



ปัจจัยที่มีอิทธิพลต่อความผูกพันต่อองค์กรของพยาบาลประจำการโรงพยาบาล แห่งหนึ่ง ในนครไฮจิมินท์ ประเทศไทยเวียดนาม

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บทคัดย่อ

ความผูกพันต่อองค์การเป็นปัจจัยสำคัญประการหนึ่งที่จะทำให้พยาบาลคงอยู่ในองค์การ โดยเฉพาะอย่างยิ่ง เมื่อปัจจัยการขาดแคลนพยาบาลเพิ่มสูงขึ้น การวิจัยเชิงท่านายครั้งนี้มีวัตถุประสงค์เพื่อศึกษาระดับความผูกพัน ต่อองค์กรของพยาบาลและศึกษาสำนักงาน การทำงานของปัจจัยด้านสถานภาพสมรส การศึกษาพยาบาล ประสบการณ์ในการทำงาน เงินเดือน และการได้รับการสนับสนุนจากการต่อความผูกพันต่อองค์กรของพยาบาลประจำการในเวียดนาม กลุ่มตัวอย่างในการวิจัยเป็นพยาบาลประจำการ จำนวน 109 คนที่ได้จากการสุ่มอย่างง่าย จากโรงพยาบาลรัฐบาลแห่งหนึ่ง ในนครไฮจิมินท์ ประเทศไทยเวียดนาม เก็บรวบรวมข้อมูลโดยใช้แบบสอบถาม ประกอบด้วยแบบสอบถามข้อมูลด้านสังคมประชากร แบบสอบถามความผูกพันต่อองค์กร และแบบสอบถามการรับรู้การสนับสนุนจากการ วิเคราะห์ข้อมูลด้วยสถิติพารามิเตอร์และการทดสอบพหุคุณแบบมาตรฐาน ผลการวิจัยพบว่า 1) พยาบาลมีความผูกพันต่อองค์กรโดยรวมอยู่ในระดับปานกลาง (คะแนนเฉลี่ย = 3.53, ส่วนเบี่ยงเบนมาตรฐาน = 0.66) 2) ตัวแปรทั้งหมดสามารถร่วมกันทำงานของความผูกพันต่อองค์กรได้ร้อยละ 35.50 ($F(5,103) = 11.32, p < .001$) และ 3) เมื่อควบคุมอิทธิพลของตัวแปรอื่นตัวแปรทั้งหมดแต่ละตัวได้แก่ สถานภาพสมรส การศึกษาพยาบาล ประสบการณ์ในการทำงาน เงินเดือน การได้รับการสนับสนุนจากการต่อความผูกพันต่อองค์กรอย่างมีนัยสำคัญทางสถิติ ($\beta = 0.18, 0.20, 0.19, 0.19, 0.17$ ตามลำดับ, $p < .05$) ผลการวิจัยแสดงให้เห็นการรับรู้ความผูกพันต่อองค์กรของพยาบาล และเสนอแนะให้ผู้บริหารการพยาบาลเน้นให้การสนับสนุนพยาบาลเพื่อเพิ่มความผูกพันต่อองค์กรของพยาบาลให้มากขึ้น

คำสำคัญ: ความผูกพันต่อองค์กร การสนับสนุนจากการต่อความผูกพันต่อองค์กร พยาบาลประจำการ เวียดนาม

Introduction

Nurses are indispensable human resources for hospitals, a major factor in protecting patients' health. A nursing shortage has been growing for some decades, an obvious concern and challenge for hospitals. A component of the shortage of nurses is high turnover rates. Duffield, Roche,

Homer, Buchan, and Dimitrelis¹ found that turnover rates are substantially different between countries, with the highest rate in New Zealand (44.3%), followed by the US (26.8%), Canada (19.9%) and Australia (15.1%). Previous studies showed the high rate of nurse turnover may be linked to heavy workload, complex work relationships, longer shifts

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and nurses' lack of opportunities for career advancement.^{2,3} Bureaus, Staiger and Auerbach⁴ found that 37% of nurses report they are ready to change jobs.

