

**GUIDES TO INCREASE ORGANIZATIONAL COMMITMENT:
A PRIVATE HOSPITAL SITUATION ANALYSIS**



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Thematic Paper
Entitled

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A PRIVATE HOSPITAL SITUATION ANALYSIS**

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GUIDES TO INCREASE ORGANIZATIONAL COMMITMENT: A PRIVATE HOSPITAL SITUATION ANALYSIS

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ABSTRACT

This study aimed to examine the organizational commitment situation at one private hospital. The proposed organizational commitment was based on Allen and Meyer's study of organizational commitment and Eisenberger's Theory of Perceived Organizational support.

The results of this study found that the reasons for nursing turnover in private hospitals were - low salary and benefits, no clear career progression or opportunities for advancement, and a high intensity of workload. The analysis illustrated that the factors related to the nurses' perception of administrative consisted of - 1) salary and benefits, 2) working knowledge and progression of their career, 3) emotional support, and 4) job performance. A guide to improve these four components was proposed to help private hospitals to improve their organizational commitment. Hospitals should consider clustering nursing personnel based on age and work experience groups. These groups will be used to provide salary, benefits, and emotional support, and to create working knowledge, opportunities for career advancement and improved job performance. The recommendation of this study was that the guide should be evaluated by a director of nursing and a director of human resource management before it can be proposed to organizational executives.

KEY WORDS: ORGANIZATIONAL COMMITMENT / TURNOVER /
INTENTION TO LEAVE / PERCEIVED ORGANIZATIONAL
SUPPORT

82 pages

แนวทางการสร้างความยึดมั่นผูกพันต่อองค์กร : การวิเคราะห์สถานการณ์ในโรงพยาบาลเอกชนแห่งหนึ่ง
GUIDES TO INCREASE ORGANIZATIONAL COMMITMENT : A PRIVATE HOSPITAL
SITUATION ANALYSIS

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อวิเคราะห์สถานการณ์การสร้างความยึดมั่นผูกพันต่อองค์กรในโรงพยาบาลเอกชน โดยใช้แนวคิดความยึดมั่นผูกพันต่อองค์กรของAllen & Meyer และเสนอแนวทางในการสร้างความยึดมั่นผูกพันต่อองค์กร ตามกรอบการรับรู้การสนับสนุนจากองค์กรของ Eisenberger และคณะ

ผลการศึกษาพบสาเหตุสำคัญที่ทำให้พยาบาลลาออก คือ ค่าตอบแทนน้อย ไม่มีความก้าวหน้าในการทำงาน และมีภาระงานหนัก ผู้ศึกษาวิเคราะห์ปัจจัยที่มีผลต่อการสร้างความยึดมั่นผูกพันต่อองค์กร 4 ด้าน คือ (1) ด้านค่าตอบแทนและสวัสดิการ (2) ด้านความรู้ในงานและความก้าวหน้า (3) ด้านจิตอาารมณ์ และ (4) ด้านการปฏิบัติงาน และเสนอแนะแนวทางการสร้างความยึดมั่นผูกพันต่อองค์กร โดยโรงพยาบาลควรพิจารณาจัดกลุ่มพยาบาลวิชาชีพตามกลุ่มอายุและระยะเวลาการปฏิบัติงาน เพื่อให้สามารถจัดรูปแบบค่าตอบแทนและสวัสดิการ การพัฒนาความรู้และความก้าวหน้าในงาน การตอบสนองด้านจิตอาารมณ์ และการสนับสนุนการปฏิบัติงานได้อย่างเหมาะสมตามบริบทขององค์กร ข้อเสนอแนะของการศึกษาค้นคว้าครั้งนี้ คือ ควรนำแนวทางที่เสนอแนะไปตรวจสอบความเหมาะสมกับผู้บริหารระดับสูงของฝ่ายการพยาบาล และผู้บริหารของฝ่ายทรัพยากรบุคคล ก่อนนำเสนอผู้บริหารระดับสูงขององค์กร

82 หน้า

CONTENT

	Page
ACKNOWLEDGEMENTS	iii
ABSTRACT ENGLISH	iv
ABSTRACT THAI	v
LIST OF CONTENT	vi
LIST OF TABLE	viii
LIST OF FIGURE	ix
LIST OF DIAGRAM	x
CHAPTER	
I INTRODUCTION	
1.1 Background and Significance of the Study	1
1.2 Main Issues	4
1.3 Purposes of the study	4
1.4 Scope of the study	4
1.5 Expected benefits and Outcome	4
II LITERATURE REVIEW	
2.1 Concepts and theories of organizational commitment	8
2.2 Perceived Organization Commitment	25
2.3 Factors associated with the turnover of registered nurses	27
2.4 Model of administration and management for magnet hospitals	28
2.5 Concepts regarding employee training and improvement of personnel	30
III PROBLEM ANALYSIS	
3.1 Personal Factors	40

CONTENT (cont.)

	Page
3.2 Working knowledge and progression of their career	55
3.3 Emotional support	60
3.4 Job performance	64
IV CONCLUSION AND RECOMMENDATION	67
REFERENCES	71
BIOGRAPHY	82

LIST OF TABLE

Table	Page
1 The comparison of Maslow's Hierarchy of Needs, Herzburg's Two-Factor Theory, Alderfer's ERG Theory, and McClelland's Needs for Achievement Theory	21
2 Job Title and Job Level (2007)	38
3 The structure of professional nurses categorized by age group	41
4 Shows score values for language expertise (TOEIC SCORES)	46
5 Shows the salaries of professional nurses working in various agencies	47
6 Shows the adjustments of expertise fee levels (Career Ladder)	48
7 Shows the nursing treatment expense discounts for employee family members	49
8 Shows the schedule for providing transportation services	51
9 Shows the comparison of conveniences within each dormitory	51
10 Shows the statistics of library service users in 2008	52
11 shows statistics on people who use the services of the fitness and recreation rooms	53

LIST OF FIGURE

Figure	Page
1 Effects of Commitment	22



LIST OF DIAGRAM

Diagram		Page
1	The Nurse Career Ladder (2007)	37



CHAPTER I INTRODUCTION

1.1 Background and Significance of the Study

Human is one of the most valuable resource components for modern organizations. No innovation applied to management systems can replace human resources in achieving the success of any organization. Staff members who are knowledgeable, capable of management, satisfied with their jobs, and are enthusiastic in functioning increases an organization's efficiency and probability of success. Thus, staff retention is an important part of human resources management and an essential part of any company's success.

Organizational commitment is defined as the emotional attachment to an organization that cares for its staff and positively influences staff behavior (Mowday cited in Burton et al., (2002). While the organization expect to gain effort, quality, and loyalty from its staff, the staff expects the organization to support them with sufficient salaries and benefits, career advancements, etc. Organizational commitment is not only important, but essential to an organization's development, because job satisfaction and willingness to work for the organization lead to maximum effort toward the progress of the organization. If the staff and the organization respect each other's desires, the consequences are satisfaction and good relationships. Thus, administrators should value empowerment of staff members in order to yield job commitment and devotion; current administrations value the feelings of staff members as a vital component for the organization.

Nursing is a job requiring the provision of continuing care 24 hours per the day. The work is a heavy burden that is tiring and puts nurses at risk for stress, pressure, fatigue, low work morale and little encouragement, thus bearing a significant commitment to the organization. A hospital is an organization with a large number of

employees from numerous professions working together in order to active the goal of providing quality health care. Furthermore, most of the employees are nurses who provide health services in close contact with patients. Health care service quality judgment is base on the quality of nursing care received. Therefore, it is evident that nursing care practice has great significance and requires sufficient numbers. However, due to the current economic crisis, the hospital must manage existing limited human resources for maximal benefit.

The studied hospital is a large private hospital in Bangkok with more than 500 beds as of the 31st of December, 2007. Its capacity was 430,000 patients who are both Thai and foreigners from 190 countries each year in medical tourism. The hospital currently capable of supporting 3,500 out-patients each day and has more than 500 beds ready to provide services for in-patients. It is one of the leading medical providers in Thailand and the Southeast Asian. In the past, the hospital gave importance to high quality nursing treatment with competitive strategies by providing top quality services and differences in terms of easy accessibility for service recipients at appropriate and affordable prices at the same level as the leading private hospitals in the country and competitive prices for the Asian region. The procedural policy of the hospital emphasizing high quality services requires sufficient personnel with a high level of knowledge and capability for providing services, especially in terms of nursing staff. Furthermore, because of the fact that the hospital must provide services for many foreign patients of multiple nationalities, the personnel must also have increased language capabilities. This need of personnel with high capabilities poses also makes the risk of losing personnel to other organizations high. Therefore, the specifications for motivational wages and benefits for hospital personnel, arrangements for continual education and training in order to increase knowledge, activities to promote life quality and arrangements for benefits in various forms to be equal to or higher than other business operators is imperative.

Realizing the significance of the aforementioned problems, the hospital has surveyed the opinions of employees in work quality, promote working environments, inspiration, values and fair wages, opportunities to progress in duties, balance between professional and personal life, benefits and work systems in order to modify human

resources management and increase working effectiveness for personnel and raise salaries for employees at every level. Included in employee fringe benefits are arrangements for vehicles to transport employees who get off work at night, arrangements English courses, so employees can improve their language capacity, tutoring for tests for professional certificates, professional knowledge tests and higher wages for employees who pass tests and meet specified criteria. The hospital hopes to generate employee satisfaction and occupational happiness, which will further build organizational commitment and continuance within the organization for the employees. However, under current conditions, the hospital is facing the problems of nursing shortages and resignation of nurses similar to other hospitals with rising tendencies for the resignation of nursing personnel from 2004 to 2008, 11.2%, 12.12%, 14.94%, 17.12% and 16.13%, respectively. (Source: Human Resources and Training Management Department, a private hospital, data as of 31st January, 2008).

Most of the resignation rates of professional nurses are found in nurses with working lives of one to three years and these nursing resignations have an impact on remaining nurses in the form of increased workloads, reduced work morale and service quality is also reduced due to heavy workloads that cannot be performed effectively. Furthermore, the fact that the hospital has received hospital quality accreditation at both national and international levels has prompted the hospital to implement constant improvements in quality. Therefore, nursing staff must constantly improve themselves and their work quality. Furthermore, nurses also have workloads in other areas such as document tasks, quality development, including the expectations and needs of service recipients who desire to receive top quality services may be the cause nurses to experience fatigue, stress and pressure, further causing the level of organizational commitment to be reduced. Tourangeau & Cranley (2006); Freeman, Rush & Lance (1999) found that mental attachments have a negative relationship with the intention to resign and the research results of Newman, Maylor & Chansarkar (2002) found that the lack of nurses and the resignation of nurses reduce service quality.

Due to the aforementioned significance, the researcher developed an interest in analyzing the situation of organizational commitment at this hospital in order to

discover guidelines for building commitment in nursing personnel in terms of the social exchange process by passing through perception and support from the organization. The acquired guidelines will generate benefit for the organization in maintaining quality personnel in the organization as long as possible.

1.2 Main Issues

The currently rapid growth of the health care industry has driven the demand and competition for high quality human resources. However, staff retention has continued to be an unconquered challenge in human resources management of many hospitals, as seen in the trend of nurse turnover. Thus, it is essential that the causes of such trends are identified and an appropriate solution be developed to help health care providers retain its vital human resources for as long as possible.

1.3 Purposes of the study

To analyze the situation of organizational commitment in a private hospital and propose suitable guidelines for increasing organizational commitment.

1.4 Scope of the study

To study the factors of organizational commitment and to improve upon those factors in order to increase organizational commitment in Registered nursing

1.5 Expected benefits and Outcome

1. The status of organizational commitment among Registered nurses in a private hospital.
2. Guidelines for increasing organizational commitment in private hospitals in accordance with the hospital context.

Definitions:

1. Private hospital: The profitable medical centers which provide 24 hours service in every aspect of medical care, including out-patient and in-patient care.

2. Professional nurse: The staff who performs nursing service, these staffs were graduated from Bachelor of nursing or higher and has been licensed as a professional nursing care provider which practice nursing as the regular job in the hospital.

3. Organizational commitment: The feeling of nurse towards the employment organization, in the aspects of being a part of the organization, accept the goal of the organization, loyal and faithful to the organization, and desire to work with the organization over time, which has been categorized in 3 types:

4. Affective commitment means emotional and feelings of commitment to the organization of the professional nurse, or being on familiar terms with nursing organization and participation of the professional nurse in the organization.

5. Continuance commitment means commitment which has been established from the payrolls in exchange with the retention in Private Hospital.

6. Normative commitment means the commitment or duty that nurses have been cultivated to tie up with the organization. This is the informal relationship of staff towards the hospital.

7. Perceived organizational support: The opinion of professional nurse about the organization that they have been valued, accepted, and significant in their devotion to the job, concern, and committed with the professional nurses, by supportive through the policy and representative of the organization, aimed to increase quality of life, which has been classified into 4 classes:

8. Perceived organizational support for salary and benefits, means perceptions about salary and policy or benefits received from the organization for the better quality of lives.

9. Perceived organizational for knowledge and growth means perceptions about the raise, growth in their career. Providing of short course training, to increase knowledge and skills which is advantage for professional growth.

10. Perceived organizational for emotional support means perceptions about the organization accepts and values, honors employees when they accomplished and participated with the organization, including understanding, and feeling of sympathy when the employees made an error.

11. Perceived organizational for job performance means the perceptions of administrator and director giving support, trust, giving advice and suggestion for problem-solving in job performance so that the employee could be effective in performing their jobs, and prepare for physical convenience in order to be success in work climate.



CHAPTER II

LITERATURE REVIEW

The following literature review is a situation analysis regarding organizational commitment. The analysis is to lay the foundations for studying the organizational commitment of the studied hospital, and to provide appropriate guidelines for increasing organizational commitment in the studied hospital. The literature review is outlined as follows:

2.1 Concepts and theories regarding organizational commitment

2.1.1 Organizational commitment concepts

2.1.2 Organizational commitment components and factors

1. Personal factors
2. Job characteristics
3. Organizational characteristics

2.1.3 Theories regarding organizational commitment

1. Hierarchy of Need Theory
2. Herzberg's Two-Factor Theory
3. ERG Theory
4. McClelland Theory

2.1.4 The significance of organizational commitment

2.1.5 The outcome of organizational commitment

2.2 Perceived Organization Commitment (POS):

2.2.1 Perceived organizational support for Salary and benefits

2.2.2 Perceived organizational support for working knowledge and progression of their career

2.2.3 Perceived organizational support for emotional support

2.2.4 Perceived organizational support for job performance

2.3 Factors associated with the nursing turnover

2.4 Model of administration and management for magnet hospitals

2.5 Concepts regarding employee training and improvement of personnel

2.5.1 Employee training and improvement

2.5.2 The improvement of executive level personnel and experts

2.5.3 Setting wage rates

2.5.4 Arranging flexible benefits

2.5.5 Employee movement

2.5.6 Diagram of the Nurse Career Ladder

2.1 Concepts and theories of organizational commitment

Nurse turnover has been a problem in health care organization. The consequences of nurse turnover are demonstrated in terms of reduced quality of care, poorer patient care outcomes, damaged work climate, and increased medical costs (Huang, 2005). When there are fewer nurses, the remaining nurses are compelled to carry heavier workloads, thus affecting mental conditions and stress levels (Dickinson & Wright, 2008). Furthermore, it had also been found that nurses with high levels of work-related stress have tendencies toward higher levels of burnout and strong intentions to leave from work. Therefore, organizational commitment is considered important in helping the organization to perform effectively and in achieving the goals set.

2.1.1 Organizational commitment concept

Concepts associated with organizational commitment viewed in the academia as the following two concepts:

1. Behavioral Commitment Concept

Behavioural commitment reflects the process by which individuals link themselves to an organization and focuses on the actions of the individuals. Becker (1960) has been used the term side-bet to refer to the accumulation of investments valued by the individual which would be lost or deemed worthless if he/she were to leave the organization. According to this view, the individual is bound to the

organization by extraneous factors, such as income and hierarchical position, and intraneous factors, such as "knowing the ropes" and interpersonal relationships. The loss of friendships and seniority rights can also be a factor when changing employers.

The researchers who has categorized the following concepts into the same group as Becker, which are Kanter (1968), Ribiniak and Santo (1972), Salansik, (1977), and Sukus (1981).

2. Attitudinal Commitment Concept

This concept has received more interest for study than any other concepts. The group of academic professionals who support this concept has the view that it is the feeling of an individual who feels he/she is a part of the organization. The leader in the study of the Attitudinal Commitment Concept was Porter (1974). Porter defined organizational commitment as the attitudes of employees and intentions for creating behaviors, such as the intention to remain in the organization and dedication to work for the organization and the goals of the organization. The leading ideas of these determinations come from positive experience in working, individual characteristics and job characteristics. The results of these determinants will increase work performance, reduce work absenteeism, and reduce the turnover rate.

Allen and Meyer (1984, 1990) defined organizational commitment as the feelings of people toward the organization that anchor those people to the organization, which consists of the following 3 aspects of commitment:

1. Affective commitment: Employee's emotional attachment to, identification with, and involvement in the organization.
2. Continuance commitment: commitment based on the costs that employees associate with leaving the organization.
3. Normative commitment: commitment concentrates on the obligation and/or moral attachment of employees which is produced by the socialization of employees to the organizational goals and values.

2.1.2 Organizational commitment components and factors

1. Personal Factors

Personal Factors: age, work experience, gender and educational level.

