Research Article

Healthcare Employees' Attitudes toward Organizational Commitment and Overcoming Stress in the Healthcare Organization

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Abstract

This study's goal examines how health workers deal with organizational stress and how organizational loyalty is perceived according to certain demographical features (gender, occupational seniority, occupational satisfaction, and educational status), investigating this through the relational screening model. The study includes nurses in a research hospital in Tokat city center and uses the cluster sampling method in which a total of 200 nurses were randomly chosen. The research data were gathered through a three-part questionnaire. The first questionnaire covers gender, occupational satisfaction, occupational seniority, and educational level. The second questionnaire uses a 5-point Likert-type self-reporting scale made up of questions on organizational. The third questionnaire contains a 5-point Likert-type self-reporting scale that deals with organizational stress (never, rarely, sometimes, usually, always). No significant difference exists among health workers' gender, organizational loyalty, and how one deals with organizational stress. Also, though no significant difference exists between health workers' occupational satisfaction and their organizational loyalty, a significant difference does exist between these groups' attitudes towards dealing with stress and with their organizational stress. According to differences in health workers' educational level, a significant difference exists between postgraduates' organizational commitment and that of undergraduates, associate-degree holders, and high-school graduates.

Keywords

Stress • Loyalty • Organizational stress • Coping with stress • Organizational commitment

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The word stress derives from the Latin *strictis*. Hans Selye, who first propounded the concept of stress, defined it as an internal reaction of an organism towards change (Paşa & Kaymaz, 2013). Stress is something that negatively affects one's life and work. In recent years, business firms have organized programs in particular to lessen stress among their employees. Private and state institutions research stress management as appropriate for their own work styles and governing structures. In other sectors, one can compensate for their mistakes, but this is impossible in the healthcare sector as it can cost human lives. Therefore, healthcare, like human life, is a very important sector and shoulders huge responsibility (Şerife, 2009).

Organizational stress is defined as "a situation which is based upon the relationship between the individual and the organization, differs according to the individual, and expels the individual from his normal functions (Arıkanlı & Ulubaş, 2004). Positive effects from stress can be handled; negative effects can be deduced and erased by dealing with them. Organizational stress management first identifies the sources of stress, understands its reactions, and then tries to decrease and suppress the negative effects (Gümüştekin & Öztemiz, 2004; Okutan & Tengilimoğlu, 2002).

Stress responses occur not as a result of a situation but as an individual's reaction towards the situation. Stress arises from the interactions between a specific individual and a specific event. The event is not the arbiter itself. Here, the key point is the process between the specific individual and the specific situation (Baltaş & Baltaş, 2002).

Stress creates psycho-physiological results, and the organism tries to deal with them through emotional and sense responses. If any trigger is sensed as interfering in the individual's life-space, the emotion will be anger and frustration. (Izgar, 2000) divide responses to stress into five groups:

i.   *Subjective responses*. Changes in an individual's psychology according to personality structures (i.e., depression, tiredness, dissatisfaction).

ii. *Behavioral responses*. Changes in an individual's actions (i.e., aggressive attitudes; excessive smoking, drinking, or eating).

iii. *Emotional responses*. Changes in an individual's emotions (i.e., being indecisive, forgetful, distracted).

iv. *Physiological responses.* Bodily changes (i.e., increased blood pressure, headaches, dry mouth).

v.   *Organizational responses.* Changes in work life (i.e., unproductiveness, work-dissatisfaction, absenteeism).

In 1956, Whyte for the very first time dealt with the effects of overcoming stress on organizational commitment. Then many other researchers like Porter,

Mowday, Steers, Allen, Meyer, and Becker contributed to the idea of organizational commitment (Gül, 2002).The notion of organizational commitment is defined as loyalty towards, devotion for, adopting the goals of, and participation in the activities of an organization (Çekmecelioğlu & Eren, 2007). First and foremost, organizational commitment refers to an employee's belief in an organization, and this belief is a measurement of an individual's desire to work at the firm in the future. To provide this, organizational practices, values, and activities should be appropriate for employees. According to İbicoğlu (2000), the factors for organizational commitment are:

  i.   Adopting the organization's goals and values, and strongly believing in them.

  ii. Working harder than expected for the organization's profit.

  iii. Having a strong desire to continue organizational membership.

  iv. Identifying one's self with the organization.

  v.   Internalizing the organization.

Organizational commitment is an individual's commitment to one's organization or, in other words, to one's work (Leong, Furnham, & Cooper, 1996, p. 1346; Mathiev & Zajac, 1990, p. 171). Organizational commitment has three components: emotional commitment, continuity commitment, and normative commitment. The intensity of these components changes according to the individual's will to stay in the organization. Employees with a strong emotional commitment want to stay in the organization; those with strong continuity commitment want to stay for their needs, and those with a strong normative commitment want to stay out of obligation (Meyer & Allen, 1997).

