RELATIONSHIP OF JOB PERFORMANCE WITH ORGANIZATIONAL COMMITMENT COMPONENTS AND JOB SATISFACTION AMONG NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA

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by

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LIST OF ABBREVIATIONS

ANA	- American Nursing Association	
WHO	- World Health Organizational	
JS	- Job Satisfaction	
OC	- Organizational Commitment	
JP	- Job Performance	
USM	- Universiti Sains Malaysia	
AC	- Affective Commitment	
CC	- Continuance Commitment	
NC	- Normative Commitment	
TCM	- Three Components Model	
OCQ	- Organizational Commitment Questionnaire	
JSQ	- Job Satisfaction Questionnaire	
OCB	- Organizational Citizenship Behaviour	
ER	- Emergency	
HDU	- Haemodialysis Unit	
ICU	- Intensive Care Unit	
COVID 19	- Coronavirus Disease Of 2019	
HREC	- Human Research Ethics Committee	
IRB	- Institutional Review Board	
SPSS	- Statistical Package of Social Science	
M	- Mean	
SD	- Standard Deviation	
VIF	- Variance Inflation Factors	

HUBUNGKAIT PRESTASI KERJA DENGAN KOMPONEN KOMITMEN ORGANISASI DAN KEPUASAN KERJA DALAM KALANGAN JURURAWAT DI HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRAK

Mengingat pentingnya prestasi jururawat dalam perkhidmatan kesihatan, kajian ini dibuat untuk mengembangkan model prestasi kerja dengan komponen komitmen organisasi dan kepuasan kerja di kalangan jururawat di Hospital USM, Malaysia. Juga, kajian ini mengkaji kesan mediasi kepuasan kerja antara komponen komitmen organisasi dan prestasi kerja di kalangan jururawat. Kajian ini mencadangkan bahawa komitmen afektif, normatif, dan kesinambungan mempunyai pengaruh terhadap prestasi kerja melalui kepuasan kerja. Dengan menggunakan kaedah tinjauan dalam talian, 176 respons dikumpulkan dari jururawat. Korelasi Pearson dilakukan untuk mengkaji perkaitan antara pemboleh ubah kajian. Regresi linear berganda dibina untuk menguji kesan mediasi kepuasan kerja antara komitmen organisasi dan prestasi kerja dan untuk menganalisis pemboleh ubah mana yang lebih menyumbang kepada prestasi kerja dalam rangka mengembangkan model prestasi kerja. Hasil kajian menunjukkan bahawa semua komponen komitmen organisasi dan kepuasan kerja berkorelasi positif dengan prestasi kerja. Di samping itu, kepuasan kerja mempunyai kaitan positif dengan komponen komitmen organisasi. Walau bagaimanapun, kepuasan kerja didapati memediasi hubungan antara komitmen afektif, komitmen normatif serta komitmen kesinambungan dan prestasi kerja. Akhirnya, hasil menunjukkan bahawa hanya komitmen normatif dan kepuasan kerja yang memberi sumbangan signifikan terhadap prestasi kerja. Oleh itu, peningkatan OC dan JS di kalangan jururawat dapat meningkatkan prestasi mereka. Pengurus jururawat harus membuat pendekatan dan

strategi yang sesuai untuk mempromosikan OC dan JS jururawat ke tahap tertinggi, yang seterusnya meningkatkan JP dan kualiti penjagaan mereka.

Kata kunci: Komponen komitmen organisasi, Komitmen afektif, Komitmen berterusan, Komitmen normatif, Kepuasan kerja, Prestasi kerja, Jururawat, Hospital USM, Malaysia.

RELATIONSHIP OF JOB PERFORMANCE WITH ORGANIZATIONAL COMMITMENT COMPONENTS AND JOB SATISFACTION AMONG NURSES IN HOSPITAL UNIVERSITI SAINS MALAYSIA

ABSTRACT

In the light of the importance of the performance of nurses in health services, this study established to develop a model of job performance with organizational commitment components and job satisfaction among nurses at Hospital USM, Malaysia. Also, this study examines the mediation effect of job satisfaction between organizational commitment components and job performance among nurses. The study proposes that affective, normative, and continuance commitments have an influence on job performance through job satisfaction. Using the online survey method, 176 completed responses were collected from nurses. Pearson correlation was conducted to examine the association between study variables. A multiple linear regression was constructed to test the mediation effect of job satisfaction between organizational commitment and job performance and to analyse which variable contributes more to the job performance in order of developing the job performance model. The study results showed that all components of organizational commitment and job satisfaction are positively correlated to job performance ($p < 0.05$). In addition, job satisfaction has a positive association with organizational commitment components ($p < 0.05$). However, job satisfaction is found to mediate the relationship between affective commitment, normative commitment as well as continuance commitment and job performance. Furthermore, the results indicated that only normative commitment (B= 0.29, p < 0.05) and job satisfaction (B= 0.28, p < 0.05) contribute significantly to the job performance. Therefore, improving OC and JS among nurses could increase their performance. Nurses managers should create

suitable approaches and strategies to promote the OC and JS of nurses to the highest

level, which in turn enhances their JP and the quality of care.