1.1 Age: older members have higher levels of organizational commitment than younger members (Steers,1977; Angle and Perry,1981; Williams and Hazer,1986; Mathieu and Zajac ,1990; Salami,2008; Wandee Chukarn, 1977; Wanlapa Thakarn, 1977; Prompan Pihatthakijkul, 1998; Churee Usaha, 1999; and Chutima Suwannapratheep, 2000).Age has such an effect on organizational commitment because older members tend to have less work responsibilities. Moreover, older members tend to hold higher positions, which are more satisfying than lower positions held by younger members. In addition, observations have also been made that older members tend to remain with the organization as they feel it is the right thing to do. Kovner et al (2007) found that older RNs were more satisfied, had greater organizational commitment, and had less intention to leave the organization than younger nurses.

Durkin (2005), mentioned that organizations in the 21st century will have human resources with greater diversity age consisting of 4 generation of people with different opinions and expectations from work as follows:

1. Veterans generations is the group with occupational seniority of more than 20 years. Therefore, the group of people born before 1965 has top seniority in the organization with increasing health problems, thus causing the people of this group to expect the organization to give importance, not only to recognize the value of their dedication and loyalty, but also to their well being.

2. Baby Boomers are the group with occupational work seniority of 13-19 years. This group of people was born during the years from 1966 to 1972. Also referred to as the “Sandwich Generation”, Baby Boomers have to take care of 2 generations i.e. parents and children. Therefore, the people in the Baby Boomers group are willing to work hard and to be loyal to the organization while also expecting work and income security.

3. Generation X has work seniority of approximately 6-12 years. This group of people was born during 1973-1979 and will be the group that becomes the new generation of executives after the Baby Boomers group. While the work motto of the Baby Boomers Group is “live to work”, Generation X’s motto is “work to live” and places importance on the work/life balance. This group of people has a high degree of independence and cares little about loyalty to the organization. However, they expect

training opportunities to develop knowledge, capabilities and skills which are significant factors toward their career progress.

4. The Nexter group will have work seniority of 1-5 years and comprises the group of people born during the years from 1980 to 1984. This group of young people has just completed educational goals, or has not worked very long, but is willing to work. This group desires to take part in the decision making of the organization in the future. If this group sees that the organization does not value them as it should, they will have low work satisfaction and change occupations more frequently than other groups. This group of people desires occupational success according to their guidelines without particular attachment to any organization, and is ready to leave the organization at any time if there are better opportunities.

As can be seen in the age group analysis, age has a significant influence on employees' perception and expectations of the organization. Hence, if the organization considers and attempts to respond to the expectations and needs according to issues, it may help increase organizational commitment on the part of employees. Moreover, Widger (2007) found that the difference of values, expectations, and perceptions of work have an influence on nurse retention.

1.2 Work experience

Employees with more work experience tend to have higher organizational commitment, as they have invested more in the organization and expect to receive more returns from the organization. More experienced employees also have less career options according to (Sheldon, 1971; Hrebiniak & Alutto, 1972). Hrebiniak and Alutto found experienced employees are valuable resources for all organizations, hence each organization generally have a hard time retaining experienced employees. Furthermore, many studies agree that the work experience has a significant influence on organizational commitment.

Occupational development can be categorized into the following 3 stages (Nattapan Kaejornnan, 2004):

1. The Establishment Stage is the initial stage wherein the employee becomes a member of an organization. At this stage, the person learns work processes and adapts to the work culture and needs of the organization, in order to be accepted into the new social group. Furthermore, these individuals must consider the suitability of their

occupation, because there is a great difference between work experience and life experience. These individuals should consider their interest for their occupation as they try to develop and improve knowledge and capabilities.

2. The Mid-career Stage begins after staff members have gained acceptance and have become adapted to the organization. At this stage, staff members will start living as a member of the organization and develop according to opportunities provided. Personality type and past life experiences determine whether staff members constantly develop, or remain satisfied with their current status while maintaining little ambition towards success or job advancement. Some even begin to despair, regress and lose interest in their development, which is a result of bad experiences at work.

3. The Later Career Stage will begin after individuals have passed the Mid-career Stage, and have earned higher positions. In this stage, some individuals are confident about their ability and success, and some are ready to offer advice to the next generation, to help them become a vital part of the organization. In contrast, some individuals who have had problems in self-development during the Mid-career Stage may have feelings of insensitivity, confusion, instability and, perhaps, dissatisfaction in their status. Such problems may include failing to achieve adequate development, especially in rapidly changing circumstances. If the individuals are unable to keep up with the development, they tend to have mental issues, as well as poorer work performance. Career development can be applied for nurses to harmonize with their career stage to improve Organizational Commitment.

Chang et al. (2007) suggested that career development can be applied for nurses to harmonize with their career stage to improve Organization which will lower its staff's intention to leave. Brooks & Swailes (2000) also found that positive perceptions of career development opportunities were a stronger predictor of commitment to nursing.

1.3 Gender: females have higher levels of commitment than males, because females have stronger attachments to groups than males (Grusky, 1966 cited in Mathieu & Zajac, 1990). Thus, females struggle with the obstacles of being in an organization more than males as most females—try to retain their membership status. Moreover, females have fewer intentions to change their workplace than – males (Hrebiniak & Alutto, 1972).

1.4 Education: – Staff members who have high level of education decreases organizational commitment (Steers, 1977; Hrebiniak and Alutto, 1972, Angle & Perry, 1981), because they believe that they can be easily hired by other organizations (Gliss & Duric, 1988; Nongyao Kaewmorakot, 1999).

2. Job characteristics: skill variety, task identity, task significance, autonomy and feedback. Positive job characteristics enhance the value of job functions while motivating staff members to devote themselves to their jobs for better outcomes. While some may not achieve as good of an outcome as others, those with positive job characteristics tend to work harder, to reap the aware job characteristics of task identity, task significance, skill variety, autonomy, and feedback of work success (Hackman and Oldham, 1978 cited in Steers, 1984).

2.1 Skill variety: Jobs requiring a variety of special skills and abilities for functioning present challenges and motivation. Motivation provides satisfaction for the staff upon achievement (Nongyao Kaewmorakot, 1999).

2.2 Job Description: Jobs with clearly identified boundaries can be simplified into practical task. So staff members will easily follow every step towards work success.

2.3 Task significance: Tasks with impact on other staff members, lifestyles, job functions, or impact outer circumstances are considered significant tasks. Aiken, Havens & Sloane (2000) studied the significant factors which helped magnet hospitals maintain their excellence and success in staff management during nurse shortages. Awareness of job values and human resources aided magnet hospitals in forming structures for administration and management to make nurses proud of the quality of their work, which in turn increased nurse retention. Laddawan Ruammek (2001) found that the awareness of duties for each level of personnel, the understanding of roles and mission within the scope, the awareness of work value and meaning of nursing, patient-centered care, emphasis on the holistic nursing and life quality of patients provides pride and success for nurses.

2.4 Job autonomy: Job autonomy refers to staff members' freedom to function, to make their own decisions about time and methods for performing their jobs. Morris and Sherman (1981 cited in Supawan Panburana, 1999) described

autonomy as very important in job performance, because it does not only provide fluency, but also provides the opportunity for staff members to create work outcomes on their own. This allows staff members to realize their competence, which in turn gives them confidence. Organizations that promote constructive thinking will increase organizational commitment; the study of Steers (1977) (cited in Sasinand La-Namwongse, 2002) and Decotiis & Summers, 1987; Mottaz, 1988) found positive relationships between autonomy and organizational commitment.

2.5 Feedback: Feed back refers to tasks previously completed or processed and directed at the outcomes and efficacy of staff members. Feedback about the outcomes of work dynamically contributes to the awareness of quality of work. In addition, Christina Norris-Watts and Paul E. Levy' online (2003) found positive relationships between feedback and organizational commitment.

3.Organizational characteristics: Organizational characteristics refer to decentralization, participation, organizational dependability, staff rewards and recognition, and work relationships among the organization.

3.1 Decentralization: Decentralization is the extension of authority from the administrator to its staff members; the enhancement of authority in job performance and participation in decision-making. Decentralization is an effective way to utilize staff members in the organization.

3.2 Staff participation: Staff members who have contributed to the investment in the organization will be attached and devoted to their work because the benefits obtained by the organization will also be the benefits of its contributors. In this way, the staff members who participate in contributions will have more organizational commitment than others (Steers & Porter, 1983).

3.3 Organizational dependability: Staff members need to be able to trust that the organization would help them address problems. Staff members who trust the organization will think that the organization is dependability and have organizational commitment (AnantChai Kongchantr, 2006; Steers, 1977; Buchanan II, 1974).

3.4 Staff rewards and recognition: Rewarding is an important way for the organization to create staff perception of acceptance and value by the

organization. The organization should be able to respond to the needs for praise (Katz & Kahn, 1966 cited in Naphapen Homasawin, 1990) and feelings of significance to the organization (Sheldon, 1971; Buchanan II, 1974). Moreover, when staff members make contributions to the organization, they expect to earn adequate benefits, e.g. compensation raise or compensation. The organization's ability to respond to its staff members' expectations positively influence staff members' organizational commitment (Steers, 1977).

3.5 Work relationships: Relationships among colleagues contribute to organizational commitment, because friendly social characteristics of an organization enhance organizational commitment. Hrebiniak & Alutto (1972) stated that there were positive relationships between good socialization among staff members and organizational commitment, while Buchanan II (1974); Sheldon (1971) and Matthews & Zajack (1990) found that there were good relationships among the employees who received good strategies of job orientation resulting in job satisfaction and organizational commitment.

In this study, only age and work experience were chosen to be analyzed.

2.1.3 The theory regarding organizational commitment

1. Hierarchy of Need Theory

In 1954, Abraham Maslow (1908 – 1970 cited in Saisamorn Polsue et. al, 2002) created his work about motivation and personality in 1954, which valued the psychological needs of human-beings in the Hierarchy of Need Theory. The theory explained the basics of human resources management especially in terms of aspects of motivation and responses of the staff members as follows:

- 1) The nature of human-being is composed of numerous levels of needs.
- 2) The psychological condition of needs e.g. the need to be an accepted leader, causes humans to express certain behaviors such as diligence, etc.
- 3) The majority of human needs will be met step-by-step, beginning with basic needs and moving up the hierarchy.
- 4) There are 5 levels of human needs. The first level comprises of nearly all the materials needed for survival, while the other 4 levels comprise psychological needs.

In reality, the needs at each level cannot be distinguished from one another, but each level of needs can be signified as follows:

4.1) Physiological Needs: The majority includes the material or physical needs, such as the four requisites or the need to work, etc.

4.2) Security Needs: The majority includes psychological needs. After the fulfillment of material needs, humans tend to develop this kind of needs, e.g. the need for a safe place to live, and the need for job security, etc.

4.3) Social acceptance needs: This is another level of psychological needs, e.g. the need to be respected, loved and well-known by fellow staff members, followed by the development of job security.

4.4) Esteem Needs: This is the hierarchy of psychological needs, i.e., after becoming well-known and respected by the public, the person needs to be honored and applauded at a higher level. In the case of organizations, the staff members should have accomplishments in their jobs and also want to be honored and applauded in the external organization.

4.5) Self-actualization needs: This is the need to be at the highest level of the psychological accomplishment, i.e. after becoming well-known and applauded outside the organization, the person still wants to be honored and applauded at the national or international levels.

The theory can be implemented with the organization by creating motivation for the personnel i.e. the organization's executives should specify what types of needs are required by staff members in order to achieve job satisfaction. Executives should also build confidence for staff members, to encourage satisfactory results. The executives should be consistent with such efforts to achieve high levels of work performance and success for the organization. The use of the aforementioned procedures will bring the benefits of the staff members to the same level as the benefits of the organization.

2. Herzberg's Two-Factor Theory

Herzberg (1959 cited in Hellriegel et al., 2002) developed a popular theory of motivation called the Two-Factor Theory, which indicated 2 factors that affected the motivation of staff:

1. Motivating factors: This factor is directly involved in job function. The motivation factors will be used for increasing motivation, which enhances job functions. There are 5 motivation factors:

1.1 Achievement, which refers to the success of a person who can finish and succeed in his or her job functions.

1.2 Recognition, which refers to a person's needs to be accepted by boss, friends, colleagues, clients, etc. This recognition might be in the form of praise. Raises in rank or compensation are considered as recognition, but counted at another level.

1.3 Work itself, which refers to the feelings of a person towards a job e.g. duty, requirements for creative thinking, complexity of tasks, etc.

1.4 Responsibility, which refers to satisfaction about new job assignments and authority in job functions.

1.5 Advancement, which refers to changes in the status or position of the staff members in an organization.

2. Hygiene Factors: The presence of hygiene factors cannot enhance motivation, but the lack thereof will result in staff dissatisfaction. Thus, Herzberg described these factors as factors of maintenance as following:

2.1 Compensation, which refers to satisfaction in compensation or compensation increments.

2.2 Possibility of Growth, which refers not only to the staff members' appointment to new positions with advancement in their skills and profession, but also including training received for advancement.

2.3 Interpersonal relationship with subordinates refers to good relationships in terms of behaviors or verbal communication between superiors and subordinates.

2.4 Status, which refers to the characteristics of personal status which represent a factor affecting feelings towards job, e.g. personal secretary, privileged automobile, other privileges, etc.

2.5 Interpersonal relations with superiors, which refers to the characteristics of communication similar to relations with the fellow workers i.e. verbal or nonverbal communication, but not including respect or status changes for the subordinates, etc.

2.6 Interpersonal relations with peers, which refers to the same characteristics of relations to peers as relationships between superiors and subordinates.

2.7 Company policy and administration, which refers to the administration and management of the organization i.e. the policies of the organization must be clear, to allow staff to fully understand how to function appropriately.

2.8 Working conditions, which refers to physical environment e.g. lighting, sounds, climate, dining rooms, restrooms, work hours and other environmental characteristics such as equipment and tools.

2.9 Factors in personal life, which refers to situations affecting personal life, of which the outcome causes the person's attitude towards the job, e.g. the organization needs staff members to move to a new office distant from family, etc.

2.10 Job security, which refers to a sense of permanence towards the organization, e.g. tenure, etc.

2.11 Supervision-Technical, which refers to the knowledge and skills required for performing the job or the just administration of superiors, which may include the willingness or unwillingness of superiors in giving advice or assignments to subordinates.

It can be concluded that motivation is a significant factor of job satisfaction. This factor enhances staff members' ability to work more efficiently. The hygiene factors prevent the staff from dissatisfaction. However, hygiene factors do not directly lead to job satisfaction. Whether or not staff members perform their jobs according to their capability will be dependent on the responses to both motivational and hygiene factors.

3. ERG Theory

Alderfer (cited in Schermerhorn, 2000) distinguishes 3 categories of human need. Existence: E is the need for living; Relatedness: R is the need for social relationships; and Growth: G means the need for advancement and development, which can be described as follows:

Existence needs (E) include compensation, bonuses and compensation, good work conditions, and agreement regarding employment, etc.

Relatedness needs (R) are related to the relationships between staff members within the organization wherein relationship means all needs that are significant for human relations. Needs for social relations in the organization include needs for being a leader or having the status of leaders, needs for being followers and colleagues.

Growth needs (G) are needs related to development and changes of status and the advancement of staff members, e.g. increased responsibility, or participation in new activities that provide opportunities for staff members to have new jobs.

Alderfer proposed that human needs cannot be alternated, and do not necessarily start at the bottom. Immediate human needs might be of more than one level, e.g. if people cannot advance in their jobs they might compensate by searching for job security and trying to build up good relationships with their peers in order to gain complimentary benefits.

Alderfer's theory can be implemented in management by setting rewards in agreement with the needs of the staff members, in order to motivate the staff members to raise the level of work performance.

4. McClelland Theory

McClelland (cited in Golembiewski, 2001) developed the Need for Achievement Theory, which consists of 3 needs. needs for achievement, power and affiliation. This theory asserts that there are 2 kinds of human needs e.g. the need for happiness and the need for safety from illness. Other needs will follow after the methods of learning. Because human-beings, however, have made efforts at earning similar needs, they tend to have similar learning experiences. Eventually, humans develop similar needs, but at different degrees.

Need for achievement: The majority of people who need high achievements will set high values for job objectives; these people like to work independently and set

their minds on self-achievements; they rely on goal setting instead of rewards or benefits from their jobs for motivation. The 3 major characteristics of these people are as follows:

1. Set the uneasy and challenging goals
2. They require the potential of job advancement at each level, and dislike long-term endless work without clear values and well-defined success
3. They need to be able to control the outcomes of their endeavors, and dislike working as a subordinate. These people want to perform specific projects with clear boundaries, and dislike working towards undefined outcomes or outcomes that are dependent upon other people.

Need for power: People with a need for power have the intention to be superior and to control assets, materials and social dominance. The people who need power will have these kinds of needs as they try to dominate others, to demand respect, and often to try to become the leader. These people are highly motivated by challenges and opportunities to showcase their talents in order to gain more power. The characteristics of people who need power are as follows:

- 1) Favor and believe in the organization's authority system
- 2) Believe in job values
- 3) Ready to devote for the organization
- 4) Believe in unbiased equity

Need for affiliation: The need for affiliation is about valuing the significance of good will and relationships, as well as hoping for acceptance from others in return. For this reason, people who need relationships express the hope of recognition from others. They try to get along with others and are generous, sincere and understanding of other people's feelings. Thus, these people aim to build up as many relationships as possible; they always seek acquaintance and communication with other people.

From the Theory of Needs for Achievement, it can be concluded that human beings have a wide range of needs, both at the low and high levels. Humans generally have similar needs, varying only in degree and intensity. If the organization can fulfill

the various needs of its staff, job satisfaction and staff will likely develop organizational commitment.

