

**FACTORS INFLUENCING ORGANIZATIONAL COMMITMENT
AMONG PHARMACISTS IN RAMATHIBODI HOSPITAL**

WASIN CHIMSAWAT

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SCIENCE
(SOCIAL, ECONOMIC AND ADMINISTRATIVE PHARMACY)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY
2017**

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Thesis
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Wasin Chimsawat

.....
Mr. Wasin Chimsawat
Candidate

Luerat Anuratpanich

.....
Lect. Luerat Anuratpanich,
Ph.D. (Social and Administrative Pharmacy)
Major advisor

Sarun Gorsanan

.....
Lect. Sarun Gorsanan,
Ph.D. (Social and Administrative Pharmacy)
Co-advisor

Patcharee Lertrit

.....
Prof. Patcharee Lertrit,
M.D., Ph.D. (Biochemistry)
Dean
Faculty of Graduate Studies
Mahidol University

Arthorn Riewpaiboon

.....
Assoc. Prof. Arthorn Riewpaiboon,
Ph.D. (Pharmacy)
Program Director
Master of Science
Program in Social Economic and
Administrative Pharmacy
Faculty of Pharmacy, Mahidol University

Thesis
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was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Science
(Social, Economic and Administrative Pharmacy)
on
June 9, 2017

Wasin Chimsawat

.....
Mr. Wasin Chimsawat
Candidate

Pagamas Maitreemit

.....
Asst. Prof. Pagamas Maitreemit,
Ph.D. (Social Sciences & Medicine)
Chair

Luerat Anuratpanich

.....
Lect. Luerat Anuratpanich,
Ph.D. (Social and Administrative Pharmacy)
Member

Sarun Gorsanan

.....
Lect. Sarun Gorsanan,
Ph.D. (Social and Administrative Pharmacy)
Member

Patcharee Lertrit

.....
Prof. Patcharee Lertrit,
M.D., Ph.D. (Biochemistry)
Dean
Faculty of Graduate Studies
Mahidol University

Suvatna Chulavatnatol

.....
Assoc. Prof. Suvatna Chulavatnatol,
Ph.D. (Clinical Pharmacokinetics)
Dean
Faculty of Pharmacy
Mahidol University

ACKNOWLEDGEMENTS

I would like to express my gratitude and sincere appreciation to my major advisor, Dr. Luerat Anuratpanich for his invaluable help, assisted me in formulating the study's concept and provided kindly and persuasively, guidance and encouragement throughout the study.

Besides my advisor, I would like to thank my co-advisor, Dr. Sarun Gorsanan, provided a thorough review of the research methodology and statistical analysis. Asst. Prof. Dr. Pagamas Maitreemit, the chairperson of the examining committee and acted as a sounding board for checking my ideas, as well as provided valuable comments on the implications of the study.

I very much appreciate all of the executives and pharmacists of Pharmacy department at Ramathibodi hospital that participated and took time out of their busy schedules to complete the surveys while continuing to do their very important task. Their time and input enabled the research to gather valuable information and they have contributed great knowledge to the pharmacy profession.

Finally, I would like to express my warmest gratefulness to my parents, my wife and my friends for their love and unconditional support that always cheer me up and assisted me throughout the period of the study.

Wasin Chimsawat

FACTORS INFLUENCING ORGANIZATIONAL COMMITMENT AMONG PHARMACISTS
IN RAMATHIBODI HOSPITAL

WASIN CHIMSAWAT 5636677 PYSP/M

M.Sc. (SOCIAL, ECONOMIC AND ADMINISTRATIVE PHARMACY)

THESIS ADVISORY COMMITTEE : LUERAT ANURATPANICH, Ph.D.,
SARUN GORSANAN, Ph.D.

ABSTRACT

The purpose of this survey research was to find the level of organizational commitment and explore the factors influencing organizational commitment among pharmacists. Population of this study was 110 pharmacists who had worked in pharmacy department at Ramathibodi hospital. Data were collected using survey questionnaires. The numbers of 108 out of 110 survey questionnaires were received and accounted for 98.18% response rate. Descriptive statistics e.g. percentage, mean, and standard deviation were performed to analyze data. The analytical statistics comprised of T-test, ANOVA, Pearson's Product-Moment Correlation Coefficient, and Multiple Regression Analysis.

The analysis results indicated that pharmacists in Ramathibodi hospital had overall organizational commitment at a moderate level. Pharmacists in Ramathibodi hospital had high affective commitment, but only moderate in continuance and normative commitment. Regression analysis revealed that performance appraisal, contribution, self-expression, and job challenge significantly explained 56.4% of affective commitment. Performance appraisal and education significantly explained 14.1% of continuance commitment. Job design, performance appraisal, compensation and benefits and role overload significantly explained 36.5% of normative commitment. Therefore, these results point to the importance of improving work climate and human resource management practices in order to enhance organizational commitment among pharmacists in Ramathibodi hospital.

KEY WORDS: ORGANIZATIONAL COMMITMENT / WORK CLIMATE /
HUMAN RESOURCE MANAGEMENT / PHARMACIST

119 pages

ปัจจัยที่มีอิทธิพลต่อความผูกพันองค์กรของเภสัชกรโรงพยาบาลรามาทิบัติ

FACTORS INFLUENCING ORGANIZATIONAL COMMITMENT AMONG PHARMACISTS
IN RAMATHIBODI HOSPITAL

วศิน ฉิมสวัสดิ์ 5636677 PYSP/M

วท.ม. (เภสัชศาสตร์สังคม เศรษฐศาสตร์และการบริหาร)

คณะกรรมการที่ปรึกษาวิทยานิพนธ์: ลีรัตน์ อนุรัตน์พานิช, Ph.D., ศรีณย์ กอสนาน, Ph.D.

บทคัดย่อ

การวิจัยนี้เป็นการวิจัยเชิงสำรวจ เพื่อประเมินระดับความผูกพันองค์กรและปัจจัยที่มีอิทธิพลต่อความผูกพันองค์กรของเภสัชกร กลุ่มประชากรในการศึกษานี้คือ เภสัชกรที่ปฏิบัติงานในฝ่ายเภสัชกรรม โรงพยาบาลรามาทิบัติ จำนวน 110 คน เก็บรวบรวมข้อมูลโดยใช้แบบสอบถามและได้รับผลตอบกลับ 108 ฉบับ คิดเป็นร้อยละ 98.18 และวิเคราะห์ข้อมูลด้วยสถิติพรรณนา ได้แก่ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน สถิติวิเคราะห์ความสัมพันธ์ ได้แก่ การเปรียบเทียบค่าเฉลี่ยโดยค่าที การวิเคราะห์ความแปรปรวนทางเดียว สหสัมพันธ์แบบเพียร์สัน และสถิติวิเคราะห์การถดถอยพหุคูณ

ผลการวิจัยพบว่า กลุ่มตัวอย่างมีระดับความผูกพันโดยรวมต่อองค์กรอยู่ในระดับปานกลาง โดยความผูกพันทางด้านจิตใจอยู่ในระดับสูง ส่วนความผูกพันทางการคงอยู่และความผูกพันด้านบรรทัดฐานอยู่ในระดับปานกลาง เมื่อวิเคราะห์ด้วยสถิติการถดถอยพหุคูณ พบว่าการประเมินผลการปฏิบัติงาน การมีส่วนร่วม การแสดงออกความเป็นตัวเอง และ ความท้าทายสามารถร่วมกันอธิบายความผูกพันทางด้านจิตใจได้ 56.4% การประเมินผลการปฏิบัติงานและระดับการศึกษา ร่วมกันอธิบายความผูกพันด้านการคงอยู่ ได้ 14.1% ส่วน การออกแบบงาน การประเมินผลการปฏิบัติงาน ค่าตอบแทนและผลประโยชน์ และ บทบาทการทำงานมากเกินไป ร่วมกันอธิบายความผูกพันด้านบรรทัดฐานได้ 36.5% จากผลการศึกษาแสดงให้เห็นถึงความสำคัญในการสร้างเสริมบรรยากาศองค์กรและการบริหารทรัพยากรมนุษย์อันเป็นส่วนสำคัญต่อการสร้างความผูกพันองค์กรของเภสัชกร โรงพยาบาลรามาทิบัติ

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CHAPTER I

INTRODUCTION

1.1 Background and rationale

Nowadays every organization cannot avoid the competition from globalization. Changing in technology, global competition and increasing of consumers' requirement and quality of services are key elements affecting organization to improve efficiency of services in several ways.

Human Resource is the most valuable asset to any organization. Human resource is the group of people who make up the workforce in the organization. Organizations will engage in a wide range of human resource management practices to their workforce. At the present day, government and public sector emphasize how to manage people appropriately for their organization. Management in business and organizations means to coordinate the efforts of people to accomplish goals and objectives using available resources efficiently and effectively. Management comprises planning, organizing, staffing, leading or directing, and controlling an organization or initiative to accomplish a goal. Simply it can be defined as the process of dealing with or controlling things or people (Nasir, Abbas, & Zafar, 2014). It is the challenge for any organization to attract and retain talent and motivate employees since they have other job alternatives outside the organization. It requires proactive and initiative employees while engaging with their responsibilities and to be committed to high quality performance standards (Bakker & Leiter, 2010).

Employee turnover significantly impacts to organization, individual and their community. From the organizational perspective, employee turnover represents a significant cost in terms of recruiting, training, socialization, and disruption, as well as a variety of indirect cost (Phillips & Connell, 2003). The indirect costs of turnover include the loss of social networks, increased use of inexperienced and/or tired staff, insufficient staffing, and decreased morale (Lambert & Hogan, 2009). Furthermore, the loss of intellectual capital adds to the cost, since not only do firms lose on human

capital and relational capital, but also competitors potentially gain these assets (Stokes et al., 2013). Keeping in perspective all such costs of employee turnover, organizations have realized that it is important to retain employees and create a stable workforce, and are focusing on the formulation and implementation of a robust retention strategy to effectively reduce employee turnover (Stokes et al., 2013).

Retention refers to ability to retain their employees with the organization. The main focus of retention is to prevent the loss of competent employees from the organization, which could have a negative impact on productivity and quality of services (Samuel & Chipunza, 2009). Creating a retention strategy means focusing on employees' needs and expectations in order to ensure satisfaction of the employees and create a trusted relationship (Bansal, 2014). Retention of employees is crucial to the overall success of any organization. With effective retention policies in place, administrators are able to keep the employee turnover at a manageable rate (Bansal, 2014).

Among the factors that correlate with turnover, organizational commitment was a stronger predictor of turnover than job satisfaction or professional commitment (Brierley, 1996; Fang, 2001; Kacmar, Carlson, & Brymer, 1999). Organizational commitment refers to the extent to which an employee identifies with an organization and is committed to its goals. By definition, Mowday, Steers, and Porter (1979), organizational commitment is characterized by three related factors "a belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain organizational membership". Organizational commitment has been indicated that correlate with individual-level outcomes important to the organizations such as absenteeism, turnover, performance and behaviors (Cooper-Hakim & Viswesvaran, 2005; Mathieu & Zajac, 1990; Meyer & Allen, 1997; Meyer, Becker, & Vandenberghe, 2004; Mowday, 1998).

Hospitals are the center of providing healthcare services. They need for a sufficient supply of highly skilled health professionals to meet the demands for health care services. Managing human resources is the real challenge of hospital administrators. It contributes to the creation of sound organizational climate characterized by opportunities for growth, fair distribution of work, reward and harmonious relationship. Hospital administration need to apply effective policies and

management practices that are specifically aimed at retaining people (Scheible & Bastos, 2013). The Healthcare Accreditation (HA) Institute also emphasizes on human resource and addressed a standard about human resource focus in part 1 (The Healthcare Accreditation Institutes (Public Organization), 2006). HA standard states that the organization should establish key human resource plans to accomplish its strategic objectives and action plans (The Healthcare Accreditation Institutes (Public Organization), 2006). The plans address potential impacts on staff and potential changes to staff capability and capacity needs. This part includes employee engagement which is important for managing workforce and refers to the extent of employee commitment, both emotional and intellectual, to accomplishing the work, mission, and vision of the organization (The Healthcare Accreditation Institutes (Public Organization), 2006). The approaches include relationship and satisfaction building, encouragement of organization's culture, compensation management and motivation, and training. The organization should determine the key factors that influence employee engagement for different workplace. (The Healthcare Accreditation Institutes (Public Organization), 2006).

Pharmacist is the health professional who has important role in hospital and healthcare system worldwide and has responsibility to provide appropriate advices on the use and supply of medicines. In Thailand, most of pharmacists work in the hospitals both government and public sectors. Pharmacist shortage still remain a big trouble in the hospitals. Thai pharmacy workforce is still insufficient, lower than the Thai government's human capital plan and also lower than WHO's criteria (Bruno & Bates, 2013). In consequence, several hospitals are in trouble to replace the pharmacists who resign from their job.

Ramathibodi Hospital is the tertiary care medical institute which locates in Bangkok, Thailand. The service of the hospital provides variety of medical expertise. In addition, the hospital is also involved as an institute for providing medical education for medical and nursing students. It is able to serve over 5,000 outpatients a day and about 1,000 in-patients with severe and complicated illness (Faculty of Medicine Ramathibodi Hospital, 2015a). It offers the consultation and referral from other hospitals all over Thailand. Ramathibodi hospital is presently confronting the problem of high turnover rate of health personnel especially pharmacist. According to

the data from Human resource division of Ramathibodi hospital in 2014 showed that the turnover rate of pharmacists in Ramathibodi hospital was around 10 percent per year. The high turnover rate resulted in work overload of remaining pharmacists, inconsistency of performance, tired staffs and decreased morale.

The commitment of employees to the organization mainly affects overall performance of the organization (Meyer & Allen, 1997). It is very important factor to retain employees with the organization. The researcher conducts this study in order to assess their organizational commitment and try to find out factors influencing their commitment. The result of this study will be beneficial to hospital administrators and related personnel to consider what factors enhance employees' commitment to the organization and enable organizations to implement appropriate corporate strategies for the employees.

1.2 Research questions

1. What is the level of commitment of the pharmacists to Ramathibodi hospital?
2. What are the factors influencing to the commitment of pharmacists in Ramathibodi hospital?

1.3 Objectives

General objective

To assess organizational commitment of pharmacists in Pharmacy department at Ramathibodi hospital and investigate factors influencing their commitment.

Specific objective

1. To find the level of commitment of pharmacists in Ramathibodi Hospital.
2. To investigate relationship between demographic factor and organizational commitment.

3. To investigate relationship between work climate and organizational commitment.

4. To investigate relationship between perceived human resource management practices and organizational commitment.

1.4 Scope of the study

The study focuses on pharmacists who had been working at pharmacy department, Ramathibodi hospital. We collect the data from the respondents by using self-administered questionnaire.

1.5 Research Definition

1. Attitude: Opinions held by individuals about people or things.

2. Job involvement: The extent to which an individual identifies psychologically with his/her job.

3. Job satisfaction: An attitude reflecting the extent to which an employee expresses a positive feeling toward a job.

4. Supervisor: Person in the first-line management who monitors and regulates employees' performance.

5. Perception: The process by which people select, organize, interpret, and assign meaning to external things.

6. Commitment: psychologically attached to an employing organization through feelings such as loyalty, affection and belongingness

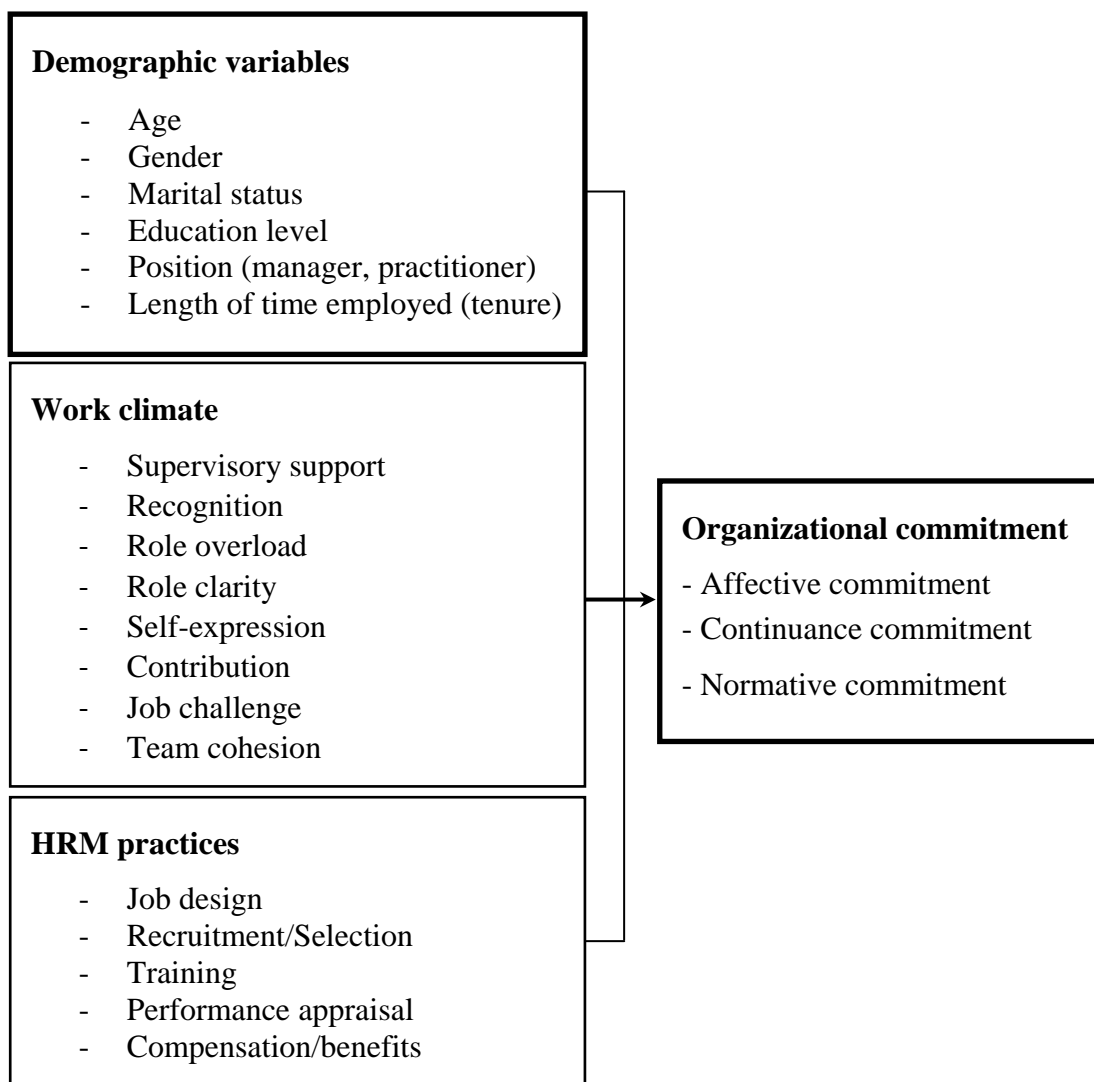
7. Work climate: Individual perceptions of work environment which are perceived by organization's members who live or work in it.

8. Human resource management: strategic, integrated and coherent approach to the employment, development and well-being of the people working in organization.

1.6 Benefits of the study

The benefits of this study are explicit both in terms of its contributions to the literature as well as to the administration of Ramathibodi hospital. This study will serve to advance our understanding of organizational commitment in order to enable organizations to implement appropriate corporate strategies (including human resources management) that encourage the correct types of commitment among employees and more importantly to enable organizations to understand what their employees think and feel in working. It will also provide additional theoretical knowledge concerning organizational behavior and organizational performance.

1.7 Conceptual framework



CHAPTER II

LITERATURE REVIEW

The literature review is composed of 4 parts as follows:

2.1 Concept of organizational commitment

2.1.1 Brief concept prior to organizational commitment

2.1.2 Definition of organizational commitment

2.1.3 Antecedents of organizational commitment

2.1.4 Consequences of organizational commitment

2.1.5 Assessment of organizational commitment

2.1.6 Relevant topics to organizational commitment

2.1.6.1 Job satisfaction

2.1.6.2 Work engagement

2.2 Concept of work climate

2.2.1 Definition

2.2.2 Relationship between climate and organizational
commitment

2.2.3 Assessment of work climate

2.3 Concept of human resource management (HRM)

2.3.1 Definition

2.3.2 Relationship between HRM and organizational
commitment

2.3.3 Assessment of HRM perception

2.4 Studies Related to Organizational Commitment

2.1 Concept of organizational commitment

2.1.1 Brief concept prior to organizational commitment

How to make employee perform their potential has been studied and developed over a long period of time. Starting with Theory X and Y (McGregor, 1960), Two factor theory (Herzberg, 1966) and also side bet theory (Becker, 1960).