CHAPTER 1

INTRODUCTION

1.1   Background of the study

Nowadays, the population around the world is expanding rapidly and by the year 2035, Malaysia is expected to have a population of about 46 million (Wan-Ibrahim & Zainab, 2014). Due to this increase in population, the need for adequate healthcare services is also increasing, leading to the issues associated with the stress and challenges in healthcare professionals.

Health is an important aspect of everybody's life. There is no denying that health contributes to ensuring development in any country. The health system should therefore be carefully designed with a view to producing the best outcomes for all concerned. Nurses are one of the biggest players in healthcare. Nurses have a heavy duty to provide treatment and care to patients.

Nurses are the largest group of healthcare professionals providing care to the community. However, according to the American Nurses Association (ANA), in 2022 there will be more nursing careers available year-round than any other occupation in the United States (ANA, 2019) which in turn leading to the nursing shortage. WHO (2020) revealed that for every 1000 of the world's population there are less than three nurses available. As emphasizes by Hadad, Annamaraju, and Toney-Butler (2020), the increase in nursing turnover from 8.8% to 37.0% was believed to contribute to a higher nursing shortage rate.

According to ministry of health Malaysia (2018), Malaysia is also listed as one of the countries experiencing a significantly higher nursing shortage rate with only 3.2 nurses for each 1000 of Malaysian population. Nursing shortages are a major concern

for health care worldwide and are a major indicator of high turnover in the healthcare sector. It appears that nurses' job satisfaction (JS) is one of the factors that decreases nursing shortage. As reported from a recent study, there is a negative correlation between JS and turnover intention among nurses (Li et al., 2019). However, several studies suggest that JS has strong relationship with organizational commitment (OC) (Chang, 2015; Chen et al., 2015; Dinc, Kuzey, & Steta, 2018; Eslami & Gharakhani, 2012; Fu, Deshpande, & Zhao, 2011) and job performance (JP) (Al-Ahmadi, 2009; Chen & Liu, 2012; Khadivi et al., 2019; Kurniawan, Hariyati, & Afifah, 2019; Nabirye et al., 2011; Seo & Lee, 2016).

Regarding JP, it has been an important topic over the years. JP is affected by JS as well as organizational commitment (OC). An employee who is satisfied with his work would perform his duties well and be committed to his job and his organization. Thus, it is of the most importance to employers to recognize factors that influence the work satisfaction and the level of commitment of their workers, as this will also influence the organization' performance.

JS can be briefly described as a mixture of the positive or negative feelings of the employees have towards their job (Dinc et al., 2018). It can be described that the happier the person is at work, the more satisfied he / she is at work. Rice et al. (1991) as cited in Akpofure et al. (2006), defined JS as an overall impression about one's job or particular aspects of a job or profession which may be related to specific outcomes such as productivity and JP.

Hettiararchchi and Jayarathna (2014) stated that a person with a high degree of OC should show a positive behavior to the organization, give the best he or she can

and would like to stay in the organization as well. That means the person with a high level of OC strives for good performance (high level of JP).

Nurses, as individuals, are often disposed to job dissatisfaction problems. They may not be committed to provide the best if they are not satisfied. Additionally, there is a risk that their JP will not meet the target that in turn, would lead to other adverse effects on the hospitals. Hence, there is a strong need to recognize factors that contribute to JP among nurses, so that nursing management can take steps to create a supportive workplace culture that is in line with their expectation.

Many models or theories have been carried out regarding JP. One of the famous models, which had been reviewed by Viswesvaran and Ones (2000), is known as stand-alone dimensions. The model was developed to be applied through jobs as general can primarily be clustered across three specific dimensions: task performance, organizational citizenship behavior and counterproductive behaviors.

This present study is undertaken to develop a model of JP among Hospital USM nurses through OC and JS and to understand the factors affecting all these variables. Thus, it is also important to ensure that the nurses are satisfied with their job. Satisfied nurses can contribute to good JP in the workplace, which includes quality care, high patient satisfaction and increased productivity. Satisfied nurses, it also believed, would be more committed to their organization and willing to meet any challenges.

1.2 Problem statement

Nursing shortages are a significant problem for health care worldwide and are a major predictor of high turnover in the healthcare sector. Siew, Chitpakdee, and Chontawan (2011) reported that high turnover in nursing may have an adverse effect

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on the quality of patient care. Consequently, many healthcare institutions increase the hiring and retention of nurses to deal with the trend of the turnover of nurses (Siew et al., 2011).

In Malaysia, the total number of nursing staff is 79,700, comprising 75% of the total workforce in health care (WHO, 2012). Nevertheless, Nurses ' turnover in Malaysia increased from 2005 to 2010 by more than 50% with 400 to 1049 nurses leaving their current workplace (Siew et al., 2011). In addition, Malaysia also faces nursing migration at an attrition rate of 400 per year and around 25,000 Malaysian nurses are currently working in other countries, such as the Middle East and elsewhere (Siew et al., 2011). All these factors could lead in the future to an increase in nursing shortages in Malaysia.

