Predictors of Organizational Commitment Among Staff in Assisted Living

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Purpose: This study examines the role of organizational culture, job satisfaction, and sociodemographic characteristics as predictors of organizational commitment among staff in assisted living. It is particularly important to examine organizational commitment, because of its close links to staff turnover. Design and Methods: Data were collected from 317 staff members in 61 facilities, using self-administered questionnaires. The facilities were selected from licensed assisted living programs and were stratified into small, traditional, and new-model homes. Staff questionnaires were distributed by a researcher during 1-day visits to each facility. Organizational commitment was measured by the extent of staff identification, involvement, and loyalty to the organization. Results: Organizational culture, job satisfaction, and education were strong predictors of commitment, together explaining 58% of the total variance in the dependent variable. Higher levels of organizational commitment were associated with more favorable staff perceptions of organizational culture and greater job satisfaction. In addition, more educated staff members tended to report higher levels of organizational commitment. Other than education, sociodemographic characteristics failed to account for a significant amount of variance in organizational commitment. Implications: Because job satisfaction and organizational culture were strong predictors of commitment, interventions aimed at increasing job satisfaction and creating an organizational culture that values and respects staff members could be most effective in producing higher levels of organizational commitment.

Key Words: Organizational culture, Job satisfaction, Work-related attitudes, Work environment

Recruitment and retention of adequate staff is becoming recognized as a major challenge in assisted living (Fitzpatrick, 2002; Galloro, 2001). According to recent surveys, the annual rates of staff turnover in assisted living range from 21% to 135% across states and reach a national average of 42% (American Association of Homes and Services for the Aging [AAHSA], 2002; National Center for Assisted Living [NCAL], 2001). These rates are comparable with the high rates of staff turnover in nursing homes, which vary from 38% to 143% (Centers for Medicare and Medicaid Services [CMS], 2001). Considering the growing elderly population and the projected nursing workforce shortage, the rates of staff turnover are likely to increase and the retention of adequate staff will become even more difficult in the future (Callahan, 2001; General Accounting Office [GAO], 2001; Noelker, 2001, Stone, 2001).

Staff turnover has adverse effects on quality of care, staff morale, and administrative costs. It is well known that staff turnover interrupts the continuity of resident care and results in increased workload and resentment among staff who must assume additional duties (Banaszak-Holl & Hines, 1996; Cohen-Mansfield, 1997). Furthermore, staff turnover increases costs associated with the recruitment and training of replacements (Zahrt, 1992). Jacob (2002) estimated that, in a typical assisted living facility with 67 staff and an average 73% turnover rate, the annual cost associated with new hires could reach $84,537.

Among the factors that contribute to turnover, a lack of organizational commitment has been identified as a strong predictor (Mathieu & Zajac, 1990; Mowday, Steers, & Porter, 1979; Price & Mueller, 1981). Organizational commitment refers to the extent to which an employee identifies with an organization and is committed to its goals. According to Mowday and colleagues (1979), strong organizational commitment is characterized by “a belief in
and acceptance of the organization’s goals and values, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain organizational membership” (p. 226). Allen and Meyer (1990) proposed a three-component model of organizational commitment, including affective commitment, continuance commitment, and normative commitment. Affective commitment implies employees’ emotional attachment to the organization. Continuance commitment refers to employees’ feelings of obligation to remain with the organization. Normative commitment is based on the costs that employees would have to incur if they decided to leave the organization. In the present study, the term organizational commitment refers to affective commitment.

Organizational commitment has been associated with a number of positive outcomes. Employees who are committed to their employing organizations are less likely to quit than those who are not (Mathieu & Zajac, 1990). Greater organizational commitment has also been linked to lower rates of absenteeism and better job performance (Geurtz, Schaufeli, & Rutte, 1999; McNeese-Smith, 1995; Somers, 1995). Because of its relationship to these important outcomes, organizational commitment is one of the more thoroughly investigated topics in the organizational literature. Few studies, however, have examined organizational commitment among staff in long-term care (Grau, Chandler, Burton, & Kolditz, 1991; Kiyak, Namazi, & Kahana, 1997).

