

Nurse's foci of commitment model to decrease turnover intention

Nursalam Nursalam¹, Nurul Hikmatul Qowi², Tri Johan Agus Yuswanto³, Ferry Efendi¹

¹Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

²Department of Nursing, Faculty of Health Science, Universitas Muhammadiyah Lamongan, Lamongan, Indonesia

³Department of Nursing, Health Polytechnic Ministry of Health Malang, Malang, Indonesia

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ABSTRACT

The hospital is an organization in the service sector with nurses as the main resource. Increasing the commitment of the nurses was one of the ways to retain nurses. This cross-sectional study explained nurse's foci of commitment model to decrease turnover intention. Variables in this study included nurse characteristics, job characteristics, work experience, organizational factors, nurse commitment, and turnover intention. The population was nurses who have worked in islamic hospital in Surabaya, Indonesia. The 119 nurses selected as sample based on simple random sampling. Data collected using questionnaires and analyzed using partial least squares (PLS). Nurse characteristics influenced nurse commitments (path coefficient=0.252; $t=2.953$) and turnover intention (path coefficient=-0.239; $t=2.458$). Job characteristics influenced nurse commitments (path coefficient=0.190; $t=2.409$) and turnover intention (path coefficient=-0.183; $t=2.107$). Work experience influenced nurse commitments (path coefficient=0.208; $t=2.231$) and turnover intention (path coefficient=-0.153; $t=1.964$). organizational factors influenced nurse commitments (path coefficient=0.218; $t=2.170$) and turnover intention (path coefficient=-0.174; $t=2.330$). Nurse commitment influenced turnover intention (path coefficient=-0.226; $t=2.084$). The nurse's commitment as moderate these factors in reducing turnover intention. The influence of job satisfaction, nurse commitment, and perceived organizational support to turnover intention needs further research.

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Corresponding Author:

Nurul Hikmatul Qowi

Department of Nursing, Faculty of Health Science, Universitas Muhammadiyah Lamongan

Raya Plalangan Plosowahyu Street KM3 62218, Lamongan, Indonesia

Email: nurul_hikmatul_qowi@umla.ac.id

1. INTRODUCTION

These days, hospitals are competing to provide high-quality, cost-effective, and accessible services to give people needs [1]. The success of the hospital as an organization depends on how leaders utilize human resources effectively [2]. Nursing is one of the important resources of the hospital [3]. Every hospital has major problems related to how to retain nursing staff to keep working in the same hospital for a long period of time [4] causing the turnover of nurses [5]. The nurse turnover rate is 10-20% in the United States [4], [6] United Kingdom, Australia, and Japan [6]. Turnover nurses rate who work in the first year in the United States is as high as 27.1% [6] while the rate turnover of nurses in Taiwan around 22.1% of the 4,602 new nurses with years of work under three months at a health center in 2009 [7].

Mexican hospitals cost more than 5% of annual operating costs due to nurse turnover [8]. The largest costs are used for temporary reimbursement, orientation and training [9]. Turnover also causes the loss of trained and skilled nurses, resulting in decreased hospital productivity [6]. High nurse-patient ratios as a result of reduced nurses will lead to high nursing workload, decreased quality of nursing care [10]. Therefore, organizations should make efforts to strengthen human resources for health [11]. One of the ways used to retain employees is by increasing the commitment of the employees themselves [12].

Based on the model of organizational commitment, commitment is influenced by three factors include personal characteristics, job characteristics, and work experience [12]. Organizational factors are important factors affecting organizational commitment [13], [14]. Organizational factors include workload, stress, management style, empowerment, and role perception, career development and salary development [5].

The latest trends in commitment research is using analytic strategy that centered on individual homogeneous thinking about the different commitments [15]. The target commitment (foci of commitment) is a commitment to the organization, supervisors, workgroup, and occupation [16], [17]. The development of foci of commitment for nursing staff in healthcare setting include commitment to hospital, commitment to nurse unit manager, nurse, and occupation. Foci of commitment can affect employees' turnover intention [18]. According to published literatures, employees' commitments that can predict turnover are organizational commitment [19], commitment to workgroups [20], affective commitment to supervisors [15], [21] and occupation commitment [16].