Table 1 : The comparison of Maslow's Hierarchy of Needs, Herzberg's Two- Factor Theory, Alderfer's ERG Theory, and McClelland's Needs for Achievement Theory

Maslow's Hierarchy of needs	Herzberg's Two-Factor Theory	Alderfer's ERG Theory	McClelland's Needs for Achievement
Self-actualization needs	Motivation factor	Growth needs	Need for achievement
Esteem needs			
Social needs	Hygiene factor	Relatedness needs	Need for affiliation
Security needs			
Physical needs		Existence needs	Need for power

All four theories gave explanations regarding the various types of needs the organization must meet to achieve staff members' job satisfaction. These theories should give organizations a greater understanding of how to motivate their staff to achieve high work performance, as well as to how the organization can instill trust in its staff members that the organization will recognize and reward high work performance. This will eventually lead to organizational commitment among staff members as well as motivating staff to identify with and work towards the organization's goals and success.

2.1.4 The significance of organizational commitment

Organizational commitment is related to absenteeism rates, turnover rates, job performance and organizational behavior. Details explanations are as follows:

1. Absenteeism - Employees with high organizational commitment will have greater motivation to work than employees with low organizational commitment. This

finding is consistent with studies which found that people with high organizational commitment will have rates of continued attendance at work (Mowday et al., 1979; Steers 1977) Employees with true commitment to the goals and values of the organization have tendencies to participate in the activities of the organization. From the model study of Rhodes and Steers (1990) regarding employee attendance at work, it was discovered that organizational commitment has negative—correlated with absenteeism; therefore, it can be considered that organizational commitment is a predictor of employee attendance at work.

2. Turnover - Researchers believe that organizational commitment is a good predictor of turnover as was cited by Widger et al.(2007). The study explained that if the organization is able to meet the needs or wishes of employees, then employees will have no intention—to work for another organization. Organizational commitment influences the continuance of an organization, because it can be used to predict the turnover rates in the organization (Steers and Porter, 1983). Furthermore, Steer and Porter (Cited in Sukanda Suppakatisan, 1997) demonstrated the characteristics and results of organizational commitment, and discovered that organizational commitment has a negative correlated-with employees' intention to leave from the organization, and can be shown as follows:

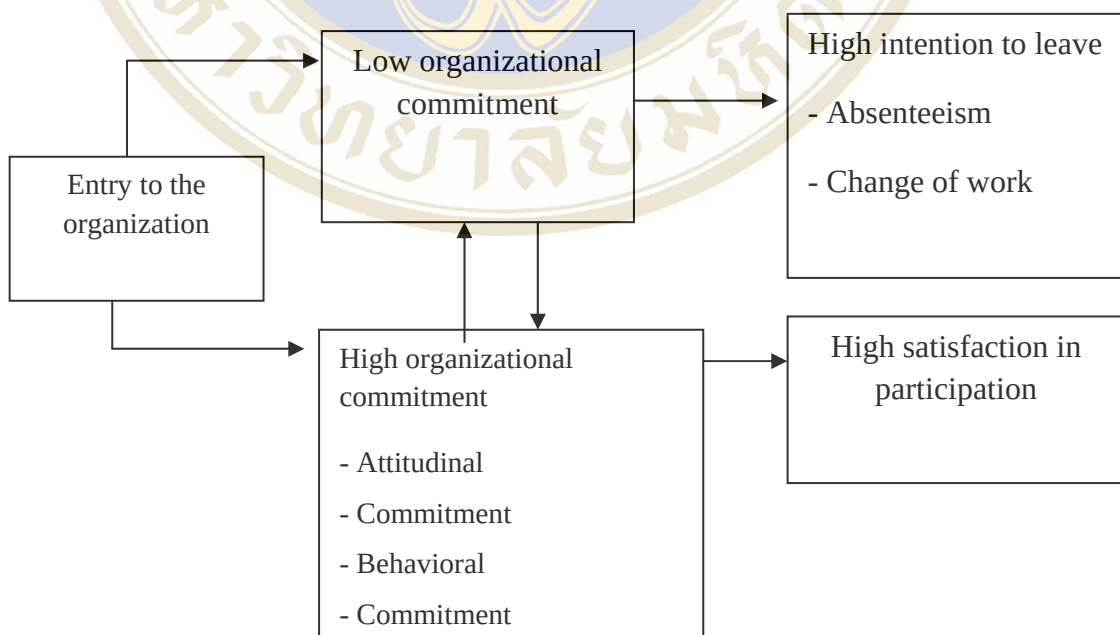


Figure 1 : Effects of Commitment

Source: Steers & Porter (1979 cited in Surasawadee Suwannawej, 2008: 36)

1. Job Performance – Organizations which have employees with high levels of commitment are usually more able to achieve higher job performance (The Gallup organization 2004, ISR 2004, Hewitt 2004, DDI 2004). Therefore, the creation of organizational commitment has become one of the most important competitive strategies in the current business world.

Organizational goal attainment - Employees who have organizational commitment will continually participate in various activities arranged by the organization, believe in organization's goals, and exert effort to help the organization to achieve established goals. In short, staff with organizational commitment will also have commitment to the job (Steer 1977, Steers 1981, cited in Sukanda Suppakatisan, 1997). When employees have organizational commitment, they tend to devote their physical and mental strength to their jobs and activities of the organization, thus enabling the success of the organization in achieving established goals.

2. Organizational Citizenship Behavior

Organizational Citizenship Behavior is an Extra Role Behavior and a prosocial behavior. It is an expression of an individual who has performed willingly and is not related with the formal pay system. This behavior includes politeness to others, responsibility for the jobs they are associated with. These are people devoted to their work and special duties; people who will protect the properties or resources of the organization. Greenberg (1995) cited in Piengpat Jareunpittaya (2003) found that the vital elements of behaviors associated with being a good citizenship of the organization involves offering help to others without hoping for compensation in return. These ideas demonstrate the inner power of the individual, in helping, supporting and caring for the job while also linking the individual's colleagues to the maintenance of the organization. Therefore, the organization must give importance and attend to factors associated with learning and creating these admirable behaviors, because they resemble social wheels of an organization; an organizational mechanism to reduce friction, enhance efficiency and also enhance job performance of the organization, triggering the following effects:

- 4.1 Reduce the need to devote scarce resources to purely maintenance functions ;
- 4.2 Free scarce resources up for more productive purposes;
- 4.3 Enhance the coworker or managerial productivity

4.4 Serve as a means of coordinating activity between team members and across work groups

4.5 Enhance the organization's ability to attract and retain the best people by making it a more attractive place to work

2.1.5 The outcomes of organizational commitment

Commitment is negatively related to nursing resignations or intentions to resign. The findings of Meyer, Allen and Smith (1993); Freeman, Rush & Lance (1999) and Tourangeau & Cranley (2006) revealed that commitment had a positive relationship with decisions to stay. Furthermore, commitment to the organization also generates job satisfaction (Vandenberg & Lance, 1992, cited in Luthchans, 1995; Shader et al, 2001; Strachota et al, 2003), reduces conflicts (Sanau Tiayao, 2002), increases the life quality in work of professional nurses (Kanitta Traipak, 2005) and also indicates the effectiveness of the work administration of the organization (Cohen, 2003; Ko, Price & Mueller, 1997; Steers, 1977).

When various aspects of minor elements of commitment to the organization are considered, the employees with high affective commitment will feel that they are a part of the organization, desire to participate in the activities of the organization, maintain feelings of ownership, accept the values and goals of the organization, desire to continue membership in the organization and repay the organization by practicing activities that are beneficial to the organization. Employees with high continuance commitment will remain in the organization without affective commitment, because they see that resignation will complicate their lives and they will lose more benefits with no better choices. Furthermore, they will practice the least work-related activities or only practice according to the roles designated by the organization.

Employees with high levels of normative commitment will have negative feelings if they abandon their jobs, because they view working in this organization to be a duty that must be carried out, and this will cause them to hesitate. If they must leave the organization, they will exhibit behaviors of repayment to the organization by performing an activity that is beneficial, because they think it is something they should do.

2.2 Perceived Organization Commitment

The supportive theory from the organization mentioned that the perception of support from the organization was caused by the fact that the employees see the organization as an individual (Eisenberger et al, 2001) and mentioned that the various acts by the representatives of the organization are generally viewed as acts by the intentions of the organization more than the intentions of the representatives of the organization.

According to the basis of viewing an organization as an individual, the employees will view satisfactory acts or unsatisfactory acts they receive from the organization as indication that the organization will support and care for the existence of employees. Employees who receive high value resources (such as receiving higher monthly salaries, opportunities in development and training) will feel that they are in debt to the organization according to the norms of exchange, which will support the organization to be successful according to set goals by showing behaviors of increasing job performance both while on duty and off duty (Eisenberger, Huntington, Hutchinson & Sowa, 1986; Rhoades & Eisenberger, 2002; Shore & Shore, 1995). Rhoades and Eisenberger, (2002) Rhoades, Eisenberger and Armeli (2001), found that perception of support from the organization has influence on affective commitment, but affective commitment does not have influence on the perception of organizational support. Eisenberger et al. (2001), also reported that affective commitment is a media between the perception of support from the organization and turnover of employees while Rhoades & Eisenberger (2002) found that more than 70 studies on this topic could summarize that there are 3 primary cases of interest granted employees i.e. support from job supervisors, rewards from the organization and satisfactory working conditions in terms of perception of organizational support. Furthermore, Eisenberger (2008) reported that perception of organizational support reduces the relationship between the turnover of working groups and individual turnovers.

The perception of support from the organization is an exchanging relationship between the employees and the organization that is called a mental contract. Promises of the heart are categorized into exchange promises and relationship-building promises. Exchange promises will be short term agreements with emphasis on the

monetary exchange between the employees and the employer. This type of agreement must have clear specifications of time and minimal investments in the creation of emotional feelings for the employees, while relationship-building promises will be long-term promises and emphasize relationships (Rousseau, 1990).

When the employment relationship is a short term agreement such as specific contracts, employees can be expected to have low levels of affective and normative commitment; therefore, there should be a connection between exchange contracts with low normative commitment. Similarly with exchange contracts, continuance commitment emphasizes economical interests due to employee commitment, because there are costs in leaving the organization (Meyer & Allen, 1997). Continuance commitment may result from side bets or investments in the organization that will be lost when the employees leave the organization or because they have to continue working without other options. Therefore, employees with only continuance commitment can be expected to perceive mental contracts as exchange contracts.

When the organization kept its promises from the heart with its employees, the employees also have the tendency to follow the binding obligations they have with the organization. However, if there are mistakes or violations of this mental contract with employees, which may be from unjust forms of procurement, failure to comply with the agreement and causing employees to lose benefits due them, the perception that there are violations of the mental contracts affects the attitudes and behaviors at the employer. The effects caused by violations of agreements will affect the employment relationships e.g. negatively affect job satisfaction and commitment to the organization. Therefore, when the organization is unable to keep the agreements, employees will feel decreased commitment to the organization in order to maintain equality in the exchange relationship.

By gathering associated research and literature, it was found that organizational support can be categorized in the following areas:

2.2.1 Perceived organizational support for compensation and benefits refers to perceptions about monthly salaries and policies or various areas of benefits received from the organization for the well-being of the personnel and their families.

2.2.2 Perceived organizational for knowledge and growth refers to the perception that the organization offers opportunities for promotion, progress in the

career field, arrangements of additional training in order to have beneficial knowledge and skills in working and for growth in the career field.

2.2.3 Perceived organizational for emotional support refers to the perception that the organization offers acceptance, realizes value and gives importance, praise or respect when the work is successfully performed and there is working participation within the organization, including understanding when decisions or tasks are performed incorrectly.

2.2.4 Perceived organizational for job performance refers to the perception that the executives and supervisors provide support, trust, recommendations and suggestions for helping and solving work-related problems, so the work will be performed smoothly and effectively with preparations of physical conveniences to facilitate work and successfully and create pleasant working conditions.

2.3 Factors associated with the turnover of registered nurses

The problem of the turnover of registered nurses is considered a tremendous problem in healthcare organizations, not only in terms of expenditures for finding and training new employees, but also in terms of the quality of service provision to patients (Jones, Havens & Thompson, 2008). Turnover affects working registered nurses with reduced commitment to the organization and increases fatigue, which further leads to more turnovers (Castle, 2006). From the study of various researches, it was found that numerous factors are related to intention to leave. For example:

2.3.1 Job Stress - AbuAlRub & Al-Zaru (2008) stated that job stress is a predictor of intention to leave. Nurses with high levels of job-related stress will have high levels of burn out and intention to leave (Dickinson & Wright, 2008). The primary cause of most stress is the insufficient numbers of registered nurses or excessive workloads, changing work shifts, insufficient rest, work that relies on full use of decision-making and responsibility and overloading document jobs, all of which cause registered nurses to have negative attitudes toward the organization.

2.3.2 Lack of progress in work - Tzeng (2002) stated that dissatisfaction regarding promotion is a good predictor of intentions to leave. Chang (1999) found that individuals will have affective commitment to the organization when the individuals perceive that the organization offers opportunities for promotion within the

organization, arrangements for appropriate training and when supervisors provide data and recommendations regarding career advancement.

2.3.3 Compensation - Campion (1991, cited in Tang, 2000) stated that the most significant cause for actual turnover was the opportunity to receive higher compensation. Compensation and variables associated with compensation have impact on turnover. Griffeth et al (2000) found that people with high job performance who received rewards that insufficiently meet their needs will leave from work. Milkovich and Newman (1999) asserted that programs for paying group rewards instead of paying individual rewards may cause personnel with high job performance to leave at high rates.

2.3.4 Impact from colleagues - Kirchenbaum & Weisberg (2002) found that the more colleagues perceive the positive effects of other colleagues decision to leave, the more those employees will also want to leave.

In this study, the researcher is interested in the factors concerned with the subject of work burdens resulting in stress, feelings of no career progress and the subject of compensation and benefits for use in the analysis of the situation of building commitment to the organization, because these factors are significant causes discovered by the hospital while conducting exit interviews.

2.4 Model of administration and management for magnet hospitals

(Aiken, Havens & Sloane, 2000)

From the study of Magnet Hospitals that have been successful in the area of maintaining highly capable nursing personnel with long periods of continuance in the hospital, it was found that there are 14 factors that are major components in administration and management as follows.

2. 4.1 Quality of Nursing Leadership

Leaders at every level of nursing organizations must be educated in terms of the profession, administration and management and in the area of administration of human resources, with strong leadership capability, people skills, motivation and natural human understanding, forming of relationships with colleagues, subordinates

and associated individuals, dependability and ability to employees, skills for analyzing incidents and various factors with impacts on work performance.

2.4.2 Organization Structure

Flat Organizational Structure shows formally designated forms of relationships and guidelines the organization uses in organizing structures, which will have impact on the performance of the duties of executives, thus indicating the roles of the executives and every employee. Furthermore formal relationships can be viewed in the organization's chain of, which will illustrate the roles and expectations, environmental conditions, decision-making, reporting by ranks, vertical authorization by position and horizontal authorization between one another, which further indicates the characteristics of relationships and with minor related units.

2.4.3 Management Style

Use the model of participating administration at every level of personnel.

Have participation in the specification and motivation in values for nursing care management and easy accessibility.

Have attentive two way communications from the direct data of the workers and follow-up.

2.4.4 Personnel Policies and Programs/

Appropriate compensation and various benefits.

Have a career ladder for viewing both administrative and clinical progress.

Reduce shifting and create flexibility according to the needs of personnel.

2.4.5 Professional Model of Care

Care models include responsibility in agreement with the scope of the work.

Responsibilities in nursing practice must be appropriate with the capabilities for working and cooperation in caring.

2.4.6 Quality of Care

Nurses admit to the provision of high quality nursing care.

Nursing administrators have responsibilities for creating an appropriate environment in providing quality care.

2.4.7 Quality Improvement

Nurses participate in continual quality improvement.

Nurses use principles of quality improvement on the topic of care quality improvement.

2.4.8 Consultation and Resources

Provide qualified experts to offer recommendations and consultation.

2.4.9 Autonomy

Nurses have independence in making decisions within the scope of the work according to the standards of the profession and make joint decisions between multidisciplinary teams.

4.10 Community and Health Care Organization (Hospital).

Nurses support the performance of various duties with the outer community.

Nurses indicate cooperation between the hospital and the people.

4.11 Nurses as Teachers

Nurses express significant roles as instructors to educate and train.

Nurses have satisfaction in their teaching roles.

4.12 Image of Nursing

Nurses play significant roles on the healthcare team

4.13 Interdisciplinary Relationships

Accept the knowledge and capabilities of one another, including realizing improvements in care quality.

Have continuing good relationships with one another.

4.14 Professional Development

Emphasizes occupational growth and improvement, improvement of personnel by orientation and continuance, indicates work as an important matter, makes arrangements for internal training, emphasizes continual studies in associated jobs by emphasizing Competency-Based clinical improvements and special needs.

2.5 Concepts regarding employee training and improvement of personnel

2.5.1 Employee training and improvement

The process of training and improving personnel is an out-dated preventive measure and considered an investment in the human resources of the organization that

must be conducted together with both new personnel and existing personnel in the organization, so the organization can retain competitive ability. Training is usually implemented at the operations level of the organization. General improvement is implemented at the executive level or for employees the organization desires to support as a future executive while development is considered knowledge and skills to members of the organization in order to be ready to accept new responsibilities and challenges which can be categorized as follows.

(1) Orientation of new employees – Generally speaking, new employees will feel sensitive and confused when faced with a new work place, new work position, colleagues and new supervisors, changing work hours or work schedules and or policies and employee regulations. If these factors fail to agree with new employee expectations, bad attitude may be formed from the beginning of work in the organization. Orientation will assist the personnel in understanding the work and the organization they have chosen to work for in over a short-term period as adaptation to the work occurs by knowing which behavior is valuable and which behavior is worthless. Thus, orientation will help reduce the turnover rates, because it helps to reduce confusion and anxiety about the new job (Amnaj Tirawanit, 2004).

(2) The training of operational level personnel can be done by several methods, which includes both on-the-job training and off-the-job training.

