

Predictors of nurses' commitment to health care organisations

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KEY WORDS

organisational commitment, job satisfaction, perceived organisational support, transformational leadership and level of education

ABSTRACT

Background

Nurses' commitment in the workplace is a psychological state linking them to their organisations. It has been viewed as a dimension of organisational effectiveness.

Objectives

The purpose of this study was to determine the multiple correlations between the four predictors (job satisfaction, perceived organisational support, transformational leadership behaviour and level of education) on the degree of organisational commitment among nurses in South Florida's long-term care facilities.

Method

The analytical procedure of multiple regression was utilised to determine the predicting strength among organisational commitment and the independent variables: job satisfaction, perceived organisational support, transformational leadership behaviour and nurses' level of education. To obtain the participants for this study, the researcher chose randomly four nursing homes located in Miami-Dade County. The participants were randomly chosen from a list of nursing staff provided by each facility.

Results

Pearson product-moment correlation coefficients were computed and revealed that positive correlation existed between nurses' commitment to their organisations, the dependent variable and job satisfaction, perceived organisational support, transformational leadership and level of education, the independent variables. Of the four independent variables, a multiple regression analysis indicated that job satisfaction and perceived organisational support were most strongly related to nurses' commitment to their organisations.

Conclusions

The study provides new support to previous research about the importance of nurses' commitment and satisfaction for organisational effectiveness and performance. It also provides further evidence that the more committed they are to their organisations, the more they will be productive in their organisations.

INTRODUCTION

Despite the large number of studies on organisational commitment (Best and Thurston 2004; Elloy 2005; Lee 2005; Loke 2001; Lok and Crawford 1999; Meyer and Herscovitch 2001; Silverthorne 2004; Sofie et al 2003; Yoon and Thye 2002), the influence of job satisfaction, how nurses perceive organisational support, leadership behaviour and level of education have received little attention among health care professionals. Organisational commitment has been viewed by Chen and Francesco (2003), Schwepker (2001) and Wasti (2002) as a dimension of organisational effectiveness, which contributes to increased nurses (perceived) effectiveness through work performance and reducing turnover. Research has also shown that increased commitment improves work performance and reduces absenteeism and turnover (Lu et al 2005; Wasti 2005; Wilson 2005).

Organisational commitment was described by Yoon and Thye (2002) as a construct that affected employees' work behaviours using two approaches. One is the emotional/affective approach, which focused on overall job satisfaction. The other is the cognitive approach, centered on the perceptions of support received from supervisors (organisational support). The focus of perceived organisational support and job satisfaction were also considered to be predictors of nurses' commitment to their organisations (Arnold and Davey 1999; Eisenberger et al 1990; Kuokkanen et al 2003; Nystedt et al 1999).

Meyer and Allen (1991) argued the three components of commitment, affective, continuance and normative, have quite different consequences for other work-related behaviour, such as attendance, performance of required duties and willingness to go above and beyond the call of duty. Nurses with strong affective commitment feel emotionally attached to the hospital. This suggests these nurses have a greater motivation to contribute meaningfully to the organisation than nurses with weaker commitment. However, on the other hand, Meyer and Allen maintain that employees, who are linked to the organisation

based on continuance commitment, stayed, not because of emotional attachment, but because of the realisation the cost associated with leaving was high. Meyer and Allen's (1991) third component of organisational commitment surmises that nurses with strong normative commitment are connected to the organisation by feelings of obligation and duty. This form of commitment encourages nurses to be positive toward work behaviours such as job performance and work attendance. The authors also argued that it was more appropriate to consider affective, continuance and normative commitment to be components, rather than types of commitment because an employee's relationship with an organisation might reflect varying degrees of all three components.

To investigate the effects of job satisfaction, perceived organisational support, leadership behaviour and level of education on the long-term care nurses' levels of organisational commitment, Yoon and Thye's (2002) Dual Process Model of Organisational Commitment and the three components of organisational commitment developed by Meyer and Allen (1991) provided the background to conduct this study on nurses' commitment to the organisations. Meyer and Allen developed a three component model based on the observation that there were both similarities and differences in existing unidimensional conceptualisations of organisational commitment. However, their work did not include the component of leadership behaviour. Studies conducted by Loke (2001), Lok and Crawford (2001), McColl-Kennedy and Anderson (2005) and Pillai and Williams (2004), revealed that leadership behaviour was a predictor of organisational commitment, a pertinent component in this study.