Nurses who come in and out quickly reflect high turnover. This kind of phenomenon is very detrimental to the hospital. Efforts to increase commitment through the foci of commitment approach give nurses the flexibility to commit to anyone who is considered to provide comfort during work. The comfort formed will reduce the nurse's intent to leave the hospital. Increasing nurse commitment is the best strategy for resource retention of nurses in improving the quality of hospital services. This study aimed to explain nurse's foci of commitment models to decrease turnover intention in health care setting.

2. RESEARCH METHOD

This study was done from February–March 2018 at one of the Islamic hospital in Surabaya, East Java, Indonesia. This was cross-sectional study involved sample from seven units include critical care, emergency, surgery, inpatient, outpatient, haemodialysis, and neonatal care. The sample used in the first stage were 119 nurses using cluster sampling. The number of respondents by unit was as follows: i) Critical care (n=8); ii) Emergency (n=15); iii) Surgery (n=12); iv) Inpatient (n=57); v) Outpatient (n=11); vi) haemodialysis (n=10); and vii) Neonatal care unit (n=6) (total nurses=119).

Gender, age, education, employment status, tenure, and the work unit were assessed as a demographic data. Need for achievement as nurse characteristics measured using the manifest needs questionnaire (MNQ) [22]. MNQ consist of five item with a 7-point likert type scale (1 refers to never and 7 refers to always). Job descriptions questionnaires [23], [24] was used to measure the job characteristics. Job descriptions questionnaires consist of six item with 7-point likert type scale (1 refers to never and 7 refers to always) include the identity of the task, the optional interaction and feedback. Work experience was measured using a questionnaire prepared by the researchers. Work experience questionnaire consist of 20 item with 5-point likert type scale (1 refers to very disagree and 5 refers to very agree) include: i) Nurse attitude; ii) Organizational dependability; iii) Personal importance, and iv) Met expectations. Nurse stress scale [25] was used to measure the stress of work and the workload of nurses. Nurse stress scale consist of 29 item with 4-point likert type scale (0 refers to never and 3 refers to always) include: i) death and dying; ii) conflict with physicians; iii) Inadequate preparation; iv) Lack of support; v) Conflict with other nurses; vi) workload; and vii) uncertainty concerning treatment. Practice environment scale of the nursing work index (PES-NWI) [26] was used to measure the management style, empowerment, and the role perception. PES-NWI consist of 24 item with 4-point likert type scale (1 refers to very disagree and 4 refers to very agree) include nurse participation in hospital affairs, nurse foundations for quality care, nurse manager ability, leadership, and support of nurses. Career development was measured using the scale for nurses career [27]. The scale for nurses career consist of 13 item with 5-point likert type scale (1 refers to very disagree and 5 refers to very agree) include career goal, career capacity, and career opportunity. Salary was measured using nurse job satisfaction questionnaire [28]. Nurse job satisfaction consist of 4 item with 5-point likert type scale (1 refers to very unsatisfy and 5 refers to very satisfy). Foci of commitment was measured using organizational commitment questionnaire [29] that consist of 12 item 5-point likert type scale (1 refers to very disagree and 5 refers to very agree). This questionnaire used to measure commitment to hospital, commitment to nurse unit manager, commitment to workgroup, and commitment to occupation. Turnover intention was measured using a questionnaire developed by the researchers. Turnover intention questionnaire

consist of six item with 5-point likert type scale (1 refers to very disagree and 5 refers to very agree) include thinking of quitting, intent to search, and intent to quit.

The statistical analysis was using partial least squares (PLS). Strategical issues were determined based on PLS result and discussed in a focus group discussion (FGD) to give the solutions how to decrease turnover intention. This study was approved by the ethical committee of the islamic hospital Surabaya with certificate number 0002/KEPK-RSI JS/II/2018.

3. RESULTS AND DISCUSSION

3.1. Results

Smart PLS-2 program were used to analyse research data. Based on Table 1, it can be seen that nurses were mostly female (73.1%), and between 21–40 years old (97%). The nurses were completed undergraduate degrees 70.6 %. Nurses with married status were 66.4% and employment status as a permanent employee were 69.7%. The majority of the nurses had worked one to five years of work experience 72.3%.

