

# Commitment and Absence

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# Overview

- ▶ My purpose this morning is to provide a brief overview of two topics that interest me, and hopefully will interest you. Each of these can be discussed as stand alone, or connected.
  - For the breakout discussion, the choice is yours
- ▶ Topic 1: Commitment
- ▶ Topic 2: Absence and Commitment

# Topic 1: Commitment

# Commitment

- ▶ Refers to one's sense of attachment to an entity or course of action
- ▶ We can think of commitment as a *psychological state* – a mindset; a way of thinking and feeling about one's attachments to one or more foci.
  - to my employer/organization (**my focus today**)
  - to my leader
  - to my patients
  - to my family
  - to my profession/occupation
  - To my personal goals
- ▶ Is commitment experienced the same way?

# Commitment: One or More Forms?

- ▶ Natalie Allen and John Meyer, from the University of Western Ontario, have long proposed that commitment has three discernable forms (or components)
- ▶ The Three-Component Theory of Organizational Commitment (Allen & Meyer, 1990; Meyer & Allen, 1991; 1997)
  - Extended to a General Model of Work Commitment (Meyer & Herscovitch, 2001)

How is  
commitment  
experienced?

What matters are  
the reasons for  
the commitment!

What Makes Someone Want to Stay with their Current Organization?		
EMOTION-BASED REASONS	COST-BASED REASONS	OBLIGATION-BASED REASONS
Some of my best friends work in my office . . . I'd miss them if I left.	I'm due for a promotion soon . . . will I advance as quickly at the new company?	My boss has invested so much time in me, mentoring me, training me, showing me "the ropes."
I really like the atmosphere at my current job . . . it's fun and relaxed.	My salary and benefits get us a nice house in our town . . . the cost of living is higher in this new area.	My organization gave me my start . . . they hired me when others thought I wasn't qualified.
My current job duties are very rewarding . . . I enjoy coming to work each morning.	The school system is good here, my spouse has a good job . . . we've really "put down roots" where we are.	My employer has helped me out of a jam on a number of occasions . . . how could I leave now?
 <p>Affective Commitment</p>	 <p>Continuance Commitment</p>	 <p>Normative Commitment</p>
Staying because you <i>want</i> to.	Staying because you <i>need</i> to.	Staying because you <i>ought</i> to.

# What is Affective Commitment?

- ▶ Emotion-based reasons for staying
- ▶ Reflects one's emotional attachment to, identification with, and involvement in the organization.
- ▶ People stay because they *want to*.
- ▶ Anything that increases the quality of one's work experiences, especially one's sense of personal comfort (e.g., fair treatment; support) or competence/confidence (e.g., challenging work; development), should increase AC.

# Measuring Affective Commitment

- ▶ AC to three foci were assessed in the QWEST Project (RN/LPN Survey):
  - Work Unit
  - Profession
  - **Organization**
- ▶ Nurses were presented with three statements and asked to express their agreement or disagreement on a 5-point scale (1=strongly disagree, ..., 5=strongly agree).
- ▶ Statements:
  - My **organization** has a great deal of personal meaning for me.
  - I feel a strong sense of “belonging” to my **organization**
  - I feel like “part of the family” in this **organization**
- ▶ The three scores were averaged to form a measure of AC.

# What is Continuance Commitment?

- ▶ Cost-based reasons for staying
- ▶ Refers to one's perception of the benefits associated with remaining or the personal costs of leaving the organization.
- ▶ People stay because they *have to* (i.e., feel they have no choice)
- ▶ Anything that increases the perceived cost of leaving (e.g., seniority; attractive benefits; organization-specific training) and/or affects one's beliefs about alternatives should increase CC.

# Measuring Continuance Commitment

- ▶ CC to three foci were assessed in the QWEST Project (RN/LPN Survey):
  - Work Unit
  - Profession
  - **Organization**
- ▶ Nurses were presented with three statements and asked to express their agreement or disagreement on a 5-point scale (1 = strongly disagree, ..., 5 = strongly agree).
- ▶ Statements:
  - I feel that I have too few options to consider leaving this **organization**.
  - Too much of my life would be disrupted if I decided to leave this **organization** now.
  - It would be very hard for me to leave this **organization** right now, even if I wanted to
- ▶ The three scores were averaged to form a measure of CC.

