



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
MBA PROGRAM**

**Relationship between Organizational Climate and Nurses'
Professional Commitment in Public Hospitals, Addis Ababa.**

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December 2020

SMU, Addis Ababa, Ethiopia

Relationship between Organizational Climate and Nurses' Professional Commitment in Addis Ababa Public Hospitals

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A Thesis Submitted to School of Graduate Studies of St. Marry University in Partial Fulfillment of the Requirements for the Degree of Master of Art in Business Administration.

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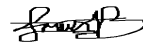
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DECLARATION

I, hereby declare that this thesis entitled "Relationship between Organizational Climate and Nurses' Professional Commitment in Public Hospitals, Addis Ababa.", my own work and that, to the best of my knowledge, it contains no material previously published by another person or material which has been accepted for the award of any other degree by the university or any other university, except where due acknowledgment has been made in the context. I have produced it independently except for the guidance and suggestion of my Research Advisor. This study has offered for the partial fulfillment of the Degree of Master of Business Administration [General MBA] by:

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December, 2020

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Acknowledgement

“Interdependence has a higher value than independence” is the leading principle of researchers. Along this line, I am proud to acknowledge some of the many individuals who helped me a lot in carrying out this study.

First, I would like to thank almighty God. Research in this area has begun many years in the past by several researchers. Hence, I am deeply grateful for the work of early researchers whose efforts have provided a foundation for my work. I own special debt of gratitude to my advisor Maru Shete Bekele (PhD, Asso. Professor) for his invaluable support, comments and feedback, which has contributed a lion's share in my work.

Finally yet importantly, I would also like to thank my work colleagues in the workplace and friends for their moral support, especially my Mr. Ayine Berhane for his support and encouragement.

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Abstract

The main aim of this study was assessing the relationship between Organizational Climate and Nurses' Professional Commitment in the Public Hospitals of Addis Ababa. A causal research design is adopted using quantitative study methods. The research approach which used for this study was Quantitative in Nature. The target population of this study were nurses of Addis Ababa public hospitals. From 3654 total population, 382 nurses were selected from the total public hospitals in Addis Ababa, that would be divided into three strata based on the management organization. To undertake the study, Questionnaires were distributed to 382 nurses and the respondents were found valid for analysis. The results of the study indicate that organizational climate has a significant positive relationship with Nurses' professional commitment. A significant difference was observed on nurses' professional commitment depending on their work experience. Correlation analysis and linear regression was used to analyze the gathered data. The result of the study indicates that there is a significant relationship between organizational climate and nurses' professional commitment scales ($r = 0.332$, $N = 382$, $\alpha = 0.01$). Linear regression analysis revealed that organizational climate significantly predicts the level of nurses' professional commitment and all the dependent and independent variables were normal distribution. Concerning the difference of nurses' commitment to their profession based on their years of experience the analysis of variance (ANOVA) results showed that there is significant difference of commitment across nursing work experience with nursing experience increase, commitment will be increase. Discussion and conclusions are made based on the results. Finally, some recommendations are indicated for possible interventions and further study.

Key words: *Organizational climate, Professional commitment, Public Hospitals*

Chapter One: Introduction

1.1. Background

Nowaday's every organization is facing new challenges regarding continuous service and creating committed professional personnel. Organizations attainment of its objectives is associated with their employee's commitment. Because these achievement of it goals is a result of its ability to attract, hire, satisfy human resources, maintain, and improve their competence (Adenike, 2011). Each organization has to concern about human resources and it is vital to increase their commitment by make any changes within the organization (Schneider et al., 2013). Obviously, organizations are concentrate on having professionally committed employees in their positions as a result of working effectively. Hence, it is important to understand the concept of professional commitment and its feasible outcome as a result of the organizational climate.

Nursing is increasingly broad in scope and encompasses an ever widening range of work behaviors and role responsibilities. However, they work within a climate of uncertainty and disempowerment along with high organizational demands placing them under considerable stress (Hart, 2005). This condition threatens both physical and emotional wellbeing of nurses and the profession itself and may results to low nurses' commitment which in turn may contribute to disengagement or withdrawal of nurses from their organizations (Stordeur et al., 2007).

It is important for managers of healthcare organizations, professional association leaders and other concerned stakeholders to assess the impact of these various influences on the way their employees view their jobs, and address these challenges to the thinking, recruitment, motivation, and retention of their productive staff. Lack of any of these elements of work commitment may account for employee absenteeism, turnover, reduced effort, and job dissatisfaction (Rondeau, 1994).

Schneider et al. (2013), describe organizational climate as an empirical based description of the work environment, and then it includes employees' perceptions of the formal and informal policies, practices and procedures in their organization. Litwin and Stringer (1968) also shows that employee's behaviour and work related attitudes affected by an organization and individual infulence on the working environment of organizational climate. Researchers described climate as a main characteristic of the internal organizational environment which is an outcome of policies and activities conducted by its employees and exerts pressure to direct labor's attitudes and behavior (Pritchard & Karasick, 1973). Organizational climate may be utilized as a management technique to endow managers with discerning insights into how their own employees view their

organization. The most common management issue faced by organization in this present day is search for creative flexible work environment that promotes job satisfaction, commitment and innovation.

A leading organizational climate is said to be one important variable that will encourage employee's effort and commitment (Noordin et al., 2010). The organizational climate establish personnel good working environment and condition to increase commitment among the workforce to the organization (Dorgham, 2012). However, it is clearly observed that the nature of commitment is changing from organizational to professional. It is caused by the evolution of the situation in which enterprises operate today, and it results in transformation of the relationship between the employee and the organization. This study will discuss the causes and areas of its relation organizational climate in to professional commitment.

Giffords (2009), distinguished the nature of commitment in to three different forms: It occurs as a result of: 1) faith in and acceptance of goals and values of the profession, 2) willingness to incur the effort in the implementation of the profession, and 3) the desire to remain in the profession. The group of people distinguished by the professional commitment is varied; it may include occupations related to performing both intellectual and physical tasks. It is expanding, as there are more working people who deliberately choose to do a particular job and their goal is to work in a given profession and perform it at a high level regardless of the location and the entity for which it is performed.

Professional commitment is essential for positive professional behavior in nurses and is vital to health care centers due to its association with the quality of patient care. According to McCabe & Garavan (2008), the growing competition among health care systems for getting better personnel guides them to in quest of ways to improve commitment between employees and preserve their human and financial resources. Professional commitment is loyalty, the wish to stay in a profession, and a sagacity of responsibility toward the profession's particular problems and challenges (McCabe & Sambrook, 2013). This implies that committed nurse will remain in the organization as compared to non-committed nurse, because profession is autonomy in the application of that knowledge and commitment to a specialized line of work.

However, the nurses' low commitment is being a problematic in many countries, (Aiken et al., 2001) have cautioned that the health care workforce faces the serious risk of losing one in five registered nurse for reasons other than retirement. Supportively, several studies revealed that the turnover rate for hospital registered nurse is among the highest rates found for professional and technical occupational groups (Iverson & Pullman, 2000). Hence, creating healthy work conditions

that empowered nurses and provide freedom to act according to their expectation as a professional, may be a fruitful strategy for nurse managers and administrators to retain nurses who currently work by promoting their commitment to nursing profession, especially in a critical care settings, while there was a highly qualified nurses being individually accountable, responsible and often has a specialized knowledge, long as well as intensive academic preparation.

A large numbers of studies have been conducted to investigate the concept of professional commitment. Still, commitment is the most challenging and researchable concept in the fields of management and organizational behavior (Dixit and Bhati 2012).

According to Freedman (2005) lack of trust, no collaboration, lack of accountability, lack of support, fairness practice and the other related influences among the nurse performance are characteristics of poor organizational climate, it may lead to low productivity and possibly high employee turnover and low professional commitment of nurses. It may be possible to have as many climates as there are people in the organization when considered collectively, the actions of the individuals become more meaningful for viewing the total impact upon the climate and determining the stability of the work environment. The climate shall be view from a total system perspective. While there may be differences in climates within departments these will be integrated to a certain extent to denote overall organizational climate. Therefore, in this study the above stated discourses triggered me to investigate the relationship between organizational climate of public Hospital in Addis Ababa and its nurses' professional commitment.

1.2. Statement of the Problem

Previously, Nurses used to observe as dedicated, devoted and committed to their nursing duties throughout the universe, implying satisfaction with their professional calling. However as of recent times, they have been observed to have turned away from showing the expected commitment and satisfaction with their professional calling to exhibiting various nonchalant and non-caring attitudes to their work. Nurses have portrayed such great dissatisfaction that the issue of stabilization and dedication to duty is far-fetched.

The dissatisfaction has manifested in abandonment of their nursing duties to other professions, or leaving to other countries in search of more fulfilling jobs' resulting in high rate of brain drain of Nurses in Ethiopia. The greater employment uncertainty is likely to negatively affect the organizational commitment which the staff nurses feel toward their organization and the quality of patient care. Commitment in turn has a strong association with intent to leave, employee retention, and job performance.

It is commonly assumed that Nurses' dissatisfaction is a function of poor material benefits such as salaries, allowances and other fringe benefits. Although these things have their own impacts, further study is needed to find out the root cause of the relationship between organizational climate and job dissatisfaction.

The Federal Government despite the rising cost of living, declining resources and explosion of patients' population has continued to make considerable efforts to improve on Nurses, doctors and other health workers' salaries in particular and those of other civil servants in general, but the effort is not yet fruitful. Health professionals in Ethiopia are continuously addressing their dissatisfaction at all levels till the Prime Minister of the Federal Government.

Nurses in Ethiopia are observed to continue leaving the country every day to oversee countries or resign/transfer to other professions. It is therefore evident that despite governments' and private sectors efforts to enhance lot of Nurses in Ethiopia, the efforts taken so far have not been able to offer any lasting solutions to the problem of nurses' dissatisfaction and brain drain. Hence, the researcher was therefore motivated to investigate the problems of Nurses' professional commitment in Ethiopia with referencing the case of Addis Ababa Public Hospitals.

Some previous organizational climate studies have been conducted (McMurray et al. (2004); Benjamin & David (2012); Agamuthu & Fauziah (2011); and Jyoti (2013)) their research finding shows that there is a positive relationship between organizational climate factors and employees commitment to organization. These studies were conducted across a range of industries, in all employees not only the professionals one and organizations in foreign countries and their empirical studies have some different conclusion. In addition, the organization climate differs from country to country and from industry to industry (MUCHINSKY, 1976). However, there is a lack of research specifically related to factors that predict or limit nurses' commitment to the profession. Such evidence might offer managers insight into strategies for practices to improve nurses staff retention, job satisfaction, and performance.

This study would address this gap in the research by examining nurses' perception of their organizational climate and identify its relation to professional commitment". Such information may have implication for professional associations and nurses administrators in determining appropriate interventions to improve nurses commitment and minimize the negative consequence of low empowerment and commitment specifically for nurses.

1.3. Research Objective

1.3.1. General Objective

The overall objective of this study is to investigate the relationship between Organizational Climate and Nurses' Professional Commitment in Addis Ababa Public Hospitals.

1.3.2. Specific Objectives

- To assess the level of nurses' professional commitment in public hospitals of Addis Ababa.
- To assess the relationship between organizational climate and nurses' professional commitment.
- To check any significant relationship between components of nurses' professional commitment (Affective, Continuance and normative commitment) and organizational climate in public hospitals of Addis Ababa.
- Finally, to find out, if there is any, significant difference in nurses professional commitment based on the demographic independent variables.

1.3.3. Research Questions

The research questions of this project are:

- What is the level of nurses' professional commitment in public hospitals of Addis Ababa?
- Is there any significant relationship between organizational climate and nurses' professional commitment?
- To what extent does organizational climate relate with components of professional commitment?
- Is there any significant difference between nurses professional commitment based on the demographic independent variables?

