THE EVALUATION OF INSTITUTIONAL COMMITMENT FOR HEALTHCARE PERSONNEL

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Abstract

Institutional commitment is the psychological commitment of an individual to an institution and is essential for institutional success. This study aimed to determine the level of institutional commitment in health employees and to evaluate the effects of socio-demographic characteristics on institutional commitment. This cross-sectional and descriptive study was conducted at the Tekirdag State Hospital in Turkey in January 2013. Data was collected using the survey method. A study sample of 660 employees was selected with the random sampling method and 272 questionnaires with no missing data were evaluated. The SPSS for Windows 17.0 software was used in order to analyze data. When we examined the institutional commitment of employees, we found that emotional commitment was high on average, continuity commitment was moderate, and normative commitment was high. Dimensions of institutional commitment showed significant differences according to employee's titles, gender, age, education, job experience, hospital experience, type of working, and the units they work at. Male employees had higher levels of emotional and normative commitment and lower levels of continuity commitment than females. It was determined that socio-demographic characteristics affected the level of institutional commitment in health employees. It is assumed that this study will guide similar research and will support health managers' decisions regarding institutional commitment.

Keywords: Institutional commitment, health employees, hospital.

1. INTRODUCTION

The structure of health institutions becomes more complex and complicated with each passing day and they have to deal with many difficulties. In this regard, organizational commitment becomes a more important factor in means of health personnel's success. Ensuring that the personnel believe in the institution meeting their wishes and needs, that the personnel love their institution, and that they want to continue their employment in that institution, or in other words, ensuring that the personnel feel a belonging to the institution can be achieved via creating organizational commitment. Organizational commitment provides a foundation for both satisfying the personnel and for actualizing institutional aims in an effective and efficient way. Organizational commitment denotes the psychological commitment of an individual to the institution (Blau, 1985, pp.271- 296) and means that the personnel feels love for the institution or identifies with it (Uyguc and Cimrin, 2004, pp.91-99). Also, organizational commitment can be considered as an attitude which reflects the nature and quality of the relationship between an employee and the institution.

The most widely accepted model of organizational commitment is Meyer and Allen's three-dimensional model of organizational commitment. These dimensions are affective, continuance, and normative commitment (Meyer and Allen, 1991, pp.61-89; Cohen, 1993, pp.143-159; Jaros, 2007, pp.7-25, WeiBo et al., 2010, pp.012-020; Wasti, 2005, pp.290-308; Akbolat et al., 2010, pp.41-64; Kaya and Selcuk, 2007, pp.175-190; Cihangiroglu, 2010, pp.82-90; Kondratuk et al., 2004, pp.332-349). Affective commitment involves an individual's identifications with the institution, being satisfied with being an employee at the institution, and being strongly attaches to the institution. Individuals with high affective commitment continue to stay at the institution willingly and put effort into the institution. Continuance commitment means that an individual feels dependent on the institution in means of payment, social status, and access to social networks. These benefits would be at risk or be lost in case of leaving the institution. There are a few job opportunities and there are no alternatives. Individuals with high continuance commitment see staying at the institution as an obligation for avoiding financial and other losses. Normative commitment is shown as an obligation to feel morally responsible and occurs with an employee's feelings of voluntary obligation and loyalty. These feelings are a result of normative commitments formed with the use of familial or cultural tools of socialization. Individuals with high normative commitment continue to work at the institution because they consider working at the institution their mission and they feel that staying at the institution or showing commitment to the institution is the right behavior. In a study by Wasti, (2000, pp.201-224) it was found that

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satisfaction with the general structure of the job and organization culture were the most important factors effecting affective commitment and that loyalty norms, organization culture, family, and recruitment affected normative commitment. Among the dimensions, affective commitment is the most desired dimension to be achieved and it leads to the strongest positive job behaviors. These dimensions correspond to three distinctive topics, which are effective attachment to the organization, recognition of costs associated with leaving the organization, and the obligation to remain with the organization (Baysal and Paksoy, 1999, pp.7-15). Continuance of employment in an organization involves three distinctive components including affective commitment, which corresponds to the feeling of desire, continuance commitment, which corresponds to a need, and normative commitment, which corresponds to an obligation (Meyer and Allen, 1991, pp.61-89). Dimensions of organizational commitment have several common characteristics including representing the psychological state of an individual, showing the relationships between an individual and an organization, being related to the decision of continuing organization membership, and being effective in reducing employee overturn (Gumustekin et al., 2010, pp.1-20; Uyguc ve Cimrin, 2004, pp.91-99). In employees, the most sought out characteristic is high affective commitment, followed by normative commitment and continuance commitment (Gumustekin et al., 2010, pp.1-20). In the study, all three dimensions of organizational commitment in health personnel were evaluated.

