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ORGANISATIONAL COMMITMENT OF MENTAL HEALTH PROFESSIONALS IN KERALA

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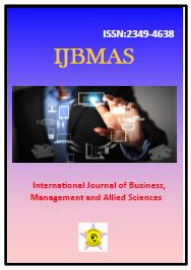

ABSTRACT
Healthcare delivery in mental health sector is a critical duty that needs to be discharged carefully. The application of effective human resource management tools in mental health sector adopting newer techniques and procedures can improve the quality of the service offered to the mentally disabled patients. Organisational commitment is generally viewed as a topic of interest in the field of human resource management and industrial psychology bearing an important role in the study of organisational behaviour. This study was an attempt to assess the organisational commitment level of mental health professionals working in mental healthcare institutions of Kerala along with the effect of demographic factors on it. The data for the study was collected from a sample of one hundred and twenty mental health professionals working in public and private institutions in Kerala and the tool used to assess the organisational commitment was TCM Employee Commitment Survey. Results of the study indicated that mental health professionals working in Kerala are highly committed to their organisation. They scored high in affective commitment scale and moderately in continuance and normative scales. Employees in private institutions were found to be more committed while employees from public sector scored very high in continuance commitment dimension. Employees with more experience were more committed than their co-workers with low experience. Interestingly no meaningful significant differences were found in organisational commitment levels of employees based on their gender, marital status and occupational status.

Key Words: Organisational Commitment, Mental health professionals, Affective commitment, Continuance Commitment, Normative Commitment

1. Introduction

Mental healthcare is a complex healthcare system that needs more care and attention from the part of all stakeholders. Care giving or service delivery in mental health is very crucial and critical work role surrounded with blends of emotions and feelings. The application of effective human

resource management skills in mental health sector adopting newer HRM techniques and procedures is very essential for improving the quality of the service offered to the mentally disabled patients. The successful delivery of patient centred mental healthcare is highly dependent upon the organisational commitment, work engagement and involvement of mental healthcare professionals. The commitment skills and competencies of doctors and nurses working in mental health sector can significantly impact the performance and results of care giving process in mental health sector.

Organisational commitment is a widely discussed topic in the field of human resource management bearing an important role in the study of organisational behaviour and is very popular in the literature of industrial and organisational psychology. Simply defined, it is a psychological bond or attachment of an employee towards his organisation. According to Meyer and Allen (1991), it refers to a "psychological state that characterises the employee's relationship with the organisation, and has implications for the decision to continue membership in the organisation". It is "an attachment to the organisation characterized by an intention to remain in it; an identification with the values and goals of the organisation; and a willingness to exert extra effort on its behalf" (Porter et al, 1974). Plenty of research studies and discussions have been undertaken to conceptualise this construct that left back abundant literature explaining different outcomes, determinants, antecedents, precedents and immediate causes.

The faster growth of mental health sector in size and scope necessitates the importance of promoting high organisational commitment and involvement of healthcare professionals. The way and style that healthcare professionals behave and deal with patients and their innate commitment skills can offer best quality of service in healthcare delivery if it was wisely groomed and nurtured. Employees once get committed they tend to deliver their best for the sake of organisational success and further leads to their increased satisfaction with the organisational settings. Affective, continuance and normative commitment skills can make unprecedented changes in the way professional behave in their routine work roles. Thus organisations should take care of making meaningful investments for improving the commitment skills and talents of its workforce. This paper attempts to assess the organisational commitment level of mental healthcare professionals working in mental healthcare sector of Kerala along with its interrelationships and effects on certain demographic factors.

Organisational Commitment

Organisational commitment is a multidimensional psychological construct having multiple definitions in the literature describing the employee's involvement, loyalty and attachment to an organisation. Over a long period the multi construct of organisational commitment has become familiar and popular among academicians and researchers from the field of organisational and psychology. In the early studies organisational commitment was narrated as a concept with single dimension. This sole dimension was identified based on involvement, attitudinal identification and loyalty (Ashforth et al., 2008). According to Porter et al (1974), an attitudinal perspective in commitment refers to the affective relationship or psychological attachment that gets developed by an individual. This attachment generally develops through his identification or engagement with the specific organisation. Meyer et al. (2001) came forth later to conceptualise organisational commitment as a multidimensional construct. According to their view commitment can initiate a force that can guide a course of action towards its one or more targets. In initial stage organisational commitment was identified by Meyer and Allen (1984) as a construct with two dimensions named as affective commitment and continuance commitment. The first dimension, affective commitment was described by Meyer and Allen (1984) as positive feelings one employee holds while he identifies with or attach to or involve in the work of a certain organisation. The second dimension, continuance commitment was explained in terms of the extent or degree with which employees feel committed to the organisation. This feeling of commitment is largely formed based on the costs they feel as associated with their leaving of organisation. The third dimension labelled normative commitment was added later by Allen and Meyer (1990) after groundbreaking studies and research work.