Table 1. Distribution of general characteristics of the respondent (n=119)

Characteristics	n	%
Gender		
Female	87	73.1
Male	32	26.9
Age (year)		
40-60	1	0.8
21-40	116	97.5
<21	2	1.7
Latest education		
D3 (3-year diploma)	84	70.6
S1 (undergraduate)/D4 (4-year diploma)	35	29.4
S2 (postgraduate)	0	0
Marital status		
Married	79	66.4
Single	39	32.8
Widow/widower	1	0.8
Employment status		
Permanent	83	69.7
Non permanent	10	8.4
Contract	26	21.8
Tenure (Year)		
1-5	86	72.3
6-10	25	21.0
11-20	7	5.9
>20	1	0.8
Work unit		
Out patient	11	9.2
In patient	57	47.9
Emergency	15	12.6
Intensive care	8	6.7
Operating room	12	10.1
Hemodialysis	10	8.4
Neonatal care	6	5.0

Table 2 (see in Appendix) can be seen in appendix which presents the variables of nurse commitment and turnover intention. The majority of nurses were had high need for achievement (79.8%). In job characteristics, optional interaction was the lowest in high category (63%). In work experience, the lowest was nurse attitude, which was in the negative attitude category (47.1%). In organizational factors, the lowest was salary, which was in unsatisfy category (45.4%). At the nurse commitment, the highest was commitment to occupation, which was in high category (27.7%) and low category (14.3%). At the turnover intention, the highest was intent to search, which was in yes category (68.1%).

The result of hypothesis test of development nurse commitment model to reduce turnover intention shows that nurse commitment influenced by personal characteristics, job characteristics, work experience, organizational factors. Turnover intention also influenced by these factors and nurse commitment (commitment to hospital, nurse unit manager, workgroup/ nurse, and occupation).

Based on Figure 1, the nurse characteristics influence the nurse commitment had a path coefficient of 0.252. The job characteristics influence the nurse commitment had a path coefficient of 0.190. The work

experience influence the nurse commitment had a path coefficient of 0.208. The organizational factors influence nurse commitment had a path coefficient of 0.218. The nurse commitment influence the turnover intention had a path coefficient of -0.226. The nurse characteristics influence the turnover intention had a path coefficient of -0.239. The job characteristics influence the turnover intention had a path coefficient of -0.183. The work experience influence the turnover intention had a path coefficient of -0.153. The organizational factors influence the turnover intention had a path coefficient of -0.174. Nurse commitment decreased turnover intention by 48.2%. The results of the analysis on PLS tests that have been done, variables are arranged according to the priority of the most influential factors. The last model of nurse commitment based on foci of commitment is described in Figure 2.