The purpose of this study focused on the predictive effects of job satisfaction, perceived organisational support, transformational leadership behaviour and level of education on the degree of organisational commitment among registered and licensed practical nurses in South Florida's long-term facilities using standardised instruments validated in previous research. Most studies of health care settings tend to focus on nurses and other medical personnel in acute

care settings resulting in a major gap in the literature on issues and concerns of health professionals in long-term care settings. Studies of this nature and magnitude may be instrumental in helping administrators to better meet the needs of long-term care nurses employed in their organisations, which may have implications for service delivery. These study findings may serve to support the relationship of long term care nurses' organisational commitment (South Florida Long Term Facilities) to job satisfaction, perceived organisational support, transformational leadership behaviour and level of education.

The literature review revealed that aged care nurses perceived they were not appreciated and were treated differently than other health care professionals. Nurses are receiving almost no attention and no effort was made to make them feel as if they were important parts of the building organisation and management team. These feelings led to problems that caused low morale, lack of job satisfaction and the perception of very little or no organisational support (Wynd 2003; Grau et al 1991). This perception could contribute to a lack of organisational commitment. On the other hand, it was found that nurses have been very important parts of the health care system. The nursing work force of the next decade is forecasted to be driven by an increasing demand and decreasing supply of registered and licensed practical nurses, second only to aging of that workforce (laschinger et al 2001; McNeese-Smith 2001). Therefore, health care administrators must work harder to promote and develop methods for building organisational commitment among nurses and among other clinicians, before that imminent shortage occurs.

Studies have found strong positive relationships between organisational commitment and desirable work outcomes such as performance, adaptability and job satisfaction (Allen 2003; Allen and Meyer 1990a, 1996; Chen and Francesco 2003; Cheng and Stockdale 2003; Meryer et al 1993; Powell and Meyer 2004; Vandenberghe 2003). Other studies have also found negative relationships between organisational commitment and potentially costly work outcomes such as turnover and absenteeism

(Bland et al 2006; Rosser and Townsend 2006; Dawley et al 2005; Kondratuk et al 2004; Meyer et al 2002). The way in which tasks or the work context were organised, the structure of the organisation and the management hierarchy, together with low levels of employee responsibility, job satisfaction, morale, leadership style, motivation and perceived organisation support, have all been associated with employee absenteeism (Rentsch and Steel 1998). This is a construct which has attracted scholars like; for example, Jaroset al (1993). The authors noted that for many decades, "the meaning of organisational commitment, gradually refined and it has evolved into a complex concept that can serve as a summary index of work-related experiences and as a predictor of work behaviours and behavioural intention" (p. 989). It can be argued that aspects such as these are all reflected within the extent of an individual's commitment to their organisation (Rosser and Townsend 2006).

A positive relationship between job satisfaction and organisational commitment has been reported by studies involving qualified professionals. A study was conducted by Wu and Norman (2005) in a nursing department of a medical university in China with a sample (75) of full time final year (clinical practice year) degree level nursing students. The authors found a positive correlation between job satisfaction and organisational commitment ($r = .464, P < .01$) indicating that student nurses who were more satisfied with nursing as a job were also more committed to the health care service. Redfern et al (2002) reported a strong relationship between job satisfaction and organisational commitment ($r = .60, P < .001$), in a study of the health care staff in the United Kingdom. Similarly, Al-Aameri (2000) found a strong positive correlation between job satisfaction and organisational commitment with a sample of registered nurses in Saudi Arabia ($r = .59, P < .01$). This finding is consistent with a large survey of qualified nurses in the United States of America (USA) conducted by Ingersoll et al (2002), which revealed a closely positive correlation between job satisfaction and organisational commitment ($r = .63, P < .001$).

