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Master of Arts in Nursing

Francis Byron Opinion

**Nurses' Organizational Commitment and Job Performance in a Tertiary
Hospital in the Kingdom of Bahrain**

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CERTIFICATE OF ACCEPTANCE OF THESIS

The thesis attached hereto, entitled **“Nurses’ Organizational Commitment and Job Performance in a Tertiary Hospital in the Kingdom of Bahrain”** prepared and submitted by **MR. FRANCIS BYRON OPINION**, in partial fulfillment of the requirement for the degree **Master of Arts in Nursing** with a specialization in **Nursing Administration**, is accepted.

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MASTER OF ARTS IN NURSING

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List of Abbreviations

OC - Organizational Commitment

PJP - Perceived job performance

ACS - Affective Commitment scale

CCS - Continuance Commitment scale

NCS - Normative Commitment scale

TP - Task Performance Scale

CP - Contextual performance scale

CWB - Counterproductive work behavior

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ABSTRACT

This research was done to explore the relationship between Organizational Commitment with Perceived Job Performance among nurses in a tertiary hospital in Bahrain. It was assumed that positive work attitude and higher organizational commitment enhances performance of an individual. The need and significance of this research stems to understand the relationship. The cross-sectional survey design was used. The online survey questionnaire was shared with the participants and 408 nurses participated. Analysis of data was done by using both descriptive and inferential statistics. The gender wise mean (SD) scores show that both male and female were having comparable scores for organizational commitment scores and the perceived job performance. The age, years of experience at KHUH and total years of experience shows a positive correlation with organizational commitment and perceived job performance scores. However, the educational qualification of nurses, the job category and the department of work has no significant impact on the organizational commitment and perceived job performance scores. A positive correlation was found between organizational commitment and perceived job performance scores ($r = 0.307$). Both Affective Commitment and Normative Commitment shows a positive correlation with nurses' job performance except Continuance Commitment. There is a weak positive correlation with all the subscale domains of Perceived job performance and the organizational commitment scores. Generating an understanding of the nature of nurse's commitment to the organization should prove useful in planning change,

creating readiness for change, predicting the reactions to the change, tracking the progress of change and guiding efforts to enhance the quality of work life.

CHAPTER I

THE RESEARCH PROBLEM

Background of the study

Nurses play a very significant role in all healthcare institutions. Delivery of patient care to any healthcare settings cannot be achieved without a caring nurse as the first point of contact, up until the patient is discharged (Bramley & Matiti, 2014). Nurses perform various roles in the hospital aside from highly critical direct patient care. It includes resource management, safety of all customers, patient satisfaction and other administrative roles to maintain healthcare settings' full operations in maintaining care continuity (Salmond & Echevarria, 2017). The work effectiveness and job engagement among nurses shows the strong link between organizational commitment which is the crucial factor in achieving organizational goals and job outcomes of nurses (Bell & Sheridan, 2020). Globally the managers usually face difficulty in developing committed employees especially in the case of expatriates. Thus, it is highly important for management to be considerate of various factors that associate and sustain organizational commitment in employees (Bhawna Manyal, 2015). Mostly organizational commitment and job performance are closely correlated together with lower levels of intention to leave the organization. The overall stability of the organization is maintained when they recruit, train, and then retain skilled professionals (Al-Jabari & Ghazzawi, 2019).

According to Meyer and Allen, organizational commitment is categorized into three general areas: active association with the organization, the predictable

costs of leaving the organization and the obligation to remain in the organization. These three approaches are called affective, continual and normative commitment (Meyer & Allen, 1991). The internal and external factors which affected the organizational commitment of care were identified in a systematic review. These factors include leadership style, compensation, career development, organizational culture /climate, spiritual health and learning organizations (Rofiqi, Nuritasari, Wiliyanarti, 2020).

Several studies were conducted on the organizational commitment with the Allen and Meyer's organizational commitment standard questionnaire (Bahrami, et al., 2016) and (Sepahvand et al., 2017). The organizational commitment of nurses was found moderate in these studies and demographic variables like age, gender, education, job position, and work experience correlated significantly with organizational commitment.

Similarly, the job performance is also a construct that comprises behaviors under workers' control that contribute to organizational goals (Ramos-Villagrasa, Barrada, Fernández-Del-Río, & Koopmans, 2019). Typically the construct "job performance" explains the effectiveness of a person in carrying out his or her roles and responsibilities related to direct patient care (AlMakhaita, Sabra, Hafez, 2014). Published research works related to nurses perceived job performance suggest that managers and human resource professionals within the healthcare sector should consider incorporating interventions focusing on the development of nurses' levels of work engagement to improve their performance (De Coning, 2020).

Many individual studies were performed on the organizational commitment and job performance separately. But there exists a significant gap in the literature regarding the correlation of the organizational commitment and the perceived job performance of nurses. The accomplishment of healthcare organizations hinges on numerous significant components; nurses' commitment to their organization is a crucial component, which supports in accomplishing the organizational goals, promotes organizational performance and improves the quality of healthcare services.

Therefore, the study was formulated to explore the correlation between the nurses' levels of organizational commitment and perceived job performance. Also, the impact of demographic factors on organizational commitment and perceived job performance was assessed. Moreover, in the Kingdom of Bahrain the results of this study added to the knowledge base on this issue and helped the policy makers develop feasible long-term strategies to retain nurses, improve their performance and develop organizational policies that improve nurses' commitment. There is a noticeable shortage of nurses in certain specializations and sub-specializations in Bahrain and finds special significance because the quality of nursing affects the overall judgment toward the hospital and its performance (World Health Organization, 2015)

The researcher is working as an Assistant Director of Nursing in King Hamad University at Bahrain for eight years and has initiated the process of understanding staff turnovers and retention strategies. The cross-sectional survey done in the same setting revealed a negative correlation between staff

engagement and turnover intention. This has been his great concern that staff turnover largely affects the outcome of care based on consequential basis as nursing hours may be outstretched to cover the need. Aside from this, the researcher conducted research on the nurses practice environment for four years and he found a PES NWI mean(SD) score of above 2.5 from 2016 to 2019 using the Lakes PES NWI scale (Lake, 2002).

This study result revealed that those nurses were experiencing a favorable practice environment. But the researcher was concerned about the nurse's commitment towards the organization and wanted to explore the perceived job performance of those nurses. In this circumstance the researcher was more stirred to assess and determine the influence of organizational commitment to Perceived job performance.

Statement of the Problem

By understanding when and how commitments develop and how they shape attitude and behavior, organizations will be in a better position to anticipate the impact that change will have and to manage it more effectively (Meyer & Allen, 1997). By knowing the level of commitment of nurses, a positive environment can be created to deliver tangible results quickly. The purpose of this paper is to identify theories of commitment in the workplace to develop a framework that helps the field create higher levels of commitment, Job Performance, and satisfaction which may ultimately achieve higher staff retention and better-quality patient's outcome. Success of any organization depends on the performance of its employees. Enhancing organizational commitment among nurses is an important aspect to

perform better. The study examined the effect of three components of organizational commitment: namely Affective, Continuance and Normative commitment, on nurses' perceived performance.

Significance of the Study

A measure of organizational commitment and perceived job performance benefited to identify the nurse's commitment towards organizational goals, job performance, tendency to stay in the organization, turnover, mental freshness, organization's performance, personal and organizational goals (Labrague & McEnroe – Petite, 2018). The research study was designed to add knowledge to the stakeholders on the factors causing nurse turnover in a tertiary hospital in Bahrain, though exploring nurses' level of organizational commitment and perceived job performance. The levels of organizational commitment and perceived job performance under the affective commitment, continuance commitment, normative commitment, task performance, contextual performance, and counterproductive work behavior was attained from the study. The relationship based on their demographic variables like age, gender, qualification, job category, years of experience in KHUH and total years of experience was also measured in this study.

It also supplemented significant information to management to develop appropriate strategies for nurse retention, such as enhanced staff development programs that emphasized on career development and growth. The hospital, patients and communities could benefit from such enhanced retention of nurses,

specifically to better quality patient care outcomes. The research findings formed a basis for further studies on employee turnover and formed a strong base for Human Resource Department to maintain quality nursing staffing for a safe nursing work environment, thus preventing turnover and recruitment costs.

Research Objectives

This study aimed to determine the relationship between the level of staff nurses' organizational commitment and their perceived job performance in a tertiary hospital in Bahrain.

1. To identify the level of organizational commitment of staff nurses based on these 3 domains.
 - Affective Commitment
 - Normative Commitment
 - Continuance Commitment
2. To identify the level of perceived job performance among staff nurses in a tertiary hospital in Bahrain based on these 3 domains.
 - Task Performance
 - Contextual Performance
 - Counterproductive Work Behavior
3. To determine the relationship between organizational commitment and perceived job performance among nurses
4. To identify the relationship between organizational commitment and demographic profile among nurses.

5. To identify the relationship between Perceived Job Performance and demographic profile among nurses.

Scope and Limitations

This study focused on exploring the nurses' organizational commitment and its correlation to their Job Performance. There was few published research investigating the relationship of both topics, although there were published research targets the impact of organizational commitment to turnover intention. Information was collected by a self-reported questionnaire and the data can contain several potential sources of bias. The study was done in a hospital and would not represent the general view of nurses in all other hospital in Bahrain.

CHAPTER II

THEORETICAL BACKGROUND

Review of Literature

To provide an authoritative understanding of organizational commitment and perceived job performance, to identify the factors that influence personnel in the healthcare environment, the researcher undertook a comprehensive review of the literature on the subject under study. The literature review provided a general overview of what the topic entails, summarized some of the applicable theoretical framework and focused on the model that the researcher regarded as the most relevant for the purpose of this study.

In addition, the literature review guided the focus on Organizational Commitment and Job Performance as well as the compilation of the questionnaire used as the data-collection instrument. The researcher obtained literature relevant to the above topics from the Internet sources indicated in Table 1.

Table 1: Internet sources used for the literature review.

Search Engines	Keywords
Science direct	• Organization Commitment • Perceived Job Performance
MEDLINE (Medical Literature Online)	• Job Performance
PubMed	• (Job Commitment OR Organizational commitment) AND nursing

Organizational Commitment

Commitment refers to a force that allows an individual to act for some targets (Bell, & Sheridan, 2020). Organizational commitment as a type of attitudes that show the identification level of employees with their organizations and their willingness to leave them (Radosavljevic, Cilerdzic, Dragic, 2017). Therefore, employees' commitment is crucial for organizations, since organizations comprise employees and employees' motives to work for organizational goals are decisive for organizational success. In this context, the studies on organizational commitment began in 1956 with the study of Whyte and afterward has attracted considerable attention by many researchers (Leite, de Aguiar Rodrigues, de Albuquerque, 2014)

Furthermore, organizational commitment is characterized with three elements: (i) acceptance and belief of organizational goals, (ii) being enthusiastic about to put in the effort for organization, (iii) being a willingness to continue the membership of the organization. According to the widely accepted and used classification in the literature, organizational commitment consists of three dimensions: affective, continuance and normative commitment (Trofimov et al., 2017). Affective commitment is an employee's attachment to and identification with an organization emotionally. Continuance commitment is an employee's opting to continue in the existing organization because of the cost of leaving. Normative commitment is an employee's preference to remain to work in existing organization because of the feelings of obligation. In brief, affective commitment is about a desire to continue employment, continuance commitment is about a need to

continue employment and normative commitment is about an obligation to continue employment in the organization (Dan Thanh, 2020).

In a narrative review it was stated that organizational culture can have an influence on the organizational commitment that employees demonstrate (Manetje & Martins, 2013). They mentioned the determining factors of organizational goal attainment as OC of nurses and job performance. Beside this interpersonal communication skill that administrators/managers need to develop can enhance organizational commitment among nurses. A qualitative research highlighted that it was lacking among the managers and recommended for appropriate interaction with nurses which might enhance commitment to the organization (Bambacas & Patrickson, 2008).

Along with this, efficiently implemented organizational supportive strategies may enhance the reputational status of the organization and attract, maintain and retain employees because employees desire conducive and favorable work environments (Arasanmi & Krishna, 2019). A survey conducted among 349 staff nurses found that affective commitment had a strong correlation ($r=0.7$) with job performance of the nursing staff. The findings highlighted the need to reduce burnout, create a supportive working environment to enhance affective commitment and job performance of the nursing staff (Sharma & Dhar, 2016).

In a project done in UK public sector organization among a sample of 893 employees, it was found that organizational commitment effects were stronger based on the unit of work, work performance, quality of performance, and employee absence. (Conway & Briner, 2012).

Similarly, in another cross-sectional study conducted in Iran among 322 nurses to identify the level of organizational commitment showed a mean and SD of 74.12 ± 9.61 . Minimum and maximum score of organizational commitment was 38 and 103 respectively. Post hoc test results showed a significant difference in the mean score of commitment between the three aspects of organizational commitment ($p < 0.005$) and based on that, "continuance commitment" with an average of 25.70 was greatest and "normative commitment" with an average of 23.67, as the lowest subscale of organizational commitment (Salari & Salari, 2017).

Perceived Job Performance

Similarly, the job performance of the employee was assessed with the scale Individual Work Performance Questionnaire (IWPQ). It totals three dimensions of job performance (i.e., task performance, contextual performance, and counterproductive work behavior). IWPQ was the recommended option for comprehensive measure of job performance and worker's stability in organization (Ramos-Villagrasa, Barrada, Fernández-Del-Río, Koopmans, 2019).

