



Determining the Effects of the Organizational Commitment on Contextual Performance: A Correlational Study with Nurses

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Abstract

Introduction: This study aimed to determine the effects of the organizational commitment levels of nurses on their contextual performance.

Methods: This descriptive and correlational study was conducted in a university hospital with 331 nurses the east of Türkiye. The data were collected using The Contextual Performance Scale and The Organizational Commitment Scale. Data obtained from the study were analyzed by using the Statistical Package for Social Sciences (SPSS) for Windows 22.0.

Results: The mean total score of nurses' organizational commitment was moderate at 2.71 ± 0.835 . The mean total score of the contextual performance of nurses was at a high level at 3.84 ± 0.604 . Correlations between the organizational commitment and the contextual performance ($r = 0.253$; $P < 0.001$) were significantly positive. The result of multiple regression showed that demographic variables accounted for the contextual performance by 4% ($\text{Adj.R}^2 = 0.04$; $P = 0.002$). In the model-2 was established by adding organizational commitment to demographic variables and was tested. It was noted that independent variables significantly accounted for contextual performance by 7% with a rise of 3% ($\text{Adj.R}^2 = 0.07$; $P < 0.001$).

Conclusions: Nurses are moderately committed to their organizations, and they exhibit a high level of contextual performance in their institutions. The results showed only a small proportion of the variance in contextual performance could be explained by demographic variables and organizational commitment. This study can support to extent to which the contextual performance of nurses is affected by organizational commitment can be determined.

INTRODUCTION

Organizational commitment is the attitudes and behaviours of a person to serve the goals of the organization, to act for the benefit of the organization, to be selfless and to devote oneself to the organization [1]. There are different classifications of the types of loyalty employees feel towards their organizations. The most commonly accepted classification is the model developed by Meyer and Allen [2]. According to Meyer and Allen (1997) organizational commitment is

examined in terms of emotional, continuance, and normative commitment. Emotional commitment occurs when employees feel an emotional bond with an organization, whereas continuance commitment is when employees continue working in an organization because they consider leaving the organization to be disadvantageous. Normative commitment is when an individual perceives staying in an organization as a responsibility and a moral imperative [2].

Employees with high organizational commitment exhibit collaborative behaviour, show self-sacrifice, and are willing to help those in their environment [3]. These positive business behaviours of employees are analyzed within the context of contextual performance. Contextual performance is defined as employees' voluntary behaviours that are not in their job descriptions, do not require penalties when they are not performed, and contribute to personal and/or organizational success [4].

Contextual performance is discussed under two dimensions: personal support and organizational support [5]. Personal support includes acts such as helping co-workers, teaching them useful information and skills, doing some of their tasks directly and providing others with emotional support for some problems. Organizational support includes representing the organization by protecting and developing it, showing satisfaction and loyalty by remaining in the organization even under hard conditions, conforming to organizational rules and procedures and—at the same time—supporting organization's mission and objectives. Contextual performance covers positive working behaviours beyond voluntariness and committed working behaviours and these behaviours contribute to all of the organization's functions [6]. Nurses should work effectively in harmony with their colleagues and all healthcare staff as a requirement of their profession [7, 8]. To ensure this cooperation, nurses working at a busy pace should be committed to their organizations [9] and show high contextual performance [10]. In a study conducted in Turkey, nurses' levels of organizational commitment (i.e., continuance, normative, and emotional commitment) were found to be moderate [11]. Two different studies in the international literature also revealed that the organizational commitment of nurses was moderate [12, 13]. In a national study of nurses, the contextual performance of the participants was found to be high [14]. In a study conducted in India, it was determined that the contextual performance of nurses was moderate [15]. In literature it was seen that organizational commitment and contextual performance were examined in terms of their relations to different terms. The relationships between organizational commitment and the working environment [12], organizational climate [13], and organizational justice [11] have been examined in several studies. The relationship between contextual performance and emotional intelligence [16] and between contextual performance and leadership [15] has been investigated. Besides, there are studies in the literature that have investigated the correlation between work performance and organizational commitment. However; the number of the studies that have examined the correlation between contextual performance—being

a subtheme of work performance- and organizational commitment in terms of demographic variables is very rare. Therefore; this study was undertaken to determine whether or not nurses' organizational commitments and demographic characteristics affected their contextual performance.

Hypothesis

H1: There is a correlation between nurses' demographic characteristics and their contextual performances.

H2: There is a correlation between nurses' organizational commitment and their contextual performances.

METHODS

Design

This study was a descriptive-correlational research. It was conducted between February-December 2019. The study included nurses working at a university hospital located in eastern Turkey.

Sample

The study population was composed of nurses working in a university hospital (N=512). The sample consisted of 331 nurses the east of Türkiye. The number of nurses was calculated using the formula that was used to determine the number of individuals in the sample when the number of individuals in the population was known [$p = 0.50$, $q = 0.50$, $t = 1.96$, $d = 0.05$ (with 95% confidence)]. The inclusion criteria were being a nurse, being over 18 years old, and volunteering to participate in the study. The nurses all were working in one hospital. The nurses were recruited from the population with the simple random method. The all participants volunteered for the study.

