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UNIVERSITY OF CAPE TOWN

**COMMITMENT AND THE INTENTION TO QUIT AMONGST NURSES**

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**VMRMAR030**

A dissertation submitted in partial fulfilment of the requirements for the award  
of the Degree of Master of Commerce in Organisational Psychology

Faculty of Commerce

University of Cape Town

2007

**COMPULSORY DECLARATION:**

This work has not been previously submitted in whole, or in part, for the award  
of any degree. It is my own work. Each significant contribution to, and  
quotation in, this dissertation from the work, or works of other people has  
been attributed, and has been cited and referenced.

**Signed by candidate**

Signature: .....

Date: 21 May 2008 .....

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## CHAPTER 1: INTRODUCTION

South Africa is facing a nursing crisis. Voluntary turnover among nurses has become a growing concern, nationally as well as internationally. The shortage of personnel in the health field is seriously affecting countries' ability to improve health and to fight diseases. Sourdif (2004) stated that some nurses pursue their career at another organisation, while other are leaving the profession. This creates lack of resources to provide adequate care. The cost and quality of care, as well as the ability to care for patients is affected by the shortage of nurses. (Nogueras, 2006; Steenkamp, 2007a,b).

The World Health Organisation stated that in 2006 there were about 13 500 South African registered nurses working abroad, while 32 000 vacant nursing posts in South Africa were identified. Furthermore, the number of new recruits is decreasing. The South African Nursing Council stated that less than 3% of nurses were under 30 of age (Steenkamp, 2007b,c). A vacancy rate of 28.55% of professional nurses was reflected in the Annual Performance Plan 2007 / 2008 of Department of Health of the Western Cape.

Mowday, Steers & Porter (1979) argued that the study of nurses is important due to the high turnover rate that is experienced among nurses, as well as evidence that commitment, specifically organisational commitment, can decrease voluntary turnover. The high turnover rate of hospital nurses is important because it results in high costs to institutions, adds stress to those staff left behind and could further have a negative impact on the quality of care (Gray & Phillips, 1996). Nursing should be seen as being strategic because reason nurses play a very important role in the delivery of healthcare. The high turnover rate amongst nurses can also threaten the effectiveness and productivity of services rendered. This was clearly

felt by all during the recent industrial action during June 2007 (Trying to plug the brain drain, 2007).

South Africa's longest public service strike, that lasted from beginning of June 2007 and ended on the 28 June 2007, nearly brought the country to a standstill. Health workers, among others, took part in the strike, even though it is illegal for members of essential services (such as police and medical personnel) to strike. In some instances, state hospitals were forced to transfer their patients to private hospitals and even discharge non-critical cases.

The South African Network of Skills Abroad (SANSA) seminar held in July 2002 discussed the increasing occurrence of the brain drain (skilled people leaving for other countries, other professions as well as other sectors) experienced in South Africa. Most people emigrate from a poor society for a richer society to increase their salary (Brain-drain and –gain in South Africa Who loses, who gains?, 2002).

Hlangani (2002) reported that many nurses opted to leave the country to gain better pay in other developed countries, which support findings of the SANSA seminar, "Brain drain: health system on life support." Aiken, Buchan, Sochalski, Nichols and Powell (2004) identified migration trends that supported the emigration statistics of South Africa by stating that many developed countries, such as the United States, Canada, United Kingdom, Ireland, New Zealand and Australia are recruiting nurses from developing countries by using pull factors in an effort to combat their own nursing shortages. Herman (2007) confirmed that the skills migration from South Africa has been "seriously under-estimated." Others chose to leave the country due to factors such as crime, affirmative action, discrimination as well as overall better living conditions (Brain-drain and –gain in South Africa Who loses, who gains? (2002); Efrat, 1997).

South Africa is losing medical personnel at an alarming high rate to developed countries of whom the so-called "big five" i.e. United Kingdom, New Zealand, Australia, Canada and the United States. A study conducted in 2006 by the Centre for Global Development indicated that about 5000 South African nurses were employed abroad and it revealed that more than 12 000 health workers are employed elsewhere ("Trying to plug the brain drain, 2007"). In order to address the situation many nurses are being recruited from countries such as India, and initiatives to convince nurses to return from abroad, such as the "Home coming revolution" has also been introduced (Steenkamp, 2007a).

The Health Department has identified the brain drain (emigration) of nurses as a continuing trend. To stem the tide, the National Minister of Health announced an increase of about 20 percent in the salaries of public sector nurses, as well as improved medical cover and housing subsidies. This new "Occupation Specific Dispensation system (OSD)" stated that amongst other health professions, nurses would move to a different pay structure while the other public health professionals will get substantial increases in 2009. The Western Cape Provincial Minister of Health, Mr Uys is of the opinion that although the salaries are still not compatible with overseas remuneration scales, the Public Sector will at least be competitive with the Private Sector rates ("Trying to plug the brain drain, 2007").

The role of management was identified as an important factor in this growing concern. It was generally accepted that little could be done if nurses decided to leave the organisation for personal reasons. There is, however, also a view that management interventions on a professional and/or organisational level should be initiated to retain employees (Sourdif, 2004).

It is thus important in order to contribute in alleviating the nursing crisis to understand what can be done to solve the nursing crisis South Africa is facing.

This study investigated the relationship between organisational commitment and the intention to quit among South African nurses. The study specifically focused on the affective commitment of nurses to their organisation (ACORG), their affective commitment to the profession (ACPROF) as well as their affective commitment to the country (ACSA). The relationship between the above mentioned commitments and the intention to quit the organisation (ITQORG), the profession (ITQP) and the intention to emigrate (ITQSA, intention to quit South Africa) was also investigated. This study was an independent component of a larger study that was conducted in 2006 that concentrated on the experiences of nurses in community clinics.

### **Structure of the study**

Chapter 2 reviews the relevant commitment literature. The next chapter (Chapter 3) is the Methods chapter and includes information pertaining to the participants, procedures and statistical techniques used in the study. The analysis of the data is presented in the Results chapter (Chapter 4). The final Discussions chapter (Chapter 5) discusses the results in light of relevant literature. Implications of the results for nursing management are further discussed and suggestions for future research are made.

## CHAPTER 2: LITERATURE REVIEW

This chapter reviews the literature on commitment and its relationship to the intention to quit. The chapter discusses the three-component model proposed by Meyer and Allen (1991). The relationship between affective commitment and the intention to quit the organisation, the profession as well as South Africa are also discussed.

### Commitment

Porter, Steers, Mowday and Boulian (1974) defined organisational commitment as the “strength of an individual’s identification with and involvement in a particular organisation” (p.604). They further indicated that it is characterised by a “strong belief in and acceptance of the goals and the values of the organisation, a strong desire to maintain membership in the organisation and a willingness to exert considerable effort to serve the organisation” (p.604). Meyer and Allen (1991) found that a common theme among various definitions of organisational commitment is the view that commitment reflects a psychological bond that characterises employees’ relationship with the organisation, and has an influence whether the relationship with the organisation would end or continue. Meyer and Allen (1997) found that commitment is a complex, multifaceted construct. It can take many forms that influence people’s behaviours at work, such as commitment to the organisation, manager, workgroup, profession and union. Commitment outside the workplace can also influence behaviour at work. Meyer and Allen (1991) identified three different approaches to commitment, i.e. the affective attachment approach to the organisation, the perceived costs approach as well as the approach concerning an obligation to remain in the organisation. They categorised the three above-mentioned approaches as affective commitment,

continuance commitment and normative commitment. Early commitment research focused mainly on commitment to the organisation.

### **Three-component model of commitment**

Meyer and Allen (1991) were of the opinion that in order to understand the relationship between the organisation and the employer, it would be better to consider all three forms of commitment together. Meyer and Allen also considered affective, continuance as well as normative commitment as components and not types of commitment. The three-component model of commitment was therefore developed. The three themes as defined by Meyer and Allen (1991) represented components of commitment and furthermore it indicated that each employee has a commitment profile reflecting his / her degree of desire, need and obligation to remain in the organisation. An important aspect of the model is the fact that employees experienced all the forms of commitment in varying degrees. An employee might have a strong desire and need to remain in the organisation, but with little or no obligation to remain in the organisation. It was also stated that if anyone of the three components increased in strength, the likelihood of leaving the organisation would decrease. Meyer and Allen (1991) stated that all three forms of commitment were negatively related to turnover.

### *Affective commitment to the organisation*

Mowday et al. (1979) defined organisational commitment as "the relative strength of an individual's identification with and involvement in a particular organisation." (p.226). Affective commitment occurs when there is evidence of an affective, or an emotional, attachment to the organisation together with a strong identification with, as well as involvement in the organisation, (Meyer & Allen, 1991). Thus, employees with a strong affective commitment continue to work for the organisation because they "want" to. Flinkman, Laine, Leino-Kilpi, Hasselhorn and Salanterä (2007) confirmed the specific definition of affective commitment,

namely that it refers to the degree to which an employee identifies, is involved with and emotionally attached to the organisation. The strongly committed individual identifies, is involved with and enjoys membership in the organisation. Mowday, Porter and Steers (1982) indicated that personal, structural and job-related characteristics as well as work experiences are some of the antecedents of affective commitment. Work experiences were identified as having the strongest and most consistent relationship with affective commitment. Those employees who were satisfied that their basic needs were being met and their experiences within the organisation were consistent with their expectations, developed a stronger affective attachment to the organisation than those who were not satisfied with their experiences (Meyer, Allen & Smith, 1993).

#### *Continuance commitment to the organisation*

Continuance commitment as found by Kanter (1968) occurs when continued participation is associated with "profit" and leaving is associated "cost". Sacrifice (negative) and investment (positive) are thus seen as components of cognitive continuance commitment. Continuance commitment is reflected when a decision to either continue or end the relationship with the organisation, is based on the perceived costs involved in making the decision (Allen & Meyer, 1990). According to Meyer and Allen (1991), continuance commitment refers to the awareness of the costs associated with leaving the organisation. Employees remain committed because they "need" to. Meyer and Allen (1991) stated that because continuance commitment reflects the recognition of costs associated with leaving the organisation, anything that increases the perceived costs can be considered as an antecedent. The most frequently studied antecedents have been side-bets (or investments) and the lack of availability of alternatives. Meyer, Allen and Smith (1993) stated that if employees were of the opinion that they have accumulated investments or "side-bets" Becker (1960), which they would lose if they should decide to leave the organisation, then continuance commitment has developed.