Organizational commitment has been found to be an antecedent factor related to retention.⁵ Organizational commitment implies intent to persist in a course of action that promote organizational goals. Therefore, to achieve stability and reduce turnover costs, the organization tries to foster commitment in its staff.⁶ Organizational commitment becomes important when it is considered as the link between quality of service and healthcare employees' morale.⁷ Azeem⁸ found that higher levels of organizational commitment lead to increased job satisfaction and productivity, and decreased staff turnover. Likewise, Meyer and Allen⁹ indicated that there is a negative relationship between organizational commitment and intent to leave the work place. This is consistent with the work of Mowday, Porter and Steer¹⁰ who found that staff with high organizational commitment are happier with their work, spend less time away from their job, and are less likely to intend to leave their organization. It can be concluded that an organization cannot achieve competitive levels of quality, either at a product level or a customer service level, if the staff do not feel satisfied or do not identify with the organization. Thus a lack of organizational commitment by staff poses a danger to the organization in terms of employee retention, performance quality, and operating cost.¹¹

Previous studies found several variables correlated with organizational commitment among nurses, such as work conditions, perceived organizational support, organizational characteristic, and personal characteristics such as marital status, years of experience, and level of education.^{5,12-14}

Perceived organizational support had been found to predict organizational commitment in previous studies in different settings. Organizational support is, in essence, organization assistance to staff in carrying out their jobs effectively and dealing with stressful situations¹⁵. Perceived organizational support refers to employees forming a global belief about the extent to which an organization values their contributions and cares for their well-being¹⁶. Rhoades and Eisenberger¹⁷ stated that nurses who believe their organization supports their contributions and well-being will be committed to their organization and will have a higher sense of loyalty than nurses who do not have such a belief. This conclusion was confirmed by another study that showed nurses who worked in organizations that valued their contributions and cared for their well-being were highly committed to their organizations⁵.

Marital status is also frequently found to be significantly correlated with organizational commitment.^{18,19} Married nurses have greater financial burdens and family responsibilities than unmarried nurses, and leaving their current organization may interfere with their family life. Therefore married nurses exhibit higher levels of organizational commitment.²⁰ Education is another factor that has been found to be related to organizational commitment among staff. More educated staff shows lower levels of commitment, most likely because they have higher expectations or greater alternative job opportunities.^{21,22} According to Pala, Eker and Eker²³, educational attainment is one of the demographic factors related to organizational commitment. In addition, years of experience is another determinant of organizational commitment (e.g., Cohen²⁴). Al-Aameri¹² found that nurses with more years of experience were more highly committed to their organizations. Taiwo²⁵



also found a significant relationship between years of experience and organizational commitment.

Other research found that salary was positively correlated with organizational commitment. Salary can be considered the payment or compensation received for services rendered, including basic salary and any bonuses or other economic benefits that an employee receives during employment. Staff satisfaction is determined in part by having needs and desires met. Salary affects the extent to which external and internal needs and desires can be attained. Thus the level of commitment to an organization can depend on the level of financial and personal rewards. Folger and Cropanzano²⁶ and Meyer and Allen⁹ indicated that an organization which supports its staff will benefit from feedback and reciprocal support from the staff, and that staff in fact feel an obligation to reciprocate. Finally, Kanchana and Panchanatham²⁷ showed a significant relationship between salary with organizational commitment.

In Vietnam, according to WHO²⁸, there are 1.24 nurses and midwives per 1,000 population. This indicates that Vietnam faces a shortage of nurses to provide care for more than 90 million people. In fact, this ratio meets just one-third of the nursing healthcare needs of the population; the nursing shortage means nurses may work too many hours to guarantee safety and quality care, experience high levels of pressure and stress, and run unnecessary risks. A study by Tran et al.²⁹ showed that 8.2% staff nurses intended to leave their organization and 5% of nurses left their jobs within five years. Less than optimal management may be a factor contributing to the growing nursing shortage. Increasing recruitment efforts to maintain adequate nursing staff is not a good long-term strategy because of recruitment costs and the time it takes to train new nurses.

Commitment, as noted, is related to job satisfaction. Tran, Hoang, and Nguyen³⁰, surveying job satisfaction among Vietnamese nurses, found that respondents were least satisfied with: salary and incentives (24.0%); benefits package (25.1%); equipment (35.7%); and; environment (41.8%). Both commitment and job satisfaction are thus antecedents of intent to leave one's job. Declines in job satisfaction lead to declines in commitment. But there is lack of research about commitment among nurses and the factors affecting commitment, especially in Vietnam. Therefore, this study aimed to investigate the level of commitment among staff nurses and to examine the relationship between marital status, nursing education, year of experience, salary and perceived organizational support with the organizational commitment among staff nurse in a public hospital located in Vietnam. This study should help nurse managers better understand the needs of nursing staff and thus keep the number of nursing staff adequate and stable, promoting organizational productivity and goal attainment.