There have been several investigations done into the factors that influence the nursing shortage. OC has been described as a major contributor for high retention and decreases the nursing turnover rate (Arbabisarjou et al., 2016). A study by Arbabisarjou et al. (2016) indicates that employee retention is positively associated with OC. That means the most committed nurses seem to stay with their current organizations (Arbabisarjou et al., 2016).

However, recently a study was carried out among nurses in a private hospital in Malaysia revealed that OC was found to be important in reducing turnover intention (Nasurdin, Ling, & Khan, 2018). Similarly, another study had been conducted in Malaysia by Alias et al. (2018) reported that JS and OC are the most significant predictors for organizations to minimize their employee turnover.

One of the most important factors that decrease nurses' turnover is JS. Previous studies shown that Malaysian nurses had low to moderate satisfaction towards their

jobs in all JS components (Ahmad & Oranye, 2010). Atefi, Abdullah, and Wong (2016) in their study conducted in Malaysia recommended that hospital managers adopt efficient and effective approaches to increase nursing satisfaction with a view to increasing the quality of patient care and minimizing nursing turnover.

Meanwhile, JP among the nursing profession is seen as an important parameter of JS. JP is explicitly and strongly linked to JS in the nursing sector (Al-Ahmadi, 2009; Dinc et al., 2018). However, Zimmerman and Darnold (2009) revealed that poorer performers would be less satisfied with their jobs, more likely to be absent and leave the organization. Moreover, high OC may promote one's performance in the organization (Khan et al., 2010). It was found that a strong interest in organizational principles and priorities, a willingness to make a great deal of effort on behalf of the organization and a deep desire to remain a part of the organization would motivate workers to work better (Al Zefeiti & Mohamad, 2017; Azeem, 2010).

Recent evidence suggests that higher nurse JS was specifically correlated with greater patient safety indicating that nurses JS plays a mediating effect in the relationship between workplace violence and patient safety (Liu et al., 2019). However, nurses play a vital role in maintaining patient safety by having a high level of JP in tracking patients for deterioration, identifying mistakes and near misses, recognizing the treatment procedures and deficiencies inherent in certain programs, and undertaking various other activities to ensure that patients receive high-quality care (Liu et al., 2019). Furthermore, in their study, Al-Hamdan, Dalky and Al-Ramadneh (2018) revealed that nurses commitment has effect over their patient safety level summarizing that nurses' managers should establish the appropriate strategies that enhance the level of OC among nurses in order to improves healthcare outcomes.

Although a number of researchers have evaluated the relationships between OC and JS in healthcare systems, an examination of the literature shows that there was no single study exists on OC, JP and JS in ASEAN countries, particularly in Malaysia. Therefore, the present study was established to determine the associations between OC, and JS with JP, in order to develop a model of JP among nurses in Hospital USM.

In line with the vision of Hospital USM to become a teaching university hospital that lead in research, teaching and health services for universal sustainability; the level of JS and committed performance among its staff nurses is extremely important since it would affect their productivity, creativity, and quality contribution toward the hospital. Thus, in the long run, it would not just influence the nursing performance of the ongoing nurses, but also the perception of the incoming nurses. And, at the end of the day, it would affect the perception of all patients toward the hospital as a whole.

1.3   Objectives

1.3.1   General objective

The general objective is to determine the relationship between JP with OC components (Affective Commitment (AC), Continuance Commitment (CC), Normative Commitment (NC)) and JS among nurses in Hospital USM.

1.3.2   Specific objectives:

1.   To identify the level of OC, JS and JP among nurses in Hospital USM.

2.   To determine the relationship between socio-demographic factors with the level of OC, JS and JP among nurses in Hospital USM.

3.   To determine the relationship between the level of OC components and JS among nurses in Hospital USM.

4.   To determine the relationship between the level of OC components and JP among nurses in Hospital USM.

5.   To determine the relationship between the level of JS and JP among nurses in Hospital USM.

6.   To determine the mediation effect of JS in the relationship between OC components and JP among nurses in Hospital USM.

7.   To develop a linear model of JP with OC components and JS among nurses in Hospital USM.

1.4   Research question

1.   What is the level of OC, JS and JP among nurses in Hospital USM?

2.   Is there any relationship between selected sociodemographic factors with OC, JS and JP among nurses in Hospital USM?

3.   Is there any relationship between OC components and JS among nurses in Hospital USM?

4.   Is there any relationship between OC components and JP among nurses in Hospital USM?

5.   Is there any relationship between JS and JP among nurses in Hospital USM?

6.   Is the JS mediate the relationship between OC components and JP among nurses in Hospital USM?

7.   What is the model that can present JP among nurses in Hospital USM?

1.5   Hypothesis

H1: There is a significant relationship between socio-demographic factors with the OC, JS and JP among nurses in Hospital USM.