A national wide US survey among nurses found overall, 35.3% had symptoms of burnout, 30.7% had symptoms of depression, and 43.8% had poor work performance in the last month. Factors independently associated with poor work performance included burnout (OR 2.15, 95% CI 1.43–3.24) and fatigue (for each point of worsening, OR 1.22, 95% CI 1.12–1.33). (Dyrbye et al., 2019).

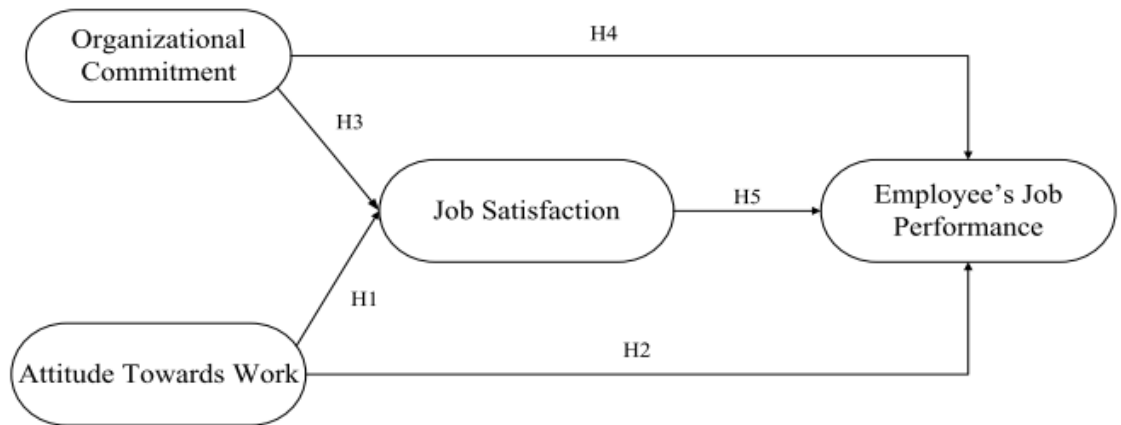
The healthy workplace relationships on employees' working behaviors can in turn affect their performance. In a cross sectional survey among 303 nurses

demonstrated the positive effects of high-quality workplace relationships on working manners including higher commitment, lower level of reported job stress, and increased perception of social impact (Tran et al., 2018).

In a study to identify the determinants of job performance with job satisfaction, psychological contract, and organizational commitment among 361 employees in Taiwan indicated that there is a significant indirect effect of job satisfaction on job performance which is mediated by psychological contract and organizational commitment (Tsui, Lin, & Yu, 2013).

Job satisfaction is an enjoyable or constructive emotional state resulting from the appraisal of one's job experiences. The happier the individual, the greater will be the level of job satisfaction. Based on this phenomenon, a study empirically tested the effect of attitude toward work, job satisfaction, and organizational commitment to the employee's job performance. Data used in this study was primary data from 200 managerial and non-managerial staff. A Structural Equation Modeling (SEM) was run by AMOS 20.0 program. The result proved the predicted positive correlations stated in the hypothesis H1 to H5. The positive correlation was found with attitude towards work and job satisfaction (H1), attitude towards work and job performance (H2) organizational commitment and job satisfaction (H3), organizational commitment and job performance (H4) and finally Job satisfaction and job performance (H5). The conceptual model of that study was labeled in figure 1 (Susanty & Miradipta, 2013).

Figure 1: Conceptual model (SEM) (source:Susanty & Miradipta, 2013)



Along with this, various social influence processes and interaction with the organizational climate help employees to interpret the meaning of events and, as an outcome; they learn certain aspects of the social context. (Woznyj et al., 2019). The collective meaning that organizational climate helps employees to prioritize certain policies and practices within the work environment. The climate of the organization is a critical component of the social context as it conveys the procedures, values, and norms of the organization (Schneider & Barbera, 2014).

In a systematic review with meta-analysis of 69 empirical studies the relationship of organizational commitment and job performance correlations was investigated. It was summarized as that organizational commitment was significantly related to work performance and organizational citizenship behavior. The results support that organizational commitment should be given greater emphasis in performance management programs (Wang, Jiang, Weng, & Wang, 2013).

Factors affecting Organizational Commitment and Perceived Job Performance

High-performing, stable, and exceptional nurses perform as the key component in the health care delivery system. Insufficiencies in the distribution of clinical nurses have been a tenacious problem. Several studies have investigated the factors associated with the turnover rate of nurses, and various solutions have been applied to reduce these turnover rates in medical facilities. (Sepahvand et al., 2017)

Significant attention is given in academic literature to discover relationship between job characteristics and organizational commitment. The factors identified by researchers comprises of autonomy, identity, skills variety, feedback, perceived organizational support or dependence and the degree to which employees are involved in decision making (Chopra, 2014).

Organizational commitment is a predictor of effective job performance. In a descriptive study among 340 nurses from selected hospitals in Tehran found that Nurses' with higher scores in organizational commitment showed better performance in patient care (Lotfi, Atashzadeh-Shoorideh, Mohtashami, & Nasiri, 2018). Intention to quit the job were shown as a reactionary measure that occur among employees that are stressed and dissatisfied in their work. Age and gender was significantly related to job performance. (Ntopi, Chirwa, & Maluwa, 2020).

Relationship between affective organizational commitment and job performance based on the theorization of Meyer, Becker, and Vandenberghe was explored in research among 398 employees. Specifically, affective organizational

commitment was more strongly associated with job performance for employees with high occupational commitment (Sungu, Weng, & Xu, 2019).

Previous studies have reinforced the relationship between organizational commitment and the nurses' request to leave the organization as well as the profession. For example, In China, nurses who were satisfied in their job reported a higher degree of job commitment and tended to stay (Labrague et al., 2018) . However, an affective dimension of work commitment to be strongly linked to the intention to leave among Malaysian nurses (Omar et al., 2012) . Among Jordanian registered nurses it showed strong effects of the quality of work, perception of health and normative organizational commitments on turnover intentions. The study recommended the increasing nursing quality of work and normative organizational commitment as good strategies for reducing turnover intentions (Hamaideh, 2011). Similarly, in among nurses in Korea, organizational commitment leads to reduced turnover intentions, and burnout leads to increased turnover intentions. The study highlighted the need to augment organizational commitment because it mediates role stress and turnover intention (Han et al., 2015).

In 2020, retaining trained nurses continues to be a major universal challenge. The leading and consistent concentration of workforce research to date has focused on organizational commitment, job satisfaction and burnout and there is limited research on how the combination with may explain what keeps nurses in nursing (Bell & Sheridan, 2020).

The 'Bahrain Economic Vision 2030' was launched in 2008, aiming to improve the efficiency and productivity of the Bahraini economy by invigorating certain underdeveloped sectors. The health sector in Bahrain is focusing on specialized health professionals (De Bel-Air, 2018). The retention of staff in the health sector is a real challenge and mostly the sector is dependent on other nationalities.

In a quality improvement project in a tertiary hospital in Bahrain, reduction in numbers of nurses is perceived to have a direct negative impact on the quality-of-care outcomes, including its impact to the hospital operations. In 2018, a total of 87 or 11.96% nurses voluntarily left their employment and in 2019, the annual voluntary turnover was lower compared to 2018 with 70 nurses or 7.19% of the staff nurses' workforce, where 88.5% left due to better opportunities and migration to western countries. For the first half of the year (2020), 1.04% (9) and 0.99% (9) nurses voluntarily terminated their contract for the first quarter and second quarter of the year respectively.

Synthesis

The above discussions highlight the need to investigate the nurses' level of organizational commitment and perceived job performance and the correlation between the two. The organizational commitment consists of three dimensions: affective, continuance and normative commitment and the perceived job performance under three dimensions: task performance, contextual performance, and counterproductive work behavior. Each subdomain and its level were measured by researcher by using the standardized tool which was explained in

chapter 3. Robbins (2006) defined organizational commitment as a stage in which the employee recognizes a certain group with the goals and hopes to maintain the status as the group member. Moreover, Luthans (2002) define as: 1. Strong willingness to stay as a group member; 2. Willingness to hard work as the organizational aspiration; 3. A certain willingness to accept the values and goals of the organization. In other words, these are behaviors that reflect employees' loyalty to the organization and the next stage in which the organizational member's express cares to the organization, success, and the further development. Organizational commitment has strong and positive relationship to work performance (Ahmad et al., 2010; Hettiarachchi and Jayaeathua, 2014). In other study Shahab and Nisa (2014) claimed that there is a positive and significant effect of work satisfaction to organizational commitment, and from organizational commitment to work performance.

Performance is a stage of achievement of accomplishing certain work (Simanjuntak, 2011). It means that work performance is an achievement stage as a work accomplishment by an individual from the organization. Work performance in organization is extremely affected by three main factors: organizational support, abilities or management effectiveness and work performance of every individual working at that organization, in which each unit in an organization has several divisions in which there are some individuals in each division (Simanjuntak, 2011). Whereas, according to Rivai et al., (2008), work performance is about working and achievements from that work, and what to do and how to do. While Santis, Neto,

and Verwaal (2018) defined work performance is a person's ability to carry out activities that contribute to the development of the organization's technical core.

There is a significant impact of organizational commitment to an employee's job performance based on literatures, thus exploring the relationship in this study is paramount.

Theoretical Framework

The concept of Organizational Commitment plays an important part in human resource management philosophy. The concept of Organizational Commitment is concerned with the degree to which people are involved with their organization and are interested in remaining within them and how much of efforts of job performance outcome may result out of the level of commitment. There are several theories that support how commitment to an organization can affect individual job performance. Organizational commitment theory proposes that as organizations prioritize performance of the organization ahead of individuals, we would expect committed employees to share this value and this may mean performing behaviors to improve unit performance that may not directly influence personal performance (Allen & Grisaffe, 2001; Meyer & Allen, 1997). Second, social identity theory proposes that an individual's identification with a group (in this case the organization) provides a basis for attitudes and behaviors towards the group (Ashforth & Mael, 1989; Ellemers, De Gilder, & Haslam, 2004). Organizational commitment, in part defined by identification, should result in behaviors directed towards achieving goals of the units to which employees belong, as social identity theory would predict that a successful unit feeds into

individuals' self-esteem. Third, social exchange theory has frequently been used to explain the exchange of organizational commitment and can also be used to explain, via indirect reciprocation, how organizational commitment benefits the unit. A key idea in social exchange from the early seminal work by Blau (1964) is that parties to an exchange reciprocate either directly to each other, or indirectly through a related party. In a social group, there will be a 'broad matrix of social relations' (Blau, 1964), and in a work unit, this will mean there are many opportunities for employees to reciprocate indirectly via colleagues in order to benefit the group and organization.

In one the Organization Commitment domain - Continuance or calculative commitment explains that that this type of commitment occurs when individuals base their relationship with the organization on what they are receiving in return for their efforts and what would be lost if they were to leave (i.e., pay, benefits, associations). These individuals put forth their best effort only when the rewards match their expectations.

The commitment of employees to an organization is essential because it affects their engagement in the organization and contributes to their retention (Allen & Meyer, 1996; Ghazzawi, 2008; Tuna et al., 2011). Employees are more willing to invest in their work when they feel that the organization supports their psychological need to feel safe and supported (Kahn, 1990; Maslow, 1958). Those employees who are committed also have a greater sense of job satisfaction, which may be a predictor of engagement (Ghazzawi & Smith, 2009; Nelson & Quick, 2008; Toor & Ofori, 2009; Tuna et al., 2011).

In the comparative analysis of three Organizational Commitment (OC) dimensions, Khan, Ziauddin, Jam, and Ramay (2010) showed that there is a positive relationship between OC and Job Performance (JP) of employees and, in particular, “normative” component of OC has a positive and significant effect on employees’ JP. Additionally, in Jamal's (2011) study, it was found that OC has an important influence on performance. Jaramillo, Mulki, and Marshall's (2005) findings also indicate that there is a positive and stronger relationship for sales employees than for non-sales employees between OC and JP.

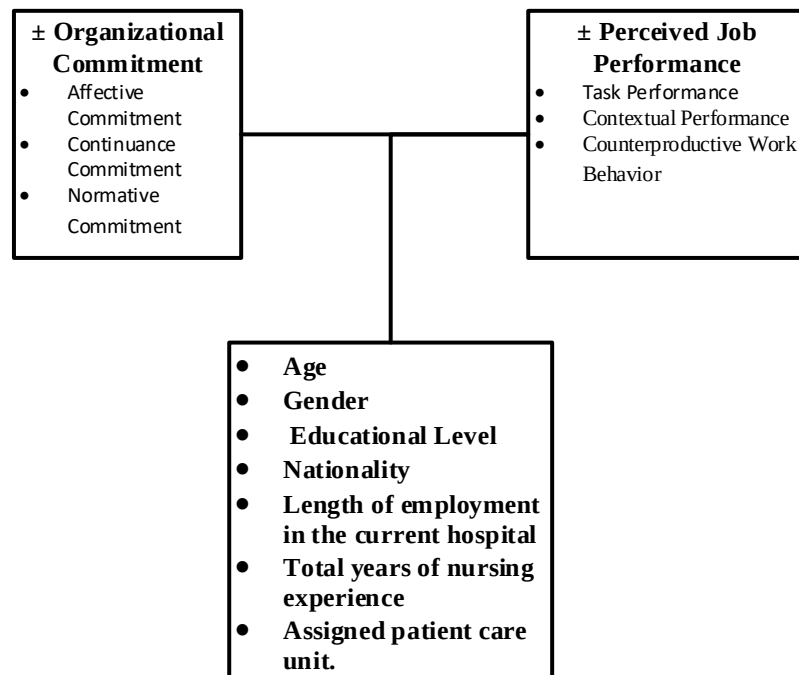
Conceptual Framework

This study is anchored on the systems concept as seen in Figure 1. A system is a complex of interdependent parts and processes functioning together to attain a specific purpose. It consists of three elements, namely: Mediating factor, Outcome performance and Result. The Mediating factor (Organizational Commitment which is subdivided into 3 domains: Affective, Continuance and Normative) is the load or determinant of the outcome, the Outcome Performance (Job Performance) and Result (Organizational outcome).