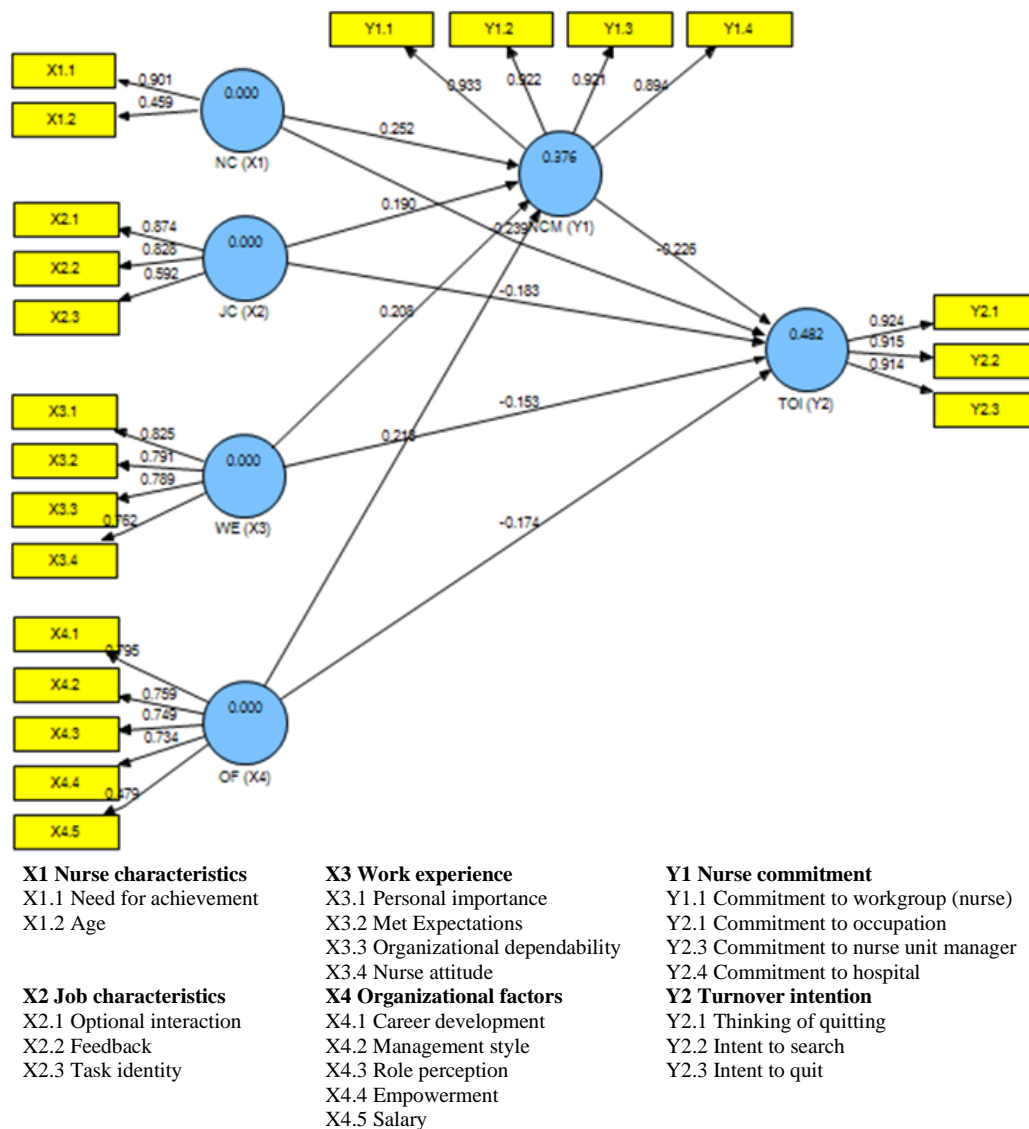


Figure 1. The nurse’s foci of commitment model based on PLS test

As shown in Figure 1, nurse characteristics, job characteristics, work experience, and organizational factors influenced the turnover of intention directly or through nurse commitment. Sobel test conducted to determine the effect of nurse commitment as a mediator in reducing turnover intention. The sobel test results showed at Table 3 that nurse characteristics (3.385>1.96), job characteristics (4.059>1.96), work experience (3.549>1.96), and organizational factors (3.534>1.96) significant to decrease turnover intention.

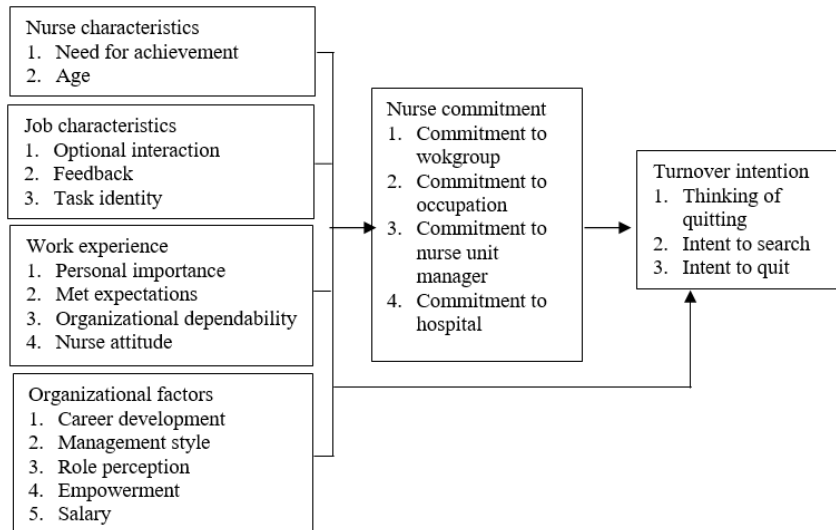


Figure 2. The final nurse’s foci of commitment model

Table 3. Sobel test result of nurse’s foci of commitment model (n=119)