Meyer and Allen (1997) found similarities between the organizational commitment approach with other organizational commitment approaches: their emotional commitment with Kanter's (1968) combination commitment; O'Reilly and Chatman's (1986) identification commitment with the organizational commitment approach; and Meyer and Allen's continuity commitment, Becker's (1960) side-bet commitment, Etzioni's (1961) cheeseparing commitment, Kanter's (1968) continuity commitment, O'Reilly and Chatman's adaptation commitment with organizational commitment. Meyer and Allen's normative commitment, Kanter's (1968) control commitment, and internalization commitment are also similar. Etzioni's moral commitment and Porter, Steers, Mowday, and Boulian (1974) commitment approach include O'Reilly and Chatman's internalization commitment and identification commitment. It is unnecessary to classify Etzioni's alienation commitment as it is the opposite of moral commitment. Because the model has three components in the current research that are much more satisfactory than others, Meyer and Allen's 3-component organizational commitment model was used.

Purpose

The main aim of this research is to find the relationship between overcoming stress and organizational commitment.

Method

This study uses the relational screening model, which is based upon the general screening model. Screening models aim to depict situations that currently exist or compare ones that used to exist with current ones. In order to reach a conclusion in many existing populations in the general screening model, either the whole population or group(s) taken from the population is/are scanned (Karasar, 2002).

The Research Question

Does the relationship between healthcare employees' ability to overcome stress in the healthcare organization and their organizational commitment show significant variance according to certain factors?

Answers to the following sub-questions were researched:

i.   Is there a significant difference between organizational commitment and attitude towards overcoming stress according to gender?
ii. Is there a significant difference between organizational commitment and attitude towards overcoming stress according to occupational satisfaction?
iii. Is there a significant difference between organizational commitment and attitude towards overcoming stress according to educational status?
iv. Is there a significant difference between organizational commitment and attitude towards overcoming stress according to occupational seniority?
v.   Is there a significant relationship between healthcare employees' attitude towards overcoming stress and their organizational commitment?

Universe and Sampling

The population of the research involves those working at a research and application hospital in Gaziosmanpaşa, Tokat city center, in Turkey. In the sample, a total of 150 nurses (124 female and 76 male) were chosen using the cluster-sampling method.

Data Collection

The research used the organizational commitment scale, which was improved by Meyer and Allen (1997) and adapted into Turkish by Wasti (2000) to discover healthcare employees' organizational commitment levels. The scale consists of a

5-point Likert-type scale ranging from 5 (Totally Agree) to 1 (Strongly Disagree) and includes 18 questions with three dimensions (emotional commitment, normative commitment, and continuity commitment). Wasti performed some tests to ensure the validity of the scale. He declared the Turkish scale to conform with the original scale's three-dimensional structure, the scale's item-factor loading levels to vary between .20 and .70, and the reliability coefficients to be .78 for emotional commitment, .75 for normative commitment, and .58 for continuity commitment.

In addition, the attitude towards overcoming stress inventory scale, taken from Özbay and Şahin (1997), was used in the research; the attitude towards overcoming stress inventory scale has 43 items and was originally formed using the scale of Carver, Scheier, and Weineaub (1989). Its validity and reliability were determined through a 5-point Likert-type scale (1 = Never; 5 = Always). Özbay (1993) fundamentally improved the original test for foreign students studying at American universities with a 56-item scale investigating ways to overcome stress (as cited in Palancı, 1999, p. 53). Palancı's (1999) study targeted a 56-item stress-coping scale through factor analysis and was said to have 43 items under six factors. In our study, this six-factor structure was used.

Data Analysis

The Statistical Package for Social Sciences (SPSS) was used for data analysis. Standard deviation, *t*-test, ANOVA test, and others were used for finding answers to the sub-problems. The level of significance was determined to be 0.05 after these statistical analyses.

Results

Is There a Significant Difference between Healthcare Employees' Thoughts on Healthcare Organizational Commitment and Their Attitude towards Overcoming Organizational Stress?

Table 1a
Independent Samples t-Test Results Used to Find If Healthcare Employees' Organizational Commitment Perceptions Show Variation according to Gender

Gender	N	x̄	SD	t	p
Female	124	2.88	.24187	-1.443	.151
Male	76	2.92	.21598		

When examining Table 1a, one sees that healthcare employees' organizational commitment perceptions do not show significant variance according to gender ($p = .151 > .05$).

