

Relationship between Nurses' Participation in Hospital Affairs and Their Career Commitment

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ABSTRACT

Background: Nurses constitute huge proportion of manpower within healthcare organization. Their commitment to nursing as a career is important issue that should be addressed, few researches have focused on the relation between nurses' participation in hospital affairs and their career commitment which will be consequently beneficial for both individuals and their employing organizations. **Aim:** The present study aimed to examine the relationship between nurses' participation in hospital affairs and career commitment. **Setting:** The study was carried out at eight intensive care units at Manial university hospital, Egypt. **Sample:** A convenient sample of staff nurses working at critical care units, the total number of the study sample (N=112). **Tool:** The three tools were used: 1- demographic data. 2- The nurse participation in hospital affairs subscale of the Practice Environment Scale of the Nursing Work Index (NPHA of PES-NWI). 3- Career Commitment Questionnaire. **Results & Conclusion:** There was no relationship between nurses' participation in hospital affairs and career commitment and there was only significant relationship between nurses' education and nurses' participation in hospital affairs. **Recommendations:** It's recommended that hospital management needs to implement strategies to enhance supportive work climate, job-related benefits, improve nurses' participation in hospital affairs and in making decisions related to their practice that in turn improve nursing career commitment

Key words: Career Commitment, Participation in Hospital Affairs, Nurses.

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INTRODUCTION

Determining and empowering nurses who are highly committed to their professional career may be one of the most influential interventions in managing nursing shortage within health care organizations. **Kelly and Stewart (2012)** mentioned that professional nurse who characterized by greater autonomy, over control of their practice settings, appropriate supply of resources, active and effective nurse manager and positive nurse-physician relationships

had greater satisfaction with their role. Additionally **Weston (2010)** and **Albarran et al. (2012)** emphasizing that increase staff involvement in decision making promote quality of patient care and support novice staff in adoption of values, enhance the practice environment

Nurse's manpower in healthcare organization considered one of the powerful wings of health care institution. Nurses have crucial role in development and progress of health services; Their participation in decision making process will eliminate

unnecessary roles and impact their effectiveness consequently (Mosaddeg, 2006). According to a study which was done by Akbar et al. (2005) throughout public and educational hospitals of Tehran university of Medical Sciences, they summarized that nurses sharing in planning qualitative procedure of patients' care can decline their professional depression.

Furthermore, in a research by Hajizadeh, Vanaki and Zaemipour (2007) carried out in educational hospitals of Tehran university they concluded that professional nurses background exhibit their acceptable level at skills and knowledge which helped managers to increase their motivation and job satisfaction by means of cooperating policies, group works and communications. Liu (2008) on his study about nurses in Taiwan found that relationship between staff nurses and managers affect level of participation in decision making. Adding that, effective relationship between them may result in staff declaration of worries, apprehensions and improvement of job satisfaction which consequently leads to wide participation by them.

Mosaddeg (2006) admitted that managers should justified regarding concept of participative management, clarifying that it is a type of cooperation to perform work activities better with effective leadership, increase participation in hospital affairs has been linked to quality improvement of patient care and greater perception of personal work achievement. Clarke, Meulemans, Van Bogaert, Van de Heyning, and Vermeyen (2009) emphasizes that sharing in hospital affairs will provide opportunities for career development and could be related to both support role and competency role. Nurses' participation in hospital affairs may involve the inclusion of nurses in activities such as: sharing in policy healthcare decisions, nursing committees, chances to serve on hospital and internal governance. However, creating supportive positive environment

within the workplace, will enhance nurses participation at hospital affairs which consequently affect positively nurses satisfaction, intention to stay in healthcare organization (Abdollahzadeh, Elmi, Hassankhani and JafAkbaradi 2013, and Alita, Conde and Ferrer, 2015).

Career commitment explain employees' attitude towards their profession or job (Chu 2007). Nurse occupational commitment and career commitment are used interchangeably in the literature (Al-Faouri and Mrayyan 2008). The main purpose of commitment to nursing as a career is to build a career that struggle for lifelong period, and it is the power one's motivation to work (Karavardar, 2014). Fontenl & Gould (2006) mentioned that commitment to any profession is reflected in employees' behaviour and actions to their work. Its hall marks include: proud about the career; willingness to operate considerable personal participation in it and to perform well.