No	Variable	Sobel test	SE	P value
1	Nurse characteristics (X1) → nurse commitment (Y1) → turnover intention (Y2)	3.385	0.053	0.0007
2	Job characteristics (X2) → nurse commitment (Y1) → turnover intention (Y2)	4.059	0.04	0.00004
3	Work experience (X3) → nurse commitment (Y1) → turnover intention (Y2)	3.549	0.053	0.00038
4	Organizational factors (X4) → nurse commitment (Y1) → turnover intention (Y2)	3.534	0.053	0.00035

3.2. Discussion

The nurse characteristics, job characteristics, work experience, organizational factors can increase the nurse commitment and reduce turnover intention. Two indicators that can describe the nurse characteristics include need for achievement and age. Nurse who have high need for achievement will do their best for their work, improve their skill, and spirit in facing challenges in working.

The most influential indicators on job characteristics are optional interaction with co-workers (other nurses, doctors, and hospital staff). Interactions with colleagues that occur on an ongoing basis will form friendships in the work environment. The benefits of this interaction are felt in the presence of improved teamwork and effective system support in work.

Personal importance is the indicator of work experience. The nurse will feel that the work is very valuable if the nursing work is rewarded by nurse unit manager or a higher leader, such as a nursing manager. Rewards not only given as salary or incentives, thank-you is one of the most important appreciation for nurses. Nurses who are given additional responsibility also feel that their work in the hospital can be relied.

Career development influences organizational factors. Career development is very important for nurses who have high career achievement goals. Nurses who can enjoy the their career can trigger nurse job satisfaction. Another indicator that also affects organizational factors is management style. How leaders behave, interact with employees, and how to solve problems will be accepted or rejected by the nurse. Non-compliance of nurse expectation with leader can lead nurses to disrespect to leader, absent at work, and other rejection behavior. Stress and workload are not an indicator of organizational factors. Stress and workload depend on the nurse's perception and nurse’s comfort in doing their job. Nurses who feel comfortable with their work will feel happy doing their work even though the workload in the unit is very high, and vice versa.

The low commitment to workgroup (nurse) can decrease nurse commitment. The nurse's discomfort in working causes the nurse to laze around the workplace and become unproductive. Improving teamwork among the nurses can be done to increase the commitment to the workgroup. Turnover intention can be decreased by preventing nurses from thinking of quitting from the hospital. Nurses who feel satisfied and fulfilled their needs will want to stay in the hospital.

Figure 1 shows that nurse characteristics, job characteristic, work experience, and organizational factors positively influenced nurse commitment. Hence, it was negatively associated with turnover intention. Nurse characteristics, job characteristic, work experience, and organizational factors can be directly decreased turnover intention.

Foci of commitment is a unity consisting of individuals, groups, to whom an employee is bound [30]. Commitment is complex, diverse, and can be directed to focused commitments within and outside the organization [31]. In health services, the concept of the target (focus) of this commitment can be used to consider the behavior of employees. This behavior can be a withdrawal behavior from the workplace [32]. The fact that employees tend to commit to a variety of work focuses that have consequences (directly or indirectly) for their decision to leave, or live together, at the organization [31].

The results of this study explain that turnover intention can be decreased by increasing the commitment of nurses, which consists of commitment with workgroup (nurses), occupation, nurse unit manager, and hospital. This result is in line with study that the foci of commitment consisting of commitment to the organization, supervisors, co-workers and occupation can predict the willingness of employees to leave the organization and leave their jobs [16], [17]. Commitment to the workgroup is the nurse's attachment to a nurse who works in one room. The attachment between group members will tend to be higher than the attachments between different work groups within the same organization [20]. Nurses will have a lot of support from work groups rather than organizations [20]. Interaction with workgroups is more common and individuals are more active in the workplace than in organizations in everyday life [33]. Affective commitment to work groups can be improved through enhancing perceived work group cohesiveness [21] through teamwork development.