1.4. Research Hypothesis

In order to find out the relationship and effect of organizational climate on Nurses' professional commitment, the following hypothesis are proposed depend on the objective of the study, theoretical and empirical literature review. Hence, the results from the literature review would be use to establish expectations for the relations of the two variables (independent and dependent variable). Therefore with having theoretical, literature and empirical reviews' in mind the following hypotheses are developed.

H₁: Nurses' professional commitment is at a lower level in public hospitals of Addis Ababa.

H₂: Organizational climate has significant strong positive relationship with nurses' commitment.

H₃: Organizational climate has a positive relationship with affective and normative commitment whereas no significant relationship with continuance commitment.

H₄: Professional commitment has positive significant relationship with Age, Gender, Years of experience as a Nurse and Level of education.

1.5. Scope and Limitation

This study was planned to understand and evaluate the relationship between organizational climate and nurses' professional commitment in government hospital nurses of Addis Ababa.

Although factors affecting nurses' effectiveness include many aspects like facilities, training, colleague rating and others, this study was limited to the two variables mentioned earlier. This was due to the fact that data collection and analysis require extensive manpower and time. There was no harmony on the definition of organizational climate, and there is argument about how the concept should be measured. Another limitation of this study was there is no widely accepted set of organizational climate dimensions and as such studies rarely make use of the same dimensions, which makes it difficult to compare results from one study to the next .

Since the study would be conducted in a certain public hospital of Addis Ababa; it might not be generalized to other public hospitals. Therefore future research should be conducted on large scale by considering more public hospitals all over the country.

1.6. Significance of the study

Intensive search from 1988 to 2019 indicated there were no research articles related specifically to the relationship between organizational climate and nurses' professional commitment especially in Ethiopian and sub-Saharan context. Though, there are some studies that demonstrated the association of job satisfaction intent to stay and empowerment and selective intrinsic and extrinsic work rewards with organizational commitment, these relationships have not been studied specifically exhaustively with the impact of organizational climate among nurses. In light of the national nurses staffing shortage and the gap in this body of research, more empirical research was needed to better understand factors associated with nurses' organizational commitment. This study was significant in provided practical suggestions that are important to practice, nursing administration and policy maker, and nursing education.

Administrators could use this information to build solid and supportive units. This is important because the culture of the unit and the quality of nursing staff affects every aspect of a nurse's practice and the patients' care. Health care managers and practitioners should be aware of the hardships that nurses face in trying to give quality care to patients. Therefore, it could be said that knowing a nurse's tendency and difficulties will help predict the nurse's job commitment and intention to quit. High intention to quit and low job commitment might lead to a decrease in service quality and patients' intention to return for future use and an increase in the costs for patient care. However, determining how to best capture and quantify nurse turnover costs and its consequence can be challenging because it costs to understand the most determinant factors causing those turnover.

Further, information gained from the findings of this study on factors that influence nurses' commitment to nursing could be considerable importance in career counseling of prospective nurses.

Besides, this study would be a step-stone for further studies in the field of relationship between organizational climate and professional commitment. Adding this study would enriched the existing shortage of literatures hence giving a better understanding on the organizational climate in the health care sector.

1.7. Organization of the thesis

The study would have the following chapters: Chapter one describes the following contents, such as background to the study, statement of the problem, research objectives, research hypotheses, scope and limitation of the study, the significance of study and organization of the thesis. Chapter two would be contains a review of the literature on an investigation of organizational climate friendly of employee professional commitment. Chapter three described the methodology of the research that clearly indicates the way the researcher conducted the study. Chapter four of this study would illustrated the result and discussion of the research findings whereas chapter five of this study would come up with summary, conclusion and recommendation that comes out from the findings of this study.

Chapter Two: Literature Review

2.1. Introduction

This chapter deals with to review the literature on the two major concepts in this study, professional commitment and Organizational climate. For each concept, this review would begin with a brief discussion of the conceptual origins, definitions, and measures. This is followed by an overview of research, previous definitions, and major researchers who frame current understanding. This chapter ends with a review of these concepts as applied in the literature and research on nurses.

2.2. Theoretical Framework

2.2.1. The Concept of organizational Climate

The environment has a direct correlation with nurses' outcome as job satisfaction, commitment, safety, retention, and ultimately, client outcome. There is every reason to believe that problems in organizational climate factors as empowerment, work design, organizational factor, and relationship with supervisors and peer that nurses have identified will lead to uneven quality of care and adverse nurses' job outcome. (Mok & Au-Yeung (2002); Norbergh et al. (2002)). Hence, In order to manage change effectively, nursing leaders must understand the social process that affect employees' work-related attitudes, particularly by providing a climate that is conducive to staff empowerment (Mok & Au-Yeung, 2002). One factor influencing the outcome of care may be the nursing staff's experience of organizational work climate (Norbergh et al., 2002).

The concept of organizational climate was first described in the late 1950s. It arises from routine practices in an organization and influences staff members' attitudes and behaviors in both a positive way, such as in productivity, satisfaction and motivation, and in negative ways, such as in absenteeism, staff turnover and work accidents (Weeks, et al, 2010). Litwin and Stringer (1968) defined organizational climate as the set of measurable properties of the work environment that is either directly or indirectly perceived by the employees who work within the organizational environment that influences and motivates their behavior. According to Litwin and Stringer (1968), the operational definition of organizational climate is the sum of individual perceptions working in the organization. (Schneider et al., 2013) also explained organizational climate as, the shared perceptions of "the way things are around here" (p. 22). Organizational climate is a molar concept that pinpoints the organization's goals and means to obtain these goals.

(SCHNEIDER, 1975) on the other hand, defined organizational climate as the formal and informal shared perceptions of organizational policies, practices, and procedures. In terms of relationships among organizational members, organizational climate focuses on its members' perceptions of the way things are. It is the employees' perceptions and attitudes toward their organization at any given time (Momeni, 2009).

Mok & Au-Yeung (2002) added that organizational climate is the shared perception about the social and psychological impact of the organization on individuals. Thus, climate may be the moderator variable between commitment and productivity. Isaksen et al. (2010) defined climate as the recurring patterns and intrapersonal perception of behaviors, attitudes and feelings that characterize life in the organization. At the individual level of analysis, the concept is called psychological climate. When aggregated, the concept is called organizational climate, i.e. the objectively shared perceptions that characterize life in the organization.

In the cases of nurses, organizational climate and management style in some organizations has been reported to cause nurses to feel disempowered: demotivated, unable to accomplish the desired activities and frustrated with the work environment (Laschinger et al., 2001).

2.2.1.1. Organizational Culture versus Organizational Climate

The concepts of organizational culture and climate became more widely known when managed care initiatives resulted in first-time industry-wide organizational changes (Gershon et al., 2004). While there are conceptual differences between organizational culture and climate, there is also overlap. Climate has been describes as a meteorological metaphor and culture is more of an anthropological metaphor (Scott et al., 2003). Organizational culture is defined as, "the shared, often unconscious values, attitudes, standards, and assumptions that govern behavior, especially in situations that lack clearly defined rules and procedures" (Krause & Hidley, 2009, p. 34). It is considered the driving values of the organization or "the way things are done around here" and drives both the quality of work life and the quality of care in healthcare organizations (Gershon et al., 2004).

Organizational climate, on the other hand, more closely reflects the employees' perception of the organization's culture and is easier to measure than culture because it is tangible (Gershon et al., 2004). Organizational climate is defined as members' shared perceptions of organizational features such as decision making, leadership, and norms about work (Ostroff, 1993).

The Dimensions of Organizational Climate

The most common way of assessing organizational climate (OC) is through self-reports covering of several sub dimensions that make up the construct (Ekvall, 1996). An initial assumption of theory and research in the area of organizational climate was that social environments could be characterized by a limited number of dimensions.

However, over the years the number of climate dimensions identified as targets of assessment has proliferated, leading to confusion and slow theoretical progress. For example, Glick (1985) in his review of the field described an abbreviated list of climate dimensions including leader's psychological distance, managerial trust and consideration, communication flow, open-mindedness, risk orientation, service quality; equity, and centrality.

Recent researchers found that, the global approach is advantageous in terms of its provision of an overall snapshot of organizational functioning, allowing a view of the ways whole organizations operate (Ashkanasy et al., 2000). A multidimensional global approach can also highlight subcultures and identify the effects of particular dimensions on specific outcome measures, such as organizational productivity or innovation (Ashkanasy et al., 2000).

Existing Measures of Climate

The lack of a theoretical basis for many climate instruments has resulted in much of the variation in climate dimensions employed in different measures. For example, Wilderom, Glunk, and Maslowski (2000) located and summarized 10 studies relating climate to organizational performance. They reported that different aspects of climate emerged as important in different studies. This diffuse pattern of results is likely to be due, in part, to the variety of methods of assessment of climate employed in studies.

The inability to draw clear research conclusions through a lack of theory and subsequent inconsistent operationalization of climate is compounded by the fact that most climate instruments have not been validated. With the exception of some domain-specific climates such as Schneider's service climate (Schneider et al., 1998), there are few measures with demonstrated reliability and validity.

One of the best-known general measures of organizational climate is the Organizational Climate Questionnaire (OCQ) by Litwin and Stringer (1968). It comprises 50 items that assess nine dimensions of climate. A review by Rogers et al. (1980) showed that most studies had found six factors and that there was virtually no agreement among researchers regarding which items

loaded best on the different factors. They concluded that the OCQ lacked validity and was not a consistent measurement device. Such measurement problems are not unusual in this area of research and prompted the development of the measure described here.

2.2.2. Commitment: Conceptual Origins, Definitions, and Measures (Outcome Variable)

The Concept of Commitment has a large body of research literatures. Research studies initially had an organizational focus then expanded to other dimensions such as professional and union commitments. The vital part of the theory building process included the development of reliable instruments to be used for the measurement of dimensions of commitment.

2.2.2.1. Organizational Commitment

Organizational research dates back to the 1950s. Organizational theorists including Becker (1960), Etzioni (1965), Kanter (1968), and Saunders (1956) (all cited in Kadyschuk, 1997)) produced seminal research on the concept of organizational commitment. These studies all suggested that organizational commitment is a large multivariate construct. Although it may elude precise definition, organizational commitment has been shown to be important to improving organizational effectiveness and retention.

Mowday et al. (1979) defined organizational commitment primarily in terms of an attitudinal approach. From their perspective, organizational commitment is “the relative strength of an individual’s identification with and involvement in a particular organization that is characterized by three factors: 1) a strong belief in and acceptance of the organization’s goals and values, 2) a willingness to exert considerable effort on behalf of the organization, and 3) a strong desire to maintain membership in the organization” (p. 226). Weiner and Vardi (1980) viewed the concept more from a behavioral perspective and referred to organizational commitment as one’s persistence in making sacrifices for the good of the organization. Organizational commitment from a behavioral perspective describes a person’s preoccupation with the organization as evidenced by personal time devoted to organizational activities. More generally an employee displaying less of these attitudinal or behavioral attributes in terms of his or her employing organization may be more likely to leave and be at greater risk of turnover.

Meyer et al. (1993) presented organizational commitment as multidimensional and containing affective, continuance, and normative components. Their conceptualization suggested that employees either “want to,” “need to,” or “feel they should” remain in an organization (Meyer et al., 1993). They conceptualized organizational commitment as a three-dimensional model, with

each dimension describing a core aspect of organizational commitment. Affective commitment involves the emotional or attitudinal attachment of people to the organization. Continuance commitment is related to a balancing of the costs of leaving an organization and the benefits of staying. This component matches Becker's side-bet theory (Becker, 1960; Kanter, 1968 cited in Kadyschuk (1997)). Normative commitment is related to internalized pressures to act in ways that goes with organizational goals and interests. This component suggests that employees feel a moral need to stay in the organization. Meyer et al. (1993) argued that these dimensions capture different aspects of the multifaceted construct of organizational commitment and that the gestalt of commitment emerges.