Allen and Meyer (1990) rightly defined normative commitment as the feeling of obligation by an employee that compels him to remain with the same organisation. Afore mentioned conceptualisations and variable descriptions paved the way for finalising the three dimensional construct model of organisational commitment. Finally the concept of organisational commitment was postulated as a concept with three distinct dimensions. These three dimensions include the aspects of affective, continuance and normative commitments (Meyer & Allen, 1991). As a distinct construct organisational commitment is believed to be very unique and distinct from all other popular psychological and organisational constructs like work group attachment, job involvement and work ethic (Meyer, Allen & Smith, 1993). O'Reilly (1989) came forth with various stages that organisational commitment construct has advanced through. This includes mainly the three stages of identification, compliance and internalization. However organisational commitment seems to a crucial matter of discussion for today's highly vulnerable mental health institutions so that it can result in best treatment results. It is very obvious that mental health institutions increasingly depend on knowledge workforce and human resource capital to respond timely to the grave mental health needs in a society. It enables them further to change and adapt according to the rapid advancements in the technology of care giving process.

Three Component Model (TCM)

Meyer and Allen (1997) have postulated organisational commitment as a tri dimensional model that relies on three distinct dimensions namely, affective, continuance and normative commitments. All these three components or dimensions highlight the very different facets of organisational commitment. All the three components have been found to very important in HRM process and bear some important implications for employee behaviour. The notion that organisational commitment exists in three distinct variables exist in the literature from the very early time itself. It includes the affective attachment of an employee to his organisation, his perceived costs of leaving a specific organisation and his obligation to stay in the same organisation. These three aspects are referred to as affective, continuance, and normative commitments.

Affective Commitment Dimension

An employee in an organisation is believed to develop an emotional or affective bond and attachment with his organisation. This attachment between an employee and his organisation is identified as Affective Commitment (AC). Meyer and Allen (1997) have rightly explained it as the emotional attachment of an employee to his organisation, his identification with the organisation, and his involvement in the organisation. For affectively committed workers their affective basis persuades them to continue their work for the organisation as they want to do so (Meyer & Allen, 1991). Employees in organisation who are affectively committed tend to stay with the organisation for a long time and rarely think about leaving the organisation. This generally happens because they understand their personal employment relationship with the organisation as matching to the values and goals of the organisation. According to Morrow (1993) Affective commitment is a attitude that is related to work and has positive feelings towards an organisation. Sheldon (1971) asserts that affective commitment is an orientation developed towards an organisation. It relates or links the identity of the member to his organisation. Affective commitment of an individual is generally understood as the relative strength in identifying and involving in an organisation.

Aforementioned views and thoughts label affective commitment dimension as an inevitable part for mental healthcare delivery. The need of affective commitment facet in this sector is largely influenced by the extent of needs and expectations expressed by employees towards their organisation and how they get matched with real experience at workplace. Once the employees could identify the distinct norms and values promoted by an organisation to enhance their skills and talents they get affectively committed towards their organisation and feel attached to the organisation strongly. The strong affective bond or attachment an employee develops with his organisation will consequently benefit the mentally ill patients through timely service delivery and effective treatment.

This affective commitment further get enhanced by providing certain job related factors as role clarity, peer cohesion, job challenge, equity, participation and dependability.

Continuance Commitment Dimension

The second dimension in the tri-dimensional model of organisational commitment is continuance commitment. To Meyer and Allen (1997) continuance commitment means an awareness of the costs that is directly linked with leaving certain institution. Naturally it can be viewed as an arithmetic or calculative process whereby employees perceive or weigh the risks and costs associated with leaving the present organisation or job and decide to stay or leave based on the results of calculation and perception. Thus this type of commitment is considered merely as an instrumental relationship an employee has with his organisation where he assesses the monetary benefits in staying with a specific organisation and decide to stay or leave based on this assessment. Meyer and Allen (1991) hope that workers with primary relationship to an organisation become continuance committed and want to remain in the organisation because they need to do so. Traditionally employees get more continuance committed when their investments in a specific organisation are very high and alternate chances in other organisations are very less. Mental health organisation should try to make leaving of a talented employee very costly to him so that he will opt to stay with organisation and becomes continuance committed towards organisation that will benefit mentally ill persons.