### *Normative commitment to the organisation*

The belief that an employee has concerning his or her own perceived responsibility or obligation to continue to work in the organisation is termed normative commitment. Employees with a high level of normative commitment feel that they “ought” to remain (Meyer & Allen 1991). Wiener (1982) was of the opinion that the feeling of obligation to remain with an organisation may result from the internalisation of normative pressures exerted on an individual prior to entry into the organisation (i.e. familial / cultural socialisation) or after entering (i.e. organisational socialisation). Employees’ stay committed to an organisation because they feel it is the “right “ and “moral” thing to do. Wiener also indicated that normative commitment could develop when an organisation provides the employee with “rewards in advance” (e.g. paying college tuition) or if the organisation incurs costs in providing employment, i.e. costs associated with training of the employee. Normative commitment as defined by Jaros, Jermier, Koehler and Sincich (1993) refers to the degree to which an individual is psychologically attached to the employing organisation through the internalisation of its goals, values and missions. It differs from affective commitment because it reflects a sense of duty, an obligation, or calling to work in the organisation but not necessarily an emotional attachment. It also differs from continuance commitment because it does not necessarily fluctuate with personal calculations of inducements or sunk costs. The model of commitment developed by Meyer and Allen (1990) identified a link between the above mentioned approaches and indicated that it had an influence on turnover. Two aspects according to Wiener (1982) that have an influence on the development of normative commitment, is the role of socialisation (for example how you were raised to think about loyalty to the organisation) as well as the receipt of a benefit that will obligate an employee to rather stay committed to the organisation, than to leave.

To summarise, it was found that employees with a strong affective commitment to the organisation, will remain in the organisation because they “want to”, those with strong continuance commitment to the organisation will remain because they “need to” and those with strong normative commitment feel that they “ought to” remain, (Allen & Meyer 1990). More attention should be given to the development of normative component of commitment. Commitment was found to be a negative indicator of turnover. The link between commitment and on-the-job behaviour would also vary according to the strength of the three components.

#### *Overlap between affective and normative commitment*

A high overlap between affective commitment and normative commitment was found (Jaros, 1993). Normative commitment correlated significantly and positively with affective commitment. A possible explanation for the overlapping was found from the definitions given by Meyer and Allen (1991) to these two components. Both reflected an emotional attachment to the organisation. Normative commitment reflected one specific type of attachment related to emotion, whereas affective commitment reflected a more general emotional attachment to the organisation. Meyer et al. (2002) investigated the correlation between affective and normative commitment and compared the correlation with other variables. They also found a strong correlation between affective and normative commitment ( $p = .63$ ), which indicated that the two constructs did overlap. Meyer et al. (2002) indicated that the most gaps in research pertain to the normative and continuance commitment. This study focussed mainly on affective commitment. Affective commitment to the organisation and continuance commitment was found to be important in predicting intention to quit the organisation, but continuance commitment was not as clear established for other foci. This study therefore investigated continuance commitment and the relationship with the intention to quit the organisation only pertaining to organisational commitment.

Jaros (1997) found that although the three components of organisational commitment significantly contributed to the prediction of the intention to quit over an above the control variables (i.e. sex, education, organisational tenure), the predictive power were largely based on affective commitment to the organisation. It strengthened thus the decision to focus on affective commitment. Furthermore, it was found that neither continuance nor normative commitment contributed independently to the prediction. Jaros (1997) confirmed other studies (Somers 1995; Meyer et al., 1993) that showed that affective commitment is the strongest predictor of the different facets of the intention to quit the organisation. Jaros (1997) further stated that emotion based attitudes such as affective commitment and job satisfaction are stronger predictors of intention to quit than more cognitive attitudes. He also found that continuance commitment and normative commitment did not contribute independently to the prediction of intention to quit the organisation.

### **Commitment to multiple foci**

As indicated above, the multifaceted construct of commitment has many foci of which commitment to the organisation is one. Morrow (1983) identified five foci of commitment, i.e. a value focus (work ethic endorsement), career focus (career salience, professionalism), job focus (job involvement), organisation focus (commitment to the organisation) as well as union focus (union commitment). Becker (1992) stated that there are different foci of commitment, i.e. individuals can be committed to the organisation, top management, the supervisor and the workgroup. Commitment to the profession is also a form of work commitment (Morrow & Wirth, 1989). Brewer and Lok (1995) stated that nurses have multiple commitments, i.e. for example to the organisation, the profession, work and job. Meyer and Allen (1997) made a distinction between internal and external foci of commitment. Internal foci of commitment referred to commitment within a larger organisation, such as commitment to the supervisor, co-worker, workgroup or top

management. Commitment to external foci was categorised as commitment to larger bodies, such as commitment to the organisation and profession. Chang, Chi and Miao (2007) confirmed that commitment in the workplace can take many forms and different foci, such as commitment to the organisation and the profession. This study considers thus the external foci.

### **Commitment to the profession**

Blau and Lunz (1998) defined “profession” as a type of occupation that have certain characteristics. Lee, Carswell and Allen (2000) defined “occupation” as an identifiable and specific line of work that people are engaged with in order to earn a living. It consists of various skills, knowledge and duties that differentiate it from other occupations. Vandenberg and Scarpello (1994) defined professional commitment as “a person’s belief in and acceptance of the values of his/her chosen occupation or line of work, and a willingness to maintain membership in that occupation.” (p.535). Commitment to the profession as defined by Lee et al. (2000) refers to the psychological link between a person and their affective reaction to that occupation. Thus, a person with a strong occupational commitment will identify more strongly with and experience more positive feelings about the occupation than one that will have a weak occupational commitment. They further stated that the emotional connection that a person have towards the occupation will have certain implications for behaviour at work and especially whether the person would stay or quit the occupation. Morrow and Wirth (1989) defined commitment to the profession as the relative strength of and identification with and interventions in one’s profession. Gardner (1992) emphasised the importance of commitment in nursing which will be beneficial for both the individual as well as the institution.

Meyer et al. (1993) believed that the three-component model of organisational commitment of Meyer and Allen (1991) could be generalised to professional

commitment. Commitment to the profession has been defined as an affective, normative as well as continuance commitment to the occupation. However, this study did not investigate three-component model of commitment to the profession.

Meyer et al. (1993) indicated that the following terms were used interchangeable in literature: careers, professions or occupations. The preferred term used by Meyer et al. (1993) was occupation. The authors were of the opinion that professional as well as non-professional employees experienced commitment to the work they do. The term career was also found to have too many ambiguous connotations. Lee et al. (2000) also chose to refer to the term occupation. For the purposes of this study, the term profession was used, as all participants were professionals.

Meyer et al. (1993) proposed that a person that has a strong desire to remain in the occupation (affective commitment to the occupation) might also be more likely to keep up with developments in the profession. They will further also be more likely to join and participate in relevant associations than someone that is not as attached to the profession. Nogueras (2006) stated that affective commitment to the organisation exists when employees continue to participate in an occupation because they "want" to. Affective commitment to the profession would thus develop if involvement in the profession will be experienced as satisfying.

Teng, Shyu and Chang (2007) also stated that professional commitment "relates to the involvement, dedication, love and belief in the positive values of nursing, thus reflecting affective commitment. Brewer and Lok (1995) investigated managerial strategy and nursing commitment in Australian hospitals ( $n = 478$ ) and indicated that an individual professional socialisation process would be

influenced by factors such as the work environment, function, work loading, and the organisation culture.

Meyer et al. (1993) found that correlations between affective commitment and continuance commitment to both the profession and organisation were consistently negative. Affective commitment to the profession was related to positive experience (job satisfaction) whereas continuance commitment was related to variables reflecting increased investment. Affective commitment correlated negatively with undesirable behaviours, such as intention to leave the organisation / profession. When continuance commitment increases, affective commitment will decrease (Meyer et al., 1993).

Irving, Coleman and Cooper (1997) confirmed that Meyer et al. (1993) whose results from a study based on a sample of nurses demonstrated that the model could be extended to occupations and that the two constructs were distinct. Irving, Coleman and Cooper (1997) wanted to determine the generalisability of the three-component model of occupational commitment by testing it across a variety of occupations. The model was tested on a heterogeneous sample and it was found to be robust across all the occupational groupings.

Given the above, commitment to the profession and commitment to the organisation could therefore be described as distinct constructs.

### **Intention to quit**

Sager, Griffeth and Hom (1998) defined the intention to quit as a mental decision that intervenes between an individual's attitude towards a job and the decision whether or not to stay or leave the job / organisation. Intention to quit was defined as the intention to leave the organisation at a point in the future that is still unknown. It can be seen, according to Fox and Fallon (2003), as an immediate

antecedent to either leave the organisation or to stay. Chiu and Francesco (2003) further stated that the intention to quit is an intermediary between the evaluations that are related to the impending decision to leave the organisation and the actual turnover.

Mobley, Griffeth, Hand and Meglino (1979), considered the intention to quit to be the immediate precursor of turnover, with impulsive behaviour and the time between the measurement of the intentions and the behaviour, attenuating the relationship. Intention to quit reflects one's perception as well as judgement. Chiu and Francesco (2003) as well as Fox and Fallon (2003) stated that intention to quit can be seen as probably the most important and immediate antecedent of turnover. Chang, Du and Huang (2007) stated that the intention to leave represented an attitudinal manifestation of the behavioural decision to leave.

#### **Link between commitment and intention to quit the organisation**

Literature reflects a link between commitment and turnover and it was found that employees, who are strongly committed, are those who are least likely to leave the organisation. Jaros (1997) acknowledged that Allen and Meyer (1990) as well as Meyer and Allen (1991) conducted comprehensive research and critical reviews on organisational commitment literature. Jaros identified that the three-component model emphasised not only the differences among the components of Meyer and Allen's (1991) model, but also predicted commonalities among the three components of commitment. One of the identified commonalties was the fact that each component would have an effect on the employees' intention as well as decision to remain or leave the organisation.

Allen and Meyer (1990) found that affective commitment had a strong, negative effect on the intention to quit the organisation. Continuance commitment however was not significantly related to the specified intention. Somers (1995)

investigated the relationships between the three components of commitment and the intention to remain in the organisation and found that affective and normative commitment were significant predictors, but no direct effects between continuance commitment and withdrawal intentions were found. Jaros et al. (1993) found that affective commitment and continuance commitment were related to withdrawal intentions.

Jaros (1997) was not satisfied with the studies of Allen and Meyer (1990) and Meyer and Allen (1991), in the sense that, although they did address some aspects of the relationship between the three-component model of commitment and intention to quit, it did not provide a comprehensive assessment of the relationship that exists between the model and intention to quit. Jaros (1997) indicated that the relationship between organisational commitment and intention to quit was more complex than described by the Meyer and Allen model. Jaros (1997) found that each form of commitment was significantly, negatively related to the intention to quit but the strengths of the correlations between the different components, were different. Affective commitment had the stronger correlation with turnover than normative and continuance commitment. Jaros (1997) found that affective commitment to the organisation was identified as the most important component of organisational commitment in predicting intention to quit and therefore it was stated that by encouraging affective commitment, organisations could reduce the volume of turnover.

Meyer, Stanley, Herscovitz and Topolnytsky (2002) confirmed that commitment is a multi-dimensional construct and that the antecedents, correlates and consequences of commitment vary across dimensions. They also stated that the correlations between the three commitment scales and turnover were all negative. Affective commitment correlated the strongest, followed by normative commitment and continuance commitment. Due to the fact that commitment is seen as a multidimensional construct, Meyer et al. (2002) indicated that if any

one of the three components has an independent influence on certain behaviour, the correlation between any single component of commitment and the measure of that specific behaviour, would be moderated by the other two components. The relation between continuance commitment and turnover were used as an explanatory example, i.e. employees with a high continuance commitment should intend to remain with the organisation in order to avoid the costs associated with leaving, regardless of their level of affective commitment or normative commitment. The reverse was not necessarily true, i. e. low levels of continuance commitment should not lead to an intention to leave, unless affective or normative commitment are also found to be low. The correlation between continuance commitment and intention to quit (according to Meyer et al., 2002) will therefore be attenuated if it includes employees who are low in continuance commitment and high in affective and/ or normative commitment.