Methodology

A predictive design was used to investigate the level of nurses' organizational commitment and its predictors.

Population and Sample

The population in this study is Vietnamese nurses. The sampling frame consisted of 265 staff nurses who were working in a hospital under the Health Department of Ho Chi Minh City in 2015 and who met the inclusion criteria. Inclusion criteria were that nurses: 1) had worked at least one year in this hospital, and; 2) had willingness to participate in this study.

Sample size was estimated following the recommendations of Tabachnick and Fidell³¹ for regression analyses. A conservative sample size



would be $N \geq 104 + m$, where m is the number of independent variables. With five independent variables, the sample size in this study should be at least 109. Thus this study's sample was 109 nurses in a Hospital under the Health Department of Ho Chi Minh City.

The 265 nurses who met the inclusion criteria were stratified by unit. The sample was proportionally selected from each unit so that each unit nurse had the same chance of being selected. Nursing staff names were numbered. The numbers were transferred to slips of paper, which were mixed in a box. The researcher then randomly drew numbers from the box until the desired sample size was reached.

Instruments

Three self-administrated questionnaires were used to collect data on participant demographics, perceived organizational support, and organizational commitment. The questionnaires were: 1) Demographic Questionnaire; 2) Perceived Organizational Support Survey, and; 3) Three Component Model Employee Commitment Survey.

Demographic questionnaire. The questionnaire consisted of 6 items to obtain information from the sample of nurses on age, gender, marital status, nursing education, years of experience, and salary.

Perceived Organizational Support Survey (POSS). This questionnaire, developed by Eisenberger, Huntington, Hutchinson, and Sowa (1986), consists of eight items to measure nurses' perceived organizational support. Items are scored with a 7-point Likert Scale. Positive items regarding perceived organizational support are scored 0-6, with 6 = strongly agree. Negative items are reverse scored. Thus total scores range from 0-48, with a higher score representing a high organizational support. The instrument has demonstrated its validity and reliability in research on many different professions

as well as nursing. The POSS internal consistency value has been estimated as 0.80.²⁰

Three Component Model (TCM) Employee Commitment Survey.

The organizational commitment of the hospital nurses was evaluated by the short form of organizational commitment questionnaire developed by Meyer and Allen (1993). This questionnaire consists of 18 5-point Likert Scale items. Higher scores indicate greater organizational commitment. Negative items were reverse-scored. Thus total scores could range from 18 to 90. Each nurse's mean score was then calculated, yielding scores ranging from 1-5. Following Polit and Hungler³², the lowest observed mean score was then subtracted from the highest mean score, and the result divided by 3, to yield three equal intervals of 1.33 points ($[5-1]/3=1.33$). Therefore, level of organizational commitment were classified as follows: mean score of 1.00-2.33 = low, mean score of 2.34 – 3.66 = moderate , and mean score of 3.67 – 5.00 = high. The TCM Employee Commitment Survey's internal consistency was reported in a previous study as yielding Cronbach's alpha of 0.88³².

Psychometric Properties of the Instruments

Validity. The POSS and the TCM Employee Commitment Survey were translated into Vietnamese language by backward translation technique (Lee, Yu & Woo, 2004). The backward translation was performed by two experts who were bilingual translators fluently in English and Vietnamese and related to healthcare management. This translation had a chain of three steps as follow: 1). The translation process was begun with translating from English (original version) of these instruments into the target language Vietnamese by a bilingual native translator., 2). Another translator translated the Vietnamese version back to English version., and 3). Both the original English version and the backward translated



version were compared by another translator who was influent in English, about linguistic congruence that achieved the equivalent meaning.

Reliability. In this study, the POSS and TCM Employee Commitment Survey were tested for internal consistency by administering them to 30 Vietnamese nurses in another hospital whose characteristics matched those of the sample. The Cronbach's alphas coefficients for reliability of the POSS and TCM Employee Commitment Survey were 0.89 and 0.92, respectively.

Protection of Human Subjects

This study was reviewed and approved by the Institutional Review Board of the Faculty of Nursing, Burapha University, Thailand. Subjects were informed about the purpose and details of the study, that their participation was voluntary, that they could refuse to participate or withdraw from the study at any time, and that their participation or non-participation would not affect their job status. No identifying information would be on any documents or records, nor would any individual information be shared with others. Data were organized by participants' codes only, questionnaires would be kept by the researcher in a locked file, and data would be destroyed after the study was completed and published, or after one year (whichever occurred first).