Table 1b
Independent Samples t-Test Results Used to Find If Healthcare Employees' Attitudes toward Overcoming Organizational Stress Vary According to Gender

Gender	N	x̄	SD	t	p
Female	124	2.1296	.42050	1.099	.273
Male	76	2.0630	.40810		

When examining Table 1b, one observes that healthcare employees' attitudes toward overcoming organizational stress do not significantly differ according to gender ($p = .273 > .05$).

Is There a Significant Difference between Healthcare Employees' Organizational Commitment Perceptions and Occupational Satisfaction or between Their Attitudes toward Overcoming Organizational Stress and Occupational Satisfaction?

Table 2a
Independent Samples t-Test Results Used to Find If Healthcare Employees' Attitudes toward Overcoming Organizational Stress Show Variance According to Occupational Satisfaction and Gender

Satisfaction	N	x̄	SD	t	p
Yes	136	2.9223	.21461	2.109	.036*
No	64	2.8484	.26280		

When examining Table 2a, one observes that healthcare employees' organizational commitment perceptions significantly vary according to changes in their occupational satisfaction and gender ($p = .036 > .05$).

Table 2b
Independent Samples t-test Results Used to Find If Healthcare Employees' Attitudes toward Overcoming Organizational Stress Show Variance According to Occupational Satisfaction

Satisfaction	N	x̄	SD	t	p
Yes	136	2.1168	.42727	0.618	.537
No	64	2.0778	.39314		

When examining Table 2b, one sees that healthcare employees' attitudes toward overcoming stress do not significantly vary according to occupational satisfaction ($p = .537 > .05$).

Is There a Significant Difference between Healthcare Employees' Organizational Commitment Perceptions and Their Educational Status or between Their Educational Status and Attitudes toward Overcoming Organizational Stress?

Table 3a.1
One-way ANOVA Test Results for Finding If Healthcare Employees' Organizational Commitment Perceptions Vary According to Educational Status

Education	N	x̄	SD	f	p
High school	64	2.9573			
Associate degree	12	2.9944	3.0	5.993	.001
Degree	106	2.8821			
Post graduate	18	2.7241			

On the basis of this hypothesis, the results of the one-way ANOVA test are given in Table 3a.1. The results of this analysis ($p = .001 < .05$) show a significant difference between the groups. The reason for this difference is given in Table 3a.2.

Table 3a.2
Tukey's HSD (honest significant difference) Test Results

(I) Education	(J) Education (I-J)	Common difference	SHx	p
High school	Associate degree	-.0371	.0706	.953
	Degree	.7522	.0355	.152
	Postgraduate	.2332	.0599	.001
Associate degree	Degree	.1123	.0684	.358
	Postgraduate	.2703	.0837	.008
Degree	Postgraduate	-.1580	.0572	.032

When examining Table 3a.2, one can see the difference between high-school graduates and postgraduates ($p = .001 < .05$).

Table 3b
One-Way ANOVA Test Results for Finding If Healthcare Employees' Attitudes toward Overcoming Stress Vary According to Educational Status

Education	N	x̄	SD	f	p
High school	64	2.1515			
Associate degree	12	2.0174	3	1.473	.223
Degree	106	2.0623			
Post graduate	18	2.2416			

When examining Table 3b, one observes that healthcare employees' attitudes toward overcoming stress do not significantly vary according to educational level ($p = .223 > .05$).

Is There a Significant Difference between Healthcare Employees' Organizational Commitment Perceptions and Occupational Seniority or between Their Attitude toward Overcoming Organizational Stress and Occupational Seniority?

Table 4a.1
One-way ANOVA Tests Results for Finding If Healthcare Employees' Organizational Commitment Perceptions Vary According to Occupational Seniority

Seniority	N	x̄	SD	f	p
1-5 years	123	2.9428			
6-10 years	49	2.8320	3	4.784	.003
11-15 years	26	2.8038			
16+ years	2	3.0500			

When examining Table 4a.1 according to the analysis results, one can see significant variance among groups ($p = .003 < .05$). The reason for this difference is given in Table 4a.2.

Table 4a.2
Tukey's HSD Comparison-Test Results That Show Significant Variance for Organizational Commitment Perceptions According to Occupational Seniority

(I) Seniority	(J) Seniority	Common difference (I-J)	SHx	p
1-5 years	6-10 years	.1108	.0382	.022
	11-15 years	.1389	.0489	.025
	16+ years	-.1071	.1615	.911
6-10 years	11-15 years	.0281	.0549	.956
	16+ years	-.2180	.1635	.543
11-15 years	16+ years	-.2461	.1663	.452

When examining Table 4a.2, one sees variance between workers with 1-5 years of experience and those with 11-15 years.