*Commitment to organisation and intention to quit the organisation amongst nurses*

Somers (1995) used the three-component model of commitment to investigate the relationship between organisational commitment and employee retention and absenteeism amongst staff nurses employed in a large hospital in the North-Eastern United States (n= 422). The result indicated that affective commitment was the sole predictor of turnover in conjunction with normative commitment. Affective commitment was therefore positively related to intention to remain in the organisation, in other words, negatively related to quit or leave the organisation. Normative commitment related negatively with the intention to quit the organisation. Jaros et al. (1993), however, found that affective commitment and continuance commitment were related to intention to quit but normative commitment was not. Continuance commitment and affective commitment interacted in predicting the intention to remain, or reversibly quit, the organisation (Somers, 1995). High levels of continuance commitment tempered relationships

between affective commitment and intention to remain (quit) the organisation. Somers (1995) stated that self-justification could be used to explain the reason why that happened. The self-justification hypothesis, when applied to commitment, is based on the notion that when a person experiences low mobility it is rationalised with the perceived affective attachment to the organisation rather than admitting that you might be “stuck” in the particular circumstance. Thus, high levels of continuance commitment can therefore “spillover” and affect one’s emotional attachment to the organisation in such a way that rationalisation takes place in the sense that the binding tie, is not a genuine affection for the organisation. Cohen (1998) examined the relationship between work commitment forms and work outcomes amongst hospital nurses (n = 238) and found that organisational commitment had the strongest relationship with the intention to leave the organisation.

Sourdif (2004) in a study conducted on nurses’ intent to stay at a university health centre (n = 108) found that the socio-demographic variable indicated that the number of years worked in a hospital was negatively correlated to organisational commitment. Thus, nurses’ commitment decreased as years increased. It was found to be different from other results (Ingersoll et al., 2002) and a possible reason for this was the effect of stability. It is thus important to listen and address the needs of nurses, especially if young nurses are to be attracted to nursing. Improving and adding reasons for nurses to stay, may prevent nursing shortages. Ingersoll et al. (2002) found that organisational commitment (study focused on affective commitment) was highly related to job satisfaction and the intention to stay at the same organisation. Additionally they found that differences in the level of commitment were seen for those who intended to stay at the same organisation and those who intended to change employer or leave the nursing profession permanently. Nurses intending to change employer were less committed than nurses planning to stay at the same

institution, but change positions. However, these nurses were more committed than nurses planning not to work at all were. Furthermore, those nurses who intended to leave the nursing profession temporarily were more committed than those who did not want to work.

Vanderberghe et al. (2004) found that perceived organisational support would lead to stronger affective organisational commitment because organisational support theory suggests that employees who feel supported by their organisations will attempt to repay their debt through affective commitment. It was found that the strongest correlation with organisational commitment involved perceived organisational support. Furthermore, the intention to quit was more strongly associated with affective commitment to the organisation, than with commitment to the supervisor and the workgroup. Organisational commitment is indirectly related to turnover via intention to quit. Thus, affective organisational commitment had the strongest direct effect on the intention to quit.

Lynn and Redman (2005) investigated the relationship between organisational commitment, job satisfaction and the intention to quit their position or the nursing profession among nurses (n = 787). They found that organisational commitment had implications for nurses' intention to leave (quit) their current position (organisation) but not to leave (quit) nursing. An institution should thus focus on enhancing the nurses' commitment to the organisation. Furthermore, they stated that organisational commitment alone did not explain the nursing shortage. They identified that aspects of work as well professional satisfaction were the primary predictors of nurses' intention to quit the position as well as the nursing profession.

Chang, Du and Huang (2006) investigated the relationship between nurses' commitment to the nursing profession and the organisation and their intention to

quit the organisation and the profession (n = 330 nurses in Taiwan). They applied the three-component model of organisational commitment to determine the organisational and professional commitment of nurses. A high correlation between organisational commitment and occupational commitment was found. Furthermore, they found that organisational commitment to the organisation was negatively related to the intention to quit the organisation.

*Commitment to the profession and intention to quit the profession amongst nurses*

Lachman and Aranya (1986) stated that highly committed nurses strongly believe in the goals and values of nursing and therefore they will willingly exert effort on behalf of the nursing and wish to pursue the career of a nurse. In contrast, low committed nurses will have a weak belief in the value of nursing and subsequently demonstrate a low willingness to achieve the goals of nursing. They will further have little desire to remain in the nursing profession. Cohen (1998) emphasised the importance of occupational commitment as predictor of work outcomes (intention to quit) of nurses. An important aspect resulting from the study conducted by Reilly and Orsak (1991) was that nurses will at different stages of their career, be characterised by different types of commitment. Cohen (1998) found that if you enhanced occupational commitment in nursing, it would be beneficial to the employees as well as to the hospitals. Nurses should therefore be encouraged, through incentives, to participate in professional activities and to be involved in career planning. Cohen (1998) supported research conducted by Gardner (1992) and Reilly and Orsak (1991), which found that commitment to the profession has a strong effect on the attitudes and behaviours of hospital nurses. Lachman and Aranya (1986) stated that highly committed nurses strongly believe in the goals and values of nursing and therefore they will willingly exert effort on behalf of the nursing and wish to pursue the career of a nurse.

A meta-analytical review by Lee et al. (2000) found that affective commitment to the profession was the best single predictor of the intention to quit the profession. The relationship was also negative. Lu, Lin, Wu, Hsieh and Chang (2002) investigated the relationship between intention to quit and professional commitment of registered nurses (n = 2 197) as well as the importance of job satisfaction. Lu et al. (2002) found a negative correlation between professional commitment and the intention to quit the organisation. A negative correlation was also found between professional commitment and intention to quit the profession. Teng et al. (2007) also supported the result. Using discriminant analysis, Lu et al. (2002) found that professional commitment was more effective in predicting the intention to quit the nursing profession than to quit the organisation. The above mentioned findings were in line with results from Gardner (1992) who emphasised the important relationship between commitment to the profession and nursing. It was thus found that professional commitment and job satisfaction have more influence on nurses remaining in nursing than other forms of commitment. Morrow and Wirth (1989) was of the opinion that professional commitment was in some organisations a more stable commitment than feelings expressed about the job.

As stated above, Chang, Du and Huang (2006) applied the three-component model of organisational commitment to determine the professional commitment of nurses and found that all three components were negatively correlated with the intention to quit the occupation and affective commitment to the occupation emerged as the strongest predictor of occupational commitment. Thus, occupational commitment was strongly related to the intention to quit the profession and moderately related to organisational intention to quit. Chiao et al. (2007) also found that affective commitment to the profession was the strongest predictor to the intention to quit the profession.

Becker (1960) and Gardner (1992) stated that commitment to a certain profession is reflected in the employees' attitudes to their work and their behaviour. DeGroot, Burke and George (1998, as cited in Gould and Fontenla, 2006) found that people, who demonstrated high levels of professional commitment, would stay in their profession for a long time. Gould and Fontenla (2006) found that, although nurses in the particular study were not committed to the organisation, a high level of occupational commitment was found because the nurses wanted to contribute to the high standards of patient care. Noguerras (2006) found that affective commitment to the profession correlated significantly with the intention to quit the profession ( $r = -.31, p < 0.001$ ). Thus, greater commitment to the profession was associated with less intent to leave the nursing profession.

Flinkman et al. (2007) found (n=147 young registered nurses), that there will not be sufficient nurses to either replace the retiring nurses and those who will leave nursing before they reach the retirement age. Nurses between 21-40 were the most eager to leave the profession. Furthermore, they found that those nurses who considered leaving their profession experienced, amongst other factors, weak affective professional commitment as well as low job satisfaction. The findings supported earlier studies of Kuokkanen, Leino-Kilpi and Katajisto (2003) who stated that young nurses are less committed to their work and, according to McNeese-Smith and van Servellen (2000, as cited by Flinkman et al., 2007), have lower job satisfaction, production as well as organisational commitment. Teng, Shyu and Chang (2007) investigated the moderating effects of professional commitment on hospital nurses (n = 238) and confirmed the earlier study conducted by Lu et al (2002), which found that professional commitment correlated positively with age.

*Commitment to country (South Africa) and intention to emigrate amongst nurses*  
Miller, Haskell and Thatcher (2002) stated that South Africa is faced with the highest emigration rate in its history. Their study focused on the relationship between the intention to emigrate and organisational commitment. Countries throughout the world are experiencing a “brain-drain” or the emigration of educated people from their country of birth.

Emigration has detrimental effects on the country as well as on individuals and organisations. According to Efrat (1997) the exodus of people leaving South Africa is very costly. Schuster (1994) stated that emigration has direct costs that are seen in the loss of professionals, which in itself is negative for the country since the intellectual talent pool is diminishing. Emigration has an effect on the people that is left behind in the sense that they have to deal with the workload what effect those leaving have on the economy. Hartman and Hartman (1995) highlighted the fact that emigration and/ or the intention to emigrate affects people personally as well. People could experience feelings of guilt, conflict, stress or interpersonal strain. They stated that according to the social integration theory of emigration, the greater the individual's attachment to the society in which he / she operates is, the lower the intention to emigrate will be. Therefore, it can be concluded that if an individual experiences a high level of commitment towards his or her organisation he / she will have a low intention to emigrate.

Many studies have indicated that individuals with a high commitment to the organisation experience a low intention to quit the organisation. If people intend to leave the country, it will mean that they will also have to leave the organisation.

Miller et al. (2002) investigated the relationship between the intention to emigrate and organisational commitment and found a positive relationship. Employees that desire to emigrate will have an effect on organisations in which these employees

work. In the study, two demographic variables were found to have a significant impact on the individual's intention to emigrate i.e. their educational level as well whether those individuals have friends that already have emigrated.

Zvomuya (2007) reported that because of the emigration rate, the South African government is preparing steps to reverse the migration by encouraging South African nurses to return to South Africa. A new monetary incentive is being offered to nurses, namely a starting salary of R100 000 to a qualified nurse in some provinces in South Africa. This offer was introduced after the longest public strike during June 2007, but still compares bleakly to earnings in the United Kingdom (Zvomuya, 2007).

### **Job satisfaction**

Cranny, Smith and Stone (1992) stated that job satisfaction is one of the most studied constructs, specifically the role it plays in the study of behaviour at work. Cranny et al. (1992, p1) defined job satisfaction as "an affective reaction to one's job, that results from the incumbent's comparison of actual outcomes with those that are desired (expected, desired)." Job satisfaction according to Locke (1969) is the "pleasurable emotional state resulting from appraisal of one's job as achieving of facilitating one's job values." Research indicated in many studies that job satisfaction and organisational commitment are conceptually distinct constructs (Mowday et al, 1979). Job satisfaction is highly correlated with commitment to the organisation (i.e. Lum, Kervin, Clark, Reid & Sirola, 1998; McNeese-Smith, 2001; Meyer et al, 2002, Ingersoll et al, 2002, Lynn & Redman, 2005; Yang and Chang, 2007). Job satisfaction also correlate highly with commitment to the profession (Lu et al., 2002;Teng, Shyu & Chang, 2007; Lu, Chang & Wu, 2007) and has been studied extensively. It was therefore decided to investigate the impact of job satisfaction in this study as well. To show the importance of commitment in predicting intention to quit, job satisfaction that also

predicts intention to quit and is strongly correlated to commitment to the organisation and the profession, was controlled.