2. OBJECTIVE

Institutional commitment is the psychological commitment of an individual to an institution and is essential for institutional success. This study aimed to determine the level of institutional commitment in health employees and to evaluate the effects of sociodemographic characteristics on institutional commitment.

3. METHODS

This cross-sectional and descriptive study was conducted at the Tekirdag State Hospital in Turkey in November 2013. The hospital where the study was conducted has a historical background. The Tekirdag Country Hospital was built on the Etyemez District Cemetery with the initiative of Governor Zekeriya Zihni and local military recruiting office commander Salim Pasha. The Turkish soldiers who were injured during the battles that took place in Canakkale and the Gallipoli Peninsula were being treated in the portable tents set up at the Country Hospital. The Country Hospital served with 50 beds until 1950 and reached a bed capacity of 250 in 2002, and 400 in 2006 by merging with the 82. Year State Hospital. Today, the hospital provides services under the name of Tekirdag State Hospital (http://www.tdh.gov.tr/tarihce.html, 2013). Data was collected using the survey method. The questionnaire consisted of two parts, which include the “organizational commitment scale” developed by Meyer and Allen in order to measure affective, continuance, and normative commitment (Meyer and Allen, 1991, pp.61-89) and the part that identified sociodemographic characteristics. The organizational commitment scale is scored according to 5 Likert type response categories. In the evaluation of the items in the organizational commitment scale, “1” corresponded to the least perceived level of agreement (I do not agree at all) and “5” corresponded to the highest perceived level of agreement (I completely agree). Criteria shown in Table 1 were taken as a basis for evaluating scale items and dimension scores.

A study sample of 660 employees was selected with the random sampling method and 272 questionnaires with no missing data were evaluated. The SPSS for Windows 17.0 software was used in order to analyze data.

In data evaluation, nonparametric methods are used if the number of cases in a group is not sufficient or if data does not meet parametric test assumptions despite a sufficient number of cases (Demirgil, 2010, p.85; Sumbuloglu and Sumbuloglu, 2007, p.154). In case of using the ANOVA test, multiple comparison methods (post hoc tests) differ according to the results of the homogeneity test (Levene test) (Buyukozturk, 2010, pp.48-49). In data analysis, the independent samples t-test, one way analysis of variance, the Mann Whitney U Test (MW), and the Kruskal Wallis H Test (KW), which were appropriate for the data, were conducted. The MW test was used when it was necessary to perform nonparametric tests. The Scheffe and Dunnett’s C multiple comparison tests were used for determining differences after conducting one way analysis of variance. The relationship between variables was tested via spearman correlation analysis. Correlations between dimensions were evaluated as r=0.00 – 0.25 very weak, r=0.26 – 0.49 weak, r=0.50 – 0.69 moderate, 0.70 – 0.89 high, and r=0.90 – 1.00 very high (Sungur, 2010:115-116). Results were evaluated within 95% confidence interval and according to the significance level of 5%. Study findings cannot be generalized and they are limited to the study hospital.

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4. RESULTS

4.1. Sociodemographic Characteristics

Among the personnel, 66.9% were female, 87.1% were married, 61% were nurses, 8.5% were doctors, and 27.9% were other employees. It was determined that 83.1% of the participants had associate degrees or higher (Table 3).

Table 3. Socio-demographic characteristics of the employees.

Variables	Groups	N=272	%
Title	Physician	23	0.8
	Nurse-Midwife	166	61.0
	Administrative officer	7	2.6
	Other (Secretary, technician)	76	27.9
Gender	Male	60	22.1
	Female	212	77.9
Age	21-30	52	19.1
	31-40	148	54.4
	41-50	72	26.5
Marital status	Married	237	87.1
	Single	35	12.9
Education	High school or equivalent	31	11.4
	Associate degree	119	43.8
	Bachelor's degree	107	39.3
	Master's degree	15	5.5
Job experience (year)	1-5	45	16.5
	6-10	136	50.0
	11-15	31	11.4
	16-20	28	10.3
	21 and above	32	11.8
Institutional seniority (year)	1-5	119	43.8
	6-10	138	50.7
	11-15	15	5.5
Type of employment	Constant day shift	55	20.2
	Rotating shifts	45	16.5
	Constant night shift	42	15.4
	Day shift and occasional night shifts	39	14.3
	Day shift and often shift	91	33.5
Unit	Surgery room	36	13.2
	Surgecal clinics	28	10.3
	Internal clinics	39	14.3
	Intensive care	29	10.7
	Polyclinic	23	8.5
	Laboratory	35	12.9
	X-Ray	22	8.1
	Emergency service	34	12.5
	Administrative units	10	3.7
	Other	16	5.88

