

Examination of the Impact of the Hospital Administrative Staff's Organizational Trust and Organizational Commitment Levels on their Intention to Quit

Deniz Tugay ARSLAN
Ankara University
Ankara, Turkey
d.tugayarslan@gmail.com

Afsun Ezel ESATOĞLU
Ankara University
Ankara, Turkey
afsunezel@yahoo.com

Extensive Summary

Introduction

Health industry, a labour-intensive sector in service industry, differentiate from many other sectors as a result of its requirements. Hospitals are organizations specialized in a high level as required by the health services; they provide services not in a specific time period but every hour of the day and every day of the week. Patients and health care providers are required to be in close one-to-one relationship during health services (Shortell and Kaluzny, 1983: 13-14). Other employees such as physicians and nurses having a direct role in the delivery of health services must also work in coordination (Bilgili and Ecevit, 2008: 203; Taş, 2012: 1).

Organizational Trust

According to Tutar (2014: 327), organizational trust is the level of confidence of the employee in the practices of the organization and in the words and actions of his/her manager. According to Perry and Mankin (2007: 167), on the other hand, organizational trust is the strong emotional connection of the employees to the organization, their adopting the objectives and values of the organization and willingness to make effort for the organization. Kath et al. (2010: 488) shape organizational trust upon organizational roles, relationships, experiences and mutual commitments; and defined as the positive expectations regarding the intention and actions of the members at each level of the organization.

Organizational Commitment

According to O'Reilly and Chatman (1986: 492), organizational commitment is a concept expressing the internalization dimension expressing the harmony of the objectives and values of the organization and employees; the level of integration of the employee with the organization; the dimension of identification where they can express themselves with the request to be close to the other employees in the organization; and the consistence dimension targeting to reach personal goals. The idea, which foresees that the performances, motivation and work satisfaction of the employees committed to

the organization will be high, explains the reason why the organizations value the organizational commitment. Another notable point is that discontinuity of the employees, their intention to quit, and reduced performances which all result in disruption of the organizational activities, have a negative relation to the organizational commitment (Awamleh, 1996: 65; Randall, 1987: 462; Ersoy and Bayraktaroğlu, 2012: 3).

Intention to Quit

The concept of intention to quit is defined by Martin (1979: 316) as the level of quit of the employees from the organization, while Rusbult et al. (1988: 599) defined it as the active and destructive action by the employees when they are not satisfied with the work conditions. There is the intention to quit behind the behaviour of employees quitting voluntarily (Allen, et al., 2005: 980). Quitting a job voluntarily takes place in a planned manner and it is approached as a planned behaviour theory. As understood so far, the intention to quit happens voluntarily and planned (Stephen and Hartman, 1984: 309; Özdevecioğlu, 2004: 98).

Method

The objective of the study is to examine the impact of organizational trust and organizational commitment dimensions on the intention to quit. In the study, the variables of organizational trust, organizational commitment and intention to quit of the employees have been examined in terms of varying across certain socio-demographic characteristics (age, marital status, educational level, being a tenured staff, working period in the hospital, income, etc.).

Population of the study consists of the employees working in a hospital operating in Ankara, as officers and outsourced staff. The study, in relational screening model, employs questionnaire method as its measurement technique. Face-to-face questionnaire form is composed of four sections; 10 questions addressing the personal specifications of the responders in the first section; “Organizational Trust Scale” developed by Bromiley and Cummings (1996) for measuring organizational trust is used in the second section; “Organizational Commitment Scale” developed by Allen and Meyer (1997) is used in the third section for measuring the organizational commitment levels of the employees; and “Intention to Quit Scale” developed by Camman et al. (1979) and taken from Michigan Organizational Evaluation Survey, is used in the last section.

Findings

Average scores of employees between age 39-64 of emotional commitment (\bar{X} :18,13) and commitment to continue (\bar{X} :19,78) are higher than the average scores of employees between age 20-30 (\bar{X} :16,89) and (\bar{X} :17,99), respectively ($p<0,05$). Their average scores of intention to quit are, on the other hand, employees between age 39-64 have less score than employees between age 20-30, (7,96) and (\bar{X} :9,13), respectively ($p<0,05$).

It was detected that emotional commitment average scores of married employees (\bar{X} :17,65) is higher than the single employees (\bar{X} :16,79) ($p<0,05$). Continuing commitment average scores of married employees were found to be higher than the single employees (\bar{X} :19,44 and 18,05, respectively) ($p<0,05$).

Cognitive trust average scores of graduate grad employees (\bar{X} :20,71) were found to be higher than high-school graduates (\bar{X} :19,31) ($p<0,05$); while primary school

graduate employees' continuity average scores (\bar{x} :21,41) were found to be higher than high-school graduates (\bar{x} :18,53) and higher education graduates (\bar{x} :18,12) ($p<0,01$).