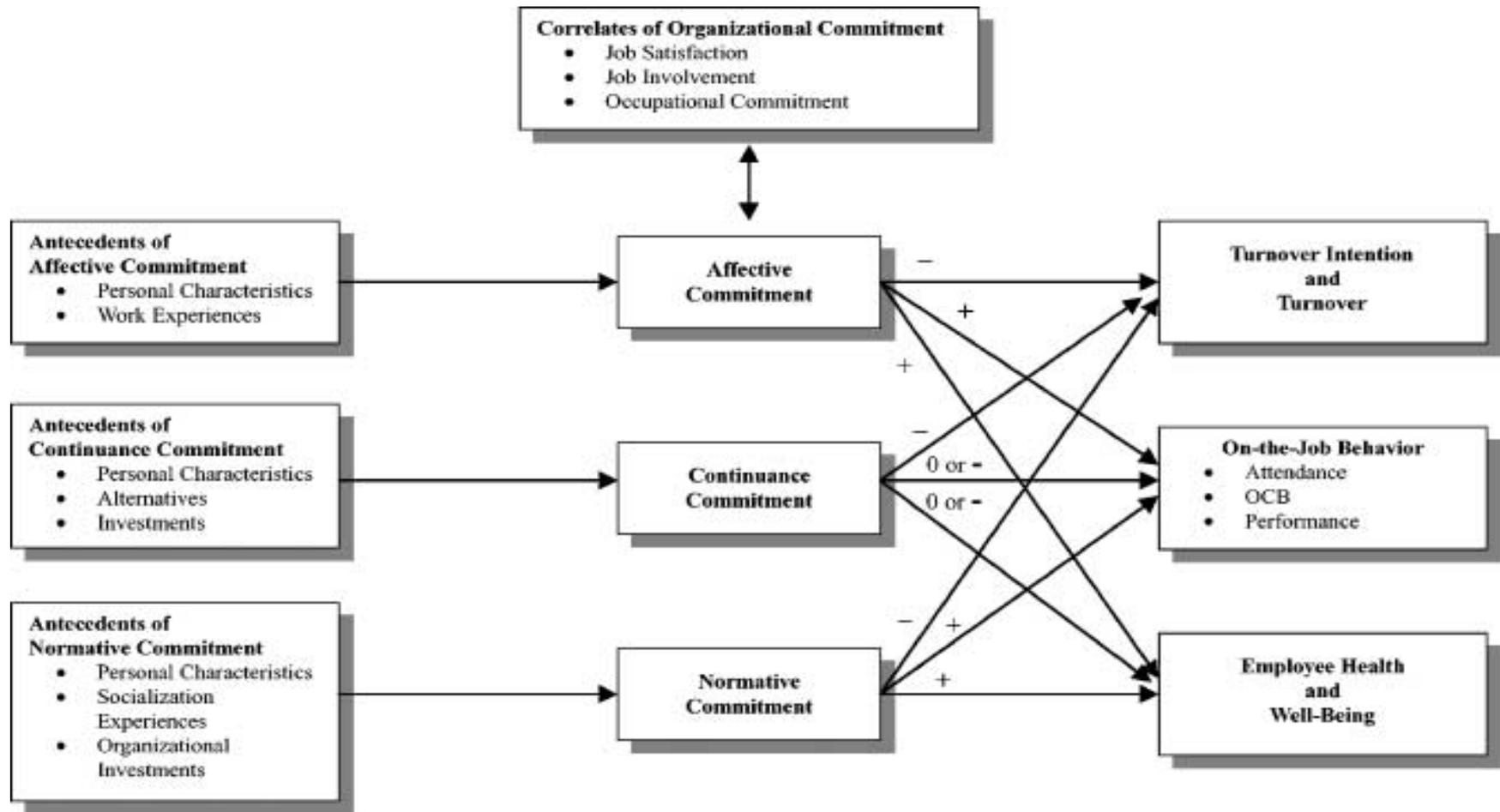
# What is Normative Commitment?

