

**THE EMPLOYMENT AND PSYCHOLOGICAL CONTRACT IN THE  
DEPARTMENT OF HEALTH IN THE VAAL TRIANGLE: A CASE STUDY**

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## **DECLARATION**

I, the undersigned hereby declare that the dissertation titled “**THE EMPLOYMENT AND PSYCHOLOGICAL CONTRACT IN THE DEPARTMENT OF HEALTH IN THE VAAL TRIANGLE: A CASE STUDY**” is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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## **REMARKS**

### **The reader is reminded of the following:**

In this dissertation, the editorial style and references used are according to prescribed style as stipulated by the Publication Manual (6<sup>th</sup> edition) of the American Psychological Association.

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## SUMMARY

**Title: The employment and psychological contract in the Department of Health in the Vaal Triangle: a case study**

**Keywords:** employment relationship, psychological contract, employee obligations, employer obligations, state of psychological and organisational commitment, violation and fulfilment of the psychological contract

Internationally and nationally a global shortage of nurses exists as a result of a variety of reasons such as emigration, failure of younger individuals to enter and to stay in this profession and the ageing of those in practice. A productive and stable health service is fundamental to any country and nurses are one of the essential mechanisms of the health service. Nurses experience various problems on a daily basis in South Africa. These problems include, among others, high patient load, shortage of staff, inadequate equipment, negligible disposal methods and exposure to viruses, bacteria and needle-prick injuries.

The ongoing shortage of nurses in South Africa and the growing number of nurses leaving the profession raise the question about the impact of nurse intention to quit as a result of their psychological contract, job satisfaction and organisational commitment. Lack of an adequate amount of resources leave nurses with a feeling of dissatisfaction, as it makes it difficult for them to do their nursing work as expected (Pillay, 2009). The career of a nurse is stressful and this leads to dissatisfaction. The dissatisfaction experienced by nurses in this regard include a poor working environment, low salaries, a high nurse-patient ratio, long working hours and inadequate nurse care.

The primary objective of this research was to investigate the employment relations and the psychological contract of nurses in the Vaal Triangle's Department of Health. The measuring instruments, namely employer's obligations, employee's obligations, state of psychological contract, job satisfaction, organisational commitment, as well as intention to quit questionnaires were used in the empirical study. The research method for both research articles comprised of a brief literature review and an empirical study. A simple principal component analysis was utilised to assess the construct validity of measuring instruments, while Cronbach alpha coefficients were used to assess the internal consistency of the scales of the measuring instruments. Descriptive statistics were utilised to analyse data and the Pearson product-moment correlation coefficients, as well as regression analyses were utilised

to examine the relationships between the constructs used in this study. A cross-sectional survey design was conducted among 300 nurses in the Vaal Triangle hospitals and primary health care centres. A response rate of 73 percent from 220 respondents was obtained.

This study comprises two research articles. The first article investigates the relationship between the employer's obligations, employee's obligations and the intention to quit of nurses in the Vaal Triangle's Department of Health, focusing on specific hospitals and primary health care centres. Obligations are perceived by the employee as having an important role in determining the behaviour of employees in an organisation and if these are unmet or unfulfilled, could result in counter-productive behaviour from the employees. The second article focuses on the relationship between job satisfaction, organisational commitment, and intention to quit on the psychological contract of nurses in the Vaal Triangle. Employees who are not satisfied with their jobs are likely not to be committed to an organisation and, consequently, have a higher intention to leave their employer than satisfied employees.

The results indicated a practically significant correlation coefficient of a medium effect between the employer's obligations and the employee's obligations, a negative correlation of medium effect between the employer's obligations and an intention to quit, and no practically significant relationship between the employee's obligations and an intention to quit. Furthermore, a practically significant correlation coefficient of a medium effect was obtained between job satisfaction and an intention to quit, no practically significant relationship could be found between job satisfaction and organisational commitment. Lastly, a practically significant negative correlation of a medium effect was obtained between organisational commitment and an intention to quit.

Multiple regression analysis indicated that 21 percent of the variance in intention to quit was predicted by both employer's obligations and employee's obligations. Organisational commitment and job satisfaction predicted 33 percent of the total variance. Thus, all the constructs held a predictive value for an intention to quit.

Conclusions as well as limitations of this study are discussed. Lastly, the recommendations for the Department of Health and future research are provided.

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# **CHAPTER 1**

## **INTRODUCTION AND PROBLEM STATEMENT**

This dissertation is about nurses in the Vaal Triangle's provincial hospitals and primary health care centres regarding their employment relationship and psychological contract and individual outcomes (job satisfaction, organisational commitment, and intention to quit) as employees in this relationship. The research consists of Chapter 1 (Introduction and problem statement), Chapter 2 (Article 1), Chapter 3 (Article 2) and Chapter 4 (Conclusion and recommendations).

In this chapter, the introduction and problem statement are discussed. Research objectives are also set out. These include general and specific objectives. The method used in this research is elucidative and the chapter divisions are given at the end of the chapter.

### **1.1 INTRODUCTION AND PROBLEM STATEMENT**

South Africa currently experiences a shortage of qualified nurses. A productive and stable health service is fundamental to any country and nurses are one of the utmost mechanisms of the health service (Daniels, 2007; Van der Colff, 2005). Nurses experience various problems on a daily basis in South Africa. These problems include, among others, high patient load, shortage of staff, inadequate equipment, negligible disposal methods and exposure to viruses, bacteria and needle prick injuries (National Skills Authority, 2007).

Lack of adequate amounts of resources leave nurses with a feeling of dissatisfaction as it makes it impossible for them to do their nursing as expected (Pillay, 2009). The career of a nurse is stressful and this leads to dissatisfaction. The causes of dissatisfaction experienced by nurses include poor working environments, low salaries, a high nurse-patient ratio, long working hours and inadequate nurse care (Bolo & Yako, 2013).

The British health care service reports that nurses who are dissatisfied with their jobs have a 65 percent higher probability of intending to quit their jobs than those reporting to be satisfied with their jobs (Shields & Ward, 2001; Yildiz, Ayhan & Erdoğan, 2009). When nurses feel helpless, they tend to experience a lot of anger and frustration, and this causes negative feelings between nurses and towards their direct superiors (Cohn, 1994).

McCabe and Sambrook (2013) explain health care delivery as being dependent on the effective management of individual employees as resources in an ever-changing working environment. Health care organisations experience a growing pace and scale of change. Within health care settings, organisational commitment has become more and more valued as a work-related attitude. The change of health sector resulted in the changes in the employment relationship as well as in the psychological contract between nurses and the Department of Health. McCabe and Sambrook (2013) further mention that there is a lack of information existing about nurses' psychological contract and organisational commitment. Within the health care settings, organisational commitment has become more and more valued as a work-related attitude.

Bendix (2010) explains that one of the duties and obligations of an employer in the changing employment relationship is to provide tools and machinery for employees to be able to do their jobs well. In the employment relationship, there is not just a contract of employment between the parties but also a psychological contract. Employment contracts aim to connect the employee with the employer or organisation concerning future contributions and inducements of the parties involved in such a contract (Rousseau & Greller, 1994). Bekker and Wilthagen (2008) further mention that these contributions and inducements partly were put on paper in the written formal contract of employment, but are, for the most part, unwritten.

Spindler (1994) argues that contracts created between parties are enforceable and that obligations create the relationship between parties. Legal and psychological contracts are both important aspects of the employment relationship. Spindler (1994) is of the opinion that the difference between legal and psychological contracts is that legal contracts are specified explicitly and are well defined. The psychological contracts are unwritten and are perceptual or visualised in nature. Researchers on the psychological contract focus their attention on the employment relationship between perceived expectations, obligations and promises regarding future inducements and contributions.

Nurses seem to have different kinds of psychological contracts with their employers than other employees and they tend to be more sensitive and ready to respond to on-going health care reform (Bradley-Jones & Sambrook, 2010). The psychological contracts develop from a dynamic relationship between the employer and the employee and their obligations and beliefs may change over time (Lee, 2001; De Winter, 2011). Rousseau (1989) and Rousseau

and McLean Parks (1993) are of the opinion that employment obligations are embedded in the context of social exchange that constitutes the psychological contract. Obligations are an essential component of social exchange relationships. The social exchange relationship has been defined as cooperation between two or more individuals for mutual benefit (Cosmides & Tooby, 1989).

The psychological contract is promise-based and is the belief by employees about the promises expressed or implied by the employer (Rousseau, 1995). Several opinions and definitions of psychological contracts are found in the literature. But, in this study, the most relevant definitions are those given and explained by Turnley, Bolino, Lester and Bloodgood (2003, p. 188), namely that the “psychological contracts are comprised of the obligations that employees believe their organisation owes them and the obligations the employees believe they owe their organisation in return”.

Research postulates that when employees have no trust or belief that their promised obligations are satisfied or fulfilled or that there is no commitment from the employer, a likelihood exists that they will have lower results from perceived obligations from their employer, reduced organisational commitment and decreased job satisfaction (Robinson, 1996; Robinson & Rousseau, 1994; Robinson & Morrison, 1995; Robinson & Morrison, 2000).

Schalk and Roe (2007) state that an employee who is dissatisfied with his or her job holds negative attitudes about the job, whereas an employee with a high level of job satisfaction holds positive attitudes towards his or her job. Job satisfaction is the degree to which employees like their jobs (Hirschfeld, 2000; Pillay, 2009).

Job satisfaction is a complex variable and is influenced by situational factors (Savery & Luks, 2001). These situational factors are the employee perceptions and evaluations of their employment (Sempene, Rieger & Roodt, 2002).

As mentioned by Marks (2001) and Conway and Coyle-Shapiro (2006), studies indicate that the psychological contract mediates the relationship between work experience and work outcomes such as job satisfaction and organisational commitment. A practically significant difference was found between job satisfaction, job levels, organisational commitment and employee’s age (Ronnana, 2003).

Hulin, Roznowski and Hachiya (1985) and Hanisch (2002) mention that a relationship exists between job satisfaction, organisational commitment and intention to quit. Hanisch (2002) explains that when employees' are toying with the idea of quitting. alternative withdrawal behaviours such as absenteeism, lateness, playing on computer, frequent breaks, chatting with co-workers and other avoidance behaviours, which affect them negatively, may be experienced. In a study by Clugston (2000) and Petersitzike (2009), it was found that job satisfaction had a direct impact on intention to quit. Therefore, it is important to look at nurses who are dissatisfied with their job experience to ascertain whether they experience less commitment and have a higher intention to quit as a result.

Organisational commitment is the strength of an individual's identification with and involvement in the organisation. Reference is made to a strong belief in and acceptance of the values and goals of the organisation. This is further motivated by the willingness to exert considerable effort on the part of the organisation and a strong desire to maintain membership of the organisation on the part of the employee (Mowday, Porter & Steers, 1982; Pillay, 2009). Mowday *et al.* (1982) found that according to the literature there are two dominant conceptualisations of organisational commitment. These are an employee's loyalty towards the organisation and an employee's intention to stay with the organisation. Organisational commitment to the type of work done by an employee was related negatively to intentions to remain with the current employer (Romzek, 1990; Petersitzke, 2009). It was also found that temporary employee's organisational commitment showed significantly lower levels of continuance than for full-time employees (McDonald & Makin, 2000; Pillay, 2009).

Intention to quit is awareness of, and an intentional wilfulness not to stay with the employer (Tett & Meyer, 1993). Different researchers explain that the intention to quit by nurses has a significant effect on their job and their turnover actions (Janssens, Sels & Van den Brande, 2003). Intention to quit is related negatively to job satisfaction (Diener, Suh, Lucas & Smith, 1999; Petersitzke, 2009).

McCabe and Sambrook (2013) explain that a limited amount of research exists regarding nurses' psychological contracts and individual outcomes. Therefore, it is essential to explore the existing psychological contract and individual outcomes (job satisfaction, organisational commitment and intention to quit) of nurses in South Africa. They acknowledge that the moderately high turnover in health and social care occupations has been triggered by the awareness in the organisational commitment.

It is also important to identify individual factors that contribute to the psychological contract, job satisfaction, job commitment and intention to quit. Management can use this vital information in their attempt to retain nurses. Therefore, it is important to look at the perception of the psychological contract, which involves mutual expectations of employer and employee, as it has proven to be of significant influence on employee behaviour and attitudes (Anderson & Schalk, 1998).

The general objective of this study was to determine the relationship between employment relations, psychological contract and individual outcomes (job satisfaction, organisational commitment, and intention to quit) of nurses in the Vaal Triangle's provincial hospitals and primary health care centres.

The researcher, who has worked for over 30 years in the healthcare services, felt that these constructs influence many nurses' behaviours and have contributed to their intention to quit, which has a significant impact on the health care system in South Africa.

Based on the problem statement as described above, the following research questions arise:

- How are the psychological contract (obligations, employee obligations), job satisfaction, organisational commitment and intention to quit conceptualised in the related literature?
- What is the relationship between the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in the Vaal Triangle's hospitals and primary health care centres?
- Do participants differ in terms of their individual variables insofar as the psychological contract, job satisfaction, organisational commitment and intention to quit?
- Does the psychological contract hold any predictive value with regard to work outcomes (job satisfaction, organisational commitment, intention to quit)?

## **1.2 RESEARCH OBJECTIVES**

### **1.2.1 General objective**

The general objective of this study was to determine the relationship between employment relations, the psychological contract and individual outcomes (job satisfaction, organisational

commitment, and intention to quit) of nurses in Vaal Triangle's provincial hospitals and primary health care centres.

