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THE EFFECT OF ORGANIZATIONAL CULTURE ON ORGANIZATIONAL COMMITMENT IN PUBLIC HOSPITALS IN ETHIOPIA

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Abstract-The purpose of this study was to examine the effect of organizational culture on organizational commitment at public hospitals in Addis Ababa. Organizational Culture Index and Organizational Commitment Questionnaire instruments were used to measure the independent and dependent variables of the study respectively. The gathered data was statistically analyzed with SPSS version 20. Out of the 405 questionnaires distributed, 365 copies were returned and 305 copies (90.12% response rate) were valid and used for analysis. The study revealed that bureaucratic culture was the most dominant culture type prevailing at public hospital in Addis Ababa, Ethiopia. The analysis of organizational commitment showed that the level of affective and normative commitment was low, whereas the level of continuance commitment was moderate. Finally, public hospitals in Addis Ababa are recommended to give more emphasis on improving the innovative and supportive culture instead of bureaucratic culture as the later showed no significant effect on employee commitment.
Key Words: bureaucratic culture, organizational commitment, public hospitals

1. INTRODUCTION

Economic, social, and political development can only be achieved by building and sustaining effective and productive organizations. This demands human resource management skills. Good human resource management results in attracting, retaining, and satisfying committed employees. Employees join and continue for an organization, as long as they are satisfied with the working conditions (Christian, 2000).

In order to satisfy the ever growing demand for professional health workers throughout the world, we need to add about four million more health workers to the system. The demand is most acute in Africa. This continent bears twenty four percent of the world's burdens of disease, and yet has only three percent of the global health workforce. Of the total of fifty seven countries falling below the thresh hold density of 2.5 health workers per 1000 people, thirty six are in Africa (WHO, 2006).

Therefore, it is widely acknowledged that the number of health workers in Africa is almost negligible compared to the demand and this will surely hinder the continent from achieving the Millennium Development Growth (Awase, M. et al (2003). The situation in Ethiopia is similar to that of the rest of the continent. Both the population of the country and the rate of attrition and migration of the health workers are growing rapidly. This demands a drastic action both to train more health workers and to retain the existing few. This in turn requires finding ways of increasing motivation, adding satisfaction, and raising commitment levels of the workers.

Employees usually play a key role in organizations; they are the supreme resource an organization can have and it is through their participation and dedication that the organization can become competitive (Sempane et al, 2002 as cited in Griffith, 2013). Organizational commitment has been accepted as an important concept over the last three or four decades because of its relationship and role to organizational effectiveness, and it has been defined, measured, and studied in research in various contexts (Mathieu and Zajac, 1990; Saimir and Jonida, 2013).

According to Chiang (2008) when employees hold to identity and share a sense of belonging to an organization, they will consider themselves associated with the organization and will work hard with other members to achieve organizational objectives. A higher organizational commitment will encourage employees' willingness to work hard for an organization (Angle and Perry, 1981). Organizational commitment of the employees could be seen in conditions like the employees strongly believe in and accept the organizational goals and values; they are willing to do their utmost on behalf of the organization, and are willing to remain with the organization (Porter et al, 1974).

Given the significant effect of organizational commitment on the proper functioning and competitiveness of organizations, certain variables have been affecting the commitment of employees required to have for an organization. The working system, leadership styles, communication, compensation system and the overall organizational culture could exert considerable impact on the commitment of employees (John, 2009). Different

studies assure that leadership and organizational culture have a significant influence on organizational commitment and job satisfaction (Lok and Crawford, 1999, 2001).

Understanding the nature of organizational or corporate culture has been believed and studied to help managers and other concerned bodies acquaint with the behaviors and attitudes of employees. According to Wagner (1995), organizational culture has a strong impact on employees' behavior and attitudes.

Given the dynamics of culture and human behavior, studying how employees commit themselves to their organization has become important in the perspective of management, and there are a few research reports. For example, Lok and Crawford's (2001) study showed the significant impact of organizational culture on the commitment of employees.

Deal and Kennedy (1982) also recommended that organizational culture affects the commitment of employees within the organization, and the strength of organizational commitment is associated with the strength of organizational culture. That is, organizational culture could play an important role in enhancing commitments and improving performance of employees. When employees are not happy at work, they are less committed and tend to search for other opportunities outside. If the opportunities are unavailable or far reaching, they will stray themselves away from the organization emotionally. This will affect one's organizational commitment (Terrence Deal et al, 2000, as cited in Siti Zaleha et al, 2013).