Normative Commitment Dimension

The third component, Normative Commitment (NC) refers to the feeling of obligation from an employee to stay in a certain organisation. Meyer and Allen (1997) propound normative commitment as a feeling that triggers obligation to continue work in a specific organisation. In many organisations a good work culture with various internalised norms, beliefs, values and obligations is built. These internalised norms, to a certain extent, makes employees normatively committed to their organisation so that they become obliged to remain in the organisation rather than opting for leaving. Further, these internalised values and norms create a feeling of obligation in employees and they think that they are ought to stay in organisation. Wiener and Vardi (1980) have described normative commitment as work behaviour of working members that gets directed by a sense of obligation and duty towards the organisation. The institutions working in mental healthcare services can impart certain genuine internalised norms and obligations to their work culture. Once the employees get moulded with these norms and values they become normally committed to the organisation and feel obliged to remain in the organisation whereby mentally ill persons can utilise their treatment skills.

Mental Health in Kerala

Health is not merely an absence of illness but includes the positive sense of well being, physically, mentally, socially. Mental health is an integral component of any health system as it balances between all aspects of life may be emotional or economical or physical. It shows how we feel and think about our self, others and how we face life's situations. In Kerala the mental healthcare activities are governed by the Mental Health Act, 1987 enacted by Government of India and the State Mental Health Rules, 1990. The State Mental Health Authority established in 1993 under Section 4 of the Act is responsible for regulation, development and coordination of all activities in the State connected with mental health.

The major mental health problems prevalent in Kerala are mental retardation, suicide, aggression on others, alcoholism, divorce, domestic violence, use of drugs, attack on women and children, marital breakdown, severe psychological trauma, trend of school college dropouts and the like. National mental health program documents mentions that 20 to 30 million Indians are in need of some formal mental healthcare. Kerala State Mental Health Authority (KSMHA) reveals that 10% of Keralites suffer from any kind of mental illness where 2% of them are with severe mental problems. According to the report of CAG as much as 5.86% of Kerala population suffers from mental illness against a national average of 2%. Kerala State Crime Records Bureau states that the mental illness is the reason behind 19% of suicides in the state which is the largest suicide rate in India. According to

World Health Report 2001, 20 % all patients seen by primary health care professionals have one or more mental disorders and one in every family is likely to have at least one member with a behavioural or mental disorder. Kerala contribute to 10.1% of all the suicides occurring in India though its population constitutes only 3.4% of the Nation's population. During the period 1991 – 2002 incidence of suicides in Kerala rose at a compound growth of 4.61% as against the population growth rate of 2.2%. All these show the severity of the Mental Health problems prevailing in Kerala.

The following table shows the extent of mental health problem in the state:

Mental Health Problem	**The Extent**
Prevalence of Psychiatry disorders (10% - WHO Report 2001)	31,83,862
Prevalence of severe psychiatric disorders (20/1000 Population)	6,36,772
Neurosis and Psychosomatic disorders (20-30/1000 Population)	6,36,772 - 9,55,159
Mental Retardation (0-1% of all children up to 6 years)	18,267 - 36,535

Source: Kerala State Mental Health Authority. The total population (2001 census): 3,33,87,677.

Mental health services in Kerala are provided mainly through three mental hospitals (Thiruvananthapuram, Kozhikode & Thrissur), psychiatric units in govt. general hospitals and psychiatric departments in medical colleges along with other private psychiatric hospitals, nursing homes, observation wards and day centres. Considering the higher prevalence of the mental health problems such as suicide and alcoholism the government has launched the District Mental Health Programme and NRHM supported community mental health programmes. These programmes were extended later to all districts in the state. The integration of the mental healthcare activities with the primary health care at the PHC, CHCs that utilises the service of health care providers like doctors and field workers is the basic goal of these programmes. Despite appreciable increase in scientific advancements and material success, statistics show that the rate of mental health disturbances in Kerala is increasing day by day at an alarming rate.

