

Effects of Job Satisfaction, Affective Commitment, and Organizational Support on Job Performance and Turnover Intention in Healthcare Workers

Sağlık Çalışanlarında İş Tatmini, Duygusal Bağlılık ve Örgütsel Desteğin İş Performansı ve İşten Ayrılma Niyeti Üzerine Etkisi

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ABSTRACT

Objective: In this study, we investigated the effects of job satisfaction, affective commitment, and organizational support on job performance and turnover intention in healthcare workers.

Material and Methods: This cross-sectional study was conducted in training and research hospitals in the Beyoğlu region of İstanbul. In this study, we used the convenience sampling method. Structural equation modeling was used to analyze the relationships between variables. The validity and reliability of the scales were performed by confirmatory factor analysis and Cronbach's alpha coefficients.

Results: According to the results, the model fit the data well. The χ^2/df value of the data was 2.84. The Goodness of Fit Index was 0.90, and the normed fit index is 0.92. Tucker and Lewis Index was 0.94. Job satisfaction and affective commitment had an effect on job performance ($P < .05$); and job satisfaction, emotional commitment, and job performance had an effect on turnover intention ($P < .05$).

Conclusion: Job satisfaction and affective commitment had a positive and significant effect on job performance and there was a negative and significant effect on turnover intention ($P < .05$). In addition, job performance had a significant negative effect on turnover intention. Increase in job performance and decrease in turnover intention could be possible with satisfaction, commitment, and support.

Keywords: Affective commitment, job performance, job satisfaction, organizational support, turnover intention

ÖZ

Amaç: Bu çalışma sağlık çalışanlarında iş tatmini, duygusal bağlılık ve örgütsel desteğin iş performansı ve işten ayrılma niyeti üzerine etkisini araştırmaktadır.

Gereç ve Yöntem: Kesitsel olarak planlanan bu araştırma İstanbul Beyoğlu bölgesinde yer alan eğitim araştırma hastanelerinde gerçekleştirilmiştir. Kolayda örnekleme yönteminin kullanıldığı bu çalışmada verilerin analizi yapısal eşitlik modeli ile (SEM) incelenmiştir. Geçerlilik ve güvenilirlik analizleri doğrulayıcı faktör analizi ve Cronbach's Alpha katsayısı ile incelenmiştir.

Bulgular: Araştırma bulguları incelendiğinde verilerin modelle uyumunun oldukça iyi düzeyde olduğu tespit edilmiştir. Modelin, χ^2/df değeri 2.84. İyi Uyum İndeksi (Goodness of Fit Index, GFI) 0.90. Normlaştırılmış Uyum İndeksi (Normed Fit Index, NFI): 0.92. Tucker & Lewis İndeksi 0.94 olarak bulunmuştur. İş tatmini ve duygusal bağlılık iş performansı üzerinde olumlu bir etkiye sahiptir ($P < .05$). Ayrıca iş tatmini, duygusal bağlılık ve iş performansı da işten ayrılma niyeti üzerinde anlamlı bir etkiye sahiptir ($P < .05$).

Sonuç: İş tatmini ve duygusal bağlılık, iş performansı üzerinde olumlu ve anlamlı bir etkiye sahipken işten ayrılma niyeti üzerindeki etkisi anlamlı ve negative yönlüdür. İş tatmini ve duygusal bağlılık arttıkça iş performansı artmakta ve işten ayrılma niyeti azalmaktadır.

Anahtar Kelimeler: Duygusal bağlılık, iş performansı, iş tatmini, örgütsel destek, işten ayrılma niyeti

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Introduction

One of the most important difficulties in accessing health services are under supply and maldistribution of the health workforce.¹ According to the World Health Organization (WHO) (2013), the shortage of healthcare workers worldwide is 7.2 million, and this number is expected to increase to 12.9 million by 2035.² Turkey emphasized the importance of human resources with the “Health Transformation Program” launched in 2003. A highly motivated health workforce equipped with knowledge and skills has been accepted as the cornerstone of transformation.³ Turkey is in the last place among OECD countries in terms of health workforce statistics. The average number of doctors per 100,000 is 351 in OECD countries, but it is 186 in Turkey. The OECD average number is 1025 for the number of nurses and midwives per 100,000 people. This number is only 172 in Turkey. In countries where human resources are limited, the performance of existing human resources and keeping qualified human resources within the organization is very important.⁴

