



Influence of organizational commitment and subjective well-being on work engagement of nurses

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Abstract

Kerala is rich with well equipped, modern specialty hospitals. Like any other industry, health sector is undergoing broadest set of changes and also facing severe competition in every aspect of its service and private health care institutions are indeed more concerned about profit as well. The development and maintenance of efficient work force is a major concern particularly in healthcare organizations. Nurses are considered as the backbone of any healthcare system for their honorable unparalleled service. Hence it is one of the basic prerequisite of organizational management of healthcare institutions to monitor and sustain the level of personal and organizational factors that has a direct impact on the quality of performance of nurses. Data was collected from a total of 200 nurses working at both government and private hospitals. Two-way ANOVA was used to examine the interaction effect of subjective well-being and organizational commitment on work engagement. The results revealed that work engagement is being significantly influenced by organizational commitment and subjective well being of nurses.

Keywords: attitude, hospital, commitment, nurses, subjective well-being, work engagement

Introduction

India is witnessing a rapid shift in the realm of health sector including its expansion, governance, nature of service, facilities and professionals. Organizations had acknowledged the importance of maintaining the right people with right attitude and skill. Attitudes, either favorable or unfavorable that the employees uphold certainly affect the subsequent 'on the job' behavior and it is particularly important in healthcare sector. The competence and skills of medical professionals in no way could be compromised and they must be kept up to date with the trends in the health care systems. Nurses are considered as the backbone of any healthcare industry and play a predominant role in patient care where they deal with precious human lives which are most challenging. Organizational commitment is one of the major job attitudes with which employees feel a sense of voluntary bonding to an employer, job or organization in general. Highly committed nurses tend to stay in their present organizations and the retention of employees found to be positively correlated with organizational commitment (Mayer & Allen, 1997; Porter, Steer, Mowday & Boulian, 1974) [28, 30]. Existing literature indicates that both personal and organizational/situational level variables are related to the commitment of nurses. Organizational commitment is positively related to various organizational characteristics such as communication (Laschinger, Purdy, Cho & Almost 2006; Martin & O'Laughlin, 1984) [23], promotional and advancement opportunities (Curry, Wakefield, Price & Mueller 1986; Sharma & Singh, 1991) [11, 36], job security (Wanous, 1980; Sharma, 1989) [40], monetary benefits (Wanous, 1980; Sharma & Singh, 1991) [40, 38], recognition and appreciation (Sharma & Singh, 1991) [36]. Perceived Organizational Support is yet another important factor that predicts organizational

commitment. Nurses who work in organizations where their contributions are recognized and cared for the well being of staff are found to be highly commitment to the organization (Laschinger, Purdy, Cho & Almost 2006) [23]. The extent of job satisfaction they experience also predicted organizational commitment of nurses. Many studies reported that high levels of job satisfaction contributed to significantly high levels of organizational commitment. (Al-Aameri, 2000; Crawford, 2001; Gregory, Way, LeFort, Barrett & Parfrey, 2007; Al-Hussaini, 2008) [5, 27, 18, 4] which put them enjoy their job and remain part of the organization for long. Years of experience of nurses also found to be related to organizational commitment. The longer the nurses work with an organization, the more sense of feelings of belonging experienced (Jahangir & Shokrpour, 2009; Cohen, 1993) [20, 10]. In general, organizational commitment also relates to many personal characteristics such as age, (salami, 2008), education (Cohen, 1993; Alvi & Ahmed, 1987) [20, 1], need for achievement (Steers, 1977; Mathieu, 1991) [30] and a personality trait called conscientious (Sharma & Singh, 1991) [38]. The emotional and cognitive reactions to work experience often vary individually and it often influences the well being of employees. Subjective well-being (SWB) has captivated the attention of researchers for over past three decades. It is concerned with self reported appraisal of one's own life encompassing both emotional reactions and cognitive evaluations (Diener, Suh & Oishi, 1998) [14]. It is a specific individual construct needs to be addressed in their own rights, yet many aspects interact with it jointly and independently. SWB makes available personal resources that can be directed towards innovation and creativity in thoughts and actions (Ostir, Markides, Black, & Goodwin, 2000) [29]. Nurses are one of the special population experiencing high levels of stress