In this study, aside from the level of commitment and perceived job performance, it will include the socio-demographic profile of the respondents. The specifics of the data identified will be gathered with the use of the questionnaire and analysis of the level or organizational commitment and job performance will be performed.

The result is the product or accomplishment of the process. In this investigation, the result will be retention strategies that are aimed to improve retention rates and decrease number of voluntary turnovers. A feedback mechanism can be adopted by the nursing administration with the Human Resource Department in ensuring strategies are applied consistently. It can pursue feedback on the input of the system and likewise feedback on the processes used.

Figure 2 – Conceptual Paradigm



Operational Definition

As a means to provide a common frame of reference in the analysis and interpretation of the findings of this research, some terms are defined operationally.

1. Organizational commitment is broadly defined as an individual employees' strong emotional linkage to the organization and consists of three dimensions: affective commitment, (employees' emotional connection to the organization); continuance, (perceived costs related to exit from the organization); and normative commitment, (moral duty to stay in the organization).

- a. **Affective or moral commitment** occurs when individuals fully embrace the goals and values of the organization. They become emotionally involved with the organization and feel personally responsible for the organization's level of success. These individuals usually demonstrate high levels of performance, positive work attitudes, and a desire to remain with the organization.
- b. **Continuance or calculative commitment** occurs when individuals base their relationship with the organization on what they are receiving in return for their efforts and what would be lost if they were to leave (i.e., pay, benefits, associations). These individuals put forth their best effort only when the rewards match their expectations.
- c. **Normative commitment occurs** when individuals remain with an organization based on expected standards of behavior or social norms. These individuals value obedience, cautiousness, and formality.

Research suggests that they tend to display the same attitudes and behaviors as those who have affective commitment.

2. **Job performance** relates to the act of doing a job. Job performance is a means to reach a goal or set of goals within a job, role, or organization (Campbell, 1990), but not the actual consequences of the acts performed within a job. Campbell (1990) affirms that job performance is not a single action but rather a “complex activity”.

a) **Task performance** can be defined as the proficiency (i.e. competency) with which one performs central job tasks. Other labels sometimes used for task performance are job-specific task proficiency, technical proficiency, or in-role performance. It includes for example work quantity, work quality, and job knowledge.

b) **Contextual performance** can be defined as individual behaviors that support the organizational, social, and psychological environment in which the technical core must function.

c) **Counterproductive work behavior (CWB)** is defined as behavior that harms the well-being of the organization. It includes behaviors such as absenteeism, being late for work, engaging in off-task behavior, theft, and substance abuse.

3. **Age** – This represents the age of the respondents of the survey or the study population.

4. **Gender** – Pertains to the gender classification of the survey respondents or the study population.

5. **Level of Education** – Refers to the completed level of educational attainment of the survey respondents.
6. **Length of employment** – refers to the years of service in the current hospital being employed.
7. **Total years of nursing experience** - refers to the total number of professional nursing experience.
8. **Assigned nursing unit** – refers to respondent's patient care area assignment.

Research Hypothesis

General premise of the study - Organizational commitment is important for the organization to be more successful by maximum benefiting from employees, as it reduces behaviors of employees that is harmful to the organization such as lateness and absenteeism. An employee with a commitment to organization interiorizes the organizational objectives and holds positive work performance. In this respect, the researcher formulated with the assumption that employees with organizational commitment might score high with the perceived job performance, formulated the following hypothesis.

H1: Organizational commitment has a significant positive correlation on nurses' job performance based on:

- 1.1. Affective commitment has a significant positive correlation on nurses' job performance.

1.2. Continuance commitment has a significant positive correlation on nurses' job performance.

1.3. Normative commitment has a significant positive correlation on nurses' job performance.

H2: Is there a significant relationship between Organizational Commitment and selected demographic variables.

H3: Is there a significant relationship between Perceived Job Performance and selected demographic variables.

CHAPTER III

RESEARCH METHODOLOGY

According to Polit and Beck (2008) methodology refers to ways of obtaining, systematizing, and analyzing data. Creswell (2013) portrays methodology as a coherent group of methods that harmonize one another and that have the capability to fit to deliver data and findings that will reflect the research question and suits the researcher's purpose. As it is specified, this chapter describes the research methodology of the dissertation. In more detail, the researcher outlines the research approach, the research method, population, setting, sample, methods of data collection, the type of data analysis and the ethical considerations. The researcher used a quantitative approach in this research to answer the research question. The researcher identified the level of organizational commitment and perceived job performance of the nurses and determined the correlation between the two variables.

Research Design

In this study, a Descriptive-correlational cross-sectional research design was used to identify the level of organizational commitment and perceived job performance and determined the correlation between organizational commitment and perceived job performance. This described the characteristics of the respondents in terms of their demographic profile and its correlation with Organizational Commitment which comprised of 3 dimensions: Affective, Continuance and Normative commitment and the Perceived Job performance

under three dimensions: Task performance, Contextual performance and the Counterproductive- work behavior.

Research setting

Research was conducted in the King Hamad University Hospital which is the tertiary hospital of Kingdom of Bahrain. It has a total bed capacity of 330 with latest medical equipment, fully equipped facilities, high-level medical construction facilities, which is equipped with the latest technologies and medical and diagnostic approaches. The departments of KHUH is enlisted in table 2.

Table 2. Departments of King Hamad University Hospital

- | | |
|--------------------------------------|---------------------------|
| 1. Emergency Department | 2. Ante Natal Ward |
| 3. Outpatient Clinics | 4. Post Natal Ward |
| 5. Hyperbaric Oxygen Therapy Unit | 6. Pediatric |
| 7. Day Ward | 8. Pediatric ICU |
| 9. Endoscopy | 10. Male Medical Ward |
| 11. Primary Health Care Clinic | 12. Female Medical |
| 13. Operating Theatre | 14. Female Surgical Ward |
| 15. Recovery Room | 16. Orthopedic Ward |
| 17. Labor & Delivery/ OB- Assessment | 18. Male Surgical Ward |
| 19. NICU | 20. Intensive Care Unit A |
| 21. Intensive Care Unit B | 22. Oncology – ICU |
| 23. Intensive Care Unit 3D | |

Sample Design

In this study, Staff Nurses, Senior Staff Nurse and Nurse Team Leaders (n=678) working in a tertiary hospital in the Kingdom of Bahrain, are the target population of the study. After applying the inclusion and exclusion criteria, there

were n= 664 eligible respondents. A purposive sampling was utilized to ensure that only eligible nurses answered the survey.

Inclusion criteria of the study consists of the following:

1. Nurses working for at least 1 year and above in the hospital were selected as sample.
2. All nurses working within the Nursing Service Department.

Exclusion criteria of the study consists of the following:

1. All nurse managers, Healthcare Assistants and Practical Nurses.
2. Nurse who are working outside the Nursing Service Department.
3. Nurses who are on leave during the survey period, who are not accessing their hospital emails.

All eligible respondent was emailed through their hospital email accounts, the electronic survey questionnaire and the responses that were electronically generated was n=408. Giving the response rate of 61.45% and an attrition rate of 38.5% (n=256). The challenges with retrieving the self-administered electronic survey where some respondents were not able to access the emailed survey links, while some were not interested or were afraid to answer the survey questionnaire.

Sample size

The data were obtained through an electronic survey from January 1, 2021, to January 15, 2021, which was sent to all the nurses through their hospital email accounts, working in the tertiary hospital (n=664). The required sample size was

calculated to be at a confidence limit of 95% and a confidence interval of 5%. The sample size was determined using an online sample size calculator (survey system) and using this equation, Sample size = $N = 4Z\alpha^2S^2/W^2$ and estimated to be 244. The survey generated 408 responses among 664 nurses from the setting. This represents a very good response rate of 61.45%.

Research Instrument

This survey questionnaire utilized in this study has three (3) parts: the first part is the Demographic profile the researcher developed a tool to assess the demographic profile of those nurses, second and third are the standardized tools to assess the level of organizational commitment and perceived job performance.

1. Individual Work Performance Questionnaire (IWPQ 1.0 – Linda Koopmans 2014) was used to explore Job Performance
2. Organizational Commitment Questionnaire to explore the organizational commitment.

Individual work performance was measured using the Individual Work Performance Questionnaire (IWPQ). The IWPQ consists of 18 questions in three scales: task performance, contextual performance, and counterproductive work behavior. The IWPQ had a recall period of three (3) months and a 5-point rating scale (“seldom” to “always” for task and contextual performance, “never” to “often” for counterproductive work behavior). The psychometric properties of the IWPQ have been tested and results indicated good to excellent reliability for task performance ($\alpha = 0.78$), contextual performance ($\alpha = 0.85$) and counterproductive

work behavior ($\alpha = 0.79$). To analyze the result of the negatively framed items of the Counterproductive work behavior domain, data analysis was reversely scored.

Organizational Commitment Questionnaire (Allen and Meyer, 1991): 24-item Affective (ACS), Continuance (CCS), and Normative (NCS) Commitment Scales developed by Allen and Meyer (1990) was used to score participants on the variable of Organizational Commitment. Evidence for the construct validity of these measures is provided by Allen and Meyer (1996). The response was taken on a 7-point scale ranging from completely disagree to completely agree. It included both positive and negative keyed items where negatively framed items were reversely scored. The data was collected electronically and analyzed through SPSS V25.

Plan for Data collection

The feasibility study was initially done by the researcher to assess the practicalities of the main study, duration of time required to answer the tool, and to finalize the tool. Approval was obtained from the Institutional Review Board (IRB) of the hospital, UPOU ERB, and Hospital Research Department. Upon approval, a list of the nurses; including their hospital email addresses, was requested from the Nursing Department to identify the eligible respondents in the study. All eligible respondent was emailed through their hospital email accounts, the electronic survey questionnaire and the objective of the survey together with the electronic consent form which nurses can acknowledge of decline.

After getting the ethical approval a pilot study was conducted on 50 nurses to determine the feasibility, validity, reliability and practicability of the designed tool and study. The period of the pilot study was from November 2020 to December 2020. This data was used as baseline supplemental information to achieve better idea of the tool and an average of 10 minutes was taken to answer the tool.

The result of the pilot study was analyzed and discussed with experts as per below:

Reliability Statistics	
Cronbach's Alpha	N of Items
.857	42

No modifications were made in the tool, other than adding an item in demographic profile and the item “years of working experience in KHUH” was added.

Data collection was performed by the researcher by using the Survey Monkey software for data collection. All the nurses working in the mentioned units, as shown in table 3.1, participated in the research. An electronic survey questionnaire was sent through nurses’ email account to respond to the online survey. Nurses were asked to indicate how much they completely disagree to completely agree with the statement for assessing the level of organizational commitment and “seldom” to “always” for task and contextual performance; “never” to “often” for counterproductive work behavior under the perceived job performance. Demographic profile of nurses’ and the tool to assess the level of

Organizational commitment and Individual Work Performance were used for data collection.

Data Analysis and Management

The data collected by using the software survey monkey and the excel sheet was imported to SPSS version 25 and analysis was done. The scores obtained for the organizational commitment and the perceived job performance were grouped into three levels: Low (<25th percentile) moderate (25th to 75th percentile) and High (> 75th percentile). The objectives and the data analysis done to attain the objectives were discussed below.

Objective 1: To identify the level of organizational commitment of nurses based on these 3 domains: Affective Commitment, Normative Commitment and Continuance Commitment

The organizational commitment composite and the sub domain mean (SD) were tabulated and based on the percentiles of the collected data, three levels; like nurses with low, medium and high scores was formulated i.e., "low score", < 25th and 25th to 75th percentile as "moderate score" and > 75th as "high score".

Table 3.1 – Levels of Organizational commitment scores with Percentile

Organizational Commitment	
Score Range based on composite scores	
LOW	<104.25
MODERATE	104.25-124
HIGH	>124
Organizational Commitment Subscale	
Affective Commitment	LOW (<34)
	MODERATE (34-47)
	HIGH (>47)
Continuance Commitment	LOW (<31)
	MODERATE (31-40)
	HIGH (>40)
Normative Commitment	LOW (<35)
	MODERATE (35-43)
	HIGH (>43)

Objective 2: To identify the level of perceived job performance among nurses based on these 3 domains: Task Performance, Contextual Performance and Counterproductive Work Behavior.

The perceived job performance composite and the sub domain mean (SD) were tabulated and based on the percentiles of the collected data, three levels; like nurses with low, medium and high scores was formulated i.e., "low score", < 25th and 25th to 75th percentile as "moderate score" and > 75th as "high score".