Many variables have been linked to organizational commitment, including job satisfaction, work environment characteristics, and employee characteristics (Lok & Crawford, 2001; Mowday, Porter, & Steers, 1982). A strong positive relationship between job satisfaction and organizational commitment has been reported in numerous studies (Lok & Crawford, 2001; Mathieu & Zajac, 1990; McNeese-Smith, 2001; Price & Mueller, 1981; Williams & Hazer, 1986). There is a controversy, however, concerning the causal nature of this relationship. Although some researchers suggest that job satisfaction causes organizational commitment (Matheiu & Zajac; Steers, 1977; Williams & Hazer), others indicate that organizational commitment causes job satisfaction (Bateman & Strasser, 1984; Vandenbarg & Lance, 1992). Still others argue that the relationship between job satisfaction and organizational might be reciprocal (Price & Mueller, 1981). Overall, there is more research evidence suggesting that job satisfaction is a cause of organizational commitment rather than the opposite (Matheiu & Zajac; Williams & Hazer). Therefore, in this study it is assumed that greater job satisfaction leads to higher organizational commitment.

Researchers also stress that job satisfaction and organizational commitment are conceptually distinct constructs (Knoop, 1995; Lance, 1991; Mowday et al., 1979). Whereas job satisfaction implies an affective response to one’s job, organizational commitment refers to the strength of employee identification or loyalty to the entire organization. Furthermore, job satisfaction and organizational commitment contribute in different ways to turnover. Job satisfaction tends to be correlated with turnover intention, whereas organizational commitment shows stronger correlation with actual turnover. Research consistently indicates that organizational commitment is a better predictor of actual turnover than job satisfaction (Price & Mueller, 1981; Tett & Meyer, 1993).

Recent studies also point to the importance of organizational culture in predicting organizational commitment (Hatton et al., 1999; Laschinger, Shamian, & Thomson, 2001; Lok & Crawford, 2001). Organizational culture refers to a complex pattern of assumptions, beliefs, and values that guide the behavior of individuals in organizations (Schein, 1996). Lok and Crawford (2001) found that innovative organizational culture, characterized by a willingness to experiment and innovate, was a strong predictor of organizational commitment among hospital nurses. Similarly, Hatton and colleagues indicated that greater commitment among staff in services for people with intellectual disabilities was associated with cultures that were more tolerant or staff oriented, achievement oriented, innovative, and rewarding. Furthermore, organizational cultures that foster staff empowerment and trust in management have been linked to higher job satisfaction and greater organizational commitment (Laschinger, Finegan, Shamian, & Casier, 2000; Laschinger et al., 2001). Recently, Eaton (as quoted in CMS, 2001) identified “a culture of valuing and respecting caregivers” as an important organizational characteristic that differentiated low- and high-turnover nursing home facilities. To my knowledge, there are no studies that examined the effects of organizational culture on commitment or turnover among staff in assisted living.

Furthermore, various personal characteristics have been frequently investigated as antecedents of organizational commitment. These characteristics include age, gender, education, marital status, religiosity, and organizational tenure. Older employees and employees with longer organizational tenure (i.e., the length of employment with the organization) tend to be more committed than younger individuals or those with a shorter organizational tenure (Grau et al., 1991; Kacmar, Carlson, & Brymer, 1999; Kiyak et al., 1997; Lok & Crawford, 2001; Mathieu & Zajac, 1990; Price & Mueller, 1981). This is because older workers or those with longer organizational tenure accumulated more “side bets,” such as pension plans and other benefits (Meyer & Allen, 1984). It is unclear to what extent the side-bets theory is applicable to workers in long-term care, because these workers receive few benefits and have limited opportunities for advancement (GAO, 2001). Earlier research also reported that women were more committed than men (Mathieu & Zajac). More recent studies, however, found no relationship between gender and organizational
commitment (Kacmar et al.; Van der Velde, Bossink, & Jansen, 2003).

In addition, more educated employees show lower levels of commitment, most likely because they have higher expectations or greater alternative job opportunities (Grau et al., 1991; Mathieu & Zajac, 1990). Married individuals report higher levels of commitment than unmarried individuals, because of their greater financial burdens and family responsibilities (Kacmar et al., 1999; Mathieu & Zajac). Religion has also been linked to organizational commitment. Kidron (1978) found that the “Protestant work ethic,” measured by commitment to the values of hard work, was positively correlated with organizational commitment. Although it has been recognized that religious value orientation could motivate people to “expose themselves to the physical and social needs of others” (Idler, 1999, p. 27), to my knowledge no study to date has examined the effects of religiosity on work-related attitudes among formal caregivers. Therefore, in the present study, religiosity is examined as an antecedent of organizational commitment.