H2: There is a significant relationship between OC components and JS among nurses in Hospital USM.

H3: There is a significant relationship between OC components and JP among nurses in Hospital USM.

H4: There is a significant relationship between JS and JP among nurses in Hospital USM.

H5: There is a significant relationship between OC components with JP through JS among nurses in HUSM.

1.6 Conceptual and operational definitions

Table 1.1: Definitions of study terms

Term	Conceptual definition	Operational definition
Nurse	A licensed health-care professional who offers services to patient(s) of all ages, ill or healthy during the whole lifespan; focuses on nursing care of patients, health promotion, and interaction between the individual and environment (Nikravan-Mofrad, Yazdani, Ahmady & Tafreshi, 2015).	In this study, nurse refers to the registered nurse who is licenced by Malaysian ministry of health after taking the nursing educational program either diploma or bachelor program and working at Hospital USM in in-patient wards and units.
Job performance (JP)	Quality and quantity of individuals or groups obtained after achieving a task (Schermerhorn, 1989).	In this study, JP refers to the task performance level of the nurses (Williams & Anderson, 1991).
Organizational commitment (OC)	A psychological connection between the employee and his or her organization, making it less likely that the employee would leave the organization voluntarily (Allen & Meyer, 1996).	In this study, OC refers to the three domains comprises of affective, continuance and normative domains (Meyer & Allen, 2004).
Affective commitment (AC)	An individual's emotional linkage to the organization (Allen & Meyer, 1996).	In this study, AC refers to the AC domain of three component model of Meyer & Allen (2004).
Continuance commitment (CC)	An employee attachment to the organization depending on the sum of	In this study, CC refers to the CC domain of three component model of Meyer & Allen (2004).

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Term	Conceptual definition	Operational definition
	values, such as the loss of prestige, or status (Allen & Meyer, 1996).	
Normative commitment (NC)	A sense of obligation to continue an individual's employment (Allen & Meyer, 1996).	In this study, NC refers to the NC domain of three component model of Meyer & Allen (2004).
Job satisfaction (JS)	a mixture of the positive or negative feelings of the employees have towards their job (M Dinc et al., 2018).	In this study, A JS refers to satisfaction with information, variety and freedom, ability to complete task and pay and security (Wood, Chonko, & Hunt, 1986).

1.7 Significant of the study

Although a number of researchers have evaluated the relationships between OC and JS in healthcare systems, an examination of the literature shows that there was no single study exists on OC, JP and JS in ASEAN countries, particularly in Malaysia. Therefore, to the best of our knowledge, this study would be the first to be carried out not only in Malaysia but also globally. Moreover, the findings of the research would enlighten the Hospital USM management on the level of OC, JS and JP among hospital USM nurses. On top of that, it would provide valuable information to the nursing management in understanding the factors that affect JP. As JP has often been perceived as an important consequence for OC and JS level, it is of utmost important that the management knows and understands these factors. This would assist the management in creating conducive working environment so as to increase JS, hence OC.

This research would also be useful for the Ministry of Health. Knowing the factors that can contribute to JP among nurses would facilitate the ministry in making decisions pertaining to the profession so as to benefit the nurses. The findings of the research would definitely contribute to the body of knowledge especially regarding JP

contributing factors among nurses in the other health institutions in the country, especially Hospital USM.

CHAPTER 2

LITERATURE REVIEW

2.1   Introduction

This chapter presents the review of the literature in three components. The first component describes the concepts, level and associated factors of organizational commitment (OC), job satisfaction (JS), job performance (JP) among nurses. The second component is to describe the relationships between those three variables. The final component is to illustrate the expected conceptual framework of the study based on the synthesized literature.

2.2   Organizational commitment (OC)

In the literature on industrial and organizational psychology the concept of OC has grown in popularity (Cohen, 2003). Early OC studies viewed the concept of OC as a single dimension based on the theory of "side-bet" (Becker, 1960). As per the theory, individuals should have been committed to the organization to the degree that they keep their positions, regardless of the stressful conditions they face.

Mowday, Porter, and Steers (1982) update the theory of "side-bet" by reflecting OC as one of the behavioral linkages. This behavioral linkages is clarified by calculative and normative commitments that the employee gets locked into an organization and addresses the problem.

Whereas other scholars have referred OC to the organization as a psychological attachment or an affective commitment. Such principles include a desire to stay in it; alignment with the organization's values and objectives; and willingness to bring extra effort into it on its behalf (Porter et al., 1974); a "sense of job involvement, loyalty, and belief in the values of the organization" (O'Reilly, 1989).

Although there is a range of OC definition. Meyer and Allen (2004) provide a specific, three-component model (TCM)-based concept of OC: (a) affective commitment AC (Desire-based) which is defined as an individual's emotional linkage to the organization, (b) normative commitment NC (obligation-based) which is defined as sense of obligation to continue an individual's employment, and finally continuance commitment CC (cost-based) which is defined as attachment depending on the sum of values, such as the loss of prestige, or status (Meyer & Allen, 2004). Table 2.1 summarizes the OC definitions.

