

# Multiple Commitments: A Conceptual Framework and Empirical Investigation in a Community Health Service Trust

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**This study examines different work-related foci of commitment, such as the work group and the employing organization as well as the current occupation. It assesses how these foci of commitment are influenced by, and influence, attitudes and emotions at work. Data from employees and managers in the British health-service sector shed light on the associations. Regression analysis reveals a strong association between positive work-related emotions and commitment levels, leading to a higher intention to stay with the organization. Implications for management and how the study fits into the existing body of commitment literature are discussed.**

## Introduction

Organizational commitment (OC) is defined in terms of attitude as well as a set of intentions. Attitudinal commitment exists when 'the identity of the person is linked to the organisation' (Sheldon, 1971) or 'when the goals of the organisation and those of the individual become increasingly integrated or congruent' (Hall, Schneider and Nygren, 1970).

Numerous recent studies address specific issues related to OC and the effects of commitment in the employment relationship. A growing body of research seeks to establish theoretic parameters for organizational identity management (Ashforth and Mael, 1989; Elsbach and Kramer, 1996) and parallels can be drawn with social identity theory

and impression management theory (Elsbach and Kramer, 1996). Self-identification is closely linked to the identification with a group, because the individual seeks a positive social identity through belonging to an in-group, which subsequently enhances personal worth and self-belief (Ashforth and Mael, 1989; Tajfel and Turner, 1985). Members of an organization tend to apply the sociological categorization of the group or organization to define or transform the individual self. Thus membership is linked to a deeper psychological process (Tajfel and Turner, 1985). The existing literature seems to contain some overlap between OC and identification, which Ashforth and Mael (1989) draw attention to. One can be committed to stay with an organization for a number of reasons (Meyer and Allen, 1997) without necessarily identifying with what that organization symbolizes.

From a managerial point of view, OC is a desirable employee attitude, since it has a significant impact on performance and effectiveness, an assertion validated in numerous studies (cf. Cohen, 1991; 1993; Cohen and Lowenberg, 1990; Fletcher and Williams, 1996; Mathieu and

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Zajac, 1990; and Randall, 1990). Storey's (1995: p. 5) definition of human resource management (HRM) states: 'HRM is a distinctive approach to employment management which seeks to obtain competitive advantage through the strategic deployment of a highly committed and skilled workforce, using an array of cultural, structural and personnel practices.' Indeed, HRM strategies and practices aim to retain commitment and loyalty among employees.

The aim of this paper is to examine the existence of several work-related commitments, their antecedents associated with management approaches and how they lead to emotional well-being at work and ultimately influence the intention to stay with an organization. While commitment to the organization gained most attention in the literature (see below), other types of work-related commitments exist and these were also noted. However, little has been done to examine the differential effects of a multiple set of commitments. Consequently, attitudinal and behavioural questions are asked in order to measure commitment and identification (Guest, Peccei and Thomas, 1993) and their linkage to emotions at work.

The study took place in a public service organization (a National Health Service (NHS) Health Care Trust) in Britain. In light of current recruitment and retention problems, as well as the management of repeated organizational restructuring, the NHS offers the ideal research context (Baxter, 2001; Coker, 2001; Tourish and Hargie, 1998). Such an investigation could be considered a response to Morrow (1993) and Morrow and McElroy (1993), who deplore the lack of studies focusing on managerially relevant outcomes of the various commitment and work-attachment measures.

### **Importance of commitment in the organizational setting**

Commitment is frequently associated with an exchange relationship. From the employees' perspective, they commit to an organization in return for certain rewards which can be extrinsic (pay), but more often than not are also intrinsic (belonging, job satisfaction, etc.). Therefore the concept of the 'psychological contract' aids comprehension of those aspects of the employment

relationship which are unwritten and subjective.<sup>1</sup> In layman's terms, the psychological contract is 'the unspoken promise, not present in the small print of the employment contract, of what the employer gives, and what the employees give in return' (Baruch and Hind, 1999). The 1990s witnessed the emerging concept of a new psychological contract, a representation of the transition of current employment relationships (Robinson, Kraatz and Rousseau, 1994; Rousseau, 1995, 1996).

Some forms of commitment to an organization can be achieved through extrinsic rewards and by a lack of opportunity to work elsewhere (Meyer and Allen, 1997). Therefore limited options for alternative employment, as is the case for many Health Care Trust employees, especially those with clinical skills, may not necessarily lead to high turnover, but have the potential to affect morale, overall performance and absenteeism negatively. In extreme cases such limited options might even lead to retaliation and various forms of employee deviance (Neuman and Baron, 1998).

### **Multiple commitments**

Each person has several domains of life comprising multiple constituencies. The level of commitment to each constituency is different, and depends on a variety of antecedents. A number of commitments can be arranged around *work* (under focus in the present study), around the *family* (such as commitment to spouse; children; parents), the *self* (hobby, leisure), and *other life domain* (such as friends, pets, clubs, religious institutions, community, political involvement). While we are not the first to acknowledge the existence of such multiple commitments (cf. Carson and Bedeian, 1994), most of the earlier studies have focused on OC only, with some trying to refine the concept itself (Meyer and Allen, 1990). Very few looked at a wider set of commitments and established the relationships between them and other constructs (see Carson and Bedeian, 1994 for an exception, with their focus on three different constructs).

<sup>1</sup>The idea of the psychological contract was originally suggested by Levinson *et al.* (1962), and was later re-introduced to organizational studies and developed further by Kotter (1973) and others (cf. Nicholson and Johns, 1985; Schein, 1980).

Work-related commitments of an employee can be distinguished between 'workplace commitment' and 'external to the workplace commitment':

- (a) Workplace commitment constitutes the loyalty or attachment that an employee experiences towards aspects of the direct work environment. It focuses most notably on the employing organization (i.e. OC), but also on the job or role, the colleagues in the work team or department, the supervisor and organizational management, job control and promotion prospects and the outcome (i.e. product).
- (b) External to the workplace commitments go beyond the direct work environment. They constitute the employee's allegiance to, for example, the national institution, a union, the profession/occupation and its associations and future career prospects.

This paper deals with work-related commitments, and differentiates between four foci of commitment and measures, i.e. NHS, organizational, work group and occupational commitment. Thus it investigates 'workplace commitments' as well as 'external to the workplace commitments'.

### Organizational commitment

Among work-related commitments, the one that has gained the most attention in the academic literature is OC. A widely cited pioneering work was conducted in the 1970s by Porter, Steers, Mowday and colleagues (Mowday, Steers and Porter, 1979; Porter *et al.*, 1974). As indicated above, positive and significant relationships were found between OC and a variety of work behaviours and attitudes.