In summary, organizational commitment is an important predictor of turnover. A number of sociodemographic characteristics and organizational factors have been linked to organizational commitment. Despite growing concerns with staff turnover, little is known about factors that predict organizational commitment among staff in long-term care, and no research exists on staff commitment in assisted living. Researchers who examined predictors of staff commitment in health care organizations focused on hospital nurses, and it is unknown to what extent their findings apply to staff in assisted living (Knoop, 1995; McNeese-Smith, 1995; Price & Mueller, 1981). Those who work in assisted living tend to be less educated and occupy less autonomous jobs than hospital staff. Factors that predict their work attitudes might be different from the factors that predict attitudes of hospital staff.

Therefore, my purpose in this study is to identify a set of variables that predict organizational commitment among staff in assisted living. In particular, I investigate the role of organizational culture, job satisfaction, and staff characteristics as predictors of organizational commitment. The theoretical framework for the study (Figure 1) follows the general framework of other studies examining predictors of organizational commitment (Lok & Crawford, 2001; Mowday et al., 1982; Price & Mueller, 1981). Consistent with the literature, the hypothesis here is that organizational factors will contribute more significantly than staff characteristics to the prediction of organizational commitment. Higher levels of organizational commitment will be associated with more favorable perceptions of organizational culture and greater job satisfaction. Furthermore, from the information in the literature, I hypothesize that the more committed staff will also tend to be older, female, married, less educated, more religious, and have longer organizational tenure.

Knowledge of how organizational factors and staff characteristics are related to organizational commitment will be useful in improving the quality of the work environment for staff. In particular, because organizational commitment has been recognized as a key predictor of turnover, a better understanding of factors that are associated with organizational commitment can be helpful in designing policies and interventions to increase staff commitment and diminish turnover.

Methods

Sample and Procedure

With the participation of research assistants, I collected data from 317 staff members in 61 facilities that were part of a larger study designed to examine organizational determinants of resident autonomy in assisted living. Consistent with other national studies, I defined assisted living as a residential care program that provides housing, supervision, and health-related services to older adults who need assistance in the activities of daily living (Hawes & Phillips, 2000). I conducted the study sampling in two stages. First I drew a sample of assisted living facilities, and then I selected a sample of staff members from each facility.

Sample of Facilities.—I drew the facilities from licensed assisted living programs in Maryland (Maryland Department of Health and Mental Hygiene, 2001). To obtain an organizationally diverse sample, I stratified the listing of facilities into small, traditional, and new-model facilities, based on the assisted living typology developed by Zimmerman and colleagues (2003). I defined the new-model facilities as purpose-built after 1986 and containing 16 or more beds, and they had to meet at least one of the following four criteria: (a) having different private-pay monthly rates; (b) having at least 20% of their resident population require assistance with transfer; (c) having...
at least 25% of their residents be incontinent daily; or (d) having a registered or licensed practical nurse on duty around the clock. Of the 61 facilities that participated in the study, 22 (36%) were small (with fewer than 16 beds), 22 (36%) were new model, and 17 (28%) were traditional facilities (with 16 or more beds that could not be classified as new model). The sample of facilities varied in size from 7 to 164 beds, with a mean of 42 and a median of 30 beds. Of the 61 facilities, 7 (11%) were owned by individuals, 19 (31%) were owned by small corporations, 12 (20%) were owned by large corporations, and 23 (38%) were operated as nonprofit corporations. The majority of facilities, 43 (70%), were freestanding and not affiliated with a chain. Because all facilities operated under the same set of state regulations, they shared the requirements for staff qualifications and training, had similar physical environment characteristics, and provided similar services (e.g., meals, housekeeping, personal care, and assistance with medications).

Sample of Staff.—Staff questionnaires were distributed by a researcher during 1-day visits to each facility. All staff members who were hired and paid by the facility and who had daily contact with residents were invited to participate in the study. Private-pay nursing staff and relatives who were not hired on a contract, or administrative staff who had no daily contact with residents, were excluded. Each staff member received a survey packet consisting of a cover letter, a consent form, and a questionnaire with an addressed, stamped envelope. The completion of a questionnaire took 10 to 15 min. Staff members were asked to return the completed questionnaire in an attached envelope. Identifying numbers were used on questionnaires instead of names in order to maintain anonymity.