Loyalty is related to commitment although it is usually considered to be one sided. Loyalty does involve the feeling of attachment but does not assume that both sides are loyal (Zangaro, 2001). Motivation is related to commitment but it also involves self-gratification. When goals are met, the motivation can stop. Motivation is similar to the more calculative forms of commitment; motivation to commit is based on a calculation that no better options exist.

2.2.2.2. Professional Commitment

Relevant to the present discussion is the seminal work of sociologist Richard Hall (1968 as cited in Lamastro 1999), which represents one of the most complete theoretical treatments of professionalism, and of the distinction between professional and non-professional personnel. The "professional model" described by Hall classifies the attributes of professionalism into both structural and attitudinal categories. In the structural category are such factors as the educational qualifications one must attain in order to join the occupation (i.e., college degree, teaching certificate) as well as the existence of a professional organization that individuals may elect to join. Attitudinal characteristics are somewhat more difficult to operationalize, but include the "sense of calling" that an individual experiences relative to his or her occupation.

Research on professional commitment began with the work of sociologists such as Becker (1960) and later (Gardner, 1992). These authors consider that commitment to a given profession is reflected in employees' attitudes to their work and their behavior. Its hallmarks include: pride in the occupation; willingness to invest considerable personal involvement in it and to perform well (Friss 1983).

Therefore, professional commitment has been regarded as a concept separate from and often in conflict with organizational commitment.

2.2.2.2.1. A concept distinct from organizational commitment

It is important to distinguish professional commitment from organizational commitment. The terms 'professional', 'occupational' and 'career commitment' have been used somewhat interchangeably in the literature. Recent research supports a three-dimensional construct of professional commitment that is similar to the one for organizational commitment. According to Meyer et al. (1993), the nature of the person's involvement in the occupation might differ depending on which form of commitment is predominant. A person who is affectively committed may, for example, keep up with developments in the occupation (e.g. by subscribing to trade journals or attending conferences), or join and participate in relevant associations. Individuals who have a strong continuance commitment may, in contrast, be less inclined to involve themselves in occupational activities besides those required to continue membership (Meyer et al., 1993).

According to Sorensen (1974), cited in Mutasim et al. (2002) professional commitment can be defined in a number of ways, which includes an individual's identification with and involvement in the profession; commitment and dedication to the profession; and acceptance to the professional ethics and goals.

Professional commitment is not redundant with other forms of work commitment (Morrow & Goetz, 1988); and professional commitment is an appropriate concept for representing at least part of the career focus dimension of work commitment (Morrow & Goetz, 1988). Tuma and Gimes (1981 as cited in (Kadyschuk, 1997) traced an expansion of the concept where in the relationship between organizational (local) commitment and professional (cosmopolitan) commitment become more complex. In other words, we can say that professional commitment uses an external reference group orientation as its criterion while organizational commitment uses an internal reference group orientation.

Kadyschuk (1997) also clarified the theoretical relationship between organizational and professional commitment by recognizing organizational commitment as a relative strength with which an individual identifies with an organization. Professional commitment, on the other hand, refers to the relative strength of (an individual's) identification with and involvement in one's profession.

Additionally Wallace & Hunt (1996) also viewed organizational and professional commitment as a separate and distinct phenomenon, which allows for the possibility that commitment to the organization does not necessarily occur at the expense of commitment to the profession and vice

versa. Wallace & Hunt (1996) also expressed that professionals in a society can be highly committed to both organization as well as profession.

Even though education is a moderately negative predictor of organizational commitment (Mathieu & Zajac, 1990), (Wang & Armstrong, 2004) found that level of education was positively related to professional commitment. Research findings have concluded that the PC and OC are different psychological outcomes of different individual and organisational variables and provide different experiences to professionals (Chang & Choi, n.d.).

Professionals are often more strongly committed to their professions than to their employing organizations (Wang & Armstrong, 2004) and PC can be an important career attitude which may influence employees' attitudes toward their organizations, such as organizational commitment (Chang & Choi, n.d.).

On the other hand, (Mutasim et al., 2002) studied the conflict or compatibility of commitment to organization versus commitment to the profession by analyzing a survey of 545 research scientists in Malaysia. On their finding, they confirmed their assumption that, there is no conflict between the two concepts. Significant relationship was found in the above study between commitment to profession and affective, continuance and normative commitment to organization ($r=.43$, $.15$ and $.52$ respectively).

2.2.2.2.2. Professional Commitment in Nursing

Commitment to one's profession has not been studied as extensively as organizational commitment. However, it has been found to be an important component of different types of work-related commitment of nurses (Cohen, 1998). Gardner (1992) emphasized the importance of occupational commitment in nursing because it relates to the attractiveness of nursing as a lifelong occupational choice and valued career option.

Commitment of nurses to their profession has been a topical issue in recent times and has led to demonstrations by concerned citizens who feel that nurses are not behaving professionally leading to deaths of their family members and friends at the various hospitals where the nurses work.

Interest in issues related to organizational commitment in nursing began to appear in the nursing literature over three decades ago (Alammar et al., 2016). However, there is a lack of empirical research on nurses' practice, but greater involvement of nurses in panels and committees may lead to increased professional and organizational commitment. This is the first study to explore

Organizational climate as predictors of professional commitment specifically in a contemporary nursing population.

In a study done by Ghanaian nurse, Honyenuga & Adzoyi (2012) found out that majority (over 73%) of all nurses liked the career and are prepared to remain with the profession irrespective of their circumstances. In the same study, it is found that 68% are committed irrespective of the amount of money they earn; they are committed for love of the profession and the remaining 5% are also committed to both the profession and organization because of money. In another study, (Peña-suárez et al., 2013) found out that, three fourth of staff nurses (75.6%) in Tanta University Hospitals, Cairo, have moderate level of commitment and only 6.5 % of them have low level of commitment. The Results of the study are consistent with (Syed, 2015) who found that the mean values of job satisfaction and organizational commitment are at moderate side. This finding is dissimilar to (Dorgham, 2012) who found that studied subjects had low commitment toward their hospital , also Abood et al (2011) who found that 77.3% of the nurses had high commitment.

2.2.2.2.3. Instrument to measure professional Commitment

(Mowday et al., (1979) completed extensive empirical work on developing tools to measure organizational commitment, specifically the Organizational Commitment Questionnaire (OCQ). The OCQ consists of 25 items that assess the three components of the authors' definition of commitment. Their tool employs a 7-point Likert scale for each item. Responses to each are summed and divided by 15 to arrive at a summary indicator of employee commitment. Several items are negatively phrased and reverse scored in an effort to reduce response bias. The authors contended that the OCQ was appropriate for most working populations. To determine psychometrics for their tool, Mowday et al. (1979) employed a validation strategy that included the use of multiple and diverse samples. They argued that if a general measure of commitment were to be achieved, it was necessary to collect validity and reliability data for various types of employees in different work environments and that cross validation should be as complete as possible (p. 226).

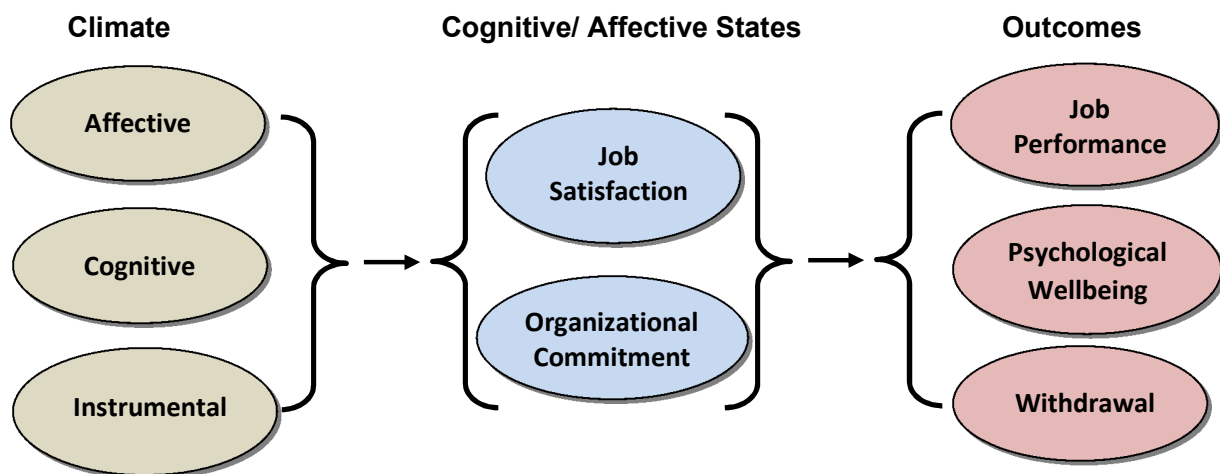
The OCQ has been commonly used instrument for measurement of professional commitment. Aranya (1986) used OCQ as a basis for constructing a professional commitment scale. The internal consistency of OCQ in their study was 0.91 for organizational commitment and by replacing the word "Profession" for the word "Organization" it was 0.87 for professional commitment.

Because of the above reasons, the present study used the affective, continuance and normative scale items by Allen & Meyer, (1990 expressed by La Mastro) as a base of reference.

The Relationship between Professional Commitment and Organizational Climate

The question addressed in this study is whether there was a relationship between organizational climate and professional commitment. Researchers have suggested that autonomy (Wallace & Hunt, 1996) supervisor support (Benson, 1996), and cohesiveness (Buchanan, 1974)-organizational climate variables—relate positively to organizational commitment. Further, Steers (1977) found a relationship between the autonomy and trust dimensions of organizational climate, and commitment. According to Loiu (1995), trust is also associated with other organizational activities such as organizational change and development (Golembiewski, 1986) and organizational effectiveness (Culbert & McDonough, 1986).

Carr et al. (2003) suggested that the relationship between climate and behavioral outcome is formed through its influence on commitment and satisfaction, consistent with Bandura’s social cognitive theory of motivation, which suggests that performance occurs through the cognitive-affective state of sustained interest and positive affective reactions. In their meta analyses study of climate, Carr et al. (2003) presented a conceptual model (see below) suggesting that climate is directly related with job satisfaction and organizational commitment (what they called cognitive-affective states).



Figures 2.1: Adopted version of Conceptual framework for Organizational climate

(Source: Carr et al. 2003)

According to the conceptual Model and correlation results of Carr et al. (2003) we can observe that climate is significantly relates with commitment, which in turn has a direct impact on job performance, psychological wellbeing and withdrawal. In support to Carr er.al. finding Empirical

evidence has identified strong positive associations between a supportive or positive organizational climate as perceived by nurses and improved patient outcomes in the U.S. (Aiken et al., 2002).

In another study, Fink (1992) discovered that organizational climate tended to be positively related to employee commitment to the organization. For example, in his study, organizational climate was positive when organizational commitment was high. Iverson et al. (1995) conducted a study in a public hospital where they found “that organizational commitment and trust appeared to be significant determinants of organizational performance” (p. 12).

In general from the above literature we can conclude that, organizational climate which is reflected in an organization's objectives aim to develop its staff by providing them good working environment and condition, assisting and support them in having job satisfaction, and thus these all will enhance commitment among the staff towards the organization.

2.3. Conceptual Framework

This study tests the following conceptual model by using data from surveys in Addis Ababa. In addition, it employs psychometrically valid tools to measure organizational climate and professional commitment. Data from this survey will provide a regional profile on the relationship of organizational climate to professional commitment among nurses. In addition, the model includes the mediating variable of organizational climate and the outcome variable of professional commitment. The research questions in this study are derived from previous empirical studies that have shown this predictive relationship, but this is the first study to examine whether levels of organizational climate predict professional commitment among nurse sample.