Cognitive trust average scores of the officers (\bar{x} :21,10) were found to be higher than service personnel (\bar{x} :19,51) ($p<0,05$). Emotional average scores of the officers, on the other hand (\bar{x} :18,24), were found to be higher than service personnel (\bar{x} :27,20) while the continuity commitment average scores of the officers (\bar{x} :17,80) were found to be lower than service personnel (\bar{x} :19,35) ($p<0,05$). Average scores of intention to quit of officers (\bar{x} :7,58) were found to be lower than service personnel (\bar{x} :8,89) ($p<0,05$).

Cognitive trust score averages of the employees working for 0-4 years in the hospital (\bar{x} :20,88) were found to be higher than the employees working for 5-9 years (\bar{x} :19,17) and 10-31 years (\bar{x} :19,38) ($p<0,01$). Average scores of employees working for 0-4 years (\bar{x} :8,22) were found to be lower than employees working for 5-9 years (\bar{x} :9,24) ($p<0,05$).

Cognitive score averages of the employees with income between 900-1000 TL (\bar{x} :19,15) were found to be lower than the employees with income between 1501-3000 TL (\bar{x} :20,89). Emotional commitment score averages of the employees with income between 900-1000 TL (\bar{x} :16,78) were found to be lower than the score averages of the employees with income between 1001-1500 TL (\bar{x} :18,17) and between 1501-3000 TL (\bar{x} :18,13). Continuity commitment score averages of the employees with income between 900-1000 TL (\bar{x} :19,16) were found to be lower than the score averages of the employees with income between 1001-1500 TL (\bar{x} :20,26). Continuity commitment score averages of the employees with income between 1001-1500 TL (\bar{x} :20,26) were found to be higher than score averages of the employees with income between 1501-3000 TL (\bar{x} :17,40) ($p<0,05$). Intention to quit score averages of the employees with income between 900-1000 TL (\bar{x} :8,99) were found to be higher than score averages of the employees with income between 1501-3000 TL (\bar{x} :7,75) ($p<0,05$).

Regression status of organizational trust and organizational commitment on intention to quit was analysed with multiple regression analysis for all participants. The first model was detected as being formed with normative commitment variable. Depending on that equality named Model 1, normative commitment was detected as solitarily explaining 9,3% of the variation in the intention to quit. When the regression coefficient was examined, there was a negative relation between these two variables. Model 2 was established with the participation of cognitive trust. Cognitive trust was detected as solitarily explaining 3,2% of the variation in the intention to quit. A negative relation was detected between these two variables. Model 3 was established with the participation of emotional trust. Emotional trust was detected as solitarily explaining 1,8% of the variation in the intention to quit. A positive relation was detected between these two variables. Model 4 was established with the participation of the status of being a tenured staff. Status of tenure was detected as solitarily explaining 1% of the variation in the intention to quit. The findings of the study indicates a positive relation between the intention to quit and working as a service personnel.

Result and Recommendations

It has been determined that employees in the 20-30 age range working at the hospital have developed more intention to quit. It is considered appropriate to organize

training opportunities for young employees to guide career planning and to improve their knowledge and skills by the organization.

Primary education graduates have the highest level of continuing commitment in the context of educational level. It is believed that recognizing opportunities to increase the level of education for primary school graduates to increase their commitment to their organizations is important. In addition, the cognitive trust levels of the employees who have been working in the hospital for 0-4 years were found to be higher. It is assumed that the level of cognitive trust in the new participating workforce is due to the fact that colleagues and management have not yet established a clear perception of their technical knowledge and skills.

In regression analysis for all participants, it was determined that the intention to quit was negatively affected by cognitive trust and normative commitment. In order to increase the cognitive trust levels of the employees, it will be appropriate to create perception that managers, supervisors and other employees have the necessary professional knowledge and skills, to fulfil their responsibilities and be honest. The hospital management is advised to create an environment where employees can present their views and suggestions.

When the income levels of the employees are related to the cognitive trust, emotional attachment, continuity and intention to quit, low level of cognitive trust and emotional commitment of the low income level and low level of intention to quit require various adjustments. It may be appropriate to make improvements in the income levels of these employees when it is taken into account that the low-income group of employees at the hospital are majorly the service personnel.

Apart from cognitive trust and normative commitment, status of tenure is also found as having an impact on the intention to quit. It will be appropriate to make improvements in the working conditions of the service personnel who have negative working conditions, low income and who are in a more unfavourable status in terms of personal benefits compared to tenured officers.