in their every day duty (Wu, Zhu, Wang, Wang & Lan, 2007; Wang, Chang & Wang, 2012) ^[41, 40]. Growing evidences shows that subjective well being is an issue of concern for nurses for their impact on personal and professional outcomes. Studies reported that work-life imbalance, effort-reward, burnout and interpersonal conflict can influence the subjective well being of nurses (Watson *et al.*, 2008; Zencirci & Arslan, 2011; Hammig, Brauchli & Bauer, 2012) ^[41, 13, 17]. As a subjective experience, positive emotions, personal growth and other individual experiences affects the levels of SWB indirectly (Maslach, Schaufeli, Leiter, 2001; Li-li & Xue, 2010) ^[26, 24] which certainly have very less to do with objective factors. SWB of an employee influences the physiological function as well indicating variations in blood pressure, cholesterol, cortisol and cytokines (Amati, Tomasetti, Ciuccarelli, Mariotti, Tarquini, Bracci, Baldassari, Balducci, Alleva, Borghi, Mocchegiani, Copertaro & Santarelli, 2010; Iliès, Dimotakis, & De Pater, 2010; Matthews, Cottingham, Talbot, Kuller, & Seigel, 1987) ^[4, 19, 29] forming a direct link with the physical as well as mental health. Furthermore SWB is also associated with a wide spectrum of work related aspects including job performance (Riketta, 2008) ^[31], organizational citizenship behaviors (Bateman & Organ, 1983; Farrell, 1983) ^[6], turnover decisions (Hom, Brauchli, & Bauer, 1979) ^[18] and decreased productivity (Burton, Conti, Chen, Schultz, & Edington, 1999) ^[9].

It is an undeniable fact that committed and dedicated employees are the 'hall mark' of a successful organization. Health care intuitions essentially require such employees not only for the quality of care and service but for the patient satisfaction. Work engagement has captured considerable attention among the researchers and academics for its influence on the employee performance and productivity. Joo and McLean (2006) ^[21] labeled engaged employees as a 'strategic asset' further highlights the significance of the construct. Work engagement is a positive attitude towards ones job with high levels of vigor, dedication and absorption (Schaufeli, Salanova, Gonzalez-Rom & Bakker, 2002) ^[35] Engaged employees are believed to be fully psychologically present (Kahn, 1990) ^[24] and go beyond the call of duty (Schaufeli, Salanova, Gonzalez-Rom & Bakker, 2002) ^[35]. High quality patient care requires service of a committed nursing workforce who is fully engaged in their work with high levels of vigor, dedication and absorption. Engaged nurses have high levels of energy and are enthusiastic about their work which impacts quality of health care services (Sohrabizadeh & Sayfour, 2014) ^[37]. Literature shows that engagement is a significant predictor of Job satisfaction and organizational commitment (Saks, 2006) ^[32]. Moreover perceived organizational support, leader-member exchange, team-member exchange and work place friendship are found to be positively related to work engagement whereas nursing role stress have a negative association with work engagement (Dasgupta, 2016) ^[12]. Nurse's work characteristics like work load, decision latitude and social capital alongside work engagement found to have a mediating role between nurse practice environment and outcomes (Bogaert, Heusden, Timmermans, & Franck, 2014) ^[8]. Subsequently engagement tends to have a significant impact on the quality of healthcare

provided by influencing the performance of their employees at work. Engaged employees are found to be highly active, energetic and self efficacious individuals who enjoy control over their lives (Bakker, 2009) ^[5]. Obviously outcomes of nurse engagement would be higher levels of personal initiative, decreased hospital mortality rates and good financial profitability for organization (Bargagliotti, 2012) ^[7]. Looking at the potential of work engagement, it is apparent that work engagement has positive effects both at the organizational and individual level. Organizational endeavor which are made to retain nurses and to enhance the quality of their services must take into account the levels of vigor, dedication and absorption of its employees and the associated factors.