### **Job satisfaction, commitment to the organisation and intention to quit the organisation**

Lachman and Aranya (1986) confirmed results of Porter et al. (1974) that organisational commitment is a better predictor of intention to quit than job satisfaction. Lum, Kervin, Clark, Reid & Sirola (1998) investigated the impact of job satisfaction, pay satisfaction and organisational commitment on nurses' intention to quit (n = 360) and found that the effects of commitment to the organisation surpassed the effects of job satisfaction and other work related factors on the intention to quit the organisation. Furthermore, it was found that job satisfaction had an indirect influence on the intention to quit the organisation.

Nurses who enjoy higher job satisfaction (Kuokkanen et al., 2003) are less likely to leave nursing. Teng, Shyu and Chang (2007, p. 48) stated that job satisfaction refers to "an individual's "overall assessment of their job " and fulfil an important role in the workplace. They also remarked that job satisfaction and its association with organisational commitment are quite often related in studies on nurses. Schwepker (2001) found that job satisfaction correlates positively with organisational commitment and that greater job satisfaction is associated with stronger organisational commitment. The study, although conducted with salespeople, indicated that salespeople who are more satisfied with their jobs are likely to be more committed to the organisation. McNeese-Smith (2001) found that job satisfaction correlates strongly with organisational commitment. Job satisfaction according to Lu et al. (2002) was more effective in predicting the intention to quit the organisation than the intention to quit the nursing profession.

Ingersoll, Olsan, Drew-Cates, DeVinney and Davies (2002) investigated the relationships among job satisfaction, job commitment and career intent. It was

found that those nurses who intended to stay in the same organisation and in the same position, had significantly higher satisfaction and commitment scores. Overall, job satisfaction was higher for nurses who intended to stay at the same employer in same position than for nurses who intended to stay at the same employer, but wanted to change jobs and those who intended to change employers.

Meyer et al. (2002) found that the strongest correlation that involved affective commitment was the correlation with job satisfaction. They were therefore of the opinion that when you want to understand and manage employee behaviour, job satisfaction as well as affective commitment should both be considered. Satisfaction with the level of professional status was also found to be higher for those who intended to stay in the same organisation in the same position. They were much more satisfied than nurses who intended to stay in the same organisation, but change positions or the employer or to leave nursing. Furthermore, organisational commitment and job satisfaction was highly related, as was organisational commitment and the intent to stay or leave the organisation (Ingersoll et al., 2002). Brewer and Nauenberg (2003) also found a strong relationship between satisfaction and commitment.

Lynn and Redman (2005) also found that professional satisfaction and work satisfaction predict the intention to quit the position as well as the nursing profession. It was further found that the enhancement of the satisfaction of employees would have a positive effect on the retention of nurses for the organisation as well as the profession.

Addae and Parboteeah (2006) investigated the relationship between organisational information, organisational commitment and the intention to quit. Amongst other results, they found that when organisational information was

provided to employees, it had a positive relationship with their affective commitment to the organisation and job satisfaction, which in turn had a negative effect on the intention to quit. Thus, it reduced intention to quit through affective commitment and job satisfaction. Addae and Parboteeah (2006) found that affective commitment has a direct effect on job satisfaction and acts as a mediator between the organisational information and job satisfaction.

Yang and Chang (2007) also confirmed the result. Sikorska- Simmons (2005) further stressed the fact that job satisfaction is a strong predictor of organisational commitment. Yang and Chang (2007) defined job satisfaction as an integral variable of organisational theory. Yang and Chang (2007) supported earlier studies that a positive relationship exists between job satisfaction and organisational commitment and proposed that hospitals can enhance the organisational commitment of their nurses by increasing job satisfaction.

### **Job satisfaction, commitment to the profession and the intention to quit the profession**

Meyer et al. (1993) found that job satisfaction was positively correlated with affective commitment to the profession. Irving, Coleman and Cooper (1997) also found a positive correlation between job satisfaction and affective commitment to the profession. Lu et al. (2002) confirmed that job satisfaction effectively predicts the intention to quit and found that job satisfaction was more effective in predicting the intention to leave the organisation than the intention to leave the nursing profession. A strong positive correlation was found between job satisfaction and professional commitment and the relationship between job satisfaction, and the intention to leave the organisation was stronger than the intention to leave the profession. Nurses with a higher professional commitment will have a higher job satisfaction. Lu et al. (2002) found that the higher the job satisfaction the nurses experienced, the lower the intention to quit was. Thus,

intention to quit will decrease when people experience a higher level of job satisfaction. Job satisfaction effectively predicts intention to quit. The implication is that professionalism does play an important role in institutional personnel issues. It confirmed results of Blau and Lunz (1998) that stated that job satisfaction is significantly and positively related to commitment to the profession. Kuokkanen et al. (2003) found that low job satisfaction is associated with higher intention to leave the profession.

Teng, Shyu and Chang (2007) investigated the moderating effects of professional commitment on hospital nurses (n=253) in Taiwan. The study focused on professional commitment together with job satisfaction rather than organisational commitment and job satisfaction. They found that professional commitment moderated the influence on job satisfaction, but did not moderate the influence of job satisfaction on the intention to quit the profession. It was also found that professional commitment had a positive correlation with job satisfaction. The study further found that job satisfaction did predict intention to quit of both high as well as low commitment nurses. A negative correlation between professional commitment and intention to quit the profession as indicated by Lu et al. (2002) was also supported. Lu, Chang and Wu (2007) also supported the above mentioned findings, i.e. that professional commitment has a strong direct positive effect on job satisfaction.

### **Research objective**

The objective of this study was to investigate the relationship and importance of affective commitment to the organisation, profession and country and the intention of registered nurses to quit their organisation, profession and country. The escalating nursing crisis experienced in South Africa requires an examination of the predictors of nurses' intention to quit (organisation, profession, country).

**Proposition 1:**

- a) Affective commitment is negatively related with the intention to quit the organisation amongst South African nurses.
- b) Continuance commitment is negatively related with the intention to quit the organisation amongst South African nurses.

**Proposition 2:**

Affective commitment to the organisation explains a significant proportion of the variance among nurses' intention to quit the organisation.

**Proposition 3:**

Affective commitment to the profession explains a significant proportion of the variance in nurses' intention to quit the profession.

**Proposition 4:**

Affective commitment to South Africa explains a significant proportion of the variance in nurses' intention to quit South Africa.

**Proposition 5:**

Affective and continuance organisational commitment amongst nurses explains a significant proportion of the variance in intention to quit the organisation over and above that of job satisfaction.

**Proposition 6:**

Commitment to the profession amongst nurses explains a significant proportion of the variance in intention to quit the profession over and above that of job satisfaction.

## **CHAPTER 3: METHOD**

This chapter firstly describes the context within which the research took place, the research design as well as the chosen methods and procedure. The participants, the measures and instruments used to test the various propositions are also discussed.

### **Research context**

This study was conducted at the three tertiary hospitals of the Western Cape, just after a month-long strike of all government employees. Employees from the health sector also participated in the strike. The three hospital sites that were part of the study were affected as well. It had a huge impact on returning the questionnaires, and consequently the response rate. The volatile situation was of particular interest given the fact that the research involved the study of the relationship between commitment to the organisation and the profession, job satisfaction and intention to quit the organisation and the nursing profession.

### **Research design**

A descriptive research design was used (Hair, Babin, Money & Samouel, 2003). Quantitative analysis was conducted to determine the relationship between the affective organisational commitment variables and professional commitment variables and the affective commitment to South Africa variable and the intention to quit amongst nurses at the three academic hospitals. Data analyses included techniques such as factor analysis, reliability analysis as well correlation and hierarchical regression analysis.

A cross-sectional study was conducted that implied that a snapshot was taken of the commitment of the nurses' at a given time. Surveys were used to gather information. The respondents were readily available to participate in the study

and were able to provide the necessary information that was required. The reason why this non-probability method was used was that it enabled the researcher to conduct the research cost effectively in the quickest possible time. Selection bias was the biggest disadvantage since the people questioned may have differed from the target population. This will make it difficult to generalise to the target population. There were also no statistical methods that could be used to determine the sampling error.

### **Participants**

A total number of 950 questionnaires were distributed to registered, professional nurses and a number of 419 questionnaires were returned, representing a response rate of 44.1%.

The majority respondents were female, 94% ( $n = 392$ ). The sample was more or less evenly spread between married and single. A number of 230 respondents were married (55%) and 185 of the respondents were single (45%). (Included in the single data were respondents that were divorced or widowed).

The three official languages of the Western Cape, i.e. the Afrikaans, 51% ( $n = 212$ ), English, 24% ( $n = 101$ ) as well as Xhosa, 8% ( $n = 32$ ) were reflected amongst the respondents. Many respondents indicated that they spoke both Afrikaans and English 8% ( $n = 33$ ). A number of respondents only indicated bilingual / other but did not clarify the particular languages.

The age of the respondents ranged from 21-65, with the average age were 41 years ( $SD = 9.61$ ). The majority worked 40 hours ( $SD = 3.76$ ) per week. Organisational tenure and professional tenure were used as the control variables in the hierarchical multiple regression analyses. The average organisational

tenure ( $n = 406$ ) was 16 years ( $SD = 9.66$ ) while professional tenure ( $n = 409$ ) was 20 years ( $SD = 9.61$ ).

The majority of the full-time registered nurses who participated in the survey were on a senior level, i.e. Chief Professional Nurses 62% ( $n=261$ ) and Senior Professional Nurses 50 (12%). A total number of 94 registered professional nurses participated in the research (22%). The category of Assistant Director comprised of seven respondents (2%). Data of six respondents were missing.

### **Procedure**

A research proposal was presented to the faculty academic staff of the Department of Organisational Psychology at the University of Cape Town. The nature, purpose and expected results of the research were presented. Ethical considerations focused on confidentiality and anonymity of the respondents. An application, together with an ethical declaration was submitted, after which the research was approved.

The three academic hospitals in the Western Cape were selected to be the research sites for the study. The institution heads were contacted in order to get permission to conduct the investigation at the hospitals. Meetings were held with the Nursing Directors at the various institutions as well as with the respective nursing management teams of all the institutions before the distribution of the questionnaires. This was done to obtain their co-operation. The various area managers in the hospitals distributed the questionnaires to the relevant nurses. This particular study only focused on registered, full time nursing personnel, excluding those who work in trauma and emergency wards.

Only professional, registered nurses as defined by the Nursing Act No 33 (2005) were selected to participate in the study. A professional in terms of the Scope of profession and practice of nursing, is defined as follows:

30 (1) A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

Professional nurse means a person registered as such in terms of section 31, which requires the following:

(31) Subject to the provisions of section 37, no person may practice as a practitioner unless he or she is registered to practice in at least one of the following categories, i.e. professional nurse.