One important on-the-job training method is the Mentoring System, which includes roles and duties for reducing work stress, increasing work capacity for nurses and job satisfaction for newly graduated nurses (Wanlapa Boonrot, 2005). As for off-the-job training, it is usually associated with seminars, work observation and learning in classes.

2.5.2 The improvement of executive level personnel and experts

The organization has a need to improve personnel in order to continually create different levels of executives and experts in order to prepare for plans to support the expansion of the organization or replace executive personnel who have leaved from the organization for whatever reason, so the transfer of work burdens can proceed smoothly (Amnaj Tirawanit, 2004). The aforementioned development is a Career

Development, which is associated with the arrangements of career path charts. In the beginning, the primary reason for arranging a career path occurs when employees feel that they cannot see progress in their job position, the job has no challenges or the job value is not increased for them (Aporn Puwittayapan, 2005). Career paths come in the following forms:

(1) Promotions only is a form of vertical promotion e.g. employees to senior employees, senior employees promoted to job supervisors, job supervisors promoted to assistant managers, assistant managers promoted to managers, etc. This form will cause employees to feel that there is no progress because they are unsure how long they will have to work at the organization in order to be promoted to a manager. Under these circumstances, the employees may decide to leave from the organization.

(2) Two options is the form with arrangements of a progress chart on the Career Path of the employee by specifying the choices for promotion of the employees in two ways i.e. the administrative field and the field of experts. For the most part, both choices will be appropriate for technical jobs, which require time for training and must include the collection of experience and expertise. With this method, employees who do not wish to choose the path of progress in the administrative field due to a lack of administrative capabilities and improvement of subordinates have the option of choosing their path of progress in the field of experts instead.

The design of the Career Paths progress chart is another duty the branch supervisor must pay attention to and place importance in, because it is considered one of the primary missions to help in motivating and retaining employees to work in that organization.

Furthermore, the arrangement of the Succession Plan is another plan used in the improvement of personnel by preparing labor to be able to replace executive level position that are vacant, because there are many reasons that could cause that position to be vacant e.g. the turnover of executives, executives retiring according to the criteria of the organization, executives receiving promotions to higher positions or when executives die of accidents or health problems, etc.

2.5.3 Setting wage rates

When compared with other organizations in the same industry by considering nursing staff performing the same or similar work in the management of human resources, specification of high employment rates will guarantee the organization's ability to procure, select and retain employees with high levels of work performance. The costs of the organization, however, will also rise. Setting compensation lower than the industry puts the organization at an advantage in the area of costs, but may have negative effects on the procurement, selection and maintenance of personnel, as well as the inability to motivate current nursing staff toward high work performance.

Incentive is a system of rewards the organization gives to personnel in connection with work performance. (Amnaj Tirawanit, 2004). There are 3 general types of methods as follows:

1. Bonuses are a reward system paid to the personnel each time performance exceeds standards and can be paid individually or in groups. Bonus payments usually occur when the organization is successful in achieving production and cost-benefit ratios. Therefore, bonus payments are considered an effective motivation builder, and a good bonus plan should have the following characteristics:

- 1.1 Clearly specify the desired goals, because the organization cannot build motivation in the specified rewards for the staff if the staff is unable to perceive and understand goals clearly.

- 1.2 Allow for the staff to participate in planning by trying to have the personnel join and take part in specifying the reward plans and the personnel may specify job performance improvement measures and recommendations for changing work. When the reward payment plans are specified, the individuals will have a tendency to respond to the specified plans.

- 1.3 Plans to pay bonuses according to job performance should receive constant improvement as the needs of the personnel and customers change. These plans may have a period of no more than three or four years.

- 1.4 Have effective communications systems. The organization must know what to relate to the personnel and be sure that the plan is not a reward that will trigger negative behaviors.

2. The profit-sharing program is a plan wherein the organization pays extra money to the personnel on the basis of the organization's profits. Regarding this profit-sharing plan, the organization mostly pays in the amount equaling the monthly salaries of each of the staff members, which more or less depend upon the amount of profits the organization received e.g. the organization can specify a policy to arrange 10% of the total profits of the year for the staff.

3. The plan to arrange for personnel to hold shares in the organization for cases where the environmental climate of the organization changes quickly; therefore, many organizations have improved the form of relationship with personnel in the area of mutual cooperative agreements. Similarly, on the topic of compensation, there are concepts that have received acceptance and partially creating good motivation for the personnel by arranging plans for the personnel to hold shares in the organization.

Therefore, the primary goals in motivating and maintaining personnel to continue working with the organization and for maintaining morale in the work of employees consist of compensation, motives and various other interests paid to the nursing personnel, all of which have a part in creating motivation and maintaining capable personnel to continue working with the organization long-term and are significant elements toward helping the organization achieve the goals and competitive advantage.

2.5.4 Arranging flexible benefits

Some benefits can attract some of the employees and may not attract other employees. Therefore, the arrangement of flexible benefits for employees to choose from should be an appropriate guideline, which should be preceded by observing the satisfaction and needs of the employees, because employees have different preference for benefits, (Tanya Ponanun, 1998; Armstrong and Stephens, 2007) Therefore, employers currently have individual benefit plans in a practice called Flexible Benefit Plans.

It is the response to various needs of the employees, which is according to the periods of employment, such as single employees or employees with families and children, employees who must care for parents, young employees who prefer social

activity benefits, senior employees who are interested in benefits after retirement and medical expenses.

Features of the arrangements of flexible benefits

1. Employees choose benefits
2. Reduce unnecessary benefits according to the employee decisions
3. If employees know the value of benefits, the employees will be more satisfied with special interests

These types of plans for payment have specified values. When employees choose various benefits, the remaining value will be deducted from their accounts. If the value of the benefits is not used, they will be collected during the subsequent year. Some businesses approve changes in the aforementioned value of benefits to monetary value. However, some employers are unwilling to implement flexible benefit plans because of the following causes: 1. High budgets; 2. Complex procedures; 3. Explanations for employees to know the choices.

Types of flexible benefits plans

1. Core benefits - Every employee will receive these benefits in response to basic needs such as life insurance, health insurance and medical expenses. Businesses must set these benefits for employees because employees do not choose the benefits of life insurance, health insurance, medical treatment and illnesses or accidents and may have financial problems in some cases.

2.The Credit Point is the value of money that the employees receive in order to choose benefits specified by the following various criteria: 1. Position; 2. Monthly compensation rate; 3. Work life; 4. Number of individuals in care; 5. Age; and 6. Job performance. The points of the benefit value will be used for chosen benefits. No one can purchase more benefits than the existing value points and cannot exchange value points for cash.

3.Optional benefits are benefits where employees can use Credit Points to purchase as needed. Examples of Optional Benefits consist of the following:
1. Vacation days; 2. Subscriptions to magazines; 3. Medical treatment for parents;

4. Membership for exercises; 5. Additions to life insurance; 6. Child benefits; 7. Health checks.

4. Spending accounts - Employees will receive personal benefit accounts in order to record Credit Points with financial amounts and used Credit Points to deduct from the financial amount of flexible benefit accounts.

5.5 Employee movement

Employee movements can occur at any time. Therefore, managers must plan movement charts and advance replacements in order to be ready in terms of personnel to continually perform the duties in various positions. (Amnaj Tirawanit, 2004). There are 5 reasons why employees must remove themselves from working in the positions:

Promotion - Leaving a former position and moving on to perform duties in a higher position, thus causing the personnel to be at a higher level of the chain of command and with potentially higher compensation.

Transfer - Employees may leave former positions by transferring which is a transfer to a new, different job, but a job with the same level of compensation and responsibility.

Demotion - A change of work with a lower-level position and may occur if an employee performs his/her duties ineffectively. However, in some cases, some employees may have satisfaction in opportunities to work with higher use of skills, even though the position is lower.

Voluntary severance - The manager must be prepared for the loss of personnel who leave from work voluntarily, which may occur from acquiring a more satisfactory job, moving, sicknesses and other reasons.

Job termination - The personnel must leave work unwillingly, which may occur as a result of terminated positions, rates, lay-offs and firing for wrongdoing, etc. Furthermore, the termination of the personnel employment may be due to strategic causes unassociated with the job performance of the personnel, which are called lay-offs and job termination may be either permanent or temporary lay-offs.

The final procedures for the practice of human resources management will lead to planning, seeking and selecting in order to find replacement personnel. Furthermore, if the personnel willingly leave from the organization, the organization

should know their reasons for leaving as feedback data for improving the processes of human resources management. Therefore, the Exit Interview should be a formal conversation aimed at learning the cause for the employee's turnover from the organization. The findings of the interview may help the organization discover and solve the problem of morale, work design, planning and other issues regarding human resources management in cases where the organization terminated the employment of the personnel, even though the personnel was unwilling to leave. The Exit Interview also has significance for the organization to understand the personnel, reduce negative feelings and possibly cause the organization to perceive direct feedback information about employment conditions.

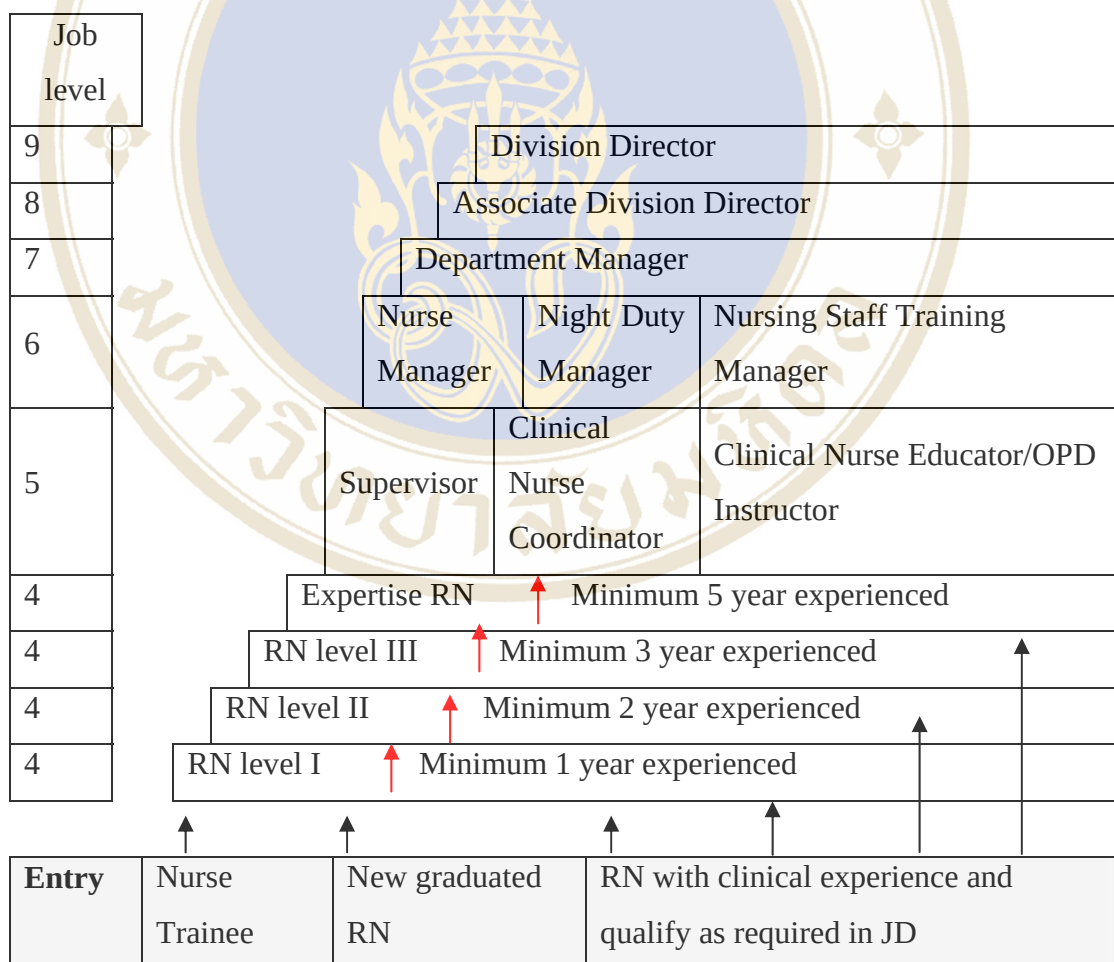


Diagram 1: The Nurse Career Ladder (2007)

Note: Nurse Trainee will be RN level I when nursing license is approved.

Table 2 : Job Title and Job Level (2007)

Job Title	Job Level
1. Nurse Trainee	4
2. RN level I	4
3. RN level II	4
4. RN level III	4
5. Expertise RN	4
6. Clinical Nurse Coordinator (OPD)	4
7. Clinical Nurse Educator	5
8. OPD DM Instructor	5
9. Clinical Nurse Coordinator (IPD.)	5
10. Supervisor, OPD.	5
Supervisor, Nursing	5
Supervisor, Nurse Coordinator	5
11. Night Duty Manager	6
12. Nurse Manager (IPD./OPD.)	6
Nursing Staff Training Manager	6
13. Senior Coordinator	7
14. Department Manager	7
15. Associate Division Director	8
16. Division Director, Nursing	9
Division Director, Nursing	9

Summary of significant contents from the literature review

1. Allen & Meyer's concept of organizational commitment has received great popularity and been employed as a conceptual framework for various studies on organizational commitment from the past to the present.(Eisenberger and Armeli,2001;Rhoades and Eisenberger, 2002; Salami,2008;Kovner et al.,2007; Widger, 2007;Chang, 2007; Brooks I.&Swales S.,2000; Marchiori and Henkin , 2004;Aiken L.H.,Havens; D.S.&Sloane, D.M., 2000; Hussami, 2005.; Stone et al., 2007;Aiken

L.H., Havens; Herscovitch and Meyer, 2002; Abbott et al., 2005; Allen and Grisaffe, 2001; Bhian, Al Shammari and Jefri, 2001). The concept consists of 3 elements: emotional attachment to the organization, retention attachment to the organization and adherence to organizational attachment as a foundation. Emotional attachment will express a committed mind that feels involved in the organization and a foundation of adherence to organizational attachment is a moral feeling caused by social embellishments in an organization that employees receive from working in the organization. Thus, employees feel they must make repayment by continued working for the organization in exchange. As for retention attachment to the organization, it is a feeling that the employees must work in the organization because leaving the organization will cause them to lose potential benefits.

2. Perceived organizational support is associated with organizational commitment. If employees perceive that the organization places value on occupational sacrifices in order for employees to have good working conditions by responding to various areas of needs that employees expect to have answered by working. According to the motivation theory of Maslow, Herzberg and other theories, feelings of self value, emotional support, acceptance and importance as a person make employees feel involved in the organization. Thus they will be willing to work for the organization with commitment, i.e. emotional support, as an exchange wherein employees feel they have a duty to work for the organization out of obligation based on adherence to organizational attachment.

3. The personal factors associated with organizational commitment consist of age, work seniority, gender, marital status, level of education, etc. In this study, the researcher considered the personal factors of age and work seniority. The researcher holds the opinion that the organization should categorize employees into groups by age according to the concept of Durkin(2005), and seniority according to the concept of Nattapan Kaejornnan (2004), so the organizational procedures will be in clear agreement with the needs of the target group.

4. The concept of commitment to the organization and resignation - The fact that nursing personnel have high levels of commitment in all three aspects i.e. affective, continuance and normative commitment, will be cause low resignation rates, personnel with extended work lives in the organization, good job performance, statistics of working continuance, work with devotion and work beyond roles and duties. Furthermore, the organization can proceed to work effectively. Therefore, commitment to the organization can help in predicting the personnel intentions to resign.

CHAPTER III

PROBLEM ANALYSIS

The analysis of the situation for creating organizational commitment was conducted with the objective of creating awareness of the current state of commitment and to propose guidelines for creating organizational commitment in accordance with the hospital context. The researcher analyzed by using personal factors i.e. age, seniority at work and organizational factors e.g. perceived organizational support as the framework for the analysis.

3.1 Personal Factors

On the subject of the factors affecting organizational commitment, i.e. age, in which older people are found to have more organizational commitment than younger people because older people usually have higher positions in work, greater job satisfaction, less awareness of choices in finding new jobs and motivation to leave their old organization for a new organization must be significantly high for them to make the move. Furthermore, the personnel who have been in the organization for extended periods of time will have the feeling that remaining in the organization is the correct choice, because the organization has provided them with more valuable benefits (Steers, 1977; Angle and Perry, 1981; Williams and Hazer, 1986; Mathieu and Zajac, 1990; Salami, 2008; Wannadee Chukan, 1997; Wanlapa Takan, 1997; Prompan Pihattakitjakul, 1998; Juree Usaha, 1999 and Chutima Suwannaprateep, 2000). Moreover, individuals with more time on the job will have more organizational commitment than younger people because they feel they have invested time and work in the organization over an extended period of time. Furthermore, if the organization makes people feel they are a valuable asset to the organization, these individuals will not be interested in joining other organizations (Buchanan, 1974; Salami, 2008;

Wannadee Chukan, 1997; Wanlapa Takan, 1997; Prompan Pihattakitkul, 1998; Nongyao Kaewmorakot, 1998; Juree Usaha, 1999; Wijit Srisupan and colleagues, 1999; Chutima Suwannaprteep, 2000; Niyom Seesuan, 20010 and Rawiwan Limasawatkul, 2008).