No institution is immune to the need to acquire and increase its efficiency for its stability and survival. Like any other industry, health sector is also facing severe competition in every aspect of its service and private health care institutions are indeed more concerned about profit as well. Nurses are the true backbone of health care industry. They are instrumental in providing all kinds of care, support, and nursing to the needy and suffering patients. However nurses work in an unpleasant atmosphere and the unique nature of their job demands them physically present and available for most of the time in their work setting. Their job is equally strenuous and challenging that a moment of carelessness may even cause death of a person. Despite of unresolved issues of nurses in Kerala, they do their duty without any failure and give their finest while handling human life. This is certainly a grave condition for those working selflessly to save the life of patients and the contributions of nurses largely overlooked by the society and authorities. The present study is an attempt to understand whether organizational commitment and subjective well being influences the work engagement of nurses. A number of studies have demonstrated that organizational commitment and subjective well being have significant impact on quality of service and performance of employees. Moreover retention of engaged employees are vital for the growth and effectiveness of every organization, thereby making it imperative for the organization to monitor the present levels of work engagement and its antecedents. Besides, with the rapid changes in healthcare industry, hospitals need to be cognizant about importance of inspiring and enabling employees to apply their full capabilities to their work. Researches on nursing population are highly appreciated for it can bring substantial changes in patient care in near and future.

Objective

1. To find out the influence of subjective well-being and organizational commitment on work engagement of nurses.

Hypothesis

1. There will be significant main and interaction effect of subjective well-being and organizational commitment on work engagement of nurses.

Method

Participants

The participants of the present study consist of nurses working

at various hospitals across Kerala including both Government and private. The total numbers of participants were 200 in which 171 (85.5 %) were females and 29 (14.5%) were males. There were 154 staff nurses (77%), 18 assistant nurses (9%) and 28 (14%) head nurses. Regarding the type of hospitals and marital status, 98 (49%) respondents were from government hospitals and remaining 02 (51%) from private and regarding marital status 130 (65 %) married, 70 (35%) unmarried.

Instruments

1. **Organizational Commitment Scale:** The organizational commitment of nurses in the present study was assessed using Organizational Commitment Scale developed by Balachandran and Thomas (1994). This instrument is a 39 item scale consists of statements like *I am proud of being an employee of this institution; I am not given proper recognition here* etc. All items were anchored on a 5 point scale ranging from Strongly Agree (A), Agree (B), Undecided (C), Disagree (D) and Strongly Disagree (E). The authors of the scale had reported a test-retest reliability of 0.88. The Cronbach alpha for the 39 items was found to be 0.87. Further the developers claim that, since the scale was developed by adapting items from existing popular scales and has included most of the employee related variables, the scale has got acceptable levels of content validity.
2. **Subjective well being (SWB) Scale for Nurses:** The SWB scale developed by Lima and Manikandan (2016) was used to assess the SWB of Nurses. This is a 26 item scale with statements like *I enjoy helping others; I am happy with my duty hours* and so forth. In the scale, 18 items measure the Affect Balance dimension and 8 items life satisfaction dimension. All items were anchored on a 5 point scale ranging from Strongly Agree (A), Agree (B), Neutral (N), Disagree (D) and Strongly Disagree (E). Reliability of the scale was found to be 0.80; indicating high reliability and face validity has checked which is also reported to be satisfactory.
3. **Work Engagement scale:** Work engagement in this study was assessed using the Utrecht Work Engagement Scale (UWES) developed by Schaufeli, Salanova, Roma, and Bakker (2002) [35]. This instrument is a three-factor scale consisting of 17 items aiming to measure the three dimensions of work engagement- vigor; dedication and absorption. The scale comprise statements like *At my work, I feel bursting with Energy; I am enthusiastic about my job; I get carried away when I am working* etc. All 17 items were anchored on a seven-point Likert-type scale ranging from 1 (never) to 7 (always). The reliability of

the scale was established by calculating the Cronbach Alpha for the total scale ($\alpha = 0.84$), and for sub scales (vigour: 0.71; dedication 0.65; absorption: 0.63) and found to be acceptable. The scale is prepared on Job Demands and Resources Model (JD-R) and the items are prepared tested among various workforces, the scale will be valid to measure work engagement of nurses.