Side bet theory defined by the accumulation of individual investment value that would be lost if the employment were discontinued (Becker, 1960). The investment of the employee could be time, specific skills, position or benefits. In addition, Becker (1960) argued that over a period of time certain costs accrue that make it more difficult for the person to disengage from a consistent pattern of activity, namely, maintaining membership in the organization.

2.1.2 Definition of organizational commitment

Administrators, behavioral scientist and organization analysts have realized the significance of organizational commitment and provided various definitions about organization commitment. The definition is considered either as an employee attitude or as a force that binds employee with the target. According to Suliman and Iles (2000) have reported organizational commitment in 4 approaches:

Firstly, the attitudinal approach focused on the process by which individuals thought about their relationship with the organization. They considered the extent to which their own value and goals were congruent with those of the organization (Mowday, Porter, & Steers, 1982). According to Porter, Steers, Mowday, and Boulian (1974) described an attitudinal perspective refers to the psychological attachment or affective commitment formed by an employee in relation to his identification and involvement with the respective organization (Porter et al., 1974). They proposed that organizational commitment could be characterized by: (1) a strong belief in, and acceptance of, the organization's goals and values; (2) willingness to exert considerable effort for the organization; and (3) a strong desire to remain a member of the organization (Porter et al., 1974).

Secondly, the behavioral approach focused the view that an employee continued his or her employment with an organization because investment such as time spent in the organization, the relationship within the organization and pension benefits that bound them or her to the organization. Employees were viewed as becoming committed to a particular course of action (e.g. remain at the organization), rather than to an entity (Meyer & Allen, 1997). Salancik (1977) articulated the behavioral approach in the phrase, “To act is to commit oneself”. Committing acts could include building up a nontransferable retirement fund, accruing vacation time, gaining academic tenure, or making statements in support of some issue or objective (Brown, 1996). According to Side bet theory which has been used by Becker (1960) referred to the accumulation of investments valued by the individual that would be lost if they decided to leave the organization. Employee chose to leave or stay with organization depending on the cost that they pay for the organization. So the behavioral used the concept of investment as a force that bound employee and the organization.

Thirdly, the normative approach was the congruency between employee goals and values and organizational aims made him or her feel obligated to their organization (Suliman & Iles, 2000). Wiener (1982) described commitment as the totality of internalized normative pressures to act in a way that met organizational interests. Furthermore, Wiener (1982) suggested that the individuals exhibited behavior solely because they knew it was the right thing to do.

The last approach was the multidimensional approach that more complicated than emotional attachment, perceived cost or moral obligation. This approach described that organizational commitment composed of all these three components. According to O'Reilly and Chatman (1986) who proposed organizational commitment as the psychological bond that tied the employee to the organization. They brought from previous concept which was multidimensional approach composed of three independent foundations: (1) compliance or instrumental involvement for specific, extrinsic rewards; (2) identification or involvement based on a desire for affiliation; and (3) internalization or involvement predicated on congruence between individual and organizational values (Kelman, 1958; O'Reilly & Chatman, 1986).

Jaros, Jermier, Koehler, and Sincich (1993) suggested a multidimensional approach of commitment which composed of three components: affective commitment, continuance commitment and moral commitment. These components were similar to Meyer & Allen concepts (Meyer & Allen, 1991; Meyer & Herscovitch, 2001). The most significant contribution to the multidimensional approach of organizational commitment and one of the most popular in commitment research belonged to Meyer and Allen (Meyer & Allen, 1991; Solinger, Van Olffen, & Roe, 2008).

Meyer and Allen (1984) based on Becker (1960)'s side bet theory, have introduced the dimension of already existing dimension of affective commitment as a bi-dimensional concept that included attitudinal and behavioral concepts. Later, Allen and Meyer (1990) added normative commitment as a third dimension of organizational commitment and defined organizational commitment as a psychological state that (a) characterized the employee's relationship with the organization and (b) has implication for the decision to continue membership in the organization. Furthermore, Meyer and Allen (1991) have conceptualized and proposed a model of organizational commitment as three components: affective, continuance and normative commitment with related antecedents and consequences.

Affective commitment refers to an employee attachment to the organization, identification with and involvement in this (Allen & Meyer, 1990). An individual will develop emotional attachment to the organization when his or her goal and value are congruent with the organization. An employee who have strongly affective commitment identifies with the goals of the organization and desires to remain as a part of the organization. This employee remains a member of the organization because he/she want to (Meyer & Allen, 1997).

Continuance commitment refers to a need to remain and results from awareness of the costs associated with discontinuing activity or leaving the organization. This component based on Side-bet theory (Becker, 1960). The individuals calculate their investment in the organization, what they lose when leave the organization or what they receive if still remain at the organization. Thus employees with a strong continuance commitment remain employment because they

have to. Meyer and Allen (1997) suggested that an individual developed their continuance commitment by perceiving lack of alternatives.

Normative commitment reflects a feeling of obligation to continue employment. Employees with a high normative commitment feel that they ought to remain with the organization. Wiener (1982) defined normative commitment as being a “generalized value of loyalty and duty”. Meyer and Allen (1991) have supported this type of commitment with their definition “feeling of obligation”. Additionally, Jaros et al. (1993) agreed with Meyer and Allen (1991) and refer to normative commitment as moral commitment. They have defined it as the degree to which and individual psychologically attached to an employing organization through internalization of its goals values and mission.

Organizational commitment represents an important construct for organizations. It is considered an important influence on employee behavior and organizational effectiveness. As mentioned above, several researchers proposed concept and definition in different. To date, many researchers notify that the dominant concept of organizational commitment is three component model of Meyer & Allen (Bentein, Vandenberghe, Vandenberg, & Stinglhamber, 2005; Cohen, 2007; McDonald & Makin, 2000; Solinger et al., 2008). The researcher also considers organizational commitment as multidimensional approach similar to three component concept. Thus this study assesses commitment base on Meyer & Allen model because it is accepted, world-widely and well-established.

2.1.3 Antecedents of organizational commitment

Several researchers have investigated antecedents of organizational commitment. Based on examination of the correlation in previous reviews (Mathieu & Zajac, 1990; Mowday et al., 1982; Wright & Kehoe, 2009). We conclude those as follows:

2.1.3.1 Organizational Characteristic

Organizational characteristic has received less attention than other variables. Two of structural components that frequent examination are organizational size and centralization. Those characteristic have shown inconsistent relationship with commitment.

For instance, decentralization has been related to higher affective commitment (Bateman & Strasser, 1984; Glisson & James, 2002; Morris & Steers, 1980) but relationship was not significant when used as a variable in Stevens, Beyer, and Trice (1978). Moreover, Mathieu and Zajac (1990) found that the relationship between centralization and commitment was not significant in their meta-analysis.

Organizational size was found that related significantly with affective commitment (Rhoades, Eisenberger, & Armeli, 2001). But some of commitment studies found to have no significant relationship between organizational size and commitment (Mathieu & Zajac, 1990; Stevens et al., 1978). These types of studies have been conducted on individual basis instead of organizational level (Meyer & Allen, 1991). This may be due to the reason that the structural characteristics have been no direct impact on commitment but this influence was due to other reasons such as supervisor, role clarity etc. (Tufail, Zia, Khan, & Irfan, 2012).

Organizational climate has been defined as the shared perceptions of organizational policies, practices and procedures, both formal and informal (Reichers & Schneider, 1990). Patterson, Warr, and West (2004) found positive relationship between organizational climate (e.g., welfare, effort, concern for employee, innovation and flexibility) and commitment. Other research also found positive relationship with organizational climate (Carr, Schmidt, Ford, & DeShon, 2003; Glisson & James, 2002).

2.1.3.2 Personal characteristics

Personal characteristics compose of 2 types of variables: demographic variables (e.g. age, gender, tenure) and dispositional variables (values, personality). Demographic variables, including age, marital status educational level and tenure, however are found to be associated with commitment but its relation is not strong and consistent.

Age and affective commitment are significantly relative from meta-analytic review although weakly (Mathieu & Zajac, 1990). Furthermore, this relation exists even when variables that are often confounded with age (organizational and positional tenure) are controlled (Meyer, Allen, & Smith, 1993).

Meta-analysis method also indicates positive relations between tenure and affective commitment (Cohen, 1993; Mathieu & Zajac, 1990). It

is possible that employees have to acquire experience with the organization in order to become attached to it.

As for dispositional variables, there is strong linkage found between perceived competence and affective commitment (Mathieu & Zajac, 1990). According to Meyer and Allen (1991), personal dispositions such as need for achievement, affiliation, personal work ethics, locus of control and life interest in work have been found modestly correlate with commitment. Nonetheless, lack of consistent evidence that individuals with particular personality characteristic are more or less likely to become affective commitment to the organization (Meyer & Allen, 1997). If personality variables involve in the development of affective commitment, it is more likely to be through their interaction with their work experiences (Meyer & Allen, 1997).

2.1.3.3 Work experiences

It is assumed that employees develop feeling of commitment when their needs are satisfied by and their values are compatible with experiences that they perceived at work (Meyer & Allen, 1991). Meyer and Allen (1997) also have indicated that work experiences are found in many studies to show strong and consistent relation to affective commitment.

Job scope is considered as a part of work experience that refers to several job characteristics (Meyer & Allen, 1997). These job characteristics, along with job challenge and degree of autonomy are found to positively relate to affective commitment (Steers, 1977). Role characteristics such as role ambiguity, role conflict which have negative correlation with affective commitment (Mathieu & Zajac, 1990). Furthermore, it seems that relation between their managers or supervisors might result in developing employee's affective commitment to the organization (Meyer & Allen, 1997).

Affective commitment to the organization is stronger among employees whose leaders allow them to make the decision (Jermier & Berkes, 1979; Rhodes & Steers, 1981), treat them with consideration (Bycio, Hackett, & Allen, 1995; DeCotiis & Summers, 1987) and fairness (Cohen-Charash & Spector, 2001).

Human resource management (HRM) practices are another factor that have been found to be relative with work experiences in the organization.

HRM is significant relative with commitment (Meyer & Smith, 2000). Guzzo and Noonan (1994) have indicated that the interpretation of the HRM practices by the employees would affect their commitment. Pfeffer (1998) suggested that soft or high commitment human resource management practices are those that generate trust in employees and these practices include giving employees empowerment and involvement in decision making; extensive communication about functioning and performance of the employees' service; designing training for skills and personal development of employees; selective hiring; team-working where idea are pooled and creative solutions are encouraged; rewards system that commensurate with effort; reduction of status between the management and staff and all workers are valued regardless of their role. These identified bundle of HR practices results in greater employee commitment and committed employees are more likely to exert themselves on behalf of the organization. High commitment human resource management practices shapes employee behaviors and attitudes (job satisfaction and commitment) by developing psychological link between the organization and employee goals (Gould-Williams, 2004; Nishii, Lepak, & Schneider, 2008).

2.1.4 Consequences of organizational commitment

2.1.4.1 Job Performance

Mowday et al. (1982) found that employees with high commitment would increase effective performance and an individual tended to put an effort in work and performed a good job. Moreover, Meyer and Allen (1991) and Meta-analysis (Cohen, 1991; Mathieu & Zajac, 1990) have consistently supported that organizational commitment is positively related to job performance. Specifically, affective commitment is stronger related than continuance and normative commitment. As to normative commitment and continuance commitment in Meyer, Stanley, Herscovitch, and Topolnytsky (2002), Normative commitment correlated weakly but positive with job performance while continuance commitment correlated negatively with it.

2.1.4.2 Turnover

Most attention given to the concept of organizational commitment results from its relationship with turnover. Employee turnover is the

rotation of workers around the labor market, between firms, jobs and occupations, and between the states of employment and unemployment (Abbasi & Hollman, 2000). Employee turnover that can occur in any organization might be either voluntary or involuntary. Voluntary turnover happens when the employees initiate the termination of employment regardless the reasons, while involuntary turnover happens when a termination is initiated by the employers. High level of employee turnover leads to low performance and ineffectiveness in organizations, and result in a huge number of costs and negative outcomes (Ingersoll & Smith, 2004). Moreover, high turnover can damage quality and customer service which provide the basis for competitive advantage, thereby inhibiting business growth (Curtis & Wright, 2001). Also, it has been observed that people who leave are those who are most talented as they are the ones likely to get an opportunity elsewhere (Hinkin & Bruce Tracey, 2000).

By the commitment definition, highly committed employees wish to remain with their employing organizations (Mowday et al., 1982). The relation between organizational commitment and employee retention variables are well established (Meyer & Allen, 1997). Meyer and Allen (1991) reported that employee who has high commitment tend to has less turnover. In addition to Meta-analysis (Cooper-Hakim & Viswesvaran, 2005; Griffeth, Hom, & Gaertner, 2000; Mathieu & Zajac, 1990; Meyer et al., 2002) found that consistent negative correlations between affective commitment and turnover which has been the best predictor of turnover (Klein, Becker, & Meyer, 2012).

2.1.4.3 Absenteeism

Absenteeism is a topic in withdrawal behavior that has been studied in connection with commitment. Mowday et al. (1982) found that high commitment employee tended to be low absenteeism because they wanted to support the organization goal, then they would come to work until the organization achieved goal. Attendance has been found to be positive relationship with affective commitment but weakly (Mathieu & Zajac, 1990). Voluntary absence has also been found to be more strongly associated with affective commitment than involuntary absence (Meyer et al., 2002).

2.1.5 Assessment of organizational commitment

Measures of organizational commitment are as diverse as its definitions. Quantitative scales have been developed by many researchers (Buchanan, 1974; DeCotiis & Summers, 1987; Hrebiniak & Alutto, 1972; Kanter, 1968; Sheldon, 1971), but most of them suffer from reliability and validity problems and fail to capture the multidimensional nature of organizational commitment.

The Organizational Commitment Questionnaire (OCQ) was established to measure organizational commitment as conceptualized by Porter et al. (1974). OCQ is the most commonly used organizational commitment scale in the literature (Cooper-Hakim & Viswesvaran, 2005). Although the OCQ was based on the three related factors that characterize organizational commitment, but some researchers considered it as a unidimensional scale (Meyer & Allen, 1984). The OCQ is a 15-item survey designed to measure employee commitment in the organization. An examination of the psychometric properties of the OCQ revealed internal consistency among the items, test-retest reliability, and evidence for the predictive validity of the instrument (Mowday et al., 1979).

In addition to Organizational Commitment Questionnaire (OCQ), Meyer et al. (1993) have developed an instrument to measure commitment based on three-component model (TCM). Meyer and Allen (1984) argued that past studies following Becker (1960) side-bet approach have inappropriately operationalized organizational commitment. They proposed the Continuance Commitment Scale as a better way to measure organizational commitment following Becker (1960) approach as it directly measures the perceptions of the size and the significance of the investments that employees made in their current organizations. Moreover, Meyer and Allen (1984) proposed the Affective Commitment Scale, which follows the attitudinal approach to organizational commitment, to capture the type of commitment that was distinct from the instrumental worth of maintaining membership with an organization (Buchanan, 1974). Allen and Meyer (1990) later proposed a third form of commitment to which they referred as normative commitment. Normative commitment reflects a perceived obligation to remain with an organization (Meyer & Allen, 1991).

Integrating different approaches to organizational commitment, the TCM, which consists of affective commitment, continuance commitment and normative

commitment. The TCM is an 18-item, self-scoring questionnaire in which respondents rate their responses using a 5- point Likert scale with anchors labeled as follows: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, and 5 = Strongly Agree.

TCM has become the most dominant model in organizational commitment research (Bentein et al., 2005; Cohen, 2007; McDonald & Makin, 2000; Solinger et al., 2008). TCM that distinguish itself from the previous approaches to organizational commitment. TCM capture the multidimensional of the commitment construct and that each of the dimensions of organizational commitment has distinct antecedents and outcomes (Meyer & Allen, 1991; Meyer et al., 2002). Furthermore, TCM also have high reliability and supportive factor analysis. The TCM has shown a coefficient of internal consistency (Cronbach's Alpha) ranging from 0.73 to 0.85 (Meyer & Allen, 1997). For these reasons, this instrument was chosen for measure commitment in this research.

2.1.6 Relevant topics to organizational commitment

2.1.6.1 Job satisfaction

Job satisfaction defines as a positive feeling about their jobs which resulting from an evaluation of its characteristics (Robbins & Judge, 2012). There are five predominant causes of job satisfaction as follows 1) need fulfillment 2) discrepancies 3) equity 4) value attainment 5) dispositional or genetic component (Kinicki & Kreitner, 2004). Need fulfillment refers to whether job characteristics fulfill employee's needs. Discrepancies reflect unmet expectation, whether there is a difference between what employees expect from their job and what they actually receive. If employees' expectations are fulfilled, they will also be satisfied. On the other hand, if expectations of employees are unmet, then employees' dissatisfaction will arise (Wanous, Poland, Premack, & Davis, 1992). As for value attainment, it represents concept that satisfaction results from the perception that a job allows for fulfilled work values. Regarding equity, it refers to the fairness that employees is treated at work. Fairness at work were highly related with overall job satisfaction (Cohen-Charash & Spector, 2001). Lastly dispositional or genetic component implies that difference of each employee are important factor, as much as work environment

characteristics. Job satisfaction is based on the personal traits and genetic factors, some employees tend to be satisfied in most circumstances while some appear to be dissatisfied though being in similar environment and situations.

Satisfaction involves affective and evaluative reactions to a job or its aspects, expressed emotions are not theorized to involve psychological responses to the job would seem to be separate construct with commitment.

2.1.6.2 Employee engagement

Employee engagement, occasionally referred to the work engagement, plays an important role in driving an organization to success. Engagement has been defined in many different ways. In academic literature, Kahn (1990) defined engagement as the harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performance. In other words, engaged employees put a lot of effort into their work since they identify with it (Schaufeli & Bakker, 2010). Organizational commitment differs from engagement and it refers to an employee's attitude and attachment towards their organization (Saks, 2006).

Employee engagement has been conceptualized by three dimensions namely vigor, dedication, and absorption (Schaufeli, Martínez, Pinto, Salanova, & Bakker, 2002). The overlapped construct between employee engagement and commitment seem most likely in dedication component than in the other two components (Riketta & Van Dick, 2009). In addition, Hallberg and Schaufeli (2006) found a moderately correlation between engagement and affective commitment, as could be expected on the overlap of their definition (Riketta & Van Dick, 2009). Macey and Schneider (2008) proposed alternative construct which compose of three core elements 1) engagement as a psychological state 2) behavioral engagement 3) engagement as a trait. The relevant to concept of organizational commitment is their conceptualization of state engagement, which they consider as a global construct comprising job satisfaction, job involvement, affective commitment, empowerment and positive effect. So, according to this definition of engagement, affective commitment is one component of work engagement. Work engagement seems a broader and less precisely defined than affective commitment.

Engagement is not an attitude; it is the degree to which an individual is attentive and absorbed in the performance of their roles and the focus of engagement is one's formal performance rather than extra-role and voluntary behavior (Saks, 2006).

It can be seen that these two topics and organizational commitment are somehow related, either one being the antecedents or one being the consequences. It should also be noted that some similar variables are found to predict these constructs simultaneously.

2.2 Concept of work climate

A large number of studies have consistently demonstrated relationships between psychological climate and individual level outcomes such as satisfaction, commitment, performance and stress. Likewise, a number of cross-level studies have consistently demonstrated positive relationships between unit or organizational climate and individual outcomes such as performance, satisfaction, commitment, involvement and accidents (Carr et al., 2003). In addition, organizational climate is the most common variable applied to descriptions of the organizational context. As a description of individuals' perception of organization, organizational climate is more similar to the real behavior than the real environment.

2.2.1 Definition

The development of organizational climate started by the studies of Tolman (1926) who held that individuals attempted to make sense of their surroundings. The first researcher to initiate studies in this area was Kurt Lewin who was the founder of group dynamics. In his famous "leadership style" study, Lewin applied three different leadership styles, democracy, autocracy and laissez-faire, to create a different group atmosphere, and was the first to propose the concept of organizational climate. Forehand and Von Haller (1964) conceptualized organizational climate by three characteristics that (a) described the organization and distinguished it from other organizations (b) were relatively enduring over time and (c) influence the behavior of people in the organization.