This organization that served as the setting for this study divides professional nurses by age and are categorized into groups according to the concept of Durkin (2005) as follows (Data from the Human Resources Department on the 29th of January 2008):

Table 3 : The structure of professional nurses categorized by age group

Group	Age Period (Years)	Number (People)	Percentage
Veteran	41-55	18	2.63
Baby Boomer	31-40	155	22.63
Gen x	26-30	345	50.36
Nexter	21-25	167	24.38

It is evident that nurses aged between 26-30 years are the most numerous at 345 people for a total of 50.36%, followed the age group 21-25 years with 167 nurses making up 24.38%, then 155 nurses aged 31-40 years for a total of 22.63% and 18 nurses aged 41-55 years for a total of 2.63%. Furthermore, the highest turnover rate of professional nurses at this hospital in 2007 was amongst the nurses in the Nexter Group with 103 nurses which make up 12.68% of all nurses. The nurses in the Nexter Group are a group that completed their education in approximately 1-3 years. According to the theory of Durkin (2005), this group is willing to work hard and wants to participate in the decision making of the organization. If the members of this group feel the organization doesn't value them enough, they will have low job satisfaction and are likely to change jobs. And from the research of Widger (2007), it was found that individuals with different ages will have different values and expectations of the organization. If the organization fails to comprehend these differences, the level of organizational commitment and existence in the organization of these professional

nurses will be affected. As for the factors in the area of time on the job, the organization studied in this research divided professional nurse groups into 2 primary groups by period of time on the job. The operating and administrative level groups of nurses and all of the nurses in the operations level will be specified as Job Level 4 and divided into the following 4 sub-groups: 1) nurses with 1-2 years on the job; 2) nurses with 2-3 years on the job; 3) nurses with 3-5 years on the job and 4) nurses with more than 5 years on the job. As for administrative level nurses, the job level was specified at 5-9 and divided into the following 5 groups: 1) Supervisory level nurses (Supervisors, Clinical Nurses, Coordinators and Clinical Nurses, Educators/OPD Instructors), 2) Managerial level nurses (Nurse Managers, Night Duty Manager and Nursing Staff Training Manager), 3) Department Managers, 4) Associate Division Director and 5) Division Director.

The categorization of operation and administration level nurse groups into sub-groups according to time on the job was aimed at convenience, so the organization could organize groups according to the needs of nurses in terms of developing knowledge, skills and progress. This is appropriately in agreement with Nattapan Kaejornnan (2004), who mentioned the developmental process in the area of profession at each stage of life by categorizing into the following 4 stages:

Group 1: The group of professional nurses with no more than 5 years' time on the job are at the early stages of their career and still lack experience in the organization. The roles and duties of this group of professional nurses are to provide nursing care services. Through observation, it was found that this group has the highest resignation rate. Furthermore, in 2008, twenty professional nurses who worked at the in-patient department resigned and 15 more professional nurses who worked in the Operation Room resigned, which amounts to a 4.31% drop off rate for professional nurses with no more than 5 years' time on the job.

Group 2: The group of professional nurses with 6-10 years' time on the job will have obtained their own knowledge and expertise in working. They also have the ability to transfer knowledge, skills and special nursing practices including good attitudes to new nurses in the organization, to help new nurses operate up to the standards of the nursing profession and various organizational regulations. This group of nurses have the capacity to develop into starting level administrators. There were 3

resignations in this group of nurses, for a total drop off rate of 2.22% of professional nurses with 6-10 years on the job.

Group 3: The group of professional nurses with 11-20 years' time on the job will mostly receive promotions to become starting administrators or are assigned more important roles and duties in administration and management of the organization. They are also responsible for partial service provision and coordination with other administration levels within the organization. There were no resignations in this group in 2008.

Group 4: This group is a group of professional nurses with more than 20 years' time on the job. They perform the duties of working as middle to high level managers and have roles and duties in administration and management within the organization, partial service provision and coordination with other administration levels within the organization. There were no resignations in this group in 2008.

Consistencies were discovered when comparisons were made regarding the categorization of the organization providing the setting for this study wherein it was found that the nurses in Group 1 and Group 2 could be compared with the nurses at the operating level. Furthermore, the nurses in Group 3 and Group 4 could be compared with the nurses at the administration level. It was also found that the nurses at the operating level with no more than 5 years on the job had the highest number of resignations, i.e. 35 people for a total drop off rate of 4.31% in this group, while the nurses at the operation level with 6-10 years on the job had 3 resignations from the organization for a total drop off rate of 2.22% in this group. As for the nurses with administrative and managerial roles within the organization, there were no resignations.

In the formation of organizational commitment, if the organization gives interest to meeting the needs of personnel by age group and enhancing personnel capability as appropriate for the number of years on the job, the personnel are more likely to be satisfied and to become more attached to the organization.

The organization has not ignored the problem of personnel resignations and has attempted to solve the problems, while improving human resource administration for greater effectiveness. In 2005, the organization observed the satisfaction of all 2,359 personnel in terms of the following 6 primary issues: 1. Work Quality; 2. Enabling Environment;

3. Inspiration & Value; 4. Tangible Rewards; 5. Growth & Opportunities and 6. Work & Life Balance. It was found that the personnel had dissatisfaction regarding various topics, so the organization implemented the observation findings toward improving human resources management as follows:

1. Work Quality: The personnel feel they make no progress at work.
2. Enabling Environment: The personnel experience inconveniences regarding dining areas; the organization has arranged for a cafeteria for employees.
3. Inspiration & Value: The personnel need acceptance from the organization and require a more effective system of communication. The organization has taken the following actions in this area:
 - 3.1 Arrange a leadership development program in order to develop and improve leadership and communication skills among supervisory employees.
 - 3.2 Conduct a session on “Labor Law and Practice” to educate Employees
 - 3.3 Revise the Employee Handbook
 - 3.4 Publish HR & training newsletters
 - 3.5 Conduct annual engaged employee surveys
4. Tangible Rewards: The personnel are dissatisfied in the following areas:
 - 4.1 The employment rate does not meet the competitive criteria on the market
 - 4.2 Lack of equality in wages between new and existing employees.
 - 4.3 Unsatisfactory benefits, especially regarding nursing treatment expenses for employee families

The organization took the following actions regarding these issues:

- Performed wage surveys for the same business group
- Communicated and reached an understanding with employees regarding the ranks and positions, raised wage rates for employees with working experience and added wage rates for employees with English skills
- The benefits associated with various aid funds such as assistance funds for cases where employees pass away, assistance funds for cases where family members of employees away (fathers, mothers, spouses, children), improved medical benefits for regular employees in cases where medical treatment such as an in-patient

treatment is necessary, including improving the medical benefits for families of regular employees

- Arrangements for employee transportation/Shuttle Vans/Buses
- Staff uniforms were distributed
- Long Service Award were arranged for employees who had worked

for 25 years

5. Growth & Opportunities: The personnel have felt little progress in the profession, especially older personnel.

6. Balance between Work & Private Life:

Female personnel require more balance between work and their private lives and the organization should build motivation in keeping night shifts for personnel with no family burdens, so personnel with family burdens or other necessities will not have to work the night shift.

It is evident that the organization has not ignored these issues and has attempted to solve problems by improving the effectiveness of human resource management. However, the problem of employee resignations has not decreased. On the contrary, the nursing turnover rate was 135 out of 789 nurses in 2007, which amounted to a total drop off rate of 17.12%. This same turnover rate was 131 out of 812 nurses in 2008 for a total drop off rate of 16.13% that year, which means that the turnover rate was not significantly reduced. Therefore, the researcher estimates that there may be other factors which have an impact on the organizational commitment of the personnel, even though the organization has attempted to improve job satisfaction among personnel as much as possible. If, however, the organization is unsuccessful in getting personnel to perceive these improvements and be satisfied, the organization's efforts in this area will have no effect.

The researcher, therefore, employed the theory of organizational support by Eisenberger et al (2001) in the analysis. This theory holds the concept that individuals will feel they are part of the organization when they perceive the organization's provision of support, value and significance; henceforth, they will work with a willingness at full

capacity and would be ready to work for the organization with loyalty and will not resign to work at other organizations. The perception of organizational support are categorized into the following four areas:

- 1) Salary and benefits
- 2) Working knowledge and progression of their career
- 3) Emotional support
- 4) Job performance

Salary and benefits

Salary specifications are complex, sensitive and associated with factors both within and outside the organization and have a direct impact on personnel, which is currently considered an important business factor because only personnel with effectiveness and morale in working can lead the organization to success according to desired goals. Ineffective personnel with low morale and encouragement in working may cause problems in the performance of the organization. In 2005, the organization surveyed employee satisfaction in salaries and changed the salaries and benefits as follows:

1. Salaries

1.1 Salaries are increased for personnel with English skills and capability which are evaluated by their TOEIC score. Salaries are in set according to the score level the individual had obtained in the English test. In doing so, the organization hopes to motivate personnel to exercise continual effort to improve their language skills, which would benefit both the personnel and the organization.

Table 4: Shows score values for language expertise (TOEIC SCORES)

TOEIC SCORE	English Allowance Adjusted in 2006	English Allowance Adjusted in 2007-2008
300-445	500 baht	500 baht
450-595	1,000 baht	1,000 baht
600-720	2,000 baht	2,000 baht
725-845	2,000 baht	3,000 baht
850-990	2,000 baht	4,000 baht

1.2 Employees who pass tests to acquire licensing for every profession will be granted salary increases of 4,000 baht. The organization will provide help in testing for new professional nurses by arranging tutorials for new personnel offering advice on taking tests for professional licensing in the nursing field.

1.3 There are special monthly increases for individuals who have obtained a Master's Degree or more in lines of work associated with the performance of their duties. For this issue, the organization has no clearly designated practice guidelines as yet. Consequently, some of the personnel who have graduated with Masters Degrees have not adjusted their qualifications, which may become a cause for consideration in future resignations.

1.4 Salary adjustments in performance for professional nurses in various work units.

1.5 A career ladder was initiated to make the nurses aware of monthly salaries for each nursing level in different units.

Table 5: Shows the salaries of professional nurses working in various agencies

Unit of Nursing Assignment	Salaries	Remarks
OPD	Overtime salaries of twice the regular rate and 1.5 times the regular rate.	Some special cases receive 3 times the regular rate for OT salaries.
Ward /Critical Care	280 baht per shift (afternoon/late night) by specifying morning shifts on at least 6 business days.	A fixed rate of 9,000 baht for the night shift.

Table 6: Shows the adjustments of expertise fee levels (Career Ladder)

Career Ladder	Critical Care	OR	ER	Ward	Remarks
Level I	A+++	A++	A+	A	Expert fees differ according to various agencies.
Level II	B+++	B++	B+	B	
Level III	C+++	C++	C+	C	
Level IV	D+++	D++	D+	D	
Supervisor	E+++	E++	E+	E	
Manager	F+++	F++	F+	F	

Remarks: A, B, C, D, E, F are salary rates according to position which is information that cannot be disclosed

The researcher formed the opinion that the organization had attempted to establish the salary structure for clarity and agreement with the current economical situation, but had not yet responded to the needs and expectations of nurses according to age groups and working seniority, especially in the Nexter Group and the group with seniority of no more than 5 years, because there are many factors influencing organizational commitment other than fair salaries such as perceived support from the organization in terms of working knowledge and progression of their career, emotional support, and job performance. The organization should consider the significance of these factors appropriately, which would create long and lasting attachment. According to the theory of Herzberg, salaries are a supporting factor, not a factor that increases motivation for personnel, which will cause job dissatisfaction whenever people do not receive appropriate response. Therefore, the researcher recommends that the organization consider the needs and expectations of nurses in various groups as follows:

1. Salary payment plans should emphasize personnel participation such as the Employee Stock Ownership Plan (ESOP) will develop feelings of ownership within

the organization among all personnel, thus motivating the personnel to work more effectively. The stock ownership of this organization may be performed by granting rights for a time e.g. arranging every year for three years. If any professional nurse resigns before three years, any remaining unexercised rights will be forfeited. This method may increase occupational motivation and job sustainability.

2. In the area of benefits, the organization should improve benefits to build morale and encouragement on the job, so the personnel can work while reducing living expenses. Changes that should be made are as follow:

2.1 Medical treatment: personnel who work regularly should receive annual health examinations and medical treatment from the Employee Health Clinic. Spouses and parents of the personnel should receive discounts for medical treatment according to seniority working in the hospital.

Table 7 : Shows the nursing treatment expense discounts for employee family members

Length of Time on the Job	Medical Treatment Discounts for Families of Personnel (Original)	Medical Treatment Discounts for Families of Personnel (Following Survey)
1-3 years	50 %	50 %
4-14 years	50 %	65%
15 years & up	50 %	75 %

2.2 The organization should assign coupons valued at 1,000 baht to its staff instead of cash to purchase necessary goods. It should also sell cost-saving products to employees regularly on the last day of the month. The projects will help reduce the burdens of living costs during the economic crisis (2009). It should also help to improve the personnel's morale i.e. the organization should care and understand the economical problems and is ready to help share the burden of the crisis with the personnel. This project will help support the personnel in creating a mental attachment to the organization i.e. the organization recognizes the significance of the employees, build morale, encourage and promote more tangible adherence to organizational commitment. Meanwhile, the personnel should perform at full capacity in order to achieve the goals of the organization in return.

2.3 Arrange dormitories for nurses to provide conveniences for professional nurses with homes located far from the hospital or nurses who have to work the afternoon and night shifts regularly to minimize the dangers of traveling at night while allowing them to rest fully after work and to come to work conveniently. A total of 4 dormitories are provided for professional nurses. The Dormitories 1, 2 and 3 are within the vicinity of the hospital and Dormitory 4 is located approximately 10 kilometers from the hospital, which makes traveling inconvenient because it is in a rather deserted area. The hospital, however, will help solve this problem by arranging a service vehicle to pick-up and transport nurses who live in Dormitory 4 at every shift i.e. the morning shift at 6:15 am, the afternoon shift at 2:15 pm and the late night shift at 10:15 pm. Nurses who are leaving shifts will have this vehicle to provide transport services back to the dormitory at the following times: 3:45 pm for the morning shift, 11:15 pm for the afternoon shift and 7:45 am for the late night shift.

The problems that were discovered regarding the transport vehicle were that most of the nurses who work at the patient's ward in the morning and afternoon shifts will not be able to use the van service to return to the dormitory on time because some patient wards take a long time to hand over shifts, thus preventing them from boarding the vehicle on time. The nurses who provide care for out-patients will not have a chance to use the pick-up/transport service, thus causing feelings of inequality among nurses combined with concern about safety in traveling back to the dormitory. Furthermore, statistics from users of the transportation vehicle services for the organization, revealed that many service users in all positions e.g. nurses, nursing assistants and public relations on the morning shift, caused extreme overcrowding. Recommended solutions are for the organization to increase the number of transporters to two vehicles and to arrange the pick-up and delivery times to be convenient for all personnel. Personnel who are able to arrange and manage work quickly such as the nurses who work in the OPD could use the services of the first vehicle and the nurses who could not quickly arrange and manage work could use the services of the second vehicle, which may increase the satisfaction of personnel as follows:

Table 8: Shows the schedule for providing transportation services

Work Shifts	Vehicle 1		Vehicle 2	
	Pick-up	Delivery	Pick-up	Delivery
Morning Shift (7:00 am. – 3:00 pm.)	6:15 am.	3:15 pm.	6:15 am.	4:00 pm.
Afternoon Shift (3:00 pm. – 11:00 pm.)	2:15 pm.	11:15 pm.	2:15 pm.	11:45 pm.
Night Shift (11:00 pm. – 7:00 am.)	10:15 pm.	7:30 am.	10:15 pm.	7:45 am.

Furthermore, inequalities were discovered regarding the conveniences within the dormitories, so the organization should consider sufficient and equal provisions as follows:

Table 9: Shows the comparison of conveniences within each dormitory

Conveniences	Dormitory 1	Dormitory 2	Dormitory 3	Dormitory 4
Internet	Present	Present	None	Present
Water Heaters in Rooms	Present	None	None	None

Recommendations: The organization should provide equal conveniences in all the dormitories

2.4 Library benefits: The organization has a library providing services to personnel. One problem uncovered was that the library has limited space and few academic books that are insufficient and unvaried for research. There are only two computers with Internet access, even though many of the personnel use the services. The statistics for Internet use and book lending-returning at the library in 2008 are as follows:

Table 10 : Shows the statistics of library service users in 2008

Unit: People

Month	Internet Usage	Lending-Returning of Books
January	177	231
February	145	214
March	208	312
April	197	250
May	219	356
June	214	312
July	187	407
August	187	380
September	302	504
October	255	475
November	263	482
December	190	438
Total	2544	4361

Recommendations: The organization should inquire the needs for academic books and magazines, and magazines enjoyed by the personnel within the organization, while also considering the procurement of academic books, articles and magazines to cover the work of the organization and personnel of every age group within the organization. In addition, the library space should be expanded. Furthermore, the number of computers for Internet use should be increased as well as the data download speed, because the average service usage time was only 30 minutes per person per machine.

2.5 Exercise and recreation rooms: Originally, the organization did not place importance this area. Thus, personnel had few choices for rest and relaxation from stress or to promote good health. The exercising room also had very little exercising equipment. However, the organization made improvements by arranging for more exercising instruments such as two treadmills, two stationary bicycles, a ping pong table, abdominal and hip fitness equipment and dumbbells, two karaoke rooms, while also hosting singing contests aimed at determining the winner who would sing at the hospital's New Year festivities and other activities such as yoga on Wednesdays and Thursdays and aerobics every Monday, Tuesday and Friday. The statistics of service users in 2008 are as follows:

Table 11: shows statistics on people who use the services of the fitness and recreation rooms in 2008

Unit: People

Month	Aerobic Activities	Yoga Activities
January	45	27
February	72	30
March	73	42
April	60	49
May	69	55
June	108	70
July	117	91
August	168	75
September	512	79
October	177	64
November	121	59
December	101	63
Total	1,623	704

It is evident that many people came to utilize the services of the organization's fitness room. One problem discovered was that the toilets and bathrooms were insufficient. Some nurses use the bathrooms at their rooms instead as a temporary solution to the problem. Therefore, the organization should build more bathrooms and toilets. The organization should also improve and expand the yoga and aerobics rooms because the aforementioned activities require space.