Of the 574 questionnaires distributed in 61 facilities, 317 were completed, indicating an overall response rate of 55%, which compares favorably with the response rates in health care settings (Scott, Mannion, Davies, & Marshall, 2003). The number of questionnaires distributed in each facility varied from 1 to 25, with a mean of 9 questionnaires. Staff in new-model facilities had the lowest response rates ($M = 45.5\%$), compared with staff response rates in traditional facilities ($M = 61\%$) and in small facilities ($M = 59\%$). Because of the anonymous nature of the survey, no data were collected for nonrespondents. One of the reasons given for a lack of response was a low literacy level or low English proficiency among immigrant workers. The characteristics of staff who participated in the study are presented in Table 1.

The majority of staff were women (91%); most of the staff were White (56%) and almost half (47%) were married. The mean age was 43 years and 12% were 60 years of age or older. With regard to education, more than half of the staff (56%) had a high school or lower education. Only 20% held a bachelor’s or graduate degree. Nursing assistants constituted the largest group of participating staff (46%), followed by administrative staff (14%) and activity staff (10%). The length of employment in the facility varied from 1 month to 45 years, with a mean of 4 years. More than half of the participating staff (61%) had been working in the facility for 2 or more years. Except for the length of employment, these staff characteristics were comparable with the characteristics of assisted living staff reported by Hawes and Phillips (2000) in their national study.

Measures

The dependent variable in this study was organizational commitment. On the basis of the literature review, the independent variables chosen for exam-
inclusion included job satisfaction, organizational culture, and staff characteristics such as age, gender, education, marital status, religiosity, and organizational tenure. All individual-level data were obtained from staff by use of self-administered questionnaires.

I assessed organizational commitment by using a nine-item affective commitment scale, developed by Cook and Wall (1980) to measure commitment among blue-collar workers according to such components as identification (pride in the organization), involvement (willingness to invest personal effort for the sake of the organization), and loyalty (a wish to remain a member of the organization). I scored each item on a 7-point scale with responses ranging from 1 = No, I strongly disagree, to 7 = Yes, I strongly agree. I obtained scale scores by summing responses across items, with higher scores reflecting greater organizational commitment. The internal reliability for the Organization Commitment scale (Cronbach’s α = .81) in the present study compares favorably with the estimates (α = .87 and .80) reported by Cook and Wall.

I assessed organizational culture with the Organizational Culture Survey (OCS) developed by Glaser, Zamanou, and Hacker (1987). The instrument consists of 36 items grouped into six subscales, which measure staff perceptions of teamwork, morale, information flow, involvement, supervision, and meetings. Glaser and colleagues established the OCS validity by using observations and 45-min critical incident interviews. Teamwork (eight items, α = .94, score range 8–40) measures staff perceptions of coordination, honesty, support, and concern for each other (e.g., people I work with are direct and honest with each other). Morale (seven items, α = .95, score range 7–35) assesses staff perceptions of the quality of their working relationships and organizational character (e.g., this organization respects its workers). Information flow (eight items, α = .92, score range 4–20) refers to the quality of communication between staff and their supervisors (e.g., I get the information I need to do my job well). Involvement (four items, α = .92, score range 4–20) measures the extent to which staff are involved in decision making (e.g., I have a say in decisions that affect my work). Supervision (eight items, α = .93, score range 8–40) refers to staff perceptions of their supervisors (e.g., when I do a good job my supervisor tells me). The meetings subscale (five items, α = .93, score range 5–25) assesses staff’s perceptions of meetings (e.g., decisions made at meetings are put into action). Each item was scored on a 5-point scale (from 1 = to a very little extent to 5 = to a very great extent), with higher cumulative scores reflecting more favorable perceptions of organizational culture. In the present study, Cronbach’s α = .98 for the entire OCS (score range 36–180) and the reliability estimates for the separate subscales (.92–.95) were higher than the estimates (.63–.91) reported in the original research (Glaser et al.).