4.2. Scale Reliability and Employee' Levels of Organizational Commitment

The Cronbach's alpha (α) reliability coefficient was used for evaluating the scale's reliability. The alpha coefficient is a measure of the internal consistency between the scale items. A scale is accepted to have no reliability if α=0.00-0.39, to have low reliability if α=0.40-0.59, to have notable reliability if α=0.60-0.79, and to have high reliability if α=0.80 - 1.00 (Alpar, 2011, pp.814-815). Reliability coefficients of the organizational commitment scale and its dimensions were calculated and the normative commitment dimension was found to be notably reliable (α=0.796), affective commitment (α=0.930), continuance commitment (α=0.830), and general organizational commitment (α=0.921) was found to be highly reliable.

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When we examined the organizational commitment of the personnel, we found that they had high affective commitment (3.541±0.978), moderate continuance commitment (3.309±0.713), and high normative commitment (3.432±0.672). It can be said that the organizational commitment level of health personnel is at a desired level.

4.3. The Effect of Sociodemographic Characteristics on Organizational Commitment

Dimensions of organizational commitment showed significant differences according to personnel's titles, gender, age, education, job experience, hospital experience, type of employment, and unit of employment ($p<0.05$). However, dimensions of organizational commitment did not show significant differences according to marital status ($p>0.05$). These findings are shown in Table 4.

Affective commitment of doctors was found to be higher than that of nurses-midwives and other personnel (secretaries, technicians). Affective commitment of nurses-midwives was determined to be higher than that of other personnel. Continuance commitment of doctors, nurses-midwives, and other personnel were found to be higher than that of administrative officers. Affective and normative commitment of males was found to be higher than females; whereas their continuance commitment was lower than females. Affective commitment of personnel aged between 31-40 and 41-50 years was higher than those aged between 21-30 years; while affective commitment of personnel aged between 41-50 years was higher than those aged between 31-40 years. Continuance commitment of personnel aged between 31-40 and 41-50 years was higher than those aged between 21-30 years, whereas continuance commitment of personnel aged between 41-50 years was higher than those aged between 31-40 years. Normative commitment of personnel aged between 41-50 years was higher than those aged between 21-30 and 31-40 years. Personnel aged between 41-50 years had the highest affective, continuance, and normative commitment levels. Affective commitment of personnel who had associate and Bachelor's degrees and attending doctors were found to be higher than that of high school or equivalent graduates. Affective commitment of attending doctors was determined to be higher than personnel who had associate and Bachelor's degrees. Affective commitment increases as the level of education increases. Continuance commitment of attending doctors was found to be higher than personnel who had a Bachelor's degree and who graduated from high school or equivalent. Continuance commitment of personnel who had an associate degree was higher than those who had a Bachelor's degree. Normative commitment of attending doctors was higher than personnel who had an associate and Bachelor's degree and who graduated from high school or equivalent.

Affective commitment of personnel whose job experience was 6-10, 11-15, and 16-20 years was found to be higher than those whose job experience was 1-5 years. Affective commitment of personnel whose job experience was 11-15 and 16-20 years was found to be higher than those whose job experience was 6-10 years. Continuance commitment of personnel whose job experience was 6-10, 11-15, 16-20, and 21 or more years was determined to be higher than those whose job experience was 1-5 years. Normative commitment of personnel whose job experience was 16-20 and 21 or more years was found to be higher than those whose job experience was 1-5 years. Normative commitment of personnel whose job experience was 16-20 and 21 or more years was found to be higher than those whose job experience was 6-10 years. Normative commitment of personnel whose job experience was 21 or more years was found to be higher than those whose job experience was 11-15 years. Personnel whose job experience was less than 5 years had the lowest level of organizational commitment compared to others. Affective, continuance, and normative commitment of personnel with a hospital seniority of 11-15 years were higher than those with a hospital seniority of 1-5 and 6-10 years. Normative commitment of personnel with a hospital seniority of 1-5 years was found to be higher than those who worked at the hospital for 6-10 years.