Table 2.1: The OC definitions

Author/year	Definition
1. "Side-Bet" theory, (Becker, 1960).	A feature of the benefits and costs associated with membership in an organization; these usually rise as tenure increases within an organization. They may be able to leave the organization if they are offered an alternative gain.
2. Individual/organizational goal congruence, (Porter et al., 1974).	A linkage to the organization, characterized by a desire to stay in it; alignment with the organization's values and objectives; and willingness to bring extra effort into it on its behalf
3." Side-Bet support theory", (Mowday et al., 1982).	A behavior related to the mechanism by which individuals are locked into a specific organization and how they address this problem. This behavioral dimension of OC is clarified by means of calculative and normative commitments.
4. Attributions, (O'Reilly, 1989).	The psychological relationship a person has with the organization, including a sense of work commitment, loyalty, and belief in the organization's values.
5. Three-Component Model, (Meyer & Allen, 2004).	A psychological connection between the employee and his or her organization which makes the employee less likely to leave the organization voluntarily.
6. Internal forces, (Cohen, 2003), and (Arnold et al., 2005).	The relative strength of affiliation with and participation of an individual within an organization.

Numerous studies have also used TCM of OC to predict significant job outcomes, including turnover (Omar et al., 2012), citizenship behaviors (Najafi et al., 2011), job performance (Dinc et al., 2018), absenteeism and tardiness (Lambert et al., 2015). Therefore, this study will use TCM to predict JP.

The level of OC among nurses differentiates between all countries as a result of different cultures and other factors. In their study, Ahmad and Oranye (2010) reported that Nurses in Malaysia committed themselves more to their organization than nurses in England. The potential explanation for this finding may be due to discrepancies in culture, organizational structure and strategy, or because England's nurses were in a work insecurity state (Ahmad & Oranye, 2010).

Moreover, the level of nurses' OC fluctuated from country to another. It was found that the nurses' OC level was medium or moderate in Iran (Arbabisarjou et al., 2016; Nasiripour et al., 2015), Slovenia (Lorber & Skela-Savic, 2014) and USA (Kim et al., 2017). However, it was high among nurses in Malaysia (Siew et al., 2011) and low among nurses in each of Ethiopia (Israel et al., 2017) and Canada (Gregory et al., 2007).

A considerable amount of literature has emphasized that OC linked with many variables. These variables influence the OC including the demographic variables (age, educational level and years of experience), leadership style, leadership empowerment, occupational stress, role ambiguity and role conflict. Table 2.2 summarizes the factors that affect OC.

A recent study in Nepal found that a statistically significant association exists between age and work experience with the degree of OC among nurses (Timalsina et al., 2015). Likewise, this finding is supported by the study done in Egypt by Dorgham

(2012) and the study done in Iran by Yaghoubi, Yarmohammadian, and Afshar (2009) which showed that there was a significant relationship between age and OC.

The educational level of employees has an effect on their commitment to the organization. However, as shown in a quantitative study conducted in Turkey over 275 employees revealed that the relationship between education level and OC is statistically significant (Bakan, Buyukbese, & Ersahan, 2011). This indicates that the employees with a high level of education are more committed to their organization (Bakan et al., 2011).

Apart from that, previous studies have shown the correlation between role stress and OC. For instance, Aghdasi, Kiamanesh, and Ebrahim (2011) conducted a study using a sample of 234 employees shows that occupational stress had a significant negative impact on JS, and JS positively influenced OC. In other words, occupational stress had an indirect negative effect on OC through JS (Aghdasi et al., 2011)

In reviewing the studies of the leadership, the effect of the organizational empowerment and leadership style over the OC was obvious. One study conducted in Saudi Arabia among 350 nurses revealed that leadership styles and empowerment of employees may play a key role in supporting the OC of nurses working in acute health care settings (Asiri et al., 2016).

In Malaysia, one study conducted by (Siew et al., 2011) over 416 nurses aimed at identifying a set of variables predicting OC among nurses in Malaysian state hospitals. The study indicates that components of JS (professional status, autonomy, interaction, task requirement), organizational support and years of experience consider as factors predicting and affecting the OC (Siew et al., 2011).

Table 2.2: Factors affect OC

Author/year	Country	Population/Sample size	Antecedents (correlates)
Ismail et al. (2011).	Malaysia	Company employees (150)	Transformational leadership and empowerment (positive correlation).
Asiri et al. (2016)	Saudi Arabia	Nurses (350)	Leadership style & empowerment (positive correlation)
Aghdasi et al. (2011)	Iran	Ministry of Science employee (201)	Occupational stress (negative correlation).
Yaghoubi et al. (2009)	Iran	Nursing managers (110)	Age (positive correlation), job stress (negative correlation).
Caykoylu et al. (2011)	Canada	Employee (967)	Role ambiguity and role conflict (negative correlation)
Bakan et al. (2011)	Turkey	Company employee (350)	Education level (positive)
Timalsina et al. (2015)	Nepal	Nurses (590)	Age and work experience (positive correlation)
Dorgham (2012)	Egypt	Nurses (90)	Age, work climate (positive correlation).
Siew et al. (2011)	Malaysia	Nurses (416)	JS component, year of experience and organizational support (positive correlation).