I measured job satisfaction by using the Job Satisfaction scale from the Michigan Organizational Assessment Questionnaire (Cammann, Fichman, Jenkins, & Klesh, 1979; Seashore, Lawer, Mirvis, & Cammann, 1982). The scale consists of three items that assess the extent to which staff are satisfied with their jobs (i.e., All in all, I am satisfied with my job; In general, I don’t like my job; In general, I like working here). Each item was scored on a 7-point scale, with responses ranging from 1 = strongly disagree to 7 = strongly agree (including one reverse coded item). Higher summative scores indicated greater satisfaction. In the present study, Cronbach’s α = .79 for the scale and compares favorably with the coefficient alpha, α = .77, reported in the literature (Seashore et al.).

The assessed sociodemographic characteristics included age, gender, education, marital status, religiosity, and organizational tenure. I measured education according to five educational levels (i.e., 1 = grade school, 2 = high school, 3 = postsecondary or some college, 4 = bachelor’s degree, 5 = graduate degree). I assessed marital status by using one item reporting respondent’s marital status: 1 = single, 2 = married, 3 = divorced, 4 = separated, and 5 = widowed. In the multiple regression analysis, I recoded this variable as a dichotomous variable with two categories: married (1) and unmarried (0). I measured organizational tenure by the number of months since the beginning of employment in the facility.

I assessed religiosity by using a two-item index from the 1997–1998 General Social Survey (Fetzer Institute, 1999). The index measures the strength of religious or spiritual orientation by assessing the extent to which respondents consider themselves religious and spiritual. Each item was scored on a 4-point scale with responses ranging from 1 = not at all religious or spiritual to 4 = very religious or spiritual. Higher cumulative scores reflected greater religiosity. Cronbach’s alpha for the index (.79) in the present study was similar to the estimate (α = .77) reported in the literature (Fetzer Institute). The descriptive

<table>
<thead>
<tr>
<th>Variables or Measures</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
<th>No. of Items</th>
<th>α</th>
</tr>
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<tr>
<td>Commitment</td>
<td>48.5</td>
<td>9.7</td>
<td>10–63</td>
<td>9</td>
<td>.81</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Culture Survey</td>
<td>133</td>
<td>31</td>
<td>36–180</td>
<td>36</td>
<td>.98</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>18</td>
<td>3.4</td>
<td>3–21</td>
<td>3</td>
<td>.79</td>
</tr>
<tr>
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<td>43</td>
<td>14</td>
<td>16–79</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Education</td>
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<td>1.06</td>
<td>1–5</td>
<td>5</td>
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<tr>
<td>Religiosity or spirituality</td>
<td>5.9</td>
<td>1.6</td>
<td>2–8</td>
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<td>.79</td>
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<td>Organizational</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tenure (in months)</td>
<td>49</td>
<td>65</td>
<td>1–540</td>
<td>1</td>
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</tr>
</tbody>
</table>

Table 2. Description of Study Measures
Statistics for the measures used in the study are presented in Table 2.

Data Analysis

I included only individual-level data in the analysis. I used simple correlations (Pearson’s r) to examine the strength and direction of relationships between variables. I assessed the predictive ability of independent variables by using multiple regression analysis, with organizational commitment as a dependent variable and job satisfaction, organizational culture, and sociodemographic characteristics as independent variables. An examination of the assumptions underlying multiple regression analysis revealed that one of the variables in the study, organizational tenure, had positively skewed distribution. Therefore, I took a natural log of organizational tenure to bring the distribution closer to normal. I conducted a statistical analysis of the data by using the Statistical Package for the Social Sciences (SPSS, 1999).

Results

First, I examined the relationships between variables by using zero-order correlations. These correlations are presented in Table 3. The strong correlations between organizational commitment and organizational variables indicated that the staff members who reported higher levels of organizational commitment were more satisfied with their jobs and had more favorable perceptions of organizational culture. Of the examined staff characteristics, only age, education, marital status, and religiosity were significantly correlated with organizational commitment. Staff members who were more committed tended to be older, married, and more educated, and they considered themselves to be more religious. The magnitudes of these correlations, however, were relatively small compared with the organizational variables.

Subsequently, I used a hierarchical regression analysis to identify predictors of organizational commitment from independent variables and determine their relative and overall contribution to the regression model. The two sets of variables, including sociodemographic characteristics and organizational culture, were entered in two steps into the regression equation. Because sociodemographic characteristics are often associated with work-related attitudes, I entered them in Step 1. I then entered organizational variables (i.e., organizational culture and job satisfaction) together in Step 2. The hierarchical regression results are presented in Table 4.