Improving job performance and reducing turnover intentions are important to enhance organizational effectiveness. The performance of their employees obviously matters a great deal to organizations.⁵ Employee performance is one of the most important challenges in an environment where there is a high level of tension, such as health services. Performance problems, particularly for doctors and nurses, are inextricably linked to patient safety. The main reason for this is that performance is closely related to efficiency, knowledge management, quality elements, financing, and development.⁶

Job satisfaction has an impact on healthcare and service quality owing to its negative effects on physical and mental health. Being successful and reaching goals is easier when a healthcare organization consists of satisfied employees.⁷ Human resources in healthcare are considered as one of the basic building blocks of any health institution. Moreover, the efficiency and productivity of an organization depends largely on the efficient and productive performance of its staff. The quality of patient care in a healthcare facility, the outcome of care, and their commitment to healthcare facilities are directly related to the job satisfaction of healthcare personnel. High job satisfaction in healthcare personnel brings positive and beneficial results. Job satisfaction not only helps them increase their confidence and perform their duties more carefully, but also helps them improve relationships with their colleagues and reduce their mental stress.⁸

Job satisfaction could be defined as “how people feel about their jobs and different aspects of their jobs. It is the extent to which people like or dislike their jobs.” Job satisfaction is a subjective judgment, and it is about how work that will be done responds to expectations, organizational characteristics, and working conditions.⁹

High levels of stress, anxiety, and depression can be seen in healthcare workers, especially in doctors and nurses. They are also more exposed to the psychosocial and biological effects of stress than people in other professions.¹⁰ Therefore, job

satisfaction has been seen as a variable that affects organizational outcomes. An employee with high job satisfaction makes extra efforts to do the job more effectively and efficiently, which can improve job productivity. It has been found in many studies that job satisfaction affects job performance and turnover intention.^{11,12} In terms of potential impact on organizations, job satisfaction plays an important role in the employee turnover process. If this issue is not addressed, dissatisfaction can lead to turnover intention and eventually turnover.¹³

Organizational commitment is a structure with multiple components that typically define an individual's feelings of commitment, identification, and commitment to the organization.¹⁴ Meyer and Allen¹⁵ suggested three types of organizational commitment in 1991 called affective commitment, continuance commitment, and normative commitment.¹⁵ Affective commitment, defined as emotional attachment, is often discussed in reference to one's organization and is sometimes referred to as organizational commitment.¹⁶ Affective commitment is one of the critical drivers of behavior, such as work performance or turnover by individuals in the workplace.¹³ According to Fazio et al.¹⁷, affective commitment is a powerful predictor of turnover intention. Employees who are affectively committed to the organization have a strong sense of belonging and connect themselves closely with the goals of the organization. They, therefore, have a strong desire to remain with the organization. Numerous studies demonstrate the strong relationship between affective commitment, turnover intention, and job performance.^{2,17,18}

Since the introduction of perceived organizational support in the literature, many studies have shown that positive organizational structure is positively associated with many positive outcomes.¹⁹

Liu et al.¹⁴ indicated that the perceived organizational support structure was first developed by Eisenberger et al.¹⁴ Perceived organizational support reflects employee beliefs about an organization's support, commitment, and interest toward them and has been found to be associated with mutual employee engagement to the organization. According to the theory of social change, “Eisenberger et al” have developed the concept of perceived organizational support to explain the development of affective support in 1986.¹⁴ They claim that employees follow the principle of social change that emphasizes reciprocity to adjust their emotional commitment to the perceived organizational support level.¹⁷

According to the organizational support theory, employees form a general perception of the extent to which the organization values their contributions and cares about their well-being. Hence, experiencing perceived organizational support expresses employee belief that they are on their side of the organization.²⁰

The close relationship between job performance and job satisfaction has been known for a long time. Furthermore, job satisfaction is a key issue for healthcare professionals around the world.⁶ Job performance studies are frequently

seen in the international literature. It is seen as an important dimension in management, human resource management, and organizational psychology as well as organizational behavior studies.²¹ Job performance can be described as in-role performance and extra-role performance. “The in-role performance is described as required or expected outcomes and behaviors of employees directly related to the goals of the organization, whereas extra-role is described as voluntary behaviors directly related to an organization’s effective functioning without a necessary and direct impact on an employee’s productivity.”²²