However, the importance and relevance of OC *per se* appeared to decline in recent years (Baruch, 1998; Mowday, 1998). At the same time, others were trying to 'refine' the concept and redefine the constituencies of OC (Meyer and Allen, 1990, 1997). One possible reason for this lies in the changing nature of psychological contracts within organizations (Herriot and Pemberton, 1995; Rousseau, 1995). Resulting from this, it can be argued that the focus of commitment and loyalty has moved from the organization to other constituencies. Professionals, for example, can be

first and foremost committed to their professional career and thus have a number of employment opportunities. An academic lecturer can move to another institution or university and a medical doctor can swap hospitals relatively easily.

Another issue of significant theoretical and managerial concern is the relevance of traditional approaches (e.g. the importance of OC) for novel and alternative work arrangements. Some have claimed that such alternative work arrangements would imply a lower expected level of OC compared to that of 'conventional' employees (Gottlieb, Kelloway and Barham, 1998). However, new evidence indicates that work attitudes of contingent workers may actually equal that of their counterparts (Krausz, Brandwein and Fox, 1995; Millward and Brewerton, 1999).

### Career commitment

While OC gains substantial academic attention, other commitments exist alongside OC, even within the realm of work. One is the specific commitment to a career or occupation (profession). In contrast to OC, career commitment refers to 'identification with and involvement in one's occupation' (Mueller, Wallace and Price, 1992). Career commitment is thus focused on the profession, occupation or career, rather than on the organization. Gouldner (1957) distinguished between 'cosmopolitans', with strong identification and commitment with their profession, and 'locals', with strong identification and commitment with their organizations. In their construction of a measure for career commitment, Carson and Bedeian (1994) used a three-dimensional model of career commitment: career identity, career planning and career resilience. They found a positive association between professional/occupational prestige or standing and career commitment.

### Occupational commitment

Unlike the specific, organizational-related OC, there are more common work commitments, one of which is commitment to working *per se* (occupation and profession), which can be associated with career commitment. The so-called 'Lottery Dilemma' (Noon and Blyton, 1997) provides a vivid example that clearly indicates how

commitment to working is different from commitment to a job. This dilemma takes the form of the following question: 'what would you do about work if you had won the lottery or inherited a large sum of money that would enable you to cease working and still enjoy a comfortable life style?' The 'Meaning of Working' survey (Anon., 1987) compared responses to this question from a sample of employees (from Belgium, Britain, West Germany, Israel, Japan, the Netherlands, USA and Yugoslavia). While a significant minority (4% to 31%, depending on the country median 13%) would quit employment altogether, the majority would continue working. An additional 16% to 66% (median 41%) would continue working in the same job, whereas 27% to 53% (median 42%) would continue working but under different conditions. These findings indicate that current employees manifest high levels of commitment to working and their occupation, but not necessarily to their employing organization. In Britain, where the present study was conducted, the results were: 31% would stop working (the highest among the participating countries), 16% would continue working in the same job (the lowest among the participating countries), and 53% would continue working but under different conditions (the highest among participating countries). Noon and Blyton (1997) offer a variety of explanations for this phenomenon, the first and foremost being the moral necessity to work. Therefore, a major role of working can be seen as a 'duty' – a central life activity (Mannheim and Cohen, 1978; Mannheim and Dubbin, 1986), a conscientious endeavour and a disciplined compliance.

### **From a set of single commitments to a unified framework of multiple commitments**

As a result of the development of post-modern communities, employers have to manage an increasingly diverse workforce. This diversity is not limited to race, age and gender, but has many not so obvious facets, such as hours worked, the role within the organization and social status in society. Research has shown that diversity affects group processes and performance (Chatman *et al.*, 1998). Following this, we contend that the differentiation offered by the concept of multiple commitment would add significant value to

understanding employment-related attitudes, their antecedents and their outcomes.

Dual or multiple commitments constitute a specific subsection in the commitment literature. Social structures, including work organizations, place people in collectivities in which they are simultaneously members of more than one group, i.e. the organization, work group and occupational group. The understanding of organizational commitment is developing, as empirical and conceptual differentiation between forms of commitment like work commitment and career commitment are identified (Mueller, Wallace and Price, 1992; Reichers, 1985). Much research on dual and multiple commitment focuses either on the relation between union and organizational commitment (Bamberger, Kluger and Suchard, 1999; Gordon and Ladd, 1990), or on the connection between organizational commitment and occupational commitment (Wallace, 1993), but very little has looked specifically at a set of different work-related commitments (for an exception see Boshoff and Mels, 2000). A recent study by Carson and Carson (1998) examined the relationship between various types of work-related commitment constructs, and found a positive correlation ( $r = 0.51$ ) between emotional intelligence and career commitment, but no correlation between emotional intelligence and organizational commitment (although a positive correlation of  $r = 0.30$  was found between career commitment and organizational commitment).

The framework of multiple commitments adds distinctive value to the concept of commitment. For example, previous research has found that occupational commitment in nurses, but not commitment to the organization, was positively related to occupational activity, i.e. attendance of courses and occupational reading (Meyer *et al.*, 1993). Cohen (1993) found that high occupational commitment is linked to a high tendency to leave a current job and organization in order to further a chosen career. Once this is realized, vertical promotion opportunities could prevent turnover. Consequently the concept of multiple commitments may shed light on and improve our understanding of the complexity of cause and effect in work attitudes and behaviours.

As a result we hypothesize the following:

*H1a:* Employees hold several commitment constituencies at different levels.

*H1b:* These commitment constituencies are moderately associated with each other.

In addition we would expect these constituencies to be associated with a variety of possible antecedents and outcomes. Multiple foci of commitment result from dissimilar characteristics and their interrelationship. These can be demographic attributes like age, sex and race or organizational distinctions such as job tenure, status, membership of subgroups and their size and stability (Lau and Murnighan, 1998). Demographic variables, however, cannot replace the study of subjective and psychological processes (Lawrence, 1997). Therefore a distinction between deep-level diversity, i.e. the underlying psychological characteristics, and surface-level diversity, i.e. the visible features of individuals, needs to be drawn. Apart from demographic attributes, we expect personal constructs, and in particular emotions, to influence people and their commitments in many ways. Thus, we hypothesize:

*H1c:* These commitment constituencies are affected by different constructs.

### **Emotions at work and commitment**

Emotion in the workplace has become an accepted topic for academic study as well as one of increasing interest in the managerial context (Rafaeli and Sutton, 1987). The growing recent interest in the subject is partially due to the work of Goleman (1995) on 'emotional intelligence', which served as impetus for a significant amount of current research (Dulewicz, 2000). Hochschild (1983) was one of the pioneering studies, introducing 'emotion at the workplace' as a subject worthy of research. Fineman (1993) argued that much of the issue of 'emotions at work' is concerned with the effort one puts into ensuring that private feelings are either suppressed or restricted to socially acceptable organizational and professional norms. While private feelings and personal expressions are apparently irrelevant for the formal part of the organizational role, in practice they play an important role in organizational life (Brown, 1997).

