

MODERATING EFFECTS OF PROFESSIONAL COMMITMENT ON HOSPITAL NURSES IN TAIWAN

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This study investigates the moderating effects of professional commitment on relationships among burnout, job satisfaction, and turnover intention. Two-hundred fifty-three nurses working in a single medical center in northern Taiwan were sampled and approached, and 238 questionnaires were used. All participants were female and aged <50 years. Moreover, 30.3% of the sample was married. Professional commitment moderated the influence of burnout on job satisfaction, but not the influence of job satisfaction on turnover intention. First, burnout (in terms of reduced personal accomplishment and emotional exhaustion) predicted job satisfaction for high-commitment nurses, but not for low-commitment nurses. Second, job satisfaction predicted turnover intention for both high-commitment and low-commitment nurses. (Index words: Professional commitment; Burnout; Job satisfaction; Turnover intention; Hospital nurses) *J Prof Nurs* 23:47–54, 2007. © 2007 Elsevier Inc. All rights reserved.

“As nurses, we often wear many different hats—all at the same time.” (Greggs-McQuilkin, 2004)

NURSES FULFILL MULTIPLE roles simultaneously and are required to provide quality and safe patient care with less staff and support (Greggs-McQuilkin, 2004). The resulting heavy work load is positively related to burnout (Sagie & Krausz, 2003) and thus leads to staff turnover. This problem may be more severe in Taiwan where a single hospital nurse generally cares for between 8 and 13 patients per day shift. In hospitals with a high patient:nurse ratio, nurses are more likely to experience burnout and job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Exploring the effects of burnout and how they differ among nurses with varied professional

commitment is an important area of study that can prove useful for nursing administrators.

Previous studies have found that burnout (in terms of emotional exhaustion) reduces job satisfaction (Laschinger, Shamian, & Thomson, 2001) and increases turnover intention (Lu, Lin, Wu, Hsieh, & Chang, 2002; Lynn & Redman, 2005; Shalley, Gilson, & Blum, 2000; Williams et al., 2001). Moreover, registered nurses in university hospitals with high quitting intention experienced increased work-related exhaustion (Sadovich, 2005). High emotional exhaustion also predicted intended turnover (Blankertz & Robinson, 1997).

However, no study on nursing has addressed whether professional commitment can alter the effects of burnout. Professional commitment describes the loyalty of nurses to the nursing profession. High-commitment professionals may be more responsive in making efforts to advance professional values. Moreover, professional commitment relates to involvement, dedication, love, and belief in the positive values of nursing, which may create a large gap between practice and expectations, strengthening the negative impacts of burnout. Thus, understanding how professional commitment alters the influence of burnout improves the knowledge of nursing professionals on burnout by envisioning professional commitment as a moderator of the influence of burnout. Investigating

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how professional commitment moderates the effects of burnout also provides nursing managers with insights to reduce the influence of burnout.

Therefore, the purpose of this study is to explore how professional commitment moderates the influence of burnout on job satisfaction, and the influence of job satisfaction on turnover intention. This study first reviews the theoretical background on study constructs and then proposes a methodology. Analyses are then conducted to demonstrate the moderating effects of professional commitment. Finally, this study presents conclusions, theoretical and practical implications, and future research directions.