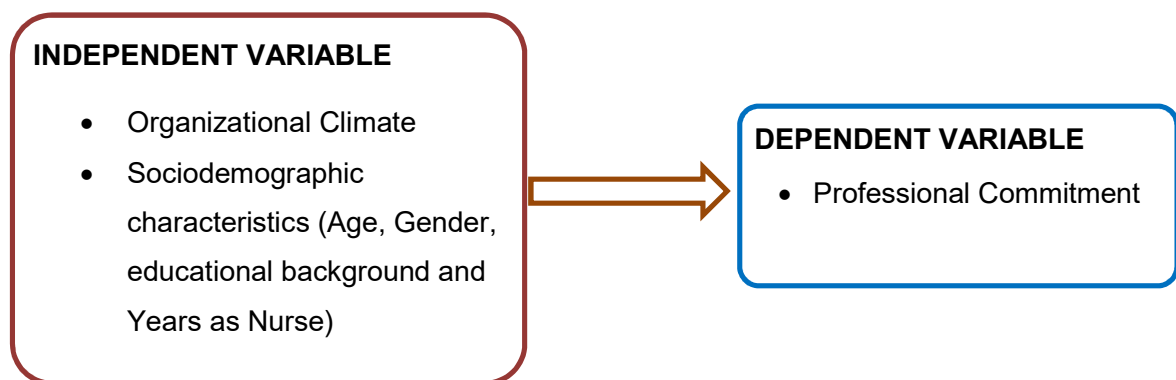


Figure 2: Conceptual framework

2.4. Summary of Literature

Through the review of the literature in chapter two, the researcher has outlined his conceptual framework for the present study by reviewing the literature on the two major concepts in this study, professional commitment and organizational climate. It reviewed the development of each concept, conceptual origins, definitions, and evaluations. It also included an overview of research, previous definitions, and major researchers who frame current understanding. This chapter concluded with a review of the concepts as applied in literature and research on nurses.

In order to have a valid a reliable instrument for the measurement of variables, in chapter two the researcher has also reported his review of the instruments that have been associated with each variable in previous research studies. From these reviews he has set out the specific measures to be used in the present study, with the intention that these measures would be subjected to empirical tests, and be revised as necessary, through the use of pilot studies.

Chapter Three: Research Methodology

3.1. Research Approach and Design

This study would evaluate the relationship between organizational climate and nurse's professional commitment. A causal research design is adopted using quantitative study methods. The research approach which used for this study was Quantitative in Nature. The purpose of this study was to evaluate and observe through a survey instrument if the response variable, professional commitment, has a measurable relationship with the predictor variable (organizational climate). Therefore, the study adopts a quantitative research approach, as the methodology to provide a quantifiable statistical analysis of the responses to the survey.

3.2. Population and Sampling

3.2.1. Population

According to the information gained from the Ministry of health, currently there are 7,318 nurses actively working in Public and private Hospitals in Addis Ababa (Health & Health related indicators 2019) among these nurses 3,654 of them are registered, active, and working fulltime the government hospitals of Addis Ababa. Therefore, the sampling frame for this research would be 3,654.

Inclusion criteria

- Nurses who are registered by the legal regional or federal agency
- Nurses who are formally hired in the hospital
- Nurses who are present during the time of the study
- Nurses who are willing to participate in the study will be included as subjects of the present study

Exclusion criteria

- Nurses who are not formally hired to work in the hospital (Free service nurses)
- Practice Nurses (student nurses working under supervision)
- Nurses who are not willing to participate in the study
- Those nurses who are not present during data collection will be excluded from be study participants

3.2.2. Sampling

Sample Size Determination

The sample size would be determined using single population proportion formula by considering; Z = standard normal distribution ($Z = 1.96$) with confidence interval of 95% and $d = 0.05$, $p = 0.5$.

$$n = \frac{Z_{\alpha/2}^2 p(1 - p)}{d^2}$$

Where n = minimum sample size required for the study

P = prevalence/ population proportion ($P = 0.5$); since we didn't get other p-value we took $P = 0.5$.

d = is a tolerable margin of error ($d = 0.05$)

$$n = \frac{Z_{\alpha/2}^2 p(1 - p)}{d^2} = \frac{1.96_{\alpha/2}^2 0.5(1 - 0.5)}{0.05^2}$$
$$= 384.16 \quad \Rightarrow n_i 384$$

Since the total population is less than 10,000, we used correction formula. The exact sample size therefore was calculated as follows.

$$n_f = \frac{n_i * N}{n_i + N}$$

Where n_i = calculated sample size n_f = exact sample size N = sample population

$$n_f = \frac{n_i * N}{n_i + N} = \frac{384 * 3654}{384 + 3654} = 347.48 = 347$$

$$347 + 10\% \text{ non-response rate} = 347 + 34.7 = 381.7 = 382$$

Participants

The sampling frame for this study was all nurses in Addis Ababa public hospitals. Samples of 382 nurses were selected from the total using the following procedures.

First, public hospitals in Addis Ababa were divided into three strata based on the management organization they are following as: those owned by Addis Ababa health bureau, those hospitals owned by Universities and finally those hospitals owned by others. Then, these hospitals would be randomly chosen (by taking one from each stratum).

The researcher first sorted out from the data in the personnel file of the hospitals. Then nonprobability available sampling technique would be used to have the above specifies number of respondents from the given hospitals (Sampling procedure is summarized in the chart below).

Totally, 382 nurses with at least diploma holders in nursing, not much experienced and having no additional position would be samples of the study.

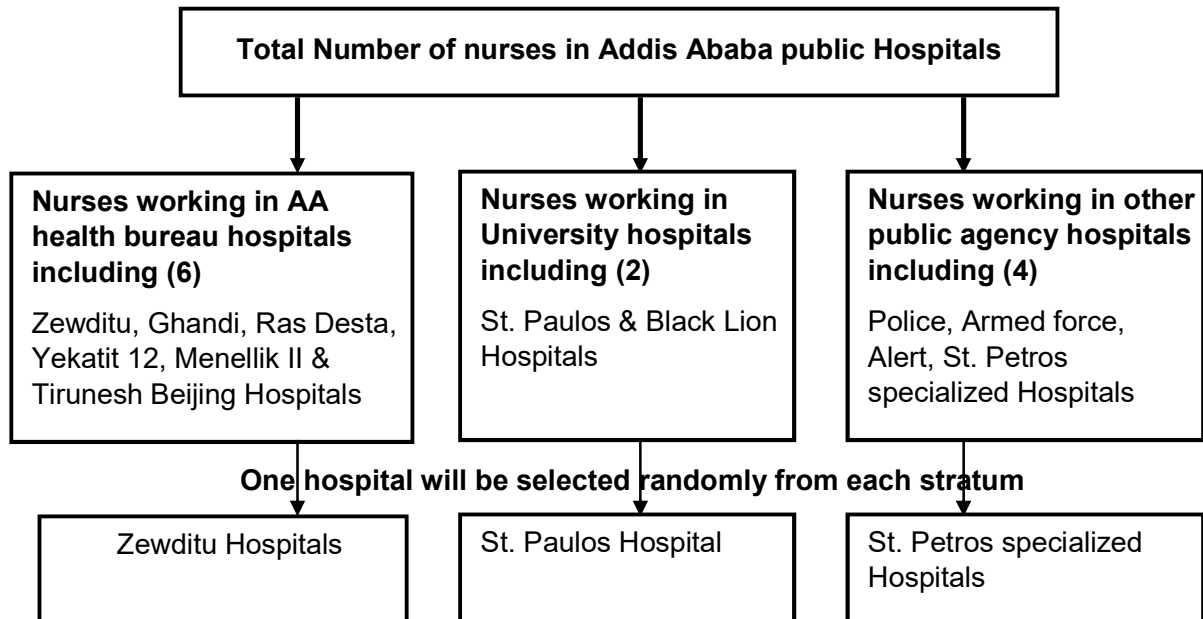


Figure 3.1: Illustrates the research participants sampling procedure.

3.3. Variables, Data Sources and Data Collection Methods

3.3.1. Variables

Independent demographic variables were included in this study and used as control variables. These variables were measured by a checklist of categories. The four demographic variables would be age, gender, years of experience as nursing, and educational level. These demographic control variables were selected for the following reasons. Mathieu & Zajac (1990) reported that the following variables were highly correlated with commitment: age, and, years of experience as nursing.

The use of control demographic variables enabled these variables to be held constant to examine the actual relationship between organizational climate and professional commitment. Control variables allowed the examination of the relationships among the independent, and dependent variable.

3.3.2. Data Sources

To fulfill the purpose of this research work, both primary and secondary Sources of data gathering would be employed. Primary Information can be obtained from nurses through duplicating questionnaires. Besides, from annual reports, internal magazines, internal database of personal record, policy procedures as well as labor law and labor union agreement documents and Addis Ababa city public hospitals and external websites the researcher would gather secondary data.

3.3.3. Data Collection Methods

Before collection of the actual data, a pilot test would be done on selected 30 nurses working in five health centers in Addis Ababa conventionally selected by the researcher. The pilot study is to be done to see the reliabilities of the items and find out any problem on the part of the questionnaire as well as the survey scales. Based on the results of the pilot test appropriate corrective measures would be done on the instruments or procedures.

Prior beginning the data gathering process, sample nurses would be told about the objective of the study or any other clarifications by the researcher.

Instruments

The following instruments would be implemented to collect data from the samples of the study:

a) *Organizational Climate (OC)*

To measure the organizational climate, two instruments are widely used. The Organizational Climate Description Questionnaire that measures aspects of the openness (Hoy, Tarter & Kottkamp, 1991) and the Organizational Climate Questionnaire (OCQ) by Litwin and Stringer (1968). However, as stated in the review of the related literature section of this study these instruments have their own drawback and there is confusion and no agreement on the dimensions of climate. Therefore, the investigator of this study decided to leave these instruments and preferred to use a new Organizational Climate Scale (CLIOR Scale), which would provide a reliable and valid general indicator of organizational climate (Elsa et al., 2013).

Organizational Climate Scale (CLIOR Scale)

The organizational climate scale is an instrument comprises 36 items, is essentially one-dimensional, and shows high internal consistency (.97) and high discriminatory power of its items, all with values above .40 (Elsa et al., 2013). The items do not show differential functioning for men and women. It can therefore be said that the new scale provides a reliable estimation of a general dimension of organizational climate (the scale is found in Annex A).

This new instrument offers a means of conceiving and operationalizing organizational as an essentially one-dimensional construct in line with (James et al., 2008) while guaranteeing content validity, by taking into account the diverse aspects of OC defined in the previous literatures. In the final instrument of 36 items, the following aspects of organizational climate are represented: autonomy, cooperation, rewards, work hours and work life balance, work organization, participation, relations, innovation, and attachment to the job.

The scale is best administered as part of a nurses meeting. It is important to guarantee the anonymity of the respondent; nurses are not asked to sign the questionnaire and no identifying code is placed on the form. The research assistants were overseeing the collected data. The objectives and scope of the research were clearly told before data collection to the respondents to create a non-threatening atmosphere where respondents give candid responses.

b) Professional Commitment Index (PCI)

Professional commitment would be measured using the Organizational Commitment Questionnaire originally developed by Porter et al. (1974) and further refined by Mowday et al. (1979). The Cronbach coefficient alpha reported an average reliability of .88 in over 90 research studies using this questionnaire (Mathieu & Zajac, 1990). A measure of overall commitment for each respondent was derived by taking the mean score across all items and was originally administered to 2,563 employees in nine different occupations (Mowday et al., 1979). The instrument appeared to measure a single construct with the internal consistency of the instrument ranging from .82 to .93 (Mowday et al., 1979).

The subscales

Affective Commitment: refers to the degree to which the employee identifies with, is involved in, and is emotionally attached to the profession. Affectively committed employees believe in the goals and values of the profession and enjoy being a member of it for its own sake, apart from its purely instrumental worth. Employees with strong affective commitment remain with the profession because **they want to do so** (Meyer & Allen, 1984).