2.6 The organization has arranged cafeterias, but only for doctors. Other personnel have to use the cafeteria with the organization's service recipients. And the cafeteria arranged by the organization for the personnel in the areas under Dormitories 1 and 2 were not convenient during the rainy season.

In order to increase employee satisfaction at all levels, the organization should arrange cafeterias especially for employees within the hospital and organize cafeteria zones for service recipients in order to create a new image of services in the hospital.

Other recommendations regarding arranging benefits to increase employee motivation are as follows:

1. The organization should arrange for Flexible Benefits for nurses to select from various benefits arranged by the organization. This would ensure that the benefits are provided tailored to the needs of each individual nurse. For example, any professional nurse who does not utilize the benefits of nursing treatment expenses throughout the entire year may exchange these benefits for a vacation or monetary returns, which is in agreement with the Total Reward concept of Armstrong & Stephen (2000) about arranging different benefits in agreement with needs at each age period.

1.1 The nurses in the Nexter group are a group with little chance and risk for illnesses and most of these nurses are unmarried. If they do not use the benefits of medical treatment provided by the organization, they should be able to exchange this benefit for a vacation, credit or other salaries such as sky train passes or food passes, coupons to trade for merchandise with leading department stores or discounts for travel expenses.

1.2 The nurses in the Generation X group require more income and need organizational support in occupational progress. The organization should have policies to support and to promote personnel toward higher levels of education, support personnel with opportunities to receive training, academic meetings and

presentation of academic results, both domestically and internationally. They could also support non-credit salaries such as discounts for TOEIC test expenses, cinema tickets, sky train passes or food passes, coupons to trade for merchandise within leading department stores, discounts for hotel expenses and various domestic tourist destinations, special discount rates for medical treatment or simply additional holidays.

1.3 Nurses in the Baby Boomers group require job stability and income. The organization should increase the allowance for medical treatment according to seniority on the job, prepare plans to replace empty positions with highly efficient nurses and have rewards for efficient nurses.

1.4 Nurses in the Veterans group: The organization should have financial planning and preparations for when employees enter the retirement age e.g. healthcare after retirement, arrangements of activities to earn supplemental income or the provision of advice in addition to occupations after retirement. If any of the employees have knowledge, capabilities and expertise, there may be a special channel for them to become advisors including receiving special discounts in receiving medical treatment in the organization after retirement.

3. 2 Working knowledge and progression of their career

In order for the organization to maintain competitiveness, the skills and performance of the managers and personnel must be constantly improved. Therefore, training and development will help create assurance that the members of the organization will have sufficient knowledge and skills to work effectively, be able to handle new responsibilities and be capable of adapting to new working conditions. The hospital's changes to increase occupational knowledge and opportunities of progress for professional nurses are as follow:

3.2.1 Orientations for New Nurses

As for the process of orientation for new nurses, the hospital arranged for general orientation and procedures. The Human Resources Department has clear plans for procedures. The orientation lasted for 2 days and consisted of welcoming

statements from high level hospital administrators, the Human Resources Department Manager and the Nursing Care Department Manager. Lessons and details of the orientation evaluation results following each orientation day were provided, as well as various manuals covering all issues new nurses should know e.g. regulations, policies and goals of the Nursing Care Department, organizational culture, telephone reports, pain management, principles for recording and monitoring infections, safety policies, etc.

The orientation requires approximately 10 days. The Nursing Care Department orientation manuals distributed to various units have clear details and contents to prepare the nurses.. The OPD consists of various centers such as the In-patient Department, Medicine, Surgery, Gynecology, Neonatal ICU, Pediatrics, Operation Room, ICU/CCU, etc. and there are clear specifications for the dates/times of the nursing orientation. The orientation form shows various details and information, which also exhibits simulated situations, demonstrations and opportunities for new nurses to practice through experimentation or models in order to promote confidence in nursing practice within the organization. There is a form to test the knowledge before and after the training and the nurses who receive training must pass the evaluation criteria of at least 80%.

When new nurses receive orientation from the Nursing Care Department, the new nurses who enter their assigned units during the early stages of practice are in a trial work period scheduled for 120 days which gives an opportunity for nurses who pass selection to work on a trial basis so the Department Manager can assess whether or not the nurses have knowledge, capability, skills or other qualities according to the desires of the organization. Thus, new nurses have accurate learning and understanding of the operational procedures and a Buddy Program with buddies to care for, teach and be an example in working for new nurses throughout the trial work period. There are also arrangements for flexible shift schedules, which is for new nurses to work only in the morning shifts, to learn the inner workings of the organization. In the second month of work, the nurses will begin to make arrangements for switching from the morning shift to the afternoon shift. In the third month, there will be arrangements for morning shifts, afternoon shifts and late night shifts.

Throughout each month of the trial work period, there is a post orientation evaluation in order to promote closer attachment, which is an event that takes place between new nurses and their buddies. New nurses are able to express their opinions or questions regarding work or inconveniences in various topics in the early stages of work. The Educational Department will gather data, send various topics and problems to the Nursing Care Department and the unit where the nurses are stationed in order to jointly find guidelines to improve organizational commitment. However, problems continued in that there is only one buddy in each unit and they cannot provide complete care of newly accepted nurses. Therefore, additional training is recommended for effective nurses and those who have interest in becoming buddies. Buddies should be selected through applications, selections and specific curriculums to select the best examples for the new nurses. The working characteristics of buddies include flexibility and ability to provide care and consultation for new nurses throughout the trial work period. Furthermore, the time for learning and having buddies teach work should be extended to 6 months or a year in complex units such as Critical Care, OR, NICU, GI Lab and Cath Lab. Additional recommendations include the following: There should be reviews and categorization of groups of mandatory training contents regarding the policies and nursing care standards of the organization and specific training contents such as intake/output, there should be training in the In-patient Department, etc, and reviews at least once a year.

3.2.2 Training and development

After professional nurses have passed the trial work period and have become members of the organization, occupational training and education will continue along with development of occupational knowledge for greater expertise. Training arrangements should be made to send nurses to be specifically trained in various expertise areas for 4 months wherein they receive salaries and sign contracts. The organization provides opportunities for promoting advancement according to the career ladder, arranging additional training for nurses to have occupational knowledge and useful skills for growth on the career ladder. Furthermore, the organization has a clear determination of becoming a teaching organization, which should emphasize personnel knowledge as directly beneficial to their responsibilities. Arrangements for

projects or various training for nursing personnel should also be arranged including QI Conferences, for exchange and joint education of the functions of the unit with continual development of performance quality, arrangements of Interesting Case Meetings, the Nursing Management Journal Club, the development of clinical guidelines in the area of patient care with endotracheal tube, use of relaxation techniques and the reduction of pain levels in post-operative adult patients and the care of patients in the form of nurses assigned to the cases of professional nurses. Thus, nursing personnel tend to perceive that the organization cares about improvement of skills and capabilities and realizes the importance of developing personnel with long term investments in personnel by providing educational funds for personnel at various levels and according to the terms of the agreements. Furthermore, they realize that the arranged trainings represent the organization's determination for personnel to have more knowledge and capabilities to use in performances within the organization with increased skills, special expertise, preparation for personnel aimed at growth and advancement to positions of higher responsibilities. This should generate organizational attachment among staff, both in terms of mental, tangible and reliable organizational commitment. As repayment to the organization, the staff can use their knowledge and capabilities received from training to work and generate benefits for the organization without thinking of resigning or moving to a new work place, such as in the study of Pare' and colleagues et al., (2001) which found that human resource policies in the area of developing staff capability has direct negative effects on intentions to resign. Originally, the hospital in this study had arrangements for advancement in the Career Path, which indicated growth in a certain line of work for employees when they entered the organization. However, this was not very systematic. Later, when the needs of the employees were examined in 2005, the hospital started organizing the Career Path to motivate and build morale and encouragement for nurses at work, thus making nurses aware of their own advancement in a particular line of work, even in the form of promotion, including creating opportunities for nurses to transfer or switch between units within the organization. Furthermore, the staff can represent the organization in seminars to learn to modify their knowledge and experiences in other areas to be used in the organization. In the part of practicing professional nurses, the hospital specified progress on the Career Path at 4 levels i.e.

Level 1 to Level 4 and has clear criteria for promoting professional nurses as follows:

1) Result Oriented i.e. a primary consideration of current performance i.e. good working staff should receive consideration for promotion. If promotion is a repayment or motivation for good work, the best performing personnel must be promoted; 2) Competency Oriented i.e. the limitations of people in the future; 3) Seniority Oriented i.e. promotion candidates are selected carefully by employing performance and capability as criteria; seniority is directly related to working capacity. The staff learn more about the organization and work over extended periods of time. Work seniority, therefore, is another important factor, because personnel who have worked for long periods of time will have extensive experience, more loyalty and attachment thus causing nurses to acknowledge that the organization is concerned about them and wishes them well. This turns into feelings of gratitude and dedication of physical and mental strength at work in return. Furthermore, they may have emotional attachment to the organization. The study of Kallenberg and Mastekasse (1994) and Foong-ming, Tan (2008), for example, found that promotions received within the organization created a linkage of nursing staff to the organization, attachment to the organization and perception of a future in the organization while forming a mentally binding agreement for nurses to stay and continue working for the organization.

Furthermore, there were adjustments in Career Ladder for experts to have a level equal to manager, but this adjustment is currently in the process of developing educational curriculum to train experts by level, along with adjustments of employees who continue to pursue a Master's Degree in related fields of work. Within the units, there were assignments for staff to be on committees for arranging various employee activities such as safety administration from medication, patient identification, etc. thus generating learning in activities outside the line of work e.g. learning administration and management methods, arrangements of projects to help increase skills and capabilities in managing work. However, there are still problems regarding unclear forms of developing professional nurses according to the Career Ladder. Therefore, it is recommended that the organization have arrangements of curriculum and content, transparent training of nurses according to levels from Level 1 to Level 4

with clarity and assessment of test results on the capacity of professional nurses at each level.

In addition, the academic documents and textbooks arranged by the organization in the aforementioned employee library and nursing books, as well as the textbooks in each unit, are too few. It is recommended, therefore, that the organization arrange nursing books, academic textbooks and academic journals and documents for each unit and in the employee library. Furthermore, it has continually been found that the operational system is not hospitable e.g. shifts are not as requested, etc. The organization continues to have no clear policies for supporting continual studies or granting scholarships, thus causing personnel to lose motivation in continuing to study and preventing them from improving themselves to meet the organization's desired goals. Consequently, it is recommended that the organization have policies for staff to continue their studies e.g. specifications that they must continue to work within the hospital for at least 5 years and have good performance, supporting funds and time on the job that supports performance within the organization.

Additional Recommendations Regarding Occupational Knowledge: The organization should specify policies for studying outside the organization, both domestically and abroad, in order to jointly exchange knowledge for use in further developing nursing care systems within the organization. The organization should participate in developing knowledge step-by-step by arranging curricula to enhance self development and development of knowledge and cognitive thinking by using the two-factor theory of Herzberg and Maslow's theory, Herzberg's two-factor theory, Alderfer's ERG Theory and McClelland's Motivation Theory for Success. This should increase the level of occupational satisfaction, including being able to see progress while continuing to work within the organization.

3. 3 Emotional support

According to Maslow's Hierarchical Theory of Motivation, which categorized the needs of individuals into 5 types other than physical and safety needs, the need to be accepted, the need for reputation and the need for fulfillment in life, the important

needs of the staff which, according to the two-factor theory of Herzberg, are considered to be motivating factors, are considered as factors leading to increased motivation and job satisfaction. This theory states that, other than motivating factors, supporting factors will be what the organization must consider by eliminating or solving inappropriate issues in order to fulfill the basic needs of the personnel and the Motivation Theory of McClelland.

The need to be accepted is important in the pursuit of the nursing profession wherein staff members must work as a team. The hospital created a working environment with teamwork and good relationships between administrators and professional nurses with the following activities:

- 1) Effective communication by having communication from top to bottom and vice versa, which allows the personnel to receive various news and information in the organization by various methods such as advertisement via news reports, public relations boards, monthly departmental meetings, e-mail, etc. Along with these, the organization arranged to hear the opinions of staffs, giving opportunities to participate in working, exchanging opinions with other individuals on the same staff through online boards and activities, innovations, recommendations of good ideas pertaining to services. For example, they promote the use of signs with messages in various languages and benefits to the organization in helping to reduce expenses, helping to conserve energy such as walking up and downstairs instead of using elevators. This includes improving the operational system for good practice, meetings of high level executives with employees scheduled every 3 months in what is called the “Town Hall Meeting” and providing news and information regarding the progress of the organization, the organization’s plans for the future and the announcement of policies and work procedures to staffs. These activities enable personnel to perceive that they are participating and have significance in the organization, thus building motivation in work and attachment to the organization. Problems continue to be found, however, in receiving news and information from the organization e.g. academic conferences, executive meetings, training on topics wherein some nurses were unable to participate because they must perform duties at work or, if the meeting is held on a holiday, the news and information from the organization received is incomplete, which may be the

cause of why the work procedures of the organization fails to meet goals. Therefore, the researcher recommends guidelines to increase channels of communication and public relations through SMS, cell phones, forming various groups of employees, so the organization would be able to send complete information and various news to the staff. Furthermore, the organization should arrange and keep records by using E-learning systems to be able to come back and look at the news at a later date.

2) Teamwork: The hospital supports teamwork by arranging training on working as a team outside the facility to create unity within the organization and continually arrange academic conferences on performance quality improvement in order to stimulate employees to continually participate in patient-centered quality improvement activities. The aforementioned project promoted all agencies to send work results in developing operational systems. It also promoted continual cooperation in quality improvement throughout the organization, thus generating acceptance of the organization, as well as various teams and supervisors with greater tangible adherence to organizational attachment. This satisfies the needs according to Maslow's Hierarchy of Human Needs Theory, which include the need to receive acceptance in work participation, relationships with colleagues, teamwork among staff with multidisciplinary teams such as doctors, nurses, pharmacists, radiologists and physical therapists, all of whom are essential staff for the organization. Most performances are by duty and the formation of relationships was not sufficiently good, but could be improved if the organization arranges activities to promote joint participation between multidisciplinary professionals to generate closeness. It could also arrange activities with more participation of multidisciplinary professionals such as joint arrangements of academic activities, religiously making merit together or organizing charity events on various holidays e.g. making merit together by providing food for monks on various religious holidays, etc.

3) Receiving acceptance and the need for reputation is also important. According to the concepts in Maslow's Hierarchy of Human Needs Theory, the Two-Factor Theory of Herzberg and McClelland's Motivation for Success Theory, all humans have similar needs, differing only in degree. When an organization is able to meet the needs, such as the need of praise, compliments and the receiving of respect

from others, job satisfaction follows. To increase job satisfaction, the organization arranged the following activities:

1. The Outstanding Star Project was conducted by dividing the employees into teams and individuals as selected by the Outstanding Star Project Committee who gathered information written down on compliment cards from medical service recipients, including staff within the organization. This is done by announcing names in both team and individual classes annually or every month by attaching the name announcements to the public relations board in the employee log area and via online electronics. As a result, nursing employees felt that the organization gave importance to nurses and importance in the organization, profession and unit. Thus, nurses had encouragement in continuing to work without feeling tired and received trust from the organization that they are good representatives. Awards were granted in the form of a pin with a silver or gold star from the Awards Committee. Nurses receive concern from the organization through the supervisors and managers have more interest in the feelings of the nursing staff from the arrangements of activities to build attachment within the organization and take pride in their work performance. As the nurses received acceptance from the organization and colleagues, including supervisors who took part in promotions, attachment to the organization increased without thoughts of resignation.

2. The Commendation Project: According to the recommended activities and innovations, this activity involves rewarding employees who have practiced within the organization for 10 and 20 years wherein an administrator will represent the organization in giving a commemorative pin and ring, and offering congratulations from the management and supervisors as well as colleagues, thus making them excellent examples for next generation employees as they feel that the organization continues to give importance to the employees and honors them in their sacrifice at continuing to work within the organization.

The aforementioned project was a good project and helped build morale and encouragement at work for staff members who worked for the organization and made an impression on service recipients. At present, the aforementioned project is perceived only by the staff within the hospital and still lacks participation or

acknowledgement from close individuals such as the families of the personnel. If the organization supports families' participation in the aforementioned award ceremonies or if the organization sends letters to thank and congratulate family members for participating in the aforementioned project, it would further build morale and promote tangible mental attachment.

3. 4 Job performance

From the analysis of the hospital providing the setting for this study, it was found that the hospital has a modern operational system, instruments and facilities, so personnel performing their jobs would be able to work conveniently e.g. the information technology system for sending image data by computer, the effective laboratory system that produces rapid results with high accuracy, the ability to rapidly access patient data everywhere in the hospital, all of which help ease nursing workloads. In addition, there is an effective maintenance system for medical instruments and equipment, as well as an operational manual complete with a clear protocol. Moreover, the aforementioned data can be reviewed online or by asking a supervisor, senior nurse or colleagues in order to build confidence among workers and reduce potential error. Supervisors and senior nurses with knowledge and experience in working can help in observing practice and recommend areas for improvement for nursing units in various departments, review the operational system and improve quality for the units on a continual basis in order to improve the working system, reduce error and increase operational effectiveness. The administration can provide support and procure sufficient equipment e.g. equipment to help lift patients, equipment to set the amount of fluids entering the body, an alarm system for emergencies in the restrooms and a system for calculating medication amounts via every computer in the organization, thus enabling nurses to care for patients to the best of their ability and with safety to the satisfaction of patients and their relatives while forming a tradition of quality and safety for the organization. Holding drills on helping patients during emergencies, e.g. fires, crisis situations, bomb threats, accidents involving large numbers of people and computer problems, so personnel will be able to practice and successfully solve problems to prevent frustration and build

positive feelings toward the organization, as well as feelings that the organization is a safe place to work. Thus, feelings of organizational attachment will be fostered and nurses will want to work towards achieving the organization's goals according to set objectives.