Literature Review

Job Satisfaction and Its Correlates

Job satisfaction refers to individuals' overall assessment of their job and is a popular topic of study owing to its importance in the workplace. In recent studies involving nurses, job satisfaction frequently appeared in association with organizational commitment (rather than professional commitment). For instance, job satisfaction and organizational commitment were adopted as measures of perceived desirability of movement (Holtom & O'Neill, 2004) and antecedents of intention to leave the current position (Lynn & Redman, 2005). Meanwhile, job satisfaction and organizational commitment served as criterion variables (or consequences) for favorable perceptions of organizational culture (Sikorska-Simmons, 2006), cultural values on human relations (Gifford, Zammuto, & Goodman, 2002), empowerment (Kuokkanen, Leino-Kilpi, & Katajisto, 2003; Laschinger & Finegan, 2005; Laschinger, Finegan, & Shamian, 2001), organizational trust (Laschinger, Finegan, et al., 2001), and work experience (Tallman & Bruning, 2005). Furthermore, job satisfaction and organizational commitment are highly correlated (McNeese-Smith, 2001), and job satisfaction is a strong predictor of organizational commitment (Rifai, 2005; Sikorska-Simmons, 2005). Because organizational commitment is important, it has received extensive attention in the literature, reducing the number of unsolved problems facing researchers. Compared with organizational commitment, professional commitment has received relatively little attention, together with job satisfaction, showing knowledge gap. Because professional commitment is undoubtedly important to nursing professionals, studies discussing job satisfaction, together with professional commitment, are relevant to academic study. Thus, this study focuses on professional commitment rather than on organizational commitment.

Other factors influencing the job satisfaction of nurses include pay, time for the conduct of nursing care, confidence in their ability, task requirements (Ernst, Franco, Messmer, & Gonzalez, 2004), nurse-physician relationships (Rosenstein & O'Daniel, 2005), autonomy, delivery of high-quality care, good team work (Rafferty, Ball, & Aiken, 2001), emotional

exhaustion, trust in managers (Laschinger, Shamian, et al., 2001), work pressure, overall burnout (Jamal & Baba, 2000), bureaucratization (Arches, 1991), and nonpay (payment-excluded) aspects of the job (Dockery, 2004). Among these factors, burnout may be one of the key influences on nurses' job satisfaction in Taiwan due to high patient:nurse ratio.

Burnout and Professional Commitment

Burnout is defined as a work-related syndrome comprising three principal components: depersonalization (DP), reduced personal accomplishment (RPA), and emotional exhaustion (EE; Maslach, Schaufell, & Leiter, 2001). Maslach et al. indicated that burnout is a work-related syndrome and is most likely to occur in jobs that involve extensive care of others. Past studies have confirmed the negative correlation between burnout and job satisfaction (Jamal & Baba, 2000; Laschinger, Finegan, et al., 2001), and that burnout and job satisfaction are two distinct constructs (Tsigilis, Kousielios, & Togia, 2004). However, analysis of the impact of burnout on job satisfaction failed to address professional commitment.

Professional commitment indicates: (1) the belief in, and acceptance of, professional goals and values; (2) willingness to exert considerable effort on behalf of the profession; and (3) a strong desire to maintain professional membership (Lachman & Aranya, 1986).

Hypothesis Development

According to Lachman and Aranya's (1986) definition of professional commitment, high-commitment nurses strongly believe in the goals and values of nursing, willingly exert effort in behalf of the nursing profession, and strongly wish to pursue a career as a nurse. Nurses who become burned out experience feelings of depersonalization, reduced achievement in their work, and EE (Maslach et al., 2001), and their deep belief in the worthiness of nursing as a career contradicts their negative feelings with being a nurse. Owing to their strong belief in nursing, they are likely to attribute such negative feelings to hospital management, reducing their job satisfaction. Next, burned out but high-commitment nurses are willing to exert effort to achieve the goals of nursing but feel emotionally exhausted in the workplace. Frustration resulting from failure to achieve the goals of nursing creates dissatisfaction with their job, but not with the profession. Finally, burned out but high-commitment nurses have a strong desire to pursue nursing as a vocation, but achieve low workplace achievement. In the short term, they are likely to blame hospital management for their low achievement rather than doubt the wisdom of their desire to be a nurse, thus reducing their job satisfaction.

On the other hand, low-commitment nurses have a weak belief in the value of nursing; low willingness to exert effort to achieve the goals of the nursing profession; and little desire to remain in the nursing profession (Lachman & Aranya, 1986). When they

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