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A RESEARCH ON ROLE CONFLICT AND COMMITMENT OF MIDDLE MANAGERS IN HEALTHCARE

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Abstract

This study examines role conflict in relation to workplace commitment, experienced by line manager in the healthcare sector. The influence of role conflict on the commitment of middle managers in the healthcare sector is examined. The commitment of middle managers is examined for three separate groups namely the commitment to the organisation, commitment to the clients and commitment to the employees. These groups are regarded as the groups middle managers in healthcare have to deal with in their daily work and whose demands a middle manager must assemble. This research contributes to the literature because it focusses on the particular role and experience of middle managers in the healthcare sector. This sector is not known to be examined on the subjects of role conflict and commitment before. Although in the literature an influence of role conflict on commitment is found, this relationship may differ in the context of healthcare due to expectations of high commitment in this sector. This research examines the expected multiplicity of workplace commitments of middle managers in healthcare. To do this, definitions and measurements scales of both commitment to clients as commitment to employees are constructed to fill a gap in the literature. To form expectations about the relationship between role conflict and commitment of middle managers in the healthcare sector Social Exchange Theory was used. Based on this theory it was expected that the experience of role conflict of middle managers would negatively influence the commitment to the organisation. Also, it was expected that the experience of role conflict would positively influence the commitment to the clients and the commitment to the employees of the middle managers. The expectations were tested using linear regression analysis. The results showed no significant relationships between role conflict and the multiple foci of commitment and the direction of the effects indicated opposite effects as were expected so all hypotheses were rejected. In the conclusion and discussion of this research the results and the used theory are connected and the managerial implications, limitations of the research and directions for further research are discussed.

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1. INTRODUCTION

Middle managers can be seen as the balance wheel in the public sector (Chen, Berman & Wang, 2017; Kras, Rudes & Taxman, 2017). According to Wooldridge, Schmid, and Floyd (2008) middle managers are central in explaining key organisational outcomes because of their intermediate position in the organisation. They are the link between otherwise disconnected actors and domains. Chen et al. (2017) define middle managers as “managers who typically head a function, team, or office, and supervise day-to-day and other operations; located below top managers and, in large organisations, typically distinct from first-tier supervisors”.

In the healthcare sector middle managers have to deal with the demands and expectations of three major actors namely; the organisation, the employees and the clients and their family. Because these three actors have different demands of the middle managers, it can result in role conflict within the managers (Ekholm, 2012; Kras et al., 2017). Role conflict is described as having to meet contradictory demands from different sources (Olsen, Svetdrup, Nesheim & Kalleberg, 2016). These dilemmas can result in high stress levels which in turn has a negative effect on the performance of the managers (Mesko et al., 2013). The role conflict of managers can also have a negative influence on the employees through unclear or less concerned leadership by the manager (Kras et al., 2017). For organisations it is important to recognize the possible role conflict middle managers have and the consequences this might have.

One source to deal with stress in a job is someone’s commitment to the different parts of the job. High commitment is found to have a positive influence on the welfare and can serve as buffer against stress (Cooper-Hakim & Viswesvaran, 2005; Monteiro de Castro, Reis Neto, Ferreira & Gomes, 2016). Organisational commitment is found to be related with several factors like job satisfaction and job involvement (Meyer, Stanley, Herscovitch & Topolnytsky, 2002). Organisational commitment has also been found to have a positive relationship with work motivation, organisational citizenship behaviour and job performance (Dale & Fox, 2008). Commitment is defined in terms of the strength of an individual’s identification with and involvement in a particular subject (Porter, Steers, Mowday & Boulian, 1974). Commitment can also be seen as the psychological bond people have to the workplace including the organisation, individuals and groups within the organisation (Becker, Kernan, Clark & Klein, 2015). Based on the definition of Porter et al. (1974) the commitment of managers in this research is defined as their identification with and involvement in the subjects; the organisation, the employees and the clients.

Olsen et al. (2016) discovered that role conflict can influence the different foci of commitment someone has. Role conflict could influence middle managers in two ways. A direct influence is the stress role conflict causes (Mesko et al., 2013). An indirect influence of role conflict works through the influence role conflict has on commitment (Olsen et al., 2016). It is thus important to understand what influence the role conflict has on the commitment of middle managers and if this differs between different foci of commitment. Because the middle managers are important for the daily functioning of an organisation it is essential for an organisation to know where middle managers may struggle with and how serious this is (Chen et al., 2017; Kras et al., 2017; Wooldridge et al., 2008). In this research the relationship between role conflict and the several foci of commitment of middle managers in the healthcare sector is examined. Also the possible interaction between the different foci of commitment a middle manager can have is explored. These relationships were examined with the following research question:

What is the relationship between role conflict of middle managers in healthcare and the commitment to the organisation, employees and clients by these middle managers? And what is the influence of commitment to clients in the relationship between role conflict and commitment to employees of middle managers in healthcare?