- ▶ Obligation-based reasons for staying
- ▶ People stay because they *ought to*
- ▶ Refers to one's personal sense of obligation to stay with the organization (i.e., it's the *right thing* to do)
- ▶ Not as much is known about the antecedent conditions
  - Likely socialization experiences; social exchange

# Measuring Normative Commitment

- ▶ NC to three foci were assessed in the QWEST Project (RN/LPN Survey):
  - Work Unit
  - Profession
  - **Organization**
- ▶ Nurses were presented with three statements and asked to express their agreement or disagreement on a 5-point scale (1=strongly disagree, ..., 5=strongly agree).
- ▶ Statements:
  - I owe a great deal to this **organization**
  - I would not leave this **organization** right now because I feel an obligation to stay
  - This **organization** deserves my loyalty
- ▶ The three scores were averaged to form a measure of NC.

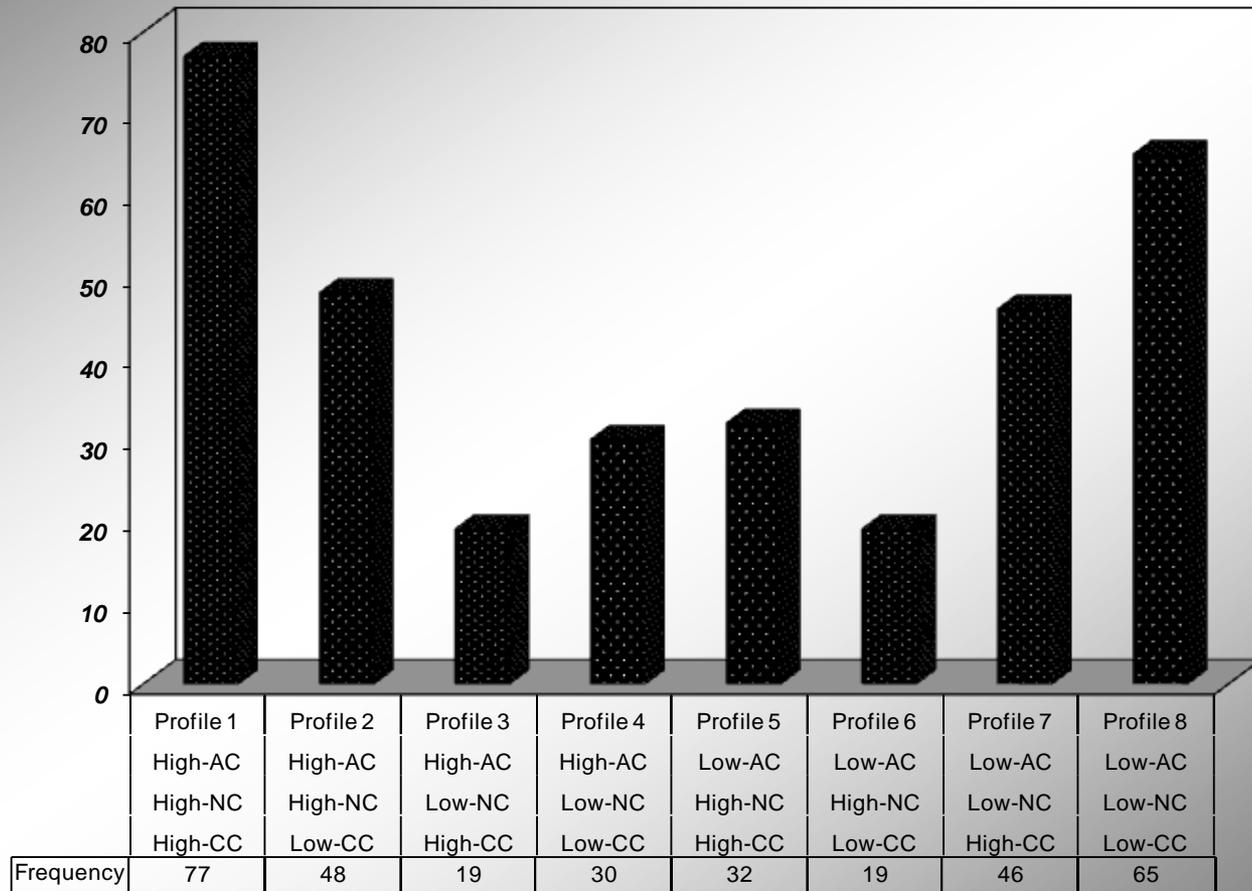
# The Three Component Model



# Moving Towards Profiles

- ▶ One of the most important reasons for distinguishing among forms of commitment is that, other than turnover, they can have different behavioral consequences
- ▶ BUT...
- ▶ These relations become more complex when one considers that employees can experience more than one form of commitment simultaneously
  - What might be most important is how these components are bundled!