Data Collection Procedure

After obtaining IRB approval, the researcher obtained a letter requesting permission for data collection from Dean of the Faculty of Nursing, Burapha University. The researcher presented letter and further explained the study to the Director of the study hospital and the Director of the Nursing Department. The researcher then met and explained the study to obtain the cooperation and permission of head nurses. The researcher then obtained a list

of nurses from the Nursing Department. After selecting the sample, the researcher met the participants of each unit at an appropriate time (e.g., the shift change meeting) and explained about the study's goals and procedures. Written informed consent was then obtained. The questionnaires were then given to each nurse by the researcher, who remained, when necessary, to guide participants in filling out the questionnaires. The questionnaires were returned to the researcher after completion. Participants who were busy were allowed to take the questionnaires home and return them the next day. The researcher reviewed and cleaned all data from the completed questionnaires.

Data Analysis

Data were analyzed using statistic computer software. The alpha level was set as .05. Descriptive statistics such as frequencies, means, and percentages were used to analyze the nurses' demographic data, level of perceived organizational support and level of organizational commitment. Standard multiple regression analysis was conducted to examine the predictive power of the independent variables.

Results

Sample characteristics

The mean of age of participants was 32.65 ($SD = 8.13$), with 71.6% in the 20-35 age group. 81.7% of participants were females. About half the sample of nurses (51.4%) was married. Regarding nursing education, 45.9% of participants had finished secondary (two years) training, and 21.1 % had finished college (3 years) training. Regarding years of experience ($M = 7.09$, $SD = 3.43$), 34% of participants had been working for the hospital for 7-10 years; another 32.1% had 4-6 years' experience



working for this hospital. Regarding salary ($M = 298.25$, $SD = 7.52$), 45% of the sample reported earning the equivalent of US\$ 250-350 per month. The rest of the sample was nearly evenly divided between the US\$150-250 and >US\$350 categories. Most participants' POSS scores reflected moderate perceived organizational support, with mean of 3.69 ($SD = 0.41$, range = 1-6).

Organizational commitment and its predicting factors

Table 1 shows that the level of affective commitment was high ($M = 3.67$, $SD = 0.76$), while the levels of continuance and normative commitment were moderate ($M = 3.44$, $SD = 0.81$; ($M = 3.45$, $SD = 0.65$, respectively). The overall organizational commitment among participants was moderate ($M = 3.53$, $SD = 0.66$).

Table 3 presents standard multiple regression analysis results. Marital status, nursing education, years of experience, salary and perceived organizational support were significant predictors, explaining 35.5% of the variance in organizational commitment ($F_{(5,103)} = 11.32$, $p < .001$). The strongest predictor of organizational commitment was nursing education ($\beta = -.20$, $p < .05$), followed by years of experience and salary ($\beta = .19$, $p < .05$ for both), marital status ($\beta = .18$, $p < .05$), and perceived organizational support ($\beta = .17$, $p < .05$) (With marital status was computed into interval scale by married and divorced = 1 and single = 0).

Discussions

1. Level of organizational commitment

In this study, the overall level of nurses' organizational commitment was moderate ($M = 3.53$, $SD = 0.66$). This indicated that the nurse commitment to their hospital is not strong, lending credence to their claim that they could leave the hospital if they could

find a better work environment. There are several possible explanations.

First, almost all public hospitals in Ho Chi Minh City are consistently overloaded and nearly all cases are acute cases, making nurses feel stressed. Second, the hospital is located in the most crowded city in the country. Third, the research site is a public hospital, so the income of staff cannot equal that of people who work in the private hospitals, which were built to better adapt to the demographics of the city. Thus the decision by nurses to look for a new hospital with better benefits was more likely. On the other hand, the hospital was rated level 2 (from 3 levels), meaning it provides good quality treatment and caring for patients. This rating may make staff nurses proud to be working for this organization. Next, nurses in the hospital help each other or their team whenever necessary, putting this above the need of the individual, consistent with an Asian culture. Cooperation and mutual support develop a sense of teamwork, relationship and belonging to the organization. Research showed that good relationships among and between groups of nurses will support teamwork and increase commitment among staff, and thus reduce turnover.³³ As well, the cost of living in Ho Chi Minh City could reduce turnover by making staff fearful of leaving without a firm offer of a better job. Furthermore, as government policy and hospital leadership improves, the staff nurses may feel that the administrators care about their well-being.