Table 3.2. – Levels of Perceived job performance scores with Percentile

Perceived Job Performance	
Score Range based on composite scores	
LOW	<50
MODERATE	50-64
HIGH	>64
Perceived Job Performance Subscale	
Task Performance level of score range	LOW (<14)
	MODERATE (14 - 18.75)
	HIGH (>18.75)
Contextual Performance	LOW (<19)
	MODERATE (19 - 28)
	HIGH (>28)
Counterproductive work behavior	LOW (<16.25)
	MODERATE (16.25 – 18)
	HIGH (>18 - 20)

Objective 3: To determine the correlation between organizational commitment and perceived job performance among nurses

Pearson moment correlation analyzed to examine correlations between each of Organizational Commitment and Job Performance Domains. The correlation of each subdomain was also analyzed.

Objective 4: To identify the relationship between organizational commitment and demographic profile among nurses.

Independent sample T test and ANOVA used to find out association with demographic variables and the organizational commitment. General basic descriptive statistics, frequencies, percentages, mean (SD) were tabulated with the demographic variables.

Objective 5: To identify the relationship between Perceived Job Performance and demographic profile among nurses.

Independent sample T test and ANOVA used to find out association with demographic variables and the Perceived Job Performance.

Ethical Considerations

An approval was obtained from the Institutional Review Board (IRB) of the Research Department of the hospital. Upon approval, a list of the nurses; including their hospital email addresses, was requested from the Nursing Department to identify the eligible respondents in the study. The study was review and approved by the Institutional Review Committee of the hospital (Approval number-KHUH IRB-Ref #21-400).

The principal investigator has sent an email to potential participants, which includes the explanation of the purpose and objectives of the study. Furthermore, the researcher informed the participants that they will not receive any remuneration, there is no cost in participating except the time that will be spent in answering the questionnaire, and there is no risk from participation as the study

only utilized an electronic questionnaire. Nurses were also informed through their email accounts of their rights to voluntarily consent or decline to participate in the study should they receive the electronic questionnaire. The voluntary nature of participation and the liberty to withdraw from participation at any time during the study was also emphasized to the respondents. During the survey period, an informed consent prompts a participant to acknowledge or decline the online survey. The confidentiality and anonymity of the responses were ensured during the data collection, analysis, and dissemination should they proceed in answering the electronic questionnaire.

Respondents' consent and participation did not affect their performance evaluation in the area including any possible promotions and were not penalized in any way for non-participation or withdrawal from the study.

CHAPTER IV

RESULTS AND DISCUSSIONS

Data analysis is a method for rendering quantitative information meaningful and intelligible. It is the process of summarization, organization, evaluation, interpreting and communication of numeric information collected in such a way that they provide answers to the research problem (Polit & Beck, 2008).

An employee with a commitment to organization interiorizes the organizational objectives and act appropriately to achieve these goals. In this respect, efforts of these employees are steps for the organization to achieve its goals and to be successful. Thus, employees provide better service and enhance firm performance. The present study is intended to identify the level of organizational commitment and perceived job performance of the nurses working in the tertiary King Hamad University Hospital.

The objectives were:

1. To identify the level of organizational commitment of nurses based on these 3 domains: Affective Commitment, Normative Commitment, and Continuance Commitment
2. To identify the level of perceived job performance of nurses based on these 3 domains: Task Performance, Contextual Performance and Counterproductive Work Behavior.
3. To determine the correlation between organizational commitment and perceived job performance among nurses

4. To identify the relationship between level of organizational commitment and demographic profile among nurses.
5. To identify the relationship between level of Perceived Job Performance and demographic profile among nurses.

Table 3.3 - Demographics details

Demographics	f	%
Gender		
Male	98	24.0
Female	310	76.0
Age Group		
20-29	128	31.4
30-39	223	54.7
40-49	51	12.5
50-59	6	1.5
Qualification		
Diploma Nurse	75	18.4
BSN/ BSc	315	77.2
Masters	18	4.4
Job Category		
Staff Nurse	258	63.2
Nurse Team Leader	61	15.0
Senior Staff Nurses	89	21.8
Department		
Intensive Care Unit A	32	7.8
Intensive Care Unit B	12	2.9
Intensive Care Unit 3D	14	3.4
Intensive Care Unit Oncology	21	5.1
Emergency Department	41	10.0
OPD Medical	10	2.5
OPD Surgical	4	1.0
OPD Gyne & Pediatrics	5	1.2
Male Medical Ward	19	4.7
Female Medical Ward	9	2.2
Female Surgical Ward	17	4.2
Orthopedic Ward	6	1.5
Male Surgical Ward	14	3.4
Pediatric Ward	22	5.4
Pediatric Intensive Care Unit	20	4.9
Hyperbaric Unit	13	3.2

Day Case Unit	11	2.7
Endoscopy Unit	2	.5
Staff Health Clinic	1	.2
Operating Theatre	31	7.6
Recovery Room	12	2.9
Labor & Delivery/ OB- Assessment	13	3.2
Neonatal Intensive Care Unit	31	7.6
Ante-Natal Ward	25	6.1
Post- Natal Ward	23	5.6
Years of working in KHUH		
Mean (SD)	4.92 (3.26)	4.92 (3.26)
Total number of years of professional	10.55 (6.44)	10.55 (6.44)

Gender

Majority of the nurses who participated were females n=310 (76%) when compared to the male counterparts with 24% (98). This is mainly associated with the higher number of female nurses over male nurses in the hospital. An average, there is 2 male nurses in every 10 nurses mostly in all patient care areas, except in maternity and female wards where all of the nurses are female.

Age Group

Among the 408, participants, 223 were from the age group 30-39 (54.7%), followed by 128 from the age group 20-29 (31.4%) and from the age group 40-49 (12.5%). Only Six from the age group 50-59 (1.5%). The result showed that majority of nurses in the hospital are generally young.

Qualification

Majority of the participants. Were among the bachelor's degree in nursing holders (77%), followed by 18% with diploma in nursing and 5% of the participants who has master's degree.

Job Category

Among the 408 participants, 258 were staff nurses, 61 team leaders and 89 senior staff nurses.

Nursing Units assigned

Based on the participation of staff from their assigned nursing unit, staff from critical care areas with 34% and maternal-child health department with 22.5%, were among the highest respondents when compared to other departments.

Years of working experience at KHUH.

Based on the Mean (SD) of the participants', most of the years of working experience of nurses in the hospital is M=4.92, SD=3.26.

Overall years of professional experience

Based on the Mean (SD) of the participants, the overall years of professional experience is M=10.55, SD=6.44.

Item analysis: Level of Organizational Commitment

Table 4.1. - Affective Commitment scale (ACS) n= 408

Affective Commitment scale (ACS)	Mean	SD
I would be very happy to spend the rest of my career with this organization.	5.49	1.62
I enjoy discussing my organization with people outside it.	4.57	2.06
I really feel as if this organization's problem are my own.	5.27	1.60
I think that I could easily become as attached to another organization as I am to this one. ®	3.66	1.73
I do not feel like "part of the family" to this organization. ®	5.14	1.92
I do not feel 'emotionally attached' to this organization. ®	5.25	1.75
This organization has a great deal of personal meaning for me.	5.40	1.36
I do not feel a strong sense of belonging to my organization. ®	5.06	1.79

Average Mean 4.98 1.73

**Interpretation of mean scores:*

Strongly Disagree 1, Moderately Disagree 2; Slightly Disagree 3; Neither Agree nor Disagree 4; Slightly Agree 5; Moderately Agree 6; Strongly Agree 7.

Table 4.1 shows an overall slight agreement to the affective commitment scale criteria of measure with an average mean score of 4.98. The highest item among the scale was “I would be very happy to spend the rest of my career with this organization”, which has a mean score of 5.49 (SD 1.62). This a good indication that nurses in the survey setting intends to continue their service in the organization due to a supportive working environment and that nurses need in terms of safe working environment which includes, safe staffing, supportive leadership, effective team work among others. This is consistent to the item “This organization has a great deal of personal meaning for me”, where the nurses find their association with the organization to be meaningful with the mean score of 5.40 (SD 1.36). Nurses in the survey setting indeed values and take pride in their association with the organization due to its high reputation within Bahrain and neighboring gulf countries. This is also why their measure of emotional attachment to the organization scored M=5.25 (SD 1.75). A number of nurses believe that they can be easily attached to another organization, the same way on how they are became easily attached to the current organization with a total mean score of 3.66 (SD 1.73). This supports these studies the employee defines himself/herself with the organization and he/she is glad to belong to the organization as a member (Ozyer, 2010, 73). Whenever the employee can ensure his needs and expectations about the organization, the employee can innarize the aims of the organization and employees are supported by the organization, affective

commitment will be improved and the productivity inside of the workplace will get positively influenced (Wasti, 2012).

Table 4.2. - Continuance Commitment scale (CCS) n= 408

Continuance Commitment scale (CCS)	Mean	SD
I am not afraid of what might happen if I quit my job without having another one lined up.	3.09	1.84
It would be very hard for me to leave my organization right now, even if I wanted to.	5.56	1.64
Too much in my life would be disrupted if I decided I wanted to leave my organization now.	5.06	1.80
It wouldn't be too costly for me to leave my organization now.	3.60	1.89
Right now, staying with my organization is a matter of necessity as much as desire.	5.22	1.57
I feel that I have too few options to consider leaving this organization	4.04	1.75
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	4.30	1.67
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have.	4.43	1.71
Average Mean	4.40	1.73

**Interpretation of mean scores:*

Strongly Disagree 1, Moderately Disagree 2; Slightly Disagree 3; Neither Agree nor Disagree 4; Slightly Agree 5; Moderately Agree 6; Strongly Agree 7.

Table 4.2 depicts the mean score for each item in the CCS. There is a consistent response among respondents that staying and keeping their attachment to the organization is beneficial due to limited career options and for economic sustenance described among these three items “It would be very hard for me to leave my organization right now, even if I wanted to”, “Too much in my life would be disrupted if I decided I wanted to leave my organization now” and “Right now, staying with my organization is a matter of necessity as much as desire” with respective mean scores of 5.56 (SD 1.64), 5.06 (SD 1.80) and 5.22 (SD 1.57). To

support the above survey scores, the hospital provides the most competitive salary in Bahrain and that it is incomparable in monetary value among all hospitals; both private and public. With the increasing cost of living in Bahrain, respondents believe that staying in the organization truly benefits them.

This supports a similar study where those who have continuance commitment need to stay or continue to work in that organization (Eslami, Gharakhani, 2012,86). However, item “I am not afraid of what might happen if I quit my job without having another one lined up”, generated the least mean score among all CCS domain criteria with $M=3.09$ ($SD\ 1.84$). This is true due to opportunities available for nurses in many countries and that nursing professionals are still one of the most in-demand healthcare profession and that nurses can take advantage of the current workforce gap. Based on the recent statistics collected by the Office of Economic Cooperation and Development [OECD] in 2017, nursing professionals’ shortages can be described based on the ratio of nurses to 1,000 populations:

- Norway 17.5
- Germany 12.9
- Australia 11.6
- Japan 11.0
- USA 11.1
- UK 7.9

The above data supports the study where it was described that one dimension of continuance commitment is due to lack of alternative employment opportunities (Taing, et al., 2011), where research respondents in KHUH believed

that there are available opportunities that is why the CCS item saying that they are not afraid to quit.

High costs, in case of leaving the organization while finding and time spent looking new job supports the response of the nurses with regards to item “One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have” with a mean score of 4.43 (SD 1.71). Another study mentioned the psychological aspect of organization sacrifice (such as giving up colleagues, interesting projects, job stability, and career advancement) and community sacrifice (such as leaving a safe community, and respect in the community) captures the perceived cost of material or psychological benefits that may be forfeited by leaving the organization or community (Mitchell et al., 2001).

Table 4.3 - Normative Commitment Scale (NCS) n= 408

Normative Commitment Scale (NCS)	Mean	SD
I think that people these days move from company to company too often.	4.73	1.56
I do not believe that a person must always be loyal to his or her organization. ®	5.23	1.96
Jumping from organization to organization does not seem at all unethical to me. ®	4.16	1.95
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.	5.57	1.43
If I got another offer for a better job elsewhere I would not feel it was right to leave my organization.	4.23	1.83
I was taught to believe in the value of remaining loyal to one organization.	5.62	1.39
Things were better in the days when people stayed with one organization for most of their careers.	5.29	1.43
I do not think that wanting to be a “company man” or “company woman” is sensible anymore.	3.99	1.38
Average Mean	4.85	1.61

**Interpretation of mean scores:*

Strongly Disagree 1, Moderately Disagree 2; Slightly Disagree 3; Neither Agree nor Disagree 4; Slightly Agree 5; Moderately Agree 6; Strongly Agree 7.

Table 4.3 depicts the mean scores of the item criteria measuring the Normative Commitment Scale and its average mean score. Four out of eight item criteria presented a slight agreement with item “I was taught to believe in the value of remaining loyal to one organization” as the highest with a mean score of 5.62 (SD 1.39). This is a consistent response where nurses felt that it is a moral obligation to remain in the organization as a manifestation of loyalty with item “One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain” generates a mean score of 5.57 (SD 1.43) which is also a slight agreement and succeeded by item “I do not believe that a person must always be loyal to his or her organization” with a mean score of 5.23 (SD 1.96).

Item “I do not think that wanting to be a “company man” or “company woman” is sensible anymore” with a slight disagreement based on the scale generated a mean score of 3.99 (SD 1.38) which is consistent to the perceived moral obligation of nurses to stay in the organization as a sign of loyalty.