Affective commitment of personnel who worked constant day shifts was higher than those who worked in alternating shifts and was lower than those who worked day shifts and occasional night shifts. Affective commitment of personnel who worked constant night shifts, day shifts, and occasional night shifts was higher than those who worked in alternating shifts. Affective commitment of personnel who worked day shifts and occasional night shifts was higher than those who worked constant night shifts. Affective commitment of personnel who worked day shifts and occasional night shifts was higher than those who worked both day shifts and frequent night shifts. Continuance commitment of personnel who worked night shifts, day shifts, and occasional night shifts was found to be higher than those who worked constant day shifts. Continuance commitment of personnel who worked night shifts was higher than those who worked alternating shifts, day shifts and occasional night shifts, and day shifts and frequent night shifts. Normative commitment of personnel who worked constant day shifts was higher than those who worked alternating shifts and constant night shifts. Normative commitment of personnel who worked day shifts and occasional night shifts and day shifts and frequent night shifts was higher than those who worked alternating shifts. Normative commitment of personnel who worked day shifts and frequent night shifts was higher than those who worked night shifts.

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Affective commitment of personnel working at the polyclinic was found to be higher than those working at the surgery room, surgery clinic, internal diseases clinic, intensive care, laboratory, emergency service, administration, and other units. Affective commitment of personnel working at the surgery room, surgery clinic and radiology unit was higher than those working at the emergency service. Continuance commitment of personnel working at intensive care was found to be higher than those working at the surgery room, surgery clinic, internal diseases clinic, radiology, administration, and other units. Continuance commitment of personnel working at the surgery room was higher than those working at the laboratory and administration. Continuance commitment of personnel working at the surgery clinic, internal diseases clinic, polyclinic, laboratory, emergency service, and other units was higher than those working at the administration unit. Normative commitment of personnel working at the polyclinic was higher than those working at the surgery room, surgery clinic, intensive care, laboratory, emergency service, and administration. Normative commitment of personnel working at the internal diseases clinic was higher than those working at intensive care and administration. Normative commitment of personnel working at intensive care, laboratory, and the radiology unit was found to be higher than those working at the administration unit.

Table 4: The effect of sociodemographic characteristics on organizational commitment

Sociodemographic characteristics	Emotional commitment	Continuity commitment	Normative commitment
Title			
Physician	4.141±0.790	3.348±0.673	3.88±0.773
Nurse-Midwife	3.590±0.757	3.455±0.554	3.365±0.593
Administrative officer	3.643±0.523	2.286±0.787	2.714±1.022
Other (Secretary, technician)	3.242±1.335	3.073±0.882	3.508±0.686
F	5.710	11.014	7.455
p	**0.001***	**0.000***	**0.000***
Gender			
Male	3.675±1.234	2.862±0.957	3.648±0.940
Female	3.503±0.892	3.436±0.569	3.371±0.562
MW	4 986.000	4 460.000	4 901.500
p	**0.010***	**0.000***	**0.006***
Age			
21-30	3.204±0.975	2.937±0.873	3.291±0.513
31-40	3.570±0.835	3.356±0.573	3.243±0.655
41-50	3.724±1.185	3.482±0.760	3.922±0.559
KW	15.844	24.056	49.838
p	**0.000***	**0.000***	**0.000***
Marital status			
Married	3.548±0.993	3.322±0.690	3.442±0.698
Single	3.496±0.881	3.225±0.862	3.364±0.460
MW	4 039.500	3 862.500	3 898.000
P	0.803	0.506	0.564
Education			
High school or equivalent	2.339±1.332	3.065±0.872	3.516±0.536
Associate degree	3.622±0.803	3.466±0.651	3.333±0.652
Bachelor's degree	3.683±0.808	3.156±0.724	3.408±0.686
Master's degree	4.367±0.439	3.667±0.139	4.217±0.452
KW	38.138	31.626	22.654
p	**0.000***	**0.000***	**0.000***
Job experience (year)			
1-5	3.075±0.991	2.781±0.919	3.247±0.444
6-10	3.571±0.795	3.392±0.560	3.335±0.653
11-15	3.879±0.826	3.475±0.368	3.415±0.655
16-20	3.915±0.946	3.520±0.342	3.737±0.833
21 and more	3.414±1.481	3.357±1.072	3.856±0.652
KW	20.359	29.294	20.114
p	**0.000***	**0.000***	**0.000***