At this time leaders are confronting an unexpected problem, which needs rationality in different situations on behalf of them. Current organizational disputes giving much emphasis to the importance of leadership and self-commitment from organizational decision makers, next, become highly important to organizational success (Earle, 1996)

Researchers recognized that employee commitment and leadership styles (Bass, 1997; Bass et al., 2003; Trottier et al., 2008) are key factors for the organizational success or failure. Allen and Myer (1990) also recommend that the continued interest is a result of the belief that if properly managed, employee commitment can result in benefits such as leadership effectiveness, improved employee performance, reduced turnover and absenteeism. This track to exploit the potential organizational benefits has resulted in the large number of studies that focus on the nature of employee commitment.

According to Bass and Avolio (1993), leadership styles are behaviors that leaders conduct or contribute in that enable surprising things to be done in or by the organization. Therefore, leadership in the organizational context of this study is related to the person who is appointed by the organization or owner to follow up the whole or sub activities of the organization as well as the subordinates report to whom in the context of a workplace relationship.

Leadership and culture have been situated as serious concepts related to organizational effectiveness. An early founder in the field of cultural research, Schein (1996), deal with that the most important function of a leader is associated with the creation, changing and manipulating of organizational culture. According to Schein (1996) 'the only function of leadership that differentiates from management is the concern for cultural'.

The type of leadership will directly affect the organizational environment and culture (Bass, 1985; Barker, 1990). In order to be a successful leader, one must be able to accurately evaluate the organization's culture and assist followers in understanding it well. Scholars in various disciplines have defined these phenomena as the driving force in the success or failure of an organization (Schein, 2010).

Hence, organizational culture and leadership behavior, along with their effects on organizational commitment, job satisfaction and employee performance are some of the critical elements in determining the efficiency, competitiveness and achievement of organizations in facing today's challenges. These have realistic implications for managers and consultants in management development, and ultimately could improve superior performance of the managers in the organization. According to Bass and Avolio (1993), leadership styles are attitudes or ways that leaders contribute in that enable surprising things to be done in or by the organization.

According to Walston et al (2008) in this world the field of health care, devoting or emphasizing more to give prominent service to the nations while considering costs. Health care organizations must know or accept the necessity of committed medical staffs and then provide quality services if they want to alive as a healthcare provider that is targeted to meet the basic and social needs of people seeking care (Raja, Deshmukh, and Wadhwa, 2007).

In Ethiopia a few studies have been conducted in the areas of employee or organizational commitment; such as the relationship between leadership styles and employee commitment in higher education institutions at Addis Ababa (Temesgen, 2011), and job satisfaction and organizational commitment among academic staff and support staff at Wolayta Sodo University (Hailemariam and Rao, 2013).

Employees and their commitment to organizations are therefore essential in providing accessible services regarding diagnosis, treatment, and medical care, along with comprehensive educational and training programs. The present study was aimed to enrich the body of knowledge of the conceptual interconnectedness of organizational culture, leadership styles and organizational commitment, as well as to propose recommendations which can be applied in public hospitals that are attempting to promote quality service.

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However, based on the given facts, there seems to have shortage of research works on organizational culture, leadership styles and organizational commitment. Thus, examining the impact of organizational culture and leadership styles on the commitment of employees in the context of Ethiopian health care services appears to be imperative.

2. Objective of the study

The general objective of this study was to examine the effect of organizational culture on organizational commitment at public sector institution with special focus at public Hospitals, in Addis Ababa, Ethiopia Based on the general objectives the following specific objectives were derived To identify the most dominant culture type in public hospitals in Addis Ababa. To measure the level of organizational commitment and it's dimensions among medical staff of public Hospital in Addis Ababa.

2.1 Hypothesis of the Study

Following hypothesis were formulated to achieve the desired research objective:
H1: Bureaucratic culture is the most prominent organizational culture of the three culture types in Public Hospital in Addis Ababa, Ethiopia.
H2: Employees level of affective and normative commitment is low whereas, their level of continuance commitment is high at Public Hospital in Addis Ababa, Ethiopia H2a: Employees level of normative commitment is low at Public Hospital in Addis Ababa, Ethiopia.
H2b: Employees level of continuance commitment is high at Public Hospital in Addis Ababa, Ethiopia.
H2c: Employees level of normative commitment is low at Public Hospital in Addis Ababa, Ethiopia.