The cross-sectional survey was conducted at the three selected research sites and the relevant research data was gathered by distributing a number of 950 questionnaires to registered nurses at the three sites. The structured questionnaires were completed anonymously. A comprehensive covering letter was attached to each questionnaire to explain to the participants the purpose, process and value of the intended study. It was decided to use an anonymous structured questionnaire because research indicated that the respondents might be more willing to complete the questionnaire in an open and honest manner. The fact that survey results can also be generalised to larger populations if the appropriate design has been implemented is also a further strength of the survey design.

Apart from explaining the objectives of the study, the above mentioned covering letter also indicated whom to contact in case of possible enquiries and further assured the respondents of the anonymity as well as confidentiality of their responses. Participation in the study was voluntary. A returned questionnaire implied consent to participate. Data was stored on a password-protected computer and in locked filing facilities. Due to the time when the data collection was undertaken, a second drive was launched at one of the hospitals in order to improve the response rate. This proved to be helpful in the sense that the response rate increased.

Data were entered into computer files and Statistica (7.1) was used to analyse the data. Initial analyses included descriptive statistics, as well as assessment of the instruments internal consistency reliability. Exploratory factor analysis was done to test the construct validity. Statistical operations including Pearson correlation and hierarchical multiple regression analysis were also done.

### **Limitations of the study**

A cross sectional study was conducted and therefore the direction of causality could not be tested. Similar to the study conducted by Yang and Chang (2007), was the fact that it focussed on teaching hospitals and therefore cannot be generalised to all hospitals. In order to overcome this limitation future studies should be done in other hospitals as well.

Furthermore, data was selected from three different tertiary level hospitals. The organisation culture most likely had an influence on results (might have confounding effects from organisational culture) and probably influenced the results. However, it could also be argued that data might not be generalisable to other types of hospitals. Sourdif (2004) conducted research at one healthcare

centre, teaching hospital, that encouraged research, and therefore one centre is furthermore not always without problems.

Another significant factor that should also be kept in mind is the fact that the responses were collected directly after a month-long public strike. It was considered as being one of the most significant strikes, especially at the three academic hospitals. The volatile situation would have had an impact on the results and the effect thereof could have lead to clouded perceptions and responses.

Another limitation that should be mentioned is the fact that questionnaire studies also have the problem of common method variance (Podsakoff, Mackenzie, Lee and Podsakoff, 2003).

### **Measures**

The measures used in the study were adapted from previous studies that investigated commitment and relationship between the intentions to quit.

#### *Affective and continuance commitment to the organisation:*

Affective, continuance as well as normative commitment to the organisation was determined by a measuring scale based on Meyer and Allen (1993; 1996), which was modified by Bagraim (2005). It included five items for each component. Responses were made on a 5-point likert scale (1=strongly disagree to 5=strongly agree) and the mean item score was used to form a composite for each of the components.

#### *Affective commitment to the profession:*

Affective commitment to the profession was measured by a scale based on Wallace (1996) as well as Porter et al. (1974), which were adapted by Bagraim (2005). Responses on the 6 items were made on a 5-point likert scale

(1=strongly disagree to 5= strongly agree) and the mean item score was used to form a composite for each of the components.

*Affective commitment to South Africa:*

Affective commitment to South Africa was measured by a scale based on Meyer and Allen (1993, 1996), which were modified by Bagraim (2005). It included 4 items and responses were made on a 5-point likert scale (1=strongly disagree to 5= strongly agree).

*Job satisfaction:*

A previous shortened questionnaire, based on Podsakoff (1996) questionnaire, modified by Bagraim (2005) was used to measure the level of job satisfaction of the registered nurses at the three academic hospitals. A number of 4 items were used, measured on a 5-point likert scale (1=strongly disagree to 5= strongly agree).

*Intention to quit the organisation, intention to quit the profession and the intention to quit South Africa:*

It was decided to focus this study on the intention to quit as a dependent variable instead of actual turnover. The reason being, as suggested by Ajzen (1991), that in planned behaviour theory, behavioural intention is seen as a good indicator of actual behaviour. Earlier studies (Ajzen & Fishbein, 1980; Mobley et al 1979;) indicated that the intention to leave correlates with turnover.

The three-item scale of Kim (1996), modified by Bagraim (2005) was used to measure the intention to quit the organisation, the profession as well as South Africa. It was done using a 5-point likert scale where 1=strongly disagree to 5= strongly agree. A selection of the stay/ leave index of Bluedorn (1982) was also

included in the questionnaire, but it was decided due to the poor response rate, to disregard it.

*Control variables:*

In this particular study, organisational tenure refers to the number of years the employee (registered nurse) has been working in the particular organisation whereas professional tenure refers to the number of years the employee has been working in the nursing profession. Organisational as well as professional tenure can simultaneously affect the development of organisational as well as professional intention to quit and therefore both were included as control variables (Reilly and Orsak, 1991, Lee et al, 2000 and Chang et al, 2007).

*Nurses' free responses*

Provision was made for respondents to give free-response feedback as well. Respondents (n=82) gave personal feedback and identified some of the issues that they considered to be of importance. Qualitative data was limited because some of them wrote very short answers with no motivation. Furthermore, the responses indicated that they would like to quit the organisation, but would not necessarily want to leave the country.

## CHAPTER 4: RESULTS

This chapter summarises the results of the analysis that was carried out on the data. Exploratory factor analysis and item analysis was conducted to test the dimensionality of the scales. The reliability of the scales was tested through reliability analysis after which the descriptive statistics were conducted. Correlation analyses as well as multiple regressions were done.

### Exploratory factor analysis

#### **Factor analysis of affective and continuance commitment to the organisation.**

Principal Axis factor analysis with Varimax normalised rotation was conducted on the organisation commitment items (See Table 1). The variables loaded onto two factors. Variables A1-A5 (reflecting *Affective commitment to the organisation*) loaded onto one factor, with loadings ranging from .48 to .84. Item 1(A1) was not as strong as the rest of the *affective commitment* items. Variables C1-C5 (reflecting *Continuance commitment to the organisation*) loaded onto one factor, with loadings ranging from .63 to .88. Only factors with eigenvalues greater than one were extracted. The two factors explain 58% of the total variance.

The proportion of the variance of the particular item that is due to common factors is called communality. It is therefore also necessary to estimate the communalities of each of the variables, thus the proportion of the variance that each item has in common with other items. Applied to this particular data set, it was found that from the three commitment factors, the variance explained in the C3-item (*Continuance commitment*) is the highest (77.51%) and compared to the other 9 items, 65.96% of the variance is explained by this item.

**Table 1***Factor loadings of affective and continuance commitment to the organisation*

Variables	Items	FL 1	FL 2
ACORG 1	I feel as if this hospital's problems are my own	0.11	<b>0.48</b>
ACORG 2	I feel a strong sense of "belonging" to this hospital	0.12	<b>0.84</b>
ACORG 3	I feel "emotionally attached" to this hospital	0.14	<b>0.79</b>
ACORG 4	I feel like "part of the family" at this hospital	0.19	<b>0.80</b>
ACORG 5	This hospital has a great deal of personal meaning for me	0.18	<b>0.75</b>
CCORG 1	Right now, leaving this hospital would involve making many sacrifices	<b>0.64</b>	0.14
CCORG 2	It would be very costly for me to leave this hospital right now	<b>0.78</b>	0.12
CCORG 3	Too much of my life would be disrupted if I decided that I wanted to leave this hospital now	<b>0.88</b>	0.09
CCORG 4	I would not leave this hospital right now because of what I would stand to lose	<b>0.78</b>	0.18
CCORG 5	For me personally, the cost of leaving this hospital would be far greater than the benefit	<b>0.63</b>	0.23
Expained variance		2.91	2.89
Eigenvalue		4.00	1.81

Notes: 1) FL=Factor Loadings (Varimax normalized) Extraction: Principal axis factoring (Marked loadings are >.3)

2) ACORG = Affective commitment to the organisation, CCORG = Continuance commitment to the organisation

### **Factor analysis on the intention to quit the organisation, the intention to quit the profession and the intention to quit South Africa**

Factor analysis was done on the *intention to quit the organisation*, the *intention to quit the profession* as well as the *intention to quit South Africa*. Principal axis factoring with Varimax-normalised rotation was done (See table 2). Only factors with eigenvalues greater than one were extracted. Factor 1 explained 47.59% of the total variance of the three factors. The first two factors together account for 66.55% of the total variance. The three factors represent 80.22% of the total variance that is explained by the factors.

The communalities of each of the variables were estimated and applied to this particular data set. It was found that from the three *intention to quit* factors, the variance explained in the *intention to quit South Africa (ITQSA2)* is the highest (95%) and compared to the other 8 items, 84% of the variance is explained by this item.

**Table 2***Factor loadings of the intention to quit the organisation, profession as well as South Africa*

Variable and Items		FL 1	FL 2	FL 3
ITQORG 1	I would like to leave this hospital	0.22	0.16	<b>0.81</b>
ITQORG 2	I plan to leave this hospital as soon as possible	0.18	0.18	<b>0.91</b>
ITQORG 3	Within the next year, I hope to have left this hospital	0.21	0.17	<b>0.80</b>
ITQP1	I would like to leave the nursing profession	<b>0.77</b>	0.15	0.20
ITQP2	I plan to leave the nursing profession as soon as possible	<b>0.94</b>	0.12	0.20
ITQP3	Within the next year, I hope to have left the nursing profession	<b>0.85</b>	0.10	0.20
ITQSA 5	I would like to leave South Africa	0.09	<b>0.84</b>	0.19
ITQSA 6	I plan to leave South Africa	0.12	<b>0.96</b>	0.14
ITQSA 7	Within the next year, I hope to have left South Africa	0.18	<b>0.86</b>	0.18
Explained Variance		2.38	2.50	2.34
Eigenvalue		4.27	1.63	1.23

Notes: 1) FL=Factor Loadings (Varimax normalized)

2) Extraction: Principal axis factoring (Marked loadings are >.3)

3) ITQORG = Intention to quit the organisation, ITQP = Intention to quit the profession, ITQSA = Intention to quit South Africa

### **Factor analysis of affective commitment to the organisation, affective commitment to the profession and affective commitment to South Africa**

Principal axis factoring extraction with Varimax-normalised rotation were done (See Table 3) on the set of three *affective commitment items to the organisation, profession as well as South Africa*. As indicated in the above, only factors with eigenvalues greater than one was selected. Factor 1 explained 40.88% of the total variance of the three factors. The first two factors together account for 56.96% of the total variance. The three factors represent 66.63 of the total variance that is explained by the factors.

Communalities were estimated and applied to this particular data set. It was found that the three *affective commitment factors*, the variance explained in *affective commitment to South Africa (ACSA4)* is the highest (81%) and compared to the other 14 items, 72% of the variance is explained by this item.