Procedure

Prior to the study, the researchers informed the head nurses of hospital about research and the verbal/written permissions were obtained. Then the researchers went to clinics and each participant was informed of the objective of the study and a total of 376 survey forms were distributed. The written consent was obtained from volunteers and the questionnaires in a closed envelope were given to the participants. Nurses were invited to fill out the questionnaires out of working hours within two weeks and put them with closed envelope in a designated box in each unit. At the end of two weeks, 331 survey forms, which were filled in, were taken from the boxes. It was seen that survey response rate was 88%.

Instruments

Personal Information Form

The form consisted of five questions. It was prepared by the researchers. The questions were about individuals'

age, gender, marital status, educational level, and satisfaction with their institution.

Contextual Performance Scale

The scale that determines the contextual performance level of nurses was developed by Aslan and Yildirim in Turkish [5]. The scale consists of 45 questions and is in the form of a 5-point Likert scale (from 1: *never* to 5: *always*). None of the items were reverse scored. The total score of the scale is calculated by dividing the score obtained from the items by the number of items. Individuals receive at least 1 point and at most 5 points from the scale. The Cronbach's alpha reliability coefficient of the scale is 0.97 [5]. In this study, the Cronbach's alpha value was 0.95.

Organizational Commitment Scale

This scale determines the level of self-identification with and participation in an organization and was developed by Meyer et al. [17]. The scale was adapted to Turkish by Al in 2007 [18]. The scale consists of 17 items, and 4 expressions (items 3, 4, 5, and 13) are coded reversely to the data set. The total score of the scale is calculated by dividing the score obtained from the items by the number of items. Individuals receive at least 1 point and at most 5 points from the scale. The scale uses a 5-point Likert scale (from 1: strongly disagree to 5: strongly agree). The Cronbach's alpha reliability coefficient of the scale is 0.93 [17, 18]. In this study, the Cronbach's alpha value was 0.95.

Statistical Analysis

The data were analyzed with SPSS Statistics V 22.0 (IBM, Armonk, NY, USA). Percentages, means, Cronbach's alpha tests, correlations, and multiple regression analyses were used in the data analysis. The significance level was accepted as $P < 0.05$.

Ethical Considerations

The permission of the scales was obtained from the authors of the instruments via email. The data were collected after the study was approved by the ethical committee (Clinical Researches of Ethical Committee-Approval number: X.33.2.XXX.0.01.00//) and permission was granted by the university hospital. During data collection process, the researchers informed the participants about the study. After participant gave verbal informed consent the data were collected.

RESULTS

It was determined that 81% of the nurses were female; 62.5% were single; and 60.1% had an

undergraduate/postgraduate level of education; and 50.5% satisfied with the institution (Table 1).

The mean total score of nurses' organizational commitment was moderate at 2.71 ± 0.835 . The mean total score of the contextual performance of nurses was at a high level at 3.84 ± 0.604 (Table 2).

Correlations between the organizational commitment and the contextual performance ($r = 0.253$; $P < 0.001$) were significantly positive. A positive and significant correlation was found between nurses' ages and organizational commitments ($r = 0.146$; $P < 0.001$) (Table 2).

Afterwards; multiple regression analysis was done in order to find whether or not organizational commitment and demographic characteristics affected contextual performance. Two models were tested with hierarchal regression analysis (Model-1/2). Findings as to the models were as follows:

Model-1:

Age, gender, marital status, educational status and organizational satisfaction were included in the model as independent variables. It was seen that demographic variables accounted for the contextual performance by 4% ($\text{Adj. } R^2 = 0.04$; $F \text{ Change} = 3.92$; $p = 0.002$) (Table 3). Of the demographic variables in the model; only organizational satisfaction was identified to be associated with contextual performance significantly. H1 was confirmed in terms of organizational satisfaction while H1 was not confirmed in terms of other demographic variables. Accordingly; it was seen that nurses who were satisfied with the organization showed a higher level contextual performance. Then, Model -2 was tested.

Table 1. Distribution of Nurses by Demographic Characteristics

Demographic Characteristics	Values
Marital status	
Married	124 (37.5)
Single	207 (62.5)
Gender	
Female	268 (81)
Male	63 (19)
Educational level	
High School	132 (39.9)
Undergraduate/Postgraduate	199 (60.1)
Satisfaction with the institution	
Yes	167 (50.5)
No	164 (49.5)
Age	27.11 ± 5.660
Total	331 ± 100

*Sd=Standard deviation

Data in Table are presented as Mean \pm SD or No. (%)

Table 2. Correlations Values of Study Variables

	Mean \pm Sd*	Age	Contextual Performance	Organizational Commitment
Age	27.11 ± 5.660	1	-0.019	0.146**
Contextual Performance	3.84 ± 0.604		1	0.253**
Organizational Commitment	2.71 ± 0.835			1

*Sd = Standard deviation; **Statistical significance $p < .001$.