2.2 Research Design

A cross sectional survey approach was used in gathering the data for the purpose to meet the research objective and finally providing findings for this research. The two basic methodological approaches to which different studies might naturally lend themselves are the qualitative and the quantitative methods. While qualitative research was more descriptive, quantitative research more often draws inferences based on statistical procedures and often makes use of graphs and figures in its analysis (Ghauri and Grönhaug, 2005). In the study, the researcher used both of methods. However the quantitative approach features more.

2.3 Population of the Study

The population of this study was medical staffs in public hospitals of Addis Ababa. As per information obtained from Addis Ababa health bureau, there are about 10 hospitals (Tikur-anbessa hospital , D.Balch Hospital, Dagmawi Minilik Hospital, Ras Desta Damitew Hospital , St. Paulos Hospital, Zeweditu Hospital, Gandhi memorial hospital, Yekatit 12 hospital, Zeweditu hospital and St. peter Hospital) serving in the city as of October 2016. Because of the activities performed and size of hospitals, all public hospitals will be selected as a sample and the total population of this study was 10800(Ministry Of Health, 2014).

2.4 Sampling Technique

The study employed both stratified and simple random sampling techniques to select the participants. The strata classified the health professionals in to three strata, medical doctors, nurses and other medical staffs. In the study, all populations were considered. Thus, consequently, the researcher was contact the respondents using convenience sampling from each of the stratum. The study was used convenience sampling to obtain a large number of completed questionnaires quickly and economically. The sample size is then determined proportionally by taking in to account the number of employees in each stratum. Even though there are a number of approaches to determine the desired sample size of the respondents, for this study, the sample size is determined in using Taro Yamane's (1973) formula, which is convenient as well as simple, for the given total population by taking into account 0.05 (5%) standard error or significant level. Therefore, based on the above formula, the sample size is 405 (i.e. 68 medical doctors, 255 nurses and 82 other medical professionals were selected as a sample for this study.

3. VARIABLES AND MEASUREMENT INSTRUMENTS

➢ Organizational culture: Organizational Culture Index (Wallach 1983, as cited in Griffith 2013) was used to measure the independent variable (organizational culture which has three types: Bureaucratic, innovative, supportive culture. Hence, 18-items with a five-point Likert scale, ranging from "does not describe my organization" valued as a "1" to "describes my organization most of the time" valued as a "5".

➢ Organizational commitment: Organizational Commitment Questionnaire developed by Meyer and Allen (1997)was used with a total of 18 items to measure the aspects of organizational commitment using a five-

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point Likert Scale of 1 to 5 (1= never, 2= rarely, 3=sometimes, 4=most of the time and 5=frequently, if not always).

3.1 Method of Data Analysis

The collected data through questionnaire were coded, cleaned, and entered in to computer and presented and analyzed with the help of SPSS version 20 and Microsoft Excel. The descriptive analysis was used to determine the level of employee organizational commitment and the most prominent organizational culture in the public hospitals Addis Ababa, Ethiopia.

3.2 Descriptive Analysis for Variables of Organizational Culture and Organizational Commitment

In this part the descriptive analysis is performed to determine the most dominant organizational culture and level of employee organizational commitment. In doing so the items for measurement of each hypothesis are summarized to answer the hypothesis of the study. In this analysis the response to each specific statements are compared using the mean and standard deviation scores.

The degree of agreement or disagreement of the respondents for each statement is analyzed by summarizing the five point Likert scale response in to five by considering the strongly agree and agree responses in to one positive response (i.e. Agree) and strongly disagree and disagree responses in to one negative response (i.e. Disagree) and the natural response is taken as it is.

That is, the higher the mean score the more that the respondents agreed with the statement and vice versa. The figure for the standard deviation (SD) also indicates the degree to which responses varied from each other: the higher the figure for (SD) indicates the more variation in responses.

H1: Bureaucratic culture is the most prominent organizational culture of the three culture types in Public Hospital in Addis Ababa, Ethiopia.