Favorable scores above show the respondents loyalty to the organization. This is attributed to multiple factors that were part of the Nursing Service staff retention strategies, such as staff development activities, effective safe staffing, transformational leadership, strong nursing welfare advocacies, competitive salaries, conducive working environment and staff accommodation, open system of communication, blame-free environment and the culture of safety.

Table 4.4 - Organizational Commitment (Composite) n= 408

Organizational Commitment scores			
Organizational Commitment score	Range	Mean	SD
	0-168	113.92	14.88
Affective Commitment scale (ACS)	0-56	39.84	8.46
Continuance Commitment scale (CCS)	0-56	35.27	7.11
Normative Commitment Scale (NCS)	0-56	38.80	6.07
<i>Total OC Composite score: Low <104.25; Moderate 104.25-124; High >124</i>			
<i>Affective Commitment: Low (<34); Moderate (34-47); High (>47)</i>			
<i>Continuance Commitment: Low (<31); Moderate (31-40); High (>40)</i>			
<i>Normative Commitment: Low (<35); Moderate (35-43); High (>43)</i>			

Above data explains the organizational commitment of nurses. Significantly the overall organizational commitment score of nurses based on composite score, were found to be M=113.92, SD=14.88. Among the Organizational Commitment domains, affective commitment with a score of M=39.84, SD=8.46 is higher among the other two domains. This suggests that nurses have developed a sense of loyalty to the organization and shares the same objectives. This is consistent with the normative commitment scale with a subscale score of M=38.80, SD=6.07, which suggests the tendency of nurses to maintain their relationship and association with the organization, due to the favorable values and norms. Continuance commitment M=35.27, SD=7.11, with moderate level of commitment score. Significantly, this justifies why this domain has the lowest score among the 3 domains, since the organization does not provide other supplemental benefits such as end of contract indemnity, which is a constant Human Resources issue among nursing staff.

This supports the definition of Al Zeifeti & Mohamad (2017), where accordingly organizational commitment as the “willingness of social actors to provide their energy and loyalty to the social system, the attachment of the social system of personality relationships that is considered as self-expression”. On the other hand, organizational commitment is strong belief for organizational goals and values, willingness to do a lot of effort on behalf of organization and desire to remain a member of the organization (Azeem 2010; Sharma & Sinha, 2015).

An organizational commitment study conducted against the behavior of the organization shows that organizational fairness has direct positive influence on organizational commitment. It indicates that if an evaluation of administrative decision made by employees in terms of division tasks, empowerment of employees’ rights and obligations is increased, then employees’ willingness to increase energy and loyalty on social system of the organization will increase. Employees can express and socially interact to improve commitment to the organization through their ability to adopt common values and responsibilities given to the organization. Therefore, the fairness given by the organization to employees will be positively perceived by employees to increase commitment and loyalty to the organization. This finding is in accordance with the research by Rai (2013) and Chen et al. (2015) who state that organizational fairness has influence on organizational commitment.

Item analysis: Level of Perceived Job Performance

Table 4.5 - Task performance (TP) scale. *n*=408

Task performance (TP) scale	Mean	SD
I was able to plan my work so that I finished it on time.	3.20	0.93
My planning was optimal.	2.98	0.95
I kept in mind the results that I had to achieve in my work.	3.45	0.80
I was able to separate main issues from side issues at work.	3.41	0.83
I was able to perform my work well with minimal time and effort.	2.92	1.01
Average Mean	3.19	0.90

Seldom 0; Sometimes 1; Regularly 2; Often 3; Always 4

Table 4.5 depicts the mean scores of the item criteria measuring the Task Performance Scale and its average mean score of 3.19. Most nurses statistically responded “often” when ask about separating side issues while at work, being focused on what to achieve while at work, able to plan work activities to finish it on time, which is consistent with item criteria if planning at work is optimal with mean score of 2.98 (SD 0.95). I believe that above favorable response is attributed to the positive organizational support which in turn increases positive performance at work. Safe staffing with the addition of Skill-mix provides sufficient time for staff nurses to plan their activities in line to patient care, with enough support of the Patient Care Assistant in each of the nursing units, including the Outpatient Departments. Nursing acuity and dependency model also promotes other nursing care activities, such as patient education and discharge planning program to ensure that patients can manage and increase their resumption of daily activities after discharge. This is supported with a meta-analysis of 70 studies, Rhoades et al, 2002, demonstrated that employees’ Positive Organizational Support could increase Job Performance.

Table 4.6 - Contextual performance (CP) scale. $n=408$

Contextual performance (CP) scale	Mean	SD
I took on extra responsibilities.	2.70	1.11
I started new tasks myself, when my old ones were finished.	2.79	1.07
I took on challenging work tasks, when available.	2.73	1.12
I worked at keeping my job knowledge up-to-date.	3.30	0.85
I worked at keeping my job skills up-to-date.	3.37	0.85
I came up with creative solutions to new problems.	2.72	1.06
I kept looking for new challenges in my job.	2.74	1.09
I actively participated in work meetings.	2.97	1.01
Average Mean	2.915	1.02

Seldom 0; Sometimes 1; Regularly 2; Often 3; Always 4

Table 4.6 depicts the mean scores of the item criteria measuring the Contextual Performance Scale and its average mean score. Based on the above table, most nurses answered regularly to often initiates other activities to improve work performance through knowledge ($M= 3.30$, $SD=0.85$) and skills enhancement ($M=3.37$, $SD=0.85$). There is also a favorable response where majority of nurses performs challenging tasks ($M=2.79$, $SD=1.07$), extra responsibilities ($M=2.70$, $SD=1.11$) and takes available challenging tasks ($M=2.73$, $SD=1.12$). Favorable response is again attributed to positive organizational support for the nurses as the backbone of the institution through safe staffing and highly effective nursing model which supports positive and engaging working environment. This is supported with the study regarding the impact of organizational support where positive organizational support could produce a felt obligation to care about the organization's welfare and to help the organization achieve its goal (Eisenberger et al., 2001).

Table 4.7 - Counterproductive work behavior (CWB) scale. $n=408$

Counterproductive work behavior (CWB) scale	Mean	SD
I complained about unimportant matters at work.	2.97	1.24
I made problems greater than they were at work.	3.74	0.67
I focused on the negative aspects of a work situation, instead of on the positive aspects.	3.67	0.74
I spoke with colleagues about the negative aspects of my work.	3.38	0.86
I spoke with people from outside the organization about the negative aspects of my work.	3.78	0.62
Average Mean	3.508	0.826

**The reverse scoring of five items under Counterproductive Behavior (CWB Scale) was done from seldom (4), sometimes (3), regularly (2), often (1), and Always (0) in the five-point Likert scale.*

Table 4.7 depicts the mean scores of the item criteria measuring the Counterproductive work behavior and its highly favorable average mean score of 3.508 (SD=0.82). Above scale criteria mostly scored between “sometimes” to “seldom”, with Speaking against the organization outside of work as the highest having the mean score of 3.78 (SD=0.62), followed by a destructive behavior on creating problems greater than what it is at work with a mean score of 3.74 (SD=0.67), followed by focusing on negative aspects at work with a mean score of 3.67 (SD=0.74) and speaking of negative aspects of work situation with colleagues having a mean score of 3.38 (SD=0.86). Complaining about unimportant matter at work generated a mean score of 2.97 (SD=1.24) which has the least mean score among the CWB scale criteria. Above result shows an implication of how the working environment helped the nurses cope with stress at work and support systems which does not result to such intentional destructive – counterproductive work behavior. Above result is also an indication of how the staff nurses value and respect the organization, thus it reflects on how they positively describe the organization inside and outside their working environment. It can be also attributed

to the confidentiality policy of the organization that are strictly adhered by the employee. This is supported by a theory by Spector and Fox's (2005), where it is said that stressor-emotion model is often used in organizational environment to explain factors that contribute to CWB. The model posits that stressful job conditions could induce negative emotions which are likely to lead to CWB. As such, CWB reflects responses that follow exposure to chronic stress at work, to cope with the frustration emanating from the work conditions (Spector & Fox, 2005).

It also provided a significant implication on the issue of workloads and Burnouts where it is often associated with CWB according to these studies where heavy workloads have been found to precipitate high burnout levels (Laschinger, Finegan, & Wilk, 2011), while burnout has been found to be positively associated with CWB (Bans et al., 2012; Bolton et al., 2012).

Table 4.8 - Perceived Job Performance (Composite) n=408

Perceived Job performance scores			
Perceived Job Performance Score	Range	Mean	SD
Perceived Job Performance Score	0-72	56.81	8.93
Task performance (TP) scale	0-20	15.95	3.21
Contextual performance (CP) scale	0-32	23.31	5.81
Counterproductive work behavior (CWB) scale	0-20	17.54	2.89
<i>Total PJP Composite score: Low <50; Moderate 50 - 64; High >64</i>			
<i>Task performance (TP) scale: Low (<14); Moderate (14-18.75); High (>18.75)</i>			
<i>Contextual performance (CP) scale: Low (<19); Moderate (19-28); High (>28)</i>			
<i>Counterproductive work behavior (CWB) scale: Low (<16.25); Moderate (16.25-18); High (>18-20)</i>			

The composite perceived job performance score of nurses were found to be 56.81(8.93). The above score explains the job performance score with emphasis on favorable behaviors of the respondents aimed toward organizations. The mean (SD) scores of the three subdomains were M=15.95, SD=3.21 for the task performance scale, M=23.31, SD=5.81 for the contextual performance scale and finally for the counterproductive work behavior scale it was M=17.54, SD=2.89.

The Task Performance mean score of 15.95 explains how well the nurses plans their activities and meeting them timely. This is consistent with the Contextual Performance score of M=23.31, which suggests that these nurses perform other responsibilities after each one is completed and engages themselves in activities that can enhance their performance. The Counterproductive work behavior is considerably moderately high as it was reversely scored. A 17.54 composite means score suggests that majority of nurses does not exhibit negativity while at work due to favorable working environment. This result supports a similar study finding of researchers (Bans et al., 2012, Bolton et al., 2012, Krischer et al., 2010), who found, in their separate studies, that employees who reported being emotionally exhausted displayed more CWB. The authors concluded that high level of emotional exhaustion increased the likelihood of CWB. Thus, stressful working conditions may provide the contextual cues that elicit burnout, and by extension CWB, since CWB is a behavioral stress-reaction. (Ugwulbeawuchi, Enwereuzor Udeagha, & Ugwu, 2017).

Table 4.9 - Organizational Commitment and Perceived Job Performance n=408

	Low (f)	Moderate(f)	High(f)
Organizational Commitment	102	206	100
Perceived Job Performance	103	213	92

The participants who scored the low, medium, and high scores for organizational commitments and perceived job performance were illustrated in the figure 4.6. Above table showed that majority of respondents have score Organizational Commitment and Perceived Job Performance with n=206 and n=213 respectively. Nurses who scored Organizational Commitment and Perceived Job Performance as “high” were n=100 and n=92 respectively. However, 205 nurses perceived that their Organization Commitment (n=102) and Job Performance (n=103) are low. Calculating the total percentage of nurses who scored their Organizational Commitment from “moderate” – “high” translates to 75% of nurses, while remaining 25% of nurses scored their commitment as “low”. On the other hand, 74.75% of nurses scored their Perceived Job Performance from “moderate” – “high”, while the remaining 25.24% of nurses scored their job performance as “low”.

Success of any organization depends on the performance of its employees. Enhancing organizational commitment among nurses is an important aspect to perform better. The study examined the effect of three components of organizational commitment: namely Affective, Continuance and Normative commitment, on nurses’ perceived performance. The study is applied among 408 nurses. The result of this analysis indicates that the organizational commitment had a relationship with the job performance. It explains approximately equal

representations in low, medium, and high scores for the two composite scores. From the findings, it has been proved that job performance was strongly associated with nurse commitment. Our findings were supported by a meta-analysis of empirical evidence from 69 published articles and estimated the true correlations between occupational commitment and job performance. The result suggested that OC should be given greater emphasis in performance management programs.

Correlation of Organizational Commitment and Perceived Job performance scores (n=408)

The four-hypothesis stated for the study were:

H1: Organizational commitment has a significant positive correlation with nurses' job performance

Table 5 – Correlation of OC and PJP

Correlation	Composite OC	Sig.
Composite PJP	Pearson Correlation 0.307**	.001

** . Correlation is significant at the 0.05 level

There is a weak positive correlation of 0.307 between the organizational commitment and perceived job performance scores.

Hence, H1: Organizational commitment has a significant positive correlation with nurses' job performance can be accepted at 0.05 level of significance. This explains that those nurses who have organizational commitment will exhibit high levels of perceived job performance.

The H2, H3 and H4 hypothesis were related to the three subdomains of organizational commitment and its correlation with the perceived job performance (Table 5).

H2: Affective commitment has a significant positive correlation with nurses' job performance

H3: Continuance commitment has a significant positive correlation with nurses' job performance.

H4: Normative commitment has a significant positive correlation with nurses' job performance

Table 5.1 - Correlation of OC sub domains and PJP

Pearson Correlation(r)	Composite PJP	Sig.
ACS	0.284**	.001
CCS	0.059	.234
NCS	0.286**	.001

** . Correlation is significant at the 0.05 level

There is a weak positive correlation of 0.284 between the ACS and perceived job performance scores. The H2 is, Affective commitment has a significant positive correlation with nurses' job performance can be accepted at 0.01 level of significance. There is a no correlation between the CCS and perceived job performance scores. Hence, failed to accept H3: Continuance commitment has a significant positive correlation with nurses' job performance. There is a weak positive correlation of 0.286 between the NCS and perceived job performance scores. Hence, H4: Normative commitment has a significant positive

correlation with nurses' job performance can be accepted at 0.00 level of significance.

