(1972) were among the first to offer a clear definition and operationalisation of organisational commitment. They succinctly defined calculative organisational commitment as “a structural phenomenon which occurs as a result of individual-organisational transactions and alterations in side-bets or investments over time (p.556).” Therefore calculative commitment represents a less intense relationship with the organisation, which is largely based on the exchange relationship that develops between members and the organisation as members become more committed to the organisation because they see a beneficial or equitable exchange between what they have given to the organisation and the rewards they receive for this service.

Calculative organisational commitment, which is commonly termed continuance commitment, therefore focuses on those things which might be lost if a person were to leave the organisation (e.g., status in the organisational hierarchy, established relationships with others in and outside of the organisation, employee superannuation schemes, and other long terms employment benefits such as long service gratuities). According to this cost based view, the individual is bound to the organisation because of such interests and as such this concept does not explicitly deal with the employees' affective orientation to the organisation (Becker, 1992; Morrow, 1993).

Hrebiniak and Alutto's measure of calculative commitment consists of four questionnaire items. The subject is asked to state whether he or she would be willing to leave an organisation given an alternative that offered slightly more pay, a slightly more interesting job, a slightly higher status, and slightly friendlier coworkers. Subjects respond through use of a three point Likert type response scale with 1 = no, 2 = uncertain, and 3 = yes, although it has been subsequently modified by some researchers to 5 and 7 point response ranges. The development of this calculative commitment scale came not only from the work of Hrebiniak & Alutto (1972) but drew heavily from an earlier scale developed by Ritzer and Trice (1969). The

Ritzer and Trice instrument contained an additional inducement item (i.e., opportunities to get ahead). Participants were also asked to estimate the likely probability of them leaving under conditions of "no" and "large" increases in the inducement of opportunity to get ahead in the organisation. However while Ritzer and Trice's larger 15 item questionnaire, did receive limited use, it was quickly replaced by Hrebiniak and Alutto's (1972) shorter questionnaire. Both of these calculative commitment questionnaire measures have been viewed as interchangeable (Morrow, 1993). This viewpoint is further supported by correlations between the two scales of .89 and .85, reported by Meyer and Allen (1984).

The reliability of the Hrebiniak and Alutto's (1972) scale has been evaluated on many occasions, with the Mathieu and Zajac (1990) meta-analysis reporting an average internal consistency reliability of .88, based on 15 studies. Hrebiniak & Alutto's calculative commitment concept and measure has exhibited good reliability since its inception and its validity was thought by many to be adequate because of its consistent positive relationship with age and organisational tenure (Morrow, 1993). However, the Meyer and Allen (1984) findings have somewhat diminished the standing of the measure. Specifically, these researchers were able to demonstrate that the Hrebiniak & Alutto's calculative commitment measure was more closely related to affective organisational commitment (i.e. emotional attachment to the organisation) than to continuance organisational commitment (i.e. costs associated with leaving an organisation).

In addition, age and tenure were as strongly related to affective organisational commitment as calculative organisational commitment which must bring into question the suitability of age and tenure as side bet indicators (Morrow, 1993). Meyer and Allen (1991) also point out that to obtain a high score on these measures requires that the individual be unwilling to leave the organisation despite the availability of attractive

alternatives. Given that both the Ritzer and Trice (1969) and Hrebiniak and Alutto (1972) measures have been criticised as being contaminated with elements of affective commitment (Mathieu & Zajac, 1990), this suggests that the Hrebiniak & Alutto's measure is no longer appropriate for testing Becker's (1960) theory.

2.22 Attitudinal commitment

Attitudinal commitment as developed by Porter et al. (1974), was the most extensively used approach to organisational commitment in the 1970's and 1980's. In a recent meta-analysis of the antecedents, correlates, and consequences of organisational commitment, Mathieu and Zajac (1990) reported that either the 9 or 15 item version of the organisation commitment questionnaire (OCQ) was involved in 103 samples out of the 174 included in their study.

Attitudinal commitment reflects an employee's identification and involvement in a particular organisation. It is often used to describe the process by which employees come to identify with the goals and values of the organisation and are desirous of maintaining membership in the organisation. Yet Staw (1977) argues that attitudinal commitment is more frequently put forward from the standpoint of the organisation "and because of this we may have missed some of the psychological processes central to the individual's own perception of being committed". Attitudinal commitment then appears to be more involved with the individual and his/her willingness to exert effort on behalf of the organisation, goal identification and a desire to remain a continued member.

The Porter et al. (1974) measure of organisational commitment, the Organisational Commitment Questionnaire, has been widely used and has shown to measure a multidimensional concept (Angle & Perry, 1981). They

originally developed the questionnaire to measure what they concluded was a unidimensional construct (Mowday, Steers, & Porter, 1979). More recent research has focused on the issue of the multidimensionality of commitment. Angle and Perry (1981) found two distinguishable dimensions in the organisational commitment questionnaire, which they labeled 'value commitment' and 'commitment to stay'. Angle and Perry's 'value commitment' reflects a positive, affective orientation toward the organisation and has been variously referred to as psychological, attitudinal, and affective commitment (Mathieu & Zajac, 1990; Meyer and Allen, 1984). Angle and Perry's 'commitment to stay' reflects the importance of the inducements-contributions transactions inherent in an economic exchange. This type of commitment has been referred to as exchange-based, calculative, and continuance commitment (Mathieu and Zajac, 1990; Meyer and Allen, 1984).

In developing this definition of attitudinal organisational commitment, Porter et al.(1974) formulated a 15 item measure which has demonstrated an average internal consistency reliability of .88 over 90 sample (Mathieu & Zajac, 1990). The Organisational Commitment Questionnaire (OCQ) consists of statements (e.g., I find that my values and the organisation's values are very similar) to which respondents indicate their level of agreement or disagreement on a 1 (strongly disagree) to 7 (strongly agree) Likert type scale with the middle point 4 anchored by neither disagree or agree. Meyer and Allen(1997) categorised the OCQ as being of affective orientation citing Mowday, Porter and Steers' (1982) definition, "the relative strength of an individual's identification with and involvement in a particular organisation" (p.27).

The questionnaire has also been modified by some researchers (e.g., Reichers, 1985) down to a five point range. Also a nine-item version of the scale is used relatively frequently which omits six negatively worded items. It has exhibited an average internal consistency reliability of .86 based on 13 samples (Mathieu & Zajac, 1990). Morrow (1993) also reports

that since the Mathieu and Zajac meta-analysis, 38 additional studies were found to have employed some version of the Porter et al.(1974) measure. These internal consistency reliability estimates ranged from .74 to .93

Tests for the reliability of the attitudinal organisational measure has been assessed via factor analysis on a number of occasions (e.g., Morrow & McElroy, 1986; Morrow & Wirth, 1989). Generally these analyses have yielded a single factor solution for organisational commitment, lending support to the interpretation that the scale measures a single underlying construct. In addition, these results generally support the independence of attitudinal organisational commitment relative to work ethic endorsement, career commitment, professional commitment, and job involvement (Morrow, 1993).

Although the attitudinal organisational commitment measure generally receives both good internal consistency reliability data and strong evidence of unidimensionality yielded by the factor analyses, it continues to receive criticism for its inclusion of "intention to quit" oriented items, such as, "It would take very little in my present circumstances to cause me to leave this organisation." Reichers (1985) asserts that behavioral intention items such as these confound organisational commitment with what should ostensibly be the results of organisational commitment (i.e., turnover). Mathieu and Zajac (1990) have also commented on this issue and believe that the construct validity of attitudinal organisational commitment will benefit from the elimination of the "desire to remain" component.

Recently evidence has been reported that the Organisational Commitment Questionnaire (Porter et al., 1974) captures only the affective component of commitment (Dunham, Grube, & Castaneda, 1994; Vandenberg, Self, & Seo, 1994) and is thus inadequate to test the expanded Allen & Meyer perspective (Vandenberghe, 1996).

2.23 Meyer and Allen's (1990) three component model of organisational commitment

Based on the argument that organisational commitment can be better understood as a multidimensional concept, Meyer and Allen (1984) proposed a two-dimensional measure of affective and continuance organisational commitment. In a subsequent article, Allen and Meyer (1990) added a third dimension normative commitment. Allen and Meyer draw on the work of Porter and his colleagues, as well as a wide range of other organisational commitment theorists, to develop a measure of organisational commitment with three major components and corresponding scales.

"The affective component of organisational commitment refers to employee's emotional attachment to, identification with, and involvement in, the organisation. The continuance component refers to commitment based on the costs that employees associate with leaving the organisation. Finally, the normative component refers to employees' feelings of obligation to remain with the organisation"(Meyer and Allen, 1996, p1).

The development of the affective, continuance and normative commitment scales (ACS, CCS, and NCS respectively) was based on the scale construction principles outlined by Jackson (1970) and is described in detail elsewhere (Allen & Meyer, 1990). Briefly, definitions of the three constructs were used to develop an initial pool of items that were then administered to an occupationally and organisationally heterogeneous sample with a fairly balanced gender representation. Items were selected for inclusion in the scales on the basis of decision rules that took into account the endorsement proportions associated with each item, item-scale correlations, content redundancy, and the desire to include both positively and negatively keyed items. Respondents indicate their degree of agreement or disagreement using a 7-point Likert scale, with each item and scale scores calculated by averaging across items.

Although each component of organisational commitment represents an organisational member's link with the organisation, the nature of the link varies. Furthermore, the antecedents and consequences of each component of organisational commitment are presumed to vary. Support for organisational commitment having multiple dimensions is plentiful and the Allen and Meyer (1990) measure is well-regarded (Dunham, Grube, & Castaneda, 1994; Hackett, Bycio, & Hausdorf, 1994).

Despite the reasonable consensus of the multidimensional nature of organisational commitment, the first of Allen and Meyer's (1990) components, affective commitment, has been most studied, given the organisational commitment questionnaire (Porter et al., 1974) is thought to measure the affective component of organisational commitment (Aven, Parker, & McEvoy, 1993; Dunham et al., 1994). Some research on continuance commitment has been undertaken, primarily using the measures of Ritzer and Trice (1969) and Hrebiniak and Alutto (1972). However, both have been criticised as being contaminated with elements of affective commitment (Mathieu & Zajac, 1990). Only recently have a significant number of studies (e.g., Allen, Meyer, & Smith, 1993; Angle & Lawson, 1993; Cohen & Kirchmeyer, 1995; Shouksmith, 1994; Whitener & Walz, 1993) begun to examine continuance and/or normative commitment with the increasing preference for the Allen & Meyer (1990) instrument over the Organisational Commitment Questionnaire (Wahn, 1998). Each of the three scales: affective, continuance and normative commitment will now be reviewed.

2.24 Continuance and Calculative Organisational Commitment

Continuance organisational commitment is a more recent formulation of calculative organisational commitment. Both approaches to organisational commitment were inspired by Becker's (1960) side-bet

theory emphasizing the perceived losses associated with leaving an organisation. Continuance commitment is conceived as calculative in nature, as it refers to the continuation of a course of action (membership in the organisation) based on the perceived costs of discounting it (Meyer & Allen, 1991). Employees whose primary link to the organisation is based on continuance commitment remain because they need to do so (p.67).

Continuance commitment traces back to Becker's (1960) notion of side-bets. Side-bets are investments that individuals accumulate, voluntarily or not, along with ongoing membership in the organisation (e.g. pension plans, organisation-specific skills, seniority) that would be lost in the case of departure. Continuance commitment is time based (Amernic & Aranya, 1983) with the accrual phenomenon making the departure from the organisation more and more costly over time, and consequently creates "commitment by default" (Becker, 1960, p.38). Similarly, job alternatives have also been studied as commitment-inducing variables and overall, accrued investments and poor alternatives tend to force individuals to maintain their line of action and are responsible for these individuals being committed "because they need to" (Meyer & Allen, 1990, p.710).

Both continuance and calculative organisational commitment are very similar given that neither explicitly deals with employees' emotional attachments to organisations. What distinguishes them is that in addition to the perceived losses associated with terminating an organisational membership, continuance organisational commitment incorporates assessments regarding the perceived ease of movement from one organisation to another.

As previously stated, Ritzer and Trice (1969) and Hrebiniak and Alutto (1972) devised the first measures intended to capture this conceptualisation (i.e., calculative organisational commitment). Continuance organisational commitment was proposed by Meyer and Allen (1984). This was in order to test the idea that the measures of calculative organisational commitment might mistakenly be measuring

affective/attitudinal organisational commitment rather than organisational commitment based on the perceived instrumental value. Meyer and Allen believed that an alternative explanation of an employee's willingness to remain with an organisation, when external inducements are high, might be his or her level of affective commitment to the organisation. Further, they contended that existing calculative measures did not partial out this alternative explanation.

To test this theory, Meyer and Allen (1984) developed an 8 item Continuance Commitment Scale (CCS) aimed at expressly measuring the extent to which employees feel committed to their organisations by virtue of the costs that they feel are associated with leaving, to include the availability of attractive alternatives. In other words, Meyer and Allen asserted that employees whose loyalty to an organisation is based on continuance commitment remain because of a perceived need to do so. The questionnaire measure itself asks respondents to report their level of agreement on a 7-point response format to items such as "It would be very hard for me to leave my organisation right now, even if I wanted to" and "It would not be too costly to leave my organisation in the near future" (reverse coded).

Morrow (1993) reports the continuance commitment scale has been administered six times and exhibited internal reliability estimates ranging from .69 to .83. A number of subsequent studies of internal reliability have since been undertaken (Allen and Meyer, 1996). These values are consistent with an interpretation of marginal to acceptable reliability. Factor analyses involving the CCS are similarly ambiguous. McGee and Ford (1987) factor analyzed the CCS with a companion OC measure discussed in the review of the affective commitment scale (ACS). In an analysis where a two factor solution was forced, all eight ACS items loaded on a single factor and six of the CCS items loaded on a second factor. The remaining two CCS items did not have acceptable loadings.

Further to this finding, a second analysis was undertaken where the number of factors to be extracted was not specified. Three of the four factors produced in this analysis were interpretable and supported a distinction between the ACS and two "dimensions" of the CCS, "the first based on perceptions that few employment alternatives exist and the second on high personal sacrifice associated with leaving the organisation" (McGee & Ford, 1987, p.640). The recomputed reliability estimates for the first factor 'Low Perceived Alternatives' scale were .72, and for the second factor 'High Personal Sacrifice' scale .71 (Morrow, 1993). These two new subscales also demonstrated differential relationships with the ACS, leading McGee and Ford to conclude that the CCS is composed of two unique components.