### **1.2.2 Specific objectives**

The specific objectives were:

- To determine how the psychological contract, job satisfaction, organisational commitment and intention to quit are conceptualised in the related literature
- To determine whether participants differ in terms of their individual variables insofar as the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in Vaal Triangle's provincial hospitals and primary health care centres
- To determine the relationship between the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in the Vaal Triangle's hospitals and primary health care centres
- To determine whether the psychological contract holds any predictive value with regard to job satisfaction, organisational commitment and intention to quit.

The study consists of two research articles, each possessing specific objectives:

#### **Article 1: The psychological contract, job satisfaction, organisational commitment, intention to quit and individual variables of nurses in Vaal Triangle's provincial hospitals and primary health care centres**

The specific objective of research Article 1 were:

- To conceptualise the following concepts: the psychological contract (employer obligations, employee obligations, the state of the psychological contract, violations of the psychological contract), job satisfaction, organisational commitment, employees' intention to quit
- To determine the relationship between employer obligations, employee obligations, the state of the psychological contract, violations of the psychological contract, job satisfaction, organisational commitment, employees' intention to quit and the individual information of employees.

## **Article 2: The relationship between the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in the Vaal Triangle's provincial hospitals and primary health care centres**

The specific objectives of research Article 2 were:

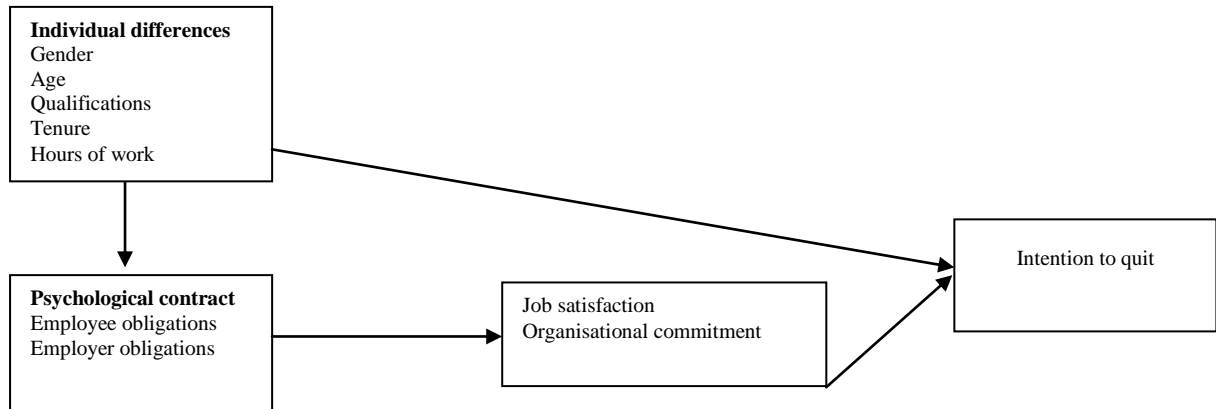
- To determine the relationship between the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in the Vaal Triangle's hospitals and primary health care centres
- To determine whether the psychological contract holds any predictive value with regard to job satisfaction, organisational commitment and intention to quit.

### **1.3 THE RESEARCH MODEL**

Based on the literature review, hypotheses of the relationship between the psychological contract, job satisfaction, organisational commitment, intention to quit and individual information of employees were generated. These research questions were also set out to determine whether the psychological contract holds any predictive value with regard to job satisfaction, organisational commitment and intention to quit.

To improve the understanding of the factors affecting the employment relationship of nurses and primary health care employees in the Vaal Triangle, and to contribute to future research in South Africa, the link between the concepts of gender, age, qualification, tenure, hours of work, psychological contract (employer obligations and employee obligations), job satisfaction, organisational commitment and intention to quit are important.

Figure 1 illustrates the conceptualisation between the individual differences of the psychological contract (employer obligations and employee obligations), job satisfaction, organisational commitment and intention to quit.



**Figure 1: Conceptualisation between individual differences, job insecurity and intention to quit**

## **1.4 RESEARCH METHOD**

The research methods used in this article are a literature review and an empirical study.

### **1.4.1 Literature review**

In the literature review, the focus was on previous research done on the subject of the psychological contract, job satisfaction, job commitment and intention to quit. A literature study of appropriate primary and secondary sources containing authoritative publications, books, journals, newspapers and research reports was also conducted with a view to gathering relevant information on the psychological contract. These were linked to the results of this study in an effort to come to sensible conclusions and make recommendations to the Vaal Triangle’s provincial hospitals and primary health care centres.

### **1.4.2 Empirical study**

#### **1.4.2.1 Research design**

The purpose of research design is to plan and structure a research project in such a way that it enhances the ultimate validity of the research findings (Mouton & Marais, 1992). A survey design in a form of a questionnaire was used in this study to achieve the research objectives. A more specific design is the cross-sectional design, whereby a sample is randomly drawn from a population of a particular point in time (Shaughnessy & Zechmeister, 1997). This cross-sectional design was used in this study.

### 1.4.2.2 Study population and procedure

The participants in this study are nurses of all categories drawn from the public health care services in the Vaal Triangle. A total of 300 questionnaires were issued and a positive response rate of 73 percent (220) was obtained from respondents. Nurses from different provincial hospitals and community health care centres (CHCs) and different post levels were randomly selected from the entire population of nurses in the Vaal Triangle. These questionnaires were distributed to all listed on the research request form, and some were done with convenient samples.

The Director of the Department of Health was consulted for permission to conduct the research and all necessary forms were completed regarding the handling of confidential data. Permission in was obtained in order to conduct the research project. Participation of the sample element (all nursing staff) in this project was purely on a voluntary base and no participants were compelled to be involved. The participants, in answering the questionnaires, were guaranteed anonymity. The researcher attached a letter of consent to each questionnaire in which issues such as confidentiality and anonymity of results were stipulated. Participants were also informed that they would be given an opportunity to receive feedback from this study as soon as its results were available. The study aims at creating and building a more positive image and increasing the morale of nursing staff and, therefore, as part of the ethical considerations, it was a priority for the researcher that the Department of Health's involvement in the project had a positive effect on the nursing staff.

The questionnaires were given to the different public hospitals and primary health care centres operating in the Vaal Triangle and were collected from participants at dates and times agreed upon. A commitment to provide the Department of Health with the findings of this study was also made. This was done because, as discussed above, the participants in this study are employees at the public hospitals and primary health care centres operating in the Vaal Triangle area. The major characteristics of this setting are that it includes all the above-mentioned institutions and as such, the sample elements are composed of all categories of the nursing staff.

### 1.4.3 Measuring instruments

The following measurement instruments were used:

An individual questionnaire was included, assessing age, gender, qualification, tenure and hours of work.

The Employer Obligations Questionnaire (ErOQ ) developed by Isaksson, K., Bernhard, C., Claes, R., De Witte, H., Guest, D., Krausz, M., Peiró, J. M., Mohr, G. & Schalk, R. (2003) was used to gather data on the promises and commitments the employers sometimes make to their employees. The questionnaire consists of 15 items arranged along a five-point frequency-rating scale with zero being 'No' and five being 'Yes, and promise fully kept'. Typical questions on this questionnaire range from 'Has your organisation promised or committed itself to provide you with interesting work?', and 'Has your organisation promised or committed itself to ensure fair treatment by managers and supervisors?' to 'Has your organisation promised or committed itself to help you deal with problems you encounter outside work?'. In the study conducted by More (2007), a Cronbach alpha coefficient of 0.93 was obtained, indicating the internal consistency of this questionnaire.

The Employee Obligations Questionnaire (EeOQ) developed by Isaksson, *et al.* (2003) was utilised to determine some promises and commitments that employees sometimes make to their organisations. The questionnaire consists of 16 items arranged along five-point frequency rating scale with zero being 'No' and five being 'Yes, fully kept promise'. Examples of questions on this questionnaire vary from 'Have you promised or committed yourself to go to work even if you don't feel particularly well?' and 'Have you promised or committed yourself be a good team player?' to 'Have you promised or committed yourself to work enthusiastically on jobs you would prefer not to be doing?'. In the study conducted by More (2007), a Cronbach alpha coefficient of 0.90 was found.

The Job Satisfaction Questionnaire (JSQ) was measured by the questionnaire of Price (1997). Only four items were used to measure job satisfaction. A five-point Likert scale was used, ranging from one (strongly disagree) to five (strongly agree). The questionnaire contained statements such as: 'I am not happy with my job'; 'I am often bored with my job'; 'Most days I am enthusiastic about my job'; and "I find enjoyment in my job". In the study conducted by Price (1997), a Cronbach alpha coefficient of 0.87 was found.

The Organisational Commitment Questionnaire (OCQ) developed by Cook and Wall (1980) was used to assess the extent to which nurses feel committed to their employer. The original questionnaire consisted of nine items and for the purpose of this study, only five items were

used. The items are also rated on a five-point Likert scale. The scale ranging from 1=strongly disagree; 3=neither agree nor disagree, and 5=strongly agree. Questions that were asked included 'My organisation strongly considers my goals and values' and 'I am quite proud to be able to tell people who it is I work for'; 'I feel appreciated by my supervisor'; 'In my work, I like to feel that I am making some effort, not just for myself but for the organisation as well' and 'To know that my own work had made a contribution to the good of the organisation would please me'. Cartwright and Cooper (2002) obtain a Cronbach alpha coefficient in excess of 0.70, while in South African studies, Keyser (2010) obtained a Cronbach alpha coefficient of 0.74, and Du Plooy (2009) a Cronbach alpha coefficient of 0.81.

Intention to quit scale: The intention to quit scale is an adapted questionnaire by the Psycones project (2005). The questionnaire was measured by using four items ('I would be reluctant to leave this job' and reverse code) of Price (1997). The Cronbach alpha, in studies conducted by De Jong and Geurtz (1997) range from  $\alpha = 0.74$  to 0.82. Intention to quit measures the desire to leave the company rather than the actual intention to quit.

#### **1.4.2.4 Statistical analysis**

Data analysis entails that the analyst breaks down data into constituent parts to obtain answers to research questions and to test research hypothesis (Kerlinger, 1986). For the purpose of this study, the statistical analysis was carried out with the Statistical Package for the Social Sciences (SPSS) 21 (SPSS, 2013). Descriptive statistics (e.g. means, standard deviations, skewness and kurtosis) were used to analyse the data. Kerr, Hall and Kozub (2002) state that descriptive statistics describe or summarise the characteristics of the data set. Alpha coefficients and inter-item correlations will be used to determine the validity and reliability of the questionnaires.

Pearson product moment correlations were utilised in investigating the relationship between the variables. Multiple regression analysis investigates the effect of variables in this study. Multivariate analysis of variance (MANOVA) and analysis of variance (ANOVA) will be used to determine the significance of the difference between biographical groups. ANOVA is a procedure used for comparing sample means to see if there is sufficient evidence to infer

that the means of the corresponding population distributions also differ (George & Mallery, 2003).

## **1.5 CHAPTER DIVISION**

Chapter 1: Introduction, problem statement and objectives.

Chapter 2: Article 1: The psychological contract, job satisfaction, organisational commitment, intention to quit and individual variables of nurses in Vaal Triangle provincial hospitals and primary health care centres.

Chapter 3 Article 2: The relationship between the psychological contract, job satisfaction, organisational commitment and intention to quit of nurses in the Vaal Triangle's provincial hospital and primary health care centres.

Chapter 4: Conclusions, limitations and recommendations.

## **1.6 CHAPTER SUMMARY**

From the above, it is evident that the concepts of the employment relationship as well the psychological contract were outlined in the problem statement and the research objectives (general and specific) were clearly elucidated. Another aspect that was fully elaborated on was the research method, which included a literature review and empirical study. In this case, the empirical study included the research design, study population, statistical analysis as well as the research procedure used in this study. The last aspect was the division of chapters that outlined the discussion in each chapter.

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## **CHAPTER 2**

### **ARTICLE 1**

# **THE IMPACT OF NURSES' PSYCHOLOGICAL CONTRACT, JOB SATISFACTION, ORGANISATIONAL COMMITMENT, AND INDIVIDUAL CHARACTERISTICS ON INTENTION TO QUIT OF NURSES IN THE VAAL TRIANGLE**

## **ABSTRACT**

The objective of this study was to establish the relationship between the psychological contract (employer obligations, employee obligations), job satisfaction, organisational commitment, intention to quit and individual characteristics of nurses (N=220) in the Vaal Triangle's provincial hospitals and primary health care centres. A cross-sectional survey design was conducted. Results demonstrated that qualifications of nurses have a positive and significant correlation between hours of work and job satisfaction and that a practically significant relationship exists between qualification, employer obligations and employee obligations. A significant but small difference was found between younger and older employees regarding tenure. No differences were found between tenure, employer obligations, job satisfaction, organisational commitment and intention to quit.

## **INTRODUCTION**

Internationally and nationally a global shortage of nurses exists (Breier, Wildschut & Mggolozana, 2009) as a result of a variety of reasons such as emigration, failure of younger individuals to enter this profession, and to stay in this profession and the ageing of those in practice (Bolo & Yako, 2013). The overall growth of registered professional nurses between 1996 and 2010 was only 28 percent. The 2011 statistics show a growth rate of less than 3 percent from 115 244 to 118 262 registered nurses (RN's). Almost half of the nursing workforce (47%) is over the age of 50 years and of these nurses, 16 percent have reached the age of 60 years. More than 51 200 nurses are needed to replace those retiring over the next ten years.