Litwin and Stringer Jr. (1968) focused on the concept of climate as member's perception to the organization. They referred organizational climate to a set of measurable properties of work environment which were perceived by organization's members who lived or worked in it, and that influenced motivation and behavior. Moreover, they introduced comprehensive framework of organizational climate which included six dimensions as follows (a) structure (b) responsibility (c) reward (d) risk (e) warmth and (f) support (Litwin & Stringer, 1966).

Schneider and Hall (1972) presented Organizational Climate as a set of global perceptions held by individuals about their organizational environment. The sets of perceptions were basically the result of interactions between personal and organizational characteristics. Schneider and Hall (1972) used systems approach to explain the concept and considered individual as an information processor and the inputs used were: a) objective events and characteristics of the organization, and b) characteristics of the perceiver.

The dimensions of the organizational attributes have been mixed up with the dimensions from individual attributes. In order to establish a clear distinction between the two sets of attributes, James and Jones (1974) insisted on the use of the term Organizational Climate in case of organizational attributes only. In the other case of individual attributes, they used a new term Psychological Climate. At the individual level, these perceptions represented cognitive interpretations of the context and arise from individuals' interactions with context and with each other

Later, in another paper, Jones and James (1979) derived six dimensions based on the individual attributes and categorized them under Psychological Climate instead of Organizational Climate. The six dimensions under individual attributes as devised by them were: a) leadership facilitation and support, b) work group cooperation, friendliness, and warmth, c) conflict and ambiguity, d) professional and organizational spirit, e) job challenge, importance, and variety, f) mutual trust.

Individuals' perceptions of the work environment constituted psychological climate at the individual level of analysis, whereas organizational climate has been proposed as an organizational or unit level construct. When employees within a unit or organization agreed on their perceptions of the work context, unit-level or organizational climate was said to exist (Jones & James, 1979;

Joyce & Slocum, 1984). Organizational climate emerged from these member's interpretations of the work environment when individuals within a particular unit (e.g. group, organization) shared similar perceptions of the situation. Only when individuals agreed on their perceptions of the work environment then their individual perceptions were meaningfully aggregated to represent unit- or organizational-level climate (James, 1982; Klein et al., 2000). Therefore, the relationship between psychological and organizational climate can be described as compositional in that both constructs reference the same content but describe qualitatively different phenomena at the individual and unit levels of analysis (Chan, 1998; James, 1982). Psychological climate is a property of the individual, but when shared across individuals within a unit or organization, the aggregate of the responses represents the construct of unit or organizational climate (Glisson & James, 2002). As such, organizational climate is purported to be an emergent property because it originates in the cognition and perceptions of individuals, and is amplified through interactions and exchanges with other unit members to manifest as a higher-level collective phenomenon (Kozlowski & Klein, 2000).

Glick (1985) made another critical review of Organizational and Psychological Climate theories, conceptual models, and measurements and extensively discussed the issue of the level of analysis. Ryder and Southey (1990) in their study explored the usefulness of the measurement scales provided by Jones and James and established the validity of the dimensions provided by them.

In addition, based on a taxonomy developed by Ostroff (1993) and Carr et al. (2003) undertook a meta-analysis to categorize the multitude of definitions and sub-dimensions of climate according to three higher-order dimensions, that was, an affective, cognitive, and instrumental dimension. One of the existing conceptualizations, suggested by Carr et al. (2003), to cover these three dimensions is Brown and Leigh (1996)'s definition of organizational climate as containing two key components, that was, psychological safety and psychological meaningfulness. They described these two components as representing "a higher order level of meaning indicating an employee's interpretation of the significance of the organizational environment for personal wellbeing".

James et al. (2008) defined organizational climate as the overall meaning derived from the aggregation of individual perceptions of work environment. So organizational climate can be viewed as the outcome of aggregating individual's psychological climates.

In summary, organizational climate describes as organizational member's perception of formal and informal organizational policies, practices and procedures (Reichers & Schneider, 1990). In the context of the present study, the notion of organizational climate based on the comprehensive dimensions of Brown and Leigh (1996) including Koys and Decotiis (1991) which also measured individual employees' perception of the work context. This study used their conceptualization of organizational climate as the underlying framework for predicting the relationship between work climate on the one hand and employee commitment on the other.

2.2.2 Relationship between climate and organizational commitment

Reichers and Schneider (1990) stated that prior researchers considered climate to be correlated with work, motivation, productivity and employees' commitment. Likewise, Scott, Mitchell, and Birnbaum-More (1981) pointed out one of the factors that made employees develop commitment to their organization was the climate in their organization. They stated that employees felt motivated and derived satisfaction from their job when working in a favorable and supportive climate. Miskel and Ogawa (1988) also found that climate related with employees' commitment to the organization. Psychological climate perceptions were found to be a mediating link between actual organizational events and employee attitudes and behaviors (Parker et al., 2003). This meta-analysis demonstrated that the relationships between psychological climate perceptions and work outcomes such as individual performance and motivation were fully mediated by work attitudes like commitment. Nammi and Nezhad (2009) studied commitment among teachers in Iran. They proposed that autonomy, cohesion, trust, pressure, recognition, fairness and innovation has a strong influence of commitment to school and commitment to teaching work.

2.2.3 Assessment of work climate

Climate has been consistently defined as employee' perception of their organizations, the concept has many conflicts in their definition and level of analysis. The dominant approach conceptualize climate as employee's shared perception of organizational policy, practices and procedures. These perceptions are at the unit or organizational level of analysis, Prior quantitative assessment by psychologists base the measurement on individual differences resulted in organizational climate research using individual respondents as the unit of analysis. At individual level of analysis referred as 'psychological climate' which represent how work environments are cognitively appraised and represented in term of their meaning to and significance for individual employees in the organizations (James & Jones, 1974). In this study has one of the purposes to examine the relation of perception employee's work environment which affect individual commitment to organization. Thus the researcher measure employee's perception of climate base on psychological climate approach.

Organizational climate is multidimensional concept that has particular meaning to participants such as the degree of the structure, risk, reward, warmth, support and conflict perceived by organization' members. Litwin and Stringer Jr. (1968) who proposed basic information about individual perception of organizational climate. They categorized nine dimensions to measure organizational climate including: structure, responsibility, reward, risk, warmth, support, standards, conflict and identify.

Koys and Decotiis (1991) proposed psychological climate in 8 dimensions as follows

1. **Autonomy:** The perception of self-determination with respect to work procedures, goals and priorities.
2. **Cohesion:** The perception of togetherness or sharing within the organization, including the willingness of members of provide material aid.
3. **Trust:** The perception of freedom to communicate openly with members at higher organizational levels about sensitive or personal issues with the expectation that the integrity of such communications will not be violated.
4. **Pressure:** The perception of time demands with respect to task completion and performance standards.

5. Support: The perception of the tolerance of the member behavior by superior, including the willingness to let members learn from their mistakes without fear of reprisal.

6. Recognition: The perception which member contributions to the organization are acknowledged.

7. Fairness: The perception that member feel equitable and non-arbitrary or capricious.

8. Innovation: The perception that change and creativity are encouraged, including risk taking into new areas or areas where the member has little or no prior experience.

Brown and Leigh (1996) proposed six dimensions of psychological climate is based on research by Kahn (1990) which is an indicator of how psychologically safe and meaningful the employee perceives the organizational environment to be. They defined each dimension as follows:

1. Supportive management: A supportive management style that allows subordinate to try and fail without fear of reprisals. It gives them control over their work and the methods they used to accomplish it.

2. Role clarity: Clear expectation and consistent, predictable work norms create a psychologically safe environment and increase job involvement.

3. Self-expression: When employees feel psychologically safe, they tend to infuse their personalities, creativity, feelings and self-concepts into their work role.

4. Recognition: The belief that the organization appreciates and recognizes one's effort and contribution is likely to increase job involvement and identification.

5. Contribution: The perception that one's work significantly affects organizational processes and outcomes is likely to contribute to the perceived meaningfulness of work and enhance employees' identification and their work roles.

6. Challenge: Challenging work induces employees to invest greater amount of effort.

James et al. (2008) have mentioned four domains of organizational and psychological climate which based on work-related values: 1) role stress and lack of harmony 2) challenge and autonomy 3) leadership support and facilitation 4) work-

group cooperation, friendliness and warmth. This framework has found empirical support in a various work setting (James & James, 1989).

From the literature review, organizational climate typically can be measured in three ways. Firstly, method is the direct observation of daily work, which is the most through and accurate way to measure organizational climate. This method, however, is labor intensive and expensive. Secondly, the method includes interview of key members in a workplace or unit. This method is also labor intensive and requires highly trained interviewers. Finally, the most efficient method to assess climate is through self-report questionnaire. A well-designed survey can collect abundant information.

Several researchers developed different self-report questionnaires to measure climate. Litwin and Stringer Jr. (1968) developed Organizational Climate Questionnaire (OCQ) which composes of 50 items with nine dimensions of climate. Later studies indicated that a six-factor structure is more suitable and pointed that the existing nine scales showed poor reliabilities. Moreover, Rogers, Miles, and Biggs (1980) concluded that the OCQ lacked of validity and was not a consistent measurement instrument.

Koys and Decotiis (1991) proposed the questionnaires to measure climate with 40 items, eight dimensions. Coefficient alpha of scales ranged from 0.80-0.89. The result of the item analysis indicated adequate reliability and internal consistency for the measures (Koys & Decotiis, 1991).

Brown and Leigh (1996) also developed questionnaires for assess perception of climate. The questionnaire included 21 items, 6 dimensions. They tested the reliability and found that coefficient alpha ranged from 0.70-0.85

Finally, the researcher measure perception of work climate by using psychological climate concept based on dimension and questionnaire of Koys and Decotiis (1991) and Brown and Leigh (1996) in order to reflect the level of individual perception to work environment. Their concept focus on the perception that relate to the extent that the characteristics contribute to the individual's sense of well-being and psychological safety. Therefore, the psychological climate variable will impact the extent to which the individual engages or disengages with their workplace (James & James, 1989; Kahn, 1990).

2.3 Concept of human resource management

2.3.1 Definition

Human resource management (HRM) can be defined as a strategic, integrated and coherent approach to the employment, development and well-being of the people working in organizations (Armstrong & Taylor, 2014). Human resource management is managerial activities in organization concerning about how people are employed and managed in organizations (Armstrong & Taylor, 2014; Meyer & Allen, 1997). Reviewing the literature in HRM studies mention that HR activities conceptualize in several level of analysis. HR practices reflect specific activities designed to specific outcome in organization. HR policies are the higher level abstraction which reflect an employee-focused program that influence HR practices. Lastly, HR system reflects multiple HR policies which is higher level analysis than the others.

Human resource practices can be classified as “control” or “commitment” practices (Arthur, 1994; Walton, 1985; Wood & de Menezes, 1998). Control approaches aim to increase efficiency and reduce direct labor costs and relies on strict working rules and procedures and bases rewards on outputs (Arthur, 1994). Rules, sanctions, rewards, and monitoring regulate employee behavior (Wood & de Menezes, 1998). In contrast, commitment approaches aim to increase effectiveness and productivity and rely on conditions that encourage employees to identify with the goals of the organization and work hard to accomplish those goals (Arthur, 1994; Wood & de Menezes, 1998).

The practices that represent a commitment based strategy include sets of organization-wide human resource policies and procedures that affect employee commitment and motivation. They include selective staffing, developmental appraisal, competitive and equitable compensation, and comprehensive training and development activities (Ichniowski, Shaw & Prennushi, 1997; MacDuffie, 1995; Snell & Dean, 1992; Youndt, Snell, Dean & Lepak, 1996).

2.3.2 Relationship between HR Practices and Organizational Commitment

The studies in human resource management and organizational behavior have indicated many important factors and mechanism that help retaining the employees and improve organizational performance. Youndt (2000) found that HR practices do not directly influence organizational performance; rather, these practices help build intellectual capital, which in turn leads to increased organizational value creation. Several scholars found that HR practices play an indirect role in organizational effectiveness, that is, by enhancing organizational commitment (Meyer & Smith, 2000; Whitener, 2001) and perceptions of procedural fairness or justice (Meyer & Allen, 1997), increasing organizational citizenship behaviors (Podsakoff, MacKenzie, Paine, & Bachrach, 2000), and reducing turnover intentions (Vandenberg & Nelson, 1999).

Some studies have indicated that HR practices could facilitate employee development of beneficial attitudes toward their work (Macky & Boxall, 2007) and organization (Arthur, 1994) by enhancing positive psychological perceptions. Based on the previous research, it indicated that HR practices might indirectly affect organizational effectiveness by shaping desirable employee attitudes (job satisfaction, organizational commitment) and behaviors.

Strategic HRM researches have shown that the use of system of HR practices intended to enhance employees' knowledge, skills and abilities, employee effort and motivation, and opportunity to contribute was related with positive outcome such as employees' commitment (Lepak, Liao, Chung, & Harden, 2006). Studies in HRM effects on work commitment have shown that there were two types of studies. Firstly, studies dealing with this issue focused on testing the direct impact of HRM practices on work commitment (Ogilvie, 1986). Ogilvie (1986) found that employees' perceptions of two bundles of HRM practices, namely, merit-system accuracy and the fairness of promotions, had direct influences on employees' commitment to the organization. Gaertner and Nollen (1989) also showed a clear connection between employee perceptions of employment practices and psychological commitment in a Fortune 100 diversified manufacturing firm. They found that employee commitment had direct associations with both actual and perceived HRM practices, including

internal promotion, training opportunities, and employment security. Lastly, recent studies on this issue, on the other hand, have assumed that the links between HRM practices and employees' work commitment would be indirect or conditional. Although limited, there is some empirical evidence that the relations between HRM practices and commitment are mediated (or moderated, in some cases) by certain intervening variables. Using a sample of 281 employees from several organizations, Meyer and Smith (2000) found that relations between employees' evaluations of HRM practices and their commitment to the organization were mediated by perceptions of organizational support and procedural justice. Moreover, Whitener (2001) revealed that the actual reward system of firms moderated the positive relationship between employees' perceptions of organizational support and organizational commitment. Specifically, the positive association between the perceived organizational support and organizational commitment of employees becomes stronger when a firm practices a reward system that has high internal equity. Although the design of the research differs somewhat from researcher to researcher, a stream of recent studies suggests that the effects of HRM practices on employee commitment are neither direct nor conditional.

In this study was the extent to which employee perceptions of HRM practices were associated with employee's commitment. Our decision to consider HRM practices from the perspective of the individual employee was based on the opinion that employees were in the best position to describe their actual employment relationships and the management practices in use.

2.3.3 Assessment of HRM practice

An important thing in evaluating HRM system in the organization is the notion that it is more suitable to examine a system of HR practices rather than single practices in isolation (Lepak et al., 2006). Since employees are exposed concurrently multiple practices, a system of interrelated practices is expected to have more influence on performance than individual practices.

This research examines the influence of individual perception to HR practices affecting organizational commitment. Lepak and Snell (2002) have proposed

the configuration of high commitment HR practices which composed of five HR practices as follows:

1. Job design: Content and structure of the jobs that employees perform.
2. Recruitment and selection process: Recruitment is the process of finding and engaging the people the organization needs. Selection is that part of the recruitment process concerned with deciding which applicants or candidates should be appointed to jobs.
3. Training and development: The process of systematically developing expertise in individuals for the purpose of improving performance.
4. Performance appraisal: The process of evaluating how well employees perform their jobs when compared to a set of standards, and then communicating that information to those employees.
5. Compensation: Sum of direct benefits (such as salary, bonus, commission) and indirect benefits (such as insurance, vacations) that an employee receives from an employer.

This configuration aims to focus of high commitment HRM on creating long term relationship with employees, such as internal promotion, job security, training to increase competencies, performance appraisal that improve employee learning and rewards that focus on long term performance.

2.4 Studies Related to Organizational Commitment

Studies of organization commitment have been conducted over a long period of time. The researcher gathers the studies that related with organizational commitment as follows:

Boonraksa (1996) conducted a research with 246 professional nurses in department of mental health in psychiatric hospital in Thailand. The finding found that the professional nurses reported high level of organizational commitment and tenure as a nurse was positively correlated with organizational commitment ($p < 0.001$).

Hadsaitong (1996) had studied about organization commitment from 345 employees of the Metropolitan Water Supply. It found that those employees who had moderate organization commitment, difference in personal characteristics in terms of

gender, age, education level, married status, tenure, and position level would never differentiate organization commitment.

Polpanich (1997) had studied factors that affected organization commitment from commanders and marketing employees of Cement Thai Public Company Limited. It was found that there was high organizational commitment and factors of personal characteristics in term of different in age, education level, married status, and tenure had different organizational commitment. And factors of working characteristics such as chance for progressive of working life, realized the importance of tasks, participating in managing the works, relationship with supervisor and colleagues had positive correlation with organizational commitment.

Chanbamrung (2000) had studied about the factors of personal characteristics and quality of working life that might affect the organization commitment of the employees who had been working in Transportation Co., Ltd. in and it found that those employees who had higher education level would have higher organization commitment than those whose education level were lower.

Panyapinijnugoon, Charoensuk, and Kajohnsilp (2009) conducted a study among nursing instructors in one of the nursing college in Thailand. The findings revealed that the nursing instructors reported moderate level of organizational commitment. In addition, year of work experience were moderately correlated with organizational commitment ($r = 0.45$, $p < 0.05$). The multiple regression analysis revealed that job characteristic in an aspect of job value, and working experience were explained 31% of the total variance of organizational commitment.

Panunpao (2014) had studied the relationship between organizational commitment and work efficiency among officers at Bureau Budget in Bangkok. The finding showed that the level of three components of organizational commitment were at high level and overall work efficiency perception were at high level. Moreover, factors of work efficiency such as team cohesion, developing skills and knowledge were at high level.

Sirijanyapong, Tridech, and Siri (2013) conducted a study among registered nurses in Ramathibodi hospital to find the level of organizational commitment, ethical climate and happiness in work. The findings showed that the respondents had high level of happiness in work, organizational commitment and

ethical climate (e.g. organizational support, supervisory support and team cohesion) Factors that contributed to the prediction of happiness in work were ethical climate and organizational commitment.

Laopanitcharoen, Tridech, Krugkrunit, and Ninlert (2010) surveyed to measure organizational commitment among professional nurses in Ramathibodi hospital and relational factors influencing their organizational commitment. They found that the respondents were at high level in job characteristics (e.g. job challenge, task identity and task significance) while perception of the professional role factor and organizational climate was rated at a moderate level. Factors which significantly influenced organizational commitment of the professional nurses were job characteristics and organizational climate. These were able to explain 41.2 percent of the variance in organizational commitment.

Sasang, Pensirinapa, and Prasertchai (2016) was conducted study among 134 full-time registered nurses having worked at Thammasat University Hospital for at least one year. The finding revealed that empowerment was at a high level, while organizational commitment was at a moderate level. Their personal factors were not associated with the organizational commitment, but the empowerment was significantly and positively related to organizational commitment ($p < 0.001$).

Maneerat and Chenaksara (2012) have explored the relationship between HRM practices and organizational commitment of demonstration school personnel in Nakhon Pathom province. The finding showed that perception toward overall HRM practices and each aspect i.e. recruiting, organizing, training and development, performance appraising, and rewards and benefits were found at the high level. The organizational commitment type of the demonstration school personnel in Nakhon Pathom province, overall and each aspect, was found at the high level, ranking from the highest mean to the lowest mean as follow: affective commitment, normative commitment, and continuance commitment respectively. Furthermore, in correlational analysis, they found that all HRM practices positively correlated with three components of organizational commitment.

CHAPTER III

RESEARCH METHODOLOGY

This chapter explained about the methodology of this research as follows:

3.1 Study design

This study was a survey research. Cross-sectional study using questionnaire as the tool for data collection.

3.2 Study location

Ramathibodi Hospital, Phaya Thai, Bangkok.

3.3 Study period

Data collection process was performed in May 2015.

3.4 Study population

Study population were pharmacists who have worked in the pharmacy department at Ramathibodi Hospital.

3.5 Research tools

A survey questionnaire was developed to measure demographic characteristics, perception of work climate, and perception of HRM practice and level of commitment among pharmacists in Ramathibodi hospital. The questionnaire was divided into 4 parts as follows;

Part 1 General information of the respondent

In this part, information on age, gender, marital status, education, tenure and other related information were collected. The researcher chose these characteristics based on a review of related literature.