As shown in Table 4, sociodemographic characteristics failed to account for a significant amount of variance in organizational commitment (Step 1). When considered together with other variables, only education remained a significant predictor of organizational commitment. Staff members who were more educated tended to report higher levels of commitment. More than half of the variance in organizational commitment (55%) was explained by organizational culture and job satisfaction, which

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### Table 3. Zero-Order Correlations for All Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
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<td></td>
<td></td>
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<td>2. Organizational culture</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Job satisfaction</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Age</td>
<td>.12*</td>
<td>.10*</td>
<td>.12*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>5. Gender (1 = female)</td>
<td>.03</td>
<td>.05</td>
<td>.05</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Educational level</td>
<td>.14**</td>
<td>.04</td>
<td>.03</td>
<td>.04</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Marital Status (1 = married)</td>
<td>.11*</td>
<td>.01</td>
<td>.05</td>
<td>.26***</td>
<td>.01</td>
<td>.20***</td>
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<td>8. Religiosity</td>
<td>.10*</td>
<td>.04</td>
<td>.10*</td>
<td>.27***</td>
<td>.07</td>
<td>.02</td>
<td>.05</td>
<td></td>
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<tr>
<td>9. Log organizational tenure</td>
<td>.06</td>
<td>.07</td>
<td>.13*</td>
<td>.39***</td>
<td>.06</td>
<td>.03</td>
<td>.19**</td>
<td>.14**</td>
</tr>
</tbody>
</table>

Notes: For the table, N = 317. Gender and marital status were coded as dichotomous variables (0, 1).

*p < .05; **p < .01; ***p < .001 (one-tailed tested).

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### Table 4. Hierarchical Regression Analysis Results

<table>
<thead>
<tr>
<th>Variables</th>
<th>Step 1</th>
<th>Step 2</th>
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<tr>
<td>Sociodemographic characteristics</td>
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<tr>
<td>Age</td>
<td>0.04</td>
<td>-0.02</td>
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<tr>
<td>Gender</td>
<td>-0.05</td>
<td>-0.04</td>
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<tr>
<td>Marital status</td>
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<td>0.07</td>
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<tr>
<td>Education</td>
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<td>0.10*</td>
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<tr>
<td>Religiosity</td>
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<td>0.06</td>
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<tr>
<td>Log organizational tenure</td>
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<td>-0.05</td>
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<td>Organizational factors</td>
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<tr>
<td>Organizational culture</td>
<td>0.52***</td>
<td></td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>0.31**</td>
<td></td>
</tr>
<tr>
<td>Multiple R</td>
<td>0.18</td>
<td>0.76</td>
</tr>
<tr>
<td>R²</td>
<td>0.03</td>
<td>0.58</td>
</tr>
<tr>
<td>Change in R²</td>
<td>0.03</td>
<td>0.55</td>
</tr>
<tr>
<td>Change in F</td>
<td>1.4</td>
<td>165.2***</td>
</tr>
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</table>

Notes: Table shows results or organizational commitment on sociodemographic characteristics and organizational culture (N = 317).

*p < .05; **p < .01; ***p < .001.
I entered in Step 2 into the regression equation. As I expected, based on the observed correlations, organizational culture was the strongest predictor of commitment ($\beta = .52, p < .001$), followed by job satisfaction ($\beta = .31, p < .001$) and education ($\beta = .10, p < .05$). Higher levels of organizational commitment were associated with more favorable perceptions of organizational culture and greater job satisfaction. In addition, more educated staff tended to report higher levels of organizational commitment. Together, staff characteristics and organizational variables explained .58% of the variance in organizational commitment (adjusted $R^2 = 0.57$).

To determine the degree of multicollinearity among variables, I used diagnostics such as the tolerance of a variable and the variance inflation factor (VIF; Hair, Anderson, Tatham, & Black, 1995). The tolerance values for the three predictor variables were as follows: 0.62 for organizational culture, 0.61 for job satisfaction, and 0.93 for education. The corresponding VIF values were as follows: culture, 1.6; job satisfaction, 1.6; and education, 1.1. These diagnostics indicated that each variable made a significant unique contribution to the prediction of organizational commitment.