One of the major factors of healthcare worker shortage is turnover.²³ Employee turnover, which is one of the main concerns for employers, is an organizational problem. Nurse turnover, in particular, causes staff shortages, adversely affecting the quality of nursing care, patient safety, and is a factor that increases the training cost of new nurses.^{24,25} Therefore, it attracts the attention of both the field and theoretically the researchers. According to Perreira et al.,¹⁶ “turnover intention is defined as a conscious and deliberate willingness to leave the organization.” In another definition, it is defined as the probability of employees leaving their current jobs.²⁶

The current balance between supply and demand of healthcare professionals highlights a global problem of continuous brain drain. Till 2013, the worldwide shortage of healthcare workers (including physicians, nurses, and midwives) was estimated at 7.2 million and is expected to rise to 12.9 million by 2035.²⁷ Turnover studies show that employee turnover, especially of nurses, doctors, hospital managers, etc., causes remarkable costs to healthcare organizations.⁵ Employee turnover is expensive because it leads to high costs such as recruitment costs, training costs, and separation costs.²⁸

Material and Methods

In this study, we aimed to investigate the effects of job satisfaction, affective commitment, and organizational support on job performance and turnover intention. Ethics committee approval, number 191486 from İstanbul University Social Sciences and Humanities Research Ethics Committee in May 05, 2017, was obtained. The study was planned as a cross-sectional study and was carried out in educational research hospitals that have similar characteristics and units located in Beyoğlu, İstanbul. After the incomplete questionnaire forms were eliminated, responses from 442 healthcare workers were included in the analysis. The convenience sampling method was used in this study.

Data collection

A questionnaire form was used as the data collection tool. This form consisted of job satisfaction, affective commitment, organizational support, job performance, and turnover intention scales and demographic variable sections. All scales were 5-point Likert type. After missing answers and outliers were eliminated, 442 questionnaire forms were analyzed. The Job Satisfaction Scale developed by Luthans, F., Avolio, B. J., Avey, J. B., and Norman, S. M.; and the short form created by Çınar²⁹ was used. The Affective Commitment Scale consisted of 6 items

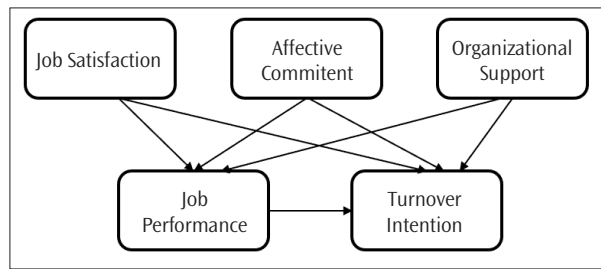


Figure 1. Research Model

and was developed by Meyer et al.³⁰ in 1993. The Perceived Organizational Support Scale developed by Chiang and Hsieh³¹ was used in this study. The Job Performance Scale also developed by Chiang and Hsieh³¹ was used in our study. The Turnover Intention Scale validated by Nadiri and Tanova³² was used in our study.

Statistical analysis

The validity and reliability of the scales used in the study were analyzed by confirmatory factor analysis (CFA) and Cronbach’s alpha coefficients. Structural equation modeling (SEM) was used to test the hypotheses. In the analysis phase, a 2-step path proposed in the literature.³¹ In the first step, CFA was used to validate the scales, and then SEM was used to test the relationships in the established hypotheses. At this stage, the appropriateness of the research data to the normal distribution from the assumptions of the structural equation model was tested. Skewness and kurtosis values of each substance were examined and found to be suitable for normal distribution. In the study, the effect of exogenous variables (job satisfaction, emotional commitment, and organizational support) on endogenous variables (job performance and turnover intention) was examined with the structural equation model. In the last hypothesis of the study, the effect of job performance on turnover intention was investigated. The hypotheses examining effects between the variables are presented in Figure 1. The study hypotheses are as follows:

- H1: Job satisfaction has a positive effect on job performance.
- H2: Affective commitment has a positive effect on job performance.
- H3: Organizational support has a positive effect on job performance.
- H4: Job satisfaction has a negative effect on turnover intention
- H5: Emotional commitment has a negative effect on turnover intention
- H6: Organizational support has a negative effect on turnover intention
- H7: Job performance has a negative effect on turnover intention

Results

Demographic data of the participants are given in Table 1. According to this, 33.8% of the participants were between 18 and 30 years, 32.7% were between 31 and 38 years, and 33.5% were between 39 and 60 years. Of the participants, 66.7% were women, and 33.8% had undergraduate and 17.6% had graduate

education. Most of the participants were nurses in our study (38.7%). Most of the participants were working only during the day (66.1%) and 32% were working in shifts.