# Commitment Profiles: RNs ( $N=336$ )



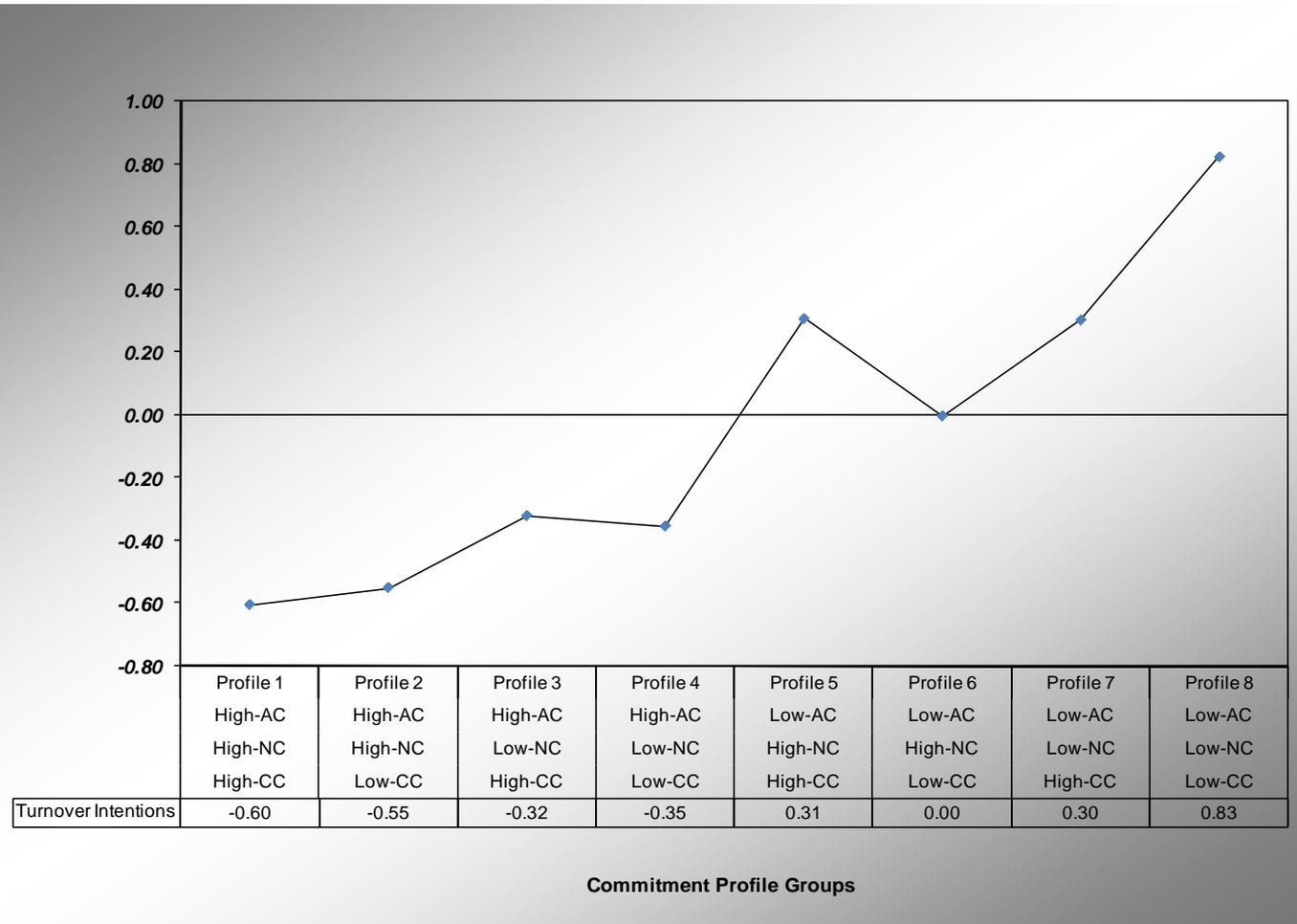
Commitment Profile Groups

# Turnover Intentions And Commitment Profiles: RNs ( $N=336$ )

Turnover Intentions  
(standard scores)

Who is at Risk?