In a subsequent factor analysis by Allen and Meyer (1990), the CCS did not exhibit the two dimensions observed in the McGee and Ford (1987) study. In this analysis, the CCS showed good discrimination vis-avis the ACS and a third form of OC, normative commitment (NCS).

Meyer, Allen, and Gellatly (1990) to resolve the disagreement between the McGee and Ford (1987) and Allen and Meyer (1990) studies completed a confirmatory factor analysis of the CCS and ACS using three different samples of employees. These analyses supported the interpretation that continuance and affective OC are distinct, but also confirmed that the continuance commitment is better construed as a multidimensional measure composed of the two subscales previously identified. In light of the continued support for the low perceived alternatives and high personal sacrifice components of continuance OC, the authors called for the formation of new items for each sub-scale and the elimination of items from each sub-scale which correlate highly with items from the opposing subscale. Morrow (1993) concludes these findings suggest that the composition of continuance commitment, and therefore its reliability, have not yet been resolved. Since McGee and Ford's (1987) study and subsequent factor analysis by Allen and Meyer (1990), the

dimensionality of the continuance commitment scale has received further scrutiny using confirmatory factor analysis (Dunham et al., 1994; Hackett et al., 1994; & Somers, 1995).

Based on these subsequent studies, Allen and Meyer (1996) conclude that further research since Morrow's (1993) review, lend more support to the notion of continuance commitment as an independent and distinct measure of organisational commitment. They conclude that although there appears to be evidence for two strongly related continuance commitment factors, the practical implications of treating the two factors separately have yet to be identified.

2.25 Affective commitment

Affective commitment is also a recently developed concept and measure, which co-exists with two other components of commitment – continuance and normative as part of Meyer and Allen's (1991) three facets of commitment. It was formulated by Meyer and Allen (1984) as part of a larger effort to determine the extent to which calculative measures of organisational commitment were similar to affective/attitudinal organisational commitment. Consistent with the work of Buchanan (1974), affective commitment is defined as an emotional attachment to an organisation characterised by acceptance of organisational values and by a willingness to remain with the organisation (Mowday et al., 1982). Meyer, Allen, and Gellatly (1990, p.710) theorised that individuals committed on an affective basis stay with their organisation "because they want to".

Meyer and Allen (1984, p.373) indicated that their conceptualisation of affective commitment "corresponds closely" to Porter et al's (1974) attitudinal OC. Therefore, while the continuance OC measure was intended as a replacement for existing calculative OC measures, affective OC was

intended as an alternative to the Porter et al's Organisational Commitment questionnaire.

The Meyer and Allen (1984) affective organisational commitment scale, consists of eight item statements pertaining to respondents' positive feelings of identification with, attachment to, and involvement in a work organisation (e.g., "This organisation has a great deal of personal meaning for me" and "I do not feel emotionally attached to this organisation" (reverse coded). Respondents are asked to indicate their level of agreement using a 7-point Likert-type response framework ranging from strongly disagree to strongly agree. Like attitudinal organisational commitment, the measure is characterised by a "desire to remain" type of item (i.e., "I would be very happy to spend the rest of my career with this organisation").

The reliability data associated with affective commitment is very positive. Morrow's (1993) meta-analysis reports internal reliability estimates ranging from .74 to .88. Factor analyses involving affective commitment are fairly supportive of its reliability (i.e., Allen & Meyer, 1990), although the desire to remain items have exhibited some double loadings with primarily continuance commitment factors (i.e., McGee & Ford, 1987). Affective commitment demonstrated clear discrimination from continuance commitment using confirmatory factor analysis (Meyer et al., 1990). Further factor analysis studies have shown that the affective commitment scale items are distinct from related measures assessing career, job and work value constructs (Blau, Paul, & St John, 1993). The internal consistency reliability of affective commitment has a median reliability of .85 (Allen & Meyer, 1996) and is therefore deemed to be good and comparable to that of attitudinal organisational commitment (Morrow, 1993).

In terms of the test-retest reliability estimates for affective, normative and continuance commitment, there are not a large number of published studies. (Meyer and Allen, 1997). Meyer and Allen report all the test-retest reliabilities are within an acceptable range and consistent with those

reported for comparable measures such as the Organisational Commitment Questionnaire. What has been clearly established is that temporal stability tends to be lower when commitment is measured very early in employees' careers. Vandenberg and Self (1993) found test-retest reliabilities as low as .38 for affective commitment and .44 for continuance commitment when commitment measured on the first day of work was correlated with commitment six months later. However contrasting this earlier finding, Meyer et al.(1993) found reliability estimates above .60 when the measures of affective, continuance, and normative commitment included in the correlation were obtained after one month or more employment in the organisation. Blau, Paul, and St John (1993) found a test-retest reliability coefficient of .94 for the affective commitment scale when administered 7 weeks apart to a sample of employees with an average tenure of more than 5 years. The above findings appear to indicate that employees do not clearly establish a pattern of commitment until they have spent a reasonable period of time in the organisation.

2.26 Normative Commitment

Normative organisational commitment is the third of the three component model of commitment formulated by Allen and Meyer in 1990. Normative commitment reflects a feeling of obligation to remain with the organisation and entails a belief about one's responsibility to the organisation (Allen & Meyer, 1990). Accordingly, individuals with strong normative commitment are loyal to their organisations because they feel they ought to be. Normative commitment derives from the work of Wiener (1982) and Wiener and Vardi (1980).

Building on Fishbein and Ajzen's (1975) theory of reasoned action, they consider commitment behaviour as the expression of an internalised normative pressure. The work behaviour of individuals committed on a normative basis tends to be guided by a sense of duty, obligation, and

loyalty, especially directed towards their employing organisation. For example, internalised normative beliefs of duty and obligation are responsible for individuals feeling obligated to sustain membership because they “should” do so (Allen & Meyer, 1990; Meyer & Allen, 1991). Wiener (1982) defined normative commitment as a perceived duty to support the organisation and its activities.

Allen and Meyer (1990) position normative commitment as part of the three component model of attitudinal organisational commitment, parallel to continuance and affective organisational commitment, but with each component a function of different antecedents. In order to operationalise normative commitment, Allen and Meyer created an eight item measure containing statements such as “I think that people these days move from company to company too often” and “If I got another offer for a better job elsewhere I would not feel it was right to leave my organisation.” Respondents are provided a 7-point response framework ranging from strongly disagree to strongly agree. Some of these items manifest the same ‘desire to strongly agree. Some of these items manifest the same ‘desire to remain/intent to quit flavour’ noted in the discussion of attitudinal and affective organisational commitment.

According to Morrow (1993), the reliability of normative organisational commitment has been evaluated three times. Two assessments yielded evidence of acceptable reliability (i.e., $\alpha = .79$ and $.73$) while the third was disappointing ($\alpha = .52$). From a factor analytic perspective, the measure showed good discrimination from continuance and affective OC in the same data set, which generated the reliability estimate of $.79$. Given the availability of only three reliability values, it is premature to draw a firm conclusion regarding the reliability of normative organisational commitment.

However since Morrow’s review, Allen and Meyer (1996) have modified the normative commitment scale given its fairly substantial correlation with affective commitment. The aim of this was to allow

participants to more clearly tap into their own feelings of obligation to the organisation. The correlations between the revised versions of the affective and continuance scales parallel those correlations in previous formats of the scales. They conclude that although affective and normative commitment are clearly distinguishable constructs, they may have inherent psychological overlap. Further it may simply not be possible to feel a strong obligation to an organisation without also having positive emotional feelings towards the organisation (Allen & Meyer, 1996).

In conclusion, on empirical grounds, the three-dimensional view of commitment, although not always operationalised by Allen and Meyer's scales has received consistent support in recent years (Allen & Meyer, 1990, 1993; Angle & Lawson, 1993; Dunham et al., 1994; Hackett, Bycio, & Hausdorf, 1994; Jaros, Jermier, Koehler, & Sincich, 1993; Meyer et al., 1993). For example, submitting Allen and Meyer's (1990) scales to a confirmatory factor analysis and collecting data from large and varied samples of employees, Dunham et al. (1994), Hackett et al. (1994), and Meyer et al. (1993) found evidence for the superiority of a three-factor, oblique model over one or two factor models. For the purposes of this study, the researcher uses Meyer and Allen's three component model as this model and the measures associated with it have undergone the most extensive empirical evaluation to date (see Allen & Meyer, 1996, for a review).

2.3 Measures of organisational commitment in relationship to job satisfaction, employee well being, intention to stay and demographics.

This section focuses on the variables, which were examined in relationship to organisation commitment in the present study namely job

satisfaction, employee well being, intention to stay, absenteeism and demographic variables. Each variable has important workplace implications and all have been thoroughly researched in the literature. Given the large body of research encompassing these variables it is appropriate these organisational concepts should be examined.

2.31 Relationship between job satisfaction and organisation commitment

Job satisfaction is included in the present study because several studies have reported a substantial relationship between job satisfaction and organisational commitment (Mathieu & Farr, 1991; McNeely & Meglino, 1994). Job Satisfaction has usually been defined as the extent to which an employee has a positive affective orientation towards their job, either in general or towards particular facets of it (Smith, Kendall, & Hulin, 1969). Job satisfaction in the broadest sense simply refers to a person's general attitude toward specific dimensions of the job (Hodson, 1991). Williams and Hazer (1986) make the distinction between commitment and job satisfaction in that the former is an affective response to the whole organisation, where the latter represents an affective response to specific aspects of the job. Meyer, Irving and Allen (1998) report job satisfaction has been found to be distinguishable from, but related to, affective commitment (Brooke, Russell, & Price, 1988; Mathieu & Farr, 1991) and, therefore findings obtained in the prediction of job satisfaction might have implications for the prediction of commitment.

Job satisfaction has been positively correlated with organisational commitment (Mowday et al., 1979) and recent research has indicated a casual relationship between these two constructs (Vandenberg & Lance, 1992). Job satisfaction has also been correlated with the various forms of commitment including organisational and occupational commitment. Meyer et al. (1993) found that job satisfaction was positively related to affective

and normative occupational commitment and negatively related to continuance occupational commitment. However, satisfaction has been linked more strongly with affective commitment than with other forms of commitment (Hackett et al., 1994; Meyer et al., 1993).

Interest in the causal nature of the relationship between job satisfaction and organisational commitment stems partly from the presumed role these two variables play in conceptual models for predicting turnover (Farkas & Tetrick, 1989; Williams & Hazer, 1986). Most models of turnover assume that greater job satisfaction leads to greater organisational commitment (Bluedorn, 1982; Price & Muller, 1981). The primary reason for this casual order appears to be that job satisfaction is a more immediate affective response to one's work which is established more quickly after joining an organisation. Whereas organisational commitment is slower to develop since it is based not only on the job but on others aspects of working for the organisation such as its goals and values (Porter et al., 1974).

A recent study by Acorn, Ratner, and Crawford (1997) also concluded that job satisfaction was found to be an important predictor of organisational commitment. However interestingly decentralisation was found to be the most important variable because it affected organisational commitment directly, as well as indirectly through professional autonomy and job satisfaction. On a slightly different tangent Leung (1997) demonstrated that while job satisfaction was affected by performance of the organisation, organisational commitment was not. Nevertheless, both satisfaction and commitment showed high correlations with self-rated organisation performance.

2.32 Relationship between Organisational Commitment and Employee Well Being

Commitment to the organisation has implications for employee well being and behaviour beyond the workplace. Perhaps not surprisingly, the emphasis in the literature is on affective commitment although some research has also examined normative and continuance commitment (Begley & Czajka, 1993). Several studies have reported significant negative correlations between affective commitment and various self reported indices of psychological, physical, and work related stress (Begley & Czajka, 1993; Jamal, 1990; Ostroff & Kozlowski, 1992; Reilly & Orsak, 1991). Continuance and normative commitment were found to be negatively correlated with several measures of stress-related variables (e.g., work stress, emotional exhaustion, depersonalisation). However no significant correlations were found between continuance commitment and these measures. Based on the above findings it is reasonable to assume that there are personal benefits for employees who possess strong affective commitment, simply because it “feels better” to work in an environment about which one feels positively. Some evidence consistent with this line of reasoning comes from the stress literature.

In a longitudinal study conducted by Begley and Czajka (1993) of hospital employees during a period of organisational restructuring that was described as “very tense,” researchers measured affective commitment and job displeasure while the organisation was operating in its usual mode. After restructuring had begun, a second measure of displeasure was taken, and employees were also asked how much stress they experienced as a result of the organisational changes. Interestingly, the stress that employees attributed to the organizational changes was positively correlated with the displeasure they felt, but only for employees with weak affective commitment to the organisation. In other words, those with strong

affective commitment seemed to be buffered against the impact of stress on displeasure.

It has also been argued that very strong affective commitment to the organisation might have harmful consequences for feelings toward and time spent on important aspects of one's life and hence negatively impact on employee well-being (Randell, 1987). Overall, however, the data do not seem to support such a conclusion. Romzek (1989) conducted a longitudinal study of public-sector employees in which she examined the links between affective commitment to the organisation and the feelings that employees had about their careers and about various non-work aspects of their lives. Commitment was positively correlated with both career satisfaction and non-work satisfaction. Similarly, Kirchmeyer (1992) reported that employees with strong affective commitment to the organisation claimed to spend more time on parenting and community activities than did those with weak affective commitment. In a related vein, Cohen and Kirchmeyer (1995) asked employees whether they believed that work interfered with their non-work experiences. Affective and normative commitment were both unrelated to this belief. It is interesting to note, that continuance commitment was positively correlated with the interference belief. In other words, employees with strong continuance commitment to the organisation were significantly more likely to believe that work interfered with their non-work experiences.

The moderating effect of organisational commitment on the occupational stress outcome relationship has recently been studied by Leong, Furnham, and Cooper (1996). According to previous findings (Begley & Czajka, 1993), individuals with high organisational commitment suffered less negative outcomes in terms of job satisfaction, mental health, physical health and intention to quit as compared to those who were less committed. Stress was a significant predictor of all four dependent variables: job satisfaction, mental ill health and intention to quit. Results showed that commitment was significant only in the relationship between

stress due to factors intrinsic to the job and mental ill health. Commitment was found to affect the outcome variables directly while occupational stress was only found to predict mental and physical health.