In addition to the analyses just reported, I ran the basic regression models separately for professional and paraprofessional staff. With one small exception, the predictors of organizational commitment were identical in both groups and approximately equal proportions of variance were explained. The one exception was as follows: Religiosity had a positive and significant (although relatively small) effect on commitment for paraprofessional staff but not professional staff. Thus the same factors predict commitment in both groups.

**Discussion**

My purpose in this study was to identify a set of variables that predict organizational commitment among staff in assisted living. Based on the literature, the examined antecedents of organizational commitment included staff perceptions of organizational culture, job satisfaction, and sociodemographic characteristics such as age, gender, education, marital status, religiosity, and organizational tenure. The findings indicate that organizational culture, job satisfaction, and education were independent predictors of organizational commitment, together explaining .58% of the total variance in the dependent variable. Staff characteristics failed to account for a significant amount of variance in organizational commitment. These results are consistent with other studies that show that work environment characteristics are more influential in explaining commitment than employee characteristics (Lok & Crawford, 2001; Mathieu & Zajac, 1990; Price & Mueller, 1981).

Organizational culture was the strongest predictor of organizational commitment. Staff members who were more committed had more favorable perceptions of organizational culture. In particular, they were more likely to view their employing organizations as high on morale, teamwork, and participation in decision making. Researchers recognize that culture exerts a powerful influence on how employees perceive their jobs and how committed they are to their organizations (Eaton, 2000; Gifford, 2002; Schein, 1996). A growing number of studies suggest that cultures that value staff, by promoting teamwork and participation in decision making, positively influence work-related attitudes (CMS, 2001; Hatton et al., 1999; Lok & Crawford, 2001).

Job satisfaction was the second strongest predictor of organizational commitment. Staff members who were more satisfied with their jobs were also more committed and loyal to their employing organizations. This finding is consistent with numerous studies, which indicate a strong positive relationship between job satisfaction and commitment (Lok & Crawford, 2001; Mathieu & Zajac, 1990; McNeese-Smith, 2001; Price & Mueller, 1981; Williams & Hazer, 1986). In a meta-analysis of studies that examined antecedents of organizational commitment, Mathieu and Zajac found that the average correlation between job satisfaction and commitment was .59. This high correlation indicates that job satisfaction is a strong predictor of commitment for employees in various types of industries and work environments.

In addition, education emerged as the third significant predictor of organizational commitment. Contrary to the literature, more educated staff members tended to report higher levels of commitment, regardless of their perceptions of organizational culture and job satisfaction. This positive relationship between education and commitment might be due to the fact that staff members who had more education occupied higher status positions and were more involved in decision making in the organization. Research shows that greater participation in decision making is strongly associated with higher levels of job satisfaction and organizational commitment (Laschinger et al., 2000, 2001). In nursing homes, staff members who occupy higher status positions, which provide more opportunities for involvement in decision making, report higher job satisfaction and greater commitment than the less educated paraprofessional staff (Kiyak et al., 1997). Future studies should examine relationships between job characteristics and work-related attitudes among staff in assisted living.

Several of the staff characteristics were significantly correlated with organizational commitment (although they did not become significant predictors when considered with other variables). Consistent with the literature, staff members who were older, married, and more religious reported higher levels of organizational commitment (Grau et al., 1991;
Kacmar et al., 1999; Kiyak et al., 1997; Lok & Crawford, 2001; Mathieu & Zajac, 1990; Price & Mueller, 1981). Contrary to the literature, there was no relationship between length of employment and organizational commitment. For example, staff who worked in the facility for less than 12 months reported similar levels of commitment to those who were there for more than 5 years ($t = -1.27, p = .21$). Similarly, there was no significant difference between short-stay staff (less than 2 years) and long-stay staff (more than 2 years) in the levels of organizational commitment ($t = -1.35, p = .177$). This lack of relationship might be due to the fact that longer organizational tenure is not necessarily associated with greater side bets (e.g., pension plans, health insurance, and higher pay) for those who work in long-term care facilities (Meyer & Allen, 1984).