On the other side, many researchers study OC as an independent factor that affects other factors and some organizational outcomes. These factors that affected by OC include turnover (Omar et al., 2012), JS (Dinc et al., 2018), JP (Dinc et al., 2018; Tolentino, 2013), and Absenteeism (Lambert et al., 2015). Table 2.3 summarizes the effect of OC on some variables.

Logically, the managers must be mindful of reducing the turnover rate to boost the organizational outcomes. Nonetheless, several studies evaluate the effect of the OC to lower the turnover among the employees of the organization (Al-Ahmadi, 2014). Despite that, (Omar et al., 2012) conducted a study over 382 Malaysian nurses revealed that only affective OC negatively correlated with nurses' intention to leave.

Table 2.3: The effect of OC on some variables

Author/year	Country	Population/Sample size	Outcomes (the dependent variable)
Omar et al (2012)	Malaysia	Nurses (382).	Intension to leave (negative correlation).
Al-Ahmadi (2014)	Saudi Arabia	Nurses (5459)	Turnover (negative correlation).
Dinc et al (2018)	Bosnia and Herzegovina	Nurses (360)	JS, JP (positive correlation).
Lambert et al (2015).	USA	Security state prison (420)	Absenteeism (negative correlation).
Tolentino (2013).	Philippine	academic and administrative personnel (248).	JP (positive correlation)

2.2.1   OC measurement

Among a range of researching tools, two instruments are at the centre of empiric work on OC (Haim, 2019). One is the Organizational Commitment Questionnaire (OCQ), developed by Mowday, Steers, and Porter (1979). The second instrument is created by Meyer and Allen (1991) which is TCM-OC (Haim, 2019).

Porter et al. (1974) established a 15-item OCQ which was re-formalised by Mowday et al. (1979). They interviewed over nine years about 2,563 employees to create the OCQ (Haim, 2019). Cook and Wall (1980) designed a shorter scale version of nine items adjusted from the earlier OCQ, created for working-class people to measure three interrelated dimensions: identification, involvement and loyalty (Haim, 2019).

Nowadays, Meyer and Allen (1991) TCM is considered the most accepted tool to measure OC around the world (Haim, 2019). In its full version, the questionnaire consists of 24 items for three components (AC, CC, NC), 8 items for each component. It also has a shorted version with 6 items for each component which was used in this

study. Therefore, the TCM of Meyer and Allen (1991) has been iconic after the overwhelmed with the OC research methodology in the nineties (Haim, 2019).

Meyer and Allen's proposed model is the most commonly studied model (Wołowska, 2014), and its developers are considered to have made the largest contribution to the creation of a multidimensional approach to OC (Meyer & Allen, 1984, 1991, 1997; Meyer & Herscovitch, 2001). Meyer and Allen's initial theoretical proposition (1984) consisted of defining two components of commitment: AC and CC. In addition, the model was expanded by a third component that is the NC (Meyer & Allen, 1991).

The affective component implies an employee's emotional contribution to and affiliation with the organization. Individuals with high AC tend to work in the organization because they want to. The choice of the notion–AC–was influenced by a perception that all factors involved in the creation of this variable are followed by strong positive feelings, and this is possibly the most important aspect of this type of commitment. Nevertheless, unlike other researchers, Meyer and Herscovitch (2001) do not view it merely as an individual's affective condition but consider it to be an essential cognitive aspect of this type of commitment (e.g. the belief that what you do is somehow important).

Continuance component is the perception of the risks of leaving the organization. Employees whose basic connection to the organization is focused on the aspect of continuity stay within it, as they need to (Meyer & Allen, 1991). However, the component of NC is the sense of moral obligation to remain in the organization (Meyer & Allen, 1991). Those with a high level of NC believe they do.

Commitment is thus the force that binds a person to a course of action. This force is felt as a state of mind that can take different forms: the urge, perceived cost, or the obligation to follow the course of action. Such states of mind are expressed by distinguished components which underlie the commitment principle. The intensity of each of these states can be calculated and can represent the commitment profile of each person (Meyer & Herscovitch, 2001).

Several studies were conducted in Malaysia used the TCM to measure the OC among different samples including nurses (Ahmad & Oranye, 2010; Nasurdin et al., 2018; Omar et al., 2012; Pearson & Duffy, 1999). However, Ahmad and Oranye (2010) in their study identified that the overall Cronbach's alpha for the OC scale is 0.858, which means that the scale is valid and reliable and can be used among nurses in Malaysia.