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Institutional seniority (year)			
1-5	3.568±0.884	3.245±0.793	3.457±0.589
6-10	3.400±1.032	3.301±0.638	3.292±0.664
11-15	4.625±0.183	3.895±0.402	4.525±0.118
KW	34.261	14.394	43.659
p	**0.000***	**0.001***	**0.000***
Type of employment			
Constant day shift	3.573±0.939	3.133±0.686	3.552±0.750
Rotating shifts	3.061±0.963	3.175±1.096	3.247±0.697
Constant night shift	3.691±0.088	3.650±0.127	3.173±0.297
Day shift and occasional night shifts	4.333±0.410	3.465±0.480	3.670±0.864
Day shift and often shift	3.350±1.178	3.259±0.680	3.468±0.586
KW	53.391	27.102	17.359
p	**0.000***	**0.000***	**0.002***
Unit			
Surgery room	3.681±0.768	3.433±0.158	3.368±0.580
Surgecal clinics	3.661±0.899	3.388±0.470	3.295±0.654
Internal clinics	3.654±0.656	3.480±0.617	3.606±0.527
Intensive care	3.552±0.703	3.562±0.605	3.263±0.509
Polyclinic	4.141±0.790	3.348±0.673	3.880±0.773
Laboratory	3.321±1.123	3.294±0.766	3.439±0.506
X-Ray	3.716±1.072	3.078±0.879	3.557±0.762
Emergency service	3.169±1.032	3.324±0.893	3.257±0.630
Administrative units	3.600±0.709	2.343±0.789	2.788±1.083
Other	2.852±1.664	2.893±0.867	3.641±0.811
KW	27.203	25.414	21.720
p	**0.001***	**0.003***	**0.010***

4.4. The Relationship Between The Dimensions of Organizational Commitment

There was a statistically significant relationship between continuance commitment and affective commitment (r=0.393; p=0.000<0.05). According to this, affective commitment increases as continuance commitment increases. There were significant relationships between normative commitment and affective commitment (r=0.653; p=0.000<0.05) and between normative commitment and continuance commitment (r=0.443; p=0.000<0.05). According to this, affective commitment and continuance commitment increase as normative commitment increases.

5. CONCLUSION

In the study, the majority of personnel was nurses-midwives, middle aged, experienced, and senior and had high educational levels. When we examined the institutional commitment of employees, we found that emotional commitment was high on average, continuity commitment was moderate, and normative commitment was high. In one study, which was conducted at a training and research hospital, it was found that the personnel had moderate levels of organizational commitment in means of the three dimensions (Yanik et al., 2012, pp.72-85). Tetik (2012, pp.275-286) determined that the level of affective commitment was low and continuance and normative commitment levels were moderate among the employees; while Cihangiroglu (2010, pp. 82-90) found that military doctors' level of organizational commitment was low. Akbolat et al. (2010, pp.41-64) reported that medical secretaries had high levels of normative and affective commitment and low levels of continuance commitment. Kaarna (2007, pp.1-50) determined that doctors, nurses, management and support personnel, and laboratory employees had very low levels of organizational commitment. In another study, it was reported that nurses had lower levels of organizational commitment compared to doctors (Sevinc and Sahin, 2012, pp.266-281). Al-Aameri (2000, pp.531-535) found that nurses had a very high mean organizational commitment score. In another study, it was determined that nurses' level of organizational commitment was above average (Karahan, 2008, pp.231-246). Generally, moderate and low levels of organizational commitment are not preferred.

It was determined that socio-demographic characteristics affected the level of institutional commitment in health employees this research. Dimensions of institutional commitment showed significant differences according to employee's titles, gender, age, education, job experience, hospital experience, type of working, and the units they work at. However, there were no significant differences in dimensions of institutional commitment according to employees' marital status. Demir et al. (2009, pp.929-935) found that personnel's