Overall, the correlations between staff characteristics and organizational commitment were small, and they failed to account for a significant amount of variance in organizational commitment. Despite considerable literature suggesting links between sociodemographic characteristics and organizational commitment, few studies found these characteristics to be independent predictors of commitment. Sociodemographic characteristics tend to be used as descriptive statistics rather than explanatory variables (Kacmar et al., 1999; Mathieu & Zajac, 1990; Price & Mueller, 1981). In addition, researchers point to a lack of consistent theoretical explanation of why sociodemographic characteristics should be related to commitment. Price and Mueller point out that it is unclear how age influences commitment. The frequently reported positive relationship between age and commitment might be due to the fact that older employees have more rewarding jobs, participate in more decision making, and are better integrated into the workplace. Therefore, it is not age per se that increases commitment, but rather the better quality of jobs and the work experience, which are positively correlated with age (Mathieu & Zajac; Price & Mueller).

The main methodological limitations of this research are related to its design and the self-selected sample of staff who participated in the study. Because the study was based on a cross-sectional design, the relationships between organizational commitment and predictor variables can be interpreted only as associations rather than causal relationships. Future longitudinal studies should examine the effects of organizational factors and staff characteristics on commitment over time in order to establish causal links between variables. Research is also needed to explain the mechanism through which organizational structures and processes influence commitment among staff. Future studies should focus on a broader range of organizational variables, including those related to the facility organizational context, such as ownership status and labor market conditions, and they should examine the mechanism through which these factors influence organizational commitment.

The sample of staff who participated in the study was biased in favor of those with a longer organizational tenure. Views of these staff members may not be representative of all staff in assisted living. Furthermore, the facilities from which the staff were selected were located in one state and had relatively high staff retention rates ($M = 69\%$), as measured by the percentage of staff who worked in the facility for more than 12 months. These facilities may not be representative of all assisted living settings, especially those with less stable staff. Future studies should include a more representative sample of facilities and diversified sample of staff in terms of organizational tenure.

It is also important to note that high staff turnover may not necessarily be indicative of low retention. In some facilities a high “quit rate” might be attributed to a relatively small subset of positions that are likely to turn over several times within a year, whereas the majority of positions are relatively stable. These short-stay staff members (who fill the high-quit-rate positions) might be different from long-stay staff, and different sets of factors may predict their commitment (Garland, Oyabu, & Gipson, 1988). To better understand commitment and turnover, future longitudinal studies should examine predictors of organizational commitment separately for short-stay and long-stay staff. Data should also be collected about the effects of other organizational variables such as opportunities for advancement, salaries, and benefits on staff commitment. Research suggests that good job benefits (e.g., pension plans, health insurance) are associated with greater organizational commitment and higher job satisfaction (Grau et al., 1991; Parsons, 1998). In assisted living, such benefits are relatively underused, and the effects of other organizational variables such as opportunities for advancement, salaries, and benefits on staff commitment. Research suggests that good job benefits (e.g., pension plans, health insurance) are associated with greater organizational commitment and higher job satisfaction (Grau et al., 1991; Parsons, 1998). In assisted living, such benefits are relatively underused, and the availability of these benefits affects staff commitment.

The study findings have practical implications for administrators and managers who want to improve staff commitment and increase their retention. Because job satisfaction and organizational culture were the strong predictors of commitment, interventions aimed at increasing job satisfaction and changing organizational culture could be most effective in producing higher levels of organizational commitment. Such interventions should concentrate on bolstering staff interpersonal skills, building group support, and fostering meaningful participation in resident care planning and decision making (Harahan et al., 2003; Institute for the Future of Aging Services, 2003). Research suggests that good interpersonal skills and participation in decision making encourages teamwork, which in turn increases staff commitment and reduces turnover (Banaszk-Holl & Hines, 1996). Furthermore, efforts to increase staff commitment should focus on creating an organizational culture that values and respects staff. Such efforts, for example, might include the creation of peer support groups, mentoring programs, worker appreciation events,
competitive wages, and benefit packages (Paraprofessional Healthcare Institute, 2001).

Organizational commitment, as measured by the degree of staff identification, involvement, and loyalty to the organization, is an important indicator of the quality of staff in long-term care. With the projected nursing staff shortage and the increasing need for services related to the growing elderly population, a better understanding of factors that influence staff commitment is critically needed. The lack of stable and committed staff could be especially detrimental to assisted living, because resident relationships with staff are central to the provision of good-quality care. The success of assisted living will greatly depend on its ability to attract and retain committed staff members who identify with the mission of assisted living and are willing to exert considerable effort to translate its resident-centered philosophy into their daily work with residents.

References


Received March 15, 2004
Accepted August 9, 2004
Decision Editor: Linda S. Noelker, PhD