2.2.2 Conclusion about the OC literature

In order to meet the nursing care goals, manpower is expected to have not only knowledge, leadership, and competency, but also high rates of organizational attachment and commitment as well as ability to participate in tasks outside their traditional and preset duties. However, the degree of attachment and commitment of nurses to their organizations will also have an effect on the development of their professional competences. OC is often known as one of the core principles that influence an organization and is used as a standard for assessing employees.

There were many factors that affect nurses' OC and predict it such as leadership style, empowerment, organizational support and some sociodemographic factors. However, nurses' OC also affect other organizational outcomes like JP, JS and turnover. Meyer and Allen (2004) TCM consider the most studied model among

researchers and it measure all OC component (AC, CC, NC). Next section describes one of the OC consequences which is JS.

2.3   Job satisfaction (JS)

JS can be briefly described as a mixture of the positive or negative feelings of the employees have towards their job (Dinc et al., 2018). Wood, Chonko, and Hunt (1986) classified JS into categories include satisfaction with supervisor information, variety, and freedom, ability to complete tasks, and with pay and security.

The level of JS among nurses differentiates between all countries as a result of different cultures and other factors. In their study, Ahmad and Oranye (2010) reported that Malaysian nurses were less satisfied than those at Hospital S (England). The most significant factor deciding JS for nurses in Hospital M (Malaysia) was interaction and the incentives offered during working hours for both formal and informal communication (Ahmad & Oranye, 2010), while the most important factor deciding the JS of nurses for Hospital S (England) was the standard of pay (Ahmad & Oranye, 2010).

The previous studies showed that the JS level among nurses was differ from country to another due to many reasons. For example, nurses at Africa as general show low JS level because low security, lack of communication between peers and low salaries (Elsherbeny, 2018; Khunou & Davhana-Maselesele, 2016; Semachew et al., 2017). In addition, nurses at USA also complain from low JS level due to lower autonomy, working with less supportive peers and for longer hours (Han, Trinkoff, & Gurses, 2015). However, nurses' level of JS in Malaysia and Slovenia was moderate because of encouragement, leadership style and good feedback from the supervisor (Alam & Mohammad, 2010; Lorber & Skela Savic, 2012).

Table 2.4: JS relationship with other correlates (outcomes)

Author/year	Country	Population/Sample size	Outcomes (correlates)
Delobelle et al (2011).	South Africa	Nurses (175)	Turnover (negative correlation).
Kuo, Lin, & Li (2014).	Taiwan	Nurses (173)	Turnover (negative correlation).
Schaumberg and Flynn (2017)	USA	Call center-employees (1454)	Absenteeism (negative correlation).
Rosales, Labrague & Rosales (2013).	Philippine	Nurses (48)	Burnout and exhaustion (negative correlation).
Myhren, Ekeberg & Stokland (2013).	Oslo, Norway	ICU nurses and physician (196)	Burnout (negative correlation).
Nabirye et al (2011).	Uganda	Nurses (321)	JP (positive correlation).
Platis, Reklitis, and Zimeras (2015)	Spain	Nurses (246)	Job performance (positive correlation).
Chang (2015).	Taiwan	Nurses (386)	OC (positive correlation).
Szecsenyi et al (2011).	Germany	- Physicians and Nurses (3316). - Patients (47168)	Patient satisfaction (positive correlation).

Research has shown that JS leads to a number of consequences such as more patient satisfaction (Szecsenyi et al., 2011), less burnout and exhaustion (Myhren, Ekeberg, & Stokland, 2013; Rosales, Labrague, & Rosales, 2013) and less intention to leave in the organization (Delobelle et al., 2011; Kuo, Lin, & Li, 2014). Table 2.4 summarizes the effect of JS.

Several studies have revealed that many factors correlated negatively with JS among nurses including the level of education and work experience (Nabirye et al., 2011), nursing shortage (Toh, Ang, & Devi, 2012), workload and low (Atefi et al., 2016). On the other hand, the factors that positively correlated with JS were studied

by many researchers, including organizational empowerment (Cicolini, Comparcini, & Simonetti, 2014), social support (Orgambidez-Ramos & de Almeida, 2017), teamwork and organizational identification (Alegre, Mas-Machuca, & Berbegal-Mirabent, 2016). Table 2.5 summarizes the factors that affect JS.

Table 2.5: Factors affect JS

Author/year	Country	Population/Sample size	Antecedents (correlates)
Nabirye et al (2011)	Uganda	Nurses (321)	Level of education, work experience (negative correlation).
Toh, Ang & Devi (2012)	Singapore	A systematic review, nurses (7 studies)	Nursing shortage (negative correlation).
Cicolini, Comparcini & Simonetti (2014).	Italy	A systematic review, nurses (12 studies)	Empowerment (positive correlation).
Orgambídez-Ramos & de Almeida (2017).	Portugal	Nurses (215)	Social support (positive correlation)
Alegre, Mas-Machuca & Berbegal-Mirabent (2016).	Spain	Pharmaceutical company (374)	Teamwork, organizational identification (positive correlation).
Boamah, Spence Laschinger, Wong & Clarke (2018)	Canada	Nurses (1000)	Transformational leadership (positive correlation)
Atefi, Abdullah & Wong (2016)	Malaysia	Nurses (46)	Teamwork, support, helping other people (positive correlation), workload, low salary, shortage of supply (negative correlation).

