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Work relationships and organisational commitment of nurses: An analysis of policy-practice differences

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DEDICATION

This thesis is dedicated to the memory of my Pop

*Thomas John Eagle*

1929 – 2009

for always encouraging me to reach for the stars.
ABSTRACT

For several decades, one of the major issues facing Australia’s health sector has been a shortage of nurses; a trend also evidenced across many other Organisation for Economic Co-operation and Development (OECD) countries. Without a suitably sized nursing workforce, a society’s ability to care for the population is diminished, and will continue so unless this trend is reversed. One of the factors contributing to this shortage is the poor retention of currently employed nurses, which results from, in part, a high proportion of nurses lacking commitment to their organisations. For public sector hospitals, the largest employer of nurses in Australia, this lack of organisational commitment is a continuing concern that impacts upon the ability of health organisations to provide care to patients.

This thesis examines the factors that impact upon nurses’ commitment to their organisations. A theoretical framework, Social Capital Theory (SCT), was used as a lens through which to view the behaviour of nurses. The reason for this choice of theory is that SCT is used to examine the relationships in the workplace by exploring their quality, structure, and the context in which they operate. This research uses the SCT framework to interpret how relationships impact upon nurse outcomes, including their level of role ambiguity, the extent to which they perceive that they are empowered in their work, and most importantly, their organisational commitment. Of particular interest to this study is the difference between these organisational practices and the organisation’s espoused policies, to identify gaps and areas for improvement.

The research used a sequential mixed methods approach. Four methods of data collection were used comprising surveys, focus groups, interviews, and document analyses, so as to examine the relevant issues from a variety of viewpoints and triangulate data. Respondents comprised nurses working in two public sector hospitals located in Australia. The data includes 167 surveys, 12 focus groups and 17 interviews. Analysis of the quantitative data involved using regression analysis and
path analysis, while the qualitative data were analysed using manifest and latent content analysis.

Results of the quantitative and qualitative analyses identified that nurses had low levels of commitment to their organisation. The main factor which impacted upon nurses’ commitment to their organisation was the quality of nurse relationships. This included relationships with their supervisor (also known as Nurse Unit Manager), with the upper levels of organisational management, and with nurse colleagues. The second factor which impacted upon nurses’ commitment to their organisation was the lack of support mechanisms in place. This factor included a lack of organisational resources; a lack of facilities with which to perform their work; a lack of respect and support from others; and a poor organisational culture. These findings identified that the nurses were ambiguous about how to perform their role in the work environment, that they had decreased job performance because of this, and were not well empowered to perform their work. Nurses did, however, perceive that their social networks were effective in assisting them to solve work-related problems. The results of the analyses also identified multiple gaps between organisational policy and practice. In particular, the data suggested that reality did not match organisational policies regarding the value of nurses; the quality of the relationship between nurses and all levels of organisational management; the quality of patient care; and the increased efficiency and effectiveness that organisational policies and procedures are aimed at achieving.

Overall, the research concludes that the quality of relationships at work and the level of support provided to nurses were instrumental in contributing to nurses’ commitment to their organisation. The nurses were operating in a very ambiguous environment characterised by low levels of support from management, and as a consequence, were not better committed to their organisation. The findings of this thesis are significant because they demonstrate the importance of relationships and organisational culture in affecting the success of individual outcomes in the workplace, such as problem-solving effectiveness and organisational commitment. The findings make a significant contribution to, and extend existing knowledge
about, the role of relationships and organisational social contexts in affecting employee outcomes. The findings also contribute knowledge to the field about how to increase nurses’ commitment to their organisations and how to identify areas for improvement in nursing practice. These will inform organisations and government about how to improve nurse retention and minimise future nursing shortages.
STATEMENT OF ORIGINALITY

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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Natasha Emma Currant
August 2011
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KEY TERMS

Key terms are used throughout this thesis and are defined as follows:

**Affective commitment** refers to an employee’s desire to stay in the organisation based on their emotional attachment to, identification with, and involvement in the organisation (Allen & Meyer, 1990).

An **Enrolled Nurse** is a lower level nurse whose training or education at a certificate or diploma level is satisfactory for registration and a role as a nurse at a lower level than as a Registered Nurse (Australian Nursing Federation, 2005).

A **Nurse Unit Manager (NUM)** is a Registered Nurse who is responsible for leading a nursing team and the provision and coordination of resources at a ward level (College of Emergency Nursing Australasia, 2008).

**Nursing** involves the autonomous and collaborative care of individuals in ill health when they are unable to care for themselves, the promotion of good health, advocacy, research, policy development and education (Australian Nursing Federation, 2010; International Council of Nurses, 2010).

An **organisation** is a social arrangement of people with a clearly defined hierarchy of authority for the controlled performance of collective goals (Buchanan & Huczynski, 2003; Campbell & Craig, 2005).

**Organisational culture** refers to the symbols, values, ideologies and assumptions that unconsciously guide the behaviour of the organisation and its employees and provide a sense of cohesiveness (Cartwright & Cooper, 1993).

A **private hospital** is a privately owned and operated organisation that charges patients fees for services for the patient’s choice of doctor, hospital,
practitioner, and extra service, food and accommodation services (Australian Department of Health and Ageing, 2008b).

A public hospital is a hospital that is controlled by an Australian state or territory offering free health care and accommodation to all residents of Australia (Australian Department of Health and Ageing, 2008b).

A Registered Nurse is a Bachelor qualified nurse licensed to practice without supervision while undertaking the duties of nursing mentioned in the definition of Enrolled Nurse (Jolly, 2007).

Retention is the percentage or number of employees that remain within an organisation (Phillips & Connell, 2003).

For the purposes of this research, upper level management refers to all types of managers and associated administrative employees above the level of Nurse Unit Manager within the organisation’s hierarchy of management. These managers are responsible for the daily operations and long-term strategic management of the organisation (Chin, 2004).
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