Table 2 contains the names of the scales, scale expressions, Cronbach's alpha values, factor loads, means, and standard deviations of the scales. According to CFA results, all variable loadings were found significant at $P < .01$.

Table 1. Demographic Characteristics of Sample (n=422)

Demographic characteristics	Frequency	Percent
Age (n=379), years		
18–30	128	33.8
31–38	124	32.7
39–60	127	33.5
Sex (n=396)		
Female	264	66.7
Male	132	33.3
Education (n=391)		
Other	190	48.6
Bachelor	132	33.8
Graduate	69	17.6
Occupation (n=385)		
Doctor	56	14.5
Nurse	149	38.7
Other	180	46.8
Manner of work (n=381)		
Day	252	66.1
Night	7	1.8
Shift	122	32.0

Factor loads of the Job Satisfaction Scale ranged from 0.55 to 0.82. Cronbach's alpha coefficient was 0.75. Factor loads of the Affective Commitment scale were between 0.73 and 0.81, and Cronbach's alpha coefficient was 0.86. Factor loads of Organizational Support were between 0.81–0.92, and reliability coefficient was found to be 0.93. Factor loads of the Job Performance and Turnover Intention scales were 0.71 to 0.82 and 0.71 to 0.97, respectively; and Cronbach's alpha values were 0.88 for both (Table 2). All factor loadings were significant at $P < .001$ and ranged from 0.55 to 0.92, which indicates that each indicator reflected the constructs they intended to measure. The Cronbach's alpha reliability values for the three latent constructs range from 0.75 to 0.93, which exceed the acceptable levels of 0.70. Therefore, the measures show acceptable reliability. In addition, all indicator variable loadings were significant at $P < .001$.

According to the findings, χ^2/df value was 2.84. The Goodness of Fit Index was 0.90, and the normed fit index was 0.92. The Tucker and Lewis Index was 0.94. The comparative fit index is 0.95, and the root mean square error of approximation was 0.06 (Table 3). These test results show that the model fits the data well.

According to the SEM results, the hypothesis that job satisfaction has a positive effect on job performance is supported ($\beta=0.27$, $P < .01$). Job satisfaction has a positive effect on job performance, and job performance increases as job satisfaction increases (hypothesis 1 supported).

Hypothesis 2 test results showed that affective commitment had a positive effect on job performance ($\beta=0.18$, $P < .05$).

Table 2. Cronbach's Alpha Coefficients, Factor Loads, Means and Standard Deviations of Variables

Variables	Items	Cronbach's alpha	Factor loads	Mean	SD
Satisfaction	Generally, I am very satisfied with my job.	0.750	0.827	3.55	1.09
	Generally satisfied with the qualification and content of the jobs my position requires.		0.796	3.43	1.09
	Most of staff are satisfied with their job in my hospital.		0.555	2.94	1.11
Affective commitment	I would be very happy to spend the rest of my career in this hospital.	0.865	0.765	3.24	1.25
	I really feel as if this hospital's problems are my own.		0.818	3.30	1.24
	I feel like a "part of my family" at this hospital.		0.733	3.37	1.19
	This hospital has a great deal of personal meaning for me.		0.808	3.16	1.24
	I feel a strong sense of belonging to this hospital.		0.767	3.43	1.20
Emotional support	My hospital cares about my opinion	0.932	0.858	3.09	1.16
	My hospital really cares about my well-being.		0.920	3.09	1.20
	My hospital strongly considers my goals and values.		0.923	3.10	1.16
	Help is available from my hospital when I have a problem.		0.819	3.27	1.14
Job performance	I fulfill specific job responsibilities	0.888	0.756	4.36	0.74
	I meet performance standards and expectations.		0.822	4.17	0.86
	My performance level is satisfactory.		0.808	4.13	0.89
	I am effective in my job.		0.821	4.24	0.81
	I produce high-quality work.		0.719	4.25	0.79
Turnover intention	Often thought of quitting.	0.881	0.719	2.65	1.25
	Looking for a new job next year probably.		0.976	2.24	1.14
	Leaving the job next year.		0.866	2.22	1.15

Abbreviations: SD, standard deviation

Table 3. Model Fit

χ^2/df	<i>P</i> value	GFI	NFI	TLI	CFI	RMSEA
2.84	.000	0.907	0.924	0.939	0.949	0.065