The difficulty of defining and assessing emotions has an established history. Watson and Tellegen (1985) developed a two-factor model of emotions,

focusing on the structure of 'affect'. Their model acknowledges both positive and negative emotions. Later Watson, Clark and Tellegen (1988) came up with operational measures for this set of emotions. Relating to the debate of 'emotion' or 'emotions', some have literally referred to 'emotion' or 'affect' as a single issue (e.g. Parkinson, 1995; Plutchik, 1980), while others have recognized the multi-dimensional nature of the term emotion (e.g. Daniels, 2000; Haslam, 1995). Even Parkinson (1995) refers at times to 'emotions' rather than emotion, and acknowledges the work of scholars who identified a variety of emotions, as well as diversity of emotion and affect theories (see, e.g., Parkinson, 1995, p. 147). All in all, the multi-dimensional view of affect is the dominant one, although researchers might disagree over the relative importance of some dimensions for differentiating between affects, and some just contrast 'positive' versus 'negative' emotions.

The multidimensionality of emotion derives from two perspectives. First, there is a significant difference between positive and negative emotions, and they are not necessarily the exact opposite (see Daniels' (2000) argument on the bipolarity of emotion measures). Second, within these two types of emotions there is a variety of possible emotions which may reflect different constructs. Davitz (1969, 1970) has identified a large number of emotions, and noted the fact that 556 different expressions have been used to describe these. Deckert (1973) goes even further by arguing that there are primary and secondary emotions. Later leading scholars have focused on fewer dimensions of emotions, such as Warr's (1990) two-dimensional model of anxiety-contentment and depression-enthusiasm. Daniels *et al.* (1997) modified Warr's measures, finding a difference between anxiety-contentment and depression-enthusiasm. Later, Daniels (2000) expanded the range into five factors, anxiety-comfort (note the difference from Warr's 'contentment'), depression-pleasure, bored-enthusiastic (note again how Warr's single dimension is doubled), tiredness-vigour and angry-placid.

Out of this variety of emotions that may be considered relevant within the work context, we have chosen to focus on two positive ones – enthusiasm and comfort, and two negative ones – stress and gloom. We felt that these reflect important constructs in times of change. A vast literature exists on stress and its work-related

negative outcomes (see, e.g. Cooper and Payne, 1990). While stress and gloom (the feeling of sadness and helplessness, as a negative outcome of stress) are considered decisive factors for general commitment, it would be of interest to see, within the framework of multiple commitments, their impact on various types of commitments. Similarly, on the positive side, enthusiasm (the strong feeling of interest) and comfort (as the opposite of suffering, anxiety and pain), which leads to positive feeling, were deemed important factors worth analysis.

Putnam and Mumby (1993, p. 55) called for the inclusion of emotions as a viable factor in organizational studies, claiming that emotions are ignored or marginalized in organizational life. Along similar lines, Ashforth and Humphrey (1995) showed why management scholars have neglected emotional factors. Recently, interest in the topic is increasing, reflected in many new studies (for details see Fisher and Ashkanasy, 2000). Among other possible effects of emotions at work, Fisher and Ashkanasy emphasize the expected impact on performance, satisfaction, commitment, well-being, stress and health. However, the role of emotions as an antecedent to commitment at work has not been studied yet. Current research on work-related stress looks at its relation to turnover intention (Houkes *et al.*, 2001), to demographic data (Savery and Luks, 2000) and to organizational change, for instance mergers and acquisitions (Cartwright and Cooper, 1992). Emotions such as comfort and gloom have been studied widely in psychology, but are less considered in the employment literature (see Warr, 1992, and Daniels, 2000, for exceptions).

In the light of the above, we hypothesize the following:

- H2a:* The variety of employee commitments is adversely affected by negative emotions at work and positively influenced by positive emotions.
- H2b:* The relevance of the different emotions will vary across the spectrum of commitments.

### **Intention to stay**

Mobley *et al.* (1978) were the first to study employee turnover and intention to quit. Their

work was followed by theoretical contributions in the form of models attempting to construct a multidimensional framework and to identify personal, job, and work environment antecedents at the current workplace on quitting one's employment (Bluedorn, 1982; Lee *et al.*, 1999). Studies have been conducted in a wide range of circumstances and have provided empirical evidence to support these models (cf. Larwood, Wright, Desrochers and Dahir, 1998). Evidence suggests a positive but moderate association between intention to quit and actual turnover (cf. Griffeth and Hom, 1988).

Lee *et al.* (1999) examined the impact of 'shock' as an antecedent to 'organizational perception', 'satisfaction' and 'the availability of options', finally affecting the 'tendency to quit'. With few other options, 'intention to quit' was left as the main available predictor of actual turnover. Arnold and Mackenzie Davey (1999) support the use of intention to quit as a surrogate for actual turnover. Thus it is increasingly important to examine possible antecedents of tendency to stay or to quit (or, as we did in this study, looking at its obverse, i.e. intention to stay). Both job satisfaction and organizational commitment were found to be relevant factors in this context (Peters, Bhagat and O'Connor, 1981; Naumann, 1993; Larwood *et al.*, 1998).

As a result we hypothesize the following:

- H3a:* The intention to stay in the organization is dependent on multiple work-related commitments.
- H3b:* The intention to stay in the organization is dependent on work-related emotions.

A conceptual framework, mapping out the overall terrain of the present research is presented in Figure 1.

### **Demographic variables and their expected impact on multiple commitments**

At this stage we introduce personal-demographic variables, which we considered to be relevant to these relationships. While Price (1995) cautions that demographic variables should be distinguished from theoretical variables and therefore be applied carefully in explanatory models,

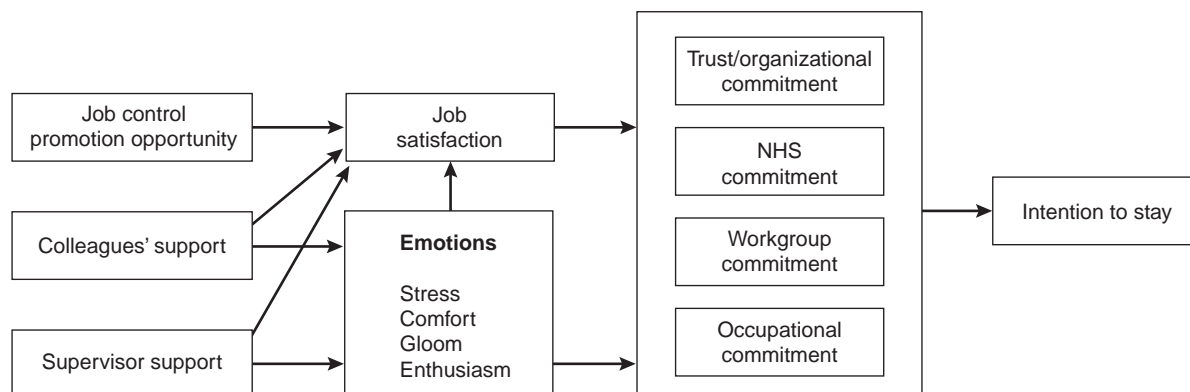


Figure 1. Multiple commitment model

they are frequently being used as 'proxies' for more complicated social processes. In fact, Landy, Vassey and Smith (1984) state explicitly that demographic variables can be called 'surrogate' variables because they stand as convenient replacements for more basic psychological variables.