The fact that an administrator, a representative of the organization, arranged activities to hear opinions or suggestions on how to improve the operational system or work facilities is another important feature that makes personnel feel that the organization gives importance to their complaints and truly intends to help them have a good and appropriate working environment in addition to listening to the employees' reasoning, trying to understand and offering assistance to solve problems. Thus, the nurses feel that the administrators are on the same side as the employees and that there are people who are waiting to help and support them in their work. These things can be seen as a signal indicating that the organization regards the employees as valuable resources with sincerity in fully supporting various aspects of work performance thus showing the attachment that the organization has toward its personnel and generating positive perceptions of a relationship of social exchange. Hence, employees will feel attached to the organization, thinking they are obligated by a mental vow with ethical value reciprocated to work towards the benefits of the organization as they gladly dedicate themselves to their work and remain loyal by continuing to work in the organization in return. This finding concurs with tangible adherence to attachment and results in emotional attachment as well i.e. the employees share the same feelings toward the goals of the organization and take part in the job performance. However, problems continue to be encountered in terms of continual practice:

1. On such problems is the coordination among personnel to transfer patients between newly opened buildings and pre-existing buildings. The staffs that coordinate transfers and facilitate service recipients are insufficient for the greater numbers of people who come to receive services at certain times. There are also problems with insufficient numbers of interpreters to meet needs. Thus, the aforementioned problems result in complaints about long waiting periods and problems with nurses

who are unable to fully perform their duties because they are required to solve the aforementioned problems and situations.

Recommended solutions: arrange reinforcements for periods of time when there are more service recipients and more modern technology should be brought in to help perform various tasks e.g. an advance appointment system to reduce steps with minimal errors. Technology can help ease the workloads of professional nurses in some areas. For example, initial information can be provided by using a touch monitor and people who come to receive services can access the system and search for information on their own e.g. the physician's examination hours, maps to various units within the hospital, procedures for receiving outpatient treatment and procedures for admission to receive in-patient treatment. A queuing system should be implemented in order to help reduce the period of time spent waiting. Furthermore, television programs should be arranged for the hospital in order to enhance knowledge and personal healthcare, etc.

2. There is also a problem in documentation e.g. documents requiring the signatures of patients or the relatives of patients, documents that professional nurses need to record and keep as evidence to be signed or to provide information, as these documents increase the workloads of professional nurses. Next, they need to perform the duty of storing the data in the computer system and arranging or sending the original documents into the filing system as evidence. Sometimes, the large number of documents needs to be processed, which gives the nurses less time to provide services as professional nurses.

Recommended Solutions: The hospital should arrange reviews to improve the system for suitability in terms of document-related tasks. Documents needing signatures should be minimized, leaving only those that are absolutely necessary, which will further facilitate service recipients and their relatives.

CHAPTER IV

CONCLUSION AND RECOMMENDATION

This study aimed to analyze the state of organizational commitment in an unnamed private hospital and to propose recommendations to increase organizational commitment amongst the nursing staff, appropriate to this particular organization. Strong organizational commitment creates a positive attitude, improves work satisfaction creates mutual trust, lessens conflicts, promotes unity, and encouraging the staff to bear in mind the true benefits of the organization. All of the aforementioned benefits of organizational commitment ultimately lead to higher work quality and higher retention.

Analysis revealed that the hospital has a high turnover rate, with the average work period of its staff only at 1-5 years. This has caused many problems for the hospital, including overwhelming the remaining staff with increased workload, decreasing the work quality, creating stress, diminishing motivation, and costs the hospital in training staff and filling open positions.

To propose the appropriate recommendations to increase organizational commitment amongst the nursing staff in this hospital, literature review was thoroughly conducted. Sources include various thesis and academic publications both domestic and international. Literatures were retrieved from www.lib.ns.mahidol.ac.th in the MULINET, Blackwell, Cinahl, Cochrane, Ovid, and Pubmed databases. Some literatures were retrieved via hand searching the library in the Faculty of Nursing, Mahidol University. Henceforth, findings were used to help analyze various factors of organizational commitment in the private hospital including personal data, such as the nurses' age and working period, as well as the organizational factors, such as the staff's recognition of the hospital's 4-tier support according to Eisenberger et al. 2001, which are salaries, knowledge and career ladders, emotional support, and work support.

There were four major problems concerning the establishment of organizational commitment, which were:

1. Salary and benefits were found to be inadequate for nurses of all different work period groups, and were uncompetitive compared to other hospitals.

Recommendations for improvements are as follow:

2. The organization should consider nurse salaries of competitors in the same business sector to adjust its own salary range to be more competitive. The organization may also encourage organizational commitment by offering partial ownerships to staff through shares. Having a partial ownership makes the organization's benefits a personal agenda for the staff who owns shares. Such practice is called an Employee Stock Ownership Plan or ESOP, which is mediated by the age of the staff's work period.

3. The organization should level welfare for all positions. For example, offering transportation to nurses working late shifts to and from their residence, expanding the library's area, buying more computers, increasing internet speed, innovating and expanding the activity room for yoga, aerobics, restrooms and bathrooms.

4. The organization should have Flexible Benefits or choices of benefits for the nursing staff to choose from, according to each individual's needs. For example, unused health insurance benefits should be interchangeable with off-days or bonuses.

5. Working knowledge and career ladder were found to the organization lacks support for staff learning and career development. For examples, training curricula are unspecific; the number of buddies in buddy programs is insufficient.

Recommendations for improvements are as follow:

1. The organization should have a clear policy to support the opportunities of the nursing staff by promoting consistent learning and scheduling time for learning in work shifts.

2. The organization should have a policy to support an educational trip abroad at least once a year.

3. The organization should have a comprehensive training curriculum for each level of nursing from Level 1 through Level 4. The staff should also be tested after finishing the training to evaluate the training curriculum's effectiveness.

4. The organization should have a training curriculum for buddies in the buddy program. It should also schedule adequate time for the buddies to look after each other, as well as try to achieve a 1:1 ratio of buddy to buddy.

5. Emotional support was also lacking, which poses another significant problem for the organization. There is a lack of communication and teamwork between departments, which has lessened service quality and patient satisfaction.

Recommendations for improvements are as follow:

1. The organization should increase the channels of communication and public relations for various information to be relayed, such as short messaging service (SMS), electronic mails (E-mail), electronic learning (E-learning).

2. The organization should arrange more activities between departments to promote closer professional relationships, which should result in better teamwork and improved communication. For example, organizing interdepartmental meetings or activities to promote quality improvement together.

3. The organization should promote families of staff to get involved in some activities organized by the organization. For example, award ceremonies for nurses who have worked for the organization for at least 20 years, or mailing thank-you cards to the nurse's residence to allow the nurse's family members to recognize and congratulate the nurse.

4. Job performance was found to the organization has is nursing operations which include inadequate staff responsible for the transfer of patients between the new

and the old building, incomplete information on medical services, as well as overwhelming and repeated documentation for the nursing staff.

Recommendations for improvements are as follow:

1. The organization should organize adequate man power to handle patient transfers between facilities to meet patients' expectations and to increase patient satisfaction.
2. Current technology should be utilized in providing information and to clearly explain the medical procedures being considered for the patients' treatments.
3. The organization should review the documentation system to increase its efficiency. For example, document validation via signatures should be required only as necessary, to avoid inefficiency in excessive processing.

The recommendations of study was that the guide should be reviewed and adjusted for appropriateness to a director of nursing and a director of human resources management before presenting the changes to the organization's executives.

REFERENCES

- Aiken, L., Havens, D. S. & Sloane, D. M. (2000). The magnet nursing services recognition program: A comparison of two groups of magnet groups. *American Journal of Nursing*, 100(3), 26-36.
- Angle, H. L. & Perry, J. L. (1981). An empirical assessment of organization commitment and or organizational effectiveness. *Administrative Science Quarterly*, 26(1), 1-4.
http://www.indiana.edu/~jlpweb/papers/an%20empirical%20assessment%20of%20org%20commitment_angle_perry_ASQ1981.pdf
- Armstrong and Stephens. (2007). New and bestselling books by Michael Armstrong cluster sheet: A Handbook of Employee Reward Management and Practice.
<http://www.amazon.co.uk/bestselling-books-Michael-Armstrong-cluster/dp/074944343X>
- AL-Hussami M. (2008). A Study of nurses' job satisfaction: the relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. *European Journal of Scientific Research*; 22 (2): 286-295.
- AbuAlRub & Al- Zaru. (2008). Job stress, Recognition, Job performance, and intention to stay at work among Jordanian hospital nurses. *Journal of Nursing Management*, 16(3), 227-236.
<http://www.ingentaconnect.com/content/bsc/jnm/2008/00000016/00000003/art00002>
- Aiken, Havens & Sloane. (2000). Peopling long-term care: Assuring an Adequate long-term care workforce for Minnesota.
http://www.hpm.umn.edu/coa/Publications_and_Reports/Peopling%20Report%202001.pdf

- Allen, N. J., and Meyer, J. P. (1990). The Measurement and antecedents of Affective continuance, and normative commitment to the organization, *The Journal of Occupational Psychology*, 63, 1-18.
<http://psycnet.apa.org/index.cfm?fa=search.displayRecord&uid=1990-21260-001>
- Becker, Howard H. (1960). Note on the Concept of Commitment. *American Journal sociology*, 66, 35.
- Buchanan, B. (1974). Building Organizational Commitment: The Socialization of Managers in Working Organizations. *Administrative Science Quarterly*, 19, 533-545.
- Branham, L. (2001). *Keeping the people who keep you in business: 24 ways to hang on to your most valuable talent*. New York: AMACOM.
- Chang, P. L., Chou, Y. C. and Cheng, F. C. (2007). Career needs, career development program, organizational commitment and turnover intention of nurses in Taiwan. *Journal of Nursing Management*, 15 (8), 801–810.
<http://pt.wkhealth.com/pt/re/jnmg/abstract.00019040-200711000-00004.htm;jsessionid=KC3FprYP22QLh9nss5dyzzRMhKQy1njMmTM3Q1f83qd4Rz85KSfn!-631714950!181195629!8091!-1>
- Carter, L., Giber, D., and Glodsmith, M. (2001). Best Practices in organization development and change: cultural, leadership, retention, performance and coaching. *San Francisco*: Linkage.
<http://arjournals.annualreviews.org/doi/abs/10.1146/annurev.psych.50.1.361>
- Cohen, A. (2003). *Multiple commitments in the workplace: An integrative approach*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Castle, al et., (2006). Nursing home Staff Turnover: Impact on Nursing Home Compare Quality Measures. *The Gerontologist*, 47(5), 650–661.
<http://gerontologist.gerontologyjournals.org/cgi/reprint/47/5/650>
- Dickinson, T., Wright K. M. (2008). Stress and burnout in forensic mental health nursing: a literature review. *Br J Nursing*, 17(2), 82-7.
<http://www3.interscience.wiley.com/journal/119088316/abstract?CRETRY=1&SRETRY>

- Durkin. (2005). Managing your multigenerational workforce. *Strategic Finance*; December 1, 2005.
- Dunham, R. B., Grube, J. A. and Castaneda, M. B. (1994). Organization Commitment: The Utility of an Integrative Definition. *Journal of Applied Psychology*, 79, 370-380.
- Eby, Freeman, Rush, & Lance. (1999). The impact of ethical leadership behavior on employee outcomes: the roles of psychological empowerment and authenticity. *Journal of Leadership & Organizational Studies*
<http://jlo.sagepub.com/cgi/content/abstract/11/1/16>
- Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of Applied Psychology*, 86(1).
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3).
- Eisenberger, R., & Armeli, S. (2001). Affective commitment to the organization: The contribution of perceived organizational support. *Journal of applied Psychology*, 86(5).
- Glisson Charles., and Durick, Mark. (1988). Predictor of Job Satisfaction and Organizational Commitment in Human Service Organizations. *Administrative Science Quarterly*, 33, 61-81.
<http://www.jstor.org/pss/2392855>
- Greeberg, J., and Baron, R. B. (1995). Behavior in organizations. 5th ed. New jessy: Prentice-Hall.
- Gunter, Barrie, Furnham, Adian. (1996). Biographical and climate predictor of job satisfaction and pride in organization. *The Journal of Psychology*, 130, 193-208.
- Herbiniak, L. G., and Alutto, J. A. (1972). Personal and Role-Related Factors in the Development of Organizational Commitment. *Administrative Science Quarterly*, 17, 555-573.
- Hellreigel, D., Jackson, S. E., Slocum, J., Straude, G. & Associates. (2001). *Management*. South Africa. Oxford University Press.

- Huang, L.C., Chouh-Jiaun Lin, C. J., and Chen, L. L. (2005). *Factors Influencing Organizational Commitment: A Study of Nurses in Taiwan RN School of Nursing*, China Medical University, Taichung, Taiwan.
http://stti.confex.com/stti/inrc16/techprogram/paper_23071.htm
- Irving, P. G. & Bobocel, D. R. (2001). *The ties that bind: Psychological contracts and normative commitment*. Paper Presented at the annual meeting of the Society for Industrial and Organizational Psychology, San Diego, CA.
- Kovner, et al. (2007). Work Attitudes of Older RNs, Policy. *Politics, & Nursing Practice*, 8(2), 107-119.
- Ko, Jong-Wook, James L. Price and Charles W. Mueller. (1997). Assessment of Meyer and Allen's Three-Component Model of Organizational Commitment in South Korea, *Journal of Applied Psychology*, 82 (6), 961-973.
- Kirschenbaum A., and J. Weisberg. (2001). Employee's Turnover Intentions and Job Destination Choices. *Journal of Organizational Behavior*. 22(1), 109-125.
- Kanter, R. M. (1968). Communication and Social organization: A study of Commitment Mechanism utopian communities. *American Sociological Review*, 33, 499-517.
- Mathieu, J. E. & Zajac, D. M. (1990). A Review and meta-analysis of the antecedents, correlated, and consequences of organizational commitment. *Psychological Bullitin*, 108, 171-194.
- Milkovich, George T. and Newman, Jerry M. (1999). *Compensation*, 6th ed. Boston, MA: McGraw-Hill.
- Maryyan, M. T. (2005). Nurse job satisfaction and retention: comparing public to private hospitals in Jordan. *Journal of Nursing Management*, 13(1), 40-50.
- Marsh, R. & Manari, H. (1977). Organizational Commitment and Turnover: A Prediction Study. *Administrative Science Quarterly*, 22- 57.
- Meyer, J. P., Paunonen, S. V., Gellatly, I. R., Goffin, R. D., and Jackson, D. N.(1989). Organizational commitment and job performance: It's the nature of the commitment that counts. *Journal of Applied Psychology*, 74, 152-156.
- Meyer, J. P. & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1, 61-89.

- Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component model. *Journal of Applied Psychology*, 78, 538-551.
- Meyer, J. P. & Allen, N. J. (1997). *Commitment in Workplace: Theory, research, and application*. Thousand Oaks, CA: Stage.
- Meyer, J. P. & Herscovitch, L. (2001). Commitment in the workplace: Toward a general model. *Human Resource Management Review*, 11, 299-362.
- Mowday, R. T., Steers, R. M. (1989). An Analysis of the Relationship between Work Satisfaction and Organizational Commitment. *The Sociological Quarterly*, 28, 152-156.
- Mowday, R. T., Steers, R. M. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14, 224-247.
- Mary, A. M. (1995). Keeping your best employees. *Journal of Property Management*, 60(6): 26-29. 10(th) ed. Ohio: South Western.
- Max, M. (2001). Capitalizing on corporate culture. *Internal Auditor*, 58(5), 38-45.
- Mathis, R. L., and Jackson, J. H. (2003). Human resource management. *Journal of Property Management* 10(th) ed. Ohio: South Western.
- Marchiori, D. M., and A. B. Henkin. (2004). Organizational Commitment of a Health Profession Faculty: Dimensions, Correlates and Conditions. *Medical Teacher*, 26, 353-8.
<http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1411609>
- Newman, K., Maylor, U., & Chansarkar, B. (2002). The nurse satisfaction, service quality and nurse retention chain: Implications for management of recruitment and retention. *Journal of Management in Medicine*, 16(4/5), 271-291.
<http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&contentId=1411609>
- Podsakoff, P. M., Ahearne, M., & MacKenzie, S. B. (1997). Organizational citizenship behavior and the quantity and quality of work group performance. *Journal of Applied Psychology*, 82, 262-270.

- Price, J. L., Mueller, C. (1986). *Absenteeism and Turnover of Hospital Employees*, JAI Press, Greenwich, CT
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organization Commitment, Job satisfaction and Turnover among psychiatric technicians. *Journal of Applied Psychology*, 59, 603-609.
- Roy, Dutta D. and Gkose, Malati. (1997). Awareness of Hospital Environment and Organization Commitment. *Journal of Social Psychology*, 137, 381-387.
<http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&hdAction=lnkhtml&contentId=880202>
- Rhoades, L. & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87(4).
- Rhodes, S. R. & Steers, R. M. (1990). Managing employee absenteeism. Reading, MA: Addison-Wesley.
- Riggs, C. J., and Rantz, M. J. (2001). A model of staff support to improve retention in long-term care. *Nursing Administrative Quarterly*, 25(2), 43-54.
http://www.find-health-articles.com/rec_pub_18188894-a-model-staff-support-improve-retention-long-term-care.htm
- Salonen A. (2007). Competence profiles of recently registered nurses working in intensive and emergency settings. *Journal of Nursing Management*, 15(8), 792-800.
<http://www.ncbi.nlm.nih.gov/pubmed/11324334>
- Sheldon, M. E. (1971). Investments and Involvements as Mechanism Producing Commitment to the Organization. *Administrative Science Quarterly*, 16(6), 143-144.
- Stone, P., Mooney-Kane, C., Larson, E., Horan, T., Glance, L., Zwanziger, J., et al. (2007). Nurse working conditions and patient safety outcomes. *Medical Care*, 45(6), 571-578.
- Sjöberg, A. & Sverke, M. (2000). The interactive effect of job involvement and organizational commitment on job turnover revisited: A note on the mediating role of turnover intention. *Scandinavian Journal of Psychology*, 41, 247-252.