Psychiatrists, psychologists, social workers and psychiatric nurses are the major workforce in mental healthcare sector. The successful performance and better service delivery of the sector is highly dependent on the good working conditions and cordial work relationships among these caregivers. The recently emerged HR practices and outcomes like work engagement, organisational commitment and other positive psychological constructs have a great bearing on the smooth running of the functions of this vulnerable sector. Mental health care facilities are lacking in many manpower aspects with a huge gap in professional manpower availability. The available manpower needs to be trained professionally in novel HRM practices like organisational commitment. The National mental health programme aims to assure minimum mental health care for all by application of mental health knowledge in general health care, community participation, and equitable and balanced distribution of resources and integration of mental health with general health services

2. Problem Statement

Healthcare in general and mental healthcare in special is very sensitive work environment where employees tend to encounter with multiple emotional and behavioural issues. Treatment or care giving in mental healthcare institutions is very difficult task. Care givers in this sector are advised to be with more passion and emotional stability. The psychiatrist and nurses form the largest part of workforce in any mental healthcare setting and work in a very stressful situation. The active participation and organisational commitment of mental health manpower is very essential for successful patient-centred service delivery of this sector and to respond timely to complex needs of patients. The application of employee centred organisational practices and procedures to enhance the organisational commitment of employees in mental healthcare sector are the need of hour. The value of organisational commitment in healing practice seems not to be only an issue of organisational interest. It has some crucial ethical interests too. The present paper is an attempt to assess the

organisational commitment level of mental healthcare professionals in Kerala along with the effects of demographic factors on it.

Research Questions:

The following research questions are examined in this study:

1. What is the organisational commitment level of professionals working in public mental health sector of Kerala?
2. What is the organisational commitment level of nurses working in private mental health sector of Kerala?
3. What is the effect of demographic factors on organisational commitment level of mental health professionals in Kerala?

Objectives

This study was conducted to examine the organisational commitment level of mental healthcare professionals in Kerala along with the effects of demographic factors on it. The major objectives of the study include:

1. To assess the affective commitment of mental healthcare professionals in Kerala from both public and private sectors.
2. To assess the continuance commitment of mental healthcare professionals in Kerala from both public and private sectors.
3. To assess the normative commitment of mental healthcare professionals in Kerala from both public and private sectors.
4. To evaluate the effects of demographic factors on organisational commitment level of mental healthcare professionals in Kerala.

Hypotheses

The major hypotheses of this study are as follows:

Ho: There is no significance difference in organisational commitment level of mental health professionals based on the gender of respondents

Ho: There is no significance difference in organisational commitment level of mental health professionals based on the organisational sector of respondents

Ho: There is no significant difference in organisational commitment level of mental health professionals based on the marital status of respondents

Ho: There is no significance difference in the organisational commitment level of psychiatrists and mental health nurses.

Ho: There is no significance difference in organisational commitment level based on work experience level of mental health nurses

Methodology

The present study is descriptive in nature and was directed to assess the organisation commitment of mental healthcare professionals working in Kerala. Psychiatrists and nurses working in public and private mental healthcare institutions in Kerala form the population of this study. The data for the study was collected from a sample of one hundred and fifty employees that equally represents all the sections of population. 30 nurses and 30 psychiatrists were randomly selected for both public and private sectors. In private sector the employee were selected from licensed mental health institutions under Kerala State Mental Health Authority (KSMHA) and in public sector they were selected from three mental health centres and medical colleges.

Table 1 Sample Frame

Professionals	Public Sector	Private Sector	Total
Psychiatrists	30	30	60

Nurses	30	30	60
Total	60	60	**120**

Instrumentation

TCM Employee Commitment Survey developed by Allen and Meyer was used in this study for assessing the organisational commitment. TCM Employee Commitment Survey that was developed based on the Three-Component Model (TCM) of commitment (Meyer & Allen, 1991; 1997) was adopted in this study with prior permission from the author. This scale measures three forms of employee commitment to an organisation as desire based (affective commitment), obligation based (normative commitment) and cost based (continuance commitment). The survey includes three well validated scales, the Affective Commitment Scale (ACS), the Normative Commitment Scale (NCS) and the Continuance Commitment Scale (CCS).

The questionnaire was handed over to the respondents that were filled and returned in full number. The collected data was clearly coded, edited and entered to the statistical package "IBM SPSS Statistics 20" for statistical analysis. The tools used for analysis were descriptive statistics, T-test, Levene's Test for Equality of Variances, One-way ANOVA and Post Hoc Tests. The organisational commitment was classified to three categories as high, moderate and low based on the mean scores of the scale.

3. Results and Findings

Mental healthcare professionals working in Kerala were found to be highly committed to their organisation with a high score in Affective commitment scale and moderate scores in both Continuance and Normative commitment scales. Descriptive statistics revealed that employees in private sector are more committed and the female employees are less committed than their male counterparts. The married employees were found to be less committed than unmarried one and the highly experienced professionals were far highly committed than the low experienced employees and psychiatrists scored little high than mental health nurses as depicted in Table 2.