2. Factors predicting organizational commitment

commitment The result of standard multiple regression analysis showed that marital status, nursing education, years of experience, salary and perceived organizational support explained 35.5% of the variance in organizational commitment ($R^2 =$



.355, $F_{(5,103)} = 11.32$, $p < .001$). As noted in the discussion of Table 3, the best predictor of organizational commitment was nursing education, followed by years of experience and salary, then marital status and perceived organizational support. The remaining 64.5% of variability in organizational commitment is attributable to others factors which were not explored in this study.

2.1 Marital status In this study, marital status was a significant predictor of organizational commitment ($\beta = .18$, $p < .05$). Married nurses have greater family responsibilities and burdens than unmarried nurses. Ideas about leaving their current organization could be affected by their family life. The result is consistent with studies by Sikorska¹⁹; Makanjee, Hartzler and Uys¹⁸ all of which found that marital status has a positive relationship with organizational commitment. Married people are more loyal than unmarried people to their organization. Married people have more family obligations and require more stability and security regarding their jobs¹⁸. Therefore, they can be expected to be more committed to their current employer than are their unmarried counterparts.

2.2 Nursing education In this study, organizational commitment was negative predicted by nursing education ($\beta = -.20$, $p < .05$). Because almost nurses have high levels of education, it is easy to find positions in other organizations, especially when their job meets a health-related, constant and pressing social need. Perhaps, in general, nurses do not fear the loss of their job since the odds of quick re-employment are higher than for non-nurses. Also, more highly educated staff may have higher expectations of their employing organization, expectations the employer may not be able to adequately meet¹⁰. More educated staffs most likely show lower levels of commitment because they have

higher expectations or greater alternative job opportunities^{21,22}. Pala, Eker and Eker²³ also showed that level of education affects employees' commitment, Finally, a Vietnamese study by Dung, Ly, and Trang³⁴ showed that higher education led to commitment decrease ($\beta = -.15$, $p < .05$).

2.3 Years of experience In this study, years of experience was a significant predictor of organizational commitment ($\beta = .19$, $p < .05$). Nurses who had stayed with the organization for a long time felt they had received the care from their employer, had joined in training courses, and they felt they must contribute to the organization. The result is consistent with previous studies by Cohen²⁴; Mayer and Schoorman³⁵ and Mathieu and Zajac²², all of which found that nurses with more years of experience were more committed to their organizations. Heinzman³⁶ found a significant relationship between organizational commitment and years of experience. Taiuwo²⁵, also showed a positive relationship between organizational commitment and experience. Salami³⁷ identified a positive and strong relationship between organizational tenure and organizational commitment, and Siew, Chitpakdee and Chontawan²⁰, surveying 416 nurses in Malaysia, found year of experiences to be a predictor of organizational commitment ($\beta = .09$, $p < 0.05$).

2.4 Salary Salary in this study was a significant predictor of organizational commitment ($\beta = .19$, $p < .05$). Staff with high salary may consider themselves more valuable and important. Regardless of the type of organization, a private organization or a government institution, commensurate compensation is expected for all tasks performed. It has been stated that there is a relationship between staff salaries and their organizational commitment. With appropriate attention to staff salaries, a hospital could ensure that nurses' salaries



were sufficient for taking care of themselves and their families. Although salary is not the totality of hospital policy, it can be a source of staff satisfaction. An organization which supports its staff will get the positive verbal and nonverbal feedback from employees, including staff feelings of an obligation to reciprocate.^{6,26} The finding that level of staff commitment to an organization depends on the extent of financial and personal rewards is consistent with results in previous studies, which point out that a high salary can yield a high level of organizational commitment.³⁸ Abdullah and Muhammad³⁹ found salary had a positive and modest correlation with organizational commitment. Yüceler's study⁴⁰ of academician's organizational commitment showed a relationship between academicians' salaries and their organizational commitment, and that the most important factor in academicians' low levels of organizational commitment is low salaries.

2.5 Perceived organizational support

In this study, perceived organizational support is a significant predictor of organizational commitment ($\beta = 0.17$, $p < 0.05$). The result is supported by many previous studies. The relationship between perceived organizational support and commitment could be explained with the model of social exchange theory based on reciprocity.⁴¹ According to the social exchange theory; a nurse that feels well-treated will reciprocate with a positive response. Thus staff who felt their organization supports them would increase their commitment and behave so as to promote their organization's goals. Furthermore, Onyinyi⁴² investigated the relationship between perceived organizational support and organizational commitment among health workers and found a weak but significant relationship between the two variables. Likewise, Makanjee, Hartzer and Uys¹⁸ found that organizational commitment was positive

affected by perceived organizational support in hospitals, South Africa.