**Table 3***Factor loadings of the affective commitment to the organisation, profession and to South Africa*

Variable	Items	FL 1	FL 2	FL 3
ACORG 1	I feel as if this hospital's problems are my own	0.08	<b>0.47</b>	0.12
ACORG 2	If feel a strong sense of "belonging" to this hospital	0.15	<b>0.82</b>	0.13
ACORG 3	I feel "emotionally attached" to this hospital	0.17	<b>0.79</b>	0.12
ACORG 4	I feel like "part of the family" at this hospital	0.17	<b>0.79</b>	0.19
ACORG 5	This hospital has a great deal of personal meaning for me	0.10	<b>0.74</b>	0.17
ACPROF 1	I care about the future of the nursing profession	<b>0.69</b>	0.18	0.14
ACPROF 2	I am proud to tell others that I am part of the nursing profession	<b>0.73</b>	0.14	0.19
ACPROF 3	I am dedicated to the nursing profession	<b>0.84</b>	0.12	0.09
ACPROF 4	Being a nursing professional has a great deal of personal Meaning for me	<b>0.87</b>	0.09	0.13
ACPROF 5	I feel a strong sense of "belonging" to the nursing profession	<b>0.87</b>	0.16	0.12
ACPROF 6	I feel a strong calling to be a nurse	<b>0.82</b>	0.14	0.12
ACSA 2	I feel a strong sense of "belonging" to South Africa	0.18	0.22	<b>0.81</b>
ACSA 3	I feel like "emotionally attached" to South Africa	0.16	0.24	<b>0.80</b>
ACSA 4	South Africa has a great deal of personal meaning to me	0.20	0.19	<b>0.86</b>
Explained variance		4.11	2.96	2.26
Eigenvalue		5.72	2.25	1.35

Notes: 1) FL=Factor Loadings (Varimax normalized)

2) Extraction: Principal axis factoring (Marked loadings are >.3)

3) ACORG = Affective commitment to the organisation, ACPROF = Affective commitment to the profession, ACSA = Affective commitment to South Africa

### Reliability and correlation analysis

Table 4 represents the means, standard deviations, reliabilities and correlations of the study variables. The measurement scales were assessed and the following results were obtained.

#### Reliability analysis

The Cronbach alpha coefficient of the variables is indicated in bold. The alpha ranged from  $\alpha = .88$  to  $\alpha = .93$  that are considered to be very good and hence the scales were highly reliable (Hair et al., 2003). Inter-item correlations with each scale were strong. (See Table 4)

### **Correlation analysis**

Table 4 reflects the correlations of the various variables and range from ( $r = -0.12$  to  $r = -0.51$ ,  $p < .01$ ). The strongest correlation found was between the *affective commitment to the profession (ACPROF)* and the *intention to quit the profession (ITQP)* i.e. ( $r = -.59$ ,  $p < .01$ ) followed by the correlation between *affective commitment to South Africa (ACSA)* and the *intention to quit South Africa (ITQSA)*, i.e. ( $r = -0.51$ ,  $p < .01$ ).

Casewise deletion of missing data was done which meant that all cases that have missing data was excluded. It was done in order to get a “true” correlation matrix where all the correlations were obtained from the same set of observations (Hair, Babin, Money, & Samouel (2003). It resulted in the deletion of 40 cases.

### **Descriptive statistics**

The mean ( $M$ ) and standard deviations ( $SD$ ) were calculated for all the summary scales presented in Table 4.

**Table 4***Correlation matrix*

	<i>M</i>	<i>SD</i>	Average inter item reliability	1	2	3	4	5	6	7	8	9	10
1 ORG TENURE	16.32	9.66	–	–	–								
2 PROF TENURE	19.97	9.61	–	0.78***	–								
3 ACORG	3.20	0.90	.57	0.23****	0.24****	<b>(.86)</b>							
4 CCORG	3.00	0.98	.58	0.19****	0.19****	0.34****	<b>(.88)</b>						
5 ITQORG	2.74	1.05	.78	-0.09	-0.12*	-0.40****	-0.35****	<b>(.91)</b>					
6 ACPROF	4.31	0.72	.70	0.13*	0.13*	0.33****	0.22****	-0.22****	<b>(.93)</b>				
7 ITQP	1.99	0.97	.79	-0.06	-0.05	-0.25****	-0.16***	0.42****	-0.58**	<b>(.91)</b>			
8 JS	3.93	0.77	.65	0.12*	0.15**	0.26****	0.13*	-0.17***	0.44****	-0.29****	<b>(.87)</b>		
9 ACSA	3.79	0.88	.75	0.06	0.12*	0.41****	0.16**	-0.24****	0.38****	-0.23****	0.27****	<b>(.90)</b>	
10 ITQSA	2.17	1.04	.83	-0.08	-0.15**	-0.20****	-0.11*	0.35****	-0.18****	0.28****	-0.06	-0.52***	<b>(.93)</b>

Notes: 1)  $n = 365$  (Casewise deletion of missing data)

2) \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , \*\*\*\*  $p < .0001$

3) Cronbach's Alpha coefficients are represented in boldface on the diagonal in parenthesis

4) ORG TENURE = Organisational tenure, PROF TENURE = Professional tenure, ACORG = Affective commitment to the organisation, CCORG = Continuance commitment to the organisation, ITQORG = Intention to quit the organisation, ACPROF = Affective commitment to the profession, ITQP = Intention to quit the profession, JS = Job satisfaction, ACSA = Affective commitment to South Africa, ITQSA = Intention to quit South Africa

### **Nurses' free-response**

Only 20% (N = 82) respondents from the three research sites completed the free-response question. The various comments were categorised into different themes. Fifteen themes were identified of which staff shortages (37%) as well as inadequate remuneration (29%) were identified as the dominant issues.

Another important theme that emerged is the low moral that is currently being experienced. Nurses' experience that their workload is increasing while that extra work is not adequately reflected in the new performance appraisal system. Respondents (26%) were unhappy about it.

No support from management together with a perceived lack of management skills also emerged as other major themes. The respondents also reflected that they do not experience recognition for work well done and that they are not adequately valued (especially by doctors and other medical personnel). Furthermore, it was identified that due to staff shortages quality standards are dropping and that some of the nurses are not that dedicated to the nursing profession anymore. Nursing is only regarded as a means to be paid. There are however respondents who are still happy and dedicated to the nursing profession, 20% (n = 13).

### **Indication where nurses will go if they intend to leave the current employer**

Almost 60% (n = 240) of the nurses indicated to the question if they intend to leave the hospital that they would stay in South Africa and continue to work in nursing. Some of the respondents, 18% (n = 74) reflected that if they did decide to leave the country, they would continue to work in nursing (See Table 5).

**Table 5***Frequency table of where respondents will go if they would leave the hospital*

	Count	Percent	% of all
Stay in SA and work in nursing	240	58.68	57.28
Stay in SA and change careers	62	15.16	14.80
Go overseas and work in nursing	74	18.09	17.66
Go overseas and change careers	3	0.73	0.72
Other	30	7.33	7.16
Missing	10	2.44	2.39

Notes: 1)  $N = 409$ 

2) SA = South Africa

### Regression analysis

Hierarchical multiple regression was used to assess the magnitude of the association between the independent variables and the dependent variables. The regression models were organised by the response variables. In Models 1-3 *tenure organisational tenure* as well as *professional tenure* were used as the control variables and the three affective commitments (i.e. *affective commitment to South Africa*, *affective commitment to the profession* and *affective commitment to the organisation*) as the independent variables. In Model 4 *job satisfaction* was used as the control variable and *affective commitment* as well as *continuance commitment*, was used as the independent variables. The control variables were introduced as a means to test the strength of the independent variables on the dependent variables. To avoid confounding results the control variables were adjusted. The least square method was used because it minimizes the sum of the squared errors that predict the dependent variable from the independent variables (Hair et al., 2003).

#### Regression model for affective commitment to the organisation and the intention to quit the organisation

*Professional tenure* (in step 1) was found to have a stronger association with the dependent variable ( $\beta = -.12$ ,  $p = .137$ ) than *organisational tenure* (although it

was statistically not significant). Having a  $R^2 = .015$  indicated that *tenure* only explained 1.5% of the variance of the dependent variable (i.e. *intention to quit the organisation*). (See Table 6).

After entering the commitment variables into the equation Model, the value of the  $R^2$  improved to 17.4% ( $\Delta R^2 = .159$ ,  $p < 0.0001$ ). The commitment variables explained thus 17.4% of the total variance of the dependent variable (intention to quit the organisation). Compared to the other commitment variables, *affective commitment to the organisation* was found to have the strongest association with the dependent variable ( $\beta = -.348$ ,  $p < .0001$ ) and was statistically the most significant. In the presence of the commitment variables, *professional tenure* was less significant.

**Table 6**

Model 1 Regression Model for affective commitment to the organisation and the intention to quit the organisation

Variable	Step 1	Step 2
Organisational Tenure	0.001	0.039
Professional Tenure	-0.124	-0.056
Affective Commitment to the Organisation		-0.348****
Affective Commitment to the Profession		-0.093
Affective Commitment to South Africa		-0.046
$R^2$	0.015	0.174****
Change in $R^2$		0.159****

Notes: 1)  $n = 374$  (casewise deletion of Missing data)

2)  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ ,  $p < 0.0001^{****}$

The same process was followed for the other regression Models, i.e. Regression Model for *affective commitment to the profession* and *the intention to quit the profession* (see Table 7) and the regression Model for *affective commitment to South Africa* and *the intention to emigrate* (see Table 8).

**Regression Model for affective commitment to the profession and intention to quit the profession**

*Organisational tenure* was found to have a stronger impact on the strength of the association with the dependent variable ( $\beta = -.07, p = .433$ ). It was however not statistically very strong. The value of the  $R^2 = .004$  and thus *tenure* only explained 4% of the variance of the dependent variable (i.e. *intention to quit the profession*). (See Table 7).

The value of the  $R^2$  improved to 34.1% after adding the three independent variables into the equation. ( $\Delta R^2 = .337, p < 0.0001$ ). Compared to the other commitment variables, *affective commitment to the profession* was found to have the strongest association with the dependent variable ( $\beta = -0.56, p < .0001$ ) and was statistically the most significant. In the presence of the independent commitment variables, *professional tenure* was also found to be less significant. The commitment variables (*affective commitment to the organisation, profession and to South Africa*) explained 34.13% of the variance of the intention to quit the profession (i.e. the dependent variable). The improvement of the  $R^2$  is thus most probably the result of the strength of the association between *affective commitment to the profession and the intention to quit the profession*.

**Table 7**

*Model 2: Regression Model for affective commitment to the profession and the intention to quit the profession*

Variable	Step 1	Step 2
Organisational Tenure	-0.066	-0.015
Professional Tenure	0.005	0.052
Affective Commitment to the Organisation		-0.073
Affective Commitment to the Profession		-0.563****
Affective Commitment to South Africa		0.008
R <sup>2</sup>	0.004	0.341****
Change in R <sup>2</sup>		0.337****

Notes: 1)  $n = 374$  (casewise deletion of Missing data)

2)  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ ,  $p < 0.0001^{****}$

### **Regression Model for affective commitment to South Africa and intention to quit South Africa**

In step 1, it was found that *organisational tenure* was not statistically significant ( $\beta = .095, p = .254$ ), whereas *professional tenure* had a ( $\beta = -.22, p = 0.008$  ( $p < .0001$ )). It was statistically significant. One standard deviation increase in *professional tenure* is thus associated with a decrease in the dependent variable, *intention to quit South Africa*, of .22 standard deviations from the mean. The larger the absolute value of the standardised beta coefficient, the more relative importance it assumes in predicting the effect on the dependent variable. *Professional tenure*, compared to *organisational tenure*, was found to have a bigger impact on the strength of the association with the dependent variable. In this particular equation the value of  $R^2$  was .025, thus, although the association is statistically significant, only 2.5% of the variance of the dependent variable, the *intention to quit South Africa*, is explained by *tenure*.