2.33 Relationship between Organisational Commitment and Intention to Stay

The high turnover of health workers is very significant because it may ultimately negatively affect the quality of care that the patient receives by hindering health workers ability to meet workload demands and provide consistent client care (Parker and Kulik, 1995; Price & Mueller, 1986). Turnover, defined as a voluntary separation of an individual from an organisation, has particular importance in the Aged Care workforce because of the high turnover rate of nurses and other health workers (Price & Mueller, 1986).

In this research study turnover intention and not actual turnover will be measured. Krausz et al. (1995) asserted that studies among nursing and health personnel have shown that intentions to leave are a better predictor of actual turnover than are behavioural measures. Parasuramam (1989) in a study of turnover among staff nurses asserted that intentions have a key mediating role between attitudes and turnover and are the immediate determinant of actual turnover.

The relations between organisational commitment and employee retention variables are well established (Shore & Martin, 1989). Highly committed employees are by definition, more desirous of remaining with the organisation, working toward its goals and therefore are less likely to leave (Mowday et al., 1982). Several literature reviews have reported consistent negative correlations between organisational commitment and

both employee intention to leave the organisation and actual turnover (Allen & Meyer, 1996; Mathieu & Zajac, 1990; Tett & Meyer, 1993). Although correlations are strongest for affective commitment, significant relations between commitment and turnover variables were found for all three conceptualisations of commitment.

A number of studies have shown that organisational commitment is negatively related to one's inclination to leave, and positively related to one's intention to remain. These studies suggest that committed workers contribute to the organisation in positive ways such as innovation, than less committed workers (Aven et al., 1993).

Equally consistent is the finding that turnover intention is the strongest cognitive precursor of turnover (e.g. Lee & Mowday, 1987; Michaels & Spector, 1982; O'Reilly & Caldwell, 1981). Important discrepancies exist, however, concerning the relative contributions of job satisfaction and organisational commitment to the withdrawal process.

Allen and Meyer (1996) note that on the basis of these findings, it might be tempting to conclude that if an organisation's goal is to develop a stable workforce on whose work attendance, participation and ongoing organisational membership is secured, any form of commitment will suffice. However, they rightly point out that an emphasis on employee retention to the exclusion of performance is unlikely to benefit many workplaces. Certainly recent studies confirm that some voluntary turnover is helpful, rather than harmful, to the organisation in that it may include resignations from employees who perform poorly or are disruptive (e.g., Dalton, Krackhardt, & Porter, 1981; Hollenbeck & Williams, 1986). It is not sufficient for employees who simply offer their continued membership to an organisation, to ensure the desired outcome of an efficient and effective workplace.

Finally, turnover intentions have been negatively correlated with all forms of commitment (Meyer & Allen, 1991) as well as across organisational and occupational domains (Meyer et al., 1993). Again,

however, these links have been found to be much stronger between turnover intentions and affective commitment (Hackett et al., 1994; Meyer et al., 1993).

2.34 Relationship between Organisational Commitment and Absenteeism

Absenteeism continues to be a complex enigma, which has important implications for both organisations and individuals alike. (Somers, 1995). For organisations, employee absence is generally viewed as a costly phenomenon that should be controlled and limited. Alternatively, sick or overly stressed employees who fail to take time off present a safety hazard to themselves as well as to others. From the perspective of individual employees, absence may serve as a relief from a stressful work environment or provide an opportunity to fulfill other obligations, or simply reflect a lack of motivation or commitment to work. Thus, absence can be viewed as either a positive or negative event from both individual and organisational perspectives and needs to be examined as a complex behaviour (Goodman & Atkin, 1984).

Several studies have examined the relations between organisational commitment and attendance or its inverse, absenteeism. As expected, affective commitment is positively related to attendance. In their meta-analysis of data obtained from 23 samples, Mathieu and Zajac (1990) reported a modest mean corrected correlation of .10 between attendance and commitment (most studies used measures of affective commitment).

Affective commitment's ability to influence attendance is subject to those situations in which the employee has had a choice about whether to come to work (Sagie, 1997). That is, although commitment should be negatively correlated with voluntary absence, i.e. the employee chooses to be absent from work, it is not ordinarily expected to be correlated with

involuntary absence such as that due to illness or family emergencies. Mathieu and Zajac's (1990) meta-analysis included many studies that did not distinguish between voluntary and involuntary absence. Thus, one might expect the average correlation that they reported to be somewhat weaker than the correlation between affective commitment and attendance over which employees have personal control (voluntary absence). Four recent studies have provided evidence consistent with this possibility.

Firstly, Meyer et al. (1993) asked employees to provide two estimates of absenteeism: (a) total number of days absent and (b) number that were missed because the employee "didn't feel like going to work." The latter was included as a more direct measure of voluntary absence. Although affective commitment was not correlated with the total absence measure (which would include both voluntary and involuntary absence), it did correlate at a significant level with the measure of voluntary absence.

Secondly, Hackett et al., (1994), in a study of bus drivers, found that affective commitment was negatively related to culpable but not non-culpable absences. In other words, employees with strong affective commitment were less likely than those with weak commitment to be absent from work for reasons that were under their own control. As would be expected, however, affective commitment level was unrelated to absences over which the employee had little control.

Thirdly, in a study of hospital employees, Gellatly (1995) collected measures of both total days absent and absence frequency (number of absence regardless of duration) over a 12-month period. Using structural equation modeling analyses, he found that affective commitment contributed to the prediction of absence frequency but not the total-days measure even when several other individual level predictors were included in the analysis.

Fourthly, Somers (1995) reported that although employees with strong affective commitment were no more or less likely to be absent overall, they were significantly less likely to have the more "suspicious"

annexed absences (absences connected to a weekend or holiday) on their work attendance records.

In the four studies described above, the correlations between affective commitment and measures that can be considered more voluntary in nature (e.g., annexed absence, culpable absence, absence frequency) are greater than those between affective commitment and involuntary absence and exceed the average correlation reported in the Mathieu and Zajac (1990) meta-analysis. Taken together, the results of these studies suggest that affective commitment is significantly related to voluntary but not involuntary absence and that research in which the two types of absence are combined is likely to underestimate the influence of affective commitment on attendance behavior over which employees have control.

In contrast to affective commitment, absenteeism does not seem to be significantly related to continuance commitment (e.g., Gellatly, 1995; Hackett et al., 1994; Meyer et al., 1993; Somers, 1995). In a recent study of nurses, however, Somers reported that annexed absences were predicted to be an interaction between affective and continuance commitment. Specifically, the relation between affective commitment and annexed absence was weaker among nurses with moderate to high levels of continuance commitment. Overall, annexed absences were most common among nurses who had low levels of both affective and continuance commitment. Possibly, annexed absences provided these employees with a temporary means of escape from their organisations which they had no emotional or cost based ties.

Finally, the relation between normative commitment and absenteeism has received limited attention. Normative commitment was found to be significantly related with voluntary absence in one study (Meyer et al., 1993) but not in others (Hackett et al., 1994; Somers, 1995).

2.4 Relationship between Organisational Commitment and Demographics

In this particular study gender, ethnicity, age, position, tenure and employment status were the selected demographic variables.

2.41 Gender and ethnicity

As the participation rate of women in the workforce has increased, a corresponding increase in research on women at work has also occurred. Organisational commitment is a job attitude for which sex difference data is often reported, although not usually the main focus of the research. Aven, Parker et al. (1993) were able to locate 27 studies to incorporate into their meta-analysis of gender and organisational commitment. Schwartz (1989) suggests that women are less committed to their work than are men. In a Harvard Business Review article, Schwartz provides anecdotal evidence that women are more costly to employ than men because of their higher rates of turnover. She implies that this occurs because one subset of women (career and family) have lower commitment to their organisations and careers than another subset (career primary). However this viewpoint has been criticised due to limited anecdotal evidence to support her thesis (Ehrenreich & English, 1989).

In terms of the available literature, there is some disagreement as to the relationship between gender and organisational commitment. Loscocco (1989) suggests there are two differing viewpoints regarding the relationship between gender and organisational commitment. One view is that traditional gender role socialization results in a de-emphasis of work in favour of family roles (Mortimer and London, 1984) such that the typical female employee is less committed to work than her male counterpart. There is some empirical support for this hypothesis (Mannheim, 1983).

However, women who are in the labour force may be there partly because they have rejected the traditional view of the relative importance of these roles and view the housewife role as lacking in social value (Bielby & Bielby, 1984). Such arguments lead to the viewpoint that women will not be significantly less committed to work than their male counterparts (Loscocco, 1990). The job model viewpoint suggests that gender has no influence on commitment. Instead the differences are the result of work experiences, (Aven et al, 1993).

Women, especially those in male dominated careers are viewed as strongly organisationally committed (Henning & Jardim, 1976). However comparisons between the genders give no real clue as to which gender is higher or lower. Research results are mixed, and there appears to be no biological basis for variation in level of commitment (Chusmir, 1982), but being born female does subject that gender to environmental pressures not placed on males and vice versa. The additional environmental stress may affect a woman's commitment, although the degree and direction of impact may vary depending on the situation. Likewise the researcher would contend that the changing society values in men's roles must also have an affect on men's commitment (Biddulph, 1994).

There is little research in regards to the effect ethnicity has on work commitment and such it is unclear whether ethnicity should have an independent influence on organisational commitment. Empirical investigations have uncovered no impact of ethnicity on psychic involvement with the job (Lorence, 1987).

Sommer, Bae, and Luthans (1996) analysed whether demographic and situational factors identified in US-based literature had the same antecedent influence on Korean workers. Consistent with US studies, the Korean employees' position in the hierarchy, tenure in their current position and age all were significantly related to organisational commitment. Total tenure and education were not related. As for the situational antecedents, except for management style, all the others were significantly related.

Specifically, as organisation size increased, commitment decreased; as the structure became more employee focused, commitment increased; and the more positive the organisational climate perceptions, the more the commitment. Although the exceptions need to be explained, this study provides beginning evidence that the theoretical constructs predicting organisational commitment of employees have cross-cultural validity.

2.42 Length of Service and Age

Length of service with the organisation and age have been shown to have a significant relationship with commitment. The rationale being that as age and tenure increase, the individual's opportunities for alternative employment become more limited as older individuals are perceived as being less marketable in the workplace. This decrease in the individual's career choices, may increase the perceived attractiveness of the present position, thereby leading to increased psychological attachment (Mowday et al., 1982).

As age increases, affective organisational commitment increases as well (Angle & Perry, 1983; Fukami & Larson, 1984; Meyer & Allen, 1984). Age also is correlated positively with tenure and job satisfaction (Meyer & Allen, 1984), and with job commitment (Graddick & Farr, 1983). It is linked negatively with turnover (Porter et al., 1974). The strong link between age and commitment may give support to Becker's (1960) side bet theory, which says that with age, investment in the organisation increases, making it "expensive" to leave (Alutto, Hrebiniak, & Alonso, 1973).

Age has been associated with different forms of commitment, possibly for different reasons. Meyer & Allen (1984) argued that age might be correlated with affective commitment because it serves as a proxy for seniority that is associated with opportunities to better one's position in the organisation over time. Age has also been found to be positively correlated

with continuance commitment (Hackett et al., 1994; Hrebiniak, 1974). Age might also be associated with continuance commitment because it serves as a proxy for investments one makes in one's organisation. Meyer et al. (1993) found that age was related to affective and normative occupational commitment among nurses, but age was not related to continuance commitment for this group. Thus, it is unclear from these results which commitment dimension tenure primarily affects.

Pelled and Xin (1997) in a study that assessed effects of leader member demographic similarity on members' organisational attachment as assessed through absence and organisational commitment, found age had a negative association with absence as an indicator of lack of attachment. They also had a negative association with organisational commitment as an indicator of attachment.

2.43 Position and employment status

There has been considerable disagreement about whether or not position within the organisation is related to organisational commitment. Some researchers (Bruning & Snyder, 1983; Hall, Schneider, & Nygreen, 1970), found no relationship, while others (Steers, 1977; Stevens, Beyer, & Trice, 1978) did significantly connect the two variables. A key to the dichotomy may be found in the connection between power and commitment. Related to position but not exactly the same, decision making or influencing type of power is strongly connected to organizational commitment (Drake & Mitchell, 1977; Welsch & LaVan, 1981). This suggests that position influences organisational commitment only when it allows the incumbent sufficient ability to make decisions or to influence others. Position without power may not be a predictor of organisational commitment and may in fact be a detractor.

In regards to the relationship between organisational commitment and employment status the literature have been mixed. The previous empirical studies yield inconsistent results when full and part-time employees are compared. However, attitudinal and behavioural differences between full and part-time employees, as separate employment groups, have been observed. Full versus part-time employment status has been found to predict job satisfaction (Steffy & Jones, 1990), organisational climate factors (Eberhardt & Shani, 1984), and voluntary organisational turnover (Peters, Jackofsky, & Salter, 1981).

The most accepted theoretical explanation for these differences is rooted in the theory of partial inclusion (Eberhardt & Shani, 1984; Jackofsky & Peters, 1987; Katz & Khan, 1978; Peters et al., 1981; Wetzel, Solosky, & Gallagher, 1990). Since their work is scheduled on a reduced-time-basis, it seems reasonable to assume that many part-time employees are only partially included in their organisation's social system when compared to their full-time counterparts. Part-time employees are less likely to be socialised into the dominant patterns of the organisation's role behaviours (Peters et al., 1981) and therefore should have less contact with and knowledge of their organisation (Eberhardt & Shani, 1984; Wetzel et al., 1990). The theory would then suggest that part-time employees may be less critical of the organisation than regular full-time employees.

The theory of partial inclusion also suggests that part-time employees are more strongly included in other social systems for example home, family, school, and another job. Pressures from these other social systems heighten their turnover intentions from the present part-time work situation. In addition, some part-time employees are more motivated to work in order to meet short-range financial needs at home and once these needs are met, they leave. In effect, these employees have entered the organisation with a preplanned turnover intention based on non-job related factors (Peters et al., 1981).