Work commitment is a measure of workers' loyalty to a particular field of work [34]. Affective work commitment reflects professional attachment, identification, and involvement in work or profession [35]. The suitability between the nurse's perception and experience gained during the work may influence the nurse's decision to continue working [36]. A person who is satisfied with the fulfillment of basic needs can increase work commitment [37]. Affective commitment to work can be built through career development and professional skill enhancement and followed by rewards [38]. Commitment to nurse unit manager is a commitment to the supervisor. Commitment to supervisors shows employees' trust and openness to supervisors [39]. Commitment to the supervisor is related to vertical relevance based on the principle of reciprocity [40]. Professional employees will show more loyalty to the supervisor than to the organization [40]. Employees who are committed to high supervisors have a low intention to quit [15]. Affective commitment to the supervisor is strongly influenced by the leader member exchange (LMX) [21].

Definition of organizational commitment as a psychological construct that characterizes the relationship of members of an organization with its organization and has implications for the individual's decision to continue his membership in organization [41]. Individuals who are committed to high organization will have greater work efficiency and job satisfaction. [42]. High job satisfaction will decrease employees' desire to leave the organization. Affective commitment to the organization can be built through employee engagement in decision making, formulating the needs and expectations of employees according to hospital goals, building leadership behaviors that are nurses and tasks oriented, and enhancing the clarity of employee roles in the organization [43].

Foci of commitment is a commitment built based on commitment targets. The separation of nurse commitment has one purpose that is for the advancement of organization (hospital). In this study, commitment to the workgroup is the first commitment to be built. This commitment is enhanced by the improvement of team work. Before building a team work, the nurse must know the benefits of teamwork first. The role of nurse and nurse unit manager becomes very important in creating a good working atmosphere between nurses. This good teamwork will improve the relationship between nurses and nurses with the nurse unit manager.

4. CONCLUSION

This study revealed that nurse characteristics with the indicators of need for achievement directly influenced nurse commitment. Job characteristics using the indicators of optional interaction influenced nurse commitment. Work experience directly influenced nurse commitment, especially in personal importance. Organizational factors in career development and management style also increase nurse commitment. Nurse commitment influenced turnover intention in commitment to workgroup (nurses). Personal characteristics, job characteristics, work experience, and organizational factors directly influenced turnover intention. The nurse commitment model can decrease turnover intention by increase commitment to workgroup (nurses), commitment to occupation, commitment to nurse unit manager, and commitment to hospital.

The importance of nurses' emotional attachment and comfortable environment in working to maintain nurses working in hospitals. Hospitals should do an effort how to reduce nurse intention turnover through increased emotional attachment of nurses. Nurses are homogeneous individuals with different commitment targets. Nurses can increase commitment to their chosen commitment targets, including commitment to workgroup (nurse), commitment to occupation, commitment to nurse unit manager, and

commitment to hospital. This commitment is enhanced through increased need for achievement, improve nurse relationships with colleagues, provide additional responsibilities and awards to nurses, and develop a clear career of nurses.

Limitations in this study are research results that can not be generalized in all hospitals. In addition, the number of instruments used by researchers is very much to be able to represent each variable studied, so that respondents feel bored that can affect the dishonesty of respondents in filling the questionnaire. The influence of job satisfaction, nurse commitment, and perceived organizational support to turnover intention needs further research.




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BIOGRAPHIES OF AUTHORS






Nursalam    is a Professor of Faculty of Nursing, Universitas Airlangga. His research interests are mainly focused in Nursing Management, Basic and Medical Surgical Nursing, Critical Nursing. Active member and Head of Association of Indonesian Nurses Education Center (AINEC) and Persatuan Perawat Nasional Indonesia (PPNI) at east java province. He has written the books nursing management, research methodology in nursing, English for nursing, nursing care for HIV/AIDS. He can be contacted at email: nursalam@fkip.unair.ac.id.







