



Relationship between Perceived Organizational Support, Empowerment and Organizational Commitment of Health Workers at Sub-District Health Promoting Hospitals in Suphanburi Province, Thailand

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Abstract

This cross-sectional study aims to explore the relationship between personal characteristics, perceived organizational support, empowerment, and organizational commitment. Data were collected using self-administered questionnaires from health workers at Sub-district Health Promoting Hospitals (SHPHs) in Suphanburi Province from June to July, 2023. A total of 374 out of 542 participants 69% were completed the questionnaires for data analysis. Pearson's Product Moment Correlation Coefficient and Stepwise Multiple Regression Analysis statistics were used for data analysis.

The findings revealed that most health workers perceived organizational commitment, empowerment at a moderate level (54%, 52.4%), and perceived organizational support at a high level (39.04%). Additionally, perceived organizational support, and empowerment showed statistically significant relationships with organizational commitment ($r = 0.622, 0.614$). Perceived organizational support and empowerment were crucial predictors accounted for 44.1% of the variance in the organizational commitment.

To increase the health workers' organizational commitment, the SHPHs supervisors should focus on improving perceived organizational support and empowerment for SHPHs to retain them within the organization.

Keywords: Organizational commitment, Perceived organizational support, Empowerment, Sub-district health promoting hospital

What was Known

- The organizational commitment is the sentiment of health workers and their willingness to collaborate in working for the organization.
- The organizational commitment can impact the behavior and effectiveness of employees within the organization. of biomarkers.

What's New and Next

- Support from supervisors could enhance organizational commitment among health workers.
- Increasing perceived organizational support and empowerment can help enhance organizational commitment among health workers at Sub-district Health Promoting Hospital.

Introduction

In Thailand, the primary healthcare service is the first line of health service offering care to the people. This ensures that people can access to public health services comprehensively. The primary care units in Thailand are Sub-district Health Promoting Hospitals (SHPHs), with more than 9,787 locations¹. Previously, they were under the supervision of Office of the Permanent Secretary, Ministry of Public Health. Later, the Royal Gazette issued an announcement regarding the transfer of the missions of SHPHs, service systems, and resource management systems to *Local Government Organizations* (LGOs) to facilitate people's access to health services.

The transfer of mission has challenged the primary care units because there is no clear employment model². This situation has put immense pressure on health workers, resulting in a lack of confidence, increased stress, and decreased morale.

To build confidence among health workers, it is necessary to increase their organizational commitment. Past research has indicated that improving health workers organizational commitment in an organization plays an important role in making health workers more determined to work, reducing absenteeism and resignation³. Health workers in primary care units who have low organizational commitment can lead to an increase in medical errors⁴. It is important for the directors to understand the behavior of health workers to retain them and ensure the organization progresses.

In addition, past research indicated that organizations with a focus on perceived organizational support have higher job satisfaction, increased desire to participate in work⁵.

Eisenberger et al. found that empowerment in health organizations helps health workers feel more valuable to the organization, believe in the organization, and want to remain in the organization⁶. This is why many healthcare organizations are beginning to focus on empowerment as a way of reducing emotional distress and lowering turnover intentions⁷. By supporting health workers with important information and providing career advancement opportunities, organizations can help maintain their retention⁸.

Furthermore, Suphanburi Province was one of the six provinces involved in the transfer of the SHPHs mission to the Provincial Administrative Organization in October 2023. The transfer of mission has brought unprecedented changes to the regulatory authority, including changing regulations and increasing levels of anxiety of health workers². These changes may have a significant impact on organizational commitment.

As such, this study aimed to explore the relationship between personal characteristics, perceived organizational support, empowerment, and organizational commitment of health workers at SHPHs in Suphanburi Province. The results of this study can provide valuable insights into how SHPH can improve the organizational commitment of health workers and their retention during these challenging times.

Materials and Methods

1. Study design and sample size

This cross-sectional study focused on health workers who work at 174 SHPHs in Suphanburi Province. Participants were required to meet the following criteria: (1) Government health service worker, nurses, public health technical officers, Thai traditional medicine, public health officers, and dental health officers with work experience in Suphanburi Province for at least 6 months; and (2) ages ranging from 22 to 59 years. The exclusion criteria were the director of SHPH and the staff absence during the survey period.