Table 4b
One-way ANOVA Test Results Showing Variance for Organizational Commitment Perceptions According to Occupational Seniority

Seniority	N	x̄	Sd	f	p
1-5 Years	123	2.1486			
6-10 Years	49	2.0252	3.0	1.298	.276
11-15 Years	26	2.0385			
16 and more years	2	2.1744			

When examining Table 4b, one observes that healthcare employees' attitudes toward overcoming stress do not vary significantly according to occupational seniority ($p = .276 > .05$).

Is There a Significant Difference between Healthcare Employees' Organizational Commitment Perceptions and Attitudes toward Overcoming Stress?

Table 5
Correlational Analysis Results to Find If Healthcare Employees' Attitudes toward Overcoming Stress Are Significantly Related to Organizational Commitment

Variance	N	r	p
Attitudes toward overcoming the stress	200	.261	.000
Organizational commitment perceptions			

Statistically, one perceives a positive significant relationship ($p < .05$) between attitudes toward overcoming stress and organizational commitment perceptions. An increase in healthcare employees' organizational commitment perceptions causes an increase in their attitude towards overcoming stress.

Discussion

According to the research results, no significant variance exists between organizational commitment and attitude towards overcoming organizational stress in terms of healthcare employees' gender. Although a significant difference resulted between occupational satisfaction and organizational commitment, no significant difference was found for attitudes toward overcoming organizational stress. Variance in organizational commitment according to educational level showed significant variance between post graduates' organizational commitment and that of high school graduates, associate degree holders and bachelor degree holders; however, no significant difference was observed in their attitudes toward overcoming organizational stress. Significant variance according to occupational seniority was seen with organizational commitment for those with 1-5 years of experience; one finds no significant variance for attitudes toward overcoming organizational stress. A relationship can be reported for organizational commitment with attitudes toward overcoming organizational stress. Also, when commitment increases, attitudes towards overcoming organizational stress positively increase as a result.

As a result of the second sub-question, significant variance was found between occupational satisfaction and organizational commitment. Also, those with greater organizational satisfaction were seen to have higher commitment. No significant difference was encountered between occupational satisfaction and attitudes toward overcoming organizational stress. Güler (2013) obtained significant variance between healthcare employees' occupational satisfaction and attitudes toward overcoming organizational stress, statistically reporting the difference between groups in his study. This result does not support our research.

In our research, organizational commitment was also examined according to educational level, and the results show that the organizational commitment of employees with high educational levels was less than others'. The main reason for

this is thought to be because highly educated employees can find jobs more easily, and thus have low adaption to their position (Abdullah & Shaw, 1999; Mowday, Steers, & Porter, 1979).

It is believed that the one's educational level, the more one uses methods for overcoming stress and the less one is affected by stress. Though this result supports the hypothesis, having a high educational status by itself is not enough to cope with stress; there should also be occupational experience (Bingöl, 2013). Güler (2013) did not encounter any significant variance between healthcare employees' education and overcoming stress in his study. This evidence supports ours.

After many years of experience, workers are thought to be more loyal to their organization because retirement plans, holiday opportunities, and many other factors influence them to stay in the organization (Al-Qarioti, 2001; Hamarneh, 1998; Mathieu & Zajac, 1990). Age and seniority in the organization are factors related with time. As such, age and seniority are the most important indicators of a worker's commitment to the organization. The longer an employee works, the more they get from the organization, and as this income affects one's organizational commitment, organizational commitment will increase in parallel to age (Yalçın & İplik, 2005). Our research does not support this hypothesis. The longer an employee works at an organization, the more commitment increases; however, spending longer time in the same position decreases emotional and normative commitment (Yalçın & İplik, 2005). The findings we found show that organizational commitment for those with 1-5 years of experience is higher than that of those with 6-11 and 11-15 years of experience, which is supported by Yalçın and İplik's (2005) related finding. When examining the relationship between attitudes toward overcoming organizational stress and organizational commitment, a significant relationship is found in that when commitment increases, attitude towards overcoming stress also increases. The effects of this relationship should be studied well, and research should be done on situations that affect individuals emotionally. Concerning the results for organizational commitment, emotional results were found to have the strongest relationship with commitment (Balay, 2000).

According to the different research findings, how an individual responds emotionally can be seen to complicate one's situation.

Based on the results of this research, the following advice can be submitted:

i. For fieldwork, analysis on human personality; expectations and behavior should be researched more.

ii. Personality analyses should be performed that test stress-related commitment.

iii. Sites for studying complex human behaviors should be improved.

iv. Organizational culture should be formed that provides organizational integrity.

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