Profiles:  
5, 7, and 8



# Possible Discussion Questions

- ▶ What do we make of this?
- ▶ It would seem that one of the most effective ways to neutralize the negative effects of High CC is to increase AC.
  - So, how do we accomplish this? How do we “bring back the desire?”
- ▶ What can be done with the uncommitted (Profile 8)?

# Topic 2: Absence and Commitment

# Absenteeism:

## Why Is this Interesting to Study?

- ▶ Absence, or sick-time usage, is a particularly attractive outcome to study because the behavior is important, observable, yet poorly managed.
  - We notice when our coworkers are missing (i.e., the behavior is observable)
  - Absence is tracked and monitored by most health-care organizations
  - The consequences (e.g., financial costs; increased workloads) of absence are substantial
  - Virtually all health-care organizations have formal policies in place that attempt to control and manage this behavior
    - Yet...the frequency and incidence of absence is rising, and has been for a long time – healthcare organizations report some of the highest rates of absenteeism in the country!
- ▶ Contributing to all of this is the fact that **absence is poorly understood.**

# Causes of Absence?

- ▶ Conventional wisdom would say that individual absence driven by characteristics of the person?
  - In fact, this causal perspective lies at the heart of virtually all attendance-control policies
  - While there is some evidence to support this view – that individual differences play a role (e.g., attitudes; demographic characteristics) – we know that this only part of the story
- ▶ Another causal perspective is that decisions to attend or be absent have more to do with the social dynamics within work units.
  - So, rather than reflecting person factors, the level and form of absence tends to be under normative (social) control
  - This, I believe, is the “elephant in the room.”

# Acknowledging the “Elephant”

- ▶ So, if decisions to attend or be absent is largely a social phenomenon. What does this mean? How does this work?
- ▶ Logic
  - Absence is a “negative” behavior.
  - Because of its importance and potential consequence for the individual involved, his/her coworkers, and his/her patients, it is normal for us to take our cue from others who share the same work environment.
    - How much absence is acceptable?
    - How much absence will be tolerated by others on my unit?
  - It’s much like driving on Highway #2. The speed limit (policy) is clearly posted. Yet, for most people, how fast you drive will, in all likelihood, be determined by the social information that relevant others provide.

# Absence Culture?

- ▶ Absence cultures/sub-cultures exist within health-care organizations!
- ▶ Refers to a set of absence-related beliefs, values, and behavioral patterns that are informally shared among members of a group (e.g., work unit; department; occupational group)
  - Norms develop around these behaviors, and are enforced within the group
- ▶ It is well documented in the literature that individuals tend to align their attendance behavior with their group mates.

# What Does This Mean for Nurses?

- ▶ We expect that attendance behavior among RNs would, in part, reflect what they observe other nurses doing within their units
- ▶ We also expect that this “monkey see, monkey do” effect may have some important conditions.
- ▶ So, let’s consider how commitment fits in.

# Countervailing Forces

- ▶ What we are considering is that nurses are exposed to two countervailing forces
  - These forces play a role in shaping motivation to attend or be absent
- ▶ Countervailing forces:
  - Feeling pressure to express their personal commitment to the organization through their actions
  - Feeling pressure to comply with normative pressures within their work units