The perceived job performance subscales and the composite score of organizational commitment were also assessed by doing the Pearson's product moment correlation co-efficient and was discussed below table 5.2.

Table 5.2 - Correlation of PJP sub domains and OC

Pearson Correlation(r)	Composite OC	Sig.
TP	0.231**	.001
CPP	0.237**	.001
CWB	0.213**	.001

** . Correlation is significant at the 0.001 level

There is a weak positive correlation of with all the subscale domains of Perceived job performance and the organizational commitment scores.

The finding shows that organizational commitment has direct positive influence on job performance. It indicates that if nurses have strong beliefs, accept the existing value set by the organization, have willingness to do a lot of effort for the organization, keep working with high commitment, then the result of work achieved will follow. The achievement of nurses' performance result and output recognized by the organization where they work and characterized by skills, effort and nature of work conditions is the combination of the part which represents better performance. A good work result will be obtained when nurses have strong commitment to the organization and a psychological attachment to the organization. This result is relevant with the research by Sharma and Sinha (2015),

and Al Zeifeti and Mohamad (2017) who state that there is significant influence among organizational commitment and job performance.

Demographics profile and Organizational Commitment

Table 6.1 - Gender

Gender	Organizational Commitment
	Mean (SD)
Male	110.56(15.80)
Female	114.77(14.44)

Table 6.1 depicts the organizational commitment of nurses based on gender. Result shows that female nurses have higher commitment compared to male nurses. Note that the number of female nurses who responded to the survey was n=310 and most female nurses have around 4 and above years of experience in the organization, which may have supported why they have developed higher commitment (see table 6.1). This supports research done by Meadus & Twomey (2007), the nursing profession requires life-long commitment and dedication, characteristics that are dominant among females; thus they may have more commitment to their careers. In the current study, there is a positive and significant link between organizational commitment and female nurses reporting higher levels of work commitment. This finding supported the previous work of Mrayyan and Al Faouri (2008) where female nurses were reported to be more committed to work than their male counterparts. However, when interpreting the results, caution should be exercised as the number of specific gender participants may inappropriately represent the findings.

Table 6.2. - Age group

Age	Demographics	Organizational Commitment
		Mean (SD)
20-29		110.82(15.46)
30-39		113.89(14.43)
40-49		120.03(13.62)
50-59		129.16(7.90)

Table 6.2 depicts the organizational commitment of nurses based on their age. Survey result on Organizational Commitment shows that organizational commitment increases as age of respondents' increases. This is supported by the research done that has shown that age is positively related to organizational commitment (Steers, 1977; Mathieu & Zajac, 1990; Angle & Perry, 1981, De Gieter et al., 2011). A possible explanation for this relationship is that there are few employment options available to older employees (Mowday et al., 1982) and older employees realize that leaving may cost them more than staying (Parasuraman & Nachman, 1987).

This is again supported by another study conducted in the Philippines (Labrague et al., 2018) where results of the ANOVA indicated a significant difference in organizational commitment scores according to the nurses' age. Nurses with ages greater than 40 years had significantly higher organizational commitment mean scores when compared to nurses with ages that range from 20 to 29 years ($P = 0.006$). However, a previous study on determinants of organizational commitment among the faculty of private tertiary institutions in the Philippines which showed that age did not significantly affect organizational commitment (Quiambao & Nuqui, 2017).

To further explain the increasing commitment of nurses in the organization, nurses who are from the age group of 40 are those who have grown their commitment as pioneers of the hospital operation when it opened in 2011. Majority of these nurses takes pride in their involvement to the growth and development of the hospital to what it is today.

The supportive argument related to association between age and organizational commitment is that older employees may assume that they have accumulated personal capital in the organization such as self-identity, friends and social relationships, seniority or retirement benefits which they would not want to lose by leaving an organization. Therefore, they might be more committed to their organization.

Table 6.3. - Qualification

Demographics	Organizational Commitment
Qualification	Mean (SD)
Diploma Nurse	119.78(11.53)
BSN/ BSc	113.14(14.96)
Masters	104.83(16.48)

Table 6.3 depicts the organizational commitment of nurses based on their education qualification. Above result indicates that there is a significant difference in commitment scores according to nurses' level of education. Diploma nurses has the highest commitment with mean score of 119 (SD 11.53), followed by the BSc/BSN nurses with 113 (SD 14.96) commitment score, while this who have master's degree or higher has the lowest commitment with mean score of 104.83 (16.48). This is perhaps to limited opportunity currently for diploma nurses in

Bahrain due to nursing professionalization. Bahrain's Professional nursing license are only issued to nurses who completes Bachelor of Science in Nursing. The hospital is currently keeping them but is creating opportunity for these diploma nurses to enroll for higher studies to meet professional standardization requirement. Nurses with master's degree or higher degrees are sought after in many healthcare organizations in the GCC due to nursing specialization programs and adaptation to having Nursing Practitioners which has been added to nursing professional category by the National Health Regulatory Authority of Bahrain. This is in a study where the higher an employee's level of education is, the lower that individual's level of organizational commitment (Luthans et al., 1987; Mathieu & Zajac, 1990; Mowday et al., 1982). The negative relationship may result from the fact that highly qualified employees have higher expectations that the organization may be unable to fulfil.

Table 6.4 - Job Category

Demographics	Organizational Commitment
Job Category	Mean (SD)
Staff Nurse	113.18(15.40)
Nurse Team Leader	116.65(12.09)
Senior Staff Nurses	114.16(14.35)

Table 6.4 depicts the organizational commitment of nurses based on their job category. Above result indicates that there is no significant difference in commitment scores according to nurses' level of education. Although nurse team leaders and senior staff nurses shows slightly higher commitment score compared

to staff nurses, perhaps due to the career development and opportunities provided to them, including the recognition of their potentials and leadership capabilities.

However, positional tenure and professional tenure did not contribute significantly to the prediction of high level of organizational commitment. A previous study done among nurses in Nepal did not reveal work experience as a predictor of organizational commitment (Timalsina et al., 2015).

Table 6.5 - Nursing Units

Demographics	Organizational Commitment
Nursing Units	Mean
Intensive Care Unit A	112.46
Intensive Care Unit B	118.16
Intensive Care Unit 3D	115.14
Intensive Care Unit Oncology	112.28
Emergency Department	110.02
OPD Medical	108.60
OPD Surgical	111.50
OPD Gyne & Pediatrics	113.40
Male Medical Ward	109.26
Female Medical Ward	113.88
Female Surgical Ward	114.23
Orthopedic Ward	104.50
Male Surgical Ward	114.28
Pediatric Ward	119.13
Pediatric Intensive Care Unit	103.45
Hyperbaric Unit	117.76
Day Case Unit	117.00
Endoscopy Unit	128.50
Staff Health Clinic	128.00
Operating Theatre	120.67
Recovery Room	122.75
Labor & Delivery/ OB- Assessment	110.38
Neonatal Intensive Care Unit	109.70
Ante-Natal Ward	119.20
Post- Natal Ward	117.04

Table 6.5 depicts the organizational commitment of nurses based on their area of assignment. Above result showed that both Staff Health Clinic and Endoscopy unit has the highest composite mean score for commitment scale with M=128.50 and M=128 respectively. All other nursing units has a moderate composite mean score, except the Pediatric Intensive Care unit with low composite mean score of 103.45. Above results can be attributed to the individual units' working environment that been observed over the years. In general view, effective leadership and a healthy working environment contributes greatly on how nurses develop their commitment.

Table 6.6 - Years of working in KHUH

Demographics	Organizational Commitment
Years of working in KHUH.	Mean (SD)
≥ 1 to 4	113(14.33)
> 4 to 7	117(16.84)
> 7 and above	162

Table 6.6 depicts the organizational commitment of nurses based on years of working in the current organization. The above result shows that there is a statistical difference in commitment scores based on the length of working experience in the current organization. Nurse with longer length of experience has higher commitment scores with seven (7) years and above as the highest composite mean score of 162, which is significantly true to among the nurses in the organization studied where pioneer nurses who started the hospital nursing operation have developed their high commitment to the organization. This is followed by length of experience range of ≥ 1 to 7 years with comparable mean

scores. However, this is dissimilar to the study conducted among nurses in Nepal where professional tenure did not contribute significantly to the prediction of high level of organizational commitment. (Timalsina et al., 2015)

Table 6.7 – Years of Professional Nursing Experience

Demographics	Organizational Commitment
Total number of years of professional nursing experience	Mean (SD)
1 to 10	112.17(15.17)
11 to 20	114.25(13.36)
21 to 30	121.83(12.72)
31-40	126(6.33)

Table 6.7 depicts the organizational commitment of nurses based on their total years of professional nursing experience. Above data shows that there's slight significant statistical difference between nurses from entry level with lowest mean score compared to increasing mean score as length of experience in nursing increases with the highest mean score between length of experience from 31-40 years with total composite mean score of 126 (SD=6.33). This is supported by a study conducted by (Eleswed M, Mohammed F. 2013), where the youngest nurses (20–30 years old) were the least committed ones. Older people (> 40 years old) appeared to be more committed to the organization. This result might be explained by the level of enthusiasm of older people, which is expected to be lower than that of younger people, who often hunt for new job perspectives and find it easy to switch jobs and relocate. Age and experience are highly related to organizational commitment and job satisfaction. For example, in one study, experienced medical attendants were happier and more dedicated to their profession than youthful and

novice ones (Eleswed & Mohammed, 2013). A previous study however among nurses in Nepal did not reveal work experience as a predictor of organizational commitment (Timalsin et al., 2015).

Demographic profile and Perceived Job Performance

Table 7.1 - Gender

Demographics		Perceived Job Performance
Gender		Mean (SD)
Male		55.43(8.73)
Female		57.25(8.95)

Table 7.1 depicts the level of perceived job performance of nurses based on gender. The above result show that both male and female nurses have comparable level of perceived job performance, although female nurses have a slightly higher score compared to male nurses, perhaps since majority of respondents were female nurses who had been in the organization for over four (4) years and that they have developed higher competence and have been familiar with the day-to-day operation of the nursing unit. This is like a meta-analysis conducted on Gender Group Differences for Measures of job performance measures from field studies. They found that females generally scored slightly higher than males (mean $d = -.11$, 80% credibility interval of $-.33$ to $.12$) (Roth, Purvis, & Bobko, 2010).

However, this was not the case in a study conducted on local government employees in Ekiti State, Nigeria where it indicated that gender does not have any significant influence on the work performance of Local Government employees in

Ekiti State (60). This result implies that irrespective of the sex of the employees, they all perform their jobs almost similarly (Ogunleye & Damilola, 2016).

Table 7.2 - Age group

Demographics	Perceived Job Performance
Age	Mean (SD)
20-29	55.26(8.47)
30-39	56.80(9.12)
40-49	60.21(8.45)
50-59	61.33(7.28)

Table 7.2 depicts the level of perceived job performance of nurses based on age. Above table shows that there is a slight positively increasing perceived job performance among nurses as age group increases. This is some significant findings that can support our objective to retain older employees who may have limited career options and that they are keen of maintaining their employment until the time they retire. This is supported in a study where age is an important characteristic. Mathieu and Zajac (1990) suggested that as the age of employees' increases, their options for employment decreases, and hence, they consider their current job to be more favorable. As they grow within the organization, their performance is expected to improve with their maturity up to a certain age, after which their energy levels go down, and thus, performance slows down (Adio & Popoola, 2010). Although a study conducted in Malaysia (Mohammed & Uli, 2010), where based on their study, positive correlation to work performance is associated among youths. This is the group, which should be concentrated more in term of

strengthening their knowledge, and skills as emphasized by Cappelli and Ragovsky (1995).

Table 7.3 - Qualification

Demographics		Perceived Job Performance
Qualification		Mean (SD)
Diploma Nurse		58.29(8.18)
BSN/ BSc		56.53(8.93)
Masters		55.72(9.70)

Table 7.3 depicts the level of perceived job performance of nurses based on educational qualification. Above table shows that there is a slight increase of perceived job performance among the diploma nurses (M= 58.69; SD= 8.18) compared to a comparable perceived job performance of BSC and master's degree holder nurses. This is perhaps to the given support and motivation by the organization to them in spite of their employment situation, where diploma nurses are restricted to practice in Bahrain. This is supported in a study where Education was negatively correlated with task performance. It did not show a significant association with overall job performance. It is surprising to note that higher education levels did not guarantee higher job performance (Kahya, 2007). However, in a widely cited work of Ng and Feldman (2009), education was positively related to task performance. Their meta-analysis study on the relationships between education level and job behaviors showed that education positively influenced core task performance and was negatively related to on-the-job performance (Karia, & Bhardawaj, 2019).

Table 7.4 - Job Category

Demographics	Perceived Job Performance
Job Category	Mean (SD)
Staff Nurse	56.47(9.12)
Nurse Team Leader	57.01(9.64)
Senior Staff Nurses	57.58(8.30)

Table 7.4 depicts the level of perceived job performance of nurses based on Job Category. Above table shows that there is a comparable response of all nurses statistically, though there is a slight decrease of perceive job performance among staff nurses with M=56.47; SD=9.12 compared to the Nurse Team Leaders with M=75.01; SD=9.64, and among Senior Staff nurses with M=57.58; SD=8.30. Job grade may have an influence on the way nurses engage themselves at work with showed a slight increase in perceived performance, this is supported in a study where a job grade was strongly correlated with task and contextual performance (Kahya, 2007). A study by Rigg et al. (2014) on Jamaican hotels showed that departmental level designation affected level of employee engagement, which was an important predictor of job performance.