Balsan, Costa, Lima,, Lopes, Santos, and Tomazzoni (2015) stated that committed personal stay in the career because of their emotions that generate a great identification with the profession, feeling highly motivated in their work environment because of feeling of chosen the correct profession; while individuals who have low commitment to nursing stay in the career due to necessity or deficiency of other alternatives. Career commitment rather than organizational commitment is likely to be a key variable in deciding whether to stay or leave (Chadha, Goswami and Mathew 2007). Some studies suggest that a unique relationship exists between career commitment and job products such as performance (Amini, Foroozandeh and Rafiei, 2014). Moreover, there was negative results of prolonged exposure to occupational stress and career commitment (Hasselhorn, van Dam, and van der Heijden, 2009). An understanding of the variables that affect nurses' career commitment and the outcomes

of that commitment could give a share in delivery of high-quality care, retention of a strong workforce and improved healthcare institutions (**Leal-Muniz, 2005**).

Many variables in personnel and organization may influence career commitment. These variables include gender, education and loyalty. Job satisfaction and organizational culture are powerful predictors of career commitment. The current shortage of nursing negatively affects nurses' commitment to their careers (**Sikorska-Simmons, 2005, Chang, Ching-I and Lotus Shyu, 2007**). Moreover, Department of Health (2006) in **Bahman, (2015)** identified that many reasons contribute to nurses lack of interest in nursing profession. In South Africa, heavy workload, lack of profession status, inaccessible and poor in-service training program were considered as major reasons learners are not attracted to career of nursing. **Burke and Singh (2014)** reported that there was a positive correlation between nurses' career commitment, turnover and job performance, low career commitment is correlated with intention to leave the nursing profession and organization. Adding that, hospital management strategies required to improve nurses' career commitment such as positive benefits which may encourage nurses to do "well" and empower nurses to stay at their current career.

Significance of the study:

Nurses constitute the majority of health care team within health care organizations; their participation in the process of decision making may contribute to personal and organizational welfare (**Abdollahzadeh, Elmi , Hassankhani and JafAkbaradi 2013 and Al-Amin, Everhart, Neff, Nogle, and Weech-Maldonado, 2013**). Study in Alexandria carried out at intensive care units by **Elrefaay, Hamidi, and Mosallam (2015)** showed that nurses turnover intention was high.

Previous research by **Arnetz , Arnetz, Eriksson, Nordstr , Orotan and Soderstrom (2005)** found that high turnover among nurses is due to low career development, improper support from supervisors who characterized by less autonomy in decision making. Also, a strong positive relationship exists between nurse occupational commitment and nurse intent to stay (**Lynn and Redman, 2005, Noguerras 2006**). Moreover, greater participation in hospital affairs has been linked to improved quality of care and maximum perception of personal accomplishment at work (**Clarke et al. , 2009**). So this study hoped to shed light on the extent of nurses' participation in hospital affairs and its relationship to their career commitment in an attempt to improve the situation.

Aim of the study:

This study aimed to examine the relationship between nurses' participation in hospital affairs and career commitment. The following research questions were developed to guide this study:

1. Do nurses perceive that they participate in hospital affairs?
2. What is the overall staff nurses' perception level of career commitment?
3. Is there a relation between staff nurses' participation in hospital affairs and their career commitment?

Subjects and Methods

Design:

Descriptive correlational research design was utilized to achieve the aim of the current study.

Settings:

The study was conducted at eight intensive care units (ICU) at Manial university hospital which include surgical emergency (20 beds), chest ICU (8beds),ICU in section 23(12 beds), ICU in section 15 (3beds), ICU in section 3(8beds), first and second unit(48 beds), third unit (19 beds), and high risk ICU (6 beds).

Participants:

A convenient sample of staff nurses who are available and accepted to participate in this study from the previously mentioned units included to constitute the present study. The total numbers of nurses who accepted to participate were (112). Study sample consisted of bachelor nurses n= 35, diploma nurses n=61 and associate nurses n= 16. The majority of the study sample work full time n= 104, while the rest of the sample work as part time nurses n=8.

Tools for data collection:

Three instruments were used as part of the data collection process.

1- Demographic data sheet: composed of eight questions which include (age, sex, educational qualification, marital status, unit, and years of experience at the unit, years of experience as a nurse and employment status).

2-The nurse participation in hospital affairs subscale of the Practice Environment Scale of the Nursing Work Index (NPHA of PES-NWI):This subscale was included here as a part of Practice Environment Scale of the Nursing Work Index (NPHA of PES-NWI) that was developed by Lake (2002). This subscale is used to measure the staff nurses participation in hospital affairs. It consists of 10 items on a 5-point likert scale range from strongly agree

to strongly disagree. According to scoring system, scoring from (40-50) indicating that nurses participate in hospital affaire. While, nurses' who didn't participate in hospital affairs get score <40.

3- Career Commitment Questionnaire:

It is an eight-item scale developed by **Blau (1985)**. It was used to measure nurses' career commitment. Items 1,3, and 7 have been reverse coded so that a high score indicates a high occupational commitment. It is a 5-point likert scale, ranged from strongly agree to strongly disagree. According to scoring system, nurses who get the score from (36-50) indicated that they had career commitment. While, nurses who are not committed get score <36.