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level of organizational commitment did not show differences according to marital status. Similar to our study findings, Pala et al. (2008, pp.55-75) determined that gender, education, title, job and institution experience affected organizational commitment. In the study, the highest affective and normative commitment scores were obtained by doctors and the highest continuance commitment scores were obtained by nurses-midwives. In addition, it was observed that the level of affective commitment increased as the level of education increased. Male employees had higher levels of emotional and normative commitment and lower levels of continuity commitment than females in the research. Cihangiroglu (2010, pp. 82-90) found that female doctors obtained more positive results regarding all dimensions of organizational commitment compared to their male counterparts. Ozkaya et al. (2006, pp.77-96) determined that continuance commitment showed differences according to gender. In other studies, it was reported that the dimensions of organizational commitment did not show differences according to gender (Yanik et al., 2013, pp.72-85; Durna and Eren, 2005, pp.210-219). In the study, a significant relationship between organizational commitment and age was found and personnel in the 41-50 age group had the highest level of organizational commitment. In some studies, significant relationships between the dimensions of organizational commitment and personnel's age were also found (Cohen, 1993, pp. 143-159; Durna and Eren, 2005, pp.210-219; Al-Aameri, 2000, pp.531-535; Ozkaya et al., 2006, pp.77-96). Similarly, Ozkaya et al. (2006 pp.77-96) determined that the level of continuance commitment in personnel aged between 41-50 years was significantly higher compared to personnel in other age groups. Karahan (2008, pp.231-246) reported that there was no significant difference in nurses' organizational commitment according to their age groups. In addition, the author also found that employees whose job experience was less than 5 years had the lowest level of organizational commitment compared to others. Al-Aameri (2000:531-535) found a significant relationship between experience and organizational commitment. In the study, it was determined that the level of organizational commitment in employees whose hospital seniority was 11-15 years was higher than those who were less senior. Durna and Eren (2005: 210-219) found a partial relationship between affective commitment and seniority, but failed to demonstrate a relationship between seniority and continuance commitment. Cohen (1993, pp.143-159) asserted that the benefits obtained from the institution would increase as the duration of employment increases and that these benefits would affect organizational commitment. Hoff (2000, pp.1433-1444) indicated that the level of organizational commitment in doctors increased in relation to the duration of employment at the institution and in turn, the doctors were more successful and participated more in senior management. It was found that the level of organizational commitment in doctors changed from institution to institution (Cetin et al., 2014, pp.1-15). In another study, it was determined that doctors' level of organizational commitment did not change according to the institution where they work and their duration of employment (Cetin et al., 2012, pp.220-224; Cetin et al., 2014, pp.1-15).

In the study, employees who worked day shifts and occasion night shifts had the highest level of affective commitment; whereas employees who worked constant night shifts had the highest levels of continuance ad normative commitment. In addition, employees' level of organizational commitment changed according to the unit they work at. In the study, it was determined that there was a significant relationship between continuance commitment and affective commitment, between normative commitment and affective commitment, and between normative commitment and continuance commitment. Affective commitment increased as continuance commitment increased. Affective commitment and continuance commitment increased as normative commitment increased. Gumustekin et al. (2010, pp.1-20) also found a positive relationship between the dimensions of organizational commitment. In another study, a strong relationship between organizational commitment and normative commitment was found (Durna and Eren, 2005, pp.210-219).

Organizational commitment is closely related to the personnel's job satisfaction. Uyguc and Cimrin (2004, pp.91-99) indicated that job satisfaction was the only determinant of organizational commitment, that there was a positive correlation between job satisfaction and affective commitment, and that it had a positive effect. Al-Aameri (2000, pp.531-535) also found a significant relationship between organizational commitment and job satisfaction. Shore and Martin (1989, pp.625-638) found that organizational commitment is associated with job outcomes. Briefly, organizational commitment is of paramount importance in means of achieving personnel satisfaction and organizational success.

In studies that investigate organizational commitment, it was reported that sociodemographic characteristics affect organizational commitment. However, in our study, both similar and different results were found. It can be said that organizational commitment changed from institution to institution and changed according to the duration of employment at the institution and sociodemographic characteristics. When employees' level of organizational commitment decrease, leave of employment, arriving at work late, intentional slowdown, errors, tension, failure, ineffectiveness, etc. increase (Yanik et al., 2012, pp.72-85). Therefore, employees'

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expectations should be determined and evaluated in accordance to study findings and these expectations should be rapidly met. In order to provide effective and high quality services in health institutions and to promote patient and employee satisfaction, studies aimed at maintaining and increasing organizational commitment and affective commitment in particular. It should be provided that employees feel their mission and themselves are important for the institution, believe management support is given, feel secure, continue to work in the institution willingly; while team work should be adopted, the lack of communication within the institution should be reduced, fair and appropriate wages should be paid, and open information sharing should be provided. It is assumed that this study will guide similar research and will support health managers' decisions regarding institutional commitment.

6. ACKNOWLEDGEMENT

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