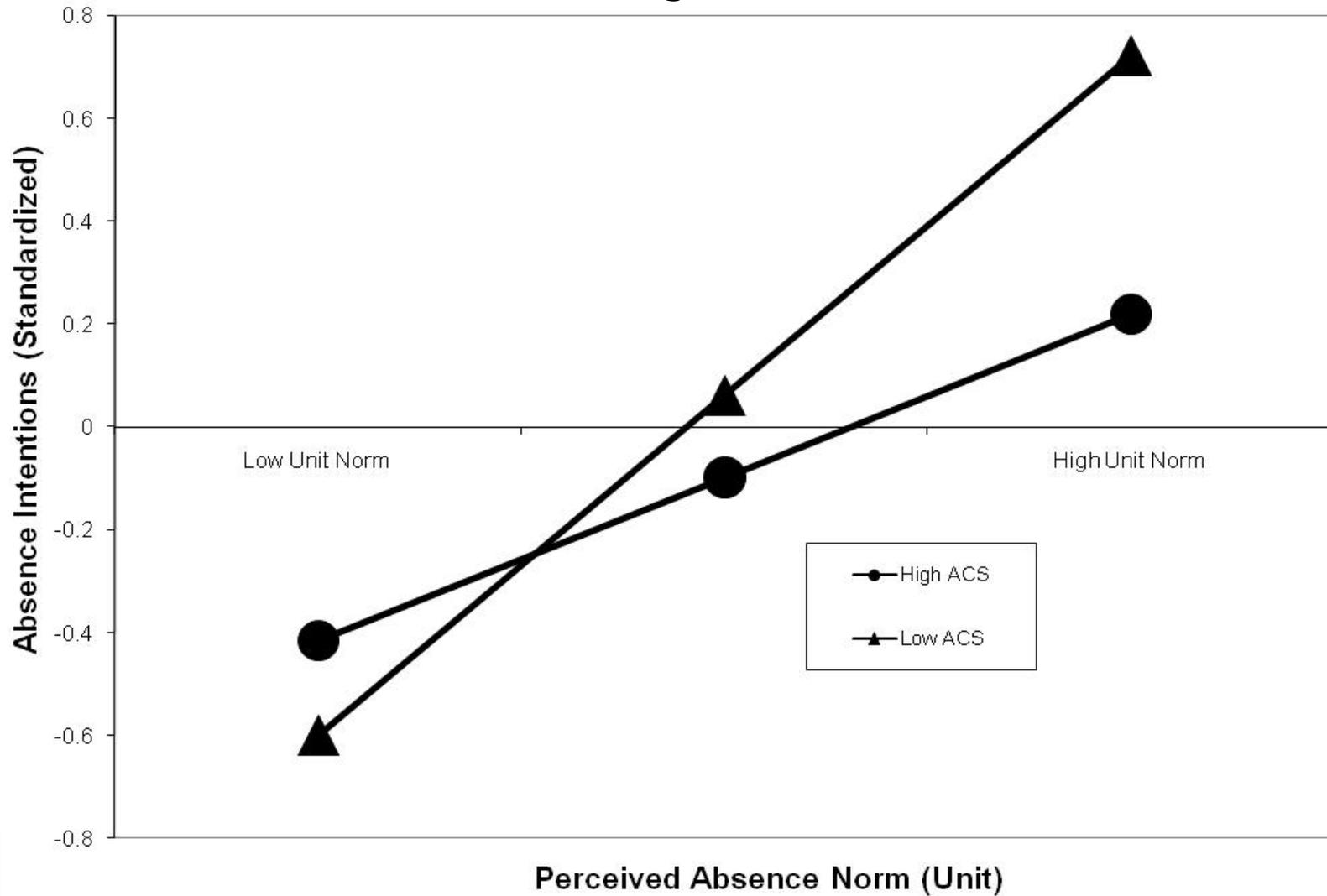
# Interaction Hypotheses

- ▶ Logic: The powerful effect of group absence on individual motivation will depend on one's commitment to the organization
- ▶ When attachment to the organization is weak, individuals are more likely to be influenced by what they see others doing.
  - ▶ We should see the strongest “monkey see, monkey do” effect here
- When attachment to the organization is strong, motivation to withdraw (in any form) will be less influenced by what others are doing
  - We should see a weaker “monkey see, monkey do” effect here