4. **Personal data Schedule.** To collect personal information such as age, designation, hospital details, sex, marital status etc a personal data schedule was prepared and used.

Procedure

The researcher sought permission from the hospital authorities to conduct the study by explaining the objectives and rationale of the study. After obtaining consent, the nurses were contacted individually and requested their individual consent, then handed over the research instruments individually. The respondents were requested to complete it as per the instructions provided on the instruments itself. Besides that the researcher also explained the instructions verbally and assured confidentiality of their responses. Extreme care was taken to avoid any interference with their duty. The completed response sheets were collected back and checked for omissions. Later, the instruments were scored/coded as per the previously prepared scoring key and entered into a spread sheet for further statistical analysis.

Results and Discussion

The present study tried to understand the influence of organizational commitment and subjective well being on work engagement of nurses. The hypothesis framed was that ‘there will be significant main and interaction effect of organizational commitment and subjective well-being on work engagement of nurses’. Since organizational commitment and Subjective well being were measure in interval scale they were classified into three groups as Low, Average and High. According to this classification there were 68 (34%) with low organization commitment, 63 (31.5%) average organizational commitment and 69 (34. 5%) having high organizational commitment. Similarly the subjective wellbeing also was classified into three as in the case of organizational commitment. Here 64 (32%) participants with low subjective wellbeing, 76 (38%) with average and 60 (30%) participants with high subjective wellbeing.

In order to verify the hypothesis, 2-way ANOVA (3x3) was carried out on vigor, dedication, absorption and work engagement and the results of the analysis are presented in the following tables.

Table 1: Summary of ANOVA of Vigor by Subjective Well-being and Organizational commitment (3x3)

Source of variance	Sum of Squares	df	Mean Square	F
Subjective well-being	172.924	2	86.462	2.800
Organizational commitment	243.658	2	121.829	3.946*
Subjective well-being * Organizational commitment	18.738	4	4.684	0.152
Error	5897.203	191	30.875	
Total	106881.000	200		

*p≤.05

From table 1, it can be seen that vigor, one of the dimensions

of Work Engagement has no significant mean difference

among the high, low and average groups in terms of subjective well being. However, in the case of Organizational commitment there exists significant mean difference among the high, average and low group on vigor ($F= 3.964, p<.05$). Besides, table shows that Subjective well-being and Organizational commitment has no interaction effect on vigor. Nursing job demands high levels of physical and mental activity. Engaged nurses have high levels of energy and are

enthusiastic about their work which impacts quality of health care services (Sohrabizadeh & Sayfour, 2014). It is equally important for the nurses to have mental resilience and persistence in the face of difficulty (Bakker, 2009). Depending on the levels of organizational commitment, the extent of physical energy and willingness to put maximum effort also tend to vary among nurses.

Table 2: Summary of ANOVA of Dedication by Subjective Well-being and Organizational commitment (3x3)

Source of variance	Sum of Squares	df	Mean Square	F
Subjective well-being	475.827	2	237.913	9.908**
Organizational commitment	360.961	2	180.481	7.516**
Subjective well-being * Organizational commitment	266.942	4	66.735	2.779*
Error	4586.489	191	24.013	
Total	115434.000	200		

* $p \leq .05$. ** $p \leq .01$

The results shown in table 2, indicates that the Subjective well being (SWB) has a significant influence on the dimension dedication ($F=9.908, p<.01$). This reveals that employees with high, low, average levels of SWB show a significant mean difference on their dedication to work. Organizational commitment also found to have a significant effect on dedication with a calculated F value of 7.516 ($p<.01$). The three groups of organizational commitment i.e. high, low and

average were found to have significant mean difference on dedication. Consistent with findings of related studies, committed employees positively contributes to the organization where they feel a desire to put maximum effort and dedication (Porter, Steer, Mowday, & Boulian, 1974) [30]. The interaction effect of subjective well being and organizational commitment on dedication was calculated and found to be significant ($F=2.779, p<.05$).