The on-going nurse shortage in South Africa and nurses leaving the profession raise the question about the impact of nurses' intention to quit because of their psychological contract, job satisfaction and organisational commitment. Substantial evidence exists between the demographical characteristics, organisational commitment, job satisfaction and intention to quit (Wang, Tao, Ellenbecker & Liu, 2012).

To address the problem, it is important to look at the variables that impact nurses' intention to leave the current job. Limited information is available on nurses' psychological contract, job satisfaction and intention to quit. It is, therefore, important to look at the psychological contract of nurses in the employment relationship.

Public sector management is called upon to direct attitudes and behaviours of employees who want to cope with the escalating pressure of public service delivery. When dealing with challenges, it is essential to look at the factors influencing these behaviours (Dovlo, 2005). Scrutinising the psychological contract is a point of departure, which consists of the mutual expectations of parties in their exchange relationship. This exchange relationship has proven to be of great influence on employee behaviour and attitudes (Anderson & Schalk, 1998; Guest & Conway, 2000).

Furthermore, there are two advantages to the study of the psychological contract, namely the psychological contract recognises the individualisation of the employment relationship and also the psychological contract contains the expectations and concerns of the individual employee and their contextual factors. These contextual factors include company policy development, union role in this relationship and organisational climate. On the other hand,

the psychological contract framework also allows for active individuals, who are not resistant, to change their attitudes and behaviour when their expectations are not met. As mentioned by Adams and Bond (2000), individual characteristics such as age, years of experience and education are important indicators and predictors of nurses' job satisfaction. Limited research exists in South Africa on the individual characteristics of nurses. It is, therefore, important for this study to focus on the subject of individual characteristics of nurses. It is of utmost importance that individual variables of employees are examined.

The new healthcare institutions need a more skilled workforce, particularly given the innovation in medical technology and the demand for more sophisticated patient care (Erasmus, 2006). Job satisfaction among healthcare professionals has been taken seriously as it is being recognised as a measure that should be included in quality improvement programmes (Andrews & Dziegierlewski, 2005). If an employee experiences low job satisfaction, it results in increased staff turnover and absenteeism, which affects the efficiency of health services globally.

Different researchers contend that there is a strong mutual relationship existing between organisational commitment and job satisfaction (Russ & McNeilly, 1995). Job satisfaction has been seen as being reciprocal of organisational commitment at any given time in institutions (Kovach, 1977). Researchers are of the opinion that job satisfaction and commitment have much in common. There is still a lot of debate about whether job satisfaction influences commitment, or whether commitment to the employer results in job satisfaction (Knights & Kennedy, 2005; Wang, Tao, Ellenbecker & Liu, 2012). Job satisfaction has a strong negative effect on intention results, as a result, the intention to quit is associated with negative job satisfaction (Shields & Ward, 2001; Yildiz, Ayhan & Erodoğmus, 2009).

Mowday, Porter and Steers (1982) and Knights and Kennedy (2005) explain that there is immediate job satisfaction that is reflected and built on as soon as an employee enters an organisation. Organisational commitment develops more steadily after the employee possesses a stronger understanding of organisational goals and values, expectations promised and payment of employees by the employer (Williams & Hazer, 1986).

DeCotiis and Summer (1987) view job satisfaction as an experience of commitment. Some authors, among them Mathieu and Zajac (1990), are of the opinion that there is a correlation

between job satisfaction and organisational commitment. Violation of obligations results in lower job satisfaction, while violation of long-term relationships constitutes loyalty and employee support result in lowering of organisational commitment. Job satisfaction has a strong negative effect on intention to quit results and this intention to quit is associated with negative job satisfaction (Shield & Ward, 2001; Yildiz *et al.*, 2009).

## **LITERATURE REVIEW**

### **The psychological contract (employer obligations, employee obligations) and individual variables**

The psychological contract is a key concept in the understanding of employees' attitudes towards their work and organisations (Gracia, Silla, Peiró & Fortes-Ferreira, 2007). The psychological contracts develop from a dynamic relationship between the employer and employee. It is important to note that the obligations and beliefs arising out of relationships may vary and change over time (Lee, 2001).

Rousseau (1989) and Rousseau and McLean Parks (1992) are of the opinion that employment obligations are embedded in the context of social exchange that constitutes the psychological contract. Obligations are essential components of social exchange relationships. The social exchange relationship has been described as cooperation between two or more individuals for reciprocal benefit (Cosmides & Tooby, 1989).

Agarwal and Bhargava (2013) and Robinson (1996) mention that the psychological contracts are the beliefs and expectations that employees have from their employers, which are reciprocal in nature. The employees are of the opinion that the employers owe them compensation in monetary form for skills development and benefits in a competitive world. When employees' expectations are not met, a state of non-equilibrium is reached, the stage of breach of promised obligations will take place and this leads to job dissatisfaction, (Morrison & Robinson, 1997; Restubog, Bordia & Tang, 2006; Turnley, Bolino, Lester & Bloodgood, 2003).

The psychological contract is promise-based and is the belief by employees regarding the promises expressed or implied by the employer (Rousseau, 1995). Several opinions and definitions of the psychological contract are found in the available literature dealing with this subject. But in this study, the most relevant definition used is the one given by Turnley, Bolino, Lester and Bloodgood (2003, p. 188), which states that "psychological contracts are

comprised of the obligations that employees believe their organisation owes them and the obligations the employees believes they owe their organisation in return”.

Rousseau and Tijoriwala (1998) and Gracia, Silla, Peiro and Fortes-Ferreira (2006) explain that the contents of the psychological contract refer to the reciprocal obligations that characterise the individual psychological contract, and also to the set of reciprocal obligations that exist between the employer and employee. According to Guest (2004) and Rousseau (1995), this reciprocal obligation includes employee’s personality characteristics, age, gender, literacy level and ability to understand. These characteristics have an important influence on the employees’ formation of an implied contract and, therefore, also influence the psychological contract.

Van Dyne and Ang (1998) found in their study in Singapore, that temporary employees have lower expectations about what employers are obliged to provide for them. Ang Tan and Ng (2000) explain that an atypical employment (temporary employment) in Singapore has a less important sense of obligation to employers than their United State counterparts do.

Temporary employees will have psychological contracts that are more explicit, limited or more transactional in scope, while managers will feel less committed to keeping promises made to temporary employees. This is generally not the case with permanent employees. Permanent employees experience a lower state of the psychological contract (trust) than temporary employees do (Guest & Clinton, 2006).

Limited research exists to show that there is a difference between younger and older workers in their psychological contracts with their organisations (Van der Heijden, Schalk & Van Veldhoven, 2008). It is not clear how older employees differ in their perceptions of employer obligations as compared to their younger counterparts (Turnley & Feldman, 1999). Bal (2009) explains that employees with long tenure tend not to think about the employer-employee relationship, but found that a positive relationship exists between expectations of any psychological contract and tenure.

From the above the following hypothesis is set:

H1: A positive relationship exists between the employees’ psychological contract and tenure.

## **Job satisfaction and individual characteristics**

Cato and Martins (2010) and Buitendach and Rothmann (2009) explain that job satisfaction is an individual's perception and evaluation of their job and that this perception is influenced by the employees' circumstances such as needs, values and expectations. The review of the literature on job satisfaction did not yield extensive information insofar as nursing was concerned, thereby making research in this area even more important (Jansen, Kerkstra, Abu-Saad & Van der Zee, 1996). Individual/demographic variables present support for small but stable relationships between age, education and job satisfaction. Nurses who were older experience more job satisfaction and nurses who were better educated experience less satisfaction with their work (Blegen, 1993). Boumans (1990) explains that job characteristics and individual characteristics were related to job satisfaction.

Keim, Pierce, Landis and Earnest (2014) state that if employees are not sure about their work guarantee, they develop a sense of negative attitude, which results in the outcome of less job satisfaction, trust, job involvement and organisational commitment and they postulate that these variables lead to higher intention to quit. De Jong and Schalk (2010) found that the psychological contracts differ from country to country specifically as far as these constructs, promises, obligations, fulfilment and violation are concerned.

De Witte and Näswall (2003) found that there is little difference between different types of contracts between employees and employers. Fixed term employees reported higher job satisfaction than permanent employees. Insecure permanent employees were found to be less satisfied with their jobs and as such less committed to their organisations (Guest & Conway, 2000).

The following hypothesis was formulated as a result of the above:

H2: Nurses with permanent employment show more job satisfaction than temporary nurses do.

Employees' expectation levels vary by an individual employee's age, educational level and occupation. Personal characteristics of nurses were found to have significant effects on information of job satisfaction with regards to gender, race, age, marital status and education (Clark, 1996; Clark & Oswald, 1996; Shields & Ward, 2001). Shields and Ward (2001) mentioned that determinants of job satisfaction to consider, insofar as nurses are concerned,

are job characteristics that include working hours, the size of the organisation, union membership and occupation.

Empirical studies indicated that a positive relationship between job satisfaction and age was observed (Okpara, 2006). Different findings exist between job satisfaction and age of nurses. Ma, Samuels and Alexander (2003), state that satisfaction amongst nurses with limited experience and job satisfaction was lower than that of those with vast experience. Shields and Ward (2001) postulate that the relationship between job satisfaction and age is a continuous process. Younger nurses are significantly less satisfied with their job overall than older nurses. Therefore, job satisfaction increases with age. This argument is supported by the study conducted by Buitendach and Rothmann (2009), which established that younger employees experience lower levels of job satisfaction and that job satisfaction increases again later in life as employees become familiar with their roles in the work environment.

In another study, Moark (1992) found that no relationship exists between gender and job satisfaction while Brief and Weiss (2002) reported that there are differences between gender and job satisfaction. Buitendach and Rothmann (2009) reported that male employees do not experience practical and significantly higher levels of job satisfaction in contrast to their female counterparts. They explain that the reason for this could be that no discrimination exists between male and female employees in South Africa, as according to the Constitution of South Africa (108 of 1996), they are equal and as such, they should be treated fairly in the workplace.

The following hypothesis is formulated from the above:

H3: Gender, age and qualifications of nurses differ significantly regarding levels of job satisfaction.

Shields and Ward (2001) are of the opinion that an increase in the working hours affects nurses negatively in their job satisfaction. They further state that job satisfaction follows a U-shaped relationship with regard to tenure in current position. Studies shows that long working hours, rotating night shifts have an impact on the health of nurses and affect family life circles, which cause family disorganisation (Dorrian, Lemond, Van den Heuvel, Pincombe, Rogers, & Dawson, 2006; Muecke (2005).

Koning (2014) explains that to eliminate the stresses nurses experience worldwide, which in turn leads to poor job satisfaction, is to allow them to work flexi-time and have the locus of

control over their working schedules. Koning (2014) further acknowledged that this would increase job satisfaction, morale and professionalism amongst nurses. If nurses are given the freedom of scheduling their shift, this can be beneficiary to them and the employer because they will have autonomy over their work schedules and they will be committed to their job.

From the above, the following hypothesis is stated:

H4: Working hours negatively affect job satisfaction of nurses.

### **Organisational commitment and individual variables**

In the field of organisational behaviour, the concept organisational commitment is a central problem in both research and the organisational phenomena (Martin & Roodt, 2008). Organisational commitment is defined as the vigour of an individual's recognition with and involvement in an organisation. In this regard, reference is made to strong belief in and acceptance of the values and goals of the organisation of choice; this is further motivated by the individual's willingness to apply significant effort towards such an employer as well as his or her strong desire to stay with organisation (Mowday, Porter & Steers, 1982).

Demographics and individual and work-related perceptions affect outcomes such as commitment (Mathieu & Zajac, 1990). Different studies found that the level of the factors that influence organisational commitment do not change regarding gender, age, educational level, tenure or job location. Several researchers found that a higher organisational commitment was found among permanent employees (Benett & Durkin, 2000; Brown, 2003; Coyle-Shapiro & Kessler, 2002).

Rigotti and Mohr (2003), in their study, found that temporary employees are less committed than permanent employees are due to their perceived uncertainty and insecurity of their job situation. De Witte and Näswall (2003) assert that there is no significant difference between the type of contract and organisational commitment. Goudswaard, Kraan and Dhondt (2000) show that temporary employees who have prospects of permanent contracts showed higher commitment than other temporary employees and permanent employees. A short-term commitment psychological contract is based on highly motivated and committed employees towards short-term projects, but not to employers.

Contradictory findings exist on the relationship between age and organisational commitment. Muller and Roodt (1998) contend that no relationship exists between age and organisational

commitment, but studies by Lock and Crawford (1999) confirm previous studies by other researchers, which found that a positive relationship exists between age and organisational commitment. However, Bal (2009) mentions that older employees generally have longer service with their employers and have developed more trust in the employer and, therefore, are more committed to their employer (Smithson & Lewis, 2000; Wright & Bonnet, 1997). Younger employees tend to focus more on their career than on the commitment to one particular employer. There is no evidence indicating that there was no relationship between age groups and organisational commitment (Brown 2003). Marais (2005) cites that mostly, individual characteristics such as age, qualification, gender, language and tenure contribute to organisational commitment.