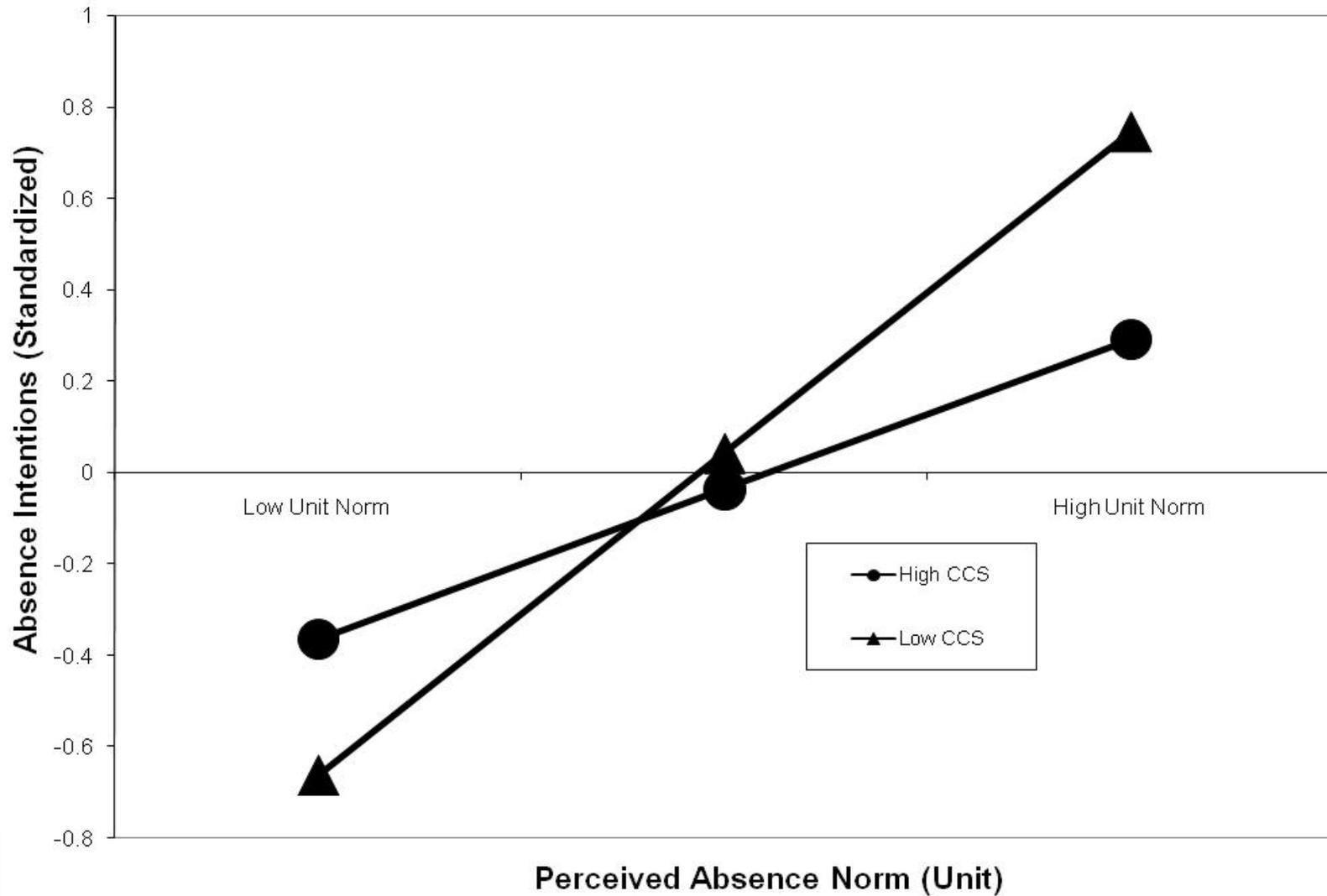
# Method

- ▶ **Sample: QWEST study (RN/LPN survey)**
  - Only data from RNs included in this study
  - Four of the smaller Facilities have been excluded
  - Listwise N = 270
- ▶ **Measures (individual level)**
  - Organizational Commitment: AC, CC, NC
  - Perceived Absence Norms (within Work Unit)
  - Absence Intentions (over the next 12 months)
- ▶ **Analytic Strategy**
  - Correlation
  - Moderated Regression Analysis