Expectations regarding this research question are formed using Social Exchange Theory. Social Exchange Theory describes the process of exchange between individuals and how this exchange influences the relationship between these individuals (Cropanzano & Mitchell, 2005). This exchange behaviour is based on the reciprocity principle, which means that an individual feels obliged to repay what he or she has received from another person (Cialdini, 2009; Gouldner, 1960). The relationship between people is based on and influenced by the equivalence of these interactions (Gouldner, 1960). In more professional relationships the aspect of the psychological contract is used to describe the reciprocal exchange agreement individuals make (Rousseau, 1989). These theories were used to explain the expected relationships and form hypotheses about the relationship between role conflict and commitment. Afterwards these hypotheses were tested and the results were used to determine the explanatory value of Social Exchange Theory on this subject.

The constructed hypotheses were tested by analysing data gathered by online questionnaires. For this specific research an online questionnaire was constructed to question the middle managers of one particular healthcare organisation. This questionnaire was composed to match a questionnaire made in a research project regarding the Dutch workforce. This research project is part of an

international research project concerning a cross-cultural equivalence study on workplace commitment. The matching questions were used to be able to supplement the data gathered and to be able to compare the particular group of middle managers in healthcare with other functions and sectors. In this way this research strived to generate a clear image of the situation of middle managers in healthcare and to test the hypotheses regarding the relationship between role conflict and commitment.

Middle managers in specific contexts were found to be under researched in the literature (Chen et al., 2017; Currie, 2000; Wooldridge et al., 2008). Especially on middle managers in the public sector little literature is to be found (Currie, 2000). This research aims to fill this gap by focussing on middle managers in the health sector, specifically the elderly care. Also the literature regarding commitment has holes that can be filled. The literature on commitment often only investigates the commitment of employees (Brown, McHardy, McNabb & Taylor, 2011; Olsen et al., 2016). Likewise the literature on commitment lacks research on several contexts (Olsen et al., 2016). In this research the specific context of middle managers in the elderly care was examined to contribute to the scientific literature on commitment. Thus, the scientific relevance of this research is that it focusses on middle managers in the healthcare sector and on the multiple foci of commitment these managers could have. This is not known to have been examined yet. The research was done using quantitative research methods by applying questionnaires and analysing the answers with linear regression analysis.

This study is structured as follows: First, the theoretical base of the research will be laid out and the hypotheses that are formed based on those theories are described. A conceptual model is shown to provide more clarification. Next, the methods of research that are used in this research will be explained in detail. Further, the results of this research will be presented and linked to the formed hypotheses. Finally, conclusions are made and practical implications and limitations of this study will be discussed.

2. Theory

In this chapter the theoretical framework of this research will be explained. For every hypothesis relating literature and argumentation leading to the hypothesis will be described. First, Social Exchange Theory is explained. Next, the expected relationship between role conflict and different foci of commitment are illustrated. After, the expected mediating and moderating effect of commitment to clients on the relationship between role conflict and commitment to employees are explained. Finally, the conceptual model is shown to provide a visual description of the formed hypotheses.

2.1 Social Exchange Theory

A theory that can be used to form expectations regarding the relationship between role conflict and commitment is Social Exchange Theory. Social Exchange Theory describes the process of social interactions between persons or groups. According to this theory, the exchange of social and material resources is a fundamental form of human interaction (Cropanzano & Mitchell, 2005). These social interactions are based on the exchange of actions and returns. Exchange behaviour can be defined as “voluntary actions of individuals that are motivated by the returns they are expected to bring” (Emerson, 1976). According to Social Exchange Theory the interactions between people are interdependent and contingent on the actions of another person and can eventually lead to high quality relationships between the interactors (Cropanzano & Mitchell, 2005).