With demographic differences affecting work outcomes such as turnover, performance and interactive processes, such as communication, group integration and organizational socialization (Chatman, Polzer, Barsade and Neale, 1998; Milliken and Martins, 1996), an understanding of the underlying processes involved is sought by social identification theory. Diversity, or heterogeneity, within a workforce acts as antecedent to identification with a group or organization (Mathieu and Zajac, 1990). It is argued that research into multiple commitments would shed more light on the complexity of this causality.

Price (1995) argues that demographic variables should be tested separately to examine possible impacts or associations, for example in relation to age. O'Reilly, Caldwell and Barnett (1989) looked at the implications of age as a variable of social integration and commitment, which subsequently affects turnover. They argue that social integration does not moderate the negative effects of either group-level or individual-level age demography on turnover. However, this and other research (Mobley *et al.*, 1978; Muchinsky and Tuttle, 1979) also confirms that heterogeneity in groups increases turnover as integration appears to be linked to tenure, with those who join a company around the same time becoming a natural social unit. To test the possible impact of both individual and professional demographic variables,

we examined the effects of heterogeneity among a workforce, organizational status (managers versus non-managers), educational level, full time versus part time employment status, and occupation (clinical versus non-clinical). A set of t-tests shed light on the possible impact of these variables on the various forms of commitment and emotion explored in this study.

## The NHS sector

In developed countries, the health sector is one of the largest employers. In Britain, out of a labour force of just over 26 million, NHS Health Care Trusts currently employ some 1 million people (Winchester and Bach, 1995). Recruitment crises, low morale and lack of funding have repeatedly placed the NHS high on the British political agenda. Due to the levels of responsibility, especially in times of organizational change, managers in the NHS often experience work-related stress, work long hours, feel isolated, and report lower levels of job satisfaction and commitment than non-managers. As for nurses, with few employment alternatives, 70% of UK-registered nurses work for NHS Health Care Trusts. A high proportion of NHS Health Care Trust employees are women (more than 80%) who frequently bear most of the burden for family- and other non-work-related commitments and therefore are forced or choose to work part-time (Burchill and Casey, 1996; Kendall *et al.*, 1996; Winchester and Bach, 1995).

Working in the UK NHS creates a multilevel employment context in which employees become

members of several organizational entities in particular: a) the NHS as a whole, b) the employing organization, i.e. the Health Care Trust, c) their workgroup and d) their occupation. Subsequently they can be expected to hold several distinct levels of commitment to each of these constituencies. The commitment to each constituency may be affected by different factors, and generate different work outcomes.

The NHS can seriously benefit from fostering affective commitment, whereby employees continue to stay with an NHS Trust because they feel emotionally attached and freely choose to do so (Meyer and Allen, 1997). Comprehension of this dynamic and implementation of appropriate management practices can enhance the intrinsic benefits that employees receive from working in the health sector. As the importance and relevance of OC deteriorates (Baruch, 1998) and new types of working relationships develop (Herriot and Pemberton, 1995; Rousseau, 1995), other forms of commitment may hold the key for the future of the psychological contract between employees and their employer. This applies to all employment sectors (Arthur, Claman, and DeFillippi, 1995; Hall, 1996; Peiperl and Baruch, 1997).

Conducting this study in the NHS produces additional possible added value. For example, in recent years performance-related pay (PRP) has increasingly been extended to the public sector in Britain in order to enhance motivation (Marsden and Richardson, 1994; Redman *et al.*, 2000). However, the results have not always been promising and, with few exceptions, tend to show that PRP acts as rather de-motivating. The only exception is a longitudinal study conducted by Coyle-Shapiro and Richardson (2000), which shows tendencies for a positive relationship between PRP and organizational commitment. With such a weak link between extrinsic rewards and workplace motivation, the focus, in all employment sectors, must be on intrinsic rewards, which constitute the psychological contract and are concerned with all commitments, not just OC.

## Method

### *Research setting*

This research was carried out in the summer of 2000 in a Community Health Services NHS Trust based in the East London Region. The Trust acts

as the employing organization and employs 1600 staff (Heynat, 1999). It provides a range of non-acute services for children, and young and older people with learning difficulties, mental-health problems, and family planning and counselling needs (Tipples and Sims, 1999).

### *Procedure for data collection*

The research instrument was a self-administered questionnaire, distributed simultaneously to 200 employees, representing two groups. One group consisted of all the managers ( $n = 100$ ) in clinical as well as non-clinical positions. The other group ( $n = 100$ ) comprised non-managers drawn in equal numbers from clinical as well as non-clinical positions, the majority of whom had employment tenure in the Trust of two years or less. The questionnaires were sent out via the Trust to the participants, together with a self-addressed response envelope, addressed to the second named author directly. A covering letter introduced the purpose of the study and ensured anonymity. A reminder message was sent after three weeks.

### *Measures*

The questionnaire included two main sections: one covered biographical background information (employment tenure, age, gender, working hours, job title, ethnicity, education). The second section covered work-related factors (job control, supervisory and peer support, equal opportunities) and work attitudes (job satisfaction, emotions and different types of commitment). The commitment measures were adapted to the organizational context from scales developed by Porter, Steers, Mowday and Boulian (1974). Commitment to the organization in the form of 'Trust commitment' was measured using scales from Porter *et al.* (1974), as well as OC scales developed by Cook and Wall (1980). The measure of 'job control' was adopted from scales by Wall, Jackson and Mullarkey (1995), 'supervisory and peer support' from Caplan *et al.* (1980) and 'emotions at work' from Watson, Clark and Tellegen (1988). 'Intention to stay/leave the job' was measured via scales from Price and Mueller (1981).