Table 3: Summary of ANOVA of Absorption by Subjective Well-being and Organizational commitment (3x3)

Source of variance	Sum of Squares	df	Mean Square	F
Subjective well-being	554.913	2	277.456	7.303**
Organizational commitment	497.699	2	248.850	6.550**
Subjective well-being * Organizational commitment	162.023	4	40.506	1.066
Error	7256.841	191	37.994	
Total	130819.000	200		

** $p \leq .01$

From table 3, it can be seen that the Subjective well being has a significant influence on the dimension absorption ($F= 7.303, p<.01$). This demonstrates that employees with high, low, average levels of SWB show a significant mean difference on the dimension absorption. In addition, organizational commitment also found to have a significant effect on absorption ($F=6.550, p<.01$). The three groups of

organizational commitment i.e. high, low and average were found to have significant mean difference on absorption. Variations in levels of commitment tend to influence the extent to which nurses get absorbed on the job. When nurses feel absorbed into work, they happily engrossed in work and often feel difficulty to get detached from work. Such nurses tend to work selflessly and give their best on patient care.

Table 4: Summary of ANOVA of Work Engagement by Subjective Well-being and Organizational commitment (3x3)

Source of variance	Sum of Squares	df	Mean Square	F
Subjective well-being	3384.494	2	1692.247	8.438**
Organizational commitment	3215.508	2	1607.754	8.017**
Subjective well-being * Organizational commitment	867.731	4	216.933	1.082
Error	38304.461	191	200.547	
Total	1041968.000	200		

** $p \leq .01$

Table 4 reveals that there exists significant mean difference among the high, low and average group of SWB on Work engagement. The calculated F value is found to be 8.438 ($p \leq .01$). This indicates that levels of SWB significantly influence the work engagement of nurses. Consistent with

studies feeling of general well being and contentment about one's life and work tend to have a positive influence on the extent to which employees engaged to their work (Ostir, Markides, Black, & Goodwin, 2000; Hammig, Brauchli, & Bauer, 2012) [29, 17]. In addition, it is also understood from the

table that significant mean difference is found among high, low and average groups of organizational commitment on work engagement of nurses. Related literature also supports this finding (García, Fernández, & Martínez, 2016; Saks, 2006) [15, 34]. Committed employees tend to feel a strong bonding towards the organization which makes them absorbed, dedicated and fully energetic at work giving their best. Although the study shows that SWB and organizational commitment independently have significant influence, the variables do not jointly produce such effect. As engaged employees are considered as strategic assets (Joo & McLean,

2006) nurses who have high work engagement positively contributes to quality of healthcare they provide to patients. In sum, the two-way analysis of variance reveals that both subjective well-being and organizational commitment found to have an independent effect on work engagement and its dimensions. As there were significant group differences observed among variables studied, the researchers used one-way analysis of variance followed by multiple mean comparisons (Duncan) to examine which groups makes the difference. The results of analysis demonstrated in table 5.

Table 5: Summary of one way Anova of Dedication, Absorption and Work Engagement by Subjective Wellbeing

Variables	Source of variance	Sum of Squares	df	Mean Square	F
Dedication	Between Groups	711.640	2	355.820	13.453**
	Within Groups	5210.360	197	26.449	
	Total	5922.000	199		
Absorption	Between Groups	783.306	2	391.653	9.683**
	Within Groups	7968.289	197	40.448	
	Total	8751.595	199		
Work Engagement	Between Groups	4833.018	2	2416.509	11.196**
	Within Groups	42520.902	197	215.842	
	Total	47353.920	199		