Continuance Commitment: refers to the degree to which the employee recognizes that costs associated with leaving the profession tie him or her to the profession. Continuance committed nurses do not leave hospital for fear of losing their benefits, taking pay cuts, and not being to find another job. Such employees remain within the organization because **they have to do so**.

Normative Commitment: refers to the degree to which the employee feels an obligation to the profession; staying within the profession is the right and moral thing to do. Normative commitment stresses on shared behavior norms developed through common group experiences, and are less reliant on formal written policy, pay and time schedule. Employees remain within the organization because **they feel they ought to do so.**

Items

Affective commitment = 1,4,6,9,12,15,18,21

Continuance Commitment= 2,5,7,10,13,17,20

Normative Commitment = 3,8,11,14,16,19

Scoring

- i) The items for organizational climate inventory would be scored by assigning 1 to "rarely occurs," 2 to "sometimes occurs," 3 to "often occurs," and 4 to "very frequently occurs." When an item is reversed scored, it is scored "rarely occurs" receives a 4, "sometimes occurs" a 3, and so on.
- ii) The Professional commitment inventory scales would be scored by a 7-point Likhert scale measures. i.e. (0) strongly disagree, (1) moderately disagree, (2) slightly disagree, (3) undecided, (4) slightly agree, (5) moderately agree, and (6) strongly agree and vice versa when it is reversed item.

Each item was scored for each respondent, and then an average score for each item is computed by averaging the item responses across the public hospitals.

3.3.4. Reliability & Validity

The internal reliability of each component was assessed by coefficient alpha (Cronbach) reliability measure in the pilot test stage.

Content validity of the items to check whether the items cover the basic theory of each dimension and whether there are no redundant items would be assessed by the researcher as well as by the colleagues of the researcher who are graduate students.

Table 3.1: Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|------------------|--|------------|
| .745 | .701 | 9 |

As shown in the Table 3.1 above the Cronbach's alpha is **0.745**, which indicates a high level of internal consistency for our scale with the pilot data.

Table 3.2: Reliability Estimate of the Scales

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|-------------------------------------|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| Years of experience in the Hospital | 20.6962 | 23.990 | .237 | .172 | .856 |
| Age | 20.9841 | 25.399 | .225 | .187 | .749 |
| Gender | 21.4423 | 26.999 | .139 | .095 | .754 |
| Your Level of Education | 21.2433 | 27.295 | .030 | .065 | .767 |
| Overall Professional Commitment | 19.8015 | 18.672 | .892 | 1.000 | .701 |
| Organizational Climate | 19.9162 | 25.106 | .301 | .158 | .779 |

In order to check the internal consistency of the measures of professional commitment, the researcher used SPSS version 26. Then, based on the results from the pilot study, faulty items with relatively low item-total correlation that could reduce the overall reliability of the instrument were removed.

As shown in the Table 3.2 the value that Cronbach's alpha shows that the instruments were internally consistent or reliable. However, one of the variable professional commitment had a lower reliability estimate and the reduction of faulty items in this measure made the number of items very small. Hence, researcher decided to correct the wording of the scale, merge the items with high item total correlation with nurses' professionalism items. After all these processes, the instruments became more reliable with high reliability scale ranging from 0.701 to 0.856.

Finally, the instruments for this study were reduced to 36 organizational climate items and 20 professional commitment items. Before the data gathering process began, nurses involved in the main study were told about the objective of the study and other clarifications about the study by the researcher.

3.4. Operational Definition

For the sake of convenience and common understanding of important terminologies, the researcher presented the following definitions for the important terminologies to be used repeatedly in this study:

Professional Commitment: In this study, professional commitment is defined as an individual's identification with and involvement in hospital as well as nursing. More specifically, it can be defined as a combinational effect of the three major components of commitment: affective, continuance and normative commitment.

Level of Professional Commitment: The respondent level of commitment is considered if average level of respondent response to professional commitment questions is beyond 3.5; medium if their response result lies between 2.5 – 3.5; and low if it is below 2.5.

Organizational Climate: can be defined as the pervasive quality of hospital environment experienced by nurses and other staff which affect their behavior and is based on their collective perception behaviors in the hospital.

Public Hospitals: In this context they refer to hospitals giving inpatient and out-patient service, and which are governed and owned by the federal and Addis Ababa city administration health bureau.

3.5. Methods of Data Analysis

After all the data is collected from the sample nurses. Appropriate analysis of data would be done in the following manner:

- In answering the first question of the problem statement, that is assessing the level of nurses' professional commitment, the results of combined value of professional commitment (X) were analyzed using descriptive statistics (mean and standard deviation).
- To find answers for the second question, i.e. the relationship of organizational climate and professional commitment, the results of the combined measures of nurses' professional commitment (X) would be correlated to organizational climate scale (Y) and regression analysis including Logistic Regression Analysis were done to show the strength of relationship.
- Relationship of the subscales of professional commitment with organizational climate were also done by the correlation technique.
- Nurses will be first divided into different groups according to their work experience in the hospital, and then the effect were assessed using one-way analysis of variance (ANOVA) and Tukey post hoc analysis.

Chapter Four: Result and Discussion

This study attempted to examine the Relationship between Organizational Climate and Nurses' Professional Commitment. Therefore, the findings from the questionnaire and the results are discussed per the objectives in this chapter. It includes a report of results from descriptive analysis like frequency tables and figures that was assessed the level of nurses' professional commitment. It also includes a report of results from correlation of coefficients and regression analysis that describe the relationship of organizational climate with professional commitment and its subscales of professional commitment. Finally, a result from one-way analysis of variance (ANOVA) that indicates the difference of nurses' commitment across years of experience is included.

4.1. Socio-demographic Characteristics of the Respondents

The personal profile of the respondents is analyzed as per their gender, age, levels of educational achievements, and Years of experience in the Hospital. Descriptive statistics was performed on the demographic variables as a means of describing the respondents. The final study involved 382 respondents of which 48.8% were female and 50.9% were male, as indicated below in Table 4.1.

Further, majority of the respondents were within the age between 20 – 29 years (37.9%) followed by those with age group 30 – 39 (30.8%) and above 40 years (31.9%) respectively. When we assess respondent with their educational level, both bachelor's degree and diploma level of the respondents were having equal number (43.6%) and smaller number of the respondent were having master's degree (12.5%). As we can see in the Table 4.1. below, the highest proportion of respondents were with 2 – 5 years of years of experience (36.6%), followed by those with 6 – 10 years (23.2%), and there are a smaller number of respondents working 11 – 15 Years and above 16 years (19.8% and 20.1% respectively) in the Hospital.

Therefore, from the findings of the below demographic results we can observe that the sample is reasonably representative.

Table 4.1: Summary Profile of the Respondents

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|--|-----------|---------|---------------|--------------------|
| Age | | | | |
| 20 – 29 Years | 142 | 37.1 | 37.2 | 37.2 |
| 30 – 39 Years | 118 | 30.8 | 30.9 | 68.1 |
| Above 49 Years | 122 | 31.9 | 31.9 | 100.0 |
| Total | 382 | 99.7 | 100.0 | |
| Gender | | | | |
| Male | 195 | 50.9 | 51.0 | 51.0 |
| Female | 187 | 48.8 | 49.0 | 100.0 |
| Total | 382 | 99.7 | 100.0 | |
| Your Level of Education | | | | |
| Diploma / Level IV | 167 | 43.6 | 43.7 | 43.7 |
| Bachelor’s Degree | 167 | 43.6 | 43.7 | 87.4 |
| Master’s Degree | 48 | 12.5 | 12.6 | 100.0 |
| Total | 382 | 99.7 | 100.0 | |
| Years of Experience in the Hospital | | | | |
| 2 – 5 Years | 140 | 36.6 | 36.6 | 36.6 |
| 6 – 10 Years | 89 | 23.2 | 23.3 | 59.9 |
| 11 – 15 Years | 76 | 19.8 | 19.9 | 79.8 |
| Above 16 Years | 77 | 20.1 | 20.2 | 100.0 |
| Total | 382 | 99.7 | 100.0 | |

4.2. Respondents’ Level of Nurses’ Professional Commitment

As we can easily in figure 5 below majority of the respondents reply as if they have high level of commitment for their profession (39%). Whereas almost equal number of their colleagues (37%) were on the opposite pole replying for having low level of professional commitment.

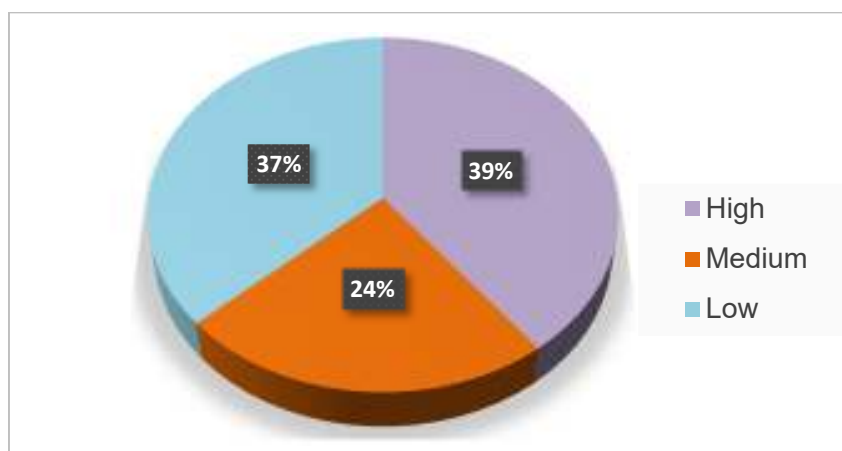


Figure 4.1: Respondents’ Level of Professional Commitment

Further, as clearly described in Table 4.2 below, the mean level of nurses' professional commitment was 3.13 with standard deviation of 1.06 which is almost very slight higher than the middle value. From the result we can observe that though majority of them were at the high level still it is not satisfactory.

When we specifically treat sub scales of professional commitment it is found that the mean value of nurses' continuance commitment was found to be below average (2.76) while their normative and affective commitment was a bit higher than the average professional commitment (3.34 and 3.32 respectively).

Table 4.2: Frequencies of Professional Commitment

| | | Overall Professional Commitment | Affective Commitment | Continuance Commitment | Normative Commitment |
|--------------------|---------|---------------------------------|----------------------|------------------------|----------------------|
| N | Valid | 382 | 382 | 382 | 382 |
| | Missing | 0 | 0 | 0 | 0 |
| Mean | | 3.1302 | 3.3234 | 2.7631 | 3.3382 |
| Standard Deviation | | 1.06057 | 1.35402 | 1.20762 | 1.31151 |

4.3. Inferential Statistics

Various statistical methods used for data analysis make assumptions about normality, including correlation, regression, *t*-tests, and analysis of variance. Before going to analytical tests an assessment of the normality of data is a prerequisite because normal data is an underlying assumption in parametric testing (Bland M, 2015).

4.3.1. Test of Normality

Kolmogorov-Smirnov (KS) test analysis indicates that if KS result is ($p > .05$) we are safe to reject the null hypothesis that the data is not normally distributed (Bland M, 2015).

To make valid inferences from the regression analysis, the residuals of the regression should follow a normal distribution. The residuals are simply the error terms, or the differences between the observed value of the professional commitment (dependent variable), and the organizational climate and other variables (predicted value). To check whether these residuals are equally distributed, or whether they tend to bunch together at some values, and at other values, spread far apart the researcher used homoscedasticity. As shown Table 4.3 below data is homoscedastic if it looks somewhat like a scatter-gun blast of randomly distributed data.