Gender differences in organisational commitment are not definite (Scandura & Lankau, 1997). Studies by Jahangir, Akbar and Begum (2006) found a significant relationship between nurses' organisational commitment and their individual characteristics, except they also found that there is a significant relationship between gender differences and organisational commitment. Kacmar and Carlson (1999) cite that gender was not related to organisational commitment. A number of studies showed no existence of differences between gender and organisational commitment (Bruning & Snyder, 1983; Culoerson, 2002; Fry & Greenfield, 1980).

Some studies report that females are more committed to their jobs than men are (Gould, 1975; Hrebiniak & Alutto, 1972), while others indicated that women are less committed to their jobs than men are (Chusmir, 1982; Graddick & Farr, 1983). In studies by De Meuse, Bergman and Lester (2001) and Scandura and Lankau (1997), females showed higher levels of organisational commitment due to the perception that the employer holds the same work-family values as their female employees and that this was consistent with the psychological contract theory (Rousseau, 1995). No significant differences are found between males and females insofar as organisational commitment is concerned (Robbins & Judge., 2009). Milner (2009) mentioned further that lack of research exists on the subject of gender and cultural differences in the diverse South African situation.

In terms of tenure, a more positive relationship was found to exist with organisation commitment (Wallace, 1997). These studies found that a statistically significant relationship between organisational commitment and length of service exists. No meaningful relationship was found to exist between the tenure of employees and organisational commitment (Lock &

Crawford, 1999). However, Cohen and Lowenberg (1990) found that the longer employees worked for a given employer, the higher their levels of commitment.

Research conducted by Wetzel, Berg, and Gallagher (1989), and Vanaki and Vagharseyyedin (2009), contend that nurses with higher academic qualifications are less committed than those who only have diplomas are. They explained that higher academic qualifications resulted in more job opportunities and, therefore, decreased commitment. Organisational commitment decreases as qualifications of an employee increase because highly educated employees may have higher work expectations, and highly educated employees may be more committed to a profession. More highly qualified employees may think that they have more employment opportunities outside the organisation than those who are not so well qualified (Mazibuko, 1994; Steers, 1977).

From above the following hypothesis is formulated:

H5: Nurses with higher qualifications are less committed.

### **Intention to quit and individual variables**

Schouten's (2002) findings state that a strong relationship exists between psychological contract, fulfilment of the psychological contract and low intention to quit. A significant relationship was found to exist between psychological contract, fulfilment and turnover intention by employees (Huiskamp and Schalk, 2002).

In the Psycones project (2005), the researchers found that the number of obligations on the part of both the employer and the employee lowered the intention to quit than factors such as age and education. Shields and Ward (2001), on the other hand, argue that job satisfaction is the single most important determinant of intention to quit among nurses.

Guest and Conway (2002) explain that temporary employees show higher intentions to quit than do permanent employees. As explained by Lambert, Hogan and Barton (2001), older employees place more investment within an employer and as such, their relationship with their employer has more value for them; hence, there is more intention to stay on their part.

Benkhoff (1997) and Okpara and Wynn (2007) explain that studies have reported a strong correlation between organisational commitment, job satisfaction and intention to quit. Employees dissatisfied at work are less committed and will look for opportunities to quit (Okpara and Wynn, 2007). Lambert *et al.* (2001) further found a higher turnover in this

regard among nurses under the age of thirty. In their study, they state that older employees have significantly less intention to quit over a short period of years than younger employees do.

Research by Louis (1980) regarding tenure, states most of these turnovers occur within a period of six months, which suggests that unmet expectations during the initial period of employment result in a lack of commitment and increases turnover. Cable (2008) mentions that the nature of the relationship between the fulfilment or breach of psychological contract and turnover intention is confirmed as significant in a number of studies (Kotter, 1973; Lemire & Rouillard, 2005).

Du Plooy (2009) found no statistically significant difference between levels of tenure and intention to quit. No significant effect of gender on intentions to quit the nursing profession was found. Nurses' educational level was related positively to employees intention to quit.

Therefore, the following hypothesis is formulated:

H6: Nurses' qualification level is related positively to employees intention to quit.

## **METHOD**

### **Research design**

A cross-sectional survey design was used to reach the research objectives. The design was selected due to its predictive and descriptive nature as observed by Burns and Grove (1993). According to Shaughnessy and Zechmeister (1997), this design is ideal to describe functions associated with correlative research.

### **Participants**

The sample used in this study included 220 nurses working in the Vaal Triangle's provincial hospitals and primary health care centres. The study population included both males and females.

Table 1 indicates that 24.9 percent males and 63.5 percent females participated in this study. The majority of participants (20.2%) fell in the 41 to 50 years of age groups and 22.3 percent had a diploma level of education. The majority of the study population has been employed by their respective organisations for periods of 2 to 5 years (21.5%). The individual characteristics of the study population are detailed in Table 1.

Table 1

*Compilation of study population (N=220)*

<b>Item</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Gender</b>	Male (1)	58	24.9
	Female (2)	148	63.5
	Missing responses	14	11.6
	<b>Total</b>	220	100
<b>Age</b>	20 years and younger (1)	0	0
	21 - 30 years (2)	15	6.4
	31 - 40 years (3)	33	14.2
	41 – 50 years (4)	47	20.2
	51 – and older (5)	15	6.4
	Missing responses	123	52.8
	<b>Total</b>	220	100
<b>Qualification</b>	Grade 10 or lower(1)	82	35.2
	Grade 11-12 (2)	26	11.2
	Diploma (3)	52	22.3
	Degree (4)	14	6.0
	Post-graduate Degree (5)	8	3.4
	Missing responses	51	21.9
	<b>Total</b>	220	100
<b>Tenure</b>	Less than 1 year (1)	40	17.2
	2 - 5 years (2)	50	21.5
	6 - 10 years (3)	30	12.9
	11 – 20 years (4)	36	15.5
	Longer than 21 years (5)	40	17.2
	Missing Responses	37	15.9
	<b>Total</b>	220	100
<b>Hours of work</b>	Less than 40 hours per week (1)	174	74.7
	41 – 50 hours per week (2)	18	7.7
	51 – 60 hours per week (3)	8	3.4
	More than 61 hour per week (4)	14	6.0
	Missing Responses	19	8.2
	<b>Total</b>	220	100

## **Measuring instrument**

### **Measuring instruments**

Individual questionnaires focusing on the psychological contract scale (employer obligations and employee obligations) and violation of the psychological contract (Isaksson *et al.*, 2003) were used in this study. Individual information was gathered regarding gender, age, qualification and tenure.

The individual information questionnaire was constructed in order to obtain relevant individual data about the participants in the research. As mentioned earlier in the discussion of the questionnaires, the participants' anonymity was maintained throughout the questionnaire.

The employer obligations questionnaire developed by Isaksson *et al.* (2003), was used to gather data on the promises and commitments the employers sometimes make to their employees. The questionnaire consists of 15 items arranged along a six-point frequency rating scale with zero being 'No' and five being 'Yes, and promise fully kept'. Typical questions on this questionnaire range from 'Has your organisation promised or committed itself to provide you with interesting work?', to 'Has your organisation promised or committed itself to help you deal with problems you encounter outside work?'

In the study conducted by More (2007) on the Department of Education (Sedibeng-West), a Cronbach alpha coefficient of 0.93 was obtained, indicating the internal consistency of this questionnaire. In this study, a Cronbach alpha coefficient of 0.94 was obtained.

The employee obligations questionnaire developed by Isaksson *et al.* (2003) was utilised to determine some promises and commitments that people sometimes make to their organisation. The questionnaire consists of 16 items arranged along five-point frequency rating scale with zero being 'No' and five being 'Yes, fully kept promise'. Examples of questions on this questionnaire vary from 'Have you promised or committed yourself to go to work even if you don't feel particularly well?' to 'Have you promised or committed yourself to work enthusiastically on jobs you would prefer not to be doing?'

In the study conducted by More (2007) on the Department of Education (Sedibeng-West), a Cronbach alpha coefficient of 0.90 was obtained. In the study conducted by the researcher, a

Cronbach alpha coefficient of 0.92 was obtained. These findings confirm the internal consistency of the measuring instrument.

The Job Satisfaction Questionnaire (JSQ) was measured by the questionnaire of Price (1997). Only four items were used to measure job satisfaction. A five-point Likert scale was used, ranging from 1=strongly disagree to 5=strongly agree. The questionnaire asks 'I am not happy with my job'; 'I am often bored with my job'; 'Most days I am enthusiastic about my job'; and 'I find enjoyment in my job'. In the study conducted by Price (1997), a Cronbach alpha coefficient of 0.87 was found.

The Organisational Commitment Questionnaire (OCQ) developed by Cook and Wall (1980) was used to assess the extent to which nurses feel committed to their employer in this study. The original questionnaire consisted of nine items and for the purpose of this study, only five items were used. The items are also rated on a five-point Likert-type scale. The scale ranged from 1=strongly disagree; 3=neither agree nor disagree, and 5=strongly agree. Questions that are asked are: 'My organisation strongly considers my goals and values' and 'I am quite proud to be able to tell people who it is I work for'; 'Even if this organisation is/ was not too well, I would be reluctant to change to another employer'; 'I feel appreciated by my supervisor'; 'In my work, I like to feel that I am making some effort, not just for myself but for the organisation as well'; and 'To know that my own work had made a contribution to the good of the organisation would please me'.

In a South African study conducted by Keyser (2010), a Cronbach alpha coefficient of 0.74 was found. In a study conducted by Du Plooy (2009), a Cronbach alpha coefficient of 0.81 was found.

Intention to Quit Scale. The intention to quit scale is an adapted questionnaire by the Psycones project (2005). The questionnaire was measured by using four items ('I would be reluctant to leave this job') and the reverse code of Price (1997). The Cronbach alpha in studies according to De Jong and Geurtz (1997) range from  $\alpha = 0.74$  to 0.82. Intention to quit measures the desire to leave the company rather than the actual intention to quit.

### **Statistical analysis**

The statistical analysis is carried out with the SPSS 21 (SPSS, 2013). Factor analysis and Cronbach's alpha coefficient were determined to assess the validity and reliability of the means, whereas standard deviation, skewness and kurtosis were determined to describe the

data. The level of statistical significance was set at  $p < 0.01$ . Pearson product moment correlations were utilised in investigating the relationship between the variables.

Multiple regression analysis was used in investigating the effect of variables in this study (George & Mallery, 2003). The significance of differences between individual groups was established by means of MANOVA. If Wilk's Lambda values ( $p < 0.01$ ) demonstrated statistically significant differences, the relationship was further analysed to determine practical significance using ANOVA. The practical significance cut-off point of 0.50 was set for difference of medium effect and 0.80 for a difference of large effect (Cohen, 1988).

## RESULTS

The results of the descriptive statistics, alpha coefficients, skewness and kurtosis of the psychological contract (employer obligations, employee obligations) of the data are given in Table 2.

Table 2

*Descriptive statistics, Cronbach alpha coefficients and inter-item correlations coefficients of the measuring instruments*

Test and subscales	Mean	SD	Skewness	Kurtosis	$\alpha$
1. Employer obligations	35.65	19.12	0.23	-0.57	0.94
2. Employee obligations	75.43	15.26	-1.21	1.62	0.91
3. Job satisfaction	13.12	3.69	0.03	-0.38	0.65
4. Organisational commitment	14.65	3.33	-0.20	-0.12	0.78
5. Intention to quit	13.76	4.24	-0.36	-0.35	0.74

In order to obtain accurate results for the data, some of the items were reverse-scored (Q21e, Q21i, Q22n, Q23a) in order to reduce response bias. The results in Table 2 above show that acceptable Cronbach Alpha coefficients varying from 0.65 – 0.94 were obtained for scales. The Cronbach alpha values were above 0.70, except for job satisfaction with a value of 0.65.

As mentioned in Field (2013), when working with psychological constructs, alpha values below 0.70 can be accepted because of the diversity of the constructs being measured. It is

further evident from the information reflected in Table 2 that the scores of the measuring instrument have a normal distribution with skew and kurtosis smaller than one with the exception of kurtosis for employee obligations being larger than one.

In Table 3, Pearson correlation between individual characteristics, psychological contract, job satisfaction, organisational behaviour and intention to quit are found.

Table 3

*Pearson correlation between individual characteristics, psychological contract (employer obligations, employee obligations), job satisfaction, organisational commitment and intention to quit*

	1	2	3	4	5	6	7	8	9
1. Gender	1								
2. Age	0.02	1							
3. Qualification	0.02	-0.03	1						
4. Tenure	-0.08	0.00	0.31**	1					
5. Hours' work	0.01	-0.04	-0.24**	-0.26**	1				
6. Employer obligations	0.01	-0.18	0.30**	0.15*	-0.10	1			
7. Employee obligations	0.07	-0.10	0.39**	0.39**	-0.25**	0.48**	1		
8. Job satisfaction	-0.02	0.07	-0.21**	-0.11	0.10	-0.06	-0.08	1	
9. Organisational commitment	0.03	0.03	0.10	-0.07	-0.02	0.04	0.01	-0.09	1
10. Intention to quit	-0.13	-0.09	-0.01	-0.02	0.00	0.42**	0.20**	0.50**	-0.01

The results in Table 3 indicate that no correlation exists between gender, age and the other variables. Qualifications of nurses have a positive significant correlation between hours of work and job satisfaction, but a practically significant relationship (medium effect) was found between qualification, employer obligations and employee obligations. A positive statistically significant relationship was found between tenure, hours of work and employer obligation. A practically significant relationship with a medium effect was found between tenure and employee obligations. A statistically significant relationship exists between hours of work and employee obligations.