**p≤.01

Findings indicate that there exists significant difference on levels of dedication among high, low and average groups of subjective well being. The calculated F value is found to be 13.453 which is very high and significant at.01 levels (p≤.05, **p≤.01). Dedication tends to vary among nurses with respect to their levels of subjective well being. The calculated F value is found to be 9.683 indicating that absorption significantly varies among high, low and average groups of subjective well being. Work engagement also varies among high, low and average groups of subjective well being. The calculated F

value is found to be 11.196 which is high and significant at.01 levels (**p<.01). In sum, dedication, absorption and work engagement significantly influences the levels of SWB of nurses. Previous researches support the findings of these findings (Schaufeli & Bakker, 2003; Bateman & Organ, 1983; Farrell, 1983) [34, 6, 6] When employees feel happiness and contentment for self, they tend to exert their best even doing more than required, showing strong support for the job and happy engrossed in work which in turn endorse a positive, fulfilling work attitude.

Table 6: Summary of one-way ANOVA of Vigor, Dedication, Absorption and Work Engagement by Organizational commitment

Variables	Source of variance	Sum of Squares	df	Mean Square	F
Vigor	Between Groups	290.901	2	145.450	4.695**
	Within Groups	6103.654	197	30.983	
	Total	6394.555	199		
Dedication	Between Groups	482.541	2	241.270	8.738**
	Within Groups	5439.459	197	27.611	
	Total	5922.000	199		
Absorption	Between Groups	727.869	2	363.935	8.935**
	Within Groups	8023.726	197	40.730	
	Total	8751.595	199		
Work Engagement	Between Groups	4308.187	2	2154.093	9.858**
	Within Groups	43045.733	197	218.506	
	Total	47353.920	199		

**p≤.01

In order to find out the significance of group difference observed on the variables vigor, dedication, absorption and work engagement on different levels of organizational commitment, one way ANOVA was carried out. The results revealed that all the four variables found to have significant mean difference among the groups having high, low and

average levels of organizational commitment. The calculated F values of vigor, dedication, absorption and work engagement were 4.695, 8.738, 8.935 and 9.858 respectively and significant at.01 level. Previous studies provide strong support for this finding (Bargagliotti, 2012; Saks, 2006) [7, 32]. Committed employees are productive employees who are

happily engrossed in duty coupled with high physical and mental activity. Engagement and commitment of nurses are detrimental to the quality of patient care and support they provide (García, Fernández, & Martínez, 2016) ^[15]. It is clearly indicated that nurse's levels of commitment impacts the extent to which one feels positive fulfilling work attitude that have potential to contribute positively to various personal and organizational outcomes.

Conclusion

Nursing profession is both strenuous and challenging. Researches depict several antecedences and consequences of both individual and organizational variables related to quality nursing service. The present study was undertaken to examine the influence of organizational commitment and subjective well being on work engagement of nurses. It was found that work engagement is being significantly influenced by organizational commitment and subjective well being of nurses. Based on the analysis of three dimensions of work engagement, it was observed that vigor significantly varies among the high, average and low groups of organizational commitment. Both the dimensions dedication and absorption were found to vary among nurses with high, low and average levels of both organizational commitment and subjective well being. The study further revealed that subjective well being and organizational commitment jointly influences the dedication of nurses. A follow up one way ANOVA was carried out to assess which group makes the differences and found that each group with high, low and average dedication, absorption and work engagement independently on varying levels of subjective well being. Besides, group difference also found among high, low and average groups on all dimensions of work engagement and work engagement separately. Significant efforts must be put forward to address the factors that influence the employee well-being and commitment which ultimately contributes to work engagement. High performance nurse work force is the call of the day for healthcare institutions to survive and excel in the present competitive scenario. Retention of engaged employees are vital for the growth and effectiveness of every organization, thereby making it imperative for the organization to monitor the present levels of work engagement and its antecedents. Findings of the present study shall be helpful for concerned authorities and management to develop and device appropriate strategies for the enhancement of work engagement of nurses by increasing their organizational commitment and wellbeing and duly recognizing their contributions to the humanity.

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