Reliability coefficients were in the commonly accepted range between 0.70 and 0.91 according to Nunnally (1978). The number of items ranged



from 3 (for promotion opportunity and intention to stay) to 6 (for OC (Cook and Wall, 1980) and job-control). Response scales were measured by 7-point Likert scales, with the exception of the emotional factors which were measured using a 5-point Likert scale and divided into the following categories:

- a) Job attitudes, reporting the extent to which employees currently agree, measuring commitment to the organization (OC as well as 'Trust commitment'), 'NHS commitment', 'occupational commitment' and 'workgroup commitment'.
- b) Job characteristics, reporting the extent to which employees currently can, measuring 'job control'.
- c) Social factors, reporting the extent to which employees received over the past four weeks, measuring 'supervisor support' and 'colleague support'.
- d) Emotional factors, reporting the extent to which employees currently feel, measuring 'stress', 'enthusiasm', 'comfort' and 'gloom'.

The complete set of the instrument is presented in Appendix 1.

### *The sample*

Of the 200 questionnaires, 92 completed and useable ones were returned; hence a response rate of 46% was achieved – close to, and well within one standard deviation of the average of response rate in top management journals (Baruch, 1999; Roth and Bevier, 1998). Coincidentally, an equal number of questionnaires were returned by both of the two respondent groups.

The sample reflects 6% of the Trust's total workforce of 3300. The sample displays the following demographic characteristics: mean age = 38.30 years (s.d. = 10.22); females outnumber males by 7:1; there are equal numbers of clinical and non-clinical employees; four times as many full-time employees as part-timers; and the mean length of service within the Trust is 3.59 years (s.d. = 4.44), while the mean length of service within the NHS as a whole = 10.00 years (s.d. = 9.75). The respondents had spent a mean of 8.32 years in their current occupation (s.d. = 8.44) and 2 years and 3 months (s.d. = 2.74) in their current post. Less than a third (31.52%) had an

educational background of lower than A level, 13.04% had A levels, and 51.08% had a university or higher degree (no response = 4.36%). The sample reflects quite a high standard of general education with a number of employees holding higher degrees than are required for their job. The ethnic background of the respondents was: 20% English, 34% other British, 9% European, 10% Afro-Caribbean, 9% Asian, 11% African and 7% of other ethnic origin.

## **Results**

### *Description of research variables*

Table 1 presents the means, sds, Cronbach-alphas and scale inter-correlations associated with the measures.

The last four variables in Table 1 are specific emotions at the workplace. Emotions at work were assessed by measuring how employees feel about their state. For 'enthusiasm', elements considered were being enthusiastic, motivated, excited, and optimistic. 'Stress' examined the extent to which employees felt anxious, worried, nervous, and tense. 'Comfort' related to feeling comfortable, calm, at rest, relaxed, and contented. Lastly, 'gloom' was evaluated via the extent to which employees felt gloomy, dull, bored and miserable. These emotions variables were produced following a factor analysis conducted on a set of multiple items describing 'emotions at work', based on Watson, Clark and Tellegen (1988). The procedure followed a similar attempt by Keogh and Reidy (2000) to analyse the Watson, Clark and Tellegen (1988) framework. Table 2 presents the results of this factor analysis.

The results provide certain support for the notion that it would be better to relate to a set of distinct emotions, rather than one general term emotion. It should be noted, though, that the results of the factor analysis are not 'clean'. They include several cases of cross loading > 0.30, indicating a degree of inter-correlation among the different constructs. This, however, should not be surprising, as one may expect to find a positive association between stress and gloominess and a negative one between stress and comfortableness.

To examine the research model presented in Figure 1 we studied, first, the different possible sets of antecedents for the four commitments, and then the impact of these commitment measures

Table 1. Mean, standard deviation, reliability and correlation among all variables

VARIABLES	Mean	(sd)	Alpha reliability (number of items)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Organizational commitment	4.75	(1.04)	0.83 (6)															
2. Trust commitment	4.89	(1.22)	0.78 (4)	0.72**														
3. NHS commitment	5.07	(1.15)	0.70 (4)	0.55**	0.59**													
4. Occupational commitment	5.59	(1.05)	0.72 (4)	0.33**	0.34**	0.49**												
4. Workgroup commitment	5.58	(1.16)	0.79 (4)	0.21	0.15	0.30**	0.56**											
6. Job control	5.71	(1.02)	0.82 (6)	0.08	0.11	0.08	0.21*	0.05										
7. Support from supervisor	4.44	(1.72)	0.91 (4)	0.30**	0.28**	0.24*	0.28**	0.30**	0.20*									
8. Support from colleagues	4.76	(1.40)	0.89 (4)	0.19	0.09	0.17	0.29**	0.50**	0.21*	0.42**								
9. Promotion opportunity	5.21	(1.44)	0.80 (3)	0.42**	0.34**	0.25*	0.34*	0.25*	0.05	0.25*	0.13							
10. Job satisfaction	5.53	(1.00)	0.73 (4)	0.57**	0.51**	0.35**	0.33*	0.24	0.38**	0.37**	0.30*	0.30*						
11. Intention to stay	4.94	(1.53)	0.76 (3)	0.48**	0.29*	0.20	0.19	0.06	0.07	0.40**	0.19	0.20	0.55**					
12. Stress	2.33	(1.00)	0.89 (4)	-0.14	-0.09	-0.10	-0.22*	-0.09	-0.16	-0.18	0.00	-0.07	-0.25	-0.35**				
13. Enthusiasm	3.60	(1.71)	0.88 (4)	0.33**	0.52**	0.39**	-0.03	0.15	0.38**	0.32**	0.21*	0.40**	0.75**	0.49**	-0.17			
14. Comfort	2.91	(.92)	0.84 (5)	0.46**	0.40**	0.32**	0.25*	0.08	0.16	0.33**	0.16	0.15	0.48**	0.43**	-0.38**	0.48**		
15. Gloom	1.74	(.82)	0.84 (4)	-0.37**	-0.28**	-0.19	-0.18	-0.12	-0.27**	-0.22*	-0.10	-0.18	-0.52**	-0.45**	0.68**	-0.38**	-0.34**	

\*\* Correlation is significant at the 0.01 level (2-tailed), \* Correlation is significant at the 0–05 level (2-tailed).

7-point Likert scales were used for all the measures, apart from variables 12–15, where a 5-point Likert Scale was utilized.