Researchers have found that perceived organisational support is positively related to organisational commitment (Chen et al 2005; Casper and Buffardi 2004; Yoon and Thye 2002; Cheung 2000; Lok and Crawford 1999; Eisenberger et al 1990). Eisenberger and his colleagues (Eisenberger et al 1990; Eisenberger et al 1986) have argued employees developed generalised beliefs about the extent to which an organisation was supportive of its employees. Meyer et al (1990) have shown that organisational dependability enhanced affective commitment (the nurse's emotional attachment to, identification with and involvement in an organisation). Eisenberger et al (1990) observed a positive relationship between affective commitment and the extent to which employees believed the organisation provided them with needed support, valued their contribution and cared about their well-being. These investigations did not directly explore links between these variables and continuance commitment (commitment based on the costs that an employee associated with leaving an organisation); although they suggested that perceived support would also enhance this form of commitment by creating an atmosphere of trust in the organisation's willingness to fulfil its obligations toward employees.

Previous research has devoted a great deal of attention to the relationship between leadership behaviour and organisational commitment. The findings in this area, however, are not entirely consistent. Several studies found a positive relationship between the two variables (Rowden 2000; Yousef 2000). In contrast, Savery (1991) reported no linkages between organisational commitment and leadership behaviour. Rowden (2000) studied a total of 245 respondents from six organisations in the south eastern USA. Yousef (2000) investigated the potential mediating role of organisational commitment in the relationship of leadership behaviour with the work outcomes of job satisfaction and job performance in a non-western country where multiculturalism is a dominant feature of the work force. Results indicated there were significant positive relationships between leadership

behaviour and organisational commitment ($r = .54$, $p < .01$). The results of moderated multiple regression analysis showed that national culture has moderating impacts on the relationship between leadership behaviour and job satisfaction. However, it has no moderating impacts on the relationship between leadership behaviour and organisational commitment and job performance, or the relationships between organisational commitment and job satisfaction and performance.

Previous organisational studies have shown level of education affects organisational commitment (Lee 2005; Buchko et al 1998; Mathieu and Zajac 1990; Mottaz 1988). Also, it has been reported to be negatively correlated with organisational commitment (Mathieu and Zajac 1990; DeCotiis and Summers 1987; Mottaz 1988; Mowday et al 1982). It has been argued this inverse relationship is attributable to the fact more highly educated individuals have higher expectations or greater alternative job opportunities (Grau et al 1991; Mathieu and Zajac 1990). They are therefore more likely to feel they are not being rewarded adequately by their employers and so the level of organisational commitment can be perceived as diminished (DeCotiis and Summers 1987). On the other hand, Sikorska-Simmons (2005) examined the role of organisational culture, job satisfaction and level of education as predictors of organisational commitment among staff in assisted living. Findings showed education is a significant predictor of organisational commitment. Staff members who were more educated tended to report higher levels of commitment ($\beta = .10$, $p < .05$). Results from the Buchko et al (1998) study, using 180 workers from a privatised Russian organisation, revealed that education was not significantly correlated with organisational commitment ($r = .059$, $p > .05$).

DESIGN

The study took place at private, not-for-profit, nursing homes in the South-eastern USA. The nursing population was diverse including a large representation of white non-Hispanic, Hispanic and Black-non-Hispanic nurses. Four nursing homes were included in the study. The average capacities of these

facilities were around eight hundred beds with a total of 192 nurses serving in these facilities. The majority of the nurses were licensed practical nurses with at least eighteen months of training in nursing.

The study utilised the analytical procedure of multiple regression to determine whether job satisfaction, perceived organisational support, transformational leadership and level of education predict a score on the Nurses' Organisational Commitment Questionnaire.

To obtain the participants for this study, the researcher randomly chose four nursing homes from a total of 53 Medicare/Medicaid certified nursing homes located in Miami-Dade County (Stabley 2005). Miami-Dade County was divided into four geographical quadrants: north, south, east and west; the researcher randomly chose one nursing home from each quadrant. The participants were randomly chosen by the directors of nursing from a list of nursing staff provided by each facility. To assure anonymity, the list had only identifying numbers representing nurses in each of the randomly chosen facilities.

A simple random sample was used to select 15 participants from each one of the four nursing homes, using a procedure that gives every nurse a known, nonzero and equal chance of being included in the sample (Salkind 2003). Before the sample was drawn, every participant in the sampling frame was assigned a unique identifying number and then all numbers placed on a list for each nursing home; after the nursing directors of the randomly chosen facilities selected a total of 60 nurses.