Table 2: Descriptive Statistics of Organisational Commitment Scores

Variables	OC Mean Score	No. of Respondents	Std. Deviation
Male	4.7238	60	.60436
Female	4.6619	60	.43296
Govt. Sector	4.5627	60	.51635
Pvt. Sector	4.8230	60	.50358
Highly Experienced	5.2667	35	.35713
Medium Experienced	4.4884	39	.43393
Low Experienced	4.4296	46	.32968
Psychiatrists	4.7143	60	.51675
Nurses	4.6714	60	.53543
OC Total Score	4.6929	120	.52440

Source: Survey Data

T-Test Results

The first four hypotheses were tested using T-tests and it produced very meaningful and valid results. The affective commitment and continuance commitment dimensions were found to be significantly different based on the organisational sector of mental health professionals. Employees from private sector were found to be very highly affectively committed while their counterparts from government sector showed a moderate score (Table 3). Employees from government sector scored very high in continuance commitment dimension while private employees scored moderately. No meaningful significant difference was found in organisational commitment of employees based on their gender, marital status and occupational status.

Table 3: Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
AC	Equal variances assumed	24.890	.000	-8.347	118	.000	-.88810	.10639	-1.09878	-.67741
	Equal variances not assumed			-8.347	89.592	.000	-.88810	.10639	-1.09948	-.67671
CC	Equal variances assumed	14.275	.000	7.850	118	.000	.89524	.11404	.66941	1.12106
	Equal variances not assumed			7.850	100.659	.000	.89524	.11404	.66901	1.12147

Source: Survey Data

ANOVA Results

One-way ANOVA along with Post Hoc tests were used to test the fifth hypothesis and it provided some meaningful conclusions (Table 4). Organisational commitment and its two dimensions namely, affective commitment and normative commitment were found to be significantly different based on the work experience of mental healthcare professionals. The Post Hoc test results revealed that the highly experienced employees caused for making the significant difference in all three cases. Highly experienced employees scored very high in organisational commitment while medium and low experienced employees scored moderately. However the continuance commitment dimension didn't show any significant difference based on work experience level.

Table 4: One – Way ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
AC	Between Groups	19.826	2	9.913	26.415	.000
	Within Groups	43.907	117	.375		
	Total	63.733	119			
CC	Between Groups	4.684	2	2.342	4.191	.017
	Within Groups	65.394	117	.559		
	Total	70.079	119			
NC	Between Groups	30.751	2	15.375	27.791	.000
	Within Groups	64.731	117	.553		
	Total	95.481	119			
OC	Between Groups	16.342	2	8.171	58.355	.000
	Within Groups	16.383	117	.140		
	Total	32.725	119			

Source: Survey Data

Discussions

Mental healthcare sector needs more talented and committed workforce for successful service delivery as a fragile working condition. The results and findings of the study have made some

meaningful conclusions that will be beneficial for all stake holders in mental health sector like working professionals, administrators and patients. The study results concluded that mental health professionals working in Kerala mental healthcare sector are highly committed to their organisations bearing a good sign of relief for all stakeholders in this sector. While the high score in affective commitment dimension exhibits their sincere affection towards organisation, the moderate scores in normative and continuance commitments need some serious contemplation.

The results reveal that employees in private institutions are more committed while T-test results indicated that employees from private sector are very affectively committed than their counterparts who are very high in continuance commitment. The government has to take proper initiatives to enhance the organisational commitment level of their workforce in order to successfully compete with private institutions. The good scores in continuance dimension for government employees means that employees form government institutions want to continue in their organisation as the cost of leaving is very high. The ANOVA results show a high margin of scores for highly experience employees clearly indicating that employees get more committed as they get more experienced. Authorities can brainstorm on the strategies to increase the commitment of low experienced employees.

Interestingly, no meaningful significant differences were found in organisational commitment levels of employees based on their gender, marital status and occupational status. The ANOVA results indicated that there is no significant difference in continuance commitment level of employees based on work experience level. However mental healthcare institutions both in private and public sector have to come forward with new strategies and initiatives to increase the organisational commitment level of their workforce in all three dimensions namely affective, continuance and normative.

4. Conclusions

Healthcare delivery in mental health sector is a very critical duty that needs to be discharged carefully. The present study was a serious attempt to assess the organisational commitment level of mental health professionals working in mental healthcare institutions of Kerala along with the effect of demographic factors on it. The results of the study indicated that mental health professionals working in Kerala are highly committed to their organisation. They scored highly in affective commitment scale and moderately in continuance and normative scales. Employees in private institutions were found to be more committed while employees from public sector scored very high in continuance commitment dimension. Employees with more experience were more committed than their co-workers with low experience. Interestingly no any meaningful significant differences were found in organisational commitment levels of employees based on their gender, marital status and occupational status.

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