Lee and Johnson (1991) examined the effects of work schedule and employment status on the organisational commitment and job satisfaction of full versus part-time employees. It was hypothesised that whereas full time employees were hypothesized to hold higher commitment than part-time workers when these groups worked a preferred schedule, full time employees were hypothesised to hold lower organisational commitment and job satisfaction than part-time workers when these groups worked an unpreferred schedule. Results supported the hypothesis among temporary employees but only partially supported the hypotheses among permanent workers.

McGinnis and Morrow (1990) examined job attitudes among full-time and part-time employees using measures of work commitment, job satisfaction and perceived organisational climate. Findings suggest that employment status may not be a useful predictor of work-related attitudes and that future investigation of potential differences between full and part time workers should include a wider variety of variables.

Finally Kanter (1968) has mentioned the degree of inclusion in social relationships as a vital component as shaping organisational commitment. Social inclusion has been linked to organisational commitment, such that the more socially included members may be reluctant to break ties and leave the organisation (Brooke et al., 1988).

2.5 Relationship between organisational commitment and health workers.

Research on organisational commitment in the healthcare industry is limited when compared to the also unlimited studies on job satisfaction in the healthcare industry (McNeese-Smith, 1996). This is particularly so in terms of the aged care industry. Below are a number of recent relevant

studies , which have examined organisational commitment within a healthcare setting.

Firstly, Mayer and Schoorman (1998) in testing March and Simon's two dimensional model of organisational commitment (1958), concluded that organisational tenure and age were highly correlated with continuance commitment. They also cast doubt on the usefulness of Meyer and Allen's (1990) normative commitment, suggesting its inclusion as a dimension of commitment to a particular organisation is problematic from a theoretical standpoint citing a number of authors for support (e.g. Mathieu and Zajac, 1990; Morrow, 1993, Reichers, 1985).

Secondly Reilly and Orsak (1991) using a sample of 520 full-time nurses responded to a survey directed toward identifying and partially validating the dimensions of commitment relevant to the nursing profession. Using items from established commitment instruments, career commitment and Meyer and Allen's three components of organisational commitment, the results showed that (1) standard measures of affect were most strongly associated with career and affective-organisational commitment and (2) reports of continuance and normative commitment significantly increased with career stage, but career commitment remained constant.

Somers (1995) study is particularly relevant to the current research as he utilised Meyers and Allen's (1991) three component model of organisational commitment to study job withdrawal intentions, turnover and absenteeism. Affective commitment emerged as the most consistent predictor of these outcome variables and was the only view of commitment related to turnover and to absenteeism. In contrast, normative commitment was related only to withdrawal intentions while no direct effects for continuance commitment were observed. Continuance commitment, however, interacted with affective commitment in predicting job withdrawal intentions and absenteeism. The form of the interaction was such that high

sunk costs tempered relationships between affective commitment and the relevant outcome variables.

Cohen's (1998) examination of the relationship between work commitment forms and work outcomes among hospital nurses showed the usefulness of work commitment in predicting work outcomes in the nursing profession. This support was based on the mutual effect of more than one type of commitment on organisation and job withdrawal intentions, and on job-induced tension.

Pearson and Chong (1997) examined the contribution of job content and social information on organisational commitment and job satisfaction in a large Malaysian hospital. Using a path-analytic approach, it was shown that perceived information cues substantially contributed to job satisfaction, but the content task attributes were non-significant determinants of affective responses. Path analysis also revealed that the task content properties of identity, significance and autonomy as well as the interpersonal task attribute of dealing with others were significant contributors of organisational commitment. However, Bateman and Strasser (1984), on the grounds of self-perception theory and research, suggested that greater organizational commitment may produce increased job satisfaction, since commitment may initiate a rationalisation process in which attitudes are made consistent with behaviour. They claimed empirical support for this casual sequence in a 5 month longitudinal study of 129 nursing employees which found that the cross-lagged path coefficient between earlier organizational commitment and later job satisfaction was significantly positive while that between prior job satisfaction and subsequent organisational commitment was not significant. This finding suggests that job satisfaction results from organisational commitment.

Finally, Blegen (1993) investigated the magnitude of the relationships between nurses' job satisfaction and the variables most frequently associated with job satisfaction. A meta-analysis of data from 48

studies revealed that job satisfaction was most strongly associated with stress and organisational commitment. Interestingly two other variables frequently included in these studies, age and tenure had low correlations with job satisfaction.

2. 6 Research Questions

The main aim of this study was to evaluate the effectiveness of organisational commitment in predicting performance and well-being outcomes for healthcare organisations. To confirm this a number of relevant research questions were identified and are listed below.

1. To assess the levels of organisational commitment, job satisfaction, general health, intention to stay and absenteeism in age care employees.
2. To assess the relationships between organisational commitment, job satisfaction, general health, intention to stay and absenteeism in age care employees.
3. To assess significant differences in levels of organisational commitment, job satisfaction, general health, intention to stay and absenteeism in terms of demographic variables of aged care employees.
4. To assess whether organisational commitment is predictive of employees intention to stay, general health, job satisfaction and absenteeism.

5. To assess whether job satisfaction is predictive of intention to stay, general health and absenteeism.
6. How well does organisational commitment predict general health and intention to stay over and above job satisfaction and age.

CHAPTER 3

MATERIALS AND METHODS

3.1 Introduction

The methodology chosen to test the research questions previously discussed was the survey method. The survey method was chosen to conduct this research as survey research is commonly recognised within social services as an established way of collecting information from a large and dispersed group of people rather than from a very small number which can be accommodated in a case study (Dyer, 1995). The survey method chosen was a Likert type questionnaire which enabled data to be obtained confidentially from a large number of individuals dispersed across a wide geographical area.

3.2 Participants

The subjects were drawn from employees at an Auckland aged care health service who worked in the organisation's resthome and private hospital division which had a staff of 510 employees. The participants included managers, registered nurses, social workers, caregivers, administration and household employees. After discussing the intention of the research questionnaire, with the General Manager, it was mutually decided that the employee group known as "home care" workers would not be included in the questionnaire sample. This was because this group of

employees did not work in a team environment as they were contracted to clean elderly person's homes, and did not have a central work location and rarely interacted with other home care workers. Thus it was considered this group were really independent contractors, who did not have a strong organisational identity with the organisation.

3.3 Characteristics of the Sample

In all 368 self-report questionnaires were distributed to employees and 122 useable questionnaires were returned which equated to a return rate of 33%.

The sample consisted of 122 participants, of whom 89 percent were women ($n = 108$), while the rest were men ($n = 14$). Approximately fifty three percent of the participants were employed full-time, while the remaining employees' employment status was divided across part-time employees (43%) and casual employees (4%). Approximately fifty two percent of participants were aged between 41 – 60 years old, and the remaining participants were distributed across, 25 – 40 years (30%), under 25 years (11%) and over 60 years (7%).

Figure 1 shows the frequencies and percentages for ethnic status. Approximately sixty-one percent of the participants were of European descent, and the remaining participants were distributed across, Pacific Islanders (19%), Asians (8%), Maoris (5%), Indians (3%) and others (4%).

Figure 1 – Percentage of participants in each ethnic group

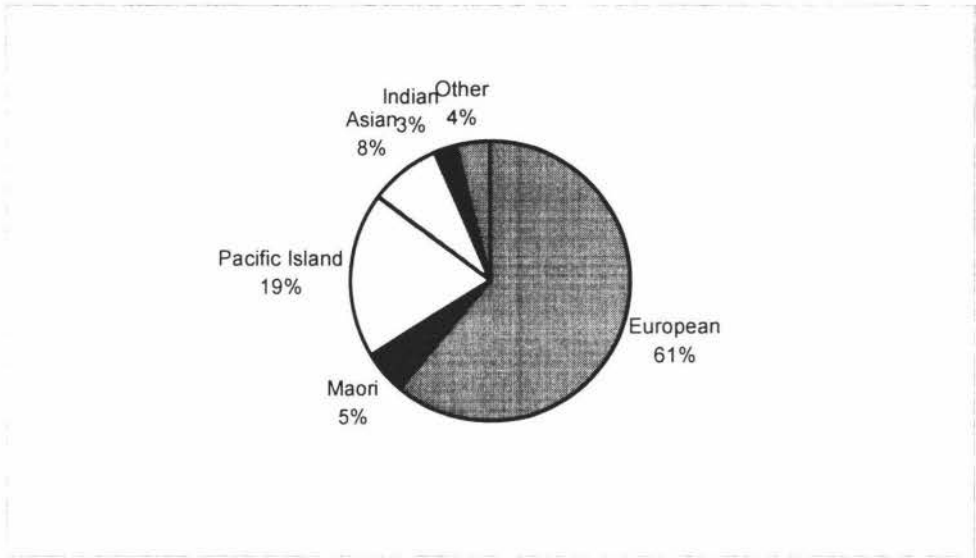


Table 1 reports the frequencies and percentages associated with the job categories. The most frequently occurring job category was the position of caregiver and the least common job category was other.

Table 1: Frequencies and Percentages of Job Categories

	Frequency	Percentage
Caregiver	40	32.8
Household Worker	20	16.4
Registered Nurse	19	15.6
Manager/Unit Leader	18	14.8
Social worker/Counsellor	11	9.0
Administration	9	7.4
Other	5	4.1

Table 2 reports the frequencies and percentages associated with the length of employment categories. The most frequently occurring length of employment category was two to five years and the least common length of employment category was greater than ten years employment.

Table 2: Frequencies and Percentages of Tenure

	Frequency	Percentage
Less than 12 months	31	25.4
1 –2 years	24	19.7
2 – 5 years	40	32.8
5 – 10 years	17	13.9
Greater than 10 years	10	8.2

The employees who participated in the research were based in four locations in greater Auckland , 3 located centrally and 1 rurally. All worksites had successfully obtained 3-year quality assurance accreditation within the New Zealand HealthCare Standards Authority framework.

The organisation also had an intensive quality assurance and training development programme, employing a full-time quality assurance manager. All employees are given a substantial orientation, employee handbook and annual performance and development review.

Remuneration for employees was increment based and in terms of the New Zealand aged care industry was placed in the middle to upper quartile of the industry according to the 1997 Employers and Manufacturers Annual Salary Survey (Employers and Manufacturers

Association, 1997). Funding for the organisation primarily consisted of government contracts through the North Health Funding Authority.

The organisation's aged care clients covered all areas of the aged care spectrum, ranging from clients living semi-independently through to clients with full-blown dementia who required 24 hour supervised care in a secure environment.

The human resource policy of the organisation had seen a deliberate strategy over the last three years to increase the percentage of employees to full-time or part-time status to show the organisation's commitment to job security for their employees. Turnover of staff for the last 12-month period average 25%, which is considered low relative to other healthcare organisations internationally (Surplin, 1998). Benchmarking across the Resthome and private hospital industry is limited and thus no New Zealand statistics were able to be obtained in this regard.

3.4 Procedure

The researcher contacted the organisation in regard to being able to use its aged care workforce as the sample group. After a series of meetings with key personnel from the organisation, written approval was received from the General Manager to distribute a confidential and anonymous questionnaire to the organisations' employees. Human ethics approval was obtained from the Massey University Human Ethics committee.

The questionnaire was distributed through the organisation's internal mail system. Questionnaires were coded with an individual identity number between 1 and 400, which was known only to the researcher, and stapled to each employee's payslip. It was hoped by having each questionnaire linked to a specific employee, the researcher would be able to link the employees self-report measure of absenteeism with the official

absenteeism figure recorded on the organisations computerised payroll system. Unfortunately due to questionnaires being unstapled from payslips before being distributed to employees, the ability to obtain this data was lost. There was also some suggestion that a minority of employees swapped their questionnaire papers because each questionnaire paper had an individual code number.

The questionnaire package contained a letter of introduction which communicated to employees the purpose of the questionnaire, that participation was voluntary, that total confidentiality was assured as employees would not be able to be individually identified. All questionnaires contained a prepaid envelope for participants to return the completed questionnaire to the researcher at Massey University. Employees were given two options in regards to completing the questionnaire. The organisation would allow employees 30 minutes to complete the questionnaire in work time or employees could chose to complete the questionnaire at home.

Two weeks after the distribution of the questionnaire, a follow-up letter was sent to each site encouraging those who wished to participate in the questionnaire and had not yet done so to return their questionnaire.

3.5 Questionnaire Measures

The questionnaire relied on a self-report measure by employees using a Likert scale of measurement. In all there were 31 questions and these were divided into 5 sections, consisting of Global Job Satisfaction, Job Satisfaction, Organisational Commitment, General Health Questionnaire, Intention to Stay and Absenteeism. Demographic data was also asked for from each participant.

3.51 Organisational Commitment

Organisational commitment was measured using Meyer, Allen and Smith's (1993) 19-item measure of affective, continuance, and normative organisational commitment. Responses to these items were on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). In Meyer and Allen's study, coefficient alphas for these measures ranged from .73 to .87 (Allen & Meyer, 1996).

The factor structure of the commitment measures has been examined in several studies using both exploratory and confirmatory analyses (Allen & Meyer, 1996). Results of the exploratory analyses confirm the items making up the three commitment measures do load on separate factors (Cohen, 1993). In an earlier study, Reilly and Orsak (1991), for example, conducted their analysis on responses to the 24 three component commitment items and the seven items from Blau's (1998) career commitment measure. Findings indicated the presence of four clearly defined factors, each accounting for one of the four measures included in the analysis.

3.52 Job satisfaction

Job satisfaction was measured using two independent scales. Firstly global job satisfaction was measured using Warr's (1981) single item scale of Global job satisfaction and a 5-point response format (1= very dissatisfied, 5 = very satisfied). Respondents were asked to indicate their level of agreement with the item, "how satisfied are you with job?". The use of single item measures is typically discouraged, primarily because they are presumed to have unacceptably low reliability. However Wanous, Reicher, and Hudy (1997) conducted a meta-analysis of single-item measures of overall job satisfaction (28 correlations from 17 studies with

7,682 people) and found an average uncorrelated correlation of .63 (SD = .09) with scale measures of overall job satisfaction.