Table 4.3: Test of Normality

| | | Kolmogorov-Smirnov Test | | | | | |
|-------------------------------------|-------------------|---|-------------------|-------------------|----------------------------|----------------------------|---------------------------|
| | | Years of experience in the Hospital | Age | Gender | Your Level of Education | Professional Commitment | Organizational Climate |
| N | | 382 | 382 | 382 | 382 | 382 | 382 |
| Normal Parameters ^{a,b} | Mean | 2.24 | 1.95 | 1.49 | 1.69 | 3.1302 | 3.0156 |
| | Std. Deviation | 1.149 | .831 | .501 | .683 | 1.06057 | .76005 |
| Most Extreme Differences | Absolute | .225 | .245 | .346 | .280 | .110 | .051 |
| | Positive | .225 | .245 | .346 | .280 | .110 | .038 |
| | Negative | -.148 | -.217 | -.336 | -.239 | -.094 | -.051 |
| Test Statistic | | .225 | .245 | .346 | .280 | .110 | .051 |
| Asymp. Sig. (2-tailed) | | .054 ^a | .078 ^a | .000 ^c | .010 ^c | .065 ^a | .117 ^a |

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

4.3.2. Correlation Analysis

In this section, correlation analysis conducted to analyze the relationship between organizational climate and Nurses' professional commitment. And relationship of the subscales of professional commitment would be done by the correlation analysis technique. This provided correlation Coefficients which indicated the strength and direction of relationship. The p-value also indicated the probability of this relationship's significant.

4.3.2.1. Correlation Analysis between Organizational Climate and Professional commitment

Correlation analysis was conducted to know of relationship between Organizational climate and nurses' professional commitment of public hospitals.

Table 4.4 Correlation Analysis of organizational climate and Professional commitment

| | | Professional Commitment | Organizational Climate |
|----------------------------|---------------------|----------------------------|---------------------------|
| Professional Commitment | Pearson Correlation | 1 | .332** |
| | Sig. (2-tailed) | | .000 |
| | N | 382 | 382 |
| Organizational Climate | Pearson Correlation | .332** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 382 | 382 |

** . Correlation is significant at the 0.01 level (2-tailed).

As shown in the Table 4.4 above, there is significant positive relationship between Organizational climate and professional commitment $r = .332, p (2\text{-tailed}) < 0.01$. The correlation between variable was direct which means as organizational climate is good professional Commitment is increases. This indicates organizations with favorable climate increase professional commitment of nurses and maintain a long-term relationship with their organization. Thus, the result supports for the main hypothesis states that there is a significant Organizational climate and nurses' professional commitment of public hospital in Addis Ababa.

4.3.2.2. Correlation Analysis between Organizational Climate and Components of Professional commitment

The result of correlation analysis shows in the Table 4.5 below that organizational climate has a positive strong relationship with affectvie, normative and continuance commitment $r = .256, p (2\text{-tailed}) < 0.01, r = .250, p (2\text{-tailed}) < 0.01, \text{ and } r = .312, p (2\text{-tailed}) < 0.01$, respectively. This directs there is not any major difference between organizational climate and components of professional commitment, all had a significant relationship with organizational climate. Thus, the result supports for the hypothesis states that there is a significant positive relationship of organizational climate with affectvie and normative commitment, but the hypothesis fails to prove no significant relationship with continuance commitment instead it has a significant positive relationship with organizational climate.

Table 4.5 Correlation Analysis of Organizational climate and Components of Professional commitment

| | | Organizational Climate | Affective Commitment | Continuance Commitment | Normative Commitment |
|------------------------|---------------------|------------------------|----------------------|------------------------|----------------------|
| Organizational Climate | Pearson Correlation | 1 | .256** | .312** | .250** |
| | Sig. (2-tailed) | | .000 | .000 | .000 |
| | N | 382 | 382 | 382 | 382 |
| Affective Commitment | Pearson Correlation | .256** | 1 | .448** | .680** |
| | Sig. (2-tailed) | .000 | | .000 | .000 |
| | N | 382 | 382 | 382 | 382 |
| Continuance Commitment | Pearson Correlation | .312** | .448** | 1 | .357** |
| | Sig. (2-tailed) | .000 | .000 | | .000 |
| | N | 382 | 382 | 382 | 382 |
| Normative Commitment | Pearson Correlation | .250** | .680** | .357** | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | |
| | N | 382 | 382 | 382 | 382 |

** . Correlation is significant at the 0.01 level (2-tailed).

When we specifically treat sub scales of professional commitment it is found that the mean value of nurses' continuance commitment was found to be below average while their normative and affective commitment was a bit higher than the average commitment as shown in the Table 4.2 above. Results of the present study showed that the studied subjects had low continuance commitment toward their hospital, as they did not feel emotionally attached to their hospital, or their hospital did not deserve their loyalty. This result may be due to their negative perceptions regarding organization climate as reported in the study. These findings supported by Vianen (2000) who concluded that the fit between a person's values and organization's values is associated with behavioral and affective outcomes, such as greater organization commitment, better performance, and longer tenure.

The result of the present study suggests that, the relationship of the three components of commitment with organizational climate was positive as expected. Thus, the results consisted with that of Valentine et al. (2002), who found weaker results consider for the collegial leadership variables, including principal's support, principal's control and principal's consideration, ranging from 0.22 – 0.30. The above researchers also found correlation of 0.31 to 0.44 between organizational climate and nurses' commitment.

4.3.3. Multi-collinearity Analysis

To check whether these predictor variables are highly correlated with each other researcher used Multicollinearity. Statistics indicates that all values of variance inflation factor (VIF) below 10.00 as correlated (Morrow-Howell, 1994). As shown in Table 4.6 below the researcher checked the assumption for multicollinearity among these three independents (predictor) variables and found out that the predicted variables are highly multicollinear. This indicating that the assumption is met, and we are safe to say that variables are strongly correlated.

Table 4.6: Multicollinear Analysis of Independent variables with Professional commitment

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|-------|-------------------------------------|-----------------------------|------------|---------------------------|-------|------|-------------------------|-------|
| | | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | (Constant) | .789 | .301 | | 2.620 | .009 | | |
| | Years of experience in the Hospital | .136 | .047 | .147 | 2.878 | .004 | .849 | 1.178 |
| | Your level of Education | .065 | .075 | .042 | .867 | .386 | .949 | 1.053 |
| | Organizational Climate | .424 | .067 | .304 | 6.328 | .000 | .962 | 1.040 |

a. Dependent Variable: Professional Commitment

4.3.4. Regression Analysis

The regression analysis was conducted to know by how much the independent variable explains the dependent variable. Therefore, regression analysis of organizational climate and professional commitment was conducted, and the results of the regression analysis are presented as following:

Table 4.7: Model Summary ^b result of predictor variable over the dependent variable

| Model Summary ^b | | | | |
|----------------------------|-------------------|----------|-------------------|----------------------------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | .332 ^a | .110 | .108 | 1.00163 |

a. Predictors: (Constant), Organizational Climate

b. Dependent Variable: Overall Professional Commitment

Table 4.8: Analysis of Variance (ANOVA^a) result of predictor variable over the dependent variable

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 47.307 | 1 | 47.307 | 47.153 | .000 ^b |
| | Residual | 381.241 | 380 | 1.003 | | |
| | Total | 428.548 | 381 | | | |

a. Dependent Variable: Overall Professional Commitment

b. Predictors: (Constant), Organizational Climate

Table 4.8 above indicates that in the regression model the independent variable organizational climate significantly predicts the dependent variable professional commitment ($p < 0.05$). Here, $p < 0.0005$, which is less than 0.05, and indicates that, overall organizational climate statistically significantly predicts professional commitment had a good fit with the data. Further, from the R^2 result in the summary table above we are safe to say that professional commitment is about 11 % dependent over organizational climate.

Cohen, (1998) in their case study of relationship between work commitment and work outcomes among hospital nurses in 238 respondents 92% of the samples reported the same result. Dorgham, (2012) in their extensive study about climate and professional commitment in nursing, also found moderately strong positive relationship of organization climate and nurses' professional commitment. It illustrates statistical significant difference ($p \leq 0.05$) in relation to sex elements of organization climate. This finding goes in congruence with Valentine et al. (2002) they found a positive relationship between professional commitment and individuals perceptions of

organization climate, also there are many studies results indicated that organizational climate has positive affects to the professional commitment relationship towards organization. Thus, the result supports for the main hypothesis states that there is a significant strong positive relationship of Organizational climate with Professional commitment of nurses in Public hospitals of Addis Ababa.

The researcher also observed from his informal discussions with nurses as well as from their responses of oral discussion that nurses had several complaints on different issues such as, favors on the assignment of principals, shortage of money and no additional income or privileges and lack of support form the patient. Many of the sample respondents also reported that they love the profession but because of the reasons mentioned above and other factors their commitment to nursing is very much decreasing and that hampers them from working as they wished.

Besides the statistical findings, those and other climatic problems in the hospital environemnt are belived by the researcher as root causes for the lack of professional commitment on the sides of nurses. Theoretical models given by several researchers (such as Carr et al. 2003) could serve as a supporting evidence for this assertion.

Moreover, this study verified that the studied subjects were dissatisfied with the overall organization climate, which can be clarified as, they view their organization climate as characterized by the following factors; unchallengeable jobs, shortage of personnel, lack of feedback about performance, lack of recognition or work done well through merit or announcements in meetings, lack of material resources which make it difficult for employees to carry out duties, poor communication, there is no two- way communication between manager and subordinates and lack of staff development activities which prevent personnel from being equipped with knowledge and skills that they need in order to provide quality services.

4.3.4.1. *Bivariate and Multiple Logistic Regression Analysis*

A logistic regression analysis was performed to ascertain the effect of demographic the independent variables effects of age, gender, years of experience in the hospital, level of education, organizational climate on the public hospitals of Addis Ababa that participants have professional commitment.

Table 4.9 Bivariate and Multiple Logistic Regression Analysis of factors associated with poor professional commitment (mean score <3.1) among nurses (n=382) at public hospitals of Addis Ababa, 2020

| Variable | Total No | PC (Mean Score of APC < 3.1) | COR (95% CI) | AOR (95% CI) | P-Value |
|--|----------|------------------------------|--------------------|--------------------|---------|
| Age | | | | | |
| 20 – 29 Years | 142 | 37.1 | .919(.562-1.501) | .834(.476-1.460) | .525 |
| 30 – 39 Years | 118 | 30.8 | .557(.341-.908) | .638(.363-1.123) | .119 |
| 40 and Above Years | 122 | 31.9 | 1.00 | 1.00 | |
| Years of experience in the Hospital | | | | | |
| 2 – 5 Years | 140 | 36.6 | 2.941(1.641-5.271) | 2.319(1.210-4.444) | .011* |
| 6 – 10 Years | 89 | 23.2 | 2.923(1.547-5.525) | 3.588(1.836-7.009) | .000* |
| 11 – 15 Years | 76 | 19.8 | 1.872(.971-3.607) | 1.431(.697-2.938) | .329 |
| Above 16 Years | 77 | 20.1 | 1.00 | 1.00 | |

COR = Odds Ratio; CI = Confidence Interval; AOR=Adjusted Odds Ratio

PC = Professional Commitment; APC = Average Professional Commitment.

*Significant at P < 0.05.

In a multiple logistic regression analysis, the demographic factors of Years of experience in the Hospital 2 – 5 years (AOR 2.319; 95% CI; 1.210-4.444), Years of experience in the Hospital 6 – 10 years (AOR 3.588; 95% CI; 1.836-7.009) was statistically significantly predict with nurses' professional commitment in public hospitals of Addis Ababa. Further, Tukey post hoc analysis (See annex C) indicates that years of experience in the hospital with above 16 years were more likely to have a good professional commitment than others.

According to the present study, a significant difference was observed on nurses' professional commitment depending on their work experience. Though there are some findings that revealed the present result (such as Meyer & Allen, (1984)) reported the opposite, and in congruence with the present result.