Data Collection Procedures

The sample groups were invited to participate voluntarily by a recruitment letter attached to the survey questionnaire. The purpose of the study was explained and the nurse was allowed to decline if he/she did not want to participate. The instruments and the survey questions were assembled in packets and were distributed by nursing directors to each individual employee who met the study criteria. The questionnaire was completed in a private room and took about 45 to 60 minutes. Written guidelines were

given to the administrators of the questionnaire to assure each nurse received the same directions and information. After the questionnaire was completed, the nurse deposited the questionnaire in a sealed envelope in the collection box to assure anonymity. The information provided by the participants was completely anonymous and no names or identifying numbers were collected on any of the instruments. 92% of surveyed nurses responded.

Research Question

In order to determine the multiple correlations between the four predictors (job satisfaction, perceived organisational support, transformational leadership behaviour and level of education) on the degree of organisational commitment among registered and licensed practical nurses in South Florida's long-term facilities, an answer was sought to the following research question:

What is the multiple correlation between the predictors (job satisfaction, perceived organisational support, transformational leadership behaviour and level of education) and the nurses' organisational commitment?

Data Collection Measures

In addition to demographic information, the Nurses' Organisational Commitment Questionnaire focused on respondents' level of organisational commitment, job satisfaction and perceived organisational support. All items of organisational commitment and perceived organisational support were responded to on a 7-point likert scale. The items from job satisfaction were responded to on a 5-point likert scale. Total scores on each measure were obtained by averaging across items.

The dependent variable, organisational commitment, was measured by a 23 item index called Organisational Commitment Questionnaire (OCQ) developed by Meyer et al (1993) with an estimated Cronbach's alpha .85 (Feather and Rauter 2004). Job Satisfaction was measured by a 20 item index called Minnesota Satisfaction Questionnaire (MSQ) short-form, developed by Weiss et al (1967) with an estimated Cronbach's alpha .91 (Ben-Bakr et al 1994). The

MSQ, a self-reported instrument consists of 20 items that sample job satisfaction on 20 scale areas, is an often used and widely researched job satisfaction measure (DeMato and Curcio 2004; Hancer 2003; Hirschfeld 2000). It was derived from the Minnesota Studies in Vocational Rehabilitation in 1967 and was revised in 1977.

Perceived Organisational Support was examined via a 16-item questionnaire called Survey of Perceived Organisational Support (SPOS) scale, developed by Eisenberger, Huntington et al (1986). The SPOS scale was composed of sixteen items for which the participants used a 7-point likert scale (1 = strongly disagree, 7 = strongly agree) to indicate the extent of their agreement with each item. The scores ranged from 16 to 112, with higher scores indicating higher perceived organisational support. The Cronbach's alpha for these items was found to be reliable at .75 (Yoon and Thye, 2002).

To evaluate the nurses' perceptions of their administrators' transformational leadership behaviour, study participants were asked to respond to 12 descriptive elements of transformational leadership behaviour developed by Bass and Avolio (1992). The Multifactor Leadership Questionnaire (MLQ) Form 6S (Bass and Avolio, 1992) included 12 items to measure the four factors of transformational leadership. It contains three items each for idealised influence, inspirational motivation, intellectual stimulation and individualised consideration. Respondents were requested to answer the MLQ by rating how frequently their current immediate supervisor had displayed the behaviours described, using a five-point scale (1 = not at all; 2 = once in a while; 3 = sometimes; 4 = fairly often; 5 = frequently, if not always). The mean rating on the three items comprising a factor was taken as the score of that factor.

In the recent study conducted by Zhu et al (2005), testing an integrated theoretical model relating chief executive officers' transformational leadership, the authors found human-capital-enhancing human resource management fully mediates the relationship between chief executives' transformational leadership

and subjective assessment of organisational outcomes and partially mediates the relationship between chief executives' transformational leadership and absenteeism. The authors administered a total of 1,050 questionnaires to senior human resources executives and chief executives of selected firms drawn from the Singapore exchange listing. Zhu and colleagues (2005) reported the six items of idealised influence alpha = .84, the four items of individualised consideration alpha = .84, the four items of intellectual stimulation = .85, the two items of contingent rewards alpha = .85, the two items of management by exception active alpha = .82 and the two items of management by exception passive alpha = .79.