Table 7.5 - Nursing Units assigned

Demographics	Perceived Job Performance
Nursing Units assigned	Mean
Intensive Care Unit A	54.96
Intensive Care Unit B	55.66
Intensive Care Unit 3D	54.00
Intensive Care Unit Oncology	56.04
Emergency Department	57.73
OPD Medical	57.30
OPD Surgical	63.00
OPD Gyne & Pediatrics	56.40

Male Medical Ward	52.63
Female Medical Ward	55.44
Female Surgical Ward	54.82
Orthopedic Ward	55.66
Male Surgical Ward	56.28
Pediatric Ward	59.63
Pediatric Intensive Care Unit	55.35
Hyperbaric Unit	63.30
Day Case Unit	51.90
Endoscopy Unit	42.50
Staff Health Clinic	65.00
Operating Theatre	59.32
Recovery Room	59.25
Labor & Delivery/ OB- Assessment	55.00
Neonatal Intensive Care Unit	58.90
Ante-Natal Ward	57.80
Post- Natal Ward	56.30

Table 7.5 depicts the level of perceived job performance of nurses based on their nursing unit of assignment. Above table shows that majority of the nursing units have moderate composite perceived job performance scores. Among the nursing units, Staff Health clinic has a High perceived job performance score with M=65, while the Endoscopy Unit M=42.50. Note that adult intensive care and the medical wards, who also receive high acuity patients, have comparable lower mean scores compared to Outpatient departments, Operating and Recovery units, Hyperbaric, Staff Health clinics. This is like the research findings where almost half of the studied nurses perceived their performance as good with comparable results among primary and secondary level of care. Nurses working in primary care level rated better at some performance subscales such as teaching, communication, planning and personal development, whereas nurses working in secondary care level were advanced in leadership and critical care ratings. Variables that had

significant predictive effect of performance of secondary health care level nurses were stress, shifts and department of work (Al-Makhaita 2014).

Table 7.6 - Years of working in KHUH.

Demographics	Perceived Job Performance
Years of working in KHUH.	Mean (SD)
≥ 1 to 4	56.71(8.87)
> 4 to 7	54.8.5(11.15)
> 7 and above	69

Table 7.6 depicts the level of perceived job performance of nurses based on years of working in the organization. Above table shows that nurses who are working for over seven (7) years has significant statistical difference with a composite mean score of 69, compared to comparable mean scores of those in the lower years of experience in the organization bracket. This is again mainly attributed to the retention programs, specifically those who had been with the organization since the time it started its operation in 2012 who have developed higher level of competence and have been very familiar with the day-to-day operation of the nursing unit. This is supported in research by Ng and Feldman (2009) where it found evidence of a curvilinear relationship between organizational tenure and job performance. According to them, although the relationship of organizational tenure with job performance is positive in general, the strength of the association decreases as organizational tenure increases.

Research remains to be done in this area, but some consequences of longer job tenure may be the loss of desire for career advancement, employees

with longer tenure being viewed by recruiters as “less movable,” or an actual decrease in job performance.

Table 7.7 - Total number of years of professional nursing experience

Demographics	Perceived Job Performance
Total number of years of professional nursing experience	Mean (SD)
1 to 10	56.17(8.53)
11 to 20	56.87(9.15)
21 to 30	61.13(6.44)
31-40	63.66(11.53)

Table 7.7. depicts the level of perceived job performance of nurses based on years of professional nursing experience. Above table shows that nurses with the higher years of professional experience have high level of perceived performance. Nurses who have 31-40 years of experience has the highest mean score of 63.66 (SD=11.53), followed by those with 21-30 years of professional nursing experience with mean score of 61.13(SD=6.44), the followed by those with 1 – 20 with comparable mean scores. This supports a meta-analysis conducted where it revealed an estimated population correlation of .27 between experience and performance. In addition, the results showed that the amount and task-level measures of work experience had the highest correlations with measures of job performance. In addition, work experience had the highest correlations with hard (e.g., work samples) as opposed to soft (e.g., ratings) measures of job performance (Quinonez, Ford, & Teachout, 1995).

Relationship between demographics and Organizational Commitment

Table 8 - Demographics and Mean (SD) of Organizational Commitment scores

Demographics	Organizational Commitment	p-value
Gender	Mean (SD)	
Male	110.56(15.80)	0.01
Female	114.77(14.44)	
Age	Correlation (r)	
	0.277**	0.001
Qualification	Mean (SD)	
Diploma Nurse	119.78(11.53)	0.001
BSN/ BSc	113.14(14.96)	
Masters	104.83(16.48)	
Job Category	Mean (SD)	
Staff Nurse	113.18(15.40)	0.21
Nurse Team Leader	116.65(12.09)	
Senior Staff Nurses	114.16(14.35)	
Department	Mean	
Intensive Care Unit A	112.47	0.01
Intensive Care Unit B	118.17	
Intensive Care Unit 3D	115.14	
Intensive Care Unit Oncology	112.29	
Emergency Department	110.02	
OPD Medical	108.60	
OPD Surgical	111.50	
OPD Gyne & Pediatrics	113.40	
Male Medical Ward	109.26	
Female Medical Ward	113.89	
Female Surgical Ward	114.24	
Orthopedic Ward	104.50	
Male Surgical Ward	114.29	
Pediatric Ward	119.14	
Pediatric Intensive Care Unit	103.45	
Hyperbaric Unit	117.77	
Day Case Unit	117.00	
Endoscopy Unit	128.50	
Staff Health Clinic	128.00	

Operating Theatre	120.68
Recovery Room	122.75
Labor & Delivery/ OB- Assessment	110.38
Neonatal Intensive Care Unit	109.71
Ante-Natal Ward	119.20
Post- Natal Ward	117.04

Years of working in KHUH.	Correlation (r)	
	0.163**	0.001
Total number of years of professional nursing experience	Correlation (r)	
	0.218**	0.001

* Significant at 0.01 level.

Table 8 describes the demographic variables and its association with organizational commitment scores. The gender wise mean (SD) scores show that both male and female were having comparable scores for organizational commitment scores. The age, years of experience at KHUH and total years of experience shows a positive correlation. This explains that there happens an increase in the organizational commitment with increasing age and years of experience. However, the educational qualification of nurses, the job category and the department of work has no significant impact on the organizational commitment.

Relationship between demographics and Perceived Job Performance

Table 9 - Demographics and Mean (SD) of Perceived Job Performance scores

Demographics	Perceived Job Performance	p-value
Gender	Mean (SD)	
Male	55.43(8.73)	0.08
Female	57.25(8.95)	
Age	Correlation (r)	
	0.149**	0.01
Qualification	Mean (SD)	
Diploma Nurse	58.29(8.18)	0.278
BSN/ BSc	56.53(8.93)	
Masters	55.72(9.70)	
Job Category	Mean (SD)	
Staff Nurse	56.47(9.12)	0.616
Nurse Team Leader	57.01(9.64)	
Senior Staff Nurses	57.58(8.30)	
Department	Mean	
Intensive Care Unit A	54.97	0.053
Intensive Care Unit B	55.67	
Intensive Care Unit 3D	54.00	
Intensive Care Unit Oncology	56.05	
Emergency Department	57.73	
OPD Medical	57.30	
OPD Surgical	63.00	
OPD Gyne & Pediatrics	56.40	
Male Medical Ward	52.63	
Female Medical Ward	55.44	
Female Surgical Ward	54.82	
Orthopedic Ward	55.67	
Male Surgical Ward	56.29	
Pediatric Ward	59.64	
Pediatric Intensive Care Unit	55.35	
Hyperbaric Unit	63.31	
Day Case Unit	51.91	
Endoscopy Unit	42.50	
Staff Health Clinic	65.00	

Operating Theatre	59.32	
Recovery Room	59.25	
Labor & Delivery/ OB- Assessment	55.00	
Neonatal Intensive Care Unit	58.90	
Ante-Natal Ward	57.80	
Post- Natal Ward	56.30	
Years of working in KHUH.	Correlation (r)	
	0.077	0.121
Total number of years of professional nursing experience	Correlation (r)	
	0.148**	0.003

Table 9 describes the demographic variables and its association with the perceived job performance score. The gender wise mean (SD) scores show that both male and female were having comparable scores for the perceived job performance. The age, and total years of experience shows a positive correlation. This explains that there happens an increase in the perceived job performance scores with increasing age and years of experience. However, the educational qualification of nurses, the job category and the department of work has no significant impact on the perceived job performance scores.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATION

Enhancing the performance of health care organization depend on the engagement of staff towards the organization. Higher engagement lead to patient centered care, employee retention, and patient safety culture (Sungu LJ, Weng Q, Xu X., 2019). Organizational commitment plays an essential role in defining whether an employee will stay with the organization for a longer period of time and work passionately towards achieving the organization's goal (Degenhart L., 2020).

Summary of Findings

This study utilized Individual Work Performance Questionnaire (IWPQ 1.0 – Linda Koopmans 2014) to explore Perceived Job Performance and Organizational Commitment by Allen and Meyer, 1991 to explore the organizational commitment. There were 408 nurses who participated in the study. The majority of the respondents were composed mainly of female nurses n=310 (76%) when compared to the male counterparts with 24% (n=98). Participants were relatively young based on the respondent's age where n=223 were from the age group 30-39 (54.7%), while majority of the participants were among from the bachelor's degree in nursing holders n=315 (77%). Majority of the participants were staff nurses n=258 (63.2%) and participated mostly by nurses from critical care areas with 34% and maternal-child health department with 22.5%. Most of the participants are having 5 years of experience working in the hospital and overall years of professional nursing experience is 10 years.

Nurses in the hospital has moderately high Organizational Commitment score based on a composite mean score ($M = 113.92$, $SD = 14.88$). Affective Commitment Scale (ACS) Score $M = 4.98$, $SD = 1.73$ which showed a favorable agreement; Continuance Commitment scale (CCS) score $M = 4.40$, $SD = 1.73$ which indicates being at the neutral response and Normative Commitment Scale (NCS) score $M = 4.58$, $SD = 1.61$ which indicates favorable agreement. Female nurses have a slightly higher organizational commitment than male nurses with moderately high score $M = 114.77$, $SD = 14.44$ compared to male nurses with moderately high commitment score of $M = 110.56$, $SD = 15.8$. Based on their age, survey result on Organizational Commitment shows that organizational commitment increases as age of respondents' increases. Age group within 50-59 with "High" composite mean of $M = 129.16$, $SD = 7.90$, 40-49 with "moderately high" composite mean of $M = 120.03$, $SD = 13.62$, followed by 30-39 with a composite mean of $M = 113.8$, $SD = 14.43$ as moderately high. Diploma nurses has the highest commitment with mean score of 119 ($SD = 11.53$), followed by the BSc/BSN nurses with 113 ($SD = 14.96$) commitment score, while this who have Master's degree or higher has the lowest commitment with mean score of 104.83 ($SD = 16.48$). There is no significant difference in commitment scores according to nurses' level of education. Both Staff Health Clinic and Endoscopy unit has the highest composite mean score for commitment scale with $M = 128.50$ and $M = 128$ respectively. All other nursing units has a moderate composite mean score, except the Pediatric Intensive Care unit with low composite mean score of 103.45. Nurse with longer length of experience has higher commitment scores with seven (7) years and above as the

highest composite mean score of 162, which is considerable “high”. There’s a slight significant statistical difference between nurses from entry level with lowest mean score compared to increasing mean score as length of experience in nursing increases with the highest mean score between length of experience from 31-40 years with total composite mean score of 126 (SD=6.33).

The composite perceived job performance score of nurses were found to be moderately high with $M=56.81$, $SD=8.93$. The mean (SD) scores of the three subdomains were 15.95(3.21) for the task performance scale – moderately high, 23.31(5.81) for the contextual performance scale – moderately high, and finally for the counterproductive work behavior scale it was 17.54 (2.89) – moderately high. Both male and female nurses have comparable level of perceived job performance, although female nurses have a slightly higher score compared to male nurses as per the result: Male nurses – $M=55.43$, $SD=8.73$; Female nurses – $M=57.25$, $SD=8.95$. It is also noted that there is an increasing perceived job performance scores among nurses as age group increases with age group of 50-59 has a “moderately high” PJP composite mean score of 61.33, $SD=7.28$, followed by 40-49 with a “moderately high” PJP mean score of 60.21, $SD=8.45$ and age group 30-39 with $M=56.80$, $SD=9.12$. Diploma nurses have higher perceived job performance score ($M=58.69$; $SD=8.18$) compared to BSc and master’s degree holder nurses. There is a comparable response of all nurses statistically based on Job Category, though there is a slight decrease of perceived job performance among staff nurses with $M=56.47$; $SD=9.12$ compared to the Nurse Team Leaders with $M=75.01$; $SD=9.64$, and among Senior Staff nurses with

M=57.58; SD=8.30. Majority of the nursing units have moderately high composite perceived job performance scores. Among the nursing units, Staff Health clinic has a High perceived job performance score with M=65, while the Endoscopy Unit M=42.50. Nurses who are working for over seven (7) years has the highest PJP composite mean score of 69 – “High”, compared to comparable mean scores of those in the lower years of experience in the organization bracket. Nurses who have 31-40 years of experience has the highest composite mean score of 63.66 (SD=11.53), followed by those with 21-30 years of professional nursing experience with mean score of 61.13(SD=6.44), the followed by those with 1 – 20 with comparable moderately high mean scores.