Abbreviations: CFI, Comparative Fit Index; df, degrees of freedom; GFI, Goodness of Fit Index; NFI, Normed Fit Index; RMSEA, root mean square error of approximation; TLI, Tucker and Lewis Index

Table 4. Results of Hypothesis Tests

Hypothesis	Independent variable	Dependent variable	β	Direct effect		
				CR	<i>P</i> value	Information
H1	Job satisfaction	Job performance	0.270	3.395	.00	Supported
H2	Affective commitment		0.185	2.227	.02	Supported
H3	Organizational support		-0.109	-1.418	.15	Not supported
H4	Job satisfaction	Turnover intention	-0.207	-2.597	.00	Supported
H5	Affective commitment		-0.179	-2.248	.02	Supported
H6	Organizational support		0.088	1.205	.22	Not supported
H7	Job performance	Turnover intention	-0.164	-3.072	.00	Supported

Abbreviations: CR, composite reliability

As affective commitment increases, there is also an increase in job performance (hypothesis 2 supported). The effect of organizational support on job performance was not statistically significant and could not be accepted. When the effect of job satisfaction on turnover intention was examined, it was concluded that the effect was negative and significant; and hence, hypothesis 4 was accepted ($\beta=0.20$, $P < .01$).

Affective commitment also has a negative impact on turnover intention, and hypothesis 5 has been accepted ($\beta=-0.17$, $P < .05$). The hypothesis that organizational support has a negative effect on turnover intention was not supported by the study findings ($P > .05$). Hypothesis 7 that was based on the literature knowledge was supported and accepted by the research data. Job performance has a negative effect on the turnover intention ($\beta=-0.16$, $P < .01$). All hypothesis test results and regression coefficients are presented in Table 4.

Discussion

The satisfaction level, organizational commitment, and job performance in healthcare workers are very important. In this sector, the urgency of the works, rapid decision making, and the direct reflection of the results to the patient increase the importance of the issue. Unsatisfied employees make more mistakes. Commitment decreases, and they leave work. Finding new employees and getting them trained for the job is quite expensive. In addition, there is a huge workload on a relatively small number of healthcare workers and institutions in Turkey. With high turnover, new workloads will be added to the existing workers, and there will be increase in dissatisfaction in the existing personnel.

In our study, a positive relationship was found between job performance and job satisfaction. Platis et al.⁶ have reached the same results in their study on nurses in 2015. In the study conducted by Chao et al.¹¹ (2015) for health workers, the same results were obtained. As in our study, Chao et al.¹¹ have found a relationship between job performance and turnover intention. If health workers are dissatisfied with their job, they will be more likely to discontinue, quit their jobs, and/or decrease

their productivity and job performance. In a study conducted on nurses by Tong³³ in 2018, again it has been found that there is a positive relationship between job satisfaction and job performance. According to the results, turnover rate and absenteeism are generally lower in cases where job satisfaction is high.

As a result of our study, affective commitment has a positive effect on job performance and a negative effect on turnover intention. Tran et al.³⁴ (2018) have concluded that relationships with organizational members and organizational commitment were effective on job performance. Wong and Laschinger³⁵ found that organizational commitment had a negative impact on turnover intention in hospital front desk workers and that tension at work was effective on turnover intention.

Perreira et al.¹⁶ in 2018 have studied fair organizational climate, affective commitment, and turnover intention among nurses. They found that fair climate and affective commitment had effects on turnover intention. In our study, there was no significant effect of organizational support on turnover intention; however, in other studies, organizational support and organizational commitment had an impact on turnover intention.^{4,22} Dinc et al.² (2018) have concluded that organizational commitment affects job satisfaction in nurses, and job satisfaction indirectly affects job performance. They stated that job satisfaction played a critical role in job performance.

Conclusion

The results of this study have important results for health managers. Turnover intention in healthcare workers and low performance of the job may turn into action after a while. When employees leave their jobs, the organization could face many financial and moral problems. Therefore, in this study, the effects of independent variables such as job satisfaction, affective commitment, and organizational support on job performance and turnover intention were investigated. As evident from the results of the study, managers who follow them regularly by paying attention to the behaviors, attitudes, and feelings of the employees can prevent the turnover intention of the employees and ensure their stable and high performance.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of İstanbul University Social Sciences and Humanities Research (Date: May 05, 2017, Approval No: 191486).

Informed Consent: Written informed consent was obtained from healthcare professionals. Study conducted with healthcare professionals.

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