Table 2. Factor analysis results for emotions at work – rotation method: VARIMAX

	Component			
	Factor 1: Stress	Factor 2: Enthusiasm	Factor 3: Comfortable	Factor 4: Gloomy
anxious	<b>0.873</b>	-0.032	-0.107	0.150
worried	<b>0.877</b>	-0.053	-0.193	0.196
nervous	<b>0.743</b>	-0.001	-0.099	-0.089
tense	<b>0.743</b>	0.053	-0.332	0.287
enthusiastic	-0.005	<b>0.827</b>	0.318	-0.253
motivated	-0.262	<b>0.813</b>	0.177	-0.281
excited	0.104	<b>0.831</b>	-0.023	-0.083
optimistic	-0.112	<b>0.879</b>	0.106	-0.054
calm	-0.282	0.213	<b>0.754</b>	0.028
comfortable	-0.192	0.201	<b>0.681</b>	-0.417
at rest	0.016	0.039	<b>0.821</b>	0.000
relaxed	-0.323	0.080	<b>0.806</b>	-0.024
contented	-0.346	0.485	<b>0.498</b>	-0.223
gloomy	0.599	-0.042	-0.034	<b>0.626</b>
dull	0.268	-0.145	0.031	<b>0.795</b>
miserable	0.589	-0.308	-0.054	<b>0.577</b>
bored	0.067	-0.229	-0.206	<b>0.751</b>
Eigenvalues	8.244	3.167	2.051	1.166
% explained variance	41.218	15.835	10.257	5.828
Cum % explained variance	41.218	57.053	67.309	73.137

and other relevant variables (i.e. satisfaction and emotion) on intentions to quit or stay. These results are presented below in Tables 3a, 3b & 4.

Of the findings presented in Table 3a, the most striking is the variety of variables entering the separate equations.

The correlation between the various commitments is significant, in most, but not all cases. Thus with varied levels of strength, this adds support to the notion of multiple commitment. Taken together, the findings presented in Tables 3a and 3b fully support the existence of multiple commitments. They show that while these commitments are interrelated, they are far from being similar. They are each predicted by different sets of variables. Table 4 presents a regression with intention to stay as the outcome, and the results are in line with H3.

Lastly, a comparative analysis of work and life demographic variables comprises of a set of t-tests conducted to explore their possible impact. The results show a limited impact of some of these variables on a minor part of the research variables.

Other indications were similar to the findings in the literature (e.g. managers having higher levels of stress than non-managers, and people of higher educational level having lower levels of

commitment). Even though a higher level of education does not necessarily lead to someone becoming a manager, it is more likely to do so than not. Therefore in this context it is interesting to find that higher education (university degree and above) is negatively related to NHS commitment. The full results of the t-tests are presented in Tables 5a and 5b.

## Discussion

### *Purpose of the study*

The study set out to a) explore the concept of multiple commitments within an NHS Health Care Trust and b) to shed light on the complex associations of emotional measures. The correlation among four distinctly different types of commitment (Trust (organizational)-, NHS-, workgroup- and career commitment) as well as their association to job control, promotion opportunity, supervisor and peer support were measured. Moreover these were related to emotional measures of comfort, gloom, stress and enthusiasm, providing evidence that emotional well-being at work relates to different types of commitment.

The findings strongly support the validity of the concept of multiple commitments. In addition, our

Table 3a. Regression analysis results for the four commitments

Commitment type	Variables entered, according to stepwise order	R (R <sup>2</sup> )	F (Sig)
<b>Occupational commitment</b> (being committed to the current career)	Promotion opportunities (motives), Support from colleagues	0.428 (0.183)	9.309 (0.000)
<b>Workgroup commitment</b> (being committed to a smaller unit of colleagues whom day-to-day work is shared with)	Support from colleagues, Equal opportunity	0.544 (0.296)	17.057 (0.000)
<b>NHS commitment</b> (being committed to the NHS, the only public-sector health-care provider in the UK)	Job satisfaction	0.315 (0.099)	9.229 (0.003)
<b>Health Care Trust commitment</b> (being committed to the local health care trust, which is the local NHS provider of health care)	Job satisfaction, promotion opportunities (motives), Equal opportunity, Feeling of comfort (emotion)	0.591 (0.349)	10.856 (0.000)

This table represents four different regressions conducted for the four distinct commitments, showing that different sets of variables entered the model in each case.

Table 3b. Correlations among the four commitment variables

Commitment	Occupational commitment	Workgroup commitment	NHS commitment
Workgroup commitment	0.568**		
NHS commitment	0.496**	0.304*	
Health Care Trust commitment	0.349**	0.156	0.594**

\*\*  $P < 0.001$ ; \*  $P < 0.01$  (2-tailed).

Table 4. Regression for impact (dependent variable – intention to stay)

	Variables entered, according to stepwise order	R (R <sup>2</sup> )	F (Sig)	B	Beta	T	Sig
Model 1	Job satisfaction	0.583 (0.340)	43.320 (0.000)	0.616	0.394	3.836	0.000
Model 2	Stress	0.621 (0.386)	26.116 (0.000)	-0.330	-0.217	-2.466	0.016
Model 3	Organizational commitment (*)	0.650 (0.423)	20.023 (0.000)	0.339	0.228	2.280	0.025

(\*) The more frequently used version of OC (Cook and Wall, 1980) was used here.

study provides support for the notion that emotion is a complex construct, comprising different subconstructs (cf. Daniels, 2000) rather than a single construct (cf. Parkinson, 1995). Nevertheless, as Planalp (1999) argues, we must understand emotions and their impact, since rationality does not provide enough explanation of individual and organizational processes and actions. The paper thus adds a unique contribution to the study of multiple commitments, with a number of significant implications for theory development and management policy.

#### Outcomes and management implications

The NHS has been characterized by serious concerns about staffing levels, management practice, finance and long patient waiting lists. Within this working environment generally low levels of employee OC come as no surprise, possibly with some staying because of a lack of suitable employment alternatives.

The correlations among the different commitments were moderate, and each had a different set of associations. In addition, different groups of

Table 5a. Results of t-tests – equality of means between full-time and part-time employees

Variables	Full-time (n = 73) Mean/(sd)	Part-time (n = 18) Mean/(sd)	df	t-value	Sig.
1. Org. commitment	4.64 (1.04)	5.25 (0.96)	89	2.26	0.78
2. Trust commitment	4.76 (1.23)	5.44 (1.10)	89	-2.19	0.03
3. NHS commitment	4.95 (1.14)	5.54 (1.12)	89	-1.94	0.05
4. Occupational commitment	5.58 (1.07)	5.64 (1.04)	87	-0.21	0.82
5. Workgroup commitment	5.54 (1.16)	5.73 (1.19)	86	-0.60	0.54
6. Job control	5.70 (1.01)	5.74 (1.13)	89	-0.11	0.90
7. Support from supervisor	4.22 (1.72)	5.36 (1.50)	88	-2.56	0.01
8. Support from colleagues	4.68 (1.46)	5.12 (1.10)	89	-1.17	0.24
9. Stress	2.36 (1.00)	2.11 (1.04)	88	0.96	0.98
10. Enthusiasm	3.37 (0.97)	4.59 (3.30)	88	0.95	0.98
11. Comfort	2.77 (0.90)	3.46 (0.82)	88	-2.92	0.38
12. Gloom	1.81 (0.84)	1.37 (0.57)	88	2.05	0.06