Concerning the relationship between socio-demographic characteristics of studied subjects and their professional commitment. The finding proved that, there was found a statistically significant relation among nurses' commitment with their demographic characteristics.

Research to date suggests that work experiences play the biggest role in employee's decisions to remain within an organization. In the workplace, the supervisor provides a subordinate with

support and monetary rewards while in exchange, the subordinate contributes personal devotion and expertise. This really require employers demonstrate their commitment in terms of pleasant working conditions, access to training and development, provision of a safe working environment and a balance between work and employees' commitments outside the work place (Adenike, 2011). Furthermore, many studies have consistently confirmed relationships between organization climate and individual outcomes such as performance, satisfaction, commitment, and involvement in decision making (Ostroff et al., 2007).

In the informal discussion with nurses, the researcher found supportive evidence that, many novice nurses started career with uncertainty and find their jobs more demanding and challenging than expected. As a result, those nurses tend to be less committed and reconsider their choice. Certainly, it seems reasonable to suggest that some costs associated with leaving will increase over time (for example, pension allowance, seniority privileges, organization-specific training etc.)

In addition, findings revealed that, there is not statistically significant correlation between the studied subjects related to educational level. Wiedmer (2006) found that the educational level and age were not significant predictor of job satisfaction and organizational commitment.

Consequently, workers who are more satisfied with their jobs are more committed to their profession. Therefore, if managers want to increase employees' professional commitment, they should strengthen a positive organizational climate in their organizations.

Chapter Five: Summary, Conclusion & Recommendation

5.1. Summary

In the review of literature, the researcher explored the two basic constructs of the study: organization climate and nurses' professional commitment in general and their specific components. The review further identified relevant variables to examine in relation to the climate. This review generated four research questions, which were subsequently tested in the pilot and final studies.

In the main study, the researcher explored relationship between organizational climate and nurses' professional commitment and other demographic variables by using adequately valid and reliable instruments. Four approaches were used in this chapter to answer the research questions. First, the descriptive statistics were applied to the demographic variables as a means of describing the respondents and to examine the level of commitment. The descriptive statistics suggested that the mean level of nurses' professional commitment is almost very slight higher than the middle value and we can observe that though majority of them were at the high level still it is not satisfactory. Second, Correlation analysis procedures were applied to the data to examine relationships among the variables within the contexts of hospitals. The correlational analysis suggested that there is a positive relationship between organizational climate and nurses' professional commitment variables. The relationship between organizational climate and the subscales of nurses' professional commitment was confirmed to be significantly positive. Third, Linear regression analysis was used to examine the predictive power of organizational climate to nurses' professional commitment and to find out the amount of variance of the independent variables accounted by dependent variables. In this regard, organizational climate was found to contribute significantly predicts to the level of nurses' professional commitment.

Finally, in assessing the variation of nurses' professional commitment with nursing experience, it appears that commitment of nurses differs according to their experience.

Regarding the extent to which organizational climate contributes to nurses' professional commitment, statistically significant relationships were found between the two variables. The amount of variance accounted by independent variable (organizational climate) significantly predicts the level of nurses' professional commitment and the variables are normally distributed.

Concerning the components of commitment that have significant relationship with organizational climate, i.e., affective, continuance and normative commitment of nurses have statistically significant positive relationship with 99.9% confidence interval to their profession.

As far as the variation in nurses' professional commitment based on years of experience is concerned, analysis of variance (ANOVA) indicated that there is a significant difference of nurses' professional commitment across years of experience. In the study, it is found that average commitment of nurses increased after 16 years of experience (more than 16 years of service have the highest mean (3.49) commitment result). Specifically, when we treat the effect of work experience with the subscales of professional commitment, work experience has strong significant relationship with their continuance commitment.

5.2. Conclusion

The positive correlation between level of professional commitment and organizational climate showed that organizational climate was significantly and positively related to nurses' professional commitment at public Hospital of Addis Ababa. Therefore, the following conclusions could be made.

The overall level of nurses' professional commitment in public hospitals of Addis Ababa is almost very slight higher than the middle value of the mean level of nurses' professional commitment (3.13). Therefore, the majority of them were at the high level still it is not satisfactory. Specifically, nurses' continuance commitment was found to be mean value of below average (2.76).

The positive correlation between measures of organizational climate and nurses' professional commitment showed that organizational climate was significantly and positively related to nurses' professional commitment at in public Hospital of Addis Ababa. Even though the policy makers and the society are thinking of several things for the improvement of nurses' professional commitment, favorable and attractive organization climate is found as one of the most important factors to be considered for the improvements of their professional commitment.

The results of the study also revealed that demographic factors (work experience, except age, gender, and educational level) of workers significantly correlated with commitment. More experienced in nursing had higher levels of professional commitment than the less experienced workers. This means that the less experienced may still be deciding what they want to do for a career. Deciding on a choice of work in life or for a given period of time may prevent professional commitment. Experience of nurses, which could create difference on commitment, the cause for this difference are yet to be studied.

These findings provide valuable guidance for researchers and practitioners trying to identify the mechanisms by which they can improve nurses' professional commitment. These results confirm earlier findings on the relationship between organization climate and commitment (McMurray et al. (2004)

5.3. Recommendations

The executives should clearly understand the factors that reinforce organizational climate. The factors of organizational climate which that organizations should focus on is the open system factor including innovation and flexibility, outward focus, reflexivity. Human relations factor including autonomy, integration, involvement, supervisory support, training, welfare and. Rational goal factor including clarity of organizational goals, efficiency, effort, performance feedback, pressure to produce, quality.

The researchers give the following recommendations for Public Hospitals of Addis Ababa, future researchers, health administrators and other concerned bodies:

- Emphasis should be given to develop conducive health environment for the development of giving health care service by building positive relationships between employees and between organization with employees.
- The present study should be replicated with larger and nationwide samples of nurses to confirm whether the result could be generalizable beyond the limitations of the present samples.
- Let employees to realize the benefits that employees receive from their hospital and the comparison to shows that no less than other hospital in the same field.
- Organization climate which affects nurses' commitment to a limited range, but researcher feels that there are also other factors to be considered for a better understanding of professional commitment. These includes patients interest and nurse's participation in the decision making. Let nurses are aware that their role and their importance to the Hospital. Therefore, future researchers should assess those other factors in addition to organization climate.
- A more detailed study is needed to find out the reasons for the differences in nurses' professional commitment due to their work experience. That is, further research should be done to explain why less experienced have low commitment to their profession.
- Above all, organization managements should provide necessary facilities, conducive organizational climate and take actions that provide for the well-being of the nurses to improve professional commitment.

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Annex A - Questionnaire for Data Collection (English Version)
St. Mary's University
School of Graduate Studies
MBA Program

Informed consent for the respondents

Introduction:

My name is _____, I am working as data collector in a survey conducted by Ato Tibebu Goshime, to find out the relationship between organizational climate and nurses' professional commitment in public hospitals of Addis Ababa. The purpose of the study is to generate information necessary for the planning of appropriate interventions and to track the trend on behaviors that are associated with organizational factors responsible for nurses' commitment to their profession.

Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and credited in campaigns for improvement of nurses' commitment in the health sector. If you are not interested to be part of the study please tell me genuinely and end the session.

I would like to assure you that your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. I would greatly appreciate your help in responding to this survey. The survey will take about 20-30 minutes to fill the questions.

Would you be willing to participate?"

If yes proceed to next part

Thank you for your cooperation

Tibebu Goshime

Department of Business Administration

SMU

Section 1: Demographic Information

DIRECTIONS: Circle on the following Demographic Information

- 1) Years of experience in the Hospital
 - a) 2 – 5 Years
 - b) 6 – 10 Years
 - c) 11 – 15 Years
 - d) Above 16 Years
- 2) Age
 - a) 20 – 29 Years
 - b) 30 – 39 Years
 - c) 40 – 49 Years
 - d) 50 and above Years
- 3) Gender
 - a) Male
 - b) Female
- 4) Your level of Education
 - a) Diploma / Level IV
 - b) Bachelor's degree
 - c) Master's degree

Section 2: Organizational Climate Statement (OCS)

DIRECTIONS: The following are statements that about your hospital please indicate the extent to which each statement characterizes your hospital by checking the appropriate response.

1 = Strongly Disagree **2** = Disagree **3** = Undecided **4** = Agree **5** = Strongly Agree

| No | Items | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|
| 1 | My workplace is pleasant | | | | | |
| 2 | The relationships with my bosses are good | | | | | |
| 3 | My bosses' responsibilities are well defined | | | | | |
| 4 | Superiors encourage a critical spirit | | | | | |
| 5 | My work hours fit my needs | | | | | |
| 6 | I have the means necessary for doing my work | | | | | |
| 7 | My efforts are adequately rewarded | | | | | |
| 8 | My superiors' value the order and accuracy in my work | | | | | |
| 9 | My bosses value the ideas I put forward for improving the job | | | | | |
| 10 | My bosses encourage me when I have problems so that I can solve them | | | | | |
| 11 | My suggestions about the job are listened to | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 12 | I really feel supported by my bosses | | | | | |
| 13 | Opportunities for training are offered | | | | | |
| 14 | I have independence for organizing my own work | | | | | |
| 15 | If I need help because of a heavy workload, I am given the necessary means | | | | | |
| 16 | The bosses take an interest in my work problems | | | | | |
| 17 | The goals of my work are clearly defined | | | | | |
| 18 | The bosses are approachable | | | | | |
| 19 | The bosses are willing to listen to their employees | | | | | |
| 20 | Socially, my work has the prestige it deserves | | | | | |
| 21 | My bosses are kind to me | | | | | |
| 22 | In my job, innovative contributions are appreciated | | | | | |
| 23 | When I do something well, my superiors congratulate me | | | | | |
| 24 | The relation between the job description and the tasks I carry out is good | | | | | |
| 25 | The contribution of new ideas is encouraged | | | | | |
| 26 | My job is well defined | | | | | |
| 27 | It is easy to find help when needed | | | | | |
| 28 | The reasons for the decisions made are usually adequately explained | | | | | |
| 29 | My work is adequately valued | | | | | |
| 30 | Deadlines are adequately met | | | | | |
| 31 | The organization takes sufficient advantage of new technologies | | | | | |
| 32 | My efforts receive the recognition they deserve | | | | | |
| 33 | My bosses seem to me to be too authoritarian | | | | | |
| 34 | My superiors often pick on me about unimportant things | | | | | |
| 35 | My bosses watch me closely | | | | | |
| 36 | My superiors do not respond to demands | | | | | |

Section 3: Professional Commitment Index (PCI)

DIRECTIONS: The following are statements that about your commitment towards your profession [nursing in this case]. Please indicate the extent to which each statement characterizes you by checking the appropriate response.