Part 2 Perception of work climate

The questionnaire was operatively defined using theoretical concept by Brown and Leigh (1996) and Koys and Decotiis (1991). This modified questionnaire included 28 items categorized into 8 dimensions: supervisory support, role clarity, role overload, contribution, recognition, self-expression, job challenge and team cohesion. Role overload items measuring role overload were composed in a positive sense and were reversed the respondents' score afterward, so that a high score indicates high role overload.

Part 3 Perception of Human resource management:

The questionnaire measured employees' perception to human resource management based on Lepak and Snell (2002) which were job design, recruitment and selection, training, performance appraisal and compensation. All of them were commitment based HRM. So the researcher modified questionnaire from which was 5 dimensions with 23 items for measuring perceived HRM practices in this study.

Part 4 Level of organizational commitment

The measurement was performed by the questionnaire based on theoretical concept of Meyer et al. (1993). The questionnaire included 20 items for measuring three component of commitment: affective, continuance and normative commitment.

The question items in part two to part four were measured by 5-point Likert's scale which reflected degree of opinion. The questionnaire was included positive and negative questions. The rating criteria are as follows:

Number (1): meant the respondents were strongly disagreed with the questions asked.

Number (2): meant the respondents were mostly disagreed or least agreed with the questioned asked.

Number (3): meant means the respondents either could not decide or were not sure about the questions asked.

Number (4): meant the respondents were mostly agreed with the questions asked.

Number (5): meant the respondents were strongly agreed with the questions asked.

Table 3.1 Criteria for scoring procedure

Positive question	Negative question	Criteria
5	1	Respondent answered strongly agree
4	2	Respondent answered agree
3	3	Respondent answered neutral
2	4	Respondent answered disagree
1	5	Respondent answered strongly disagree

3.6 Study procedure

3.6.1 Questionnaires development

The researcher performed literature reviews of relevant research and related theory or concept concerning organizational commitment, work climate and human resource management. Then, the scope and the content of the questionnaire were modified.

3.6.2 Validity and Reliability

The questionnaire was tested to examine the quality of research instruments by assessing content validity and reliability as follows:

3.6.2.1 Validity

Content validity examines the extent to which research instrument properly measure the defined domain of interest (Leong & Austin, 2005). The content validity of measurement in this study was reviewed by research in the field. The content validity was conducted by asking three experts. Index of Item-Objective Congruence (IOC) method is score average of each expert. The criterions are 1 score that is expert agree with this questionnaire. 0 score is expert that is uncertain and -1 score is score that means expert disagree this questionnaire. The average of IOC should be more than 0.5 that pass criterion.

3.6.2.2 Reliability

Reliability is concerned with the degree to which test scores are free from measurement error (Leong & Austin, 2005). Reliability coefficient required at least 0.70 is typically considered to be acceptable (Loewenthal, 2001). The coefficient was calculated by using Cronbach's alpha internal consistency method. Thus, a coefficient of internal consistency was calculated for each of the individual variables of the framework in the proposed model. The pilot test of the questionnaire has been conducted by sending the questionnaire to 30 pharmacists in Faculty of Medicine Vajira Hospital which is teaching hospital similar to Ramathibodi hospital. The result of testing reliability of the questionnaire in pilot group revealed in Table 2 and Cronbach's alpha of overall questionnaire was 0.946.

Table 3.2 The reliability of the questionnaire

Questionnaire	Reliability (Cronbach's alpha)
Work climate	0.842
HRM practices	0.934
Organizational commitment	0.897
Overall questionnaire	0.946

3.7 Data collection

Before the data collection, the director of pharmacy department at Ramathibodi Hospital was informed about the objective and procedure of the study. The proposal and questionnaires have been submitted to Ethics Committee Faculty of Medicine Ramathibodi Hospital, Mahidol University for approval. All respondents were informed about the objectives of the study and be assured that all the responses were kept with completely confidential. The questionnaires were given to respondents in person and the researcher collected them a week later.

3.8 Data analysis

After receiving the questionnaires, the researcher has encoded the answers in the questionnaire that present each variable. The data from the encoded questionnaires are analyzed by SPSS program.

Statistic for data analysis

3.8.1 Descriptive analysis included mean, percentage and standard deviation was used to describe the main characteristic of the sample.

In order to determine the level of organizational climate, HRM practice and organizational commitment, the range is calculated as follows:

$$\begin{aligned} \text{Range} &= \frac{\text{Maximum} - \text{Minimum}}{\text{Number of level}} \\ &= \frac{5 - 1}{5} \\ &= 0.8 \end{aligned}$$

As a result, the criteria for level evaluation of organizational climate, HRM practices practice and organizational commitment are as follows:

The average score of 4.21-5.00 indicates the extremely high

The average score of 3.41-4.20 indicates the high

The average score of 2.61-3.40 indicates the neutral

The average score of 1.81-2.60 indicates the low

The average score of 1.00-1.80 indicates the extremely low

3.8.2 In order to examine relationships between organizational climate, HRM practices and organizational commitment, The Pearson's Product Moment Correlation, Chi-squared, Multiple Regression Analysis is used to analyze the relationship of variables and significant level of this study would be $p < 0.05$ (95 % CI).

Table 3.3 The criterion of Pearson's Product Moment Correlation (r)

Pearson's Product Moment correlation	Interpretation
0	No relationship
0.01-0.30	Weak Relationship
0.31-0.70	Moderate Relationship
0.71-0.99	Strong Relationship
1	Perfect Relationship

CHAPTER IV

RESEARCH RESULTS

This chapter presents the analysis of the data collected from the questionnaires. The results are presented into 4 parts as follows:

Part 1 General information

Part 2 Perception to work climate and human resource management

Part 3 Level of commitment to Ramathibodi hospital

Part 4 Relationship between general information, work climate, human resource management practices and organizational commitment

Part 5 Predictors of organizational commitment

Part 1: General information

Response rate

The study was conducted at Pharmacy department in Ramathibodi hospital. Survey questionnaire were given to 110 full time pharmacists in the department. Total returned questionnaire was 108 or 98.18 %.

The general information of respondents participated in this research was described in the table 4.1

Table 4.1 General information of respondents

General information (N=108)	Frequency	Percentage
Sex		
Male	12	11.11
Female	96	88.89

Table 4.1 General information of respondents (cont.)

General information (N=108)	Frequency	Percentage
Age (\bar{X} = 30 years, SD=6.20 years)		
≤ 25 years	21	19.44
26-30 years	50	46.30
31-35 years	27	25.00
> 35 years	10	9.26
Marital status		
Single	99	91.67
Married	9	8.33
Divorced/separated	0	0
Education		
Bachelor's degree	85	78.70
Master's degree	22	20.37
Doctor's degree	0	0
Residency	1	0.93
Employment type		
Civil servant	5	4.63
University employee	103	95.37
Position		
Manager	6	5.56
In charge	15	13.89
Practitioner	87	80.56
University employee	103	95.37
Tenure (\bar{X} = 6 years, SD = 6.17 years)		
<1 year	5	4.63
1-5 years	64	59.26
6-10 years	23	21.30
> 10 years	16	14.81

Table 4.1 General information of respondents (cont.)

General information (N=108)	Frequency	Percentage
Responsibilities		
Dispensing service	57	52.78
Pharmaceutical care	25	23.15
Inventory and procurement	8	7.41
Drug production	15	13.89
Other (i.e. management)	3	2.78
Current working site		
Rama main building	44	40.74
Queen Sirikit Medical Center (QSMC)	15	13.89
Somdech Phra Debaratana Medical Center (SDMC)	49	45.37

The respondents were comprised 96 females (88.89%) and 12 males (11.11%). The average age of the respondents was 30 years old (SD = 6.20 years). The average year of pharmacist's experience was 6 years (SD = 6.17 years).

The majority of pharmacists' education (78.70%) was bachelor's degree followed by master's degree (20.4%) and pharmacy residency (0.9%) respectively. Most of respondents (52.78%) had a responsibility in dispensing service while 23.15% were responsible for pharmaceutical care, 15% worked for drug production, 7.41% worked in inventory and procurement unit and lastly 2.78% had a responsibility in management.

The majority of the respondents was single (91.7%). The married pharmacists accounted for 8.3% of the total respondents.

The respondents who worked with Ramathibodi hospital in the range of 1-5 years accounted for 59.26%, followed by the range of 6-10 years (21.30%), more than 10 years (14.81%) and less than one year (4.63%) respectively.

Part 2: Pharmacist's perception to work climate and human resource management practices

Table 4.2 Mean, SD and level of perception to work climate

Work climate	Mean	SD	Level
1. Team cohesion	4.03	0.73	High
2. Contribution	3.88	0.66	High
3. Supervisory support	3.85	0.75	High
4. Role clarity	3.77	0.68	High
5. Job challenge	3.66	0.75	High
6. Role overload	3.64	0.88	High
7. Self-expression	3.54	0.71	High
8. Recognition	3.49	0.69	High
Overall work climate	3.73	0.31	High

The results in table 4.2 showed that overall work climate was at high level. Team cohesion was the highest scores (mean = 4.03, SD = 0.73) while recognition was the lowest score (mean = 3.49, SD = 0.69).

Table 4.3 Mean, SD and level of perception to human resource management practices

Human resource management practices	Mean	SD	Level
1. Training and competency development	3.76	0.81	High
2. The recruitment and selection	3.60	0.69	High
3. Job design	3.52	0.80	High
4. Performance appraisal	3.41	0.72	High
5. Compensation and benefits	3.22	0.90	Moderate
Overall HRM practices	3.50	0.42	High

From table 4.3 revealed the perception to human resource management practices in 5 categories. The result showed that respondents had perceived the training and competency development at the highest mean scores. In the categories of “job design”, “recruitment and selection” and “performance appraisal” were at high level. While compensation and benefits was at moderate level with the lowest mean scores.

Part 3: Level of commitment to Ramathibodi hospital

Table 4.4 Mean and SD of Organizational commitment by items

Organizational commitment	Mean	SD	Level
Affective commitment	3.68	0.71	High
I feel emotionally attached to this hospital.	3.92	0.80	
I feel to be a part of this hospital.	3.90	0.76	
I proud to talk about my hospital with people outside it.	3.82	0.68	
I am happy being a member of this organization.	3.64	0.66	
I feel this hospital has a great deal of personal meaning.	3.59	0.66	
I really feel as if hospital’s problems are my own.	3.50	0.70	
I feel like part of my family at my hospital.	3.39	0.73	
Continuance commitment	2.97	0.96	Moderate
It would be very hard for me to leave my hospital right now, even if I wanted to.	3.27	0.91	
I think if I leave from my hospital. It would cause disadvantages rather than advantages.	3.25	0.77	
If I decided to leave my hospital now, my life would greatly face problems.	3.01	0.97	
I still work here due to necessity.	2.99	0.99	
I still work here because nowhere give benefits as much as this hospital.	2.74	1.06	
I feel that I have very few options to consider leaving this hospital.	2.56	1.07	

Table 4.4 Mean and SD of Organizational commitment by items (cont.)

Organizational commitment	Mean	SD	Level
Normative commitment	3.09	0.84	Moderate
I will put the more effort to devote to achieve the goals of the hospital.	3.68	0.72	
I believe in value of remaining loyal to one organization.	3.44	0.78	
I should to work in this hospital because I have a sense of obligation to the people in it.	3.16	0.87	
One of the reasons I continue to work in this hospital because I feel sense of moral obligation to remain.	3.12	0.88	
Leaving here to new hospital, it seem unethical to me.	3.06	0.86	
I would not feel it was right to leave my hospital, if I got another offer for a better job elsewhere.	2.74	0.85	
Resign from this hospital representing disloyalty to the hospital.	2.46	0.91	
Overall organizational commitment	3.25	0.84	Moderate

According to the table 4.4, the result showed the mean scores for the three components of organizational commitment ranging from 3.09 to 3.68. Respondents had a high level of affective commitment (mean = 3.68, SD = 0.71) while continuance (mean = 2.97, SD = 0.96) and normative commitment (mean = 3.09, SD = 0.84) which were at a moderate level.

Part 4: Relationship between general information, work climate, human resource management practices and organizational commitment.

4.1 Relation between general information and variables

The degree of pharmacists' perception towards work climate, HRM practices and three components of organizational commitment were compared to their general information by using T-test and ANOVA. General information including sex, marital status, education and employment type was tested with t-test analysis while age group, position and tenure group was tested with ANOVA to determine whether there are statistically significant differences.

1) Sex

Table 4.5 Mean comparison between work climate, HRM practices and organizational commitment by sex

Category	Sex	N	Mean	Std. Deviation	t	P-value
Work climate	male	12	3.70	0.32	-0.367	0.714
	female	96	3.74	0.31		
HRM practices	male	12	3.57	0.39	0.617	0.538
	female	96	3.49	0.43		
Affective commitment	male	12	3.67	0.73	-0.085	0.933
	female	96	3.68	0.55		
Continuance commitment	male	12	3.26	0.89	1.255	0.233
	female	96	2.93	0.62		
Normative commitment	male	12	3.33	0.74	1.361	0.176
	female	96	3.06	0.63		

*p<0.05

Table 4.5 illustrated the comparison between male and female' perception toward work climate, human resource management practices and organizational commitment as follows:

Work climate: Mean score in both group were in high level (Male=3.70, Female=3.74) and there is no statistically significant difference.

HRM practices: Mean score in both group were in high level (Male=3.57, Female=3.49) and there is no statistically significant difference.

Affective commitment: Mean score in both group were in high level (Male=3.67, Female=3.68) and there is no statistically significant difference.

Continuance commitment: Mean score in both group were in moderate level (Male=3.26, Female=2.93) and there is no statistically significant difference.

Normative commitment: Mean score in both group were in moderate level (Male=3.33, Female=3.06) and there was no statistically significant difference.

2) Marital status

Table 4.6 Mean comparison between work climate, HRM practices and organizational commitment by marital status

Category	Marital status	N	Mean	Std. Deviation	t	P-value
Work climate	single	99	3.73	0.32	0.004	0.997
	married	9	3.73	0.23		
HRM	single	99	3.53	0.42	1.891	0.061
	married	9	3.25	0.34		
Affective commitment	single	99	3.68	0.58	-0.275	0.784
	married	9	3.73	0.52		
Continuance commitment	single	99	3.01	0.64	1.995	0.049*
	married	9	2.56	0.79		
Normative commitment	single	99	3.13	0.63	1.774	0.079
	married	9	2.73	0.73		

*p<0.05

Table 4.6 revealed the comparison marital status (single and married group) toward work climate, human resource management practices and organizational commitment as follows:

Work climate: Mean score in both group were in high level (single=3.73, married=3.73) and there was no statistically significant difference.

HRM practices: Mean score in single group was in high level (3.53) while married group were in moderate level (3.25). There was no statistically significant difference between 2 groups.

Affective commitment: Mean score in both group were in high level (single=3.68, married=3.73) and there was no statistically significant difference.

Continuance commitment: Mean score in both group were in moderate level (single=3.01, married=2.56) and there was statistically significant difference.

Normative commitment: Mean score in both group were in moderate level (single=3.13, married=2.73) and there was no statistically significant difference.

3) Education

Table 4.7 Mean comparison between work climate, HRM practices and organizational commitment by education

Category	Education	N	Mean	Std. Deviation	t	P-value
Work climate	bachelor	85	3.72	0.31	-0.164	0.87
	master	22	3.74	0.27		
HRM	bachelor	85	3.56	0.42	2.364	0.02*
	master	22	3.33	0.33		
Affective commitment	bachelor	85	3.67	0.60	-0.377	0.707
	master	22	3.72	0.48		
Continuance commitment	bachelor	85	3.05	0.64	2.105	0.038*
	master	22	2.73	0.59		
Normative commitment	bachelor	85	3.14	0.64	1.197	0.234
	master	22	2.95	0.68		

*p<0.05

Table 4.7 revealed the comparison by education (bachelor and master degree group) toward work climate, human resource management practices and organizational commitment as follows:

Work climate: Mean score in both group were in high level (bachelor=3.72, master=3.74) and there was no statistically significant difference.

HRM practices: Mean score in single group was in high level (3.56) while master degree group was in moderate level (3.33). There was statistically significant difference between 2 groups.

Affective commitment: Mean score in both group were in high level (bachelor=3.67, master=3.72) and there was no statistically significant difference.

Continuance commitment: Mean score in both group were in moderate level (bachelor=3.05, master=2.73) and there was statistically significant difference.

Normative commitment: Mean score in both group were in moderate level (bachelor=3.13, master=2.73) and there was no statistically significant difference.

4) Employment type

Table 4.8 Mean comparison between work climate, HRM practices and organizational commitment by employment type

Category	Employment status	N	Mean	Std. Deviation	t	P-value
Work climate	civil servant	5	3.94	0.38	1.556	0.123
	university employee	103	3.72	0.3		
HRM	civil servant	5	3.61	0.35	0.555	0.580
	university employee	103	3.50	0.43		
Affective commitment	civil servant	5	4.09	0.26	1.643	0.103
	university employee	103	3.66	0.57		
Continuance commitment	civil servant	5	2.97	0.38	-0.009	0.993
	university employee	103	2.97	0.67		
Normative commitment	civil servant	5	3.11	0.49	0.072	0.943
	university employee	103	3.09	0.66		

*p<0.05

Table 4.8 revealed the comparison of employment status (civil servant and university employee) toward work climate, human resource management practices and organizational commitment as follows:

Work climate: Mean score in both group were in high level (civil servant=3.94, university employee =3.72) and there was no statistically significant difference.

HRM practices: Mean score in both group were in high level (civil servant=3.61, university employee =3.50) and there was no statistically significant difference.

Affective commitment: Mean score in both group were in high level (civil servant=4.09, university employee =3.67) and there was no statistically significant difference.

Continuance commitment: Mean score in both group were in moderate level (civil servant=2.97, university employee =2.97) and there was statistically significant difference.

Normative commitment: Mean score in both group were in moderate level (civil servant=3.11, university employee =3.09) and there was no statistically significant difference.

5) Age group

Table 4.9 Mean comparison between work climate, HRM practices and organizational commitment by age group

Category	Age group	N	Mean	SD	P-value	Post-hoc		
						Pair test	Mean difference	P-value
Work climate	a) 25 and younger	21	3.75	0.27	0.533	-	-	-
	b) 26-30	50	3.75	0.31				
	c) 31-35	27	3.66	0.34				
	d) 36 and older	10	3.79	0.32				

Table 4.9 Mean comparison between work climate, HRM practices and organizational commitment by age group (cont.)

Category	Age group	N	Mean	SD	P-value	Post-hoc		
						Pair test	Mean difference	P-value
HRM	a) 25 and younger	21	3.70	0.36	0.001	c<a	-0.49	0.001*
	b) 26-30	50	3.60	0.40			c<b	-0.40
	c) 31-35	27	3.20	0.36				
	d) 36 and older	10	3.44	0.40				
Affective commitment	a) 25 and younger	21	3.80	0.59	0.015	c<d	-0.59	0.045*
	b) 26-30	50	3.71	0.56				
	c) 31-35	27	3.41	0.55				
	d) 36 and older	10	4.00	0.42				
Continuance commitment	a) 25 and younger	21	3.41	0.61	0.003	a>b	0.49	0.031*
	b) 26-30	50	2.92	0.65		a>c	0.69	0.003*
	c) 31-35	27	2.72	0.65				
	d) 36 and older	10	2.95	0.36				
Normative commitment	a) 25 and younger	21	3.42	0.58	0.005	c<a	-0.65	0.006*
	b) 26-30	50	3.12	0.61				
	c) 31-35	27	2.76	0.70				
	d) 36 and older	10	3.17	0.47				

*p<0.05

From the results of the ANOVA in Table 4.9, there were significant differences in perception of HRM practices, affective commitment, continuance commitment and normative commitment therefore follow-up tests were conducted to evaluate pairwise differences among the means. The results were shown as follows:

Work climate: all of age group pharmacists perceived work climate in high level and there was no statistically significant.

HRM practices: In this study, perception to HRM practices were in high level in age group 25 and younger, 26-30 and 36 and older. Only age group 31-35 was in moderate level. Pair test found 2 pair difference, firstly age group 31-35 (Mean = 3.20 with SD of 0.53) was significant lower than age group ≤ 25 years (Mean = 3.88 with SD of 3.88) at p-value < 0.001 . Secondly, age group 31-35 also lower than age group 26-30 years (Mean = 3.60, SD = 0.40) at p-value < 0.001 .