The second measure of overall job satisfaction was measured by six items. The first 3-items were taken from the Hoppock Job Satisfaction Blank (Hoppock, 1935). The remaining three items were taken from Katzell, Thompson, & Guzzo (1992). All items were measured on a seven point scale, ranging from (1) strongly disagree to (7) strongly agree. A sample item from the Hoppock Job Satisfaction Blank is "In general I like working at Hospital X". A sample item from the second measure is "If I had to decide all over again whether to take my present job, I would decide to take it". Hoppock's job satisfaction measure has demonstrated internal consistency measure of between .765 to .890 (McNichols, Stahl, & Manley, 1978).

3.53 General Health Index

The General Health Questionnaire (GHQ) is a self administered screening test extensively used as a good indicator of employee well-being (Goldberg & Williams, 1988). The GHQ detects inability to carry out normal functions and the appearance of new and distressing phenomena.

In this study the short version of the General Health Questionnaire, GHQ-12 was selected. Each item consists of a question asking whether the respondent has recently experienced a particular symptom or item of behaviour on a scale ranging from 'less than usual' to 'much more than usual'. The GHQ-12 scored an internal consistency reliability of 0.73 (Goldberg & Williams, 1988).

3.54 Intention to Stay

This measure was assessed by Spector and Jex's (1991) single-item scale. Respondents indicated the likelihood that they would leave the organisation during the next 12 months on a 5-point scale ranging from 1 = very likely and 5 = very unlikely. Respondents were asked to indicate their level of agreement with the item, "To what extent do you intend to quit your job during the next year".

3.55 Absenteeism Self Measure

A single item self report measure (Mathieu & Kohler, 1990) was used to obtain information on employees total number of days of absenteeism in the organisation over the last six months. Participants were given a range of categories (0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days or more) and asked to select the category that reflected their absenteeism during this six month period.

3.56 Demographics

Six items eliciting demographic details including personal information and information pertaining to the individual's job were included in the questionnaire. The demographic items collected were gender, age, ethnicity, position, tenure and employment status.

3.6 Data Analysis

The data was analysed using the SPSS statistics package. The following statistics were performed: univariate descriptive statistics for quantitative variables, t-tests, one-way analysis of variance, chi square, correlations and multiple regression analysis.

Descriptive statistics comprising the mean, standard deviations and correlation coefficients, were used as they are the traditional starting point for work with quantitative data and form the basis for much of the subsequent analysis of this research. Inferential statistics comprising t-tests, chi squares, anovas and multiple regression were used in order to draw conclusions about the data and the population which it was taken from. The t-test was used to test the significant difference between two means and confirms whether the difference between the means of two samples is sufficiently great to be unlikely to have occurred by chance alone.

CHAPTER 4

RESULTS

4.1 Introduction

Analyses of the data was done using the Statistics Package for Social Services (SPSS) software. Prior to conducting any analyses the data was checked for accuracy of input. Ten percent of the questionnaires were randomly selected and checked for possible input errors. Missing values were dealt with by substituting averages when using scales where only one or two values were missing (Tabachnick & Fidell, 1989). If a participant had omitted more information the missing values were assigned a code.

The results of the study are structured in the following order to answer the research questions presented in chapter 3; Firstly descriptive statistics were computed for organisational commitment, job satisfaction, general health index, intention to stay and absenteeism. Secondly inferential statistics were computed for organisational commitment, job satisfaction, general health index, intention to stay and absenteeism in terms of demographic variables.

4.2 Descriptive statistics: Organisational commitment, job satisfaction, general health index, intention to stay and absenteeism.

Table 3 presents the means and standard deviations of aged care employees by gender and for the total sample. Female participants

recorded higher intention to stay, absenteeism and job satisfaction than did male participants, but recorded lower levels of commitment and general health than did their male counterparts. In terms of the total sample, high scores were recorded for job satisfaction (34.38) and general health (37.61), while all other categories reported moderately high scores.

Alpha co-efficients scores computed for the dependent variables were as follows: job satisfaction (.76), affective commitment (.77), continuance commitment (.40), normative commitment (.46), and general health index (.98). Continuance commitment and normative commitment had low internal consistency and any findings relating to these two measures of commitment must be treated with caution.

4.21 Pearson Product Moment Correlations

Table 4 reports the Pearson Product Moment Correlations associated with organisational commitment, job satisfaction, general health index, intention to stay and absenteeism.

Affective commitment had a strong positive correlation with normative commitment ($r = .58, p < 0.01$) and recorded a weak and non significant relationship with continuance commitment. Affective commitment also computed strong positive correlations with both global job satisfaction ($r = .29, p < 0.01$) and job satisfaction ($r = .41, p < 0.01$). There is a strong positive correlation between affective commitment and general health index ($r = .43, p < 0.01$). Affective commitment also had a strong positive correlation with intention to stay ($r = .25, p < 0.01$), and a negative non-significant relationship with absenteeism.

Continuance commitment had a moderately positive correlation with normative commitment ($r = .19, p < 0.05$). Normative commitment had strong positive correlations with global job satisfaction ($r = .27, p < 0.01$), job satisfaction ($r = .30, p < 0.01$), general health index ($r = .37, p < 0.01$),

intention to stay ($r = .24, p < 0.01$). Conversely normative commitment had a strong negative correlation with absenteeism ($r = -.25, p < 0.01$).

Global job satisfaction had a strong positive correlation with job satisfaction ($r = .67, p < 0.01$), general health index ($r = .34, p < 0.01$) and intention to stay ($r = .51, p < 0.01$). Job satisfaction also had a strong positive correlation with general health index ($r = .37, p < 0.01$) and intention to stay ($r = .43, p < 0.01$), and had a moderate negative correlation with absenteeism ($r = -.20, p < 0.05$). General Health index also recorded a moderate negative correlation with absenteeism ($r = -.20, p < 0.05$) and had a strong positive correlation with intention to stay ($r = .29, p < 0.05$). There was also a non significant, negative relationship between intention to stay and absenteeism ($r = -.16$).

Table 3. Means and Standard deviations.

	N	Range		Men		Women		Total Sample		α^*
		Min	Max	M	SD	M	SD	M	SD	
Global Job satisfaction	122	1	5	3.64	1.39	3.71	.89	3.70	.95	
Job satisfaction	122	6	42	32.50	8.77	34.6	6.14	34.38	6.49	.76
Affective Commitment	122	6	42	27.85	6.75	26.20	7.68	26.40	7.57	.77
Continuance Commitment	122	7	49	30.14	5.68	26.34	9.25	26.78	8.98	.40
Normative Commitment	122	6	42	26.92	8.99	23.96	7.58	24.30	7.77	.46
General Health Index	121	12	48	39.29	3.36	37.39	5.09	37.61	4.95	.98
Intention to stay	122	1	5	3.36	1.34	3.60	1.30	3.57	1.30	
Absenteeism	122	1	5	2.93	2.06	3.18	1.98	3.14	1.98	

*No alpha co-efficients for the variables global job satisfaction, intention to stay and absenteeism are computed as these variables were single measure items

Table 4. Pearson Product Moment Correlations

Variable	1	2	3	4	5	6	7
1. Affective commitment							
2. Continuance commitment	.09						
3. Normative commitment	.58**	.19*					
4. Global job satisfaction	.30**	-.06	.27**				
5. Job satisfaction	.41**	-.02	.30**	.67**			
6. General health index	.43**	.05	.37**	.34**	.37**		
7. Intention to stay	.25**	.09	.24**	.51**	.43**	.29**	
8. Absenteeism	-.15	-.01	-.25**	-.10	-.20*	-.20*	-.16

* $p < 0.05$ (2-tailed)

** $p < 0.01$ (2-tailed)

4.3 Inferential statistics

Significant differences in organisational commitment, job satisfaction, general health index, intention to stay and absenteeism in terms of demographic variables.

Independent sample t-tests were conducted to evaluate whether there were significant gender differences in affective, normative and continuance commitment, job satisfaction, general health, intention to stay and self reported absenteeism.

The independent sample t-tests resulted in the following significant differences. There is a significant gender difference in continuance commitment, $t(23,146) = 2.159$, $p = .041$. Levene's test of significance, $p = .024$, hence equal variance was not assumed. Males ($M = 30.14$, $SD = 5.68$) reported higher levels of continuance commitment than women ($M = 26.34$, $SD = 9.25$)

4.31 One Way Analysis of Variance

One way analysis of variance were conducted to evaluate whether there were significant differences in affective, normative, and continuance commitment, job satisfaction, global job satisfaction, general health, intention to stay and self reported absenteeism in terms of age, ethnicity, tenure, employment status and position. One way analysis of variance were conducted for all the variables but only the following were found to be significant and are reported below.

The ANOVA between the absenteeism and ethnicity was significant, $F(5,114) = 2.43$, $p = .039$. The strength of the relationship between absenteeism and ethnicity, as assessed by η^2 , was moderately small, with

the ethnicity factor accounting for 9.6 percent of the variance. Follow up tests were conducted to evaluate pairwise differences among the means. Levene's test of homogeneity of variance was computed. However even when Levene's test was not significant, due to the small size in the groups, homogeneity of variances was not assumed and hence Dunnett's C post hoc analysis were conducted.

The Dunnett's C test does not assume equal variance among the groups. There were significant differences between the Maori and combined minor ethnicities ($p < .05$), and also between Pacific people and combined ethnic minorities ($p < .05$), but no significant differences were found amongst the other groups. The Maori and Pacific island groups reported higher absenteeism than the combined minor ethnicities with respective means of 4.5 days ($SD = 2.35$) and 2.70 days ($SD = 1.6$) reported.

The ANOVA between, intention to leave, and age was significant, $F(3, 118) = 2.79$, $p = .044$. The strength of the relationship between intention to leave and age, as assessed by η^2 , was moderately weak, with age accounting for 6.6 percent of the variance in intention to leave. Dunnett's C post hoc analysis were conducted and the relationship between intention to leave and age was not significant at the .05 level.

The ANOVA between affective commitment and tenure was significant, $F(4, 117) = 3.28$, $p = .014$. The strength of the relationship between affective commitment and tenure, as assessed by η^2 , was moderately small with tenure accounting for 10.1 percent of the variance in affective commitment. Dunnett's C post hoc analysis were conducted and the relationship between tenure and affective commitment was not significant at the .05 level. Follow up tests were conducted to evaluate pairwise differences among the means. Levene's test of homogeneity of variance was computed. However even when Levene's test was not significant, due to the small size in the groups, homogeneity of variances was not assumed and hence Dunnett's C post hoc analysis were

conducted. The Dunnett's C test does not assume equal variance among the groups. There were significant differences between employees with less than 12 months tenure and those with 5-10 years tenure ($p < .05$) and also between employees with 1-2 years tenure and employees with 5-10 years tenure ($p < .05$), but no significant differences were found amongst the other groups. The 5-10 year tenure employees reported higher affective commitment ($M = 32.06$, $SD = 6.89$) than employees with less than 12 months service ($M = 24.61$, $SD = 6.46$), and employees with 1 – 2 years service ($M = 24.87$, $SD = 7.49$)

The ANOVA between continuance commitment and employment status was significant, $F(2, 119) = 6.24$, $p = .003$. The strength of the relationship between continuance commitment and employment status, as assessed by η^2 was moderately small with the employment status factor accounting for 9.5 percent of the variance in continuance commitment. Dunnett's C post hoc analysis were conducted and the relationship between employment status and continuance commitment was not significant at the .05 level. Follow up tests were conducted to evaluate pairwise differences among the means. Levene's test of homogeneity of variance was computed. However even when Levene's test was not significant, due to the small size in the groups, homogeneity of variances was not assumed and hence Dunnett's C post hoc analysis were conducted. The Dunnett's C test does not assume equal variance among the groups. There were significant differences between full-time and part-time employees ($p < .05$) but no significant differences were found among the other groups. The full-time employees reported higher continuance commitment ($M = 29.34$, $SD = 8.52$) than part-time employees ($M = 24.20$, $SD = 8.60$).

The ANOVA between the normative commitment, and the employment status was significant, $F(2, 119) = 5.44$, $p = .005$. The strength of the relationship between normative commitment and employment status, as assessed by η^2 , was moderately small, with employment status

accounting for 8.4 percent of the variance in normative commitment. Follow up tests were conducted to evaluate pairwise differences among the means. Levene's test of homogeneity of variance was computed. However even when Levene's test was not significant, due to the small size in the groups, homogeneity of variances was not assumed and hence Dunnett's C post hoc analysis were conducted. The Dunnett's C test does not assume equal variance among the groups. Dunnett's C post hoc analysis were conducted. There were significant differences between the full-time and casual employment status ($p < .05$), but no significant differences were found amongst the other groups. The full-time employment group reported higher normative commitment ($M = 26.03$, $SD = 8.04$) than the casual employment group ($M = 16.2$, $SD = 1.80$).

The ANOVA between absenteeism, and employment status was significant, $F(2,119) = 5.66$, $p = .004$. The strength of the relationship between absenteeism and employment status, as assessed by η^2 , was moderately small, with employment status accounting for 8.7 percent of the variance in absenteeism. Follow up tests were conducted to evaluate pairwise differences among the means. Levene's test of homogeneity of variance was computed. However even when Levene's test was not significant, due to the small size in the groups, homogeneity of variances was not assumed and hence Dunnett's C post hoc analysis were conducted. The Dunnett's C test does not assume equal variance among the groups. There were significant differences between full-time and part-time employees ($p < .05$) but no significant differences were found among the other groups. The full-time employees reported higher absenteeism ($M = 3.57$ days, $SD = .24$) than part-time employees ($M = 2.51$, $SD = .26$).

4.32 Organisational commitment prediction of employee well-being, absenteeism, intention to stay and job satisfaction.

Multiple regression analyses were conducted to assess whether organisational commitment was predictive of general health, intention to stay, absenteeism and job satisfaction. The significant findings are reported below.

Multiple regression analyses was conducted to investigate whether the organisational commitment measures predicted general health. The predictors were the affective, normative and continuance commitment measures while the criterion variable was the general health index. The linear combination of organisational commitment measures was significantly related to the general health index $F(3,117) = 9.95, p = .01$. The sample multiple correlation coefficient was .45, indicating that approximately 20% of the variance of the general health index in the sample can be counted for by the linear combination of organisational commitment measures.

In Table 5, the bivariate correlations between organisational commitment measures and general health are presented. All the bivariate correlations between the organisation commitment measures and general health were positive, although only the relationship between affective commitment and normative commitment and the general health index were statistically significant ($p < .01$).