0 - Strongly Disagree, **1** - Moderately Disagree, **2** - Slightly Disagree, **3** - Undecided,
4 - Slightly Agree, **5** - Moderately Agree, and **6** – Strongly Agree

| No | Items | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|----|---|---|---|---|---|---|---|---|
| 1 | I do not feel like part of the family at the hospital (R) | | | | | | | |
| 2 | I am not concerned about what might happen if I left nursing without having another position lined up. | | | | | | | |
| 3 | I do not feel any obligation to remain in nursing (R) | | | | | | | |
| 4 | I feel emotionally attached to the profession | | | | | | | |
| 5 | It would be very hard for me to leave nursing right now even if I wanted to | | | | | | | |
| 6 | Working as a nurse has a great deal of personal meaning for me | | | | | | | |
| 7 | Too much in my life would be disrupted if I decided I wanted to leave nursing now | | | | | | | |
| 8 | Even if it were to my advantage, I do not feel it would be right to leave now | | | | | | | |
| 9 | I feel a strong sense of belongingness to nursing profession | | | | | | | |
| 10 | It wouldn't be too costly for me to leave this profession now | | | | | | | |
| 11 | I would feel guilty If I left nursing now | | | | | | | |
| 12 | I am proud to tell others that I am a nurse | | | | | | | |
| 13 | Right now, staying in nursing is a matter of necessity as much as desire (R) | | | | | | | |
| 14 | Nursing deserves my loyalty | | | | | | | |
| 15 | I would be happy to work in nursing until I retire | | | | | | | |
| 16 | It would be wrong to leave this nursing right now because of my obligation to the people in it | | | | | | | |
| 17 | One of the serious consequences of leaving in this profession would be the scarcity of available alternatives | | | | | | | |
| 18 | I really feel that any problems faced by nurses are also my problems | | | | | | | |
| 19 | One of the reasons I continue to work as a nurse is that leaving would require considerable sacrifice another organization may not match the overall benefits I have here | | | | | | | |
| 20 | I enjoy discussing about nursing with people outside of it | | | | | | | |

- 1) በሆስፒታሉ ውስጥ ያለዎት የአገልግሎት ዘመን

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|--------------|---------------|----------------|-------------|
| ሀ) 2 – 5 ዓመት | ለ) 6 – 10 ዓመት | ሐ) 11 – 15 ዓመት | መ) ከ 16 ዓመት |
|--------------|---------------|----------------|-------------|
- 2) እድሜ

| | | | |
|----------------|----------------|----------------|-------------|
| ሀ) 20 – 29 ዓመት | ለ) 30 – 39 ዓመት | ሐ) 40 – 49 ዓመት | መ) ከ 50 ዓመት |
|----------------|----------------|----------------|-------------|
- 3) ጾታ

| | |
|--------|-------|
| ሀ) ወንድ | ለ) ሴት |
|--------|-------|
- 4) የትምህርት ደረጃ

| | | |
|----------------|---------------|--------------|
| ሀ) ዲፕሎማ/ ደረጃ 4 | ለ) የመጀመሪያ ዲግሪ | ሐ) ማስተርስ ዲግሪ |
|----------------|---------------|--------------|

ክፍል 2: ስለ ድርጅትዎ የሚመለከቱ መጠይቅ

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| ተ.ቁ | ጥያቄዎች | 1 | 2 | 3 | 4 | 5 |
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| 2 | | | | | | |
| 3 | | | | | | |
| 4 | / | | | | | |
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| 17 | □□□□ □□ □□□□ □□□□□□□□□□ | | | | | | |
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| 24 | □□□ □□□□ □□□□□ □□□□□ □□ □□ □□□□□ □□□□□ | | | | | | |
| 25 | □□□□□ □□□□ □□□□□□ □□□□□□□□ | | | | | | |
| 26 | □□□ □□□ □□□□ | | | | | | |
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| 30 | □□ □□□□ □□□□□ □□□□ | | | | | | |
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| 35 | □□□□ □□□□□ □□□□□□□□□ | | | | | | |
| 36 | □□□□□ □□□□□□ □□□□ □□□ □□□□□□□ | | | | | | |

ክፍል 3: ሙያዎ ላይ ያለዎትን ዝግጁነት (ቁርጠኝነት) የሚመለከቱ መጠይቆች

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| | (I) Years of experience in the Hospital | (J) Years of experience in the Hospital | Mean Difference (I-J) | | | Lower Bound | Upper Bound |
|----------|---|---|-----------------------|--------|------|-------------|-------------|
| Hochberg | 2 – 5 Years | 6 – 10 Years | -.0781 | .14156 | .995 | -.4525 | .2963 |
| | | 11 – 15 Years | -.2579 | .14878 | .407 | -.6514 | .1356 |
| | | Above 16 Years | -.5494* | .14815 | .001 | -.9412 | -.1576 |
| | 6 – 10 Years | 2 – 5 Years | .0781 | .14156 | .995 | -.2963 | .4525 |
| | | 11 – 15 Years | -.1798 | .16309 | .849 | -.6111 | .2515 |
| | | Above 16 Years | -.4713* | .16252 | .023 | -.9011 | -.0415 |
| | 11 – 15 Years | 2 – 5 Years | .2579 | .14878 | .407 | -.1356 | .6514 |
| | | 6 – 10 Years | .1798 | .16309 | .849 | -.2515 | .6111 |
| | | Above 16 Years | -.2915 | .16884 | .412 | -.7380 | .1551 |
| | Above 16 Years | 2 – 5 Years | .5494* | .14815 | .001 | .1576 | .9412 |
| | | 6 – 10 Years | .4713* | .16252 | .023 | .0415 | .9011 |
| | | 11 – 15 Years | .2915 | .16884 | .412 | -.1551 | .7380 |

Based on observed means. The error term is Mean Square (Error) = 1.090.

*. The mean difference is significant at the .05 level.

Homogeneous Subsets

Professional Commitment

| | Years of experience in the Hospital | N | Subset | |
|---------------------------|-------------------------------------|-----|--------|--------|
| | | | 1 | 2 |
| Tukey B ^{a,b,c} | 2 – 5 Years | 140 | 2.9500 | |
| | 6 – 10 Years | 89 | 3.0281 | |
| | 11 – 15 Years | 76 | 3.2079 | 3.2079 |
| | Above 16 Years | 77 | | 3.4994 |
| Hochberg ^{a,b,c} | 2 – 5 Years | 140 | 2.9500 | |
| | 6 – 10 Years | 89 | 3.0281 | |
| | 11 – 15 Years | 76 | 3.2079 | 3.2079 |
| | Above 16 Years | 77 | | 3.4994 |
| | Sig. | | | .462 |

Means for groups in homogeneous subsets are displayed. Based on observed means.

The error term is Mean Square (Error) = 1.090.

a. Uses Harmonic Mean Sample Size = 89.840.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

c. Alpha = .05.

Age

Multiple Comparisons

Dependent Variable: Average of Overall Professional Commitment

| | (I) Age | (J) Age | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|----------|----------------|----------------|-----------------------|------------|------|-------------------------|-------------|
| | | | | | | Lower Bound | Upper Bound |
| Hochberg | 20 – 29 Years | 30 – 39 Years | -.1162 | .13007 | .752 | -.4281 | .1958 |
| | | Above 49 Years | -.3792* | .12890 | .010 | -.6884 | -.0701 |
| | 30 – 39 Years | 20 – 29 Years | .1162 | .13007 | .752 | -.1958 | .4281 |
| | | Above 49 Years | -.2631 | .13483 | .147 | -.5864 | .0603 |
| | Above 49 Years | 20 – 29 Years | .3792* | .12890 | .010 | .0701 | .6884 |
| | | 30 – 39 Years | .2631 | .13483 | .147 | -.0603 | .5864 |

Based on observed means. The error term is Mean Square(Error) = 1.090.

*. The mean difference is significant at the .05 level.

Professional Commitment

| | Age | N | Subset | |
|---------------------------|----------------|-----|--------|--------|
| | | | 1 | 2 |
| Tukey B ^{a,b,c} | 20 – 29 Years | 142 | 2.9732 | |
| | 30 – 39 Years | 118 | 3.0894 | 3.0894 |
| | Above 49 Years | 122 | | 3.3525 |
| Hochberg ^{a,b,c} | 20 – 29 Years | 142 | 2.9732 | |
| | 30 – 39 Years | 118 | 3.0894 | 3.0894 |
| | Above 49 Years | 122 | | 3.3525 |
| | Sig. | | .757 | .131 |

Means for groups in homogeneous subsets are displayed.

Based on observed means. The error term is Mean Square(Error) = 1.090.

a. Uses Harmonic Mean Sample Size = 126.510.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

c. Alpha = .05.

Annex D

A) Descriptive Statistics

| | Mean | Std. Deviation | N |
|---------------------------------|--------|----------------|-----|
| Overall Professional Commitment | 3.1302 | 1.06057 | 382 |

| | | | |
|------------------------|--------|---------|-----|
| Affective Commitment | 3.3234 | 1.35402 | 382 |
| Continuance Commitment | 2.7631 | 1.20762 | 382 |
| Normative Commitment | 3.3382 | 1.31151 | 382 |
| Organizational Climate | 3.0156 | .76005 | 382 |

B) Correlations Result of the study

| | | Overall Professional Commitment | Average Affective Commitment | Average Continuance Commitment | Average Normative Commitment | Average Organizational Climate |
|---------------------------------|---------------------|---------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------------|
| Overall Professional Commitment | Pearson Correlation | 1 | .899** | .737** | .799** | .332** |
| | Sig. (2-tailed) | | .000 | .000 | .000 | .000 |
| | N | 382 | 382 | 382 | 382 | 382 |
| Average Affective Commitment | Pearson Correlation | .899** | 1 | .448** | .680** | .256** |
| | Sig. (2-tailed) | .000 | | .000 | .000 | .000 |
| | N | 382 | 382 | 382 | 382 | 382 |
| Average Continuance Commitment | Pearson Correlation | .737** | .448** | 1 | .357** | .312** |
| | Sig. (2-tailed) | .000 | .000 | | .000 | .000 |
| | N | 382 | 382 | 382 | 382 | 382 |
| Average Normative Commitment | Pearson Correlation | .799** | .680** | .357** | 1 | .250** |
| | Sig. (2-tailed) | .000 | .000 | .000 | | .000 |
| | N | 382 | 382 | 382 | 382 | 382 |
| Average Organizational Climate | Pearson Correlation | .332** | .256** | .312** | .250** | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | |
| | N | 382 | 382 | 382 | 382 | 382 |

** . Correlation is significant at the 0.01 level (2-tailed).

C) Correlations Result of the study

| overall Professional Commitment | Affective Commitment | Continuance Commitment | Normative Commitment | Years of experience in the Hospital | Age | Gender | Your level of Education |
|---------------------------------|----------------------|------------------------|----------------------|-------------------------------------|-----|--------|-------------------------|
|---------------------------------|----------------------|------------------------|----------------------|-------------------------------------|-----|--------|-------------------------|

| | | | | | | | | | |
|---|---------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| Overall | Pearson Correlation | 1 | .899** | .737** | .799** | .190** | .147** | .176** | .028 |
| | Sig. (2-tailed) | | .000 | .000 | .000 | .000 | .004 | .001 | .585 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Professional Commitment | Pearson Correlation | .899** | 1 | .448** | .680** | .158** | .115* | .139** | .058 |
| | Sig. (2-tailed) | .000 | | .000 | .000 | .002 | .025 | .006 | .256 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Affective Commitment | Pearson Correlation | .737** | .448** | 1 | .357** | .158** | .157** | .102* | .025 |
| | Sig. (2-tailed) | .000 | .000 | | .000 | .002 | .002 | .046 | .626 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Continuance Commitment | Pearson Correlation | .799** | .680** | .357** | 1 | .148** | .085 | .208** | -.037 |
| | Sig. (2-tailed) | .000 | .000 | .000 | | .004 | .096 | .000 | .467 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Organizational Climate | Pearson Correlation | .332** | .256** | .312** | .250** | .026 | .005 | .194** | -.040 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .000 | .611 | .923 | .000 | .435 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Years of experience in the Hospital | Pearson Correlation | .190** | .158** | .158** | .148** | 1 | .387** | -.019 | .040 |
| | Sig. (2-tailed) | .000 | .002 | .002 | .004 | | .000 | .718 | .433 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Age | Pearson Correlation | .147** | .115* | .157** | .085 | .387** | 1 | -.071 | .161** |
| | Sig. (2-tailed) | .004 | .025 | .002 | .096 | .000 | | .168 | .002 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |
| Gender | Pearson Correlation | .176** | .139** | .102* | .208** | -.019 | -.071 | 1 | -.167** |
| | Sig. (2-tailed) | .001 | .006 | .046 | .000 | .718 | .168 | | .001 |
| | N | 382 | 382 | 382 | 382 | 382 | 382 | 382 | 382 |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).