One of the descriptive qualitative studies in Malaysia found that teamwork, relationships with other staff nurses and helping sick people may lead to high JS among these nurses (Atefi et al., 2016). Meanwhile, high workload, limited clinical autonomy, lack of support from nursing management, low salary, shortage of supply,

and lack of equipment have been identified as factors that may decrease their JS (Atefi et al., 2016).

2.3.1 JS measurement

Most findings confirmed that job satisfaction is a broad term comprising, or stated by, different facets. Five facets of job satisfaction are considered in the most typical classification: pay, promotions, co-workers, supervision and work itself (Smith, Kendall, & Hulin, 1969). Locke (1976) provides a few additional aspects: recognition, working conditions, and management and company. In addition, it is traditional for researchers to divide job satisfaction into intrinsic and extrinsic factors by considering pay and promotions as extrinsic factors and co-workers, supervision, and the work itself as intrinsic factors.

Wood et al. (1986) developed a 14-item of job satisfaction questionnaire (JSQ) aimed at assessing a worker's JS. Seven items were extracted from the Job Characteristics Inventory (Sims, Szilagyi, & Keller, 1976), and the authors created the other 7 items, which concentrated on specific aspects of the JS.

Sims et al. (1976) administrated the JSQ to 1076 marketing practitioners in the United States and the exploratory factor analysis was conducted to examine the validity of the JSQ. The results indicated that the JSQ consisted of four subscales: (a) satisfaction with information (4 items), (b) satisfaction with variety (6 items), (Li et al.) satisfaction with closure (2 items), and (Hadad et al.) satisfaction with pay (2 items) (Sims et al., 1976).

The satisfaction with information subscale is associated with the JP recommendations obtained from the supervisor. Satisfaction with variety reflects the worker's view of the freedom and variety that their job can provide. Closure

satisfaction underlines the sense of control within their work. Eventually, pay satisfaction clearly represents the employee's opinion of the salary they earn (Sims et al., 1976). Furthermore, the researchers found that the four dimensions of JS linked significantly to income, age, sex, education and social responsibility, supporting the validity of the questionnaire (Sims et al., 1976).

One of the most widely used measurements in assessing worker satisfaction is Wood's JS Questionnaire (JSQ) (Wood et al., 1986). In Malaysia, one study was conducted to validate JSQ by Halim (2014) revealed that high Cronbach alpha value, which is 0.90, suggests a reasonable reliability level. It also indicates the degree of consistency among Malaysian employees in measuring JS (Halim, 2014). Similarly, JSQ used among Malaysian nurses with Cronbach alpha over 0.7 (Alam & Mohammad, 2010) which indicate that its reliable and can be used among nurses in Malaysia.

2.3.2   Conclusion about the JS literature

JS can be briefly described as a mixture of the positive or negative feelings of the employees have towards their job. Therefore, the effort to recognize and describe JS has been guided by practical and useful reasons. As it could increase productivety, JP level and decrease the intention for turnover. However, many factors affect and predict JS such as empowerment, social support, leadership style, salary and some sociodemographic factors like educational level , age and gender. There were many scales have been developed to measure JS. One of the most widely used measurements in assessing JS is Wood's JS Questionnaire (JSQ).

2.4 Job performance (JP)

One of the most important organizational outcomes is the JP that is defined as the quality and quantity of individuals or groups obtained after achieving a task (Schermerhorn, 1989). It involves behaviors related to the organizational objectives and which will be controlled by the individual employees (Ellinger et al., 2008).

The level of JP differs from one side of the world to another because many reasons. For example, in their studies, Al-Makhaita, Sabra, and Hafez (2014) over Saudi nurses and Mrayyan and Al-Faouri (2008) over Jordanian nurses revealed that the level of nurses' JP was good and it was influenced by many factors such as qualification, nationality, work time and place (department).

Furthermore, the level of JP among nurses in Malaysia was measured by many researchers. In their study, Arshad, Tumpang, and Osman (2016) reported that nurses state high level of JP. Similarly, Samiei et al. (2016) conducted a study to assess the relation between JS and JP among nurses. They revealed that nurses have a high level of JP (Samiei et al., 2016).

In the nursing profession, several studies have been carried out on JP among the nurses. Mrayyan and Al-Faouri (2008) found that nurses' career commitment had a positive correlation with JP among Jordanian nurses. Another study also in Jordan, found that co-worker support has a positive effect on JP (Amarneh, Abu Al-Rub, & Abu Al-Rub, 2010). Similarly, a study from one of the western countries also showed that service climate might affect nurses' task performance (Greenslade & Jimmieson, 2011). In turn, the effort they made in effect contributes to greater JP, which is considered one of the leading predictors of patient satisfaction (Greenslade & Jimmieson, 2011).