Table 5 Correlations of the Organisational Commitment measures with GHQ Index.

Predictors	Correlations between each predictor and GHQ index
Affective	.43**
Continuance	.05
Normative	.37**
** $p < .01$	

A multiple regression analysis was conducted to investigate whether organisational commitment measures predicted absenteeism. The predictors were the affective, normative and continuance commitment measures while the criterion variable was self reported absenteeism. The linear combination of organisational commitment measures was significantly related to the absenteeism scores $F(3,118) = 2.61, p = .01$. The sample multiple correlation co-efficient was .25, indicating that approximately 6% of the variance of absenteeism in the sample can be counted for by the linear combination of organisational commitment measures.

In Table 6, the correlations between absenteeism measures and organisational commitment are presented. All the bivariate correlations between the organisational commitment measures and absenteeism were negative. Only the relationship between normative commitment and absenteeism were statistically significant ($p < .01$).

Table 6 Correlations of the Organisational commitment measures with Absenteeism Index

Predictors	Correlations between each predictor and Absenteeism index
Affective	-.15
Continuance	-.01
Normative	-.25**
** $p < .01$	

A multiple regression analysis was conducted to investigate whether organisational commitment measures predicted intention to stay. The

predictors were the affective, normative and continuance commitment indices while the criterion variable was the intention to stay single item measure. The linear combination of organisational commitment measures was significantly related to the intention to stay scores $F(1,120) = 7.81, p = .01$. The sample multiple correlation coefficient was .25, indicating that approximately 6% of the variance of the intention to stay index in the sample can be counted for by the linear combination of organisational commitment measures.

In Table 7, the correlations between organisational commitment measures and intention to leave are presented. All the bivariate correlations between the organisation commitment measures and general health were positive, although only the relationship between affective commitment and normative commitment and the intention to stay index were statistically significant ($p < .01$)

Table 7 Correlations of the Organisational Commitment measures with Intention to Stay Index

Predictors	Correlations between each predictor and Intention to Stay index
Affective	.25**
Continuance	.09
Normative	.24**
** $p < .01$	

A multiple regression analysis was conducted to investigate whether organisational commitment measures predicted job satisfaction. The predictors were the affective, normative and continuance commitment measures while the criterion variable was job satisfaction. The linear

combination of organisational commitment measures was significantly related to the job satisfaction scores $F(1,118) = 24.40, p = .01$. The sample multiple correlations was .41, indicating that approximately 17% of the variance of the job satisfaction index in the sample can be counted for by the linear combination of organisational commitment measures.

Table 8, presents the correlations between organisational commitment measures and job satisfaction. The bivariate correlations between the affective and normative organisation commitment measures and job satisfaction were positive, and likewise the relationship between affective commitment and normative commitment and job satisfaction were statistically significant ($p < .01$).

Table 8 Correlations of the Organisational Commitment measures with Job satisfaction Index

Predictors	Correlations between each predictor and job satisfaction index
Affective	.41**
Continuance	-.02
Normative	.30**
** $p < .01$	

4.33 Job satisfaction prediction of intention to stay, employee well-being and absenteeism.

A regression analysis was conducted to evaluate how well the job satisfaction measure predicted intention to stay. The predictor was job

satisfaction while the criterion variable was intention to stay. The job satisfaction measure was significantly related to intention to stay $F(1,120) = 26.660$, $p = .01$. The sample multiple correlations was .42, indicating that approximately 18% of the variance of the intention to leave measure in the sample can be counted for by the linear combination of job satisfaction measure.

A regression analysis was conducted to evaluate how well job satisfaction predicted the general health index. The predictor were the job satisfaction while the criterion variable was the general health index. The job satisfaction measure was significantly related to the general health index scores $F(1,119) = 18.58$, $p = .01$. The sample correlation was .37, indicating that approximately 14% of the variance of the general health index in the sample can be counted for by the linear combination of job satisfaction questionnaire measure. A regression analysis was conducted for absenteeism but is not reported as was found not to be significant in terms of intention to stay.

4.4 Multiple regression analyses using sets of predictors; organisation commitment, job satisfaction, age, general health index, absenteeism and intention to stay.

Multiple regression analyses were conducted using sets of predictors to evaluate whether combinations of measures added significantly to predictability of the affective, normative, and continuance commitment measures, job satisfaction, global job satisfaction, general health index, intention to stay and self reported absenteeism. Multiple regression analyses were conducted for all the dependent variables using ordered sets of predictors but only the following were found to be significant and are reported below.

4.4.1 Organisational commitment, job satisfaction and age as predictors of intention to stay

Multiple regression analyses were conducted using three ordered sets of predictors to evaluate predictability of intention to stay. One analysis included the linear combination of organisational commitment measures, the second analysis included the job satisfaction measure as well as the commitment measures. A third analysis measure included the age measure as well as the organisational commitment and job satisfaction measures. The regression equation with the organisational commitment measures was significant, $R^2 = .08$, $F(3,118) = 3.26$, $p = .024$. The regression equation with the job satisfaction and organisational commitment measures was significantly related to intention to stay, $R^2 = .20$, $F(4,117) = 7.34$, $p = .01$. The job satisfaction measure predicted significantly over and above the organisational commitment measures R^2 change = .124, $F(1,117) = 18.16$, $p = .01$. Next a multiple regression equation with all three measures was conducted. The regression equation with the job satisfaction, organisational commitment and age measures was significantly related to intention to stay, $R^2 = .22$, $F(5,116) = 6.67$, $p = .001$. The age measure did not predict significantly over and above the organisational commitment measures R^2 change = .023, $F(1,116) = 3.36$, $p = .001$.

Of the organisational commitment, job satisfaction and age measures, the job satisfaction measure was most strongly related to intention to stay. Supporting this conclusion is the strength of the bivariate correlation between the job satisfaction and the intention to stay index, which was .43, $p < .01$, as well as the comparable correlation partialling out the effects of the commitment measures, which was .37, $p = .01$. Multiple regression analysis was conducted for absenteeism but is not reported as was found not to be significant in terms of general health.

4.4.2 Organisational commitment, job satisfaction and age as predictors of general health.

Multiple regression analyses were conducted using three ordered sets of predictors to evaluate predictability of the general health index. One analysis included the linear combination of organisational commitment measures and the second analysis included the job satisfaction measure as the organisational measures. The regression equation with the measures of organisational commitment was significantly related to employee well being, $R^2 = .20$, $F(3,117) = 9.95$, $p = .001$. The regression equation with the job satisfaction and organisational commitment measures was significantly related to employee well being, $R^2 = .24$, $F(4,116) = 9.31$, $p = .01$. The job satisfaction in combination with the organisational measure did predict significantly over and above the organisational commitment measures R^2 change = .040, $F(1,116) = 6.08$, $p = .01$.

Of the organisational commitment measures, the affective commitment measure was most strongly related to employee well being. Supporting this conclusion is the strength of the bivariate correlation between the affective commitment measure and the general health index, which was $r = .42$, $p < .01$, as well as the comparable correlation partialling out the effects of the two commitment measures, which was $r = -.33$, $p = .01$.

4.5 Independence of Demographic Variables

Chi squares were calculated to test the independence of the demographic variables but the minimum expected count was below 5, which indicates the chi square test cannot be meaningfully interpreted. The

only possible solution would be to collapse the categories but this yields meaningless categories.

A chi square two way contingency table analysis was conducted to evaluate the relationship between the gender, employment status, tenure, ethnicity and position categories.

Tenure and employment status were found to be significantly related Pearson X^2 (8, N = 122) = 31.40 p = .0001. Cramers V = .36, Lambda = .19. Thus indicating that the relationship between employment status and tenure is a weak relationship.

Tenure and position were found to be significantly related Pearson X^2 (24, N = 122) = 37.14 p = .042. Cramers V = .28, Lambda = .08, thus indicating that the relationship between tenure and position is a very weak relationship.

Ethnicity and Employment status were found to be significantly related Pearsons X^2 (10, N = 120) = 31.22, p = .001. Cramers V = .36, Lambda = .04, thus indicating that the relationship between employment status and ethnicity is a very weak relationship.

CHAPTER 5

DISCUSSION

This chapter presents a discussion of the findings of the study and is structured as follows: Firstly, the results of the study are discussed in relation to the research questions and the literature. Next, implications of the findings are explored for a number of different groups. Limitations of the study are presented and directions for future research are suggested. The chapter concludes with a brief conclusion.

5.1 Findings of the Study

In this section the findings of the study are discussed. In accordance with the results chapter, findings are discussed for the four main results areas. These were comparison of the levels in terms of means and standard deviations; significant differences using one way analysis of variance, chi squares and t-tests; correlations; and predictive power of the variables organisational commitment, job satisfaction, and age.

5.1.1 Levels of organisational commitment, job satisfaction, intention to stay, absenteeism and general health.

As reported in the results section, the means and standard deviations for both males and females were high for general health index, intention to stay and absenteeism. The means and standard deviations for males and females in terms of job satisfaction was moderately high while organisational commitment was average.

Findings in relation to the overall health of the organisation's workforce in terms of the means and standard deviations would suggest that there is an acceptable level of commitment to the organisation and intention to stay at the organisation. This finding along with a high job satisfaction and general health rating suggests the organisation has a stable and generally positive work environment.

The researcher would suggest this is in part due to having comprehensive orientation, training and human resources practices operating, as well as a remuneration system placed in the middle to upper quartile of the aged care sector in New Zealand. Further the ongoing involvement of employees in total quality management initiatives and a well developed reward and recognition programme for employees all contributes to positive commitment to the organisation and a turnover rate which is considered low in the healthcare industry.

5.12 Significant differences in terms of demographics.

In terms of gender differences, the only significant finding was males reported higher levels of continuance commitment than women. It is the researcher's viewpoint that the majority of male employees who end up working in the aged care sector generally do not do so out of choice but rather through a lack of other options available. Given this scenario it is not unlikely that male employees would tend to be more oriented to the continuance commitment scale than their female equivalents.

This finding goes against recent research by Wahn (1998) who examined sex differences in the continuance component of Allen and Meyer's (1990) continuance commitment scale. Wahn's findings confirmed both the relationship between gender and continuance commitment and

that women reported higher levels of continuance commitment than men. However the sex differences in continuance commitment can be regarded as small to moderate following Cohen's rules of thumb regarding effect sizes (Cohen, 1988). However as stated in the literature review, overseas research findings (Aven et al, 1993) regarding the relationship between commitment and gender vary tremendously. Continued research is needed in clarifying the relationship between gender and organisational commitment. Although Aven et al. (1993) were able to find 27 studies that presented gender comparisons of affective commitment, they found none using Allen and Meyer's (1990) continuance scale.

In terms of job satisfaction and gender the finding of no significant difference between men and women is consistent with most research which indicates men and women have the same levels of job satisfaction as indicated in Wittt and Nye's (1992) meta-analysis.

However, while job satisfaction between men and women yielded no significant difference, in the sample women did report higher levels of job satisfaction than men. The researcher contends that one reason for this is that due to the flexibility of having a range of working hours over a 7 day, 24 hour rostered period, female employees are able to get a range of working hours which fits in with their family life. For example by being able to work outside normal Monday to Friday working hours, childcare costs can be reduced through parents being able to look after children at different times. This viewpoint is supported by Scandura and Lankau (1997) who examined the relationships of gender, family responsibility and flexible work hours to organisational commitment and job satisfaction. The study revealed that women who perceived that their organisation offered flexible work hours reported higher levels of organisational commitment and job satisfaction than women who did not. Also, flexible work hours were related to higher organisational commitment and job satisfaction for those having family responsibilities.

Based on the findings by Covin and Brush (1991) women may have higher job satisfaction because they expect less from work than their male counterparts and so they are satisfied with less and hence have higher job satisfaction. This seems to follow given that the majority of aged care employees are in 'unskilled work'. The researcher would again contend that this is in part due to the notion that male employees who enter into the aged care workforce often do so not out of choice but through a lack of alternative options hence the higher continuance commitment. What is surprising in terms of job satisfaction findings is that moderately high job satisfaction does not equate to a similar rating in terms of affective commitment. Perhaps this finding goes some way to confirming the shift of employee loyalty over the last decade from organisation to career (Stroh & Reilly, 1997).

Significant relationships were found between absenteeism and ethnicity, intention to stay and age, affective commitment and tenure, continuance commitment and employment status, normative commitment and employment status, absenteeism and employment status.

Firstly there was a moderately small relationship between absenteeism and ethnicity. This inferred that certain ethnic groups would be responsible for a greater amount of the absenteeism than other groups. In analysing this finding the researcher concludes that there is a absenteeism culture that is represented much more in the Maori ethnic group and Pacific Island ethnic group, than all other combined ethnic groups in this study.

Absence culture as defined by Nicholson and Johns (1985) is when norms of a group support absence, there will be high levels. Conversely, when norms of a group discourage absence, there will be low levels. Several studies support the idea that organisations have cultures that determine absence. For example, Mathieu and Kohler (1990) found that individuals tended to have more absences if they were in groups where members were absent frequently rather than rarely. Harrison and Shaffer

(1993) found that an employee's estimate of co-workers' number of absences significantly predicted the number of absences by the employee.

Employee absenteeism statistics for 1997 supplied by the organisation's Human Resources Department for the four aged care facilities at the organisation, showed marked lower absences for two of the facilities which were largely staffed by a European workforce as opposed to the two facilities which had a much higher representation of Maori and Pacific Island employees. In conclusion more research into the importance of ethnicity as a factor in work outcomes is needed. Further, greater cultural understanding of Maori and Pacific island cultural norms for events such as funerals is needed so as not to view higher absenteeism as necessarily a trait of poor performance. Human Resource managers should note the study done by Vardi, Wiener, and Popper (1989). They predicted and found that employees in the organisation whose mission was consistent with their groups cultural values had stronger normative commitment to the organisation than did those in the other organisation surveyed.

Secondly, there was a moderately weak relationship between intention to stay and age, although this was not significant was conducted. This inferred that certain age groups would be more likely to stay with the organisation than leave. However after conducting Dunnett's C post hoc analysis this was found not to be significant at the .05 level. Nevertheless the general trend in this study of older employees being more likely to stay with organisation than younger employees is consistent with the research that age is significantly related to intention to leave (Cohen, 1993; Krecker, 1995).

