



## Organizational commitment and job satisfaction among nurses in Serbia: A factor analysis

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### ABSTRACT

**Background:** One of the basic prerequisites of efficient organizational management in health institutions is certainly monitoring and measuring satisfaction of employees and their commitment to the health institution in which they work. The aim of this article was to identify and test factors that may have a predictive effect on job satisfaction and organizational commitment.

**Methods:** We conducted a cross-sectional study that included 1,337 nurses from Serbia. Data were analyzed by using exploratory factor analysis, multivariate regressions, and descriptive statistics.

**Results:** The study identified three major factors of organizational commitment: affective commitment, disloyalty, and continuance commitment. The most important predictors of these factors were positive professional identification, extrinsic job satisfaction, and intrinsic job satisfaction ( $p < .0001$ ). Predictors significantly affecting both job satisfaction and organizational commitment were identified as well; the most important of which was positive professional identification ( $p < .0001$ ).

**Conclusions:** This study identified the main factors affecting job satisfaction and organizational commitment of nurses, which formed a good basis for the creation of organizational management policy and human resource management policy in health institutions in Serbia.

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## Introduction

In order to achieve a satisfactory level of organizational management of health institutions, one has to take into account job satisfaction of employees and their

organizational commitment. These two factors must be continuously measured and monitored, from the recruitment of new staff onward. In addition to continuous measurement and monitoring, accurate identification of other factors that directly or indirectly affect both employees' job satisfaction and

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organizational commitment is necessary. This is particularly important in health care, bearing in mind the increasing demand for high-quality health care and the global financial crisis limiting the budgets of health care institutions and thus affects the ability to adequately respond to patients' needs. Because nurses are the backbone of health care facilities and have a direct significant impact on the quality of service provided, continuous measuring and monitoring of nurses' job satisfaction and organizational commitment are of crucial importance.

Meyer and Allen (1991) define organizational commitment as a psychological link between an employee and his or her organization that makes it less likely that the employee will voluntarily leave the organization. Their three-component model of commitment is constructed as an interpretation of existing research. The components of the model are as follows: affective commitment, continuance commitment, and normative commitment. Each component is associated with a corresponding psychological state. Affective commitment refers to a positive emotional connection between an employee and an organization. From the organizational aspect, this is the preferred type of relationship with employees because an employee who is affectively committed wants to remain part of the organization and accept the organization's goals as his or her own. Continuance commitment refers to a psychological state in which the employee weighing to leave or stay in the organization chooses to stay. This choice does not result from the sense of connection with the organization but from the fact that remaining in the organization is more beneficial than leaving. Normative commitment refers to an employee's psychological state in which he or she feels an obligation to remain in an organization. These three types of commitment are not mutually exclusive (Herscovitch & Meyer, 2002; Solinger, van Olffen, & Roe, 2008). This three-component model of organizational commitment is the most widely accepted model.

In the literature, job satisfaction is viewed through two components: affective job satisfaction and cognitive job satisfaction. Affective job satisfaction refers to a person's emotional feelings toward his or her work as a whole (Thompson & Phua, 2012). Cognitive job satisfaction refers to the level of a person's satisfaction with some aspects of his or her job, such as wages, working hours, benefits, and so on (Moorman, 1993). There are many proposed models of job satisfaction, and one of the most widely accepted models is Herzberg's motivation hygiene theory or two-factor theory (Herzberg, Maurner & Snyderman, 1959). This theory emphasizes the importance of two groups of factors causing satisfaction or dissatisfaction of employees. These factors are intrinsic (motivator) and extrinsic (hygiene factors). Intrinsic factors arise from intrinsic conditions of the job itself, such as recognition, achievement, or personal growth. Their increase leads to increased job satisfaction. Extrinsic factors include

aspects such as company policies, socializing at work, and wages/salary, and their absence leads to job dissatisfaction.

The basic paradigm of the relationship between job satisfaction and organizational commitment is as follows: if an employee is satisfied with the job, he or she will develop a stronger commitment to the organization. A strong link between job satisfaction and organizational commitment has been confirmed in previous studies (Markovits, Davis, Fay, & Dick, 2010). Furthermore, recent studies confirm the hypothesis that job satisfaction is a reliable predictor of organizational commitment (Dirani & Kuchinke, 2011). The theoretical and conceptual framework of this study assumes that job satisfaction causes organizational commitment.

Thus far, plenty of models aimed at explaining and predicting job satisfaction of nurses (Lu, Barriball, Zhang, & While, 2012) and their organizational commitment (Carver & Candela, 2008) have been proposed and tested. In addition, appropriate models of the relationship between job satisfaction and organizational commitment have been proposed (Mosadeghrad & Ferdosi, 2013). There are studies confirming a strong relationship between job satisfaction and organizational commitment of nurses and the importance of continuing monitoring of these phenomena (Al-Hussami, Saleh, Abdalkader, & Mahadeen, 2011; Bratt & Felzer, 2012; Gutierrez, Candela, & Carver, 2012; Huang, You, & Tsai, 2012; Moneke, & Umeh, 2014; Top, Tarcan, Tekingunduz, & Hikmet, 2013). However, it is important to emphasize that recent studies point to cultural differences in relation to job satisfaction and the commitment of nursing staff. These results emphasize the limited transferability of results between countries and underline the importance of analyzing these phenomena within each health system separately (Ahmad & Oranye, 2010).

The main reason of this survey is reflected in the inability of the transfer of results from other countries but also in the fact that only two studies have been published in this field in Serbia, which focused on specific groups of nurses rather than the profession of nurses as a whole (Jovic-Vranes, Vesna, Boris, & Natasa, 2008; Milutinovic, Golubovic, Brkic, & Prokes, 2012).

Furthermore, it is important to note the basic features of the health care system in Serbia. The basis of health care in Serbia is composed of a wide network of public health care institutions that are owned and controlled by the Ministry of Health. Although the law on the health care recognizes the right to health care in private institutions, this right can be exercised exclusively with the help of private funds. The specificity of the Serbian health care system lies in the fact that the entire private sector is excluded from the public health fund. This means that people cannot exercise the right to basic health insurance through the private sector and that the private sector cannot be seen as an additional component of the public system. In

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