Research Findings

Pearson product-moment correlations coefficients (r) were conducted to determine whether a relationship existed between the dependent variable organisational commitment and the independent variables, job satisfaction, organisational support, transformational leadership behaviour and level of education. In addition, a multiple regression analysis was conducted to evaluate the predictive values of job satisfaction, perceived organisational support, transformational leadership behaviour and level of education on the nurses' organisational commitment in health care organisations. All analyses were conducted at the .05 significance level.

Pearson correlation coefficients were computed to determine the relationship between organisational commitment, job satisfaction, perceived organisational support, transformational leadership and level of education. In table one, the correlation matrix depicts a significant correlation of, $r(55) = .93$, $p \leq .05$, between the job satisfaction scores and organisational commitment scores. The correlation coefficient suggests higher job satisfaction scores are related to higher organisational commitment scores and the correlation .93 indicated approximately 87% of variance of organisational commitment was accounted for by the predictor, job satisfaction. Table one, demonstrates the perceived organisational support and transformational leadership scores

positively correlated with organisational commitment scores ($r = .92, p \leq .05, r = .71, p \leq .05$, respectively). This finding suggests higher scores in perceived organisational support and transformational leadership are associated with increased organisational commitment. Correlational analysis of level of education and organisational commitment revealed a significant positive correlation, $r = .30, p \leq .05$ and indicated approximately 9% of variance of organisational commitment was accounted for by the predictor, level of education. Table five also depicts positive correlations between the independent variables of job satisfaction, perceived organisational support, transformational leadership and level of education.

To view overall nurses' organisational commitment, a multiple regression analysis was conducted. The model analysis included the four independent variables of job satisfaction, perceived organisational support, transformational leadership and level of education. The linear combination of the four independent variables was significantly related to the dependent variable (organisational commitment), R squared = .91, adjusted R squared = .90, $F(4, 50) = 129.35, P = .000$ (Table 2). An estimated 91% of

variance of the organisational commitment index can be accounted for by the linear combination of predictors, job satisfaction, perceived organisational support, transformational leadership and level of education.

Table 1: Pearson correlation of organisational commitment, job satisfaction, organisational support, transformational leadership and level of education

	OC	JS	OS	TL	LE
OC Pearson Correlation	1				
Sig. (2-tailed)	.				
JS Pearson Correlation	.935**	1			
Sig. (2-tailed)	.000				
OS Pearson Correlation	.920**	.931**	1		
Sig. (2-tailed)	.000	.000	.		
TL Pearson Correlation	.717**	.717**	.681**	1	
Sig. (2-tailed)	.000	.000	.000	.	
LE Pearson Correlation	.307*	.196	.165	.251	1
Sig. (2-tailed)	.023	.151	.229	.064	.

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed). (JS = Job Satisfaction; OS = Organisational Support; TL = Transformational Leadership; LE = Level of Education; OC = Organisational Commitment.

Table 2: Multiple linear regressions for a single set of predictors: model summary and ANOVA

Model Summary					
	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
	1	.955	.912	.905	3.345
ANOVA					
	Sum of Square	df	Mean Square	F	Sig.
Regression	5791.851	4	1447.963	129.357	.000
Residual	559.676	50	11.194		
Total	6351.527	54			

Predictors: Transformational Leadership, Level of Education, Organisational Support and Job Satisfaction. Dependent Variable: Organisational Commitment.

As indicated in table 3, the three measures of predictors, job satisfaction, perceived organisational support and level of education were most strongly related to organisational commitment. Supporting this conclusion was the strength of the bivariate correlation between job satisfaction and

organisational commitment, which was .93 and perceived organisational support, which was .92, $p \leq .001$. Transformational leadership behaviour was found not to be a significant predictor of organisational commitment when entered with the other independent variables.

Table 3: Multiple Linear Regressions for a Single Set of Predictors: Coefficients

Independent Variables	Unstandardised Coefficient			Standardised Coefficient	
	B	Std. Error	Beta	t	Sig.
(Constant)	7.120	4.386		1.623	.111
Level of Education	1.558	.527	.129	2.957	.005
Job Satisfaction	.613	.143	.517	4.277	.000
Organisational Support	.395	.120	.379	3.296	.002
Leadership	.102	.111	.056	.911	.366

Dependent Variable: Organisational Commitment.