Conclusion

The current findings are consistent with the Multidimensional Model of Organizational Commitment⁹, which contends that organizational commitment can be explained by marital status, nursing education, years of experience, salary and perceived organizational support. This study's results provide baseline information regarding organizational commitment and its related factors among the Vietnamese nursing workforce. Based on this research, nurse managers should devote more attention to nurses with high education, fewer years of experience in their particular hospital, and low salaries. Listening to them and discerning their needs and expectations could help the nurse manager develop a targeted plan for organizational improvement.

Implications

Nursing administration

This research helps nurses and nurse managers understand the level of organizational commitment and its predictors. The current study shows that commitment is affected by marital status, nursing education, years of experience, salary and perceived organizational support.

First, as noted, nurse managers could focus on nurses who have high education, less time served in the hospital, and low salaries. Understanding their needs and expectations can help the manager devise a strategy for innovative improvement. Nursing staff are human, and humans prefer organizations and managers who care about them and recognize their contributions. If they perceive the organization to be supportive, willing to help them when they have trouble or stress, their gratitude



will be expressed with conscientious reciprocity.

Based on this study, at present the organizational commitment of nurses is moderate, and a substantial proportion of nurses have low commitment. This is a challenge for nurse managers. We recommend that nurse managers consider and use these predictors to foster higher organizational commitment in the future. Furthermore, to increase the hospital's effectiveness and efficiency, managers should pay more attention in retaining nurses with long years of experience and higher educational attainment. Since these nurses perform at high levels and provide top-quality nursing care, the reputation of the hospital will be enhanced.

Further research

This study lends support to the Multidimensional Model of Organizational Commitment⁹. This model was rarely tested in nursing and in non-Western cultures. This research suggests that the Multidimensional Model of Organizational Commitment⁹ is reliable and that it can be applied in nursing administration research. Future research should consider factors outside the purview of this study, such as empowerment, leadership style, or work motivation. Differences in organizational commitment between government and private hospitals should also be explored.

Table 2: Level of organizational commitment ($N = 109$)

Organizational commitment	M	SD	Range	Level
Affective commitment	3.67	0.76	1-5	High
Continuance commitment	3.44	0.81	1-5	Moderate
Normative commitment	3.45	0.65	1-5	Moderate
Overall	3.53	0.66	1-5	Moderate

Table 3: Factors predicting organizational commitment ($N = 109$)

Variables	B	B	SE	t	p-value
Marital status [#]	.246	.18	.11	2.14	.03
Nursing education	-.141	-.20	.06	-2.26	.02
Year of experience	.038	.19	.01	2.23	.03
Salary	.009	.19	.004	2.24	.03
Perceived organizational support	.271	.17	.13	2.06	.04

$R^2 = 0.355$ Adjusted $R^2 = .32$, $F = 11.32$, $p < .05$

#: married and divorced: 1, single: 0

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Factors Predicting Organizational Commitment among Staff Nurses in a Hospital in Ho Chi Minh City, Vietnam

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Abstract

With an increasing nursing shortage, organizational commitment plays an important role in retention of nurses. This predictive study measures nurses' level of organizational commitment and the predictive ability of marital status, nursing education, years of experience, salary, and perceived organizational support on organizational commitment. Data were collected from a random sample of 109 staff nurses in a public hospital in Ho Chi Minh City, Vietnam, using self-administered questionnaires. Three questionnaires including demographic data, Three Component Model Employee Commitment Survey, and Perceived Organizational Support Survey - were distributed by the researcher. Descriptive statistics and standard multiple regression analysis were used to analyze the data. The results showed that: 1) The level of organizational commitment was at a moderate level ($M = 3.53$, $SD = 0.66$). 2) The predictors explained 35.50 % of the variance in organizational commitment among the sample ($R^2 = .355$, $F_{(5,103)} = 11.32$, $p <.001$). 3) Marital status, nursing education, years of experience, salary and perceived organizational support could predict organizational commitment ($\beta = 0.18, 0.20, 0.19, 0.19, 0.17$ respectively, $p < .05$). The results of this study contribute information that can help managers understand staff perceptions and organizational commitment, as well as support nurses in ways that foster higher levels of organizational commitment.

Keywords: Organizational Commitment, Organizational Support, Staff Nurse, Vietnam

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