As seen in Table 8, after entering the three independent commitment variables into the equation Model,  $R^2$  improved by 25.1% ( $\Delta R^2 = .25, p < 0.0001$ ). *Affective commitment to South Africa* was statistically the most significant ( $\beta = -0.53, p < .0001$ ) and reflected the strength of the association between *affective commitment to South Africa* and the *intention to quit South Africa*. The other commitment factors were not significant. In the presence of the commitment variables, *professional tenure* was not significant. The commitment variables explained 27.6% of the variance of the dependent variable. By adding the three variables the adjusted  $R^2$  value was affected and changed from 2% to 27%.

**Table 8**

*Model 3: Regression model for affective commitment to South Africa and the intention to quit South Africa*

Variable	Step 1	Step 2
Organisational Tenure	0.095	0.036
Professional Tenure	-0.221**	-0.126
Affective Commitment to the Organisation		0.040
Affective Commitment to the Profession		0.013
Affective Commitment to South Africa		-0.525****
R <sup>2</sup>	0.025	0.276****
Change in R <sup>2</sup>		0.251****

Notes: 1)  $n = 373$  (casewise deletion of Missing data)

2)  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ ,  $p < 0.0001^{****}$

### **Regression Model of job satisfaction and the intention to quit the organisation**

In order to investigate whether organisational commitment (affective and continuance commitment) predict the intention to quit over and above the impact of job satisfaction (that also predict intention to quit the organisation) job satisfaction was controlled. Hierarchical linear regression was conducted.

*Job satisfaction* was entered in step 1 and results indicate that it had a significant and strong (( $\beta = -0.159$ ,  $p = .002$ .) relationship with the intention to quit the organisation. One standard deviation increase in *job satisfaction* is thus associated with a decrease in the dependent variable, *intention to quit the organisation*. The larger the absolute value of the standardised beta coefficient, the more relative importance it assumes in predicting the effect on the dependent variable. In this particular equation, the  $R^2$  had a value of .025. Thus, although the association is statistically significant only 2.5% of the variance of the *intention to quit the organisation* is explained by *job satisfaction*.

As seen in Table 9, after entering the two organisational commitment variables, (i.e. *affective as well as continuance commitment*) into the equation Model,  $R^2$

improved by 18.2%. ( $\Delta R^2 = .182, p < .0001$ ). *Affective and continuance commitment to the organisation* therefore explains 20.8% of the variance of the dependent variable of which *affective commitment to the organisation* was found to be slightly stronger than *continuance commitment* ( $\beta = -.31, p < .0001$ ) and slightly more significant than *continuance commitment*. In the presence of the commitment variables, *job satisfaction* was less significant and decreased in strength ( $\beta = -.05, p = .335$ ).

**Table 9**

*Model 4 Regression Model of job satisfaction and the intention to quit the organisation*

Variable	Step 1	Step 2
Job Satisfaction	-0.159**	-0.046
Affective Commitment to the Organisation		-0.312****
Continuance Commitment to the Organisation		-0.225****
R <sup>2</sup>	0.025**	0.208****
Change in R <sup>2</sup>		0.182****

Notes: 1)  $n = 385$  (casewise deletion of Missing data)

2)  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ ,  $p < 0.0001^{****}$

### **Regression Model of job satisfaction and the intention to quit the profession**

Another regression analysis was conducted to investigate whether *affective commitment to the profession* explain the *intention to quit the profession*, over and above the relationship between *job satisfaction* and *the intention to quit the profession*.

*Job satisfaction* was entered in step 1 and results indicate that it had a significant and strong ( $\beta = -0.278, p = .0001$ .) relationship with the intention to quit the organisation. One standard deviation increase in *job satisfaction* is thus associated with a decrease in the dependent variable, *intention to quit the profession*. The larger the absolute value of the standardised beta coefficient, the more relative importance it assumes in predicting the effect on the dependent

variable. In this particular equation, the  $R^2$  had a value of .077. Thus, although the association is statistically significant only 7.7% of the variance of the *intention to quit the profession* is explained by *job satisfaction*.

As seen in Table 10, after entering the commitment to the profession variable, into the equation Model,  $R^2$  improved by 23.4%. ( $\Delta R^2 = .234, p < .0001$ ). *Affective commitment to the profession* explains 31.11% of the variance of the dependent variable. *Affective commitment to the profession* had a ( $\beta = -.540, p < .0001$ ). *Job satisfaction* was not significant and decreased in strength ( $\beta = -.037, p = .411$ ).

**Table 10**

*Model 5 Regression Model of job satisfaction and the intention to quit the profession*

<b>Variable</b>	<b>Step 1</b>	<b>Step 2</b>
Job Satisfaction	-0.278****	-0.037
Affective Commitment to the Profession		-0.540****
$R^2$	0.077****	0.311****
Change in $R^2$		0.234****

Notes: 1)  $n = 410$  (casewise deletion of Missing data)

2)  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$ ,  $p < 0.0001^{****}$

## CHAPTER 5: DISCUSSION

This chapter gives an overview of the aim of the study and then discusses the various findings. Some implications for nursing management at the tertiary hospitals as well ideas for future research will also discussed.

The increasing shortage of nurses and the implications thereof is of paramount importance to the future of the delivery of the health care system. This study investigated and analysed posed propositions to test the theoretical relationships of the affective commitment of registered nurses to their organisation, their profession as well as their country (South Africa) and their intention to quit the organisation as well as the profession. Nurses' intention to emigrate (quit South Africa) was also investigated. Furthermore, the proposition whether commitment to the organisation would explain over and above the impact of job satisfaction, the intention to quit the organisation, was also investigated.

### Descriptive findings

Affective commitment to the organisation had an average mean of ( $M = 3.202$ ,  $SD = 0.902$ ) which indicated that the respondents' commitment to their respective organisations was neutral. A feeling of apathy towards the organisation could be experienced. Especially after the month-long strike, nurses might not be sure whether they still should be committed to the respective organisations (hospitals). The researcher did find it quite surprising that the response did not reflect a more negative intention towards the commitment to the organisation. If management focus on improving the affective commitment of the nurses, they could experience that the intention of nurses to quit the organisation, might decrease. The results of the respondents' affective commitment to their profession indicated that they are committed to their profession ( $M = 4.312$ ,  $SD = .716$ ), however not very strongly. This result supports the finding of Lu et al. (2002), which found that

nurses are committed to take care of patients and will be unlikely to quit the profession. Similar to the affective commitment to the organisation, the respondents had an average neutral feeling towards the affective commitment to South Africa ( $M = 3.794$ ,  $SD = 0.877$ ). A rather surprising result of this particular study was that the respondents did not intend to quit the organisation, profession or South Africa.

#### **Commitment to the organisation and the intention to quit the organisation**

As proposed, this study found that affective organisational commitment correlated negatively with the intention to quit the organisation. Continuance commitment also correlated negatively with the intention to quit the organisation. Affective organisational commitment also correlated stronger than continuance commitment to the organisation. Proposition 1a and 1b is thus supported.

The above mentioned results confirmed the results found in literature (Meyer and Allen, 1991; Meyer et al., 1993; Somers, 1995; Meyer et al., 2002, Sourdif 2004, Vandenberghe et al., 2004, Chang et al., 2006). Jaros (1997) agreed to the above, but further stated that the correlations were all significant but the strength of the relationship will be different. That was found to be the case in this study as well

Sourdif (2004) found a significant negative correlation between organisational tenure and affective commitment to the organisation ( $r = -0.248$ ,  $p = 0.011$ ). In this particular study, a positive correlation was found between organisational tenure and organisational commitment.

The regression model further strengthened the correlation analysis by indicating that variables such as organisational and professional tenure did not influence the strength of the association between affective commitment to the organisation and the intention to quit the organisation. Affective commitment to the

organisation still emerged to have the strongest relationship with the intention to quit ( $\beta = -.348, p < .0001$ ) and explained 17.4% of the variance in the dependent variable. Proposition 2 was thus confirmed.

The above mentioned result was supported by findings of Somers (1995) who predicted the intent to remain, reversibly quit the organisation with a ( $\beta = 0.34, p = 0.01$ ). Although this result indicated that as the affective commitment to the organisation increases, the intention to quit would decrease, in this study it was only theoretically significant. The reasons being that in this particular study the respondents were on average neutral concerning commitment to their organisation.

Lynn and Redman (2005) supported the result found in this study, but also stated that organisational commitment alone did not explain the shortage of nurses that is experienced. They identified aspects of work as well as professional satisfaction also predicts the intention to quit the organisation.

The results of this study indicate that affective commitment to the organisation does play a significant role concerning nurses' intention to quit at the three research sites that were investigated. It confirmed results of Vandenberghe et al. (2004) that found that affective commitment to the organisation had a direct effect on the intention to quit the organisation. Creating an emotional attachment to the organisation by enhancing the employees' identification as well as involvement in the organisation could be instrumental in changing and therefore reducing or altering the negative relationship with the intention to quit the organisation. The more committed employees are to the organisation, (experiencing a positive attachment to the organisation) the less likely their intention to quit will be.

This strong association of affective commitment implies that if nurses do form an emotional attachment to the organisation, it could prevent them from actually having the intention to quit the organisation. As literature indicate the existence of a strong link between the intention to quit and turnover, it will be beneficial to the organisation to invest in ways that will encourage commitment to the organisation.

### **Commitment to the profession and intention to quit the profession**

In this particular study affective commitment to the profession, as indicated in the correlation analysis, had the strongest correlation with the intention to quit the profession. A strong, negative correlation was found which supported earlier studies, i.e. Lu et al. (2002) had a negative correlation ( $r = -0.370$ ) and Teng et al. (2007) and Nogueras (2006) that also had a negative correlation ( $r = -0.31$ ). Flinkman et al. (2007) also found that nurses, who had the intention to quit the profession, also experienced weak commitment to the profession. In this particular study, it was found that nurses did not consider quitting.

The result of this particular study confirmed previous results (such as Lu et al, 2002; Gardner, 1992) that found that the correlation between professional commitment and the intention to quit the profession was stronger than the intention to leave the organisation. The respondents in this study were highly committed to their profession but not as strongly committed to their particular organisation.

The regression model investigated the impact of the control variables on affective commitment to the profession and professional intention to quit. It was found that when the independent variables (affective commitment to the organisation and affective commitment to the profession and to South Africa) were added, affective commitment to the profession had the strongest relationship with the dependent variable, i.e. the intention to quit the profession. It supported the findings of Lee,

Carswell and Allen (2000) that indicated that commitment to the profession was most strongly related to intention to quit the profession ( $r = -.621$ ) and was the best single predictor of the intention to quit the profession. It supported the result from Chang et al. (2006). Before the independent variables were added, organisational tenure had a stronger impact on the intention to quit the profession, but professional tenure emerged to be stronger after the independent variables were added.