The results from the regression equation for the standardised variables were as follows: Predicted organisational commitment score = 7.120 + 1.558 (level of education) + .613 (job satisfaction) + .395 (organisational support) + .102 (transformational leadership) (shown in Table 3). Based on the findings, the null hypothesis was rejected.

This study provides new support to previous research about the importance of nurses' commitment and satisfaction and how these factors enhance organisational effectiveness and performance. It also provides further evidence the more committed they are to their organisations, the more they will be productive and effective in their organisations. This gives a clear message to all nursing home administrators and nursing directors to pay considerable attention to the issues of organisational commitment and job satisfaction for nurses and other employees in their institutions.

The findings indicated there was a strong correlation between nurses' organisational commitment and job satisfaction, $r(55) = .61, p \leq .05$, nurses' organisational commitment and perceived organisational support, $r(55) = .39, p \leq .05$, nurses' organisational commitment and transformational leadership, $r(55) = .10, p \geq .05$ and nurses' organisational commitment and level of education, $r(55) = 1.55, p \leq .05$. Multiple regression analysis indicated 91% of the variance in nurses' organisational commitment was explained when considering of the principal independent variables.

DISCUSSION

Although there remains a plethora of research on organisational commitment, there remains a scarcity of studies that have focused on organisational commitment and nurses in the long-term care industry. The results in this study revealed a positive correlation existed between the dependent variable, organisational commitment and all independent variables, job satisfaction, perceived organisational support, transformational leadership behaviour and level of education. Job satisfaction reflected the strongest correlation, followed by perceived organisational support, level of education and transformational leadership behaviour, respectively. The multiple regression performed in this study indicated 91% of the variance in organisational commitment was accounted for by the linear combinations of job satisfaction, organisational support, transformational leadership behaviour and level of education. Job satisfaction was determined to be the strongest predictor of the four variables and transformational leadership behaviour was the weakest predictor of organisational commitment.

Relationships among nurses' organisational commitment, job satisfaction, perceived organisational support, transformational leadership behaviour and level of education are numerous and varied in the literature (Lok and Crawford 2001; McNeese-Smith 2001; Mathiew and Zajac 1990; Price and Mueller 1981). Significant positive correlation between organisational commitment and job satisfaction, ($r = .61, p \leq .05$), was consistent with a number of studies (Yousef 2000; Wilson 1995; Savery 1994; Gilsson and Durick 1988). The findings of significant correlations between organisational commitment and perceived organisational support ($r = .39, p \leq .05$), transformational leadership behaviour ($r = .10, p > .05$) and educational level ($r = 1.55, p \leq .05$) were also consistent with the results of previous studies (Chen et al 2005; Casper and Buffardi 2004; Yoon and Thye 2002; Cheung 2000; Lok and Crawford 1999; Eisenberger et al 1990; Mueller and Price 1990). Furthermore, the results that the relationships between organisational

commitment and job satisfaction, perceived organisational support, transformational leadership behaviour and level of education are positive and significant indicate those who are committed to their organisations are more satisfied with their job and their performance is high.

It was very surprising to discover perceived organisational support was one of the most salient independent variable, considering the different conclusions stated in the literature. According to Wynd (2003) nurses received virtually little attention and no effort was made to make them feel as if they were important parts of the building organisation (the process by which organisations eventually reach the ideal of learning organisation) and management team. These feelings led to problems that caused low morale, lack of job satisfaction and the perception of very little or no organisational support. This study provided contrary results. Most of the nurses felt their employers supported them.

This study also indicated there was a positive relationship between job satisfaction and organisational commitment. Job satisfaction has been mostly concerned with the intrinsic and/or extrinsic feelings employees had about their job. Research has provided several findings regarding the relationship between job satisfaction and organisational commitment. Bateman and Strasser (1984) found a causal correlation between the two variables. Price and Mueller (1986) concluded the relationship between job satisfaction and organisational commitment did not exist. Mueller and Price (1990) determined job satisfaction was the strongest predictor of organisational commitment and organisational support was the second strongest. This study however, produced similar results indicating job satisfaction was the stronger predictor of organisational commitment, than perceived organisational support.