The sample size was determined using Cochran's formula⁹ as follows:

$$n = \frac{N(Z_{\alpha/2}^2)\sigma^2}{(Z_{\alpha/2}^2)\sigma^2 + Nd^2}$$

According to Ratanatham et al. study¹⁰, the standard deviation (σ) is 0.42, the level of confidence (Z) is 1.96, and the precision (d) is 0.03. The calculated sample size was 316 participants. However, the data were collected from the entire target population of 542 individuals.

2. Data collection and data analysis

The questionnaires, along with sets of documents individually addressed, were mailed to every SHPH. Each participant received two envelopes, one for the questionnaire and another for the consent letter, to ensure the protection of personal information. Data was collected from June to July 2023. A total of 374 out of 542 participants, 69%, were completed questionnaires for data analysis.

3. Research Instruments

The instrument was a self-administered questionnaire which consisted of 4 parts. *Part 1:* Personal characteristics: sex, age, education level, marital status, duration of employment, employment type, occupation, and monthly income (with the multiple-choice answers for the respondent to choose from; and the blanks for them to fill). *Part 2:* Perceived organizational support (POS): 10 items were conducted from the concept of Rhoades and Eisenberger⁵, with a 5-point rating scale from mostly (5) to rarely (1). POS Level Scores will be categorized as follows: High (4.20 – 5.00), Moderate (3.40 – 4.19), and Low (<3.4). *Part 3:* Empowerment: 10 items were conducted from the concept of Laschinger, Finegan, Shamian, and Wilk¹¹, with a 5-point rating scale from mostly (5) to rarely (1). Empowerment Level Scores will be categorized as follows: High (4.20 – 5.00), Moderate (3.40 – 4.19), and Low (<3.4). *Part 4:* Organizational commitment: 12 items were conducted from the concept of Mowday, Porter, Steers³ used the scales of a 4-point rating scale from mostly (4) to rarely (1). OC Level Scores will be categorized as follows: High (3.40 – 4.00), Moderate (2.80 – 3.39), and Low (<2.8).

Content validity was reviewed and approved by three experts in Community Medicine, Global Environmental Health, and Mathematic. The variables of organizational commitment, perceived organizational support, and empowerment scales showed Cronbach's alpha coefficients of 0.87, 0.87, and 0.93, respectively.

4. Statistical Analysis

Statistics software packages, SPSS version 18, were used to process data through descriptive statistics and inferential statistics, including Pearson's Product Moment Correlation Coefficient, and Stepwise Multiple Regression Analysis, with statistical significance of less than 0.05.

Results

Personal characteristics revealed that 81.8% of the participants were female. The age range between 22–40 years (69.8%), with an average age of 36 years. Marital status reported that 49.5% were married. Education at a bachelor's degree level or its equivalent was 88.8%. The monthly income reported between 11,910–34,680 THB was 71.7%. Most of them are civil servants (89%), and nurses (33.2%), and have been working for a period ranging from 6 to 10 years (27.5%) (Table 1).

Table 1 Personal characteristic of the study participants (n=374)

Category	Frequency	Percent
Age (Year)		
22 – 30	113	30.2
31 – 40	148	39.6
41 – 50	89	23.8
51 – 60	24	6.4
Mean \pm S.D. = 36.38 \pm 8.66, Min = 22, Max = 60		
Sex		
Female	306	81.8
male	68	18.2
Marital status		
Married	185	49.5
Single	166	44.4
Widowed / Divorced / Separated	23	6.1
Educational attainment		
Diploma or Diploma vocational certificate	16	4.2
Bachelor's degree	332	88.8
Master's degree and above	26	7.0
Duration of employment (Year)		
1 – 2	58	15.5
3 – 5	81	21.7
6 – 10	103	27.5
11 – 15	84	22.5
16 or more	48	12.8
Median = 8, Q ₁ = 4, Q ₃ = 12, Min = 1, Max = 40, Mean \pm S.D. = 9.16 \pm 7.22		

Table 1 Personal characteristic of the study participants (n=374) (cont.)

Category	Frequency	Percent
Professional		
Nurses	124	33.1
Public health officers	101	27.0
Public health technical officers	96	25.7
Dental health officers	38	10.2
Thai Traditional medicine	15	4.0
Employment type		
Civil servant	333	89.0
Ministry of public health employee	24	6.4
Temporary employee	16	4.3
Permanent employee	1	0.3
Monthly income (THB)		
11910 – 18500	94	25.1
18501 – 22900	93	24.9
22901 – 34680	81	21.7
34681 – 49550	69	18.4
49551 – 68200	37	9.9
Median = 22950, Q ₁ = 18485, Q ₃ = 38000, Min = 11910, Max = 68200		

Most health workers demonstrate a moderate level of organizational commitment (54%) and empowerment (52.4%). Additionally, most health workers perceive organizational support was a high level of (39.04%) (Table 2).