Thirdly, there was a moderately small relationship between affective commitment and tenure. This inferred that employees with between 5-10 year tenure at the organisation would have higher affective commitment than those employees with less than 2 years tenure at the organisation. The researcher also believes that this would suggest for the present study,

that the combination of age and tenure increases the affective commitment of this organisations employees. Further it supports the thrust of this research project, which is seeking to establish the importance of organisational commitment in employees as human resource strength in establishing a successful organisation. Past findings indicate tenure is generally found to be related to commitment (Begley & Czajka, 1993; De Cottis & Summers, 1987; Zeffane, 1994).

Meyer and Allen (1984) reported positive correlations between tenure and commitment. They suggest that long serving employees have a stronger commitment to the organisation, because they have received more rewards from the organisation (e.g are in better positions). Therefore they have justified to themselves that they like the organisation, and that's why they have stayed so long. Zeffane (1990) comments that organisations may need to take a fresh look at the potential of their more experienced employees in order to use this section of the work force more successfully.

Fourthly, there was a moderately small relationship between continuance commitment and employment status. This inferred that full-time employees had higher continuance commitment than part-time employees. This relationship was also moderately small between normative commitment and employment status. This finding should be viewed with some caution given the research of McGinnis and Morrow (1990) which questions the usefulness of employment status as a useful predictor of work related attitudes.

For example Lee and Johnson (1991) examined the effects of work schedule and employment status on the organisational commitment and job satisfaction of full versus part-time employees. Lee and Johnson hypothesised that whereas full time employees were hypothesized to hold higher commitment than part-time workers when these groups worked a preferred schedule, full time employees were hypothesised to hold lower organisational commitment and job satisfaction than part-time workers when these groups worked an unpreferred schedule. Results supported

the hypothesis among temporary employees but only partially supported the hypotheses among permanent workers.

More research is needed in regard to the role of employment status. However it can be concluded from the findings in this study that higher levels of commitment will be present in full-time employees rather than part-time employees.

There was also moderately small relationship between absenteeism and employment status which indicated full-time employees had more absenteeism than part-time employees. The researcher would suggest this result is not really of any practical use. This is because while this finding indicates the organisation would have less overall absenteeism by employing part-time rather than full-time employees, there is a body of evidence which states that organisational commitment is far stronger in a full-time than part-time workforce (Mathieu and Zajac, 1990).

Tenure and employment status were found to have a weak positive relationship. Research in this area is mixed and does not outright support the notion that employees who are full-time are likely to have a longer work history with an organisation than part-time employees. However, it is the researchers assumption that as the work culture changes with organisations increasingly hiring people to work fewer than 40 hour weeks and employees working often for two employers on a part-time basis becoming a very normal part of ones working life, this sort of finding will become irrelevant. (Strohl & Reilly, 1997). This is because in the new multi-employer workforce, part-time employees will develop their own culture in terms of tenure, commitment and job satisfaction.

A very weak relationship was also found between tenure and position suggesting that employees in skilled positions (management, registered nurses and administration) would have a longer employment relationship with the organisation than those in unskilled positions (caregiver, householder worker). It is the researchers viewpoint that people represented in the skilled positions have higher job autonomy and decision

making ability which increases their connection to the organisation and in turn their tenure (Welsch & LaVan, 1981).

Finally a very weak relationship was also recorded between ethnicity and employment status. Findings show Pacific Islanders are over represented in the part-time and casual work categories. This finding is not uncommon given that Pacific Island people in the aged care sector tend to be largely uneducated (Ministry of Women's Affairs, 1997). Thus unskilled positions are largely able to be filled by part-time or casual employees whereas skilled positions are not. Europeans tend to be over represented in management and administration positions which tend to be full-time.

The correlations between age and the demographic variables yielded no significant relationships. This was interesting in itself if only because of the vast amount of research (Cohen, 1993; Krecker, 1995), that has reported significant relationships between age and demographics such as employment status, gender, position, absenteeism and tenure.

5.13 Correlations associated with organisational commitment, job satisfaction, general health index, intention to stay and absenteeism.

Affective commitment had a strong positive correlation with normative commitment. This is consistent with Morrow's (1993) review which reported affective commitment showed considerable overlap with normative commitment while continuance commitment seems to be relatively independent of normative commitment. It is worth noting Morrow's comment that "normative commitment, while interesting, has little evidence to date to support its validity" (p106).

Affective commitment also computed strong positive correlations with both global job satisfaction and job satisfaction. This supports previous research which has linked job satisfaction more strongly with affective

commitment ($r=.41$), than other forms of commitment (Hackett et al., 1994; Meyer et al., 1993). The researcher is able to conclude from this study that affective commitment is more strongly correlated with job satisfaction than normative or continuance commitment although normative commitment also recorded strong positive correlations with the job satisfaction measures ($r=.30$). It appears from the results of this study and others cited that high positive affective commitment will result in high job satisfaction.

The researcher is also able to conclude from this study that organisational commitment will be a better predictor than job satisfaction in predicting employees well being although both measures had significantly positive correlations. There was a strong positive correlation between affective commitment and general health index, normative commitment and general health index. Given the earlier correlation between normative commitment and affective commitment, the finding that both had strong positive correlations with general health index is not surprising. This finding supports the conclusions of several studies which have reported significant negative correlations between affective commitment and various self-reported indices of psychological, physical, and work related stress (Begley & Czajka, 1993; Reilly & Orsak, 1991). This finding is encouraging to employers as this finding confirms individuals with high organisational commitment suffer less negative outcomes in terms of job satisfaction, physical health and intention to stay as compared to those who were less committed. (Begley & Czajka, 1993). Further Siu and Cooper (1998) concluded that employees who had high commitment also had higher job satisfaction as well as positive general health.

Continuance commitment had a moderately positive correlation with normative commitment but not with affective commitment. This goes some way to confirming Morrows (1993) finding that continuance commitment does appear to be relatively independent of attitudinal, affective and normative commitment. This independence is further

confirmed by continuance commitment having a strong negative correlation with absenteeism.

The results of this study also lead the researcher to conclude that organisational commitment is not a better predictor than job satisfaction in predicting employees intention to stay, given job satisfaction ($r = .43$) had a stronger positive correlation than affective commitment ($r = .25$). While both results confirm each being significant, it confirms for employers the validity of using job satisfaction measures as an indication of the employee climate in the organisation.

It also underscores the importance of work-related attitudes, that is job satisfaction in prompting an employees desire to leave or stay in the job. Younger dissatisfied employees were more likely to express a desire to leave the job than stay. These findings parallel those of Rublee (1986). When elements of the day to day work situation are unsatisfactory, staff members commitment is affected. These results suggest a need to further explore specific elements of stress related to work with elders, which may adversely affect commitment and ultimately continued employment in organisations serving the population. As noted by Price and Mueller (1986) and Halbur (1982), opportunities may not exist, encouraging a commitment climate of continuance in the organisation. One may wish to leave one's job because of dissatisfaction, but may be unable to do so if other jobs are unavailable.

5.14 Predictors

Multiple regression analyses were conducted to investigate whether organisational commitment measures predicted absenteeism. The findings confirmed organisational measures were predictive of absenteeism but

only explained 6% of the variance. Affective commitment was shown to be negatively related to absenteeism, ($r = -.15$), given that affective commitment was negatively but not significantly correlated with absenteeism. Normative commitment was the only measure of commitment to be significantly related to absenteeism.

In future study the researcher would encourage classifying absenteeism into (i) absence due to illness and (ii) absence due to other causes, in order to achieve a more meaningful understanding of the true nature of absenteeism in relation to organisational commitment. Mathieu and Zajac (1990) meta-analysis included many studies that failed to distinguish between voluntary and involuntary absence, leading Meyer and Allen (1997) to conclude that the average correlation that these studies reported, was somewhat weaker than the correlation between affective commitment and attendance over which employees have personal control (voluntary absence).

Multiple regression analyses were conducted to investigate whether organisational commitment measures predicted intention to stay. The findings in this study also confirmed affective commitment is more strongly correlated to intention to stay in the organisation than normative or continuance commitment. Both affective ($r = .25$) and normative commitment ($r = .24$) had statistically significant findings with intention to stay. However given that only 6% of the variance of the intention to stay index in the sample can be counted for by the linear combination of organisational commitment measures is surprising given recent findings by Lum, Kervin, Clark, Reid, and Sirola (1998). Their results suggested organisational commitment has the strongest and most direct impact on intention to quit. However given the findings of Jaros (1997), who recently undertook an assessment of Meyer and Allen's (1991) three-component model of organisational commitment and turnover intentions, there is still much debate to be had in regards to intention to stay, job satisfaction and organisational commitment. Jaros's (1991) research findings revealed that

contrary to expectations, the 3 components of commitment differed in the significance of their effects on turnover intentions.

Multiple regression analyses using ordered sets of predictors: organisational commitment, job satisfaction and age as predictors of intention to stay confirmed the significance of organisational commitment and job satisfaction as predictors of intention to stay. However the age measure did not predict significantly over and above the combined measures of organisational commitment and job satisfaction. It did as a stand alone variable have a moderately positive relationship did have a moderately positive relationship with general health, absenteeism and Intention to stay.

This finding is somewhat surprising given age has generally been found to be positively related to organisational commitment (Bateman & Strasser, 1984; Mathieu et al, 1990; Romzek, 1989) and job satisfaction (Brush, Moch, & Pooyan, 1987).

5.2 Implications

The section describes in detail the practical implications of the findings for aged care employees, the organisation and the aged clients.

Contrary to the findings in this study which indicated the organisation had satisfactory levels of commitment, there are potentially many costs to an organisation experiencing low levels of employee commitment. These can be quantified both from a financial and psychological perspective. While the psychological costs to patients and other staff caused by turnover and absenteeism in health care facilities are difficult to assess, they may be more important than the financial costs

incurred in the recruitment and training of replacement staff. Some of the costs are discussed below.

One of the major costs is loss of productivity. When an aged care employee has a low level of commitment to the organisation, he or she is probably unable or unwilling to give the best performance. Hence, costs are incurred by the organisation for hiring extra staff or temporary workers to make up for lost productivity. One disturbing trend in the aged care workforce is the high use of nursing bureau staff in retirement villages and private hospitals. Bureau staff are typically unfamiliar with the aged care facility and will have little or no reason to feel any form of commitment to the work location, given they may never or rarely work their again.

Another major cost is associated with recruiting new staff when disaffected workers resign. The costs associated with recruiting, selecting, training and loss of productivity whilst a new staff member is being trained are extremely high. Likewise, both turnover and resentment result in increased workload and resentment among the remaining staff who must assume added responsibilities. This situation may affect their job performance and thus reduce the quality of care received by elderly clients (Breedlove, 1993; Kiyak et al, 1997).

As has been discussed previously, there are a number of variables that contribute to a person resigning or intending to leave the organisation. This study showed both commitment and particularly job satisfaction as key indicators of intention to stay. In practical terms this means that when a person consciously or subconsciously evaluates their job they think about it in negative terms and derive little or no satisfaction from thinking about their job. Possibly an employee experiences the effects of low commitment and lowered job satisfaction in combination and these two factors lead to a lowering of the employees intentions to stay with the organisation. The present study has shown aged care employees have reported moderate levels of affective, continuance and normative commitment. This means the workforce as a whole will most likely identify to a reasonable level with

the organisation's goals and values, and in turn work reasonably productively for the organisation.

Another detrimental consequence of poor commitment is that they can spread to other staff members who were not previously affected. This in turn can lead to morale dropping and more employees may consider leaving the organisation. Increased absenteeism is another detrimental outcome of limited commitment to the organisation. Often the staff member aligned to continuance commitment will take a considerable amount of time off work due to any number of the problems associated with limited commitment as described in the previous section. This can lead to problems with rostering, bureau staff may have to be brought in and this can lead to low staff morale because there is seldom a cohesive work team at any one time. Alternatively the organisation may not take steps to alleviate the workload when staff are absent in which case existing staff have to take up the extra workload, often resulting in additional stress on employees. Often quality of care suffers as a result of too few employees available to do the job. Another issue is continuity of care, which suffers when staff absenteeism increases, and reflects badly on the services provided by the aged care service.

Other costs associated with low levels of commitment that impact on the organisation but are not easily quantifiable are issues such as negligence, organisational image and problems with recruiting experienced staff. Should nurses overlook some aspect of their job because there are not enough staff rostered, they are still responsible for whatever goes wrong and they may become liable for negligence. Such an occurrence may lead to a negative organisational image in the public's eye, which in turn could lead to problems of attracting patients and or government funding to the hospital. It may also mean that the hospital has a problem hiring qualified, experienced staff. Should this be the case, the hospital may be forced to lower its selection criteria and may accept nurses from overseas who are not familiar with the language or customs of the country. The aged

care sector is increasingly attracting recent immigrants from Asia and Eastern European countries who while they may have the knowledge base are certainly at a distinct disadvantage culturally. They may also have to rely heavily on low skilled nurse aides to perform nursing duties. These problems eventually snowball, resulting in lower quality of patient care.

If the current situation worsens considerably, patients of government funded aged care facilities may be forced to consider privately funded retirement villages. It is disturbing that research has shown that a healthcare environment characterised by frequent staff changes may produce anxiety in the older person who must rely on a shifting array of personnel to meet his or her basic needs (Surplin, 1998).

Patients are of course severely affected if a large proportion of staff have low job satisfaction and low organisational commitment leading to high turnover rates. Residents' discharge and death rates have been found to be significantly related to turnover rates of nurses in 122 North Carolina nursing homes (Halbur & Fears, 1986). On a more personal basis if the staff caring for you has low commitment as a result of inadequate staffing, they will perform their job in a functional, routine way, and are unlikely to go the extra step in creating a personal relationship with the client which may add significantly to the clients well-being.

5.3 Limitations

Three limitations of the study are discussed. These relate to the limitations of self report questionnaires, benefits that would have been gained by using a longitudinal design, limited generalisability of results and additional information concerning organisational commitment in New Zealand which could have been gained from a broader study design.

Self Report type Questionnaires

The limitations placed on research that utilises self-report type questionnaires is well established. Participants particularly in self-report measures like absenteeism will often record more conservative self-report measures of absenteeism than has actually occurred. Because the researcher was unable to analysis an employees self reported absenteeism measure against their actual self report measure, the self report measure cannot be validated as being accurate.