Affective commitment: all of age group pharmacists had affective commitment in high level and there was a pair difference which was age group 36 and older (Mean=4.00, SD=0.42) was significant higher mean scores than age group 31-35 years (Mean=3.41) at p-value = 0.045.

Continuance commitment: age group 25 and younger had continuance commitment in high level while other age group had continuance commitment in moderate level. Pair test showed that age group 25 and younger (Mean=3.41, SD=0.61) was higher than age group 26-30 (Mean=2.92, SD=0.65) at p-value = 0.031 and 31-35 age group (Mean=2.72, SD=0.65) with statistically significant difference at p-value = 0.003.

Normative commitment: age group 25 and younger had normative commitment in high level while other age group had normative commitment in moderate level. Pair test showed that age group 31-35 (Mean=2.76, SD=0.70) had lower mean scores compared to age group 25 and younger (Mean=3.42, SD=0.58) with statistically significant difference at p = 0.006.

6) Position

Table 4.10 Mean comparison between work climate, HRM practices and organizational commitment by position

Category	Position	N	Mean	SD	P-value	Post-hoc		
						Pair test	Mean difference	P-value
Work climate	a) manager	6	3.89	0.35	0.261			
	b) incharge	15	3.65	0.28				
	c) practitioner	87	3.74	0.31				
HRM	a) manager	6	3.73	0.35	0.171			
	b) incharge	15	3.36	0.32				
	c) practitioner	87	3.51	0.44				
Affective commitment	a) manager	6	4.26	0.17	0.030*	a>b	0.69	0.041*
	b) incharge	15	3.57	0.50		a>c	0.60	0.041*
	c) practitioner	87	3.66	0.58				
Continuance commitment	a) manager	6	2.67	0.44	0.497			
	b) incharge	15	2.94	0.38				
	c) practitioner	87	2.99	0.71				
Normative commitment	a) manager	6	3.24	0.53	0.843			
	b) incharge	15	3.06	0.57				
	c) practitioner	87	3.09	0.67				

*p<0.05

From the results of the ANOVA in Table 4.10 revealed that there were significant differences in affective commitment therefore follow-up tests were conducted to evaluate pairwise differences among the means. The results were shown as follow:

Work climate: all of position of pharmacists perceived work climate in high level. The difference of mean scores between groups was not statistically significant.

HRM practices: manager and practitioner pharmacists had high level of HRM practices while incharge pharmacists had moderate level. The difference of mean scores between groups was not statistically significant.

Affective commitment: all position group had high level of affective commitment. Pair test showed that manager pharmacists had significantly higher mean scores of affective commitment than incharge and practitioner pharmacist groups at $p\text{-value} = 0.041$.

Continuance commitment: all position group had moderate level of continuance commitment. The difference of mean scores between groups was not statistically significant.

Normative commitment: all position group had moderate level of normative commitment. The difference of mean scores between groups was not statistically significant.

7) Tenure group

Table 4.11 Mean comparison between work climate, HRM practices and organizational commitment by tenure group

Category	Tenure (years)	N	Mean	SD	P-value	Post-hoc		
						Pair test	Mean difference	P-value
Work climate	a) <1	5	3.84	0.20	0.588	-	-	-
	b) 1-5	64	3.75	0.28				
	c) 6-10	23	3.67	0.38				
	d) >10	16	3.70	0.33				
HRM	a) <1	5	3.80	0.08	0.001	a>c	0.648*	0.008
	b) 1-5	64	3.64	0.37		b>c	0.486*	0.001
	c) 6-10	23	3.15	0.43				
	d) >10	16	3.37	0.35				

Table 4.11 Mean comparison between work climate, HRM practices and organizational commitment by tenure group (cont.)

Category	Tenure (years)	N	Mean	SD	P-value	Post-hoc		
						Pair test	Mean difference	P-value
HRM	a) <1	5	3.80	0.08	0.001	a>c	0.648*	0.008
	b) 1-5	64	3.64	0.37		b>c	0.486*	0.001
	c) 6-10	23	3.15	0.43				
	d) >10	16	3.37	0.35				
Affective commitment	a) <1	5	3.97	0.37	0.205	-	-	-
	b) 1-5	64	3.72	0.56				
	c) 6-10	23	3.48	0.60				
	d) >10	16	3.71	0.58				
Continuance commitment	a) <1	5	2.83	0.60	0.088	-	-	-
	b) 1-5	64	3.10	0.68				
	c) 6-10	23	2.71	0.66				
	d) >10	16	2.88	0.49				
Normative commitment	a) <1	5	3.29	0.32	0.070	-	-	-
	b) 1-5	64	3.21	0.63				
	c) 6-10	23	2.86	0.79				
	d) >10	16	2.89	0.44				

*p<0.05

From table 4.11, mean comparison of perception to variables was compared between tenure group by using ANOVA. There were significant differences in perception of HRM practices therefore follow-up tests were conducted to evaluate pairwise differences among the means. The results were shown as follow:

Work climate: all tenure group had high level of work climate. The difference of mean scores between groups was not statistically significant.

HRM practices: (<1year and 1-5years) tenure group had high level of HRM practices while (6-10 and >10years) tenure group had moderate level. Pair test showed that (6-10years) tenure group had perception toward HRM practices lower than (<1year) and (1-5years) tenure group at p-level < 0.05.

4.2 Relation between work climate and organizational commitment

Correlation analysis

Table 4.12 and 4.13 presented the correlation coefficient of control variables, independent variables and dependent variables. The analysis of the correlation coefficients among all independent variables was investigated to determine whether the problem of multicollinearity occurred or not.

Table 4.12 Correlations between work climate and organizational commitment

Work climate	Affective commitment	Continuance commitment	Normative commitment
1. Contribution	0.580**	-0.025	0.265**
2. Supervisory support	0.560**	0.216*	0.388**
3. Recognition	0.547**	0.154	0.423**
4. Role clarity	0.507**	-0.057	0.132
5. Self-expression	0.467**	-0.022	0.289**
6. Job challenge	0.438**	-0.206	0.165
7. Team cohesion	0.191*	0.192*	0.174
8. Role overload	0.165	-0.022	0.012

** p<0.01, * p<0.05

The result in table 4.12 showed that the correlation between work climate and three components of organizational commitment. Affective commitment had positive correlation with supervisory support, role clarity, contribution, recognition, self-expression, job challenge and team cohesion. The strongest relationship was found with contribution (r= 0.580) followed by supervisory support (r=0.560),

recognition ($r=0.547$), role clarity ($r=0.507$), self-expression ($r=0.467$), job challenge ($r=0.438$) and lastly, team cohesion had weakest relationship with affective commitment ($r=0.191$).

Continuance commitment had positive correlation with supervisory support ($r=0.216$) and team cohesion ($r=0.192$).

Normative commitment had positive correlation with supervisory support, contribution, recognition and self-expression. The strongest relationship was found with recognition ($r=0.423$) followed by supervisory support ($r=0.388$), self-expression ($r=0.289$) and contribution ($r=0.265$).

4.3 Relation between human resource management practices and organizational commitment

Table 4.13 Correlations between perception of human resource management practices and organizational commitment

HRM practices	Affective commitment	Continuance commitment	Normative commitment
1. Job design	0.516**	0.076	0.386**
2. Performance appraisal	0.510**	0.339**	0.505**
3. Recruitment and selection	0.460**	0.234*	0.385**
4. Training and competency development	0.451**	0.220*	0.460**
5. Compensation and benefits	0.333**	0.326**	0.424**

** $p<0.01$, * $p<0.05$

The result in table 4.13 showed that the correlation between human resource management practices variables and three components of organizational commitment. Affective commitment had positive correlation with all variables in human resource management practices (job design, recruitment and selection, training

and competency development, performance appraisal and compensation and benefits). The strongest relationship was found with job design ($r= 0.516$).

Continuance commitment had positive correlation with performance appraisal ($r=0.339$, $p<0.01$), compensation and benefits ($r=0.326$), recruitment and selection ($r=0.234$) and training and competency development ($r=0.220$).

Normative commitment had positive correlation with all variables in human resource management practices. The strongest relationship was found with performance appraisal ($r=0.505$) followed by training and competency development ($r=0.460$), compensation and benefits ($r=0.424$), recruitment and selection ($r=0.385$) and recruitment and selection ($r=0.385$).

Part 5: Predictors of organizational commitment

The stepwise multiple regression analysis was performed in order to identify effective variables to predict organizational commitment of pharmacists at Ramathibodi hospital. In this study, general information, work climate and HRM practices were used to test whether they had an influence on organizational commitment.

5.1 Multiple regression analysis with general information, work climate and HRM practices as independent variables and affective commitment as dependent variable.

Table 4.14 Multiple regression analysis of the factors predicting affective commitment as perceived by respondents

Variable	B	Beta	t	P-value
Performance appraisal	0.387	0.415	6.282	0.001
Contribution	0.361	0.337	4.405	0.001
Self-expression	0.205	0.177	2.516	0.013
Job challenge	0.204	0.205	2.651	0.009
Constant	-0.513			
R = 0.762 R ² = 0.581				
Adjusted R ² = 0.564 F = 35.672 Significant at 0.05 level				

Stepwise multiple regression model explored variables to predict affective commitment. The regression result was reported in Table 4.14

The adjusted R-square for this model was 0.564, indication that 56.4% of the variation in affective commitment can be explained by those four independent variables including, contribution, performance appraisal, job challenge and self-expression; the model was statistically significant. The finding indicated that the best predictor variables were performance appraisal (Beta = 0.415), contribution (Beta = 0.337), Job challenge (Beta = 0.205) and self-expression (Beta = 0.177) respectively. The results from the regression equation for the standardized variables were as follows:

$$Y = -0.513 + 0.387X1 + 0.361X2 + 0.205X3 + 0.204X4$$

When Y: Affective commitment

1: Performance appraisal

X2: Contribution

X3: Self expression

X4: Job challenge

From the equation, it was demonstrated that Contribution, Performance appraisal, Job challenge and Self-expression showed a positive relationship and Performance appraisal was the factor that had the highest influence on affective commitment with the coefficient regression value equivalent to 0.387. It meant that when the Performance appraisal increased one point, the value of affective commitment would also increase 0.387 point (in the case that Contribution, Job challenge and Self-expression were manipulated to be constant).

5.2 Multiple regression analysis with general information, work climate and HRM practices as independent variables and continuance commitment as dependent variable.

Table 4.15 Multiple regression analysis of the factors predicting continuance commitment as perceived by respondents

Variable	B	Beta	t	P-value
Performance appraisal	0.282	0.264	2.761	0.007
Education	-0.294	-0.217	-2.271	0.025
Constant	2.073			
R = 0.396 R ² = 0.157				
Adjusted R ² = 0.141 F= 9.748 Significant at 0.05 level				

Stepwise multiple regression model has been performed to explore variables to predict continuance commitment. The regression result was reported in Table 4.15.

The adjusted R-square for this model was 0.141, indication that 14.1% of the variation in continuance commitment can be explained by those two independent variables including performance appraisal and education; the model was statistically significant. The finding indicated that the best predictor variables were performance appraisal (Beta = 0.264) and education (Beta = -0.217), respectively.

The results from the regression equation for the standardized variables were as follows:

$$Y = 2.073 + 0.282X_1 - 0.294X_2$$

When Y: Continuance commitment

 X1: Performance appraisal

 X2: Education

From regression equation, it showed that Performance appraisal had a positive relationship with coefficient regression value equivalent to 0.282 while Education had negative relationship with coefficient regression value equivalent to

-0.294. It meant that when the Performance appraisal increased one point, the value of continuance commitment would also increase 0.282 point (in the case that Education was manipulated to be constant). Meanwhile, Education increased one point, the value of continuance commitment would decrease 0.294 (in the case that Performance appraisal was manipulated to be constant).

5.3 Multiple regression analysis with general information, work climate and HRM practices as independent variables and normative commitment as dependent variable.

Table 4.16 Multiple regression analysis of the factors predicting normative commitment as perceived by respondents

Variable	B	Beta	t	P-value
Job design	0.346	0.275	3.428	0.001
Performance appraisal	0.330	0.313	3.407	0.001
Compensation and benefits	0.298	0.300	3.203	0.002
Role overload	-0.159	-0.175	-2.108	0.037
Constant	-0.791			
R = 0.624 R ² = 0.389 Adjusted R ² = 0.365 F= 16.4 Significant at 0.05 level				

Table 4.16 showed the stepwise regression statistics on the fourth variables that were significant for all of the samples and those explained 36.5% of the variability in normative commitment. The finding indicated that the best predictor variables were performance appraisal (Beta = 0.313)

The results from the regression equation for the standardized variables were as follows:

$$Y = -0.791 + 0.346X1 + 0.33X2 + 0.298X3 - 0.159X4$$

When Y: Normative commitment

 X1: Job design

 X2: Performance appraisal

X3: Compensation and benefits

X4: Role overload

From the equation, it was demonstrated that Performance appraisal, Job design and Compensation and benefits showed a positive relationship while Role overload showed negative relationship. Job design was the factor that had the highest influence on normative commitment with the coefficient regression value equivalent to 0.346. It meant that when the Performance appraisal increased one point, the value of normative commitment would also increase 0.346 point (in the case that Performance appraisal, Compensation and benefits and Role overload were manipulated to be constant). On the other hand, Role overload was negative influence on normative commitment with the coefficient regression value equivalent to -0.159. It meant that when the Role overload increased one point, the value of normative commitment would decrease 0.159 point (in the case of Performance appraisal, Job design and compensation and benefits were manipulated to be constant)

CHAPTER V

DISCUSSION

This chapter presents the major conclusion result from this study. The researcher would like to present the main focus as follows. The findings of the researcher are discussed below.

Part 1 Perception of work climate and human resource management practices

Part 2 Level of commitment to Ramathibodi hospital

Part 3 Relationship between general information, work climate, human resource management practices and organizational commitment

Part 4 Predictors of organizational commitment

Part 1: Perception of work climate, human resource management practices

1.1 Work climate

From the results of the research in Table 4.2, it was found that pharmacists in Ramathibodi hospital had a high level in all work climate variables. Pharmacists satisfied with workplace atmosphere that should increase their motivation and productivity.

Team cohesion was the highest categories in work climate perception showed that pharmacists in Ramathibodi hospital had a good relationship with their colleagues in the workplace. They helped each other and perceived that they work well together as a team. Pharmacy department enhanced cohesion among pharmacists through team building activities such as yearly outing meeting, knowledge management activities, monthly meeting etc. Team building activities was a way for improving communication in the department, teamwork and helping employees to get

to know each other better. Recognizing team achievement by manager of department of pharmacy increased cohesion among a team. For instance, manager praised team who had innovation or make a reputation for Ramathibodi hospital. This finding was consistent with Panunpao (2014) who study commitment among officers at Bureau Budget in Bangkok found that employee perceived high level of team cohesion as third highest in work climate.

The second highest was **contribution**. Respondent perceived that they made contribution to the hospital. Pharmacists have important roles in healthcare process in the hospital such as dispensing, clinical pharmacy, drug production and drug procurement. They perceived their meaningfulness in their job and resulted in contribution perception. Hospital encourage development of contribution by new pharmacist's orientation which aimed to build understanding of pharmacist role in healthcare services in the Ramathibodi hospital.

Effective service behavior training was delivered to employee of the hospital. Pharmacist appreciated how important of pharmacist's role in the hospital, they feel contribution to the organization and resulted in work performance.

This finding was in line with previous study who found that budget officers at Bureau Bangkok perceived highest level of contribution in work climate (Panunpao, 2014).

Supervisory support was the third highest score in work climate, this dimension explored about the supportive from their supervisors. From questionnaire we found that pharmacists (84.6%) perceived that their supervisors were flexible and ready to listen to subordinates and gives them the opportunity to consult when there is a problem in the work (80.56%). More than half (57.41%) of pharmacists agreed with "supervisors support everyone equally" which was implied that some of pharmacist felt inequitable from their supervisors so this issue should be improved. High level of supervisory support was in line with Sirijanyapong et al. (2013) who reported that registered nurses in Ramathibodi Hospital also perceived supervisory support in high level.

Role clarity was high level in fourth rank of work climate. Hospital provided clear role and responsibilities. There was role relevant information such as job description and performance expectation. Pharmacists were able to understand expectation of organization about expected performance. On the other hand, high

level of role clarity reflected low level of job conflict in that workplace that related with employee satisfaction and commitment (Kroposki, Murdaugh, Tavakoli, & Parsons, 1998). This finding was consistent with Kurepan, Tridech, and Puntdee (2013) who explored commitment in registered nurses in private hospital. They found that respondents perceived highest level of role clarity in their work place and positively related with organizational commitment.

Job challenge was in the fifth rank of work climate. Ramathibodi hospital is tertiary care which provides healthcare services and has a mission to be a leader in Asia. Many of policies were launched to improve their productivity and efficiency. Pharmacy also improve the quality of services in pharmacy practices. Quality improvement has been the major issue for years while medical demand risen continuously. That were challenges for pharmacists to design the new process of working to improve quality of services.

This finding is in line with Laopanitcharoen et al. (2010) who surveyed in professional nurse at Ramathibodi hospital. They found that nurses at Ramathibodi hospital also perceived job challenge in high level.

1.2 HRM practices

Regarding human resource management (HRM) practices in this study contained job design, recruitment and selection, training and competency development, performance appraisal and compensation and benefits. From the finding in Table 4.3, it was found that “training and competency development”, “recruitment and selection” “job design”, and “performance appraisal” were at high level but “compensation and benefits” was at moderate level.

Training and competency development was the highest score in HRM practices. Pharmacists satisfied with training providing from pharmacy department. Pharmacy department provided various training activities relevant to the organizational goal. They had knowledge management activities in several topics that related with working. Moreover, pharmacists were subsidized to attend in pharmacy training program from pharmacy council or study in master degree. This finding was consistent with commitment study among registered nurses in Thammasat University

Hospital, they found that the respondents perceived high level in training and competency development (Sasang et al., 2016).

The second highest score was the **recruitment and selection**. More than a half pharmacists satisfied with recruitment and selection activities. This was consistent with study of Maneerat and Chenaksara (2012). They found that personnel in demonstration school in Nakhon Pathom province perceived high level of recruitment and selection.

Ramathibodi hospital recruited applicants from several ways such as social media, website and direct recruitment from pharmacy school, etc. Hospital selected the best candidate from all applicants who have potential to fit well with the job and organization. However, HR planning for new pharmacist was not adequate when compared with the increasing of workload.

Job design was high level in third rank of HRM practices. Hospital should design or modify tasks to make it interesting or better because employee did not like repetitive tasks. Hospital encourage pharmacists to make a decision in their job, they can use skill and knowledge to determine the way performing jobs resulted

Moreover, Ramathibodi hospital is a teaching hospital under Thai government, pharmacists were employed as a university employee with a long term contract so they perceived high level of job security. Pharmacists involved in job rotation which they were assigned and rotated with a variety of tasks and activities.

Performance appraisal was at high level in the fourth rank of HRM practices.

Performance appraisal was conducted twice a year by supervisor. They focused on staff development and feedback for improving working performance. Supervisor evaluated every pharmacist with same process. Although some of pharmacists did not agreed with perception of fairness of appraisal system.

Compensation and benefits just only a dimension that seem lower than the others in human resource management practices. From the questionnaire, Pharmacists (38%) perceive base salary are adequate and fair. Pharmacists were satisfied with rewards from the hospital such as yearly bonus but they feel it was inequitable because it did not evaluate from job performance. Yearly bonus provided equally to each employee in the hospital which did not base on working performance.

Part 2: Level of commitment to Ramathibodi hospital

This study examined organizational commitment in three components including affective, continuance and normative commitment. The finding in Table 4.4 revealed that the level of pharmacists' commitment in Ramathibodi hospital which they were high in affective but only moderate in continuance and normative commitment.

Affective commitment: pharmacists had a high level of affective commitment. It meant that they want to work in this hospital. They satisfied with the workplace and had good work experiences. Highly affective commitment represented that pharmacists have identified with organizational goal and values.

According to table 4.4, the respondent rated question item of "I feel emotionally attached to Ramathibodi hospital" highest in affective commitment. This items reflected that pharmacists had a good working experience and perceived organizational support from this hospital. They developed emotionally commitment to the hospital. Second highest items in affective commitment was "I feel to be a part of this hospital" when employee had affective feeling with the organization. They would put more effort to help organization to achieve its goal and pharmacists would develop feeling to be a part of the hospital. Third highest items in affective commitment was "I proud to talk about my hospital with people outside it". It might be due to Ramathibodi hospital is a teaching school under Mahidol university, it has national reputation to provide excellent healthcare services to the public for a long time. Pharmacists might develop the pride to be a part of the hospital and want other people to know where they work for.