Table 2 Percentage, mean and standard deviation of the level of organizational commitment, perceived organizational support, and empowerment (n=374)

Variable	Mean \pm S.D.	Level (%)		
		High	Moderate	Low
Organizational commitment	3.14 \pm 0.41	29.10	54.00	16.90
The organization's values and goals	3.18 \pm 0.44	30.48	50.27	19.25
Dedication and working with willingness	3.38 \pm 0.48	44.70	50.00	5.30
Determination and desire to remain in the organization	2.86 \pm 0.52	15.20	31.30	53.50
Perceived organizational support	3.90 \pm 0.69	39.04	35.83	25.13
Fairness	3.90 \pm 0.77	39.84	36.63	23.53
Supervisor support	3.95 \pm 0.78	43.00	33.20	23.80
Organizational rewards and favorable job conditions	3.81 \pm 0.74	23.00	53.20	23.80
Empowerment	3.73 \pm 0.60	19.50	52.40	28.10
Access to opportunity	3.82 \pm 0.65	17.10	60.20	22.70
Access to information	3.80 \pm 0.69	20.60	51.10	28.30
Access to support	3.74 \pm 0.71	14.70	60.20	25.10
Access to resources	3.60 \pm 0.77	18.40	38.80	42.80

Pearson's Product Moment Correlation Coefficient Analysis reveals a significant positive correlation between perceived organizational support, empowerment, and organizational commitment: $r = 0.622, 0.614$ respectively (Table 3).

Moreover, employment type was found to be associated with organizational commitment; civil-servant health workers show lower organizational commitment compared to their non-civil-servant counterparts. However, the relationship between age, marital status, and duration of employment with organizational commitment was not significant ($p > 0.05$) (Table 3).

The three independent variables were significantly correlated with organizational commitment. These variables were analyzed to see how they may influence overall organizational commitment by using Multiple Linear Regression Analysis (MRA). The Multicollinearity is a crucial assumption of MRA. Therefore, the inter-correlation coefficients among predictors were used to verify this problem. The finding showed that inter-correlation

coefficients were not highly correlated ($r < 0.8$). The result of Stepwise MRA revealed that perceived organizational support ($B = 0.218$, $\beta = 0.372$) and empowerment ($B = 0.233$, $\beta = 0.341$) were both significant predictors accounted for 44.1% of the variance in the overall organizational commitment of primary care health workers (Table 4).

This relationship showed in an equation as follow:

$$OC = 1.417 + 0.218 (POS) + 0.233 (\text{Empowerment})$$

Table 3 Pearson's Product Moment Correlation Coefficients (r) among the variables

Variables	OC [#]	Age	MS	DOE	ET	POS
Age	-0.006					
Marital status ¹ : Married (MS)	0.035	0.362**				
Duration of employment ² (DOE)	0.056	0.473**	0.209**			
Employment type ³ : civil servant (ET)	-0.148*	0.372**	0.279**	0.259**		
perceived organizational support (POS)	0.622**	-0.123*	-0.027	-0.005	0.172**	
Empowerment	0.614**	-0.112*	-0.003	0.080	-0.165**	0.732**

[#]OC = Organizational commitment

¹reference group: Married, ²reference group: Employment duration of 10 years or less,

³reference group: Civil servant *p-value < 0.05, **p-value < 0.01, ***p-value < 0.001

Table 4 Stepwise Multiple Regression Analysis of variables predicting Organizational commitment

Variable	B	Beta	t	Sig
Perceived organizational support	0.218	0.372	6.544	< 0.001
Empowerment	0.233	0.341	5.998	< 0.001
Constant	1.417		13.787	< 0.001
$R^2 = 0.441$, Adjusted $R^2 = 0.438$				

Discussion

This study explores the relationship between personal characteristics, perceived organizational support, empowerment and organizational commitment of health workers at SHPHs in Suphanburi Province. The health workers' perception regarding the organizational commitment was moderate. This finding was support by the study of Ratanatham et al.¹⁰, Rawah and Banakhar¹². Nonetheless, the result is inconsistency with the studies that indicate a high

level of organizational commitment^{13, 14}. Another study conducted in Egypt and India concluded that nurses demonstrated a low level of organizational commitment^{15,16}.