Table-3.1 Prevailing Organizational Culture

Organizational culture types	No of Measures	Minimum	Maximum	Mean	SD
Innovative Culture	6	1	5	2.93	.75
Supportive Culture	6	1	5	2.99	.72
Bureaucratic Culture	6	2	5	3.14	.74

Source: Survey data (2017)

Table 3.1 above indicates the descriptive statistics of the respondents' response to the existing organizational culture they felt in their day to day career. Considerably Highest mean value response is observed in the bureaucratic nature of the culture (mean, 3.14). This would mean that the institution's working environment merely reflected a bureaucratic culture. Surprisingly, a supportive kind of culture is responded inconceivably (mean, 2.99).

This result supported Ivars et al (2013) view that suggested the most dominating culture types were bureaucratic followed by innovative culture. This finding further supports Lotars and Arturs (2010) study, which indicated bureaucratic culture was the dominant culture.

This study was also supported by a study conducted by Griffith (2013) on the impact of organizational culture on organizational commitment within small and micro enterprises in Suriname, South America to determine the role that organizational culture and leadership style play in Small and Medium-sized Enterprises (SMEs). The descriptive finding of the research shows that Bureaucratic and Supportive culture had a significant direct effect on organizational commitment and the average, respondents were committed to their organization and bureaucratic and innovative cultures were dominant in small and medium sized enterprises.

In contrast, of this Naicker conducted a research on organizational culture and employee commitment to investigate the preferred as well as the existing culture and employee commitment levels at a South African Riverview Paper Mill company and the result of the study revealed that the employees at this company strongly prefer a supportive type culture ,than bureaucratic and innovative culture.
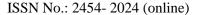
The result of this study, in general, shows that although bureaucratic culture was the most dominant culture, innovative and supportive cultures were fairly prevailing. This could imply that if management tries to control the cultures of the hospital, it is possible that the dominant culture will be changed from bureaucratic to innovative or supportive culture. Therefore, Hypothesis H1 is accepted.

3.3 Level of Organizational Commitment

H2: Employees level of affective and normative commitment is low whereas, their level of continuance commitment is high at Public Hospital in Addis Ababa, Ethiopia.To measure the mean score of five point Likert scale, Zaidaton and Bagheri (2009), as cited by Abraham et al 2014, identified the mean score below 3.39 is considered as low, the

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mean score from 3.40 up to 3.79 is considered as moderate, and the mean score above 3.8 is considered as high. Thus, based on this category of mean score, the level of employee organizational commitment at Public Hospitals in Addis Ababa, Ethiopia was presented and discussed in the following sections.

3.4 Level of Affective Commitment

H2a: Employees level of affective commitment is low at Public Hospital in Addis Ababa, Ethiopia.

As indicated in Table 2 below, the employee's level of affective commitment (mean=2.83, SD=.1.08) was found to be low. Such lower level of affective commitment seems to show that employees do not feel a sense of ownership towards their hospital and their emotional attachment is also fairly low.

This finding contradicts Norizan (2012) and Ali Abbaas and Ikhlas (2014) who found that the mean score on affective commitment was high (mean= 4.07, SD=.43) the mean score of affective commitment was moderate (mean=3.44, SD=.614) respectively.

However, the descriptive finding of the study supports the study conducted by Naicker (2008) that implies the level of affective commitment was low (mean =2.6 and SD= 1.38) and Vignaswaran's (2005) view that shows affective commitment was at a lower level with mean= 3.11 and SD= 0.61. Therefore, the hypothesis H2a is accepted.

Table-3.2 Level of Affective Commitment

S. No.	Item	N	Min	Max	Mean	Std. Deviation
1	Spending the rest of the career times with the hospital.	305	1	5	2.78	1.13
2	Owning the problems of the hospital.	305	1	5	3.09	1.19
3	Not belong to the hospital.	305	1	5	2.79	.94
4	Lacking emotional attachment the hospital.	305	1	5	2.71	1.14
5	Not feeling like a family for the hospital.	305	1	5	2.73	.91
6	Having a great concern of the hospital.	305	1	5	3.04	1.16
	Total				2.83	1.08

Source: Survey data (2017)

3.5 Level of Continuance Commitment

H2b: Employees level of continuance commitment is high at Public Hospital in Addis Ababa, Ethiopia.