Lowest score in affective commitment was the items "pharmacists feel this hospital like their family". Ramathibodi hospital was same as other big organization which have complex system. Pharmacists were employee who have responsibility in drug system and had the relationship with the hospital in exchange relationship rather than family.

Continuance commitment: According to Table 4.4, pharmacists had moderate level of continuance commitment. It meant that they need to work in this hospital because reasons i.e. financial, employment contract or penalty fine for break employment contract.

The respondent rated the item “It would very hard for me to leave my hospital right now, even if I wanted to” highest in continuance commitment. This items showed that many of pharmacist want to leave the hospital but they cannot leave because some of necessity.

Lowest score items in continuance commitment was “I feel that I have very few options to consider leaving this hospital”. It can be explained that pharmacists are the knowledge personnel that they perceived alternatives job if they resign from Ramathibodi hospital.

Normative commitment: Pharmacists had moderate level of normative commitment. It meant that pharmacists in Ramathibodi hospital had feeling obligation and loyalty to be a part of the hospital.

The respondents rated the item of “I will put the more effort to devote to achieve the goals of the hospital” as the highest in normative commitment. This items reflect that pharmacist have the norm to do the job with the more effort to repay the hospital.

Lowest score item in normative commitment was “Resign from this hospital representing disloyalty to the hospital”. It might be due to some pharmacists feel that their working and productivity like reciprocation to the organization. Employee believed that they did not have reciprocal obligation to the hospital anymore so they did not feel disloyalty if they decided to leave from the hospital.

The level of organizational commitment in this study was in line with study of Meyer and Allen (2004) who suggested that the optimal organizational commitment profile should have highest affective commitment score, followed by normative and continuance commitment scores that were considerably lower.

It was obvious from the higher level of affective commitment relative to the normative and continuance commitment that the employees in this study are emotionally attached and involved with, and desired to remain with their organization (Porter et al., 1974). Affective commitment concept predicted that such employees identify with the goals and values of the organization and feel responsible for its success, which would lead to increased performance and positive work attitudes (Allen & Meyer, 1990; Mowday et al., 1979).

The normative commitment mean score that was higher than the mean continuance commitment score indicated that the employees committed to the organization by a feelings of moral obligation to remain rather than sense of what benefits would be lost if they left the organization. Employees who remain out of a sense of moral obligation tended to outperform those who felt no such obligation (Meyer & Allen, 2004).

Part 3: Relationship between general information, work climate, human resource management and organizational commitment.

The degree of pharmacists' perception towards work climate, HRM practices and three components of organizational commitment were compared to their personal characteristics: sex, marital status, education and employment type.

3.1 General information

3.1.1 Sex:

According to table 4.5, the mean comparison of perception to variables by using T-test was discussed as follows:

- Work climate: male and female had high level of work climate. The difference of mean scores between 2 groups was not statistically significant.

- HRM practices: male and female had high level of HRM practices. The difference of mean scores between 2 groups was not statistically significant.

From the above, male and female group perceived no difference of work climate and HRM practices because hospital provided supportive working condition as well as HRM practices equally to every employee.

- Affective commitment: male and female had high level of affective commitment. The difference of mean scores between 2 groups was not statically significant.

- Continuance commitment: male and female had moderate level of continuance commitment. The difference of mean scores between 2 groups was not statistically significant.

- Normative commitment: male and female had moderate level of normative commitment. The difference of mean scores between 2 groups was not statistically significant.

In this hospital, sex of pharmacists did not relate with organizational commitment because both sex have been intervened with the same organizational commitment drivers from the hospital. This finding was in line with Hadsaitong (1996) which also found that sex did not related with organizational commitment.

3.1.2 Marital status:

According to table 4.6, perception to variables was compared between marital status by using T-test and the results were discussed as follows:

- Work climate: single and married pharmacists had high level of work climate. The difference of the mean scores between 2 groups was not statistically significant. Marital status did not relate with perception of work climate because married one want supportive working condition similar to single one and both of them might get the same approach consequently they perceived the same level of work climate.

- HRM practices: single pharmacists had high level of HRM practices while married pharmacists had moderate level. The difference of the mean scores between 2 groups was not statistically significant. Hospital use same practices for managing personnel thus perception toward HRM practices was not different.

- Affective commitment: single and married pharmacists had high level of affective commitment. The mean scores between 2 groups was not statistically significant difference. Affective commitment developed from working experience of the employee which marital status may not affect affective feeling.

- Continuance commitment: single and married pharmacists had moderate level of work climate. There was a significant difference in continuance commitment at the $p < 0.05$ level. Single pharmacists had continuance commitment slightly higher than married pharmacist. Married pharmacists in Ramathibodi hospital

felt they have some alternative workplace externally provide equal benefits or better than Ramathibodi hospital.

Contrary to the previous study reported that married teachers' continuance commitment levels to the school in which they work are higher than the unmarried ones. Because they perceived higher their investments in the school in which they work. The investments (time or effort) they have made in time or difficulties of relocation for a family may cause married teachers to develop continuance commitment to a school (Karakuş & Aslan, 2009; Mathieu & Zajac, 1990).

From this result, pharmacists who have married had additional responsibilities in their family, they would like to have more compensation, more free time and find better place to fulfill their need. Moreover, pharmacist was the healthcare personnel who still be substantially short supply in labor market. Thus married pharmacists tended to have a low continuance commitment and might leave for better opportunities.

- Normative commitment: single and married pharmacist had high level of normative commitment. The difference of the mean scores between 2 groups was not statistically significant. Normative commitment was like an obligation between employer and employee. Pharmacists with different marital status felt no difference of investment in them from the hospital thus the result of normative commitment was not statistically difference. This result was in line with Kurepan et al. (2013) that surveyed professional nurses in private hospital in Thailand. They found that marital status did not related with normative commitment.

3.1.3 Education:

According to table 4.7, perception to variables was compared between education by using T-test and the results were discussed as follows:

- Work climate: bachelor and master degree pharmacists had high level of work climate. The difference of mean scores between 2 groups was not statistically significant. Bachelor and master degree pharmacist have worked in the same of perceived work climate. Master degree pharmacist did not receive any supportive environment differ from others, they had more responsibilities but the position was same as bachelor degree pharmacist.

- HRM practices: bachelor had high level of HRM practices while master degree pharmacists had moderate level. There was a significant difference in HRM practices at the $p < 0.05$ level. HRM practices perception in master degree pharmacists (Mean=3.56, SD=0.42) was significantly lower than bachelor degree pharmacists. (Mean=3.33, SD=0.33). Compensation and benefit was the major dimension which master degree pharmacists felt that they were unsatisfied, they felt that salary did not appropriate and fair. The amount of base salary they received for the job when compared with master degree pharmacists in other hospital seem lower. This result may be due to the highly educated employees may have higher expectation HRM practices in term of compensation because they felt that they have more capabilities. This would not be able adequately meet their expectation. Eventually they did not get such a higher compensation thereafter they felt unhappy with HRM practices while all of the rest of HRM practices perception of both group was similar.

- Affective commitment: bachelor and master degree pharmacists had high level of affective commitment. The difference of mean scores between 2 groups was not statically significant. Affective commitment developed by satisfaction in their work experience which they similarly perceived supportive environment.

- Continuance commitment: bachelor and master degree pharmacists had moderate level of continuance commitment. There was a significant difference in continuance at the $p < 0.05$ level. Continuance commitment in bachelor degree pharmacists was significant higher than master degree pharmacists. Pharmacist with master degree education had higher knowledge and skill, they required suitable position, promotion, benefits relative to their education. Thus unmet expectation could increase intention to leave because organization cannot fulfil their need, moreover they perceived more job alternatives outside the hospital than bachelor pharmacists.

According to Mahidol university policy, Ramathibodi hospital have to pay 10 times of the last salary as a reward for employee who would retire from the hospital at the end of their contract. Actually, most of master degree pharmacists had more than 10 tenure years and they would get 10 times of their salary if they resigned. This meant that benefit would be non-linear compensation and they

faced the ceiling at 10 years of tenure. It was not motivated master degree pharmacists to stay because they would not lose anything for leaving the hospital a bit early.

This finding was in line with Allen and Meyer (1990) who reported that low education levels may be unlikely to have skills transferable to other organizational settings and, therefore, education has been found to be negatively related to continuance commitment (Mathieu & Zajac, 1990).

- Normative commitment: bachelor and master degree pharmacists had moderate level of normative commitment. The difference of mean scores between 2 groups was not statistically significant. Normative commitment was obligation based, pharmacists who had high normative commitment could imply that pharmacists owed something to the hospital such as they received support, mentoring from senior pharmacists and training program etc. Therefore, bachelor and master degree pharmacists perceived that support from the hospital was not different and they both felt that leaving the hospital were unacceptable to a good organizational norm.

3.1.4 Employment type:

According to table 4.8, mean comparison of perception to variables was compared between employment type by using T-test and the results were discussed as follows:

- Work climate: civil servant and university employee pharmacists had high level of work climate. The difference of mean scores between 2 groups was not statistically significant. Civil servant pharmacists work in the same environment as university employee pharmacists thus they perceived work climate in the same way.

- HRM practices: civil servant and university employee pharmacists had high level of HRM practices. The difference of mean scores between 2 groups was not statistically significant. Although civil servant pharmacists have advantages in medical benefit that can reimburse cost of treatment as fee for service while the university employee had the medical benefit under social security scheme. University employee composed of younger pharmacists which they were healthy so they less likely need of medical services than civil servant pharmacists who have age above 40 years old thus university employee did not feel unequally of benefit and resulted in the same perception of HRM practices.

- Affective commitment: civil servant and university employee pharmacists had high level of affective commitment. The difference of mean scores between 2 groups was not statically significant.

- Continuance commitment: civil servant and university employee pharmacists had moderate level of continuance commitment. The difference of mean scores between 2 groups was not statistically significant.

- Normative commitment: civil servant and university employee pharmacists had moderate level of normative commitment. The difference of mean scores between 2 groups was not statistically significant.

Employment type could not affect three components of organizational commitment because civil servant and university employee only differ in medical benefit which was not the issue that influence their perception thus pharmacists similarly perceived hospital management and also enhance commitment in same way.

3.1.5 Age group:

In this study, the researcher classified the respondents into 4 age group and compared mean of perception to variables among age group in Table 4.9 and the results were discussed as follows:

- Work climate: all of age group pharmacists had high level of work climate. The difference of mean scores between groups was not statistically significant. All of age group pharmacists were not different perceived in work climate. That was consistent with previous study which reported that age no practically meaningful effect to perception of work climate (Teclaw, Osatuke, Fishman, Moore, & Dyrenforth, 2014).

- HRM practices: From table 4.9, age group ≤ 25 , 26-30 and ≥ 36 years had high level of HRM practices while age group 31-35 was moderate level. Perception to HRM practices level of age group 31-35 (Mean = 3.20 with SD of 0.53) was significant lower than age group ≤ 25 years (Mean = 3.88 with SD of 3.88), 26-30 years (Mean = 3.60, SD = .40). Junior pharmacists perceived that they attended more training and competency development than senior pharmacists. Specific training needs analysis should be applied for pharmacist training because junior and senior pharmacist need training in different ways such as senior pharmacists need more

training focus on management skills than junior pharmacists. Furthermore, items score from the questionnaire showed that age group 31-35 perceived competency development did not increase advancement opportunities in the career path.

Performance appraisal in age group 31-35 had low score in fairness and transparency issue. Age group 31-35 had more experience in HRMs practices more than younger pharmacists group. They perceived problem of fairness in performance evaluation process because they did not get proper position so they perceived that they have been unfairly treated. Consequently, they felt unhappy with performance appraisal.

From the finding in table 4.3, compensation and benefits was the lowest scores in HRM practices categories among age group 31-35 which include fair salary and dissatisfied with their salary. Age group 31-35 have settled in their career but they always have more responsibilities such as family responsibilities, attain higher education level and more responsibilities in the job while they did not receive adequate compensation thus they perceived low level of compensation and benefit relative with their responsibilities and competency.

- Affective commitment: all of age group had high level of affective commitment that were shown in table 4.9. The difference of mean scores between some age groups was statistically significant. Pair test showed that affective commitment in age group ≥ 36 years was significant higher mean scores than age group 31- 35 years. From the questionnaire, it found that age group ≥ 36 years felt like a part of family at the Ramathibodi hospital rather than age group 31-35. For this reason, it can be explained that older employees might actually have psychologically attached to hospital because they have invested their working life in the work place. This increase was attributed to a greater sense of belonging and competence and to more positive work experiences (Mowday et al., 1982). Furthermore, age group 31-35 mostly had work experiences about 10 years and they had several focus i.e. family formation, financial support for their family, education attainment and extra responsibilities from their supervisor. Therefore, age group 31-35 had more things to concentrate and they tend to be less focus on proudness of being a member. Consequently, it can influence in less affective commitment than age group ≥ 36 years.

- Continuance commitment: According to the finding in table 4.9, all of age group had moderate level of continuance commitment. The difference

of mean scores between some age groups was statistically significant. Pair test showed that continuance commitment in age group < 25 years was higher than age group 26-30 and 31-35 age group with significance. Pharmacists in age group less than 25 years who are newcomer pharmacists with 2 years working contract which required penalty fine to the government if they resigned from the hospital before the termination of contract. They developed high continuance commitment compared to the age group especially in age 26-30 and 31-35 age group which that group did not have any contract obligation.

- Normative commitment: From table 4.9, all of age group had moderate level of normative commitment. The difference of mean scores between some age groups was statistically significant. Pair test showed that normative commitment in age group <25 years had higher mean scores compared to the 31-35 age group with significantly difference. Newcomer pharmacists were received warmth welcome from supervisor, senior pharmacists and hospital. They perceived support and help to understand culture, value and job role by many activities for newcomer pharmacists. They developed sense of belonging through orientation, mentoring and training. New employees perceived organizational investment for them and felt moral obligation to reciprocate it. Thus, new employees might develop high level of normative commitment.

3.1.6 Position:

According to table 4.10, mean comparison of perception to variables was compared between position by using ANOVA and the results were discussed as follows:

- Work climate: all position group had high level of work climate. The difference of mean scores between groups was not statistically significant. Among all position perceived that they work in the similarly supportive environment.

- HRM practices: manager and practitioner pharmacists had perceived high level of HRM practices while incharge pharmacists had a moderate level. The difference of mean scores between groups was not statistically significant. This result showed that manager who have higher level in hierarchical position satisfied in HRM practices as well as other pharmacists.

- Affective commitment: all position group had high level of affective commitment. There was a significant difference in affective commitment at the $p < 0.05$ level. Manager pharmacists had significantly higher mean scores of affective commitment than incharge and practitioner pharmacist groups. Manager pharmacists who had responsibility in management of pharmacy department, they invested time and effort in working and promoted to higher level in the career. They would know and accept the values and cultures of the hospital which developed their commitment to the hospital.

Our findings are in line with the research by Jena (2015) who found that the mean scores of affective commitment in managers was higher than the one of practitioners.

In addition, Harris, Moritzen, Robitschek, Imhoff, and Lynch (2001) found that employees at higher job levels generally had strong beliefs in organization's values and were in important positions in the organizational hierarchy. Therefore, according to Harris et al. (2001), employees at higher job levels exhibited higher levels of internalization and greater degrees of identification with their organization than those at lower job levels.

- Continuance commitment: all position group had moderate level of continuance commitment. The difference of mean scores between groups was not statistically significant. Continuance commitment refer to employee perception of investment and employment alternatives. Pharmacists felt that their job opportunities were available outside and their competency still were required by other hospital so they can leave Ramathibodi hospital for better option.

- Normative commitment: all position group had moderate level of normative commitment. The difference of mean scores between groups was not statistically significant. Obligation to the organization in each position was not different because manager, incharge and practitioner pharmacist may feel it is just exchange relationship.

3.1.7 Tenure:

According to table 4.11, mean comparison of perception to variables was compared between tenure group by using ANOVA and results were discussed as follows:

- Work climate: all tenure group had high level of work climate. The difference of mean scores between groups was not statistically significant. Each tenure group work in the same environment thus they perceived work climate in the same way.

- HRM practices: (<1 year and 1-5 year) tenure group had high level of HRM practices while (6-10 and >10 years) tenure group had moderate level. The difference of mean scores between some tenure group was statistically significant. Pair test showed that pharmacist who work in Ramathibodi hospital about had perception toward HRM practices lower than under 1year group and 1-5year group. This finding can be explained by in <1 year and 1-5year group was a younger pharmacist in the hospital. New employee of Mahidol University was send to attend orientation activity and intensive training program from the hospital. They could perceive positive HRM practices from the organization. While 6-10 year group did not receive orientation from Mahidol University and this group had more working experience and understand most of hospital policies. They could interpret HRM practices in different ways such as experienced employee believed that they have higher competency and capacity so they should gain more benefits from the hospital. Moreover, experienced employee need more specific training than younger pharmacists such as training in management and training for clinical pharmacy specialty, etc.

- Affective commitment: all tenure group had high level of affective commitment. The difference of mean scores between groups was not statistically significant.

- Continuance commitment: all tenure group had moderate level of continuance commitment. The difference of mean scores between groups was not statistically significant.

- Normative commitment: all tenure group had moderate level of normative commitment. The difference of mean scores between groups was not statistically significant.

From this finding, tenure did not affect three components of organizational commitment. Contrary to the previous meta-analytic study which

reported that tenure correlated positively, albeit weakly, with all three components of commitment (Meyer et al., 2002).

3.2 Work climate and three component of organizational commitment

The finding in table 4.12 was the correlation between work climate and organizational commitment and results were discussed as follows:

3.2.1 Contribution

The results of this study found that contribution has a moderate positive effect to affective and normative commitment. It was similar to study in Indian IT industry, the researcher reported that contribution variables in psychological empowerment was positive relationship with affective and normative commitment (Jha, 2011). Pharmacists felt his/her role has meaningful to the hospital because pharmacists played an important role to medication use in healthcare system. They had responsibilities to dispense and provide useful drug information to patients and healthcare team. They felt that their jobs were very beneficial and believed that they contributed meaningfully toward organizational goal. Consequently, they were likely to be more involved in their jobs and want to be a part of organization.

3.2.2 Supervisory support

Supervisory support had a moderately positive effect on affective commitment and normative commitment including weak effect on continuance commitment. Supervisory support helped employee in their work, support their new idea, guide in job related things, Supervisor gave opportunities to participate in important decision in the department, ready to listen and gave them advice when they face difficulty in work. Jernigan and Beggs (2005) stated that supervisor behaviors and actions reinforce positive attitudes and feelings of subordinates, and this should invoke a sense of moral (normative) commitment in subordinates. Immediate supervisors could build trust, inspired a shared vision, encouraged creativity, emphasized development and recognized accomplishments (Jernigan & Beggs, 2005). Perception of supervisory support preceded perceived organizational support when employees felt they were supported by the organization, they tended to reciprocate by being committed to the organization (Eisenberger, Huntington, Hutchison, & Sowa, 1986).

3.2.3 Recognition had moderately positive correlated with affective and normative commitment. This result corresponded to meta analytic research that reported intrinsic satisfaction was positive correlation with affective commitment while no data report on continuance and normative commitment (Meyer et al., 2002). Recognition defined by belief that the organization appreciated and recognized one's efforts and contributions was likely to increase the perceived meaningfulness of work (Brown & Leigh, 1996). When employee perceived their contribution were properly recognized, they would likely to identify and involve with their job. Consequently, employee who had more job involvement tend to develop more organization commitment (Brown & Leigh, 1996).

3.2.4 Role clarity had moderately positive correlate with affective commitment. Role clarity perception meant pharmacists were clarified about their role in the job. There was role relevant information such as job description and performance expectation. Pharmacists were able to understand expectation of organization about appropriate performance. Clear expectation, predictable and consistent work norms create a psychologically safe environment and increase job involvement (House & Rizzo, 1972; Kahn, 1990). Employee who perceived psychological safety they were likely to have more commitment. This finding is in line with previous study, they found that role clarity in casual worker was positively correlated with affective commitment (Joiner & Bakalis, 2006).