The commitment variables further explained 34.13% of the variance of the intention to quit the profession of which affective commitment to the profession was the most potent contributor. Affective commitment to the profession was the strongest predictor of the intention to quit the profession ( $\beta = -0.56, p < .0001$ ). This emphasises the importance of affective commitment in the nursing profession. Proposition 3 was supported and accepted.

Given the current shortage of nurses that is experienced, the above mentioned result should be a cause of great concern. If there is focus on improving the value of nursing, if the importance of the nursing profession is acknowledged, and nurses are better taken care, their commitment to the profession will be enhanced.

The nursing profession is seen and experienced as a very noble profession. Those who become nurses predominantly chose this profession because they want to help people in need of care (Nogueras, 2006; Gould and Fontenla, 2006). Unfortunately, as indicated in literature, not many young nurses are entering the nursing profession and if they do, they do not see it as a profession, but rather only as a means to earn a living. That gives rise to falling standards and has an impact on the quality of care. Opinions obtained from the open-ended questionnaire confirmed the statistics.

As the statistics indicate (introduction), South Africa and various other countries across the world is experiencing nursing shortages which has a direct impact on the quality of care.

### **Commitment to South Africa and intention to emigrate**

A strong negative correlation between affective commitment to South Africa and the intention to quit South Africa was found. Proposition 4 was confirmed. It confirmed studies done previously by Hartman and Hartman (1995). The regression model found that in the presence of the commitment variables, organisational tenure did not have a strong impact on the intention to emigrate, but professional tenure, although not so strong as before the commitment variables were added, did have an impact on the dependent variable. The commitment variables explained 27.6% of the variance in the intention to quit South Africa. Affective commitment to South Africa emerged, as proposed, as having the strongest and most significant relationship ( $\beta = -0.53, p < .0001$ ) with the intention to emigrate (quit South Africa). That indicated that commitment to South Africa is quite a strong indication of the intention not to quit South Africa.

If employees' were committed to the country, in this study South Africa, they would be less likely to experience the intention to leave the country. If you increased employees affective attachment to the country by creating an emotional need to feel part, proud and positive about the country despite any negative circumstance, e.g. high crime rate, low salaries, then the intention to emigrate might be reduced.

As indicated in the results chapter, the majority of the sample of nurses, almost 60%, indicated that they would continue to stay in South Africa and work in nursing. A possible explanation could be that they are still loyal to South Africa and in spite of all the negative press and circumstances; they still seem to be

committed to stay. However, the study did not indicate the reason why they would rather stay than leave. Family ties and responsibilities might be a possible explanation. About 55% of the respondents were married and might have children that they have to consider.

### **Job satisfaction and intention to quit the organisation**

A positive correlation was found between affective organisational commitment and continuance organisational commitment. Meyer et al. (2002) also found a very strong correlation between affective commitment to the organisation and job satisfaction ( $p = .65$ ). The fourth regression model investigated whether affective as well as continuance commitment was found to explain the relationship with the organisational intention to quit over and above the presence of job satisfaction.

Proposition 5 was supported given the fact that both affective commitment to the organisation and continuance commitment to the organisation was statistically significant with affective commitment slightly stronger ( $beta = -.31, p < .0001$ ). The commitment variables explained 20.8% of the variance in the intention to quit the organisation.

Lum et al. (1998) indicated that job satisfaction had an indirect influence on the intention to quit the organisation. Ingersoll et al. (2002) identified that organisational commitment, and not overall job satisfaction, significantly ( $p < 0.0001$ ) predicted the intention to quit or remain at the organisation. This study therefore supported the finding of Ingersoll et al. (2002). Thus, Proposition 5 was supported.

### **Job satisfaction and intention to quit the profession**

Affective commitment to the profession (as indicated in the above) predicts the intention to quit the profession the strongest compared to the other commitment variables. In order to determine the predictive value of job satisfaction and the intention to quit the profession, in the presence of affective commitment to the profession further analysis was conducted. It was found that job satisfaction, without the presence of affective commitment, had a ( $\beta = -0.278, p = 0.0001$ ). However, the impact and strength of job satisfaction, after the variable affective commitment to the profession was entered into the equation, weakened significantly.

Affective commitment to the profession had a ( $\beta = -0.540, p = 0.0001$ ) and explained 31.11% of the variance in the intention to quit the profession. Job satisfaction, in the presence of *affective commitment to the profession*, was not significant and furthermore did not have a strong relationship with the *intention to quit the profession*. This finding strengthens the findings of Lu et al. (2002) and Teng et al. (2007). Proposition 6 was thus supported.

### **Commitment to South Africa, the organisation and the profession**

Furthermore, this study confirmed the findings of Miller et al. (2002) that there is a strong, positive relationship between affective commitment to South Africa and affective commitment to the organisation. A positive correlation between affective commitment to South Africa and affective commitment to the profession was also found in this study. Miller et al. (2002) indicated that if an employee were committed to the organisation, it would be unlikely that he/ she would leave the country and even the profession.

### **Intention to quit the organisation and profession**

A strong positive correlation was found between the intention to quit the organisation and the intention to quit the profession. It reflects that in this particular study that the more an employee contemplates leaving the organisation, the more likely the employee would be considering leaving the profession as well.

### **Intention to emigrate and intention to quit the organisation**

In this particular study, a positive correlation was found between the intention to leave (emigrate) South Africa and the intention to quit the organisation. If a person is thinking about leaving South Africa, there is a strong possibility that that person might not be that committed to the organisation any more. It could be explained by comparing it to the negative relation between affective commitment to South Africa and the intention to quit South Africa that was found in this study. It implies that the more you are committed to South Africa, the less likely you will have the intention to emigrate.

### **Job satisfaction, professional commitment and intention to quit the profession**

A significant and strong positive correlation between job satisfaction and affective commitment to the profession was found in this study, which confirmed previous results. As literature (Schwepker, 2001; McNeese-Smith, 2001; Ingersoll et al., 2002; Meyer et al., 2002, Brewer & Nauenberg, 2003,) indicated, job satisfaction correlates positively with professional commitment and therefore if hospitals utilise job satisfaction effectively, nurses' commitment to the profession can be increased. If nurses have a positive experience at work, together with their commitment to their profession, the likelihood that they would quit nursing will not occur or to a lesser extent (Yang and Chang, 2007).

A possible reason for the intention to leave the nursing profession is low job satisfaction. Low job satisfaction was associated with higher intention to quit the profession (Flinkman et al. (2007), Kuokkanen (2003). These studies strengthen the findings that job satisfaction does play an important role.

However, in this particular study the respondents reflected a neutral response towards job satisfaction. Once again, the industrial action could have had an influence on the respondents. It could be interpreted that nurses working at the various hospitals are just doing what is expected of them, whether they are satisfied or not.

Teng et al. (2007) as well as Lu et al. (2002) emphasised the positive relationship between professional commitment and job satisfaction that was confirmed in this particular study as well. Higher commitment to the profession was found to have a strong direct positive effect on job satisfaction (Lu, Chang & Wu 2007).

#### **Job satisfaction and tenure**

This particular study found a significant positive correlation between job satisfaction and organisational and professional tenure but it was not very strong. Sikorska-Simmons (2005) also found that those employees who were satisfied with their jobs had high levels of organisational commitment. In this study organisational as well as professional tenure did not have a strong impact on the intention to quit the organisation. Some other factors might be the reason for not quitting. The age of the respondents (the average age of the respondents in this particular study was 41) could have an impact on the result. Furthermore, the majority of the respondents occupied senior positions. Some literature indicated that gender might have an impact but in this study, the majority was female and a significant correlation could therefore not be made.

### **Implication for nursing management**

Many results in the past has expressed and emphasised the important role of administrators and nursing management concerning the attraction and retention of nurses to the nursing profession. Gardner (1992) emphasised the fact that enhanced commitment in nursing would be beneficial to both the organisation and the individual. Brewer and Lok (1995) found that positive managerial strategy can generate greater organisational commitment. They stated that hospital and nursing administrators relied too long on the dedication of nurses for demonstrating altruism to the hospital. Lu et al. (2002) also found that intention to quit the organisation and intention to quit the profession stemmed from different attitudes. They found that if you enhanced job satisfaction, it would also produce benefits for both the individual and the organisation.

Mowday et al. (1979); Meyer et al. (1993); Jaros (1997); Lynn and Redman (2005), amongst others, are of the opinion that increased organisational commitment would reduce intention to quit and thus turnover. Sourdif (2004) goes even further by saying that if there is anything that management could do to influence nurses to stay, they should. Ingersoll et al. (2002) as well as Gould (2006) stated that management should find ways to attract young nurses to the profession by innovative thinking. Career planning should be done for nurses as well. The importance and role of job satisfaction should also be investigated. Lum et al. (1998) found that when nurses are satisfied with their jobs and pay and when they feel committed to the organisation, they would be less likely to terminate their employment. Teng et al. (2007), has found that improved job satisfaction it would also decrease nurses' intention to quit. Yang and Chang (2007) highlighted the importance of the effective use of job satisfaction to enhance the organisational commitment of nurses. As found in this study, many nurses, when given the opportunity, raised the fact that they experience that they were not appreciated and was not given proper authority to execute tasks. (Their

job description do give them some delegated authority, but this is only perceived as a paper exercise).

Sager et al. (1998) emphasised that if organisations wanted to manage turnover intentions, they will have to understand how and when to influence the means whereby employees think about quitting. Management should intervene before employees start searching and intend to leave.

### **Suggestions for future research**

It is suggested that the relationship between the three-component model of organisational commitment and intention to quit should simultaneously be investigated with the three-component model of professional commitment and professional intention to quit. McNeese-Smith (2001) found that although nurses were dissatisfied and unhappy with the organisation, they were still committed to stay because of their retirement plans.

Furthermore it will add value if the reciprocal relationship between organisational and professional turnover also could be investigated. In future, the results found by Chang, Chi Miao (2007) pertaining to whether organisational intention to quit mediates the relationship between the three-component model of organisational commitment and professional intention to quit, should be investigated within the South African context. Additionally it should be investigated whether professional intention to quit mediates the relationship between the three-component model of professional commitment and organisational intention to quit. Chang et al (2007) also indicated the importance of investigating the impact of moderators, e.g. career stage on the relationship between commitment to the organisation, profession and the respective intention to quit.

### **Concluding notes**

In conclusion, it is clear that the nursing profession is experiencing a crisis that is escalating not only nationally but also internationally. The results of the study contributed to the body of knowledge and found that commitment, specifically affective commitment, to the organisation, the profession and the country predicts the intention to quit the organisation, the profession and the country.

Management could by introducing policies and procedures to encourage nurses' affective commitment to the organisation, profession and country, have an impact on nurses' intention to quit. Although the strong correlations as well as the predictive power between the commitments and the intentions was quite strong, nurses at the three research sites, still chose not to quit. Other factors, such as the economical situation and unemployment might be some of the factors influencing nurses to remain and not to quit.

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