Table 5b. Results of t-tests – equality of means between managers/non-managers

Variables	Manager (n = 46) Mean/(sd)	Non-manager (n = 46) Mean/(sd)	df	t-value	Sig.
1. Org. commitment	4.71 (0.99)	4.80 (1.10)	90	-0.40	0.74
2. Trust commitment	4.87 (1.25)	4.91 (1.21)	90	-0.14	0.88
3. NHS commitment	5.02 (1.21)	5.12 (1.10)	90	-0.40	0.68
4. Occupational commitment	5.43 (1.10)	5.77 (0.98)	88	-1.58	0.11
5. Workgroup commitment	5.40 (1.26)	5.76 (1.02)	87	-1.47	0.14
6. Job control	5.92 (0.86)	5.50 (1.13)	90	1.98	0.05
7. Support from supervisor	4.05 (1.63)	4.82 (1.74)	89	-2.17	0.03
8. Support from colleagues	4.66 (1.35)	4.86 (1.45)	90	-0.68	0.49
9. Stress	2.63 (0.95)	2.01 (0.96)	89	3.11	0.85
10. Enthusiasm	3.49 (0.98)	3.72 (2.23)	89	-0.63	0.45
11. Comfort	2.59 (0.77)	3.24 (0.96)	89	-3.97	0.10
12. Gloom	1.89 (0.89)	1.59 (0.73)	89	1.77	0.18

employees were compared on their perceptions of these variables by applying t-test analysis. The fact that different work-related and individual characteristics led to varying strengths in the types of commitment measured suggests a causal relationship. In particular, intention to stay with the organization (the Trust) was found to be a clear outcome of the research variables, i.e. the set of multiple commitments and their associations.

It is surprising however that Trust commitment is not strongly related to workgroup commitment (i.e. only 0.15). In fact this provides support for the argument that individuals may identify with their immediate group, but not with their organization.

The correlation between the commitment scales and the other variables (see Table 1) shows that 'supervisor support' correlates with

all variables in a significant way and 'colleague support' relates most significantly to occupational and workgroup commitment as well as 'supervisor support'.

The correlation between the emotional scales shows that:

- 1) Stress is negatively related to all other variables and significantly so to OC.
- 2) Enthusiasm is strongly related to supervisor support and also to job control and support from colleagues; this suggests that positive emotions in the workplace can be fostered at the work group level.
- 3) The feeling of comfort is strongly related to feeling enthusiastic and has a significantly strong relationship with Trust and NHS commitment.

- 4) The feeling of gloom is negatively related to all the commitment variables and is strongly linked to stress.

With most research undertaken in the NHS focusing on 'well-being' and measurement of 'commitment' in general terms (IES, 2000), this paper adds value by shedding light on the complexity of associations among multiple commitments. The study has implications for the recruitment and retention of staff, which are key issues within the NHS, and especially so in London, which has more NHS vacancies than any other region in the UK.

The high levels of stress and gloom combined with low levels of comfort among the managers are an issue of great concern and should be monitored as a matter of urgency. As managers receive less support, indicators of their emotional well-being are also very low, and support systems should be provided in order to prevent ill-health and attrition. With strong correlations between the positive emotions at work and supervisor support, the need to provide effective supervisory support for staff becomes a management issue of high importance. Yet with manager's current stress levels the provision of such support is more complex, and managers' overall workload should be assessed with potential implications for the organizational structure required in order to retain key staff.

Employees with lower educational backgrounds are committed to the NHS, but feel less comfortable. As long as they are sufficiently educated for the job, efforts should be made to enhance well-being at work through mentoring and training, thus enhancing job control and job satisfaction.

Clinical employees, who add the core value to the NHS, are less committed to the Trust as well as to the NHS, which at best confirms the negative publicity related to staff morale in the NHS. At worst, it can be the result of remaining within the Trust for the wrong reasons. However, there is no significant difference in the levels of emotional well-being at work, which contrast sharply with the common perception of disillusionment. Investing more effort into the early years of the working relationship through monitoring staff well-being as well as listening to feedback and implementing regular communication systems may well pay off in the long term. The consequences of low commitment manifest themselves in the form of lower organizational citizenship behaviour (OCB) and pro-social organizational behaviour

(PSOB) (Brief and Motowild, 1986; Organ, 1990; O'Reilly and Chatman, 1986). Low organizational commitment on behalf of the clinicians challenges the very core of the NHS, as its purpose is to provide a clinical service. Longitudinal studies combined with other research into commitment related to OCB and PSOB among key NHS employees can reveal if these concerns are justified. Through promoting the variety of career opportunities within the Trust and NHS, the overall image of health-care employment can be lifted.

Flexible working practices should be encouraged, as the results indicate positive outcomes in the form of commitment levels and emotional well-being in part-time workers who, for their own reasons, are only able to invest limited time in their careers. Retention can be secured through making flexible working arrangements widely available.

Workgroup commitment has positive effects on affective commitment levels as employees identify with smaller work units. This makes communication easier, increases motivation and allows employees to get to know each other, support each other and implement equal opportunities policies (Kramer, 1993). The overall mean of workgroup commitment is very high, reflecting that this is the unit many employees feel loyal towards. With workgroup commitment growing weaker as the tenure in the current occupation increases, it is again important to invest in work groups during their formative stages (Lau and Murnighan, 1998). Even if people do not stay in the Trust, investment in the workgroup pays off, as it not only leads to a positive image of the Trust, but of the NHS as a whole, thus increasing intention to stay with the career and the NHS.

#### *Limitations of the study*

The study took place following changes in organizational structure, and in the midst of an already heavy workload within the Trust. The response rate of 46% is very high and indicates that the employees are supportive of research studies which could lead to improvements in their working conditions. The sample size ( $n = 92$ ) limits the extent to which results can be generalized – for example, with a larger sample we would apply moderated regression to test sub-group differences. Also relating to the stepwise models outcomes, these might reflect over fitting of the data. While we applied exploratory factor analysis, other methods

such as confirmatory factor analysis technique might have produced a different factor structure than the one found in this study for the affect items (see e.g. Daniels, 2000). Thus further research is required to test the robustness of the outcomes, in both the wider public and private sectors.

Another limitation of the study is its dependency on self-report measures. Self-report measures might be subject to motivational bias despite ensuring anonymity and suffer from problems associated with common method variance. These are important issues that need to be followed up in future work.

### Recommended further research

The study adds value to the current body of research into multiple commitments by investigating demographic and employment-related variables in terms of their effects on multiple commitment scales. Most research undertaken in the NHS focuses on well-being and the measurement of commitment in more general terms (IES, 2000). Through distinguishing the focus of commitment in more detail, associations with working time, professional status and ethnicity can be better understood, outcomes predicted and subsequently managed constructively.