Nurul Hikmatul Qowi    is a lecturer in Nursing Department of Universitas Muhammadiyah Lamongan, Indonesia. Her research interests are mainly focused in nursing education, nursing management, and nursing informatics. Active member of Himpunan Perawat Manajer Indonesia (HPMI). She has written the books nursing management, anatomy and physiology. She can be contacted at email: nurul_hikmatul_qowi@umla.ac.id.



Tri Johan Agus Yuswanto    is a lecturer of Polytechnic of Health of Malang, Ministry of Health, Malang, Indonesia. His research interests are mainly focused in the nursing management and leadership, patient safety, and diabetes mellitus. He is an active member and head of Himpunan Perawat Manajer Indonesia (HPMI) of East Java Province. He can be contacted at email: denbagusjohan@yahoo.co.id.



Ferry Efendi     is lecturer and researcher of Faculty of Nursing, Universitas Airlangga. His research interest is mainly focused in migrant nursing. He is founder of Nurse Labour Market (NLM), android based application. He is also an active member of The External Affairs Committee, Council of Asian Science Editor, AuthorAid, Healthspace Asia, Global Health Network. He is 500 Best Researchers in Indonesia based on SINTA. He is author of several international peer reviewed publications about nursing, healthcare and human resources. He can be contacted at email: ferry-e@fkp.unair.ac.id.

APPENDIX

Table 2. Variables distribution of nurse's foci of commitment model (n=119)

Variable	n (%)	\bar{x}	Score
Need for achievement			
High	95 (79,8)	29.8	20-35
Moderate	24 (20,2)		
Low	0		
Optional interaction			
High	75 (63,0)	11.3	6-14
Moderate	37 (31,1)		
Low	7 (5,9)		
Feedback			
High	84 (70,6)	11.7	7-14
Moderate	34 (28,6)		
Low	1 (0,8)		
Task Identity			
Dependent	4 (3,4)	11,9	1-14
Partially dependent	20 (16,8)		
Independent	95 (79,8)		
Personal importance			
High	72 (60,5)	19,0	11-25
Moderate	46 (38,7)		
Low	1 (0,8)		
Met Expectation			
High	68 (57,1)	19,3	14-25
Moderate	51 (42,9)		
Low	0 (0)		
Organizational dependability			
High	71 (59,7)	18,9	15-25
Moderate	48 (40,3)		
Low	0 (0)		
Nurse attitude			
Positive	63 (52,9)	18,5	13-25
Negative	56 (47,1)		
Career development			
Good	57 (47,9)	47,8	29-67
Enough	61 (51,3)		
Less	1 (0,8)		
Management style			
Effective	45 (37,8)	15,6	6-21
Effective enough	69 (57,9)		
Less effectif	5 (4,4)		

Nurse's foci of commitment model to decrease turnover intention (Nursalam)

Variable	n (%)	\bar{x}	Score
Empowerment			
High	41 (34.5)	27.6	12-36
Moderate	76 (63.9)		
Low	2 (1.7)		
Role perception			
Good	50 (42.0)	31.4	20-40
Enough	65 (54.6)		
Less	4 (3.4)		
Salary			
Satisfy	65 (54.6)	11.4	4-20
Unsatisfy	54 (45.4)		
Commitment to workgroup			
High	18 (15.1)	40.1	21-62
Moderate	81 (68.1)		
Low	20 (16.8)		
Commitment to occupation			
High	33 (27.7)	41.2	22-60
Moderate	69 (58.0)		
Low	17 (14.3)		
Commitment to nurse unit manager			
High	16 (13.4)	39.9	35-59
Moderate	82 (68.9)		
Low	21 (17.6)		
Commitment to hospital			
High	17 (14.3)	39.6	23-59
Moderate	84 (70.6)		
Low	18 (15.1)		
Thinking of quitting			
Yes	55 (46.2)	5.15	2-10
No	64 (53.8)		
Intent to search			
Yes	81 (68.1)	6.01	2-10
No	38 (31.9)		
Intent to quit			
Yes	49 (41.2)	4.86	1-10
No	70 (58.8)		