Validity and reliability

After double English-Akbaric translation of the two questionnaires, they were given to three experts specialized in nursing administration, to check the adequacy of items under the domains being studied. Based on their recommendations little modifications were made.

Test of reliability for the NPHA of PES-NWI cronbach's coefficient alpha showed (0.70) during pilot study. Also, reliability test for career commitment questionnaire indicated that (alpha = 0.67). This indicated that two questionnaires are reliable.

Pilot Study:

A pilot study was carried out on a sample of 10% from different unites of the study setting before starting the actual data collection to ascertain the clarity, and applicability of study tools. It also helped to estimate the time needed to fill in questionnaire. Based on the results of the

pilot study, little modifications, clarification and rearrangement of some questions were done. Nurses included in pilot study were excluded from the total sample.

Administrative and Ethical Considerations:

Before starting the actual data collection of the present study, official permission was obtained from Manial University hospital administrators. Moreover, acceptance from participating nurses before proceeding with the study. The respondents were assured of complete confidentiality.

Field work- procedure:

Questionnaires were handled individually to each staff nurse who accepted to participate in the present study during morning shift. Questionnaires were

distributed to the study sample on their work places, with explanation of how to answer. The researcher explained the purpose of the study for all participants, with explanation of how to answer it. It took about 10-15 minutes from each respondent to answer it. Data collection was carried out from May 2015 to September 2015, covered 3 months.

Statistical analysis

The content of each scale was analyzed, categorized and then coded by researchers. The collected data were organized, tabulated and statistically analyzed using Statistical Package for Social Science (SPSS) version 21. For comparison between more than two means , the F value of analysis of variance (ANOVA) was calculated; correlation between variables was evaluated using Pearson's correlation coefficient Statistical significance was considered at $p\text{-value} \leq .05$.

Results:

Table (1): Demographic characteristics of study participants (N=112)

Items	No.	%
Age of Nurses:		
18-< 30 years	35	31.3
30-< 40 years	44	39.3
40-< 50 years	28	25.0
50 + ≥ years	5	4.5
Sex:		
Male	24	21.4
Female	88	78.6
Nursing Educational level:		
Diploma	61	54.5
Associate Degree	16	14.3
Bachelor Degree	35	31.3
Work Status:		
Full time	104	92.9
Part time	8	7.1
Years of experience in nursing field:		
Less than 5 yrs	10	8.9
5-10 yrs	28	25.0
> 10 yrs	74	66.1
Current Units Experience:		
Less than 5 yrs	42	37.5
≥ 5 yrs	70	62.5

Table (2): Frequency Distribution of Nurses' Participation in Hospital Affairs (N=112)

Variables	Frequency	Percent
Nurses participated in hospital affairs (40-50)	3	2.7%
Nurses didn't Participate in hospital affairs <40	109	97.3%
Total	112	100.0

Table (3): Frequency Distribution of Nurses' Career Commitment (N=112)

Variables	Frequency	Percent
Career commitment (36-50)	14	12.5%
No Career commitment <36	98	87.5%
Total	112	100.0

Table (4): Relation between Total Nurses' Participation in Hospital Affair and Total Career Commitment as Perceived by Nurses (N = 112)

Overall Career commitment	Overall Nurses Participation in Hospital Affair	
	r-value	P-value
	0.084	0.378

* Statistically significant at $p \leq 0.05$

Table (5) Relationship between Nurses' Participation in Hospital Affairs and Career Commitment and Their Demographic Characteristics (N = 112)

Variables	Participation in hospital affairs		Career commitment	
	Test	P –value	Test	P –value
Sex t test	1.661	.099	.375	.708
Nursing Educational level ANOVA	7.04	.0001*	2.413	.094
Years of experience R	-.031-	.742	.109	.254
Work status t test	-2.523	.013	-.035-	.972

* Statistically significant at $p \leq 0.05$

Table (1) shows the demographic characteristics of the study sample. The table declares that the total number of the study staff nurses was 112; 39.3% of sampled nurses age range between (30-39 years old), while 4.5 % of them were in age equal or more than 50 years old; the majority of the study sample (78.6 %) were female; more than half (54.5%) of them had undergraduate nursing diploma; and more than two thirds (66.1%) of them had more than 10 yrs of experience in the nursing field and The highest percentage 92.9% worked as fulltime nurses.

Table (2) illustrates frequency distribution of nurses' participation in hospital affairs. As presented in the table the highest percent (97.3%) didn't participate in hospital affairs who take score <40.

Table (3) presents frequency distribution of nurses' career commitment. As illustrated in the table 87.5% of nurses had no career commitment who take the score <36.