Employer obligations have a positive practically significant medium effect on employee obligations and intention to quit. A positive statistically significant relationship was found

between employee obligations and intention to quit. Job satisfaction has a practically significant large effect on intention to quit.

Next, MANOVA (multivariate analysis of variance) was used to determine differences between personal variables, job related variables and intention to quit. Results were first analysed for statistical significance using Wilk's Lambda statistics. ANOVA was used to determine specific differences whenever statistical differences were found. The results of the MANOVA analysis are given in Table 4.

Table 4

*MANOVA – differences between personal variables, job-related variables and intention to quit*

<b>Variable</b>	<b>Value</b>	<b>F</b>	<b>Df</b>	<b>P</b>	$\eta^2$
Type of contract	0.35	0.86	30.00	0.69	0.19
Gender	0.94	1.54	5.00	0.18	0.06
Age	0.90	0.58	15.00	0.88	0.04
Tenure	0.74	1.72	20.00	0.02*	0.74
Hours of work	0.85	1.37	15.00	0.16	0.05

\*\*  $p < 0.05$  = significant

In an analysis of Wilks' Lambda values as seen in Table 4, a statistically significant difference was obtained for tenure, but no relationship exists for the type of contract, gender, age and hours of work. ANOVA was performed to see whether a difference exists between tenure and employees obligations.

Table 5

*ANOVA - differences in employers' obligations, employee obligation, job satisfaction, job commitment and intention to quit*

<b>Item</b>	<b>Less than 1 year</b>	<b>2-5 years</b>	<b>6-10 years</b>	<b>11-15 years</b>	<b>16 years and more</b>	<b>P</b>	$\eta^2$
Employer obligations	30.00	37.50	36.10	37.56	41.37	6.48	0.03
Employee obligations	67.79	68.23	78.40	78.93	83.72	0.00*	0.16
Job satisfaction	12.55	13.10	12.76	12.53	11.85	0.78	0.02
Organisational commitment	15.05	14.47	15.20	15.26	14.45	0.84	0.01
Intention to quit	13.26	14.40	14.60	12.44	13.80	0.33	0.04

$\eta^2 > 0.25$  = large effect

A significantly small difference was found between younger and older employees regarding tenure. No difference was found between tenure, employer obligations, job satisfaction, organisational commitment and intention to quit.

## **DISCUSSION**

The objective of this study was to establish the relationship between the psychological contract (employer obligations, employee obligations), job satisfaction, organisational commitment, intention to quit and individual characteristics of nurses (N=220) in the Vaal Triangle's provincial hospitals and primary health care centres. From given theory hypotheses were set out. These are outlined below:

Hypothesis 1, which states a relationship exists between employees' psychological contract and tenure, is accepted partially because only a positive, practically significant relationship, with a medium effect, was found between tenure and employee obligations. From the ANOVA, it was found that a significantly small difference exists between younger and older employees regarding tenure. Mobley, Horner and Hollingsworth (1978) support these findings.

Hypothesis 2 stating that nurses with permanent employment showed more job satisfaction than temporary nurses do is rejected. No differences were found between permanent and temporary employees when performing MANOVA. Marler, Woodard and Milkovich (2002) do not support these findings as contingent workers who would prefer temporary work may be more highly skilled, and nurses with permanent employment showed more satisfaction than temporary nurses.

Hypothesis 3 that states the gender, age and qualification of nurses differ significantly regarding job satisfaction is partially accepted. No relationship was found between gender, age and job satisfaction, but a significant negative relationship was found between qualification and job satisfaction. This means that an increase in qualifications negatively affects job satisfaction of nurses. Shah, Al-Enezi, Chowdhury and Shah (2001) studies on healthcare professionals in Kuwait and the studies of Gigantesco, Picardi, Chiaia, Balbi and Morosini (2003) in Rome, revealed a significant relationship between educational level and job satisfaction as respondents with a diploma reported the highest level of job satisfaction. Employees with longer experience were also more satisfied than those with shorter work

experience were. Furthermore, Gigantesco *et al.* (2003) results showed no relationship and no proportional difference between socio-demographic characteristics and level of satisfaction. This contradicts the findings of Shah *et al.* (2001), who found that nationality, education and age were significant determinants of job satisfaction.

No relationships were found between working hours and job satisfaction. Therefore, Hypothesis 4 is rejected. Cohen and Lowenberg (1990) do not support these findings, as there was no relationship found between hours and job satisfaction. However, it was found that the longer employees worked for an employer, the higher their level of commitment and that longer hours affect employees negatively.

No relationship was found between a nurse's qualifications and organisational commitment. Hypothesis 5, therefore, is rejected. These findings, however, are not supported by the findings of Steers (1977) and Mazibuko (1994) who found that organisational commitment decreases as qualifications of employees increase.

Hypothesis 6, that a nurse's education level is positively related to intention to quit is not rejected. Blegen (1993) supports these findings, that a nurse's education level is related positively to intention to quit. It is found further that nurses who were better educated were less satisfied with their work.

## **SIGNIFICANCE OF THE STUDY**

The study was divided into a theoretical and empirical study. The theoretical information focuses on the psychological contract, job satisfaction, organisational commitment, intention to quit and individual characteristics of nurses. The empirical part of the article focuses on the influence of individual characteristics on the psychological contract, job satisfaction, organisational commitment and intention to quit. Practically, the results do give a thorough reflection of how nurses experience the psychological contract, job satisfaction, organisational commitment and intention to quit. The results can assist managers in addressing certain experiences of nurses regarding psychological contract, job satisfaction, organisational commitment and intention to quit.

## **LIMITATIONS OF THE STUDY**

Limitations can be found in the methodological aspects that may affect the results in this article. A cross-sectional study was used that makes it difficult to control the effects over time as time may influence employees' perceptions. The self-reported procedure that was used can be improved by controlled application of the questionnaire.

According to Robinson, Kraatz and Rousseau (1994), a longitudinal proposal research can somehow improve at the risk of being biased and a lack of reliability in explaining changes at some obligations in the relationship between violation and these variables may exist. Another area, which is crucial for future research is to investigate how employees' perceptions of obligations continue to change. This study also needs larger group sizes, which could have a significant effect on the study's validity (Anastasi & Urbina, 1997).

## **RECOMMENDATIONS FOR FUTURE RESEARCH**

Several limitations can be reported from this study. First, cultural groups should be included in the study to test for cultural diversity, especially in countries like South Africa. Secondly, this study is challenged by the sample, which was limited to government hospitals and primary health care centres; this can be improved by including private hospitals in future research. The cross-sectional design that is used in this study is ideal for this specific research, but a longitudinal design is recommended for future research as it is more advanced as far as the period of study is a concern.

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**CHAPTER 3**

**ARTICLE 2**

**THE PSYCHOLOGICAL CONTRACT, JOB SATISFACTION, ORGANISATIONAL  
COMMITMENT AND INTENTION TO QUIT OF NURSES IN THE VAAL  
TRIANGLE HOSPITALS AND PRIMARY HEALTH CARE CENTRES**

**ABSTRACT**

The objective of this article was to establish the relationship between psychological contract (employer obligations, employee obligations), job satisfaction, organisational commitment and intention to quit of nurses (N=220) in the Vaal Triangle hospitals and primary health care centres. A cross-sectional survey design was conducted and the results demonstrated that employer obligations have a positive practically significant medium effect on employee obligations and intention to quit. A positive, practically and statistically significant relationship was found to exist between employee obligations and intention to quit. Job satisfaction has a practically significantly large effect on intention to quit. This means that employer obligations and intention to quit predict job satisfaction.

## **INTRODUCTION**

South Africa and other countries' nurses experience huge challenges in their profession on a daily basis. These challenges range from high patient load, shortage of staff, inadequate equipment, negligible disposal methods and exposure to viruses, bacteria and needle prick injuries (Agyemang & While, 2010; Hartley, 2005). This situation within the employment relationship gives negative feelings for the nurses and public health-care workers and such feelings give rise to feelings of them wanting to quit their jobs. This is the reason it is imperative to understand that within any given employment relationship there is an accompanying psychological contract, and also to understand how this contract influences employee behaviour and attitudes towards their job and their organisation. It is fundamental that the parties in the relationship have a shared perception of what they believe to be the obligations of each party (Knights & Kennedy, 2005).

There is an increasing pressure in the public sector for service delivery. This leads nursing leaders to be concerned about the number of nurses leaving the workforce (Chubbs, 2002). Westman (1994) is of the opinion that the way nurses are leaving the workplace emphasises that it is important to look at nurses' attitudes and behaviour. Furthermore, Chubbs (2002) and Rehman, Khan and Lashari (2010) postulate that nurses in most of the different settings have reported multiple negative effects, increased stress and decreased job satisfaction and commitment. Changes in job-related and work environment factors on the perceived psychological contract can negatively affect employees' attitudes towards their job satisfaction and commitment. These can lead to behaviours such as an intention to stay or quit.

A South African research concluded that organisational factors and poor working conditions were related strongly to job dissatisfaction. The social aspects of the job were found to be a strong predictor of job satisfaction (Kekana, Du Rand & Van Wyk, 2007). Pillay's (2009) study shows that overall dissatisfaction among South African nurses highlights the disparity between levels of job satisfaction in the public and private sectors.

Robinson (2001) states that employees who are dissatisfied with their jobs holds negative attitudes about their jobs, while a person with a high level of job satisfaction holds positive attitudes towards his or her job. Different researchers found that when employees have no trust or belief that their promised obligations are going to be satisfied or fulfilled, and there is

no commitment from the employer in this regard, there is a likelihood that they will have lower results from perceived obligation from their employer as well as reduced organisational commitment and decreased job satisfaction. Different studies have continually shown the causal link between job satisfaction, organisational commitment and intention to quit (Robinson & Rousseau, 1994; Robinson & Morrison, 1995; Robinson & Morrison, 2000). A positive correlation was found between organisational commitment and job satisfaction. If job satisfaction is reduced, organisational commitment is lowered and the intention to quit increases (Martin & Roodt, 2008).

From the above it is clear that it is important to identify factors that contribute to psychological contract, job satisfaction, and job commitment. Managements can use this critical information in their attempt to let nurses stay in their employ. It is important to look at the view of the psychological contract, which entails mutual expectations of both parties, as this has proven to be of great influence on employee behaviour and attitudes (Anderson & Schalk, 1998; Guest & Conway, 2000). Dhammanungune (1990) explains that an extensive model is needed to test the relationship between the strength of the psychological contract and some measurable variable.

## **LITERATURE REVIEW**

### **The psychological contract**

In the world of work, the concept of the psychological contract has emerged as a potential bridge between the expectations of management and those of the employee (Ogorzolka, 1994). According to Robinson (1996) and Rousseau (1990) psychological contract is defined as a set of mutual obligations and implicit promises as perceived by an employee. The term psychological contract was first used in the 1960s. A psychological contract is an individual's belief in mutual obligation between that person and another party, such as the employer (Rousseau, 1989).

The negative consequences of the unmet expectations have been recognised in many studies (Bal & Kooi, 2011). Dissatisfaction may arise if experience fails to confirm expectations (Dhammanungune, 1990; Griffereth, Meglino, Youngblood & Mobler, 1979). A reality shock is the discrepancy between an individual's expectations and experiences (Bal & Kooi, 2011).

A positive relationship was found between all the psychological contract dimensions and organisational commitment (Van den Brande, 2002). De Vos (2001) explains that the state of the psychological contract is highly related to organisational commitment. Brewer (1998) is of the opinion that if and when employees perceive outcomes and interpretations of events taking place in their workplace to be reasonable and fair, they are more likely to engage in a relationship of social exchange that exceeds normal expectation of their performance with their employers.

Non-fulfilment of the obligations and expectations of the employer and employee has been found to elicit intense attitudinal responses (Robinson & Rousseau, 1994; Suazo, 2009). Non-fulfilment of expectations and obligations results in a decrease in job satisfaction, while a violation of relational obligation results in lowering of organisational commitment.

Employees who do not experience violation of the psychological contract showed significantly higher levels of job satisfaction than employees who felt that promises were not kept (Chambel & Peiró, 2003). Claes *et al.* (2002) explain, if employees experience a more trust-relationship with their employer they are more satisfied with their job. Gordon and Denisi (1995) found that the job satisfaction is related negatively and significantly to intention to quit.

Cavanaugh and Noe (1999) and CIPD (2009) found that non-fulfilment of employees' psychological contract obligations had a direct and indirect effect on job satisfaction, as this relationship is affected by the perception of fairness. Guest and Conway (1997) found in their research that the psychological contract was positively associated with job satisfaction and organisational commitment and negatively associated with intention to quit. No relationship was reported between the strength of the psychological contract and organisational commitment (Grant, 2007; Stanz, Slabbert & Scheepers, 1999).

From the above the following hypothesis is formulated:

H1a: The psychological contract is positively associated with job satisfaction and organisational commitment

H1b: The psychological contract is negatively associated with intention to quit.

## **Job satisfaction**

What can be deduced from the studies conducted by Ramasodi (2010) about job satisfaction in hospitals concerning nurses is that the relationship between satisfaction, job performance and turnover is very important. Nursing turnover is seen as having an influence on high costs to hospitals and as a burning concern for the quality of nursing care, which is presently the subject of much concern in research. Therefore, job satisfaction is a complex phenomenon that has to be studied quite extensively (Ramasodi, 2010).