The effects of low commitment scores among clinical employees require further investigation, especially in terms of their potentially negative impact on pro-social organizational behaviour. In terms of the NHS being almost a monopoly employer for clinical staff, the Trust needs to safeguard itself against organizational commitment for the wrong reasons. Therefore, forms of commitment research into other than affective commitment, such as normative and continuance commitment (Meyer and Allen, 1997), is recommended. Longitudinal studies of the key associations between emotions at work and multiple commitments are recommended in order to unpack the nature of the possible causal relationships between employment tenure and work-related commitment.

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### Appendix 1: Survey questions

The following questions are concerned with the amount of choice you have in your job

Please circle the appropriate number

To what extent can you:	Not at all				Moderate amount		A great deal
a) Determine the methods and procedures you use in your work? . . . . .	1	2	3	4	5	6	7
b) Choose what work you will carry out? . . . . .	1	2	3	4	5	6	7
c) Decide when to take a break? . . . . .	1	2	3	4	5	6	7
d) Vary how you do your work? . . . . .	1	2	3	4	5	6	7
e) Plan your own work? . . . . .	1	2	3	4	5	6	7
f) Carry out your work in the way you think best? . . . .	1	2	3	4	5	6	7

### Feeling about your job

Please circle the appropriate number

	Strongly disagree				Neither agree nor disagree		Strongly agree
a) I find enjoyment in my job . . . . .	1	2	3	4	5	6	7
b) Most days I am enthusiastic about my job . . . . .	1	2	3	4	5	6	7
c) I am often bored with my job . . . . .	1	2	3	4	5	6	7
d) I feel satisfied with my job . . . . .	1	2	3	4	5	6	7
e) I plan to quit this job as soon as possible . . . . .	1	2	3	4	5	6	7
f) I would be reluctant to quit this job . . . . .	1	2	3	4	5	6	7
g) I plan to stay on this job as long as possible . . . . .	1	2	3	4	5	6	7

The following are a number of words that describe different feelings and emotions. Some items are similar to others, however they are not exactly the same. Please do not leave out any items.

Please circle the appropriate number

To what extent did your job make you feel this way during the past 4 weeks?

	Not at all	A little	Moderately	Quite a bit	Very much
a) motivated . . . . .	1	2	3	4	5
b) strong . . . . .	1	2	3	4	5
c) calm . . . . .	1	2	3	4	5
d) comfortable . . . . .	1	2	3	4	5
e) tense . . . . .	1	2	3	4	5
f) distressed . . . . .	1	2	3	4	5
g) gloomy . . . . .	1	2	3	4	5
h) dull . . . . .	1	2	3	4	5
i) excited . . . . .	1	2	3	4	5
j) optimistic . . . . .	1	2	3	4	5
k) miserable . . . . .	1	2	3	4	5
l) at rest . . . . .	1	2	3	4	5
m) anxious . . . . .	1	2	3	4	5
n) worried . . . . .	1	2	3	4	5
o) enthusiastic . . . . .	1	2	3	4	5

	Not at all	A little	Moderately	Quite a bit	Very much
p) depressed .....	1	2	3	4	5
q) bored .....	1	2	3	4	5
r) relaxed .....	1	2	3	4	5
s) contented .....	1	2	3	4	5
t) nervous .....	1	2	3	4	5

**How true are the following of your job – to what extent do you agree with the following statements?**

Please circle the appropriate number

	Strongly disagree	Neither agree nor disagree	Strongly agree
a) I am proud to be able to tell people that I work for this Trust .....	1	2	3 4 5 6 7
b) I sometimes feel like leaving this Trust for good ....	1	2	3 4 5 6 7
c) I feel myself part of this Trust .....	1	2	3 4 5 6 7
d) In my work I feel like I am making some effort, not just for myself, but for the Trust as well .....	1	2	3 4 5 6 7
e) I am willing to put myself out to help the Trust .....	1	2	3 4 5 6 7
f) The offer of a bit more money with another employer would make me seriously think of leaving this Trust .....	1	2	3 4 5 6 7

**About your career in the NHS and your feelings of the NHS**

Please circle the appropriate number

	Strongly disagree	Neither agree nor disagree	Strongly agree
a) I do not care about the fate of the NHS .....	1	2	3 4 5 6 7
b) I speak highly of the NHS to my friends .....	1	2	3 4 5 6 7
c) I am proud to tell others that I am part of the NHS .	1	2	3 4 5 6 7
d) I think working in the NHS is rewarding .....	1	2	3 4 5 6 7

**About your career in the Trust**

Please circle the appropriate number

	Strongly disagree	Neither agree nor disagree	Strongly agree
a) I do not care about the fate of the Trust .....	1	2	3 4 5 6 7
b) I speak highly of the Trust to my friends .....	1	2	3 4 5 6 7
c) I am proud to tell others that I work in this Trust ...	1	2	3 4 5 6 7
d) I think working in this Trust is rewarding .....	1	2	3 4 5 6 7

**In the last 4 weeks how much of the following did you get?**

Please circle the appropriate number

<u>From your immediate supervisor</u>	None	Moderately	A great deal
a) Useful information .....	1	2	3 4 5 6 7
b) Care and concern .....	1	2	3 4 5 6 7
c) Help with a difficult task at work .....	1	2	3 4 5 6 7
d) Praise and appreciation .....	1	2	3 4 5 6 7

<u>From your colleagues</u>	None		Moderately			A great deal	
a) Useful information . . . . .	1	2	3	4	5	6	7
b) Care and concern . . . . .	1	2	3	4	5	6	7
c) Help with a difficult task . . . . .	1	2	3	4	5	6	7
d) Praise and appreciation . . . . .	1	2	3	4	5	6	7

**About your current occupation**

Please circle the appropriate number

	Strongly disagree		Neither agree nor disagree			Strongly agree	
a) I do not care about the fate of my occupation (e.g. nursing, physiotherapy, management etc.) . . . . .	1	2	3	4	5	6	7
b) I speak highly of my occupation to my friends . . . . .	1	2	3	4	5	6	7
c) I am proud to tell others that I am part of this profession . . . . .	1	2	3	4	5	6	7
d) I think my occupation is a rewarding career . . . . .	1	2	3	4	5	6	7
e) I have a good chance to get ahead . . . . .	1	2	3	4	5	6	7
f) I am in a dead-end job . . . . .	1	2	3	4	5	6	7
g) I have the opportunity for advancement . . . . .	1	2	3	4	5	6	7

**About your immediate work group** (e.g. your team on the ward if you are in nursing, the office team, etc.)

Please circle the appropriate number

	Strongly disagree		Neither agree nor disagree			Strongly agree	
a) I do not care about the fate of my immediate work group . . . . .	1	2	3	4	5	6	7
b) I speak highly of my immediate colleagues to my friends . . . . .	1	2	3	4	5	6	7
c) I am proud to tell others that I am part of this work group . . . . .	1	2	3	4	5	6	7
d) I think working in this group is rewarding . . . . .	1	2	3	4	5	6	7