Table 3. Multiple regression model for contextual performance

Independent Variables	Dependent Variable Contextual Performance							
	Model-1				Model-2			
Step 1: Control Variables	B	β	<i>t</i>	p	B	β	<i>t</i>	p
Age	-0.001	-0.005	-0.084	0.993	-0.004	-0.030	-0.476	0.635
Gender (F)	0.000	0.000	-0.005	0.996	0.017	0.011	0.201	0.841
Marital Status(s)	0.068	0.054	0.870	0.385	0.044	0.035	0.572	0.568
Educational Level (UG)	0.045	0.036	0.636	0.525	0.050	0.040	0.718	0.473
Satisfaction with the Institution(y)	0.284	0.234	4.291	0.000*	0.177	0.146	2.382	0.018
Step 2: Predictor Variable								
Organizational Commitment					0.135	0.185	2.997	0.003
R ²		0.05				0.08		
Adjusted R ²		0.04				0.07		
R ² Change		0.05				0.03		
F		3.928				4.910		
F Change		3.92**				9.31**		

S: Single, F: Female, UG: Undergraduate/postgraduate, Y: Yes, B: coefficient B; SE: standard error; β : standardized beta coefficient; R²: R-square (the coefficient of determination); corrected R²: adjusted R-square; **P<0.01, * P<0.001

Model-2:

In the model, Model-2 was established by adding organizational commitment to demographic variables and was tested. It was noted that independent variables significantly accounted for contextual performance by 7% with a rise of 3% (Adj.R²=0.07; F Change=9.315; P<0.001).

Thus, it was concluded that nurses' organizational commitment increased their contextual performance. As a result of Model-2; H2 was approved. When Model-2 was investigated in a more detailed way, predictive variables were listed from big to small in terms of the degree to affect contextual performance as follows: organizational commitment ($|\beta|=0.185$), satisfaction with the institution ($|\beta|=0.146$), educational level ($|\beta|=0.040$), marital status ($|\beta|=0.035$), age ($|\beta|=0.030$), and gender ($|\beta|=0.011$) (Table 3). According to Model 2, organizational commitment and satisfaction with the organization have a positive and significant effect on contextual performance.

DISCUSSION

In this study; the effects of nurses' demographic variables and organizational commitments upon contextual performances were investigated. In this study, it was concluded that the nurses had a medium level of commitment to their institution. These findings are similar to those in different countries and different institutions [11-13, 19, 20]. This result may indicate that the organizational commitment of nurses is affected by professional characteristics of the nursing profession rather than the institutional culture or national culture. Nurses have a heavy workload. In addition, they are expected to implement vital interventions and to not commit errors [12, 21]. They usually communicate with upset and stressed individuals. Working in such a difficult environment may be a reason nurses' organizational commitment levels are moderate.

In this study, it was determined that the nurses displayed high contextual performance at their institution. Nurses have long shifts as a part of a crowded working team. They need the help of their colleagues and other staff when deciding on and implementing many initiatives. Therefore, nurses may exhibit voluntary performance to be accepted and not to be excluded by their colleagues [16, 21].

Also; in the study demographic characteristics were concluded to affect contextual performance positively. According this situation, the positive satisfaction with the institution affected contextual performance of the nurses. In a study conducted on nurses, contextual performance increased as job satisfaction increased, and there was a statistically significant relationship between these variables [22]. Therefore, nurses who have positive satisfaction with the institutions may want to be that they are good employees by maintaining a high performance level.

In addition to, organizational commitment with demographic variables significantly affected (%7) contextual performance. Organizational commitment had an effect of 3% upon contextual performance. A study conducted by Woznyj et al. demonstrated that the commitment of nurses directly affected their job performance [23]. Individuals who feel committed to their organization (emotionally, economically, ethically, etc.) show more motivation to achieve corporate and/or individual goals [12, 14].

Thus, highly motivated employees may show contextual performance behaviours, such as helping and collaborating with their colleagues outside of their basic responsibilities in the personal/organizational domain.

Limitations

The result of study is limited to the opinions of nurses working at the hospital where the study was conducted.

CONCLUSION

This study shows that organizational commitment is a factor that significantly affects contextual performance. Nurses feel a moderate level of commitment to their institutions and exhibit a high level of contextual performance in their institutions. The satisfaction with the institution of nurses affects their contextual performance.

IMPACT OF STATEMENT

This study can help determine the extent to which organizational commitment affects nurses' contextual performance. Thus, the causes of performance problems related to organizational commitment can be analyzed. These results can provide data in the individual/institutional domain for explaining the importance of concepts of organizational commitment and contextual performance. In addition, conducting this research with a larger sample in different samples may enable a cross-cultural comparison within the topic. Conducting qualitative research in the field may help identify the causes of organizational commitment that

positively or negatively affect the contextual performance of nurses.

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ETHICAL CONSIDERATIONS

Clinical Researches of Ethical Committee (Approval number: B.33.2.XXX.0.01.00).

CONFLICT OF INTERESTS

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

AUTHOR CONTRIBUTION

Study design: NK

Data collection and analysis: NK, ASK

Manuscript writing: NK, ASK

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