3.2.5 Self-expression had moderately positive correlated with affective commitment and weakly correlated with normative commitment. Self-expression reflected that employees can express their personalities, creativity, feelings, and self-concepts into their work role (Brown & Leigh, 1996). Such that work role was likely to display a high degree of perceived psychological safety and reflect their acceptance of and identification with the work role. Employees who perceived high degree of self-expression in the workplace and, in consequence, they would be more involved in the jobs (Kahn, 1990). It was consistent with previous study reported that employee who have more involvement in the job tend to have more affective and normative commitment (Cooper-Hakim & Viswesvaran, 2005; Meyer et al., 2002).

3.2.6 Job challenge had moderately correlated with affective commitment and weakly negative correlated with continuance commitment. It is consistent with Meyer and Allen (1997) study which reported that job challenge was positively correlated with affective commitment.

Job challenge induced employees to invest greater amounts of their physical, cognitive, and emotional resources in their work and was likely to perform greater perceived meaningfulness of the work experience (Brown & Leigh, 1996). Consequently, the challenge of job which perceived by pharmacists that would be beneficial to patient and the hospital and then positively impacted on affective commitment. Nonetheless job challenge might increase employee workload and decrease employee well-being (Van den Broeck, De Cuyper, De Witte, & Vansteenkiste, 2010). It caused some employee felt inequity because they did not obtain appropriate reward relative with high workload thus job challenge could have negative impact to continuance commitment.

3.2.7 Team cohesion had weakly positive correlation with affective and continuance commitment. It was consistent with survey study among employees of a pharmaceutical company which found that team cohesion was positively correlated with affective commitment (Andrews, Kacmar, Blakely, & Bucklew, 2008). Team cohesion was perception of togetherness or sharing within the organization, including the willingness of members of provide material aid. High level of team cohesion in the hospital meant that pharmacists surround with friendly and supportive colleague that make the work climate more pleasant and joyful. They would develop affective commitment to the department and organization. Team cohesion related to continuance commitment was due to employee perceived loss of team spirit if they leave the organization.

3.3 Human resource management (HRM) practices and three component of organizational commitment

The finding in table 4.13 was the correlation between HRM practices and organizational commitment and results were discussed as follows:

3.3.1 Job design had moderately positive correlated with affective and normative commitment. Job design composed of job rotation, job

security, decision making and flexible in operation which enhanced organization efficiency and employee job satisfaction. Employee who have good work experiences likely to develop commitment to the organization. Because of positive job condition and work experiences possess a motivation potential leading the individual to get attached to the organization (Stinglhamber & Vandenberghe, 2003). In addition to systematic job design can result in experienced meaningfulness and job satisfaction (Prabhakar & Ram, 2011).

3.3.2 The recruitment and selection had moderately positive correlated with affective and normative commitment and weakly correlated with continuance commitment. Similar to previous study which reported that positive correlation with three components of organizational commitment (Maneerat & Chenaksara, 2012). The good recruitment and selection process were the fundamental work of HR department to find the appropriate employees. Thereafter, it would have an impact on affective commitment in term of feeling good to belong when filled the position with new pharmacists who had a matched value, it would bring about normative commitment.

Moreover, many researchers explained about importance of recruitment and selection in organization. Batt (2002) who suggested that selection and initial training activities were directly related to the relevant skill level of employees. The recruitment and selection process for the employees emphasizes their ability to collaborate and work in teams (Lepak & Snell, 2002). Recruitment and selection process should be a channel to recruit a workforce who have potential skill and abilities that fit with the jobs to be performed. In addition to consideration of skill and abilities, value of person should also be evaluated. The recruitment and selection with incompatible values, even with matching skills and abilities, would still be an important factor in making the person a committed worker (Juhdi, Pa'wan, & Hansaram, 2013).

3.3.3 Training and competency development had moderately correlated with normative and affective commitment and weakly correlate with continuance commitment. Training facilitated employee learning which enhanced skill, competency and supported career advancement. Training was considered within

the context of an exchange relationship with the employer, they were likely to feel obligated to reciprocate and behave more cooperatively. This finding is consistent with the results of study which indicated that training was positively correlated with affective commitment (Kooij, Jansen, Dijkers, & De Lange, 2010) and positively correlated with normative commitment (Ahmad & Bakar, 2003).

3.3.4 Performance appraisal had moderately correlated with all of three components of commitment. This is consistent with previous study (Maneerat & Chenaksara, 2012) which found that performance appraisal was positive correlation with three components of organizational commitment. Performance appraisal used to measure employee performance and pharmacists would be get salary increasing, bonus or promotion according to the result of performance. So employee's perception of fairness is quite important. Organizations need to have an open-minded appraisal system to provide feedback and opportunities for open discussion with employee's performance because it was a way to communicate between supervisor and subordinates about their current performance and expectation. Employee would perceive that the organization had supported their working and resulted in developing organizational commitment.

3.3.5 Compensation and benefits had positive moderately correlated with all of three components of organizational commitment. It was in line with meta analytic study (Meyer et al., 2002) suggested that satisfaction with compensation positive correlate with affective and normative commitment. Compensation and benefits included financial and non-financial that employee received from the organization for their performing jobs. If employee perceived compensation and benefits was adequate, equitable with other employee and competitive compensation and benefits with other organization. It would develop employee satisfaction and they tend to have on emotionally attachment with the organization.

Moreover financial benefits should lead the employee to reciprocate through exhibiting higher levels of emotional attachment (affective commitment), feelings of obligation towards the organization (normative commitment), and decrease the attractiveness of alternative employment outside the organization (continuance commitment) (Miao, Newman, Sun, & Xu, 2013).

Part 4: Predictors influencing organizational commitment

This study has been conducted to identify factors that involved the development of organizational commitment in Ramathibodi hospital. The research was examined through the use of bivariate correlation and stepwise multiple regression. The result from the correlation as shown in Table 4.12 and 4.13 fulfilled the required conditions for regression analysis. Stepwise multiple regression was used to determine the contribution of the independent variable which is work climate and HRM practices towards organizational commitment among pharmacists in Ramathibodi hospital.

4.1 Predictors influencing affective commitment as shown in Table 4.14 were performance appraisal, contribution, self-expression and job challenge.

Performance appraisal and contribution were indicated as the two strongest predictors of respondents' affective commitment. Performance appraisal was developed by organization in order to evaluate employee performance which assisted to decision making where promotions, bonuses and training needs.

Performance appraisal was consisted of many activities such as goal setting, developing, communicating with pharmacists to enhance their capabilities, it would make pharmacists capable of working. Consequently, they felt attached to the organization and raise up affective commitment. Similar to previous study that surveyed in local saving banks in Norway, they found that performance appraisal was a predictor of affective commitment (Kuvaas, 2006).

As a result of good and fair performance appraisal, pharmacists would get pay raise, bonus or other performance based benefits. Effective system of performance appraisal was an important practice of an organization that allowed every employee to feel that his/her performance had contributed to the success of the organization and a desire to participate to that success (Boice & Kleiner, 1997). It would also impact on affective commitment because pharmacists felt that they were in a good workplace and they would happy and attach to the organization.

Contribution was the second predictor of affective commitment. Pharmacists felt that his/her role was meaningful to the hospital. They had responsibilities to dispense and provide useful drug information to patients and

healthcare team. Pharmacy department made important contribution to the hospital such as pharmacy research for publication, collaborative work with healthcare team in heart failure clinic and geriatrics clinic etc. They have been rewarded from hospital administrator for their contribution therefore pharmacists perceived that their contribution was an important part related with success of the hospital. So they felt meaningfulness and were proud to make contribution to the hospital. They were likely to be more involved with jobs and put the more effort for making contribution to the hospital. Finally, pharmacists would develop high affective commitment as a consequence.

Job challenge was one of predictor of affective commitment. Employee of Ramathibodi hospital always have a challenging mindset due to Ramathibodi hospital vision, they have challenging goal to “become a leading guide for national health advocacy and one of the foremost academic institutions in Thailand with an established international reputation” (Faculty of Medicine Ramathibodi Hospital, 2015b). Pharmacist perceived this challenging to make a contribution supporting vision of the organization. They would put the more effort, invest more amounts of their skill, knowledge and attitude in their work and tend to result in more perceived meaningfulness of the work experience and consequently develop high affective commitment. This was in line with Dixon, Cunningham, Sagas, Turner, and Kent (2005) who found that job challenge to be significant, and had positive and a strong relationship with affective commitment.

Self-expression was the last predictors of affective commitment. Employees felt psychologically safe in their work roles, they were more likely to infuse their personalities, creativity, feelings, and self-concepts into their work roles. Supervisors encouraged personal initiative and the work can become a form of self-expression for the employee, making it more interesting to them (Gagné, 2014).

4.2 Predictors influencing continuance commitment as shown in Table 4.15 were performance appraisal and education.

Performance appraisal system was different in each organization which affected employee experience. Employee who had a good experience in effective performance appraisal, they would have perceived support and acknowledgement from organization which they might not receive from another organization if they

decide to leave current employer. This finding is consistent with Sung Min Park and Rainey (2007) study reported that performance appraisal had positive influence to continuance commitment.

Education has been perceived as a component of successful people and gave more alternative for career. This may due to higher education make greater employment opportunities. In this study found that the higher degree impacted on continuance commitment which mean the higher degree pharmacists will also have job opportunities from other organization. Thus education has been found to be negatively related to continuance commitment (Krausert 2009).

4.3 Predictors influencing normative commitment as shown in Table 4.16 were job design, performance appraisal, compensation/benefits and role overload were identified the predictors of normative commitment.

Job design was a variable in human resource management practices which composed of job rotation, job security, decision making, flexible in operation which enhanced organization efficiency and job satisfaction. Systematic job design could have a series of functional outcomes like experienced meaningfulness, job satisfaction, motivation and more importantly commitment (Prabhakar & Ram, 2011). Pharmacists who satisfied with job design, were likely to perceive positive job condition and work experiences. Consequently, pharmacists would feel that they have been treated well by the hospital and want to reciprocate the organization by developing normative commitment. This finding is consistent with several studies, which indicate a strong positive relationship between job design and commitment.

Performance appraisal was the second predictor of normative commitment. Several activities in performance appraisal brought about competency development and career advancement which made pharmacist felt obligation to the organization and they would develop high normative commitment. It is congruent with previous study which mentioned that objective performance appraisal systems should directly or indirectly played a critical role in enhancing normative commitment (Sung Min Park & Rainey, 2007).

Compensation and benefits was the third predictor of organizational commitment. This finding is consistent with previous studies, which indicate a

positive relationship between compensation and benefits and commitment. Pharmacists who were more satisfied with their compensation and benefits were also more committed and loyal to their employing organizations. Miao, Newman, Sun, & Xu, (2013) stated that financial benefits should lead the employee to reciprocate through exhibiting higher levels of feelings of obligation towards the organization (normative commitment), and decreased the attractiveness of alternative employment outside the organization (continuance commitment).

Role overload was the fourth predictor of normative commitment. It is in line with previous studies that indicate role overload is a predictor of normative commitment.

Pharmacy department confronted with the increased number of patients due to increasing of aging population and raising the number of using medication. Moreover, hospital could not recruit new pharmacists to harmonize increasing of workload. This could impact the norm in pharmacy unit because pharmacists felt burnout from the job, it would decrease morale and sense of well-being. Finally, it might decrease pharmacist's obligation feeling to the hospital and negative impact to normative commitment.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

This chapter covers the major findings of this study based on specific objective as follows:

1. Level of organizational commitment

We found that pharmacists in Ramathibodi hospital had high level of affective and moderate level of continuance and normative commitment. This is congruent with Meyer and Allen (2004) which suggested optimal level of commitment should be one in which affective commitment scores are high, and the commitment is considerably lower.

2. Relationship between general information and organizational commitment

2.1 Sex of pharmacists did not relate with organizational commitment.

2.2 Married pharmacists had continuance commitment lower than single pharmacists.

2.3 Education: Master degree pharmacists had lower level of continuance commitment than bachelor degree. Moreover, education found to be negative predictor of continuance commitment.

2.4 Employment type did not relate to organizational commitment.

2.5 Age:

2.5.1 Affective commitment: Senior (>36years) pharmacists had higher level than (31-35years) pharmacists group.

2.5.2 Continuance commitment: Newcomer pharmacist (<25years) had high level than pharmacists (26-30, 31-35years) pharmacists group.

2.5.3 Normative commitment: Newcomer pharmacists (<25years) had higher level than (31-35years) pharmacists group.

2.6 Position: Manager pharmacists had higher level of affective commitment than other position as incharge and practitioner pharmacists.

2.7 Tenure: tenure did not affect organizational commitment.

3. Work climate influencing organizational commitment

3.1 Contribution, job challenge and self-expression found to be predictors of affective commitment at significant of 0.05 level.

3.2 Role overload found to be negative predictor of normative commitment at significant of 0.05 level.

4. HRM practices influencing organizational commitment

4.1 Performance appraisal found to be predictors of three components of organizational commitment at significant of 0.05 level.

4.2 Job design and Compensation/benefits found to be predictors of normative commitment at significant of 0.05 level.

Recommendation

The finding of this study is the knowledge about factors influencing organizational commitment. Administrators need to know what factors enhance employee commitment in order to enable organizations to implement appropriate strategies that enhances organizational commitment.

As a consequence, administrators of Ramathibodi hospital should consider the following in order to increase pharmacists' commitment.

1. Improving pharmacists' perception toward their contribution:

Contribution is important in developing affective commitment. Hospital should support new employee to attend activity enhancing perception toward contribution such as orientation in order to improve knowledge and understanding their role, organization's goals and job responsibilities. For employees who have more tenure years, immediate supervisor should communicate to them about how they contribute and how importance of their contribution accordingly.

The hospital should enhance the perception toward service behavior by mean of provide the training to the pharmacists to help increase their contribution properly.

Ultimately, immediate supervisor should regularly address pharmacists' contribution which connects to organizational vision and provide opportunity to feedback employee to their contribution influencing success of organization and their own success simultaneously.

2. Encouraging the self-expression:

Hospital and supervisor should allow employees to express creativity, feeling and self-concept in their work role. Consequently, the employees can work without fear and free to do the job in their way confidently.

Supervisor should be open-minded and listen actively to what pharmacists express in order to encourage them to speak out for their position, feeling or even disappointment. Finally, the employee will do the self-expression more often and it is beneficial to organizational commitment ultimately.

3. Providing challenging task

Pharmacy department should provide variety of tasks or job that require new skills or knowledge which is appropriate to each pharmacist individually. Sometimes, Pharmacy department should customize the job to be fit with interesting or competency of the pharmacists. For example, master degree pharmacists should have a bit more challenge and opportunity to show new knowledge and skills from their postgraduate study. Furthermore, pharmacists who have more tenure years should get an additional training beside from the fundamental such as strategic management, advanced communication skill, cost management and etc. Consequently, pharmacists would perceive challenging in the new job assignment hence it would impact on the commitment.

4. Optimizing the workload

Pharmacists in Ramathibodi hospital are facing with the increasing of patients and number of prescription resulting in increasing of workload. Pharmacy department should regularly evaluate the workload of each pharmacists and measure whether the workload is appropriate. Pharmacy department should redistribute or reshuffle pharmacists reflecting their workload in each period in order to balance workload of the pharmacists in each unit.

5. Performing the fair and developmental-based performance appraisal

Effective performance appraisal is an important factor that enhancing organizational commitment including affective, continuance and normative commitment.

The hospital should design an effective system in performance appraisal in term of fair and focusing on employee development related with organization strategic goal.

In addition, hospital should provide periodic trainings for supervisors who involved in performance appraisal. Training must include how to coach and evaluate the performance of the employee based on performance evaluation criteria. Moreover, supervisor should learn how to rate accurately and how to feedback to subordinates in positive way with mentoring mindset.

6. Providing effective job design

Job design is important in developing normative commitment. Hospital should design the task that fits and is interesting for individual need and competency. Pharmacy department should allow pharmacists to redesign their task for better process and allow them to make job-relevant decisions but should be aligned with goals of department.

7. Providing adequate compensation and benefits

Salary survey should perform to gather the data in order to determine the level of compensation and benefits. To ensure that the pay for employee internally fair with other people within organization and competitive with other organization. Furthermore, reward (i.e. yearly bonus) should consider base on working performance that related from the result of performance appraisal. Additionally, flexible benefit which is customized to the individual should be developed.

Furthermore, general information of the pharmacists showed that administrative should pay attention to 31-35 age group and master degree which the finding showed that they had low level of continuance commitment. Both groups of almost pharmacists have the work experience more than 5 years and they have competency and knowledge that is important in mobilizing the organization. Accordingly, they perceived more alternative jobs from other organization. Thus, administrative should improve perception to factors that influencing organizational

commitment such as providing attracting and fair compensation and benefits, providing challenging task that fit with their competency, allowing them to customize their job and providing fair performance appraisal that can reward or promote them properly.

Recommendations for Further Research

In order to understand clearly of factors influencing organizational commitment of pharmacists, the author would like to recommend that further study should investigate the data from other teaching hospital in Bangkok that the finding can reflect overview of organizational commitment of pharmacists in teaching hospital. Consequently, administrative of the hospital can implement suitable policy for enhancing organizational commitment of pharmacists.

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APPENDICES

APPENDIX A

THE RESEARCH INSTRUMENT

แบบสอบถามสำหรับเภสัชกร โรงพยาบาลรามาริบัติปัจจัยที่มีอิทธิพลต่อความผูกพันองค์กรของ เภสัชกรโรงพยาบาลรามาริบัติ ในงานวิจัยเรื่อง

คำชี้แจงในการตอบแบบสอบถาม

1. แบบสอบถามชุดนี้ ประกอบด้วยข้อคำถาม 4 ส่วน คือ

ส่วนที่ 1 แบบสอบถามข้อมูลทั่วไป ประกอบด้วยข้อคำถามเกี่ยวกับ เพศ, อายุ, สถานภาพสมรส,
ระดับการศึกษา, ตำแหน่งงาน, ระยะที่ปฏิบัติงาน, มีข้อคำถามทั้งหมด 8 ข้อ

ส่วนที่ 2 แบบสอบถามการรับรู้บรรยากาศองค์กร มีข้อคำถามทั้งหมด 37 ข้อ

ส่วนที่ 3 แบบสอบถามการรับรู้การบริหารทรัพยากรมนุษย์ มีข้อคำถามทั้งหมด 27 ข้อ

ส่วนที่ 4 แบบสอบถามความผูกพันองค์กร มีข้อคำถามทั้งหมด 20 ข้อ

2. โปรดอ่านคำชี้แจงก่อนตอบแบบสอบถาม

3. แบบสอบถามนี้ไม่มีคำตอบใดผิดหรือถูก ข้อมูลที่ได้จะไม่มีการนำไปใช้เพื่อการปฏิบัติงานของท่านแต่อย่างใด แต่จะนำไปใช้ประโยชน์เพื่อการวิจัยเท่านั้น

4. โปรดตอบแบบสอบถามทุกข้อตามความเป็นจริงมากที่สุด โดยคำตอบของท่านจะถูกเก็บเป็นความลับส่วนบุคคล ผู้วิจัยจะนำเสนอผลการวิจัยในภาพรวมเท่านั้น

ขอขอบคุณทุกท่านที่ให้ความร่วมมือ

กก.วสิน นิมสวัสดิ์

ผู้วิจัย

นักศึกษาระดับปริญญาโท

สาขาวิชาเภสัชศาสตร์สังคม เศรษฐศาสตร์และการบริหาร

มหาวิทยาลัยมหิดล

แบบสอบถามงานวิจัยเรื่อง ปัจจัยที่มีอิทธิพลต่อความผูกพันองค์กรของเภสัชกรโรงพยาบาลรามธิบดี
(Factors influencing organizational commitment among pharmacists in Ramathibodi hospital)

ส่วนที่ 1 แบบสอบถามลักษณะส่วนบุคคล

คำชี้แจง : โปรดทำเครื่องหมาย ✓ หรือ เติมข้อความลงในช่องว่างตามความเป็นจริง

1. ปัจจุบันท่านอายุ ปีบริบูรณ์
2. เพศ
 1. ชาย 2. หญิง
3. สถานภาพสมรส
 1. โสด 2. สมรส 3. หม้าย, หย่า หรือแยกกันอยู่
4. ระดับการศึกษาสูงสุด
 1.ปริญญาตรี (เภสัชศาสตรบัณฑิต 5 ปีและ 6 ปี)
 2. ปริญญาโท
 3. ปริญญาเอก
 4. Residency
5. สถานภาพการจ้างงาน
 1. ข้าราชการและข้าราชการที่เปลี่ยนสถานะมาเป็นพนักงานมหาวิทยาลัย
 2. พนักงานมหาวิทยาลัย
 3. พนักงานชั่วคราว (Part time)
6. ตำแหน่ง
 1. ผู้บริหาร (หัวหน้าฝ่ายเภสัชกรรม, หัวหน้างาน)
 2. หัวหน้าห้อง
 3. เภสัชกรปฏิบัติการ
7. ระยะเวลาที่ปฏิบัติงานที่โรงพยาบาลแห่งนี้ รวม ปีบริบูรณ์ (เศษของเดือนปัดทิ้ง)
ในกรณีปฏิบัติงานไม่ครบปี เดือน
8. งานประจำที่ปฏิบัติในเวลาราชการ

<input type="checkbox"/> 1. งานบริการจ่ายยาผู้ป่วยนอก	<input type="checkbox"/> 4. งานจัดซื้อและคลังเวชภัณฑ์
<input type="checkbox"/> 2. งานบริการจ่ายยาผู้ป่วยใน	<input type="checkbox"/> 5. งานผลิตยา
<input type="checkbox"/> 3. งานบริหารเภสัชกรรม	<input type="checkbox"/> 6. อื่นๆ.....