Recent studies on job satisfaction have been focusing more on the notion of job happiness. Job happiness is the degree to which people feel that their job challenges and fulfils them (Coetzee & Schreuder, 2010). Ramasodi (2010) explains that different employers have shown interest in why some people report being satisfied with their jobs, while others express lower levels of job satisfaction. The ideal situation would be to do an intensive research to establish factors, which are not known, that influence job satisfaction in hospital staff. There is an assumption that satisfied employees are inclined to be more productive and committed to their jobs (Al-Hussami, 2008). There is still a lack of research into job satisfaction in the healthcare sector in South Africa.

A current definition of job satisfaction is that it is as “an affective reaction to a job that results from the comparison of perceived outcomes with those that are desired” (Golbasi, Kelleci & Dogan, 2008, p. 1801). Thinane (2005) states that job satisfaction is the emotional reaction to a job, which stems from employee’s assessment of actual outcome with required outcome. If employees experience high job satisfaction, they have a positive feeling when they think about their duties, and if they experience low job satisfaction they experience negative feelings when they think about their duties (Coetzee & Schreuder, 2010). Robinson (2001) states that employees who are dissatisfied with their jobs hold negative attitudes about their jobs, whereas those with high levels of job satisfaction have positive attitudes towards their job. Robinson and Rousseau (1994) explain that when employees experience a discrepancy between what is expected and what is received, they may experience a decrease in their job satisfaction.

Teng, Shyu and Chang (2007) also agree with previous researchers that job satisfaction and organisational commitment are highly correlated. Furthermore, job satisfaction is a strong predictor of organisational commitment (Lu, While & Barriball, 2005). Job satisfaction and

organisational commitments are correlated more with a need to quit (Coetzee & Schreuder, 2010). The more employees experience job satisfaction, the less their intention to quit, the higher their commitment levels, and the lower the predicted turnover intention (Martin & Roodt, 2005). Kotzé and Roodt (2005) found a strong correlation between job satisfaction, employee commitment and retention.

From the above the following hypotheses are set:

H2: Job satisfaction and organisational commitment are highly correlated for nurses and primary health-care employees.

H3: Job satisfaction is a strong predictor of organisational commitment.

H4: Job satisfaction can effectively predict the intention of nurses to quit.

### **Organisational commitment**

Organisational commitment has emerged as an important construct in organisational research (Bull, 2005). Organisational commitment is defined as the strength of individual's identification with and involvement in the organisations. In this regard, reference is made to a strong belief in and acceptance of the values and goals of the organisations. This is motivated by the willingness to exert considerable effort on the part of the organisation and a strong desire to maintain membership of an organisation.

Mowday, Porter and Steers (1982, p. 26) define organisational commitment as “the degree to which an employee identifies himself or herself with the goals and values of an organisation and is willing to exert effort to help it succeed”. Loyalty is argued to be an important intervening variable between the structural conditions of work and the values and expectations of employees, and their decision to stay or leave. According to the above-mentioned researchers more positive and rewarding features of work increases loyalty, which in turn, reduces the likelihood of leaving on the part of employees.

Different researchers found that a positive relationship existed between organisational commitment and job satisfaction (Meyer *et al.*, 1989; Russ & McNeilly, 1995; Ward & Davis, 1995). Researchers are of the opinion that job satisfaction and commitment have many common experiences. However, there is still a lot of debate about whether job satisfaction influences commitment or whether a commitment to the organisation results in job satisfaction (Knights & Kennedy, 2005).

DeCotiis and Summer (1987), on the other hand, view satisfaction as an experience of commitment. Mathieu and Zajac (1990) view satisfaction and commitment as correlating. This ideology is focused on whether job satisfaction is derived from the personal and organisational factors that determines organisational commitment. Mowday *et al.* (1982) and Knights and Kennedy (2005), contend that there is immediate job satisfaction, which is reflected and have reactions to the job and this is built on as soon as the employee enters the organisation. Organisational commitment develops more slowly after the individual possesses a strong understanding of organisational goals and values, performance expectations promised and payment of employees by the employer (Grant, 2007; William & Hazer, 1986).

Organisational commitment and intention not to quit are important in nursing because of the national and global shortages (Okpara & Wynn, 2007; Ward, 2001). Okpara and Wynn (2007) state that employees who experience job satisfaction are less likely to be absent from work and their intention to quit is less. Mathieu and Zajac (1990) and CIPD (2009) who assert that employees who are more committed are less likely to leave their jobs support this. Two dominant conceptualisations of organisational commitment exist in the sociological literature, namely an employee's loyalty towards an employer and the intention to stay with the employer. Loyalty is based on a sense of duty and responsibility. Commitment is loyalty to a social unit (Becker *et al.*, 1996). Herscovitch and Meyers (2002) state that research in the last 25 years has generally focused on organisational commitment in the private sector and less on the public sector. This means that there is still a huge need for research in the public sector to compare or measure if any correlations exist. This research further emphasises the past development of organisational commitment and its relevance in the future studies of the psychological contract.

The social exchange perspective assumed that the more the employees feel that their investment in the organisation outweigh the benefits they received in return, the less attached they will feel towards such an organisation, and the more they will reduce their levels of commitment and the more they will be willing to leave the organisation (González-Roma, Peiró, Geurtz & Tomas, 2000). Syroit, Lodewijkx, Franssen and Gertsel (1993), who found that employees reduced their level of organisational commitment in response to unfulfilled expectations of reciprocity in the employment relationship, supported this.

Hom and Kinicki (2001) argue that an employee's positive attitude depends on the higher level of his or her attitude towards his or her job. This means that the lower the employee's

intention to stop working for an organisation the higher his or her intention to quit. The degree to which nurses are satisfied with their life will probably relate to organisational commitment (Sirgy, Efraty, Sigel & Lee, 2001). Wagner (2007) found that organisational commitment was a predictor of turnover in nursing and an effective variable with an impact on the intention to stay or intention to quit. Organisational commitment was a mediator of intention to quit.

From the above the following hypothesis is set:

H5: Employees who experience job commitment, experience job satisfaction and their intention to quit is less.

### **Intention to quit**

Purani and Sahadev (1998, p.188) define intention to quit as “an employee’s plan of intention to quit the present job and look forward to find another job in the near future” Employees’ intent to quit is regarded as an important variable in studying voluntary job turnover. This is based on the logic that individual behaviour for intentions to quit should be a good predictor of their behaviour. Research by Riggio (2009) indicates that intent to leave is one of the strongest predictors of turnover.

Marchington and Wilkinson (2008) state that employees’ decisions to quit or stay are relating to personnel’s influence of labour turnover and as such have contributory factors such as job satisfaction, organisational commitment and engagement (Shields & Ward, 2001). Tzeng (2002) contends that job dissatisfaction is a primary predictor of nurses’ intent to quit. As reported by Moynihan, Boswell and Boudreau (2000), commitment has been found to be a stronger predictor of intent to leave than job satisfaction, but job satisfaction was found to be a stronger predictor of turnover intentions and to have stronger correlation with intention to quit.

In the United States, dissatisfied nurses were 65 percent more likely to have intention to quit as compared to their satisfied counterparts (Shields & Ward, 2001). Purani and Sahadev (1998) found that employees with a longer stay at the workplace had higher levels of job satisfaction and would as such not be inclined to quit. These findings also suggested that the job satisfaction and intention to leave relationship are reciprocals as they hinge on both the employer and employee’s perceived obligations.

From the above the following hypothesis is set:

H6: Job satisfaction is a strong predictor of intention to quit.

## **METHOD**

### **Research design**

A cross-sectional survey design was used to reach the research objectives. According to Burns and Grove (1993), this research design can be used for studies similar to the current one as it is predictive and descriptive in nature. Shaughnessy and Zechmeister (1997), opine that this design is ideal to describe functions associated with correlative research.

### **Participants**

The sample used in this study includes 220 nurses working in the Vaal Triangle's provincial hospitals and primary health care centres. The study population included both males and females.

Table 1 indicates that 24.9 percent males and 63.5 percent females participated in this study. The majority of participants (20.2%) fell in the 41 to 50 years of age groups and 22.3percent had a diploma level of education. The majority of the study population has been employed by their respective organisations for periods of 2 to 5 years (21.5%). The individual characteristics of the study population are detailed in Table 1.

Table 1

Compilation of study population (N=220)

Item	Category	Frequency	Percentage
<b>Gender</b>	Male (1)	58	24.9
	Female (2)	148	63.5
	Missing responses	14	11.6
	<b>Total</b>	220	100
<b>Age</b>	20 years and younger (1)	0	0
	21 - 30 years (2)	15	6.4
	31 - 40 years (3)	33	14.2
	41 – 50 years (4)	47	20.2
	51 – and older (5)	15	6.4
	Missing responses	123	52.8
	<b>Total</b>	220	100
<b>Qualification</b>	Grade 10 or lower(1)	82	35.2
	Grade 11-12 (2)	26	11.2
	Diploma (3)	52	22.3
	Degree (4)	14	6.0
	Post-graduate Degree (5)	8	3.4
	Missing response	51	21.9
	<b>Total</b>	220	100
<b>Tenure</b>	Less than 1 year (1)	40	17.2
	2 - 5 years (2)	50	21.5
	6 - 10 years (3)	30	12.9
	11 – 20 years (4)	36	15.5
	Longer than 21 years (5)	40	17.2
	Missing Responses	37	15.9
	<b>Total</b>	220	100
<b>Hours of work</b>	Less than 40 hours per week (1)	174	74.7
	41 – 50 hours per week (2)	18	7.7
	51 – 60 hours per week (3)	8	3.4
	More than 61 hour per week (4)	14	6.0
	Missing Responses	19	8.2
	<b>Total</b>	220	100

### Measuring instrument

The individual questionnaire, psychological contract scale (employer obligations and employee obligations) and violation of psychological contract (Isaksson, *et al.*, 2003) were used in this study. Individual information was also gathered regarding gender, age,

qualification and tenure. The individual information questionnaire was constructed in order to obtain relevant individual data about the participants in the research.

The Employer Obligations Questionnaire, developed by Isaksson, *et al.* 2003 was used to gather data on the promises and commitments the employers sometimes make to their employees. The questionnaire consists of 15 items arranged along a six-point frequency-rating scale with zero being 'No' and five being 'Yes, and promise fully kept'. Typical questions on this questionnaire range from 'Has your organisation promised or committed itself to provide you with interesting work?', to 'Has your organisation promised or committed itself to help you deal with problems you encounter outside work?'. In the study conducted by More (2007) by the Department of Education (Sedibeng-West), a Cronbach alpha coefficient of 0.93 was obtained, indicating the internal consistency of this questionnaire. In this study, a Cronbach alpha coefficient of 0.94 was obtained.

The Employee Obligations Questionnaire developed by Isaksson *et al.* (2003) was utilised to determine some promises and commitments that people sometimes make to their organisation. The questionnaire consists of 16 items arranged along five-point frequency-rating scale with zero being 'No' and five being 'Yes, fully kept promise'. Examples of questions on this questionnaire vary from 'Have you promised or committed yourself to go to work even if you don't feel particularly well?' to 'Have you promised or committed yourself to work enthusiastically on jobs you would prefer not to be doing?'. In the study conducted by More (2007) by the Department of Education (Sedibeng-West), a Cronbach alpha coefficient of 0.90 were found.

The Job Satisfaction Questionnaire (JSQ) was measured by questionnaire of Price (1997). Only four items were used to measure job satisfaction. A five-point Likert scale was used, ranging from 1=strongly disagree to 5=strongly agree. The questionnaire asked 'I am not happy with my job'; 'I am often bored with my job'; 'Most days I am enthusiastic about my job'; and 'I find enjoyment in my job'. In the study conducted by Price (1997), a Cronbach alpha coefficient of 0.87 was found.

The Organisational Commitment Questionnaire (OCQ) developed by Cook and Wall (1980) was used to assess the extent to which nurses feel committed to their employer. The original questionnaire consisted of nine items and for the purpose of this study, only five items were used. The items are also rated on a five-point Likert-type scale. The scale ranged from

1=strongly disagree; 3=neither agree nor disagree, and 5=strongly agree. Questions that are asked are: 'My organisation strongly considers my goals and values' and 'I am quite proud to be able to tell people who it is I work for'; 'I feel appreciated by my supervisor'; 'In my work, I like to feel that I am making some effort, not just for myself but for the organisation as well'; and 'To know that my own work had made a contribution to the good of the organisation would please me'.

Intention to Quit Scale: The intention to quit scale is an adapted questionnaire by the Psycones project (2005). The questionnaire was measured by using four items ('I would be reluctant to leave this job' and reverse code) of Price (1997). The Cronbach alpha in studies, according to De Jong and Geurtz (1997), range from  $\alpha = 0.74$  to 0.82. Intention to quit measures the desire to leave the company rather than the actual intention to quit.

### **Statistical analysis**

The statistical analysis was carried out with the SPSS 21 programme (SPSS, 2013). The factor analysis and Cronbach's alpha coefficient were determined to assess the validity and reliability of the employer obligations scale, employee obligations scale and violation scale. Simple principal component analysis was conducted on the constructs. The eigenvalues and scree plots were then studied in order to determine the number of factors involved. Thereafter, a direct Oblimin rotation was conducted in cases where factors were related ( $r > 0.30$ ) or a principal component analysis with a Varimax rotation in case where factors were not related ( $r < 0.30$ ) (Tabachnick & Fidell, 2001).