Transformational leadership behaviour also influenced organisational commitment in this study and it is consistent with the earlier research (Pillai and Williams 1998; Bass 1997). Transformational

leadership elicits support from members of the organisation through their acceptance of the organisation's values, goals and behaviours based on interaction with the transformational leader (Bass 1985). In the past, researchers like Podsakoff et al (1996) Pillai and Williams (2004) believed there was a link between organisational commitment and transformational leadership behaviour.

Consistent with the idea transformational leadership behaviour can influence nurses' organisational commitment, the results of this study helped clarify the relative importance of leadership in determining how nursing staff feel about their jobs. This is an important finding because leadership has not been included in most recent studies of health care organisational commitment. Therefore, although job satisfaction has a significant influence on the satisfaction of nursing staff, the impact of transformational leaders can be significantly greater in scope.

In addition, education emerged as the third significant predictor of organisational commitment. Contrary to the literature, more educated staff members tended to report higher levels of commitment, regardless of their perceptions of perceived organisational support and job satisfaction. This positive relationship between education and commitment might be due to the fact staff members who had more education occupied higher status positions and were more involved in decision making in the organisation. Research has shown greater participation in decision making is strongly associated with higher levels of job satisfaction and organisational commitment (Laschinger et al 2001; Laschinger et al 2000). In nursing homes, staff members who occupy higher status positions, which provide more opportunities for involvement in decision making, report higher job satisfaction and greater commitment than the less educated paraprofessional staff (Sikorska-Simmons 2005).

LIMITATIONS

The present study has several limitations, some of which relate to all leadership research.

1. The information obtained for this study was dependent on the participants' self reported responses. This limitation may have influenced the responses if the nurses felt an obligation to support their directors based on their administrative position and future work relations.
2. Survey research requires the use of standardised questionnaires which can "result in fitting of round pegs into square holes" (Bebbie 1986, p232). Additionally, the nature of non-experimental research design such as a survey does not provide conclusive evidence of causality. Surveys are only able to "collect self-reports of recalled past action" (Babbie 1986, p. 233) and are therefore, subject to contamination by mood, attitude, antecedent or intervening variables. Babbie (1986) suggested survey responses tend to be artificial and only approximate measures of what a respondent is thinking. This limitation results in questions of validity.
3. Respondents to the various measures in this study participated voluntarily. As such, the effects of potential systematic bias in non-responses are unknown.
4. The sample the researcher used for this study was from four small nursing home corporations. Results of the study may not be generalisable to other populations.
5. The simple random sampling technique, though appropriate for the present study, assumes the population is typical and may therefore, have selection bias. Voluntary participation of respondents also may contribute to selection bias.
6. The small number of survey participants made analysis manageable but could have reduced the survey validity. Certainly this survey could and should be replicated on the larger scale.

IMPLICATIONS AND RECOMMENDATIONS

One of the major implications a study of this nature raises is the manner in which health care administrators monitor the work climate and observe

and identify factors that may increase or decrease job satisfaction and the work commitment of nursing staff. The cost associated with leaving employment or an organisation is high. In this study nurses have identified behaviours and conditions that promote job satisfaction, perceived organisational support and how they can develop and/or maintain organisational commitment. They are more likely to be more committed to the organisation when they are provided an appropriate amount of support. The perception the organisation also focuses on transformational leadership behaviour may also contribute to employee commitment to their organisation. Another implication is health care administrators should stay abreast of the current trends and factors that contribute to organisational commitment. Issues related to job satisfaction and organisational support, such as unfair work conditions, salary inequities, lack of employee support, should be addressed promptly and justly.

The present study explored many aspects of nurses' organisational commitment. It is important to note that this sample of relatively well-educated respondents from South Florida may not be representative of the larger national population of professional nurses. Future research is needed to investigate these relationships among a larger and more highly educated population.

This study used the likert questionnaires to measure organisational commitment, job satisfaction, perceived organisational support and transformational leadership behaviour. It would be interesting to test the sensitivity of the results by using other measures of organisational commitment, job satisfaction, perceived organisational support and transformational leadership behaviour or to utilise more than one measure. This study has concentrated only on the impact of job satisfaction, perceived organisational support, transformational leadership and level of education on the nurses' organisational commitment. Therefore, looking into the impact of transactional leadership behaviour and organisational culture on such relationships appears worthy of future research.

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