However, the retention of health workers after transferring missions to *Local Government Organizations* is important. Increasing employees' feelings of organizational commitment will help them feel more connected to their workplace, reducing absenteeism and turnover, and encouraging them to stay in the organization longer³. The previous study focused on the organizational commitment of medical personnel working in various settings, such as general hospitals^{12,15,17}.

Furthermore, the literatures have found that the directors affect the attitudes and performance of personnel. When employees perceive organizational support, they tend to take on more responsibilities and desire increased involvement in their work⁶. They believed that the better supervisors treat their health workers, the more inclined the health workers are to reciprocate loyalty to the organization³.

Empowerment will increase employees' confidence in their work, leading to increased organizational commitment¹¹. Therefore, it is crucial for organizations not only to focus on achieving their goals, but also to cultivate a bond with their health workers. When health workers actively participate in organizational activities, share ideas, and diligently work towards the organization's success, they are less likely to consider changing jobs³.

Similarly, the perceived organizational support and empowerment are correlated with high organizational commitment ($r = 0.622$, $r = 0.614$, $p < 0.001$). SHPHs are service units with close relationships between members and leaders. As a result, leaders reciprocally behave towards members, showing care for their well-being, providing guidance, and ensuring they receive the necessary information for their work. This leads to a positive attitude among the health workers towards their work, increased job satisfaction, confidence in the organization, and a dedicated effort to achieve success and efficiency, the study of Rawah and Banakhar¹²; Lashley¹⁸, and Eisenberger et al.¹⁹ have confirmed these findings.

Tangcharoensathien et al. stated that it is essential to develop clear task distribution and enhance necessary skills, such as providing basic healthcare across all professions, to enable health workers to work interchangeably²⁰. Only then can appropriate work schedules be allocated for health workers. While age, marital status, and employment duration of more than 10 years were non-significantly correlated with organizational commitment ($r = -0.006$, 0.035 , 0.056 , $p > 0.05$).

Health workers are encouraged to voice their opinions equally. Regarding marital status, most participants are married 49.5%. The majorities of the participants are between 22 and 40 years old, accounting for 69.8%, and have been working for a period ranging from 1 to 5 years. Health workers seek challenging tasks, new experiences, and look for satisfying work environments. All age groups of health workers are enthusiastic about participating in hospital activities and strive for success, other studies have confirmed these findings^{8,21,22}.

Furthermore, this study found that perceived organizational support and empowerment can predict organizational commitment (Beta = 0.372 and 0.341, respectively), and these variables combined account for 44.1% of health workers' organizational commitment. This study indicates that the transfer of duties to the Local Government Organization, health workers continue to demonstrate dedication to achieving the goals of the SHPHs. The organizational commitment is shaped by the support and empowerment received from the director, including care for well-being, positive recognition, opportunities for feedback or independent decision-making, training, and progress in work.

Enhancing job satisfaction and the need to establish organizational commitment plays a crucial role in retaining health workers. When health workers are organizationally committed, the organization becomes more successful, and the desire to resign from the organization diminishes⁸.

Perceived organizational support and empowerment factors are crucial elements in making health workers feel satisfied with their jobs, recognize their value, and have confidence in the organization. Consequently, they aspire to have greater involvement as part of the organization. Ultimately, perceived organizational support and empowerment factors have become pivotal in the organizational commitment of health workers at SHPHs. This is because employees wanted support from the directors and assistance in their work, along with care for their well-being.

Conclusion

The results of this study would support the SHPHs directors and supervisors in providing guideline to establish strategies to increase the organizational commitment. This research indicates a significant correlation between perceived organizational support, empowerment, and organizational commitment, reflecting the motivation and commitment of health workers and organizational commitment after the transfer of duties to the Local Government Organization.

Additionally, it addresses policymakers' interest in promoting awareness of organizational support and empowerment to foster organizational commitment to health workers. Overall, this study represents an important contribution to our understanding of the challenges facing health workers in Sub-district Health Promoting Hospitals.

Ethical Approval Statement

Ethical approval was obtained from the Ethical Review Committee for Human Research, Faculty of Public Health, Mahidol University on May 8th, 2023 approval number COA-MUPH-2023-055.

Author Contributions

TM designed the study and formulated the research instrument under the supervision of CT, and WK. TM conducted the pre-test, reliability test, and data collection under the supervision of CT. TM carried out the initial statistical analysis of data according to guidance from WK. CT and WK guided TM on manuscript writing. CT edits the final manuscript. All authors read and approved the manuscript before submission for publication.

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Conflicts of Interest

The authors did not have any conflicts of interest.

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