Means, standard deviation, skewness and kurtosis were determined to describe the data. The level of statistical significance was set at  $p < 0.01$ . The significance of differences between individual groups was established by means of MANOVA. If Wilk's Lambda values ( $p < 0.01$ ) demonstrated statistically significant differences, the relationship was further analysed to determine practical significance using ANOVA, followed by Tukey HSD tests. The practical significance cut-off point of 0.50 was set for difference of medium effect and 0.80 for a difference of large effect (Cohen, 1988).

## **RESULTS**

Descriptive statistics were performed to see if acceptable Cronbach alpha coefficients were obtainable and to see if the data were distributed normally. Pearson's correlation was also utilised to establish the correlation between the constructs.

Table 2

*Pearson's correlation between the psychological contract (employers' obligations, employee obligations), job satisfaction, organisational commitment and intention to quit*

	<b>Mean</b>	<b><math>\alpha</math></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Employer obligations	35.65	0.94	1	-	-	-
2. Employee obligations	75.43	0.91	0.48**	1	-	-
3. Job satisfaction	13.12	0.65	-0.06	-0.08	1	
4. Organisational commitment	14.65	0.78	0.04	0.01	-0.09	1
5. Intention to quit	13.76	0.74	0.42**	0.20**	0.50**	-0.01

The results stated in Table 2 indicate that employer obligations have a positive and a practically significant medium effect on employee obligations and intention to quit. A positive, practical and statistically significant relationship was found between employee obligations and intention to quit. Job satisfaction has a significantly large effect on intention to quit. This study is supported by Gordon and Denisi (1995), who found that job satisfaction is significantly related to intention to quit.

In the next step multiple regression analysis were performed with job satisfaction as Dependent variable, psychological contract (employee obligations, employer obligations), organisational commitment and intention to quit as independent variables. The results are indicated in Table 3.

Table 3

*Multiple regression analyses with job satisfaction as dependent variable, the psychological contract (employer obligations, employee obligations), organisational commitment and intention to quit as independent variables*

Model		Unstandardized Coefficients		Standardized Coefficients	T	p	F	R	R <sup>2</sup>	ΔR <sup>2</sup>
		B	SE	Beta						
1	(Constant)	14.26	1.48		9.63	0.00	0.87	0.12	0.01	-0.00
	Employer obligations	-0.01	0.02	-0.07	-0.74	0.46				
	Employee obligations	-0.01	0.02	-0.07	-0.68	0.50				
2	(Constant)	15.79	1.98		7.99	0.00	1.03	0.15	0.02	0.00
	Employer obligations	-0.01	0.02	-0.06	-0.65	0.52				
	Employee obligations	-0.02	0.02	-0.07	-0.70	0.48				
	Job commitment	-0.10	0.09	-0.10	-1.16	0.25				
3	(Constant)	11.51	1.91		6.03	0.00	9.48	0.48	0.23	0.21
	Employer obligations	-0.05	0.02	-0.26	-2.81	0.01*				
	Employee obligations	-0.02	0.02	-0.09	-1.07	0.29				
	Job commitment	-0.09	0.08	-0.09	-1.08	0.28				
	Intention to quit	0.42	0.07	0.50	5.83	0.00*				

\*Statistically significant at  $p < 0.05$

The results in Table 3 indicate that the two psychological contract dimensions as given in Model 1, namely employee obligations and employer obligations, do not predict job satisfaction. Model 1 accounts for 1 percent of the variance in job satisfaction.

In Model 2, adding organisational commitment resulted in no statistic prediction of the variance in job satisfaction, accounting for approximately 2 percent of the variance. In Model 3, however, by adding intention to quit resulted in a statistical prediction of the variance in job satisfaction, accounting for approximately 23 percent of the variance. It seems that a positive relationship exists between job satisfaction and employers' obligations ( $\beta = -0.05$ ;  $t = -2.81$ ;  $p < 0, 01$ ), indicating that, as job satisfaction increases employers' obligations increase. A positive relationship exists between job satisfaction and intention to quit ( $\beta = 0.42$   $t = 5.83$ ;  $p < 0, 00$ ), indicating that as job satisfaction decreases, the intention to quit increases. Employer obligation and intention to quit predict job satisfaction.

With reference to the literature review and the empirical analyses, the results of the hypotheses testing in this study are reported in Table 4.

Table 4

*Results of hypotheses testing*

<b>Hypothesis</b>	<b>Accepted or rejected in this study</b>
H1a: The psychological contract is positively associated with job satisfaction and organisational commitment.	Rejected. No relationship was found between employees' psychological contract, job satisfaction and organisational commitment.
H1b: The psychological contract is negatively associated with intention to quit.	Rejected. A positive practically statistically significant relationship was found between employer obligations and intention to quit. But, only a statistically significant relationship was found between employee obligations and intention to quit.
H2: Job satisfaction and organisational commitment are highly correlated for nurses and primary health care employees.	Rejected. No correlation was found between job satisfaction and organisational commitment of nurses and primary health care employees.
H3: Job satisfaction is a strong predictor of organisational commitment.	Rejected. No statistical prediction of variance was found.
H4: Job satisfaction can effectively predict intention to quit of nurses.	Accepted. A positive relationship was found between job satisfaction and intention to quit. This, if job satisfaction decreases, the intention to quit increases.
H5: Employees who experience job commitment, experience job satisfaction and their intention to quit is less.	Partially accepted, as only a relationship exists between job satisfaction and intention to quit.
H6: Job satisfaction is a strong predictor of intention to quit.	Accepted. If employees' job satisfaction is high, they have less intention to quit.

## DISCUSSION

In this study, the relationship between nurses' psychological contract, job satisfaction, job commitment and intention to quit was investigated. This was done with a view to establishing whether such a relationship can have any major implications for nurses' and healthcare employees. It is also important to make managers aware of such implications, if any, so that they can deal with them. It is important to emphasise that the valuing and respecting of the

worth of not just nurses but every employee (health care employees) is key to provincial healthcare centres' well-being.

Health care centres should establish standards and guidelines for employees. Perceptions of obligations by employers and employees within the workplace are important to share with managers. Managers within the healthcare system should recognise and do an assessment of the changing employment relationships (the psychological contract), job satisfaction and job commitment. They also need to recognise problems existing between employers and employees perceptions of obligations that can lead to violation of the psychological contract and managers' actions may help the healthcare culture by improving job satisfaction and job commitment among all concerned.

According to Bergh and Theron (2006), the studying of the psychological contract is essentially to create an understanding of the relationship within the workplace, identification of opportunities for future studies and work opportunities. They also assert that not much has been done in South Africa in developing this subject. This is despite the fact that the South African socio-political milieu has changed drastically over the last few years as a result of new legal requirements and labour laws.

## **CONCLUSION AND RECOMMENDATIONS**

A number of gaps remain in this study on the theoretical information, namely only a few studies on nurses have examined organisational commitment and its related key variables such as psychological contract, job satisfaction, life satisfaction and intention to quit. A need for research exists in South Africa on the relationship between environment conditions, life satisfaction, job satisfaction and organisational commitment. The assessing of employers and employee obligations levels, job satisfaction levels and organisational commitment levels among nursing staff is imperative for nursing managers to understand the violation of the psychological contract better.

According to Petersitzke (2009), most of the recent empirical studies conducted on this subject found that the impact of psychological contract breach/violation leads to employee's attitude and behaviour change. Some of these studies are on job attitude, commitment, job satisfaction and intention to quit. The findings of this research are consistent with the findings of other previous researches and they strengthen the existing literature on psychological contract and the breaching thereof.

This study strengthens the research on the psychological contract, violation of the psychological contract, job satisfaction, job commitment and intention to quit by using research samples of nurses working in government departments, namely hospitals and primary health care centres in the Vaal Triangle.

This study has a few limitations, even if it is accepted by most of the researchers of the day. One of these limitations is that the study was limited to a few hospitals and primary health care centres and as such, its findings cannot be conclusive or generalised. It is recommended that more work should be done in developing this topic in future, especially in the South African context.

Research on the psychological contract is far too descriptive, but the introduction of the state of psychological contract makes it possible to move from a predominantly descriptive approach to study the prediction and justification of the phenomena that are highly relevant to the employer (Gracia *et al.*, 2007). A lack of research exists on the state of the psychological contract.

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## **CHAPTER 4**

### **CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

The purpose of this chapter is to draw conclusions and to present an analysis when discussing the literature and empirical results of this study. Conclusions are made with regard to the research objectives, which were identified for this study. Furthermore, limitations identified in this study are discussed in answering the research questions put forth in the first chapter. Recommendations for the organisation and future research are made.

#### **4.1 CONCLUSIONS**

South Africa currently experiences a huge shortage of qualified nurses. A productive and stable health service is fundamental to any country and nurses are one of the utmost mechanisms of the health service (Daniels, 2007; Van der Colff, 2005). Nurses experience various problems on a daily basis in South Africa. These problems include, among others, high patient load, shortage of staff, inadequate equipment, negligible disposal methods and exposure to viruses, bacteria and needle prick injuries (Hartley, 2005; National Skills Authority, 2007).

Lack of adequate amounts of resources leave nurses with a feeling of dissatisfaction since they cannot do their nursing as expected (Pillay, 2009). The British Health Care Service reports that nurses who are dissatisfied with their jobs have 65 percent higher probability of intending to quit their jobs than those reporting to be satisfied with their jobs (Shields & Ward, 2001; Yildiz, Ayhan & Erodgmus, 2009). When nurses feel helpless, they tend to experience a lot of anger and frustration and this causes negative feelings between nurses and their direct superiors (Cohn, 1994).

The transformation of the health sector resulted in the changes in the employment relationship as well as in the psychological contract between nurses and the Department of Health. These changes were experienced in the employer's obligations as well as in the employee's obligations. These changes influenced the attitudes and behaviour of employees and employers' relationship and the impact of job satisfaction, organisational commitment as well as an intention to quit among nurses. The number of nurses who have left the country for greener pastures abroad, confirms the above-mentioned statement.

The conclusions of the study, with a close focus on its objective, are presented. The general objective of this study was to determine the relationship between the psychological contract and individual outcomes (job satisfaction, organisational commitment, and intention to quit) of nurses in Vaal Triangle's provincial hospitals and primary health care centres.

Chapter 1 gave an overview and problem statement regarding the topic being researched. The chapter consists of the objectives, models, theories, research method, the measuring battery and statistical analysis. The research design consists of two phases, namely a literature review and an empirical study.

The literature review in Chapter 2 – Article 1 indicated that both internationally and nationally there is a shortage of research of nurses and health care employees. It was anticipated that over one million new nurses would be needed to meet demands of healthcare in 2012 in South Africa. This target was not reached, as there is a huge retention in the nursing industry. Erasmus (2007) argues that the shortage of nurses alluded to above is a multifaceted problem and that age plays a significant role in this shortage. Nearly half of the nursing population was already in its mid-life stage in 2010 (Atkinson, 2005). Failure to address challenges facing nursing in South Africa could cause the profession to find itself in even deeper trouble. Shields and Ward (2001) mention that nursing is viewed generally as a low-paying job, thereby making it unattractive as a profession.

Public sector management are called upon to attend to employees' attitudes and behaviours if they want to cope with the increasing demands of public service delivery. When dealing with these challenges, it is necessary to look at the factors influencing these behaviours (Dovlo, 2005). Scrutinising the psychological contract is a point of departure in this regard, as it entails the mutual expectations of employer and employee of their exchange relationship. This has proven to be of great influence on employee behaviour and attitudes (Anderson & Schalk, 1998; Guest & Conway, 2000).

Guest and Conway (2000) cite that there are two advantages to the study of the psychological contract, stating that although the psychological contract contains the expectations and concerns of the individual employee, it also allows the contextual factors to shape individual attitudes and behaviour. These contextual factors include company policy development, the union's role in this relationship as well as the organisational climate. On the other hand, the psychological contract framework also allows for active individuals, those who are not

resistant to change, to modify their attitudes and behaviours when their expectations are not met. It is, therefore, important to look at individual variables of an employee.

The current dispensation in healthcare institutions calls for a more skilled workforce as a result of the innovation in medical technology and the demand for more sophisticated patient care (Erasmus, 2006). Different researchers contend that there is a strong mutual relationship between organisational commitment and job satisfaction (Meyer, Paunonen, Gellatly, Goffin. & Jackson 1989; Russ & McNeilly, 1995; Ward & Davis, 1995). Job satisfaction has been seen as reciprocal of organisational commitment at any given time in institutions (Kovach, 1977).

Job satisfaction has a strong negative effect on intention to quit results and in turn, this intention to quit is associated with negative job satisfaction (Borda & Norman, 1992; Esposito, 2008; Shield & Ward, 2001; Yildiz, Ayhan & Erodoğmus, 2009).

It was also identification factors in the literature that contributed to psychological contract, job satisfaction, organisational commitment, which should provide innovative information for nursing managers in their effort to design programmes aimed at enhancing nurses' intention to stay with their employer.

The psychological contract is a key concept in the understanding of employees' attitudes towards their jobs and organisations (Gracia, Silla, Peiró & Fortes-Ferreira, 2007). Psychological contract develops from a dynamic relationship between the employer and employee and these obligations and beliefs may change over time (Lee, 2003).

The literature review further states that the psychological contract is promise-based and is the beliefs by employees about the promises expressed or implied by the employer (Rousseau, 1995). According to Guest, (2004) and Rousseau (1995), this reciprocal obligation includes employees' personality characteristics, age, gender, literacy levels and ability to understand.