Table (4) reveals that there was no significant relation between total nurses' participation in hospital affairs and the total of nurses' career commitment as perceived by nurses ($p=0.378$).

Table (5) demonstrates that there was significant relation between nurses educational preparation and participation in hospital affairs ($p=0.001$) and there were no statistical significant relations between other nurses socio-demographic characteristics and both nurses' participation in hospital affairs and career commitment.

Discussion:

Hospitals strive for quality and gaining profit, therefore human resource management departments should get and understand today's workforce's point of view on subjective career success from the perspective of career commitment (Chen, **Lui, Fahey and Myrtle, 2011 and Karavardar, 2014**).

The present study showed that most of nurses didn't participate in hospital affairs which are in agreement with that of (**Aiken, Hanrahan, and Kumar, 2010, Duffield and Roche, 2010**). Moreover, similar findings by **Fooladi (2008) and Ali, and Wajidi (2013)** who reported that nurse participation in hospital policy-making and teamwork are extremely unfavourable. **Blaauw, Ditlopo, Penn-Kekana, and Rispel (2014)** added that nurses' participation in policy making is both contested and

complex. This was in contrast with Fischer, **Jafree, Zakar, & Zakar, (2016)** found that nurse participation in governance and nurse participation in hospital affairs are favourable. **Hupli et al. (2016) and Fischer, Jafree, Zakar, & Zakar, (2016)** reported that newly graduated nurses had confidence in their managers' competence, support and courage, and they have opportunities for professional development and participation in decision-making.

Regarding career commitment, the present study found that 87.5% of nurses are not committed to their career. From the investigator point of view this may be due to low nurses' payment, autonomy, professional status, lack of sharing in organizational decisions, lack of leaders support and generally unsupported work environment. This was supported by a previous study results carried by **Hasselhorn, van Dam, and van der Heijden (2009) and Ahmad & Oranye (2010)** who reported that nurses showed a little occupational commitment. Furthermore, **Al-Hossaini (2006)** stated that The Kingdom of Saudi Arabia, like many other countries of no exception suffering from nursing low commitment which evidenced by registered nurses' high turnover rate and resignation.

On the other hand, This finding is on the contrary with **Al-Faouri and Mrayyan (2008) and Balsan et al., (2015)** who mentioned that most of nurses' agreed' to be committed to their careers and they were performing their jobs 'well'. **Ellenbecker, Liu, Tao and Wang (2012)** reported that graduating Malaysian student nurses have strongly commitment to nursing profession.

The present study findings reported no relationship between nurses' participation in hospital affairs and their career commitment. It was opposite to the study done by **Basson, Coetzee and Dockel (2006)** who found that employees who have maximum confidence in their capacity and achievements have

greater commitment. Career commitment has a positive relationship with job domain, job challenge, and degree of autonomy and diversity of skills used. Additionally, the result of **Haerani, Hasan and Yusuf (2012)** research finding indicated that employees with strong commitment work harder and more effectively in their jobs than employees with weak career commitment. **El-Shaer and Mohamed (2013)** revealed a positive relationship between levels of professional commitment of nursing academic staff and their perceived organizational support at Mansoura and Tanta Nursing Faculty.

Moreover, this study pointed that there was only significant relationship between nurses' education and nurses' participation in hospital affairs and no other significant relations between nurses' demographic data from one side and nurses' participation in hospital affairs and career commitment from the other side. In the same respect of this study, **Al Faouri, Al Ali, & Essa (2014)**. Study results declared that nurses' demographic data had no significant relation with nurses' decision making. In the same line, **Sikorska-Simmons, (2005)** pointed that demographics failed to account for a significant amount of variance in organizational commitment, which is a part of career commitment. But, this was incongruent with **Nogueras (2006), Ellenbecker, Liu, Tao and Wang (2012), Benligiray & Sonmez. (2013)** who found strong positive relationship between nurses' education and their career commitment.

Conclusion:

The present study concluded that most of nurses don't participate in hospital affairs and not committed to nursing career. There was no relationship between nurses' participation in hospital affairs and career commitment. Also there was only significant relationship between nurses' education and nurses' participation in hospital affairs, while

there were no other significant relations between nurses' demographic data and nurses' participation in hospital affairs and career commitment.

Recommendations:

It is recommended that healthcare organizations managers and leaders should:

1. Implementing strategies to enhance supportive work environment & job-related advantages
2. Future research is needed to determine factors within the work environment that may increase or decrease nurses' to be career committed, such as organizational support, unfair work conditions, salary variance, lack of employee support and leadership style.
3. Managers should provide young nurses with opportunities to present their thoughts and opinions about their work and career.
4. Hospital manager should develop and implement appropriate retention strategies to accommodate mature nurses as well as promote commitment in younger nurses.

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