9. สถานที่ปฏิบัติงานปัจจุบัน

รามมาอาคารหลัก ศูนย์การแพทย์ศิริกิติ์ (QSMC) ศูนย์การแพทย์สมเด็จพระเทพรัตน์ (SDMC)

ส่วนที่ 2 แบบสอบถามความคิดเห็นเกี่ยวกับการรับรู้บรรยากาศองค์การ

โปรดทำเครื่องหมาย ✓ ลงในช่องที่ตรงกับความคิดเห็นของท่านตามความเป็นจริงให้มากที่สุด

เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านเห็นด้วยกับข้อความโดยไม่มีข้อโต้แย้งใดๆ
เห็นด้วย	หมายถึง	ท่านเห็นด้วยกับข้อความแต่มีข้อโต้แย้งบางส่วน
เฉยๆ	หมายถึง	ท่านตัดสินใจไม่ได้ว่าเห็นด้วยหรือไม่เห็นด้วย
ไม่เห็นด้วย	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆ
ไม่เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆทั้งหมด

คำอธิบาย

หัวหน้า หมายถึง เกษชกรที่มีตำแหน่งเป็นผู้บริหารในงานของฝ่ายเกษชกรรม ได้แก่ ผู้บริหารระดับสูง คือผู้ที่ดำรงตำแหน่ง หัวหน้าฝ่ายเกษชกรรม ผู้บริหารระดับกลาง คือผู้ที่ดำรงตำแหน่ง หัวหน้างาน และผู้บริหารระดับต้น คือผู้ที่ดำรงตำแหน่ง หัวหน้าห้องยา

บรรยากาศองค์การ	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
1. การสนับสนุนจากหัวหน้า Supervisory support					
1.1 หัวหน้ามีความยืดหยุ่นและให้อิสระท่านในการทำงาน					
1.2 หัวหน้าให้การสนับสนุนหรือเป็นที่ปรึกษาให้ท่านได้นำเสนอแนวคิดใหม่ๆในการทำงาน					
1.3 หัวหน้าเปิดโอกาสให้ท่านมีส่วนร่วมในการตัดสินใจเรื่องสำคัญของหน่วยงาน					
1.4 ท่านมีความเชื่อว่า หัวหน้าของท่านจะอยู่ข้างท่านเสมอ หากท่านได้ตัดสินใจใดๆในงานด้วยความรอบคอบและถี่ถ้วน					
1.5 หัวหน้าให้การสนับสนุนลูกน้องทุกคนอย่างเท่าเทียมกัน					
1.6 หัวหน้าพร้อมที่จะรับฟังและเปิดโอกาสให้ท่านปรึกษาเมื่อมีปัญหาในการทำงาน					

บรรยายภาคองค์การ	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
1.7 หัวหน้าเห็นอกเห็นใจและให้กำลังใจท่านเสมอ					
2. ความชัดเจนทางบทบาท Role clarity					
2.1 งานที่ท่านทำมีแนวทางการปฏิบัติที่ชัดเจน					
2.2 งานของท่านมีวัตถุประสงค์ที่ชัดเจน					
2.3 ท่านทราบความคาดหวังของโรงพยาบาลที่มีต่อการทำงานของท่าน					
2.4 ท่านมีแผนและเป้าหมายที่ชัดเจนในการทำงานที่นี้					
2.5 ท่านทราบหน้าที่รับผิดชอบงาน และภาระงานอย่างชัดเจน					
2.6 ในหน่วยงานของท่าน มีการทำความเข้าใจและสื่อสารอย่างชัดเจน เกี่ยวกับสมรรถนะ การทำงานที่ควรมีและเป็นที่ยอมรับในการทำงาน					
3. การอุทิศตน Contribution					
3.1 ท่านรู้สึกว่าคุณมีประโยชน์อย่างยิ่งต่องานของท่าน					
3.2 ท่านเชื่อว่าการพยายามทำให้งานออกมามีนั้นจะไม่สูญเปล่า เพราะจะก่อให้เกิดความเปลี่ยนแปลงที่ดีขึ้นต่อโรงพยาบาล					
3.3 ท่านรู้สึกว่าคุณเป็นสมาชิกที่สำคัญของโรงพยาบาล					
3.4 ท่านคิดว่างานที่ท่านได้ทำมีคุณค่าอย่างมากต่อโรงพยาบาล					

บรรยายกาศองค์การ	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
4. การยอมรับ Recognition					
4.1 ท่านรู้สึกว่างานของท่านมีคนเห็นคุณค่า					
4.2 หัวหน้าชื่นชมวิธีการทำงานของท่าน (supervisory recognition)					
4.3 เมื่อท่านทำงานได้ดี เพื่อนร่วมงานรับรู้ และชื่นชมท่านเสมอ (co-worker recognition)					
4.4 โรงพยาบาลตระหนักถึงความสำคัญในสิ่ง ที่ท่านได้ทำให้กับโรงพยาบาล (organization recognition)					
5. การแสดงออก Self-expression					
5.1 ความรู้สึกที่ท่านแสดงออกในที่ทำงานเป็น ความรู้สึกที่แท้จริงของท่าน (true feeling)					
5.2 ท่านรู้สึกอิสระเป็นตัวของตัวเองในเวลา ทำงาน (feel free)					
5.3 ท่าน ไม่ สามารถแสดงตัวตนบางอย่างได้ ขณะอยู่ในเวลางาน					
5.4 ในการทำงานเพื่อนร่วมงานเปิดโอกาส ให้ท่านได้แสดงความรู้สึกเกี่ยวกับงาน					
6. ความท้าทาย Challenge					
6.1 ท่านรู้สึกว่างานที่ท่านทำเป็นงานที่ท้าทาย ความสามารถ					
6.2 งานของท่านเป็นงานที่ต้องใช้ความรู้ ความสามารถอย่างเต็มที่เพื่อให้บรรลุผล					
6.3 การทำงานในแต่ละวัน มีสิ่งใหม่ให้ได้คิด หรือทำเสมอ					
6.4 ท่านรู้สึกว่างานของท่าน ซ้ำซาก จำเจ					

บรรยายากตองคํการ	ไมเห็นดวย อยางยั้ง (1)	ไมเห็นดวย (2)	เฉยๆ (3)	เห็นดวย (4)	เห็นดวย อยางยั้ง (5)
7. ภาระงาน Role overload					
7.1 ท่านคิดวํางานของท่านจะตองทําอยาง เรงรีบเพื่อใหทันทกับเวลา					
7.2 ท่านมักจะคิดวําน้ําที่รับผิชอบของท่าน มากเกินไปกวําทักนหนึ่คนจะทําได					
7.3 ท่านรูสึกวํารองพยาบาลกําหนดมาตรฐาน การทํางานในน้ําที่ของทํานไวสูงเกิน					
7.4 งานของทํานในแต่ละวันมีปริมาณมาก ทําใหเหลือเวลาที่ใชในพักสมองหรือคิด สิ่งอื่นน้ําอย					
8. ความสํมพันธระหวํางเพื่อนร่วมนงานใน หนวยงาน Team cohesion					
8.1 เพื่อนร่วมนงานชวยเหลือกันทํางานเพื่อให งานประสบความสําเร็จ					
8.2 เพื่อนร่วมนงานมีความสํมพันธที่ติดต่อกัน					
8.3 เพื่อนร่วมนงานสนใจในความเป็นอยูชึ่งกัน และกัน					
8.4 ท่านรูสึกวํานุคลากรที่น้ํามีจิตใจที่พร้อม ในการร่วมนมือกันทํางานเป็นทีม (team spirit)					

ส่วนที่ 3 แบบสอบถามความคิดเห็นเกี่ยวกับการรับรู้ การบริหารทรัพยากรมนุษย์

โปรดทำเครื่องหมาย ✓ ลงในช่องที่ตรงกับความคิดเห็นของท่านตามความเป็นจริงให้มากที่สุด

เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านเห็นด้วยกับข้อความโดยไม่มีข้อโต้แย้งใดๆ
เห็นด้วย	หมายถึง	ท่านเห็นด้วยกับข้อความแต่มีข้อโต้แย้งบางส่วน
เฉยๆ	หมายถึง	ท่านตัดสินใจไม่ได้ว่าเห็นด้วยหรือไม่เห็นด้วย
ไม่เห็นด้วย	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆ
ไม่เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆ ทั้งหมด

การบริหารทรัพยากรมนุษย์	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
1. การจัดรูปแบบการทำงาน Job design					
1.1 ลักษณะงานของท่านเป็นงานที่ต้องใช้การตัดสินใจด้วยตนเอง					
1.2 ท่านคิดว่างานของท่านเป็นงานที่มีระดับความมั่นคงสูง (high job security)					
1.3 งานของท่านมีความหลากหลาย ไม่ซ้ำซาก					
1.4 หน่วยงานของท่านมีการหมุนเวียนเปลี่ยนภาระหน้าที่รับผิดชอบ (job rotation)					
1.5 หน่วยงานของท่านเปิดโอกาสให้ท่านได้ปรับรูปแบบการทำงานตามความเหมาะสมอยู่เสมอ					
2. การจัดหาบุคคลเข้าทำงาน The recruitment and selection					
2.1 การสรรหาคัดเลือกบุคคลพิจารณาจากความสามารถในการทำงาน และผู้ที่สามารถทำงานเป็นทีม					
2.2 การสรรหาคัดเลือกบุคคลเน้นพิจารณาผู้สมัครที่ดีที่สุดจากผู้สมัครทั้งหมด					

การบริหารทรัพยากรมนุษย์	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
2.3 การสรรหาคัดเลือกบุคคลเน้นเลือกบุคคลที่มี ความสามารถตรงตามวัตถุประสงค์ของ องค์กร					
2.4 การสรรหาคัดเลือกบุคคลให้ความสำคัญ อันดับแรกกับการเลือกบุคคลที่มีศักยภาพ ที่สามารถเรียนรู้เพื่อพัฒนาตนเองได้					
2.5 การวางแผนทดแทนและเพิ่มอัตรากำลัง มีความเหมาะสมและเพียงพอต่อภาระงาน ของเกสัชกร					
3. การฝึกอบรมและพัฒนา Training and competency development					
3.1 เนื้อหากิจกรรมการฝึกอบรม ทำให้ได้รับ ความรู้ หรือเพิ่มทักษะที่นำไปใช้ในการ ทำงานของท่าน					
3.2 โรงพยาบาลมีการจัดกิจกรรมการฝึกอบรม, ประชุม, สัมมนาวิชาการ อย่างต่อเนื่อง					
3.3 โรงพยาบาลสนับสนุนค่าใช้จ่ายต่างๆในการ เข้ารับการฝึกอบรมให้กับบุคลากร เช่น ค่าสมัครงานประชุมวิชาการ, จัดวิทยากร มาบรรยายให้ความรู้ เป็นต้น					
3.4 การฝึกอบรมพยายามอย่างยิ่งที่จะพัฒนา ความรู้ความชำนาญของบุคลากรให้ตรง ตามความต้องการของโรงพยาบาล					
3.5 โรงพยาบาลมีการสนับสนุนให้บุคลากรได้ ศึกษาต่อ เช่น ระดับปริญญาโท, residency เป็นต้น เพื่อพัฒนาศักยภาพในการ ปฏิบัติงาน					
3.6 เกสัชกรสามารถพัฒนาความสามารถตนเอง เพื่อเพิ่มโอกาสในการเลื่อนขั้นในสายงาน					

การบริหารทรัพยากรมนุษย์	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
4. การประเมินผลการปฏิบัติงาน Performance appraisals					
4.3 การประเมินผลการปฏิบัติงานเน้นในการนำข้อมูลไปพัฒนาการเรียนรู้ของพนักงาน					
4.4 การประเมินผลการปฏิบัติงานพิจารณาตามผลงานตรงตามเป้าหมายขององค์กร					
4.5 โรงพยาบาลใช้ผลการประเมินหรือข้อมูลย้อนกลับในการปรับปรุงพัฒนางาน					
4.6 โรงพยาบาลมีกระบวนการประเมินผลงานเป็นธรรมและโปร่งใส					
5. ค่าตอบแทนและสิทธิประโยชน์ Compensation and benefits					
5.1 ท่านคิดว่าเงินเดือนที่ได้มีความเหมาะสมและเป็นธรรม					
5.2 ท่านพอใจกับค่าตอบแทนพิเศษ (เช่น ค่าล่วงเวลา)					
5.3 หากเทียบกับ โรงพยาบาลอื่น ท่านมีความพอใจกับผลตอบแทนที่ได้รับอยู่					
5.4 การขึ้นเงินเดือน ของพนักงานเป็นไปตามผลงานของแต่ละคน					
5.5 โรงพยาบาลให้ ค่าจ้างอื่น นอกเหนือจากเงินเดือน เช่น มีโบนัสประจำปี, พนักงานดีเด่น, ค่าประสบการณ์ เป็นต้น					
5.6 ค่าจ้างอื่นๆตาม ข้อ 5.5 นั้น พิจารณาไปตามผลงานของแต่ละคน					
5.7 เงินเดือนและสวัสดิการที่ท่านได้รับเพียงพอกับการดำรงชีพของท่าน					

ส่วนที่ 4 แบบสอบถามความผูกพันต่อองค์กร

โปรดทำเครื่องหมาย ✓ ลงในช่องที่ตรงกับความคิดเห็นของท่านตามความเป็นจริงให้มากที่สุด

เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านเห็นด้วยกับข้อความโดยไม่มีข้อโต้แย้งใดๆ
เห็นด้วย	หมายถึง	ท่านเห็นด้วยกับข้อความแต่มีข้อโต้แย้งบางส่วน
เฉยๆ	หมายถึง	ท่านตัดสินใจไม่ได้ว่าเห็นด้วยหรือไม่เห็นด้วย
ไม่เห็นด้วย	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆ
ไม่เห็นด้วยอย่างยิ่ง	หมายถึง	ท่านไม่เห็นด้วยกับข้อความนั้นๆ ทั้งหมด

ความผูกพันต่อองค์กร	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
1. ด้านจิตใจ affective commitment					
1.1 ท่านมีความสุขที่ได้ทำงานในโรงพยาบาล แห่งนี้					
1.2 ท่านภูมิใจ เมื่อพูดคุยเกี่ยวกับเรื่องของ โรงพยาบาลกับบุคคลภายนอก					
1.3 ท่านคิดว่าปัญหาของโรงพยาบาลก็คือปัญหา ของท่าน					
1.4 ท่านรู้สึกที่โรงพยาบาลเปรียบเหมือน ครอบครัวของท่าน					
1.5 ท่าน ไม่มี ใจผูกพันกับโรงพยาบาลแห่งนี้					
1.6 ท่านรู้สึกว่าตนเอง ไม่ได้ เป็นส่วนหนึ่งของ โรงพยาบาลแห่งนี้					
1.7 ท่านรู้สึกว่าโรงพยาบาลแห่งนี้มีความหมาย ต่อท่านมาก					
2. ด้านการคงอยู่ continuance commitment					
2.1 การลาออกจากโรงพยาบาลในขณะนี้ เป็นสิ่งที่ ยากสำหรับท่าน แม้ว่าท่านจะอยากลาออกก็ตาม					
2.2 ท่านคิดว่าหากท่านลาออกจากโรงพยาบาล แห่งนี้แล้ว จะเกิดผลเสียมากกว่าผลดีต่อท่าน					

ความผูกพันต่อองค์กร	ไม่เห็นด้วย อย่างยิ่ง (1)	ไม่เห็นด้วย (2)	เฉยๆ (3)	เห็นด้วย (4)	เห็นด้วย อย่างยิ่ง (5)
2.3 หากตัดสินใจลาออกจากโรงพยาบาลใน ขณะนี้ ท่านจะประสบปัญหาในการดำรงชีวิต อย่างมาก					
2.4 ท่านยังคงทำงานอยู่กับโรงพยาบาลแห่งนี้ เพราะความจำเป็น					
2.5 ท่านรู้สึกว่าคุณเองมีทางเลือกไม่มากนักหาก ลาออกจากโรงพยาบาลแห่งนี้					
2.6 ท่านยังคงทำงานในโรงพยาบาลนี้ เนื่องจาก ที่อื่นไม่สามารถให้สวัสดิการหรือ ผลประโยชน์ต่างๆ เท่ากับที่ท่านได้รับจากที่นี่					
3. ด้านบรรทัดฐาน normative commitment					
3.1 หากจะไปทำงานที่ใหม่ ท่านรู้สึกผิดที่ออก จากโรงพยาบาลนี้ไป					
3.2 สำหรับท่านแล้วการลาออกจากโรงพยาบาลนี้ ไปที่อื่นถือว่าไม่จงรักภักดีต่อองค์กร					
3.3 ท่านควรทำงานในโรงพยาบาลแห่งนี้ต่อไป เพราะท่านรู้สึกว่าโรงพยาบาลมีบุญคุณต่อท่าน					
3.4 ท่านควรทำงานในโรงพยาบาลแห่งนี้ต่อไป เพราะท่านรู้สึกถึงบุญคุณของคนที่นี่ที่มีต่อท่าน					

ท่านคิดว่าในอีก 1 ปีข้างหน้าจะทำงานอยู่ที่โรงพยาบาลแห่งนี้หรือไม่

อยู่ ไม่อยู่ ไม่แน่ใจ

ขอบคุณที่ให้ความร่วมมือในการตอบแบบสอบถามเป็นอย่างดี

APPENDIX B

DOCUMENTARY PROOF OF ETHICAL CLEARANCE



คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
 ๒๗๐ ถนนพระราม ๖ แขวงทุ่งพญาไท เขตราชเทวี กทม. ๑๐๔๐๐
 โทร. (๐๒) ๒๐๑-๑๐๐๐

Faculty of Medicine Ramathibodi Hospital, Mahidol University.
 270 Rama VI Road, Ratchathewi, Bangkok 10400, Thailand
 Tel. (662) 201-1000

Documentary Proof of Ethical Clearance

Committee on Human Rights Related to Research Involving Human Subjects

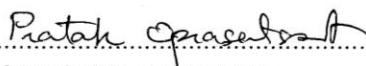
Faculty of Medicine Ramathibodi Hospital, Mahidol University

MURA2015/110

Title of Project (EC_580471)	Factors Influencing Organizational Commitment among Pharmacists in Ramathibodi Hospital
Protocol Number	ID 02-58-52
Principal Investigator	Mr. Wasin Chimsawat
Official Address	Faculty of Pharmacy Mahidol University

The aforementioned project has been reviewed and approved by the Committee on Human Rights Related to Research Involving Human Subjects, based on the Declaration of Helsinki.

Signature of Chairman
 Committee on Human Rights Related to
 Research Involving Human Subjects



 Prof. Pratak O-Prasertsawat, M.D.

Date of Approval

April 10, 2015

Duration of Study

3 Months

BIOGRAPHY

NAME	Mr. Wasin Chimsawat
DATE OF BIRTH	June 22, 1985
PLACE OF BIRTH	Samut Songkhram, Thailand
INSTITUTIONS ATTENDED	Mahidol University, 2004-2009 Bachelor in Pharmacy Mahidol University, 2013-2017 Master of Science Social Economic and Administrative Pharmacy (International Program)
POSITION AND OFFICE	Ramathibodi Hospital, 270, Rama VI road, Ratchatewi, Bangkok 10400 Position: Pharmacist Tel. 02-200-3535 E-mail: wasin.chi@mahidol.ac.th