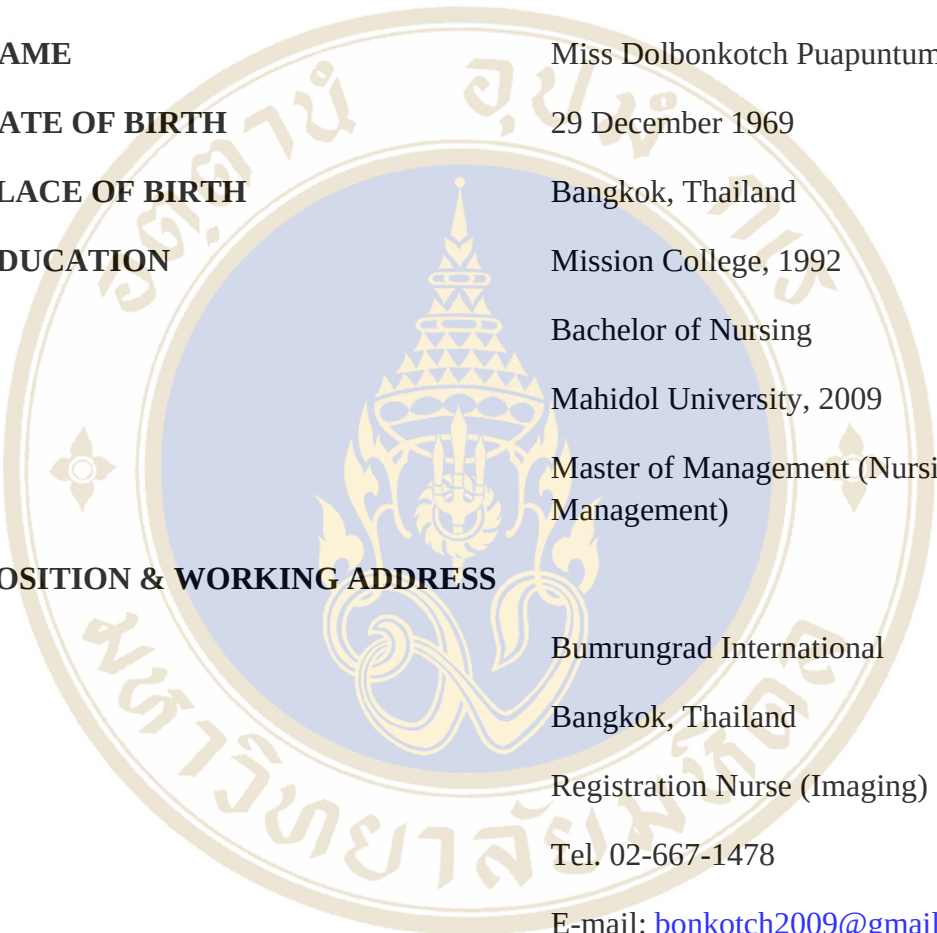
- Steers, R. M. (1977). Antecedents and outcomes of Organizational Commitment. *Administrative Science Quarterly*, 22(6), 46-56.
- Steers, R. M. (1984). *Introduction to Organizational behavior*(2nd ed.). New York Scott Forest.
- Shader, Karen et al. (2001). Factor Influencing Satisfaction and Anticipated Turnover for Nurses in an Academic Medical Center. *Journal of Nursing Administration*, 31(4), 210-216.
<http://www.ncbi.nlm.nih.gov/pubmed/11324334>
- Shore, L. M. & Shore, T. H. (1995). Perceived organizational support and organizational justice. In Cropanzano, R. S. & K. M. Kacmar *Organizational politics, justice, and support: Managing the social climate of the workplace*, 149-164. Westport, CT: Quorum.
- Salami, Samuel O. (2008). Demographic and Psychological Factors Predicting Organizational Commitment among Industrial Workers. *Anthropologist*, 10(1), 31-38.
<http://www.krepublishers.com/02-Journals/T-Anth/Anth-10-0-000-08-Web/Anth-10-1-000-08-Abst-PDF/Anth-10-1-031-08-418-Salami-S-O/Anth-10-1-031-08-418-Salami-S-O-Ab.pdf>
- Strachota E, Normandin P, O'Brien N, Clary M, Krukow B.(2003). Reasons registered nurses leave or change employment status. *JONA*; 33: 111-7.
- Schermerhorn, J. R, Hunt, J. G., Osborn, R. N. (2000). *Organizational Behavior*. New York. John Wiley & Sons, Inc
- Tzeng, H. M. (2002). The influence of nurses working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *Int J Nurs Stud*, 39(8), 867-78.
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T7T-4607XND3&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=8f4bf20f13c0b07ef6e6a294582796d5
- Tourangeau, A. E., Cranley, L.A. (2006). Nurse intention to remain employed: understanding and strengthening determinants. *Journal of Advanced Nursing*, 55(4), 497–509.
<http://www.ingentaconnect.com/content/bsc/jan/2006/00000055/00000004/art00011>.

- Taguchi, S. G. (2002). Hiring the beast and the brightest. *A roadmap to MBA recruiting*, 29(3), 5-15.
<http://library.findlaw.com/1999/Sep/1/127449.html>
- Tang T. L. P., Kim J. W. & Tang D. S. H., (2000). Does attitude toward money moderate the relationship between intrinsic job satisfaction and voluntary turnover. *Human Relations*, 53(2), 213-245.
- Tang, J. H. (2003). Evidence-based protocol: Nurse retention. *Journal of Gerontological Nursing*, 29(3), 5-15.
<http://www.ncbi.nlm.nih.gov/pubmed/12683301>
- Watts, C. N. and Levy, P. E. (2003). The mediating role of affective commitment in the relation of the feedback environment to work outcomes. *Journal of Vocational Behavior*, 65(3), 351-365.
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WMN-4B1SJ0S-
- Widger, K. et al., (2007). Generational Differences in Acute Care Nurses. *Nursing Leadership. CJNL*, 20(1) 2007: 49-61.
<http://www.longwoods.com/product.php?productid=18785>.
- ชนิษฐา ไตรปิยะ. (2548). (Traipak, k., 2005). ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ความผูกพันต่อองค์กร การมีส่วนร่วมในงานของบุคลากรกับคุณภาพชีวิตการทำงานของพยาบาลประจำการ โรงพยาบาลสังกัดสำนักการแพทย์ กรุงเทพมหานคร. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการบริหารการพยาบาล, จุฬาลงกรณ์มหาวิทยาลัย.
- จุริย์ อุสาหะ. (2542). (Usaha, C., 1999). ความยึดมั่นผูกพันต่อองค์กรของพยาบาลประจำการในโรงพยาบาล สังกัดกรมควบคุมโรคติดต่อ กระทรวงสาธารณสุข. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต(สาธารณสุขศาสตร์), บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- สุติมา สุวรรณประทีป. (2543). (Suwanprateep, C., 2000). ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคลและการจัดการทรัพยากรมนุษย์กับความยึดมั่นผูกพันองค์กรของพยาบาลวิชาชีพ โรงพยาบาลของรัฐ. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการบริหารการพยาบาล, จุฬาลงกรณ์มหาวิทยาลัย.
- ณัฐพันธุ์ เขจรนนท์. (2545). (Keajonnun, N., 2002). การจัดการทรัพยากรมนุษย์. (พิมพ์ครั้งที่ 1). กรุงเทพฯ: โรงพิมพ์เม็ดยทรายพรินติ้ง.

- ณรงค์วิทย์ แสนทอง. (2545). (Santhong, N., 2002). *การบริหารทรัพยากรมนุษย์ สมัยใหม่ ภาควิชาปฏิบัติ*. กรุงเทพฯ: บริษัท เอช อาร์ เซ็นเตอร์ จำกัด.
- คณัย เทียนพุด. (2543). (Thieanphut, D., 2000). *การบริหารทรัพยากรบุคคลในทศวรรษหน้า*. (พิมพ์ครั้งที่ 3). กรุงเทพฯ: โรงพิมพ์จุฬาลงกรณ์มหาวิทยาลัย.
- ทิพย์วรรณ เชี่ยวสรรพกิจ. (2551). (Chiewsupphapakij, T., 2008). *ปัจจัยความเครียดที่ทำให้พนักงานในช่วงระยะทดลองงานเกิดความรู้สึกอยากลาออกศึกษาจาก: บริษัท โรงพยาบาลบำรุงราษฎร์ อินเตอร์เนชั่นแนล. ปริญญาวิทยาศาสตรมหาบัณฑิต(การพัฒนาทรัพยากรมนุษย์และองค์การ) คณะพัฒนาทรัพยากรมนุษย์, สถาบันบัณฑิตพัฒนบริหารศาสตร์*.
- ธัญญา พลอนันต์. (2549). (Ponanun, T., 2003). *การมุ่งเน้นทรัพยากรบุคคล: แนวทางสร้างแรงบันดาลใจแก่พนักงาน*. (พิมพ์ครั้งที่ 4). กรุงเทพฯ: บริษัท อิน โนกราฟฟิกส์.
- ธัญญา พลอนันต์. (2541). (Ponanun, T., 1998). *ค่าจ้างและสวัสดิการที่ยืดหยุ่น*. (พิมพ์ครั้งที่ 2). กรุงเทพฯ: สำนักพิมพ์ ขวัญข้าว.
- นิคม สีสวรรณ. (2544). (Seasuan, N., 2001). *ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล คุณภาพชีวิตการทำงาน และพฤติกรรมที่น่าไว้วางใจของหัวหน้าหอผู้ป่วยกับความยึดมั่นผูกพันต่อองค์การของพยาบาลวิชาชีพ โรงพยาบาลศูนย์. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการบริหารการพยาบาล, จุฬาลงกรณ์มหาวิทยาลัย*.
- นางเยาว์ แก้วมรกต. (2542). (Kaewmorakot, N., 1999). *ผลของการรับรู้บรรยากาศองค์การที่มีผลต่อความผูกพันต่อองค์การของพนักงานบุคคลในเขตกรุงเทพมหานครและปริมณฑล. ศิลปศาสตรมหาบัณฑิต สาขาวิชาจิตวิทยาอุตสาหกรรมและองค์การ, มหาวิทยาลัยธรรมศาสตร์*.
- บรรยงค์ โตจินดา. (2543). (Tojinda, B., 2000). *การบริหารงานบุคคล*. (พิมพ์ครั้งที่ 1). กรุงเทพฯ: บริษัทรวมสาส์น จำกัด.
- ปัญญา เตือนด้วง, นันทนา น้ำฝน. (2546). (Tdung, P. & Namfon, N., 2003). *ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ความพึงพอใจในงาน ความสามารถในการปฏิบัติงานกับความยึดมั่นผูกพันต่อองค์การของพยาบาลวิชาชีพที่ปฏิบัติงานในหอผู้ป่วยหนัก โรงพยาบาลศูนย์ สังกัดกระทรวงสาธารณสุข. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการบริหารการพยาบาล, จุฬาลงกรณ์มหาวิทยาลัย*.

- เปรมจิตร คล้ายเพ็ชร. (2548). (Kaewpet, P., 2005). การรับรู้การสนับสนุนจากองค์กร ความ
ยุติธรรมองค์กร ที่มีผลต่อความผูกพันต่อองค์กรและความตั้งใจลาออก. วิทยานิพนธ์
ปริญญาศิลปศาสตรมหาบัณฑิต สาขาจิตวิทยาอุตสาหกรรมและองค์การ,
มหาวิทยาลัยธรรมศาสตร์.
- พร้อมพรรณ ปัทมกิจกุล. (2541). (Pibattthakijikul, P., 1998). ปัจจัยที่มีผลต่อความผูกพันองค์กร
และความผูกพันต่อวิชาชีพของพยาบาล โรงพยาบาลศิริราช. วิทยานิพนธ์ปริญญา
ศิลปศาสตรมหาบัณฑิต สาขาจิตวิทยาอุตสาหกรรมและองค์การ,
มหาวิทยาลัยเกษตรศาสตร์.
- เพียงภัทร เจริญพิทยา. (2546). (Jareunpittaya, P., 2003). ความสัมพันธ์ระหว่างความผูกพันต่อ
องค์กร พฤติกรรมการเป็นสมาชิกที่ดีขององค์กรกับผลการปฏิบัติงาน : ศึกษาเฉพาะ
กรณีพนักงานในเครือบริษัท สเปเชียลตี้กรุ๊ป จำกัด. ปริญญาวิทยาศาสตรมหาบัณฑิต
สาขาจิตวิทยาอุตสาหกรรมและองค์การ, มหาวิทยาลัยเกษตรศาสตร์.
- ฟาริดา อิบราฮิม. (2543). (Ibrahim, F., 1999). การหาความสุขให้ตนเองของพยาบาล. วารสาร
พยาบาลศาสตร์, 18(2): 5- 8.
- รวีวรรณ ลิมาสวัสดิ์กุล. (2551). (Leemasawatdikul, R., 2008). ความสัมพันธ์ระหว่าง
วัฒนธรรมองค์กรกับความผูกพันต่อองค์กรของพยาบาลวิชาชีพ โรงพยาบาลบำรุง
ราษฎร์ อินเตอร์เนชั่นแนล. วิทยานิพนธ์ปริญญาบริหารธุรกิจมหาบัณฑิต สาขาวิชา
การจัดการ, มหาวิทยาลัยศรีนครินทรวิโรฒ.
- รัชณี ศุภจินทรรัตน์. (2546). (Sujijuntarat, R., 2003). การบริหารงานบุคคลทางการพยาบาล.
(พิมพ์ครั้งที่ 1). กรุงเทพฯ: บุญศิริการพิมพ์.
- ลดาวลัย รามเมฆ. (2544). (Ruammek, L., 2001). ผู้บริหารการพยาบาล: บรรยากาศที่เป็นสุขใน
งานบริการพยาบาล. วารสารพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย, 1(13): 17-23.
- วรรณดี ชูกุล. (2540). (Chukan, W., 1997). ความสัมพันธ์ระหว่างภาวะผู้นำการเปลี่ยนแปลง
ของผู้บริหาร ความพึงพอใจในงาน ปัจจัยส่วนบุคคลกับความยึดมั่นผูกพันต่อ
องค์กรของอาจารย์พยาบาล วิทยาลัยพยาบาลสังกัดกระทรวงสาธารณสุข.
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จุฬาลงกรณ์มหาวิทยาลัย.
- วัลภา ฐาน์กาญจน์. (2540). (Thakarn. V., 1997). ความพึงพอใจในงาน ความผูกพันต่อองค์กร
และความผูกพันต่อวิชาชีพของพยาบาลในโรงพยาบาลศรีนครินทร์. วิทยานิพนธ์
พยาบาลศาสตรมหาบัณฑิต สาขาวิชาการพยาบาลผู้ใหญ่, มหาวิทยาลัยมหิดล.

- วิจิตร ศรีสุพรรณ และคณะ. (Srisupun, V. et al., 1999). การศึกษาความต้องการกำลังคนด้านการพยาบาล. *วารสารสภาการพยาบาล*, 12(4), 14-43.
- วิทยา ด้านธำรงกุล. (2546). (Danthumron, V., 2003). *การบริหาร*. (พิมพ์ครั้งที่ 1). กรุงเทพฯ: บริษัท เวิร์ด เอ็ดดูเอชั่น จำกัด.
- ศศินันท์ หล้านามวงศ์. (2545). (Larnarmwong, S., 2002). *ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล บรรยากาศองค์การ และการมีส่วนร่วมในงานกับความยึดมั่นผูกพันในองค์การของพยาบาลวิชาชีพ*. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาวิชาการบริหารการพยาบาล, จุฬาลงกรณ์มหาวิทยาลัย.
- สายสมร พลเชื้อและคณะ. (2545). (Polsue, S., 2002). *ปัจจัยส่วนบุคคลและบรรยากาศองค์การกับคุณภาพชีวิตการทำงานของพยาบาลประจำการโรงพยาบาลนพรัตนราชธานี*. *วารสารสภาการพยาบาล*, 17(3), 38-50.
- เสนาะ ตีเยาว์. (2545). (Tiyao, T., 2002). *การบริหารงานบุคคล*. (พิมพ์ครั้งที่ 12). กรุงเทพฯ: โรงพิมพ์มหาวิทยาลัยธรรมศาสตร์.
- สุรัสวดี สุวรรณเวช. (2549). (Suwannawej, S., 2006). *การสร้างรูปแบบความผูกพันของพนักงานต่อองค์การ*. *วารสารข้าราชการ*, 51(3), 9-12.
- สุกานดา สุกคติสันต์. (2540). (Suppakatisan, S., 1997). *ลักษณะส่วนบุคคลและสภาพแวดล้อมองค์การที่มีผลต่อความผูกพันต่อองค์การของพนักงาน: การศึกษาบริษัทเงินทุนในเขตกรุงเทพมหานคร*. วิทยานิพนธ์ศิลปศาสตรมหาบัณฑิต โครงการบัณฑิตศึกษาการพัฒนาทรัพยากรมนุษย์และองค์การ, สถาบันบัณฑิตพัฒนบริหารศาสตร์.
- อาภรณ์ ภู่วิทยพันธุ์. (2547). (Puvitayaphan, A., 2004). *Career Development in practice*. กรุงเทพฯ: บริษัท เอช อาร์ เซ็นเตอร์ จำกัด.

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