Longitudinal design

The present study was a cross-sectional correlational study, which could test only the strengths of associations of variables included in the study. The fact that the data were collected at a single point in time, the present study did not posit casual relationships. Clearly a longitudinal design is desirable when testing hypotheses of casual relationships between variables, however the present study did not posit casual relationships. Ideally the relationships between organisational commitment, general health, job satisfaction and intention to quit would be tested by a longitudinal design. Such a design would uncover a pattern of casual relationships between variables and provide the organisation with valuable information about the improvement/deterioration of levels of commitment among aged care employees over time. Such changes in level of commitment could realistically happen. In the current study, the aged care facilities were all being evaluated for re-accreditation by the New Zealand Council on Healthcare standards. The outcome of such an exercise would certainly have the ability to increase commitment if the aged care facilities

are re-accredited with a merit rating or conversely decrease commitment if the facility fails accreditation or receives a decrease merit rating.

It is important to remember the complexity of organisational commitment as a concept of study. Any concept that encompasses such a multitude of variables will by its very nature produce differing results. For example aged care employees may derive satisfaction from caring for patients but they may not be committed to the organisation. Likewise aged care employees may also be committed to their organisation because they chose elderly care as a profession; the particular hospital they are employed in may not mean as much as the profession itself.

Limited generalisability of results

A second limitation, one, which was also apparent from the start, is that the study and its findings are not directly generalisable to other health sectors or institutions. This is because there are a specific set of circumstances surrounding the reason why one group of medical professional are burnt out and these reasons may not apply to other groups even within the same organisation. The sample return of 122 questionnaires while statistically significant is too small to give the results any generability across the work environment in New Zealand. It also raises the possibility that “committed” people may be by their very nature more likely to respond to questionnaires, resulting in a biased sample from the start. The researcher cannot help but question whether because 67% of the workforce did not return the questionnaire, there is a commitment climate of continuance present at the organisation.

It would have been beneficial to the findings and implications of the study if nurses had indicated on their questionnaire which specific aged care facility they worked in. This may have uncovered whether distinct work ethic cultures existed individually in each location and whether some

locations e.g. dementia units had lower commitment levels than independent living units where minimal crisis intervention is involved. Not differentiating between work units has limited the interpretability of the results to some degree by failing to pinpoint this area.

Wider scope of study

Another design factor, which may have been useful to pursue in this study, was to include additional variables in the questionnaire to gain a greater understanding of what determines commitment. One obvious omission was the failure of the questionnaire to include a section on how aged care employees felt towards elderly people in general may have uncovered some useful knowledge in terms of the antecedents in this study. In seeking even better prediction in future studies, it may be useful to expand the model to include organisational variables such as the opportunity for advancement, salaries, control over tasks, and organisational structure.

A positive outcome of these limitations is that they form a direction for future researchers to take. This will be discussed in the next section.

5.4 Direction for future research

Given the fact that this is one of the first organisational commitment studies in the New Zealand healthcare sector, the following areas of future research have been identified.

- A follow up study is carried out on organisational commitment in the aged care sector across a number of different organisations.
- A wider scope of variables to be assessed to get a better understanding of organisational commitment in relation to the aged care sector.
- Development of human resource strategies to develop, maintain and increase organisational commitment in the workforce of the aged care sector in New Zealand.

More studies on organisational commitment

Further studies comparing workplace commitment, job satisfaction and turnover in the aged care sector of New Zealand setting with overseas facilities will enable the aged care sector to benchmark how it stands compared to other developed countries. Future research must focus on discovering factors that contribute to affective, continuance and normative commitment, job satisfaction and turnover which are unique to the New Zealand workplace and psyche of New Zealanders.

On a wider front, given the lack of organisational commitment studies in New Zealand, the basis of this present study needs to be replicated in other New Zealand work settings.

A wider scope of research variables

The present study has considered the relationship between organisational commitment and a number of dependent and independent variables, which relate to individual characteristics as reported in the

results section. These are not the only variables that have been shown to influence the employee's commitment to their organisation. There is a growing body of research that testifies to the importance of variables relating to organisational characteristics. It is suggested that any future research into organisational commitment should include variables that encompass aspects of the organisations characteristics, for example, management style, reward systems, leadership and where applicable, the relationship between organisational commitment and organisational change. These organisational characteristics have been shown to exert a strong influence on the individual employee's perception of commitment to their organisation.

Development of intervention programs

De Cottis and Summers (1987), conclude that commitment is central to organisational life and is centred on a process of exchange between the organisation and it's members. Employers by developing intervention programs, which commit to the needs and expectations of the employees, then the employees, will commit to the service of the organisation in terms of goals and values.

The development of job enriching techniques such as life long learning, self managing teams, interorganisational careers development programmes or even implementation of a skilled based pay system as opposed to the current incremental step based pay system which may encourage a commitment climate of continuance. However, if the low level of commitment is, in reality, a case of decreased work ethic endorsement, these solutions are not likely to solve the problem.

Development of superior recruitment strategies including organisations adopting a more customer orientation approach to potential

employees, especially if the perceived shortages of skilled workers in the aged care sector continues.

Finally given the literature demonstrating outcomes associated with high levels of organisational commitment (Mowday et al., 1979), family responsive policies such as flexible work hours may also lead to increased commitment and reduced absenteeism and turnover (Kush and Stroh, 1994).

The introduction of total quality management programs, as embraced by the organisation in this study, has been shown to contribute positively to perceived organisational support, organisational commitment and intraorganisational communication. (Allen and Brady, 1997). Continued championing of this ideology by aged care providers, can only add to the arsenal of positive intervention strategies available.

Organisational commitment in New Zealand's multi-cultural environment

Given New Zealand is rich in cultural diversity which in turn brings a range of different belief systems and values to the workplace, future research must look at how these different belief systems influence employees levels of commitment in the workplace. The organisation in this study reported having employees from as many as 10 different cultures including recent immigrants from Eastern European countries and the Philippines.

5.5 Conclusion

The study of workplace commitment is an important topic. Not only does a better understanding of commitment have the potential to make

employees and organisations happier and more productive, but insights gained in the study of work commitment may spill over into other areas of life such as family and social relationships.

The present study was one of the first studies on organisational commitment in the New Zealand aged care sector. In this initial study, several variables were examined in relation to organisational commitment that are well-established concepts in the literature. The purpose of the study was threefold; the first aim was to examine what if any relationship existed between high turnover and employees organisational commitment in the aged care health sector. The findings suggested that while there was a significant relationship between organisational commitment and turnover as measured by the intention to stay scale, job satisfaction was in fact a better predictor in this regard. Future research should aim to further understand which is the more valid measure and are the current measurement scales of organisational commitment appropriate for New Zealand's multi-cultural work environment.

It was hoped this study would prove that organisational commitment was a more valuable determinant of the health of an organisation than job satisfaction. As reported in the results section each variable proved to be useful in determining the health of an organisation. The researcher based on this study would recommend the representation of both measures in employee climate surveys.

Secondly the study investigated specific organisational consequences associated with organisational commitment, namely job satisfaction, employee well being and intention to stay. A regression analysis clearly showed organisational commitment to be the best predictor of employee well-being. The implication of this finding are that employees who embrace an affective commitment climate, are likely to have a better level of general health and in turn be able to contribute more to the organisation. In short committed employees are performing employees.

A third aim of the study was to investigate and profile the nature of aged care employees and validate Meyer and Allen's three component model of organisational commitment as a valid tool for organisations to use in assessing employee relations. The results in part confirm the usefulness of Meyer and Allen's model but also reaffirm the value of including a wide range of supporting variables in undertaking such research including job satisfaction measures.

In conclusion this study will serve to increase awareness of organisational commitment in the ever growing aged care industry in New Zealand, and given the growing 'senior citizen' population, the implications of possible low levels of commitment by employees in aged care facilities is cause for concern. Managers and organisations must come to grips with the "commitment concept" sooner rather than later.

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Appendix 1 – Questionnaire

Questionnaire

Please complete all sections of the questionnaire.

Section A

For the statement below, please circle the answer, which corresponds, to how you feel about your job at Hospital/Resthome X.

How satisfied are you with your current job?

very dissatisfied	dissatisfied	neutral	satisfied	very satisfied
1	2	3	4	5

Section B

For each statement, please circle the number, which corresponds, to how you feel about your commitment at Hospital/Resthome X, by using the scale below

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 1. | In general, I like working at the Hospital/Resthome | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. | All in all, I am satisfied with my job | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. | In general, I don't like my job | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. | If I had to decide all over again whether to take my present job, I would decide to take it . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. | In general, I like my job | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. | I am generally satisfied with the work I do | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Section C

For each statement, please circle the number, which corresponds, to how you feel about your commitment at Hospital/Resthome X, by using the scale below

	1	2	3	4	5	6	7
	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I would be very happy to spend the rest of my career in this organization.	1	2	3	4	5	6	7
2. I owe a great deal to my organisation.	1	2	3	4	5	6	7
3. It would be very hard for me to leave my organisation right now, even if I wanted to.	1	2	3	4	5	6	7
4. I really feel as if this organizations problems are my own.	1	2	3	4	5	6	7
5. I would not leave my organisation right now because I have a sense of obligation to the people in it.	1	2	3	4	5	6	7
6. I do not feel like "part of the family" at my organisation	1	2	3	4	5	6	7
7. I do not feel "emotionally attached" to this organisation.	1	2	3	4	5	6	7
8. This organisation has a great deal of personal meaning for me	1	2	3	4	5	6	7
9. I believe that I have too few options to consider leaving this organisation.	1	2	3	4	5	6	7
10. I do not feel a strong sense of belonging to my organization	1	2	3	4	5	6	7
11. Too much of my life would be disrupted if I decided I wanted to leave my organisation right now.	1	2	3	4	5	6	7
12. I do not feel any obligation to remain with my current employer	1	2	3	4	5	6	7
13. Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4	5	6	7

1	2	3	4	5	6	7	
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree	
<hr/>							
14. One of the few negative consequences of leaving this organisation would be the scarcity of available alternatives.	1	2	3	4	5	6	7
15. One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice; another organisation may not match the overall benefits I have here.	1	2	3	4	5	6	7
16. If I had not already put so much of myself into this organisation, I might consider working elsewhere.	1	2	3	4	5	6	7
17. Even if it were to my advantage, I do not feel it would be right to leave my organisation now	1	2	3	4	5	6	7
18. I would feel guilty if I left my organization now	1	2	3	4	5	6	7
19. The organisation deserves my loyalty	1	2	3	4	5	6	7

Section D

We should like to know if you had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer, which you think most nearly, applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

HAVE YOU RECENTLY					
1	-been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2.	-lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual

3.	-felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4.	-felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5.	-felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6.	-felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7.	-been able to enjoy your normal day to day activities	More so than usual	Same as usual	Less so than usual	Much less than usual
8.	-been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
9.	-been feeling unhappy and depressed	Not at all	No more than usual	Rather more than usual	Much more than usual
10.	-been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11.	-been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12.	-been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

Section E

For the statement below, please circle the answer, which corresponds, to the likelihood of you quitting your job at Hospital/Resthome X.

To what extent do you intend to quit your job during the next year?

very unlikely unlikely neutral likely very likely

Demographics

Please answer the following questions by ticking ☒ the appropriate box for each question.

1. What is your Sex?

male ☐ Female ☐

2. Age Group

under 25 ☐ 25 - 40 ☐ 41 – 60 ☐ 61+ ☐

3. Ethnic Group

European ☐
Maori ☐
Pacific Islander ☐ (please specify) _____
Asian ☐ (please specify) _____
Indian ☐
Other ☐ (please specify) _____

4. What is your current position?

Administration/Clerical position ☐
Caregiver ☐
Home Care Worker ☐
Household Worker ☐
Manager/Unit Leader ☐

- Registered or Enrolled Nurse ☐
- Social Services Counsellor/Worker ☐
- Other ☐

5. What is your employment Status?

Full-time ☐ Part-time ☐ Casual ☐

6. How long have you been employed at WesleyCare?

- less than 12 months ☐
- 1- 2 years ☐
- 2-5 years ☐
- 5-10years ☐
- 10 years plus ☐

7. How many days sick absence from the organisation have you had in the last 6 months?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

6 days or more ☐

Thank you for completing this questionnaire

Please place the questionnaire in the Freepost envelope and post to Massey University.

Appendix 2 – Information Sheet

Information Sheet

02 August 1998

Dear Hospital/Resthome X Employee

My name is Richard Parr and I am currently working as Business Manager for the National Problem Gambling Helpline Service. I am completing my Masters Thesis on "Work Commitment" which is being supervised by Dr Hillary Bennett from the Psychology Department of Massey University.

I invite you to participate in this research which is being undertaken as part of a Masterate Thesis. If you do agree to participate in this research please complete the attached confidential questionnaire covering various aspects of your work environment. It is assumed that by filling out the questionnaire you are giving your consent.

The total time for the questionnaire is approximately 15 minutes and Hospital/Resthome X has agreed these can be completed in work time or taken home and completed. The researcher will also need to access absenteeism data. Hospital/Resthome X will provide me with information on absenteeism for all employees. This will be supplied by ID only and hence it will not be possible to identify you, or for Hospital/Resthome X to know who has participated in the research.

If you decide to take part in this research you can be assured that all of your responses will be anonymous. Your employer will not know who is participating in the research project.

The information you do provide will be used only for the purposes of the research. Confidentiality of participants is ensured as the results will only contain aggregate data and no names will be recorded on the questionnaire. When the research is completed a copy of the aggregated results will be made available to all interested parties. The completed questionnaires will be returned to the researcher at the Psychology Department at Massey University. All individual data will be destroyed.

Participation is voluntary and you have the right to decline to answer any part of the questionnaire and to withdraw at any time.

If you have any queries about the research at any time, please don't hesitate to contact my supervisor or me directly. We can be contacted at the following address and phone number.

Richard Parr
C/O Hillary Bennett
Psychology Department
Massey University
P.O.Box 102-904
North Shore Mail Centre

Richard Parr: [REDACTED]
Hillary Bennett: [REDACTED]

Yours sincerely

Richard Parr