Testing the relationship between OC subscales with PJP composite score, Statistical test showed that there is a weak positive correlation of $p=0.001$, $r=0.307$ between the organizational commitment and perceived job performance scores. There is a weak positive correlation of $p=0.001$, $r=0.284$ between the ACS and perceived job performance scores. There is a no correlation between the CCS and perceived job performance scores $p=0.234$, $r=0.059$, while there is a weak positive correlation of $p=0.001$, $r=0.286$ between the NCS and perceived job performance scores. The PJP subscales and the composite score of organizational commitment were also assessed which showed that there is a weak positive correlation of with all the subscale domains of Perceived job performance and the organizational commitment scores. TP ($p=.001$, $r=0.231^{**}$); CPP ($p=.001$, $r=0.237^{**}$) and CWB ($p=.001$, $r=0.213^{**}$)

Conclusion

Organizational Commitment and Perceived job performance

The study suggested that nurses with moderately high organizational commitment with the organization specifically exhibits a high job performance. Therefore, are willing to exert considerable effort on behalf of the organization. However, the affective commitment (AC) and normative commitment (NC) were more strongly correlated with job performance of nurses with high organizational commitment. As the Affective commitment experienced by the nurses were found moderately high, it explains the emotional attachment the nurses possess towards the organization. Nurses had a high level of affective commitment, then the chances of staying with the organization for long are high. It explains that the nurses are not only happy but also engaged in the organizational activities. They hold the emotional attachment and a strong sense of belongingness to the hospital. Moreover, the Normative commitment describes the nurses' belief of staying in the organization. Nurses moral obligation to stay, because they have been treated fairly and that they do not wish to take the chance of leaving the organization. Importantly, the continuance commitment (CC) had shown only a weak relationship with job performance for employees. The Continuance commitment scores explained the mental and emotional attachment of the nurses to the organization. The nurses were found to have the attitude to remain in the job and otherwise they felt that the life will get disrupted by leaving the organization.

The overall score of perceived job performance were found moderately high among the nurses. The present study provides evidence that perceived

organizational commitment is correlated with job performance. The three subdomains of job performance were task performance, contextual performance and counterproductive work behavior. The three subdomains showed a positive correlation with the composite score of organizational commitment. The task performance determined the nurse's proficiency in the tasks related to the job. The nurse's technical skills, work efficiency, time management, initiatives, and knowledge enhancement with the work was measured and the overall mean score was high. The contextual performance described the environmental support required to function as nurse. The nurses' capacity to formulate creative solutions, take up extra responsibilities, responds to new challenges and active participations were measured. Most of the responses of nurses were found be in moderate to higher category.

The counterproductive work behavior was explained as the nurses' behavior that harms the well-being of the organization. The focus was on the complaints of nurse's which includes the work related and negative aspects of organization.

The demographic variables and the relationship with organizational commitment and perceived job performance were analyzed. In terms of demographic variables, the age of the nurses exhibited a positive correlation with organizational commitment and perceived job performance. It defines that as the age increases the nurse's commitment to the organization and their job performance also tend to increase.

The educational background usually affects the OC and PJP scores. In the study the diploma nurses were found to have a higher OC score when compared to nurses with Bachelor and master's degree, whereas comparable PJP scores with education.

The job category wise OC and PJP scores were found comparable. Staff nurses, team leaders and the senior staff nurses were found to have almost similar OC and PJP scores.

The departmental wise comparison of OC and PJP scores shows that in the medical- surgical department like endoscopy unit, staff health clinic and recovery units the scores were high for OC. And the PJP scores were high in Staff health clinic, hyperbaric department and Surgical OPD.

The years of experience in KHUH and the total number of professional years of experience shows a positive correlation with both organizational commitment and perceived job performance. This explains that as the total years of experience of the nurses' increases, with the increased in KHUH experience also, there exist an increase in Mean (SD) scores.

Based on the study's findings, the researchers concluded relationship between organizational commitment, and perceived job performance.

Recommendations

This study identifies the interactive effects of commitment to multiple foci and the conditions under which organizational commitment is more positively related to job performance. Generating an understanding of the nature of nurse's

commitment to the organization should prove useful in planning change, creating readiness for change, predicting the reactions to the change, tracking the progress of change and guiding efforts to enhance the quality of work life.

It is recommended for the Nursing Department leaders to annually assess nurses' commitment and to further understand factors affecting their commitment to the organization as proven that it will impact their performance. Understanding factors affecting their commitment can supplement information on how to improve retention activities and thus preventing turnover, including ways to address these factors. Result of the annual commitment score must be communicated and explained to the Human Resource Department and to the Chief Executive Officer to design programs to improve a favorable working environment for nurses. Hence, providing retention programs which will not only benefit the nurses but has the potential to maintain the highest quality of patient care.

The research will serve as a catalyst for comprehensive understanding of organizational committed workforce, the significant role of the commitments for job performance and the criteria in personnel selection.

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APPENDICES

Appendix A IRB approval



**KING HAMAD
UNIVERSITY HOSPITAL**
مستشفى الملك حمد الجامعي



09 February 2021

TO: Francis Byron Opinion

CO-INVESTIGATOR: Dr. Fairouz Alhourani

FROM: Institutional Review Board

PROJECT TITLE: Nurses' Organizational Commitment and Nurses' Job Performance in a Tertiary Hospital in the Kingdom of Bahrain: A cross-sectional study.

REFERENCE #: 21- 400

ACTION: APPROVED

APPROVAL DATE: 09 February 2021

EXPIRATION DATE: 08 February 2022

REVIEW TYPE: Expedited Review

This is to inform you that your research proposal has been reviewed by the Institutional Review Board, King Hamad University Hospital. Your application is approved as submitted. Approval is for a period of one year from 09 February 2021. If you would like to continue this research after this period, please submit for an extension (use status update form) one month prior to your expiration date of 08 February 2022.

1. Kindly note that you are expected to complete a status update report on your study every three months.
2. The Head of Scientific Research & Development should be informed in writing (email is acceptable) within twenty-four hours of any adverse event in the conduct of research involving human subjects. Please include the nature of the adverse event, the names of the persons affected, the extent of the injury or breach of security, if any, and any other information material to the situation.
3. Any aspect of your research procedure should not be changed without permission from the Head of Scientific Research & Development. Please use the status update form to request any changes.
4. Maintain all research records as detailed in the protocol.
5. Ensure that each consent form is dated and duly signed by the participant and the investigator or the designated person obtaining consent. All informed consents should also be provided to the Research Department upon completion of the study. Indicate in the header or footer of each page of your approved Informed Consent form the approval and expiration dates of the protocol as follows: "Approved from 09 February 2021 to 08 February 2022 by the KHUH IRB" (if relevant).
6. Kindly note that the KHUH IRB has the right to withhold publication of a study and/or withdraw ethical approval of a research if judged necessary.

We can assist you with data analysis and provide guidance for process of publication. Should you have any questions about the conduct of your research under this protocol, particularly about obtaining informed consent, please email: research3@khuh.org.bh.

We wish you the best of success in your research.

Yours Sincerely,

Luma E. Bashmi, MA
Head of Scientific Research & Development
Chairperson, KHUH IRB

Appendix B

Informed consent

INFORMED CONSENT

Title of Project: Nurses' Organizational Commitment and Nurses' Job Performance in a Tertiary Hospital in the Kingdom of Bahrain: A cross-sectional study

I am asking for your voluntary participation in my research project. Please read the following information about the project. If you would like to participate, please sign in the appropriate box below.

Purpose of the project: To measure the commitment of the nurses and if it affects their performance.

Time required for participation: 15 minutes

Potential Risks of Study: no risks identified.

Benefits: The research study is designed to identify the findings of the study were to add knowledge to the stakeholders on the factors causing nurse turnover in a tertiary hospital in Bahrain, through exploring nurses' level of organizational commitment and perceived job performance.

How confidentiality will be maintained: Privacy of information and confidentiality of respondents will be maintained as personal information will not be required nor be generated in the electronic survey.

If you have any questions about this study, feel free to contact:

Principal Investigator: Francis Byrcn Opinion

Head of Department/KHUH Research supervisor: Dr. Fairouz Alhourani

Phone/email: Fairouz.Alhourani@khuh.org.bh

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form, I am attesting that I have read and understand the information above and I freely give my consent/assent to participate or permission for my child to participate.

The Research and Ethics department regards the confidentiality of survey data to be of utmost importance. This survey ensures anonymity, which cannot be traced back to the respondent. Additionally, your responses are combined with those of many others and summarized in a report to further protect your anonymity.

Participant Name : _____

Participant Signature: _____

Date: _____

Name of Principal Investigator/ designated Francis Byrcn Opinion

person obtaining consent*:

Signature: _____

Date: _____

*Person obtaining consent must be a research investigator or nurse assisting the investigator. Trainees are not allowed to obtain consent unless under the supervision of the investigator.

Appendix C

Research Tools and Questionnaire

Tool 1- Sociodemographic data

1. Nursing Unit:

1. Emergency Department	2. Ante Natal Ward
3. Out Patient Clinics	4. Post Natal Ward
5. Hyperbaric Oxygen Therapy Unit	6. Paediatric
7. Day Ward	8. Pediatric ICU
9. Endoscopy	10. Male Medical Ward
11. Primary Health Care Clinic	12. Female Medical
13. Operating Theatre	14. Female Surgical Ward
15. Recovery Room	16. Orthopedic Ward
17. Labor & Delivery/ OB-Assessment	18. Male Surgical Ward
19. NICU	20. Intensive Care Unit A
21. Intensive Care Unit B	22. Oncology - ICU
23. Intensive Care Unit 3D	

2. Gender:

- a. Male (1)
- b. Female (2)

3. Age: _____

4. Job Category:

- a. Staff Nurse (1)
- b. Nurse Team Leader (2)
- c. Senior Staff Nurse (3)

5. Job Qualification:

- a. Diploma (1)

b. Bachelor's degree (2)

c. Master's Degree (3)

d. PhD (4)

6. Years of working in KHUH. _____

7. Total number of years of professional nursing experience. _____

Instrument/ Survey tools

1. Organizational Commitment Questionnaire (OCQ)

	Affective Commitment scale (ACS)	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
		1	2	3	4	5	6	7
1	I would be very happy to spend the rest of my career with this organization.							
2	I enjoy discussing my organization with people outside it.							
3	I really feel as if this organization's problem are my own.							
4	I think that I could easily become as attached to another organization as I am to this one.							
5	I do not feel like "part of the family" to this organization.							
6	I do not feel 'emotionally attached' to this organization.							
7	This organization has a great deal of personal meaning for me.							
8	I do not feel a strong sense of belonging to my organization.							
	Continuance Commitment scale (CCS)	1	2	3	4	5	6	7
1	I am not afraid of what might happen if I quit my job without having another one lined up.							
2	It would be very hard for me to leave my organization right now, even if I wanted to.							
3	Too much in my life would be disrupted if I decided I wanted to leave my organization now.							
4	It wouldn't be too costly for me to leave my organization now.							
5	Right now, staying with my organization is a matter of necessity as much as desire.							
6	I feel that I have too few options to consider leaving this organization							
7	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.							
8	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have.							

	Normative Commitment Scale (NCS)	1	2	3	4	5	6	7
1	I think that people these days move from company to company too often.							
2	I do not believe that a person must always be loyal to his or her organization.							
3	Jumping from organization to organization does not seem at all unethical to me.							
4	One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.							
5	If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization.							
6	I was taught to believe in the value of remaining loyal to one organization.							
7	Things were better in the days when people stayed with one organization for most of their careers.							
8	I do not think that wanting to be a “company man” or “company woman” is sensible anymore.							

2. The Individual Work Performance Questionnaire (IWPQ)

	Task performance (TP) scale – in the past 3 months	Seldom	Sometimes	Regularly	Often	Always
		0	1	2	3	4
TP1	I was able to plan my work so that I finished it on time.					
TP2	My planning was optimal.					
TP3	I kept in mind the results that I had to achieve in my work.					
TP4	I was able to separate main issues from side issues at work.					
TP5	I was able to perform my work well with minimal time and effort.					
	Contextual performance (CP) scale – in the past 3 months	Seldom	Sometimes	Regularly	Often	Always
CP1	I took on extra responsibilities.					
CP2	I started new tasks myself, when my old ones were finished.					
CP3	I took on challenging work tasks, when available.					
CP4	I worked at keeping my job knowledge up-to-date.					
CP5	I worked at keeping my job skills up-to-date.					
CP6	I came up with creative solutions to new problems.					
CP7	I kept looking for new challenges in my job.					
CP8	I actively participated in work meetings.					
	Counterproductive work behavior (CWB) scale – in the past 3 months	Seldom	Sometimes	Regularly	Often	Always
CWB1	I complained about unimportant matters at work.					
CWB2	I made problems greater than they were at work.					
CWB3	I focused on the negative aspects of a work situation, instead of on the positive aspects.					
CWB4	I spoke with colleagues about the negative aspects of my work.					
CWB5	I spoke with people from outside the organization about the negative aspects of my work.					