As shown in Table 3.3 below, the respondents' mean response to their level of continuance commitment indicates low mean response (mean, 2.91). That is, respondents were not sure of whether they had continuance commitment. However, the respondents' did show a sort of concern on the second item (It would be very hard for me to leave my hospital right now, even if I wanted to). This type of commitment, according to Hunt and Morgan (1994), is characterized by an individual sense of responsibility about the costs incurred as a result of leaving the organization. Generally, this result seems to contradict Naicker's (2008) view that the level of continuance commitment was moderate (mean, 3.00); while it appears to supports Abbaas's (2014) few who suggests that the level of continuance commitment was low (mean, 2.67). Hence, the descriptive statistics result failed to confirm the H2b above. In other words, hypothesis H2b is rejected as the participants' mean response to continuance commitment is not high at public hospitals.

Table-3.3 Level of Continuance Commitment

S. No.	Item	N	Min	Max	Mean	Std. Deviation
1	Not leaving the hospital for personal desire	305	2	5	2.78	1.10
2	Incapable of quitting the job	305	2	5	2.78	1.08
3	Disturbance of life when leaving the hospital	305	2	5	3.00	2.04
4	Feeling few options to consider leaving the hospital	305	2	5	2.85	1.11
5	Considering working elsewhere	305	2	5	2.97	1.15
6	Scarcity of available alternatives	305	2	5	3.05	2.54
	Total				2.91	1.5

Source: Survey data (2017)

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3.6 Level of Normative Commitment

H2c: Employees level of normative commitment is low at Public Hospital in Addis Ababa, Ethiopia.

According to the results presented in Table 4 below, the mean score for employees' responses on each of the normative organizational commitment subscales are ranged from 2.86 to 3.16 with the standard deviation values from 1.07 to 1.17. The question "Not feeling any obligation to remain with the hospital" was rated the highest mean score. The overall rate for normative commitment shows a lower level of organizational commitment for employees at the hospital with mean=2.96 and SD=1.1). The result of normative commitment implies that employees were not willing to commit themselves to and remain in the hospital because of feeling of obligation.

This finding is supported by Abbaas (2014) who indicated that the level of normative commitment was fairly low (mean=3.34, SD= .816). Yasemin Bal et al (2014) also supports this finding suggesting that the mean score for normative commitment was found to have low level (mean= 3.01, SD= .85). This study finding, however, is not similar to the previous study conducted by Naicker (2008) who indicates that the level of normative commitment was moderate with mean = 3.4 and SD = 1.34. The result of this study supports the hypothesis H2c to be true i.e. H2c is accepted, meaning that employees' level of normative commitment is low at public hospital.

Table-3.4 Level of Normative Commitment

S. No.	Item	N	Min	Max	Mean	Std. Deviation
1	Not feeling any obligation to remain with the hospital	305	1	5	3.16	1.13
2	Not feeling right to leave the hospital	305	1	5	3.08	1.10
3	Feeling guilty leaving the hospital	305	1	5	3.03	1.17
4	Loyalty to the hospital	305	1	5	2.86	1.12
5	Sense of obligation not to leave the hospital	305	1	5	2.88	1.07
6	Owing a great deal to the hospital	305	1	5	2.90	1.11
	Total				2.96	1.1

Source: Survey data (2017)

CONCLUSIONS

Thus, based on the finding of this study the following conclusions were drawn. Bureaucratic culture seemed to be the prevailing organizational environment in public hospitals in Addis Ababa (see table 5.6). This finding even supports the literature which states that bureaucratic culture is the most prevalent organizational culture type than the innovative or supportive culture. Although bureaucratic culture was the most dominant culture at the time of the study, innovative and supportive cultures were also fairly existed. This could imply that if management tries to control the cultures of the hospital, it is possible that the dominant culture can be changed from bureaucratic to innovative or supportive culture. The employees did not seem to have a sense of ownership towards their hospital and their emotional attachment and sense of belonging tended to be also low. The analysis of the employee organizational commitment survey showed that the level of affective commitment (mean= 2.83, SD= 1.08) and normative commitment (mean=2.96, SD=1.1) were low and the level of continuance commitment was also low (mean=2.91, SD=1.5). That is, the employees consider the disadvantages of leaving the organization and avoid quitting, although they wanted to; and lack of better opportunities outside of their selected hospital was mentioned as the main factor that made them stay in the hospital.

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