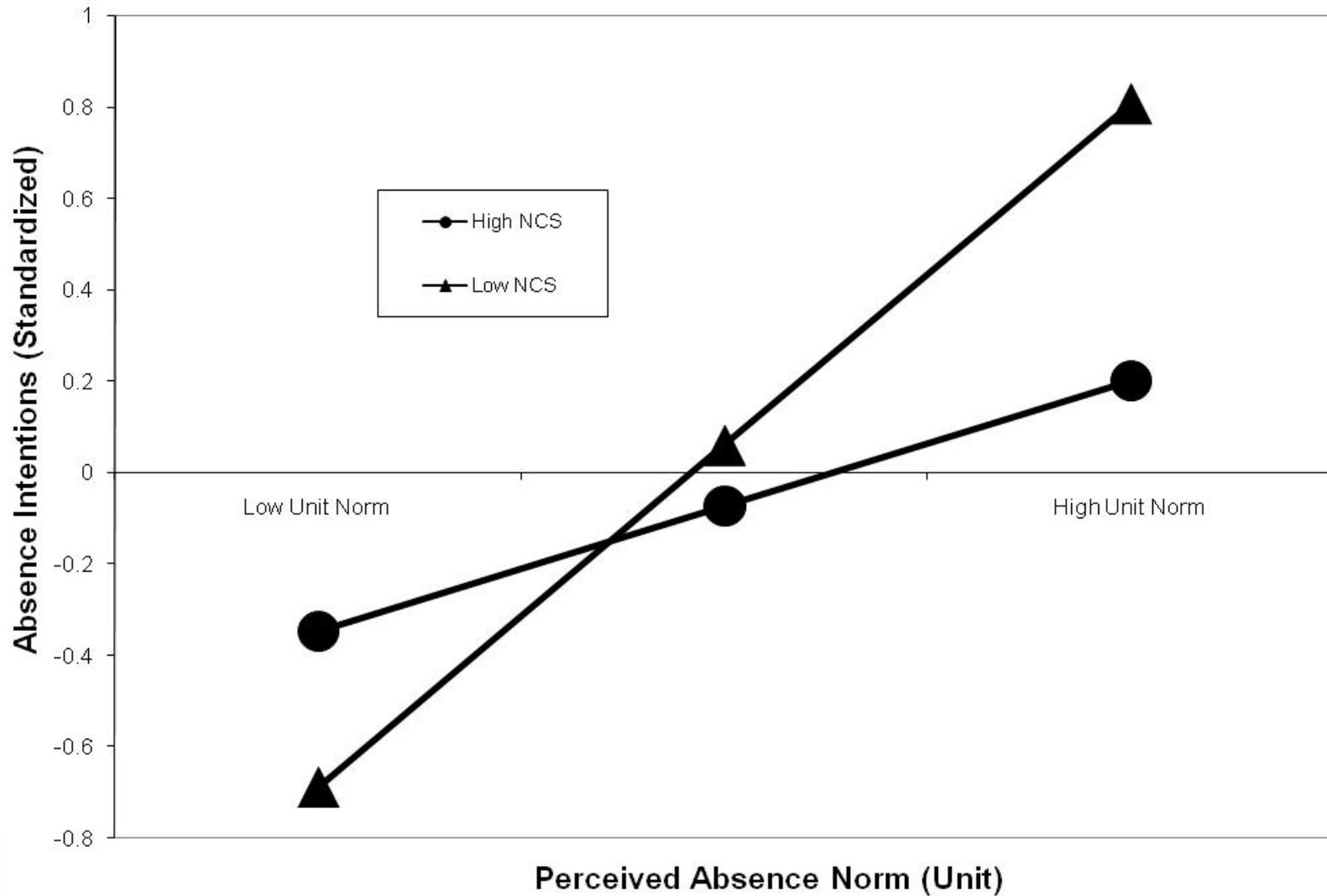
# Affective Commitment to the Organization



# Continuance Commitment to the Organization



# Normative Commitment to the Organization



# Results

- ▶ One's motivation to be absent (or attend) tracks what the RNs perceive similar others doing on the work units ( $r = .60^{**}$ ).
  - Very clearly, a “monkey see, monkey do” effect!
- ▶ We observed, however, that “monkey see, monkey do” was more pronounced when RNs experienced weaker rather than stronger commitment to the organization
  - In this case, the form of the commitment was less important
    - High rather than low levels of affective (desire-based), continuance (cost-based), or normative (obligation-based) commitment all seemed to mitigate the effect of group members' absence on individual motivation.

# Possible Discussion Questions

- ▶ What do you make of all this?
- ▶ Is a different approach to attendance management needed?
- ▶ Takeways
  - Investing in a high-commitment strategy:
    - Immediate payoff in terms of reducing turnover
    - Depending on the form of commitment developed, there could be a payoff in terms of extra-role, discretionary behaviors.
    - As this research suggests, boosting the level of emotional and/or obligation-based attachment to the facility may help to partially inoculate the individual from powerful social forces within work units.