Van Dyne and Ang (1998) found in their study in Singapore, that temporary employees have lower expectations about what employers are obliged to provide for them. Ang, Tan, and Ng (2000) explain that an atypical employment (temporary employment) in Singapore has a lower sense of obligation to employers than their US counterparts do.

There is little evidence concluded in research that proves that there is any difference between younger and older workers in their psychological contracts with their organisations (Van der

Heijden, Schalk& Van Veldhoven, 2008). Job satisfaction from different findings, as stated by De Witte and Näswall, (2003), found that there is not much of a difference in the type of contract in this regard.

Empirical studies that have been documented where a positive relationship between age and job satisfaction was observed (Okpara, 2006). Different findings exist between job satisfaction and age of nurses. Ma, Samuels and Alexander (2003) state that, nurses with lesser years of experience showed lesser job satisfaction levels than those with longer experience.

Shield and Ward (2001) postulate that, the relationship between age and job satisfaction is a continuous process. In a study conducted by Buitendach and Rothmann (2009) it was found that, male employees do not have any significantly higher levels of job satisfaction when compared to their female counterparts. The study explains that the reason for this could be that not much of a difference exists insofar as the treatment of both male and female employees is concerned in South Africa. According to the Constitution of the Republic of South Africa (108 of 1996), any form of discrimination with regards to gender is unlawful, therefore, male and female employees must be treated fairly and equally in the workplace.

In the field of organisational behaviour, the concept organisational commitment was found to be a central problem for both researchers and organisational phenomena (Martin & Roodt, 2008). Organisational commitment is defined as the strength of an individual's identification with and involvement in the organisation. In this regard, reference is made to strong belief in and acceptance of the values and goals of the organisation; this is motivated by the willingness to exert considerable effort on the part of the organisation and a strong desire to maintain membership of the organisation (Mowday, Porter & Steers, 1982).

Different studies found that the degree level of the factors that influence organisational commitment did not differ much in relation to gender, age, educational level, tenure or job location, but higher organisational commitment was found among permanent employees (Benett & Durkin, 2000; Brown, 2003; Cook & Wall, 1980; Coyle-Shapiro & Kessler, 2002; Culoerson, 2002; Knight & Kennedy, 2005).

Rigotti and Mohr (2003), in their study, indicate that temporary employees are less committed than permanent employees due to uncertainty and the insecure nature of their job. De Witte & Näswall (2003) contend that there is no significant difference between types of

contract and organisational commitment. There is no evidence proving any relationship between age groups and organisational commitment (Brown 2003). Marius (2005) stated that, mostly individual characteristics such as age, qualification, gender, language, tenure, all contribute to organisational commitment.

Hypothesis 1 that states that a positive relationship exists between employees' psychological contract and tenure is accepted partially because only a positive and practically significant relationship with a medium effect was found between tenure and employee obligations. From ANOVA, it was found that a significantly small difference exists between younger and older employees regarding tenure.

Hypothesis 2 that states that nurses with permanent employment showed more job satisfaction than temporary nurses did is rejected. No differences were found between permanent and temporary employees when performing MANOVA. Marler, Barringer and Milkovich, (2002) do not support these findings, as contingent employees who would prefer temporary work might be more highly skilled, nurses with permanent employment showed more satisfaction than temporary nurses.

The second objective in Chapter 2 – Article 1 was to investigate if any relationship existed between nurses with permanent employment and their temporary counterparts. It was found that according to hypothesis 2, that states that nurses with permanent employment showed more job satisfaction than temporary nurses did, is rejected. No differences were found between permanent and temporary employees when performing MANOVA. Marler *et al.* (2002) do not support these findings.

Chapter 3 - Article 2, determines how psychological contract, job satisfaction, organisational commitment and intention to quit is conceptualised in related literature.

The first objective of Chapter 3, hypothesis 1a, was to determine whether psychological contract is positively associated with job satisfaction and organisational commitment and whether hypothesis 1b, the psychological contract is negatively associated with intention to quit.

In the literature, it is discovered from the studies conducted by Ramasodi (2010) that an important relationship existed between satisfaction, job turnover and performance. Nursing turnover is seen as having an influence on high costs of hospitals and as a burning issue of

quality of nursing care, it is currently the subject of much concern in research. Therefore, job satisfaction is a complex phenomenon that has to be studied quite extensively.

Studies recently conducted on job satisfaction have been related to the notion of job happiness. Job happiness is the degree to which people feel they are being challenged and fulfilled by their jobs (Coetzee & Schreuder, 2010). Ramasodi (2010), furthermore, explains that many organisations have shown interest in why some people report being satisfied with their jobs while others express lower levels of job satisfaction. The ideal situation would be to do an intensive research to establish factors, which are not so well known that influence job satisfaction among hospital staff. There is an assumption that satisfied employees are inclined to be more productive and committed to their jobs (Al-Hussami, 2008).

A current definition presents job satisfaction as “an affective reaction to a job that results from the comparison of perceived outcomes with those that are desired” (Golbasi, Kelleci & Dogan, 2008, p. 1801). Thinane (2005) states that job satisfaction is the emotional reaction to a job, which stems from employee’s comparison of actual outcome with required outcome.

If employees experience high job satisfaction they would have a positive feeling when they think about their duties and if they experience low job satisfaction they will experience negative feelings when they think about their duties (Coetzee & Schreuder, 2010). Robbins (2001) states that employees who are dissatisfied with their job, hold negative attitudes toward their job, whereas employees with a high level of job satisfaction hold positive attitudes towards their job.

Teng, Shyu and Chang (2007) also agree with previous researchers that job satisfaction and organisational commitment are highly correlated. Furthermore, job satisfaction is a strong predictor of organisational commitment (Lu, While & Barriball, 2005). Job satisfaction and organisational commitment are correlated more to a need to quit (Coetzee & Schreuder, 2010). The more employees experience job satisfaction, the less their intention to quit, and the higher the commitment level of the employee, the lower the predicted turnover intention. Kotzé & Roodt (2005); Martin (2008), found a strong correlation between job satisfaction, employee commitment and retention.

Hypothesis 1a was also set to investigate if a psychological contract is positively associated with job satisfaction and organisational commitment. In this study, it was found no relationship exists between employees’ psychological contract, job satisfaction and

organisational commitment but there was a relationship between employers and employee psychological contract and intention to quit, therefore, only hypothesis 1b was accepted; that psychological contract is negatively associated with intention to quit. This is important for management to notice that if they do not comply with the psychological contract and violation of the psychological contract takes place, then employees have a higher intention to quit. There is already a shortage of nurses in South Africa and if employers do not focus on the psychological contract of employees, more retention and turnover of nurses and health care employees may take place.

Hypothesis 2 was to determine if job satisfaction and organisational commitment are highly correlated for nurses and primary healthcare employees. Hypothesis 3 was to determine job satisfaction is a strong predictor of organisational commitment. Hypothesis 4 was accepted; that job satisfaction could effectively predict the intention to quit. A positive relationship was found between job satisfaction and intention to quit. This means if job satisfaction decreases, the intention to quit increases. Hypothesis 5 was partially accepted; that employees' who experience job commitment, experience job satisfaction, and their intention to quit is less. A relationship exists between job satisfaction and intention to quit only. Hypothesis 6 was accepted; that job satisfaction is a strong predictor of intention to quit.

From the above it is clear that managers need to know that organisational commitment and intention not to quit is important in nursing because of national and global shortages. Okpara and Wynn (2007) stated that employees who experience job satisfaction are less absent from work and their intention to quit is less. Mathieu and Zajac (1990) and CIPD (2009), who state that employees who are more committed are less likely to leave their jobs, support this.

In this study it was found that job dissatisfaction is a primary predictor of nurses' intent to quit their current job and this was also found in studies of Shields and Ward (2001) and Tzeng (2002). As reported by Moynihan, Boswell and Boudreau (2000), commitment has been found to be a stronger predictor of intent to leave than job satisfaction, but job satisfaction was found to be a stronger predictor of turnover intentions and to have stronger correlation with intention to quit.

Shields & Ward (2001), who conducted a study in the United States, presented evidence showing that dissatisfied nurses were 65 percent more likely to have intent to leave, as compared to their satisfied counterparts.

## 4.2 LIMITATIONS

Various limitations were identified in this research. The research design used was a cross-sectional one. Therefore, no cause-and-effect relationships could be determined. The following limitations should be considered to place these results in proper context. First, the data is cross-sectional and represents employees' opinions and attitudes at one point in time. To help remedy the problems with cross-sectional data, a longitudinal evaluation of employee attitudes and opinions, coupled with an experimental design, may provide a better examination of perceived social support, especially from supervisors on employee outcomes such as job satisfaction and turnover intention.

However, results provide some direction for future research in the field of nurses within South Africa. In addition, the study population was imbalanced in terms of gender; the study group consisted of mainly females, whereas stratified random sampling may have been a more appropriate selection technique to ensure equal representation.

The aim of studying the psychological contract is to create an understanding of psychology in the workplace as well as future studies and work opportunities; much has to be done in South African context for developing this subject (Bergh & Theron 2006). The situation in South African socio-political context has changed because of legal requirements and the labour laws legislations that are developing.

A number of gaps remain in this study on the theoretical information, namely only a few studies on nursing have examined organisational commitment and its related key variables, psychological contract, job satisfaction, life satisfaction and intention to quit. A need for research exists in South Africa on the relationship between environmental conditions, life satisfaction, job satisfaction and organisational commitment, Assessing of life satisfaction levels, job satisfaction levels and organisational commitment levels among nursing staff is imperative for nursing managers to understand the violation of the psychological contract better.

This study strengthens the research on psychological contract, job satisfaction, job commitment and intention to quit by using research sample of nurses working in government hospitals and primary health care centres in the Vaal Triangle area.

This study has its own limitations. One of these limitations is that its sample was limited to a few hospitals and primary health care centres operating in the Vaal Triangle area and as such,

its findings may not be generalised. It is, therefore, recommended that more work be done in developing this topic in future, especially in the South African context where the concept is still fairly new.

### **4.3 RECOMMENDATIONS**

In this research, as with other researchers, among them Luddy (2005), the objective was to investigate the underlying factors that influence job satisfaction in the public health institutions in the Vaal Triangle area, with specific focus on hospitals and community healthcare centres.

Bergh and Theron (2006) further state that the objective of this research is to embrace the mission of optimal work-life of the individual. Conway and Briner (2005) state that lack of research exists regarding the mediation role between work status and the state of psychological contract. In this article, the states of the psychological contract have been defined and explained in order to give a basis for this construct.

Locke (1976, p. 1300) defines job satisfaction as a “pleasurable or positive emotional state resulting from the appraisal of one’s job experiences”. Other research has failed to find whether there is a link between commitment and performance. As with job satisfaction, it is true that many factors intervene between attitude and performance (Arnold *et al.*, 2008). First, Mowday, Steers and Porter (1979) define organisational commitment as the relative strength of an individual’s identification with and involvement in an organisation. In this study, lack of job satisfaction is seen as the source of intention to quit. The study was intended to advance understanding of turnover among nurses as is supported by researches conducted in nursing and health by Alexander, Lichtenstein, Joo Oh and Ullman (1998). These researchers concluded that job satisfaction may affect turnover through intention to quit.

According to Meyer, Allen & Smith (1993), there is much correlation and strong commonality between job satisfaction and organisational commitment but job satisfaction is seen as the most known concept that relates to an employee's desire to remain with a company because they want to show loyalty, emotional attachment, and financial need. It is also important to note that, even if job satisfaction is considered a dominant topic, the organisational commitment remains more important to employers. The findings in this study suggest that it is not enough to make conclusions on a small cross-sectional group. Lack of

promotion, pay, and poor work environment should also be looked at, in order to ensure an improvement in the working conditions of nurses.

Variables like increase in pay, bonuses and security, which increase both job satisfaction and organisational commitment, are surely the constructs that will maintain a good relationship between the employer and employees in their reciprocal obligations. There are several other ways in which future research can be used to investigate the development of this psychological contract concept.

Researchers also suggested that in future, research should be done to examine the theoretical and empirical issues pertaining to the organisational context. Lester, Turnley, Bloodgood, and Bolino (2002), further suggest that there should be more proactive actions in sharing information among employees and employers in this exchange of obligations.

There are many fruitful ways of conducting research in future (Meyer & Herschovitch (2001), but in this study the researcher only sampled a few of these methods. The contribution made by articles used in this study and the approach of psychological contract gave an opportunity for further research to be done on employer and employee obligations in different settings or spheres. When studying the impact of obligations using the four dimensions, namely time frame, scope, stability, contract levels, researchers should be able to construct a meaningful conceptualisation of all four professionals categories in the health sector, namely registered/enrolled nurses, ancillary nurses, professional nurses and chief professional nurses.

Findings of this study suggest that it is not enough to reinstate contract nurses on an on-going basis until the poor performance, pay and lack of promotion variables are looked at, if the issue of job satisfaction and intention to quit is to be rectified. Therefore, job satisfaction is a complex phenomenon that has to be studied extensively (Ramasodi, 2010).

Research is still being done in the domain of psychological contract, which leads to the conclusion that psychological contract breaches have a serious influence on employers and employees work-related relationships (Conway & Briner, 2005; Suazo, 2009; Zhao, Wayne, Glibkowski, & Bravo, 2007).

The cross-sectional design that was used in this study is ideal for this specific research, but a longitudinal design is recommended for future research as it is more advanced as far as the period is concerned, that is using a longer period of study.

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