Social Exchange Theory is built on the foundation of the reciprocity principle (Cropanzano & Mitchell, 2005). Reciprocity is the concept of mutually contingent exchange of benefits (Gouldner, 1960). People feel obligated to repay, in kind, what another person has provided (Cialdini, 2009). In other words, when a person is given something by another he or she feels obliged to repay by doing or giving something back. Relationships are based and influenced by the principle of reciprocity. This means that when one party gives disparate to what the other party expects or wants the stability of the relationship is undermined (Gouldner, 1960). According to Cialdini (2009) the reciprocity principle has an even stronger influence on obligation than when a person likes another person.

Based on Social Exchange Theory is the psychological contract as described by Rousseau (1989). A psychological contract is described as the beliefs of an individual regarding the conditions of a reciprocal exchange agreement between the individual and the other party (Rousseau, 1989). In professional relationships these expectations can play a large role in determining the quality and

stability of the relationship (Rousseau, 1989). So, a psychological contract can be seen as one's expectations of the social exchange between two parties.

2.2 The influence of role conflict on organisational commitment

Due to the different demanding actors a middle manager has to face, role conflict might exist within those managers (Ekholm, 2012; Kras et al, 2017). Role conflict can be described as an incongruity or incompatibility of expectations associated with the role someone is supposed to have (House & Rizzo, 1972). Role conflict arises when different actors involved with the role have opposing expectations of the role (Olsen et al., 2016). According to Kras et al. (2017) the position of middle managers in organisations is a contributor to the high chance of role conflict of middle managers. Role conflict can be especially apparent during times of organisational change. This is due to the important role of middle managers in the implementation of change and the impact this implementation has on the different actors in organisations (Kras et al., 2017). In the literature role conflict is often investigated or taken together with role ambiguity (House & Rizzo, 1972; Kras et al., 2017; Rai, 2016). Role ambiguity is defined as the lack of clarity and predictability of the outcomes of the behaviour belonging to one's role (House & Rizzo, 1972). In this research the focus is on the role of the different demanding actors a middle manager faces so only role conflict was taken into account.

One of the actors a middle manager has to deal with is the organisation. Because of this the middle managers will likely have some degree of organisational commitment. Organisational commitment can be defined as "the relative strength of an individual's identification with—and involvement in—a particular organisation" (Rai, p.510, 2016). This definition does not preclude the possibility of commitment to other actors next to commitment to the organisation (Mowday, Steers & Porter, 1979) which means that the presence of organisational commitment does not mean there are no other foci of commitment possible.

Social Exchange Theory describes how a relationship is based on the exchange of social and material resources (Cropanzano & Mitchell, 2005). Olsen et al. (2016) express how organisational commitment is among other things determined by the psychological contract that exists between the person and the organisation. A psychological contract is the set of beliefs of an individual regarding the conditions of a reciprocal exchange agreement between the individual and the other party (Rousseau, 1989). When role conflict occurs this psychological contract between an individual and the organisation might be disturbed. Because an individual experiences role conflict he or she might feel he or she puts more effort in the relationship than the other party. In the case of organisational

commitment the middle manager might feel he or she puts a lot of effort and energy in the several demanding groups for the organisation. If this experience creates the feeling the manager puts more into the organisation than the other way around this can lessen the organisational commitment of the individual.

This expectation of a negative relationship between role conflict and organisational commitment is supported in several studies (Dale & Fox, 2008; Meyer et al., 2002; Rai, 2016). Olsen et al. (2016) describe that different demands from the actors involved can challenge the commitment to the employer and instead identify more with the client. Following Social Exchange Theory in this research this would mean that middle managers perceive that clients provide more in exchange with the middle manager than the organisation. Reichers (1986) and Kras et al. (2017) also found that varying goals between individual goals and organisational goals are negatively associated with organisational commitment. Based on the literature described above, it was expected that middle managers that experience role conflict feel less committed to the organisation than when they do not experience role conflict. This has led to the following hypothesis:

Hypothesis 1: Role conflict has a negative relationship with commitment to the organisation of middle managers in healthcare.

2.3 The influence of role conflict on commitment to clients

Another actor a middle manager has to deal with is the group of clients. In the healthcare sector the service to the client is the most important factor of the business (Jun, Peterson & Zsidisin, 1998). In several healthcare situations the family of the client is also directly involved to the service (Detering, Hancock, Reade & Silvester, 2010). In this research the clients and their family are seen as one group a middle manager has to deal with and in the following text they will be referred to as the clients. Commitment is defined in terms of the strength of an individual's identification with and involvement in a particular subject (Porter et al., 1974). According to Coyle-Shapiro and Morrow (2006) commitment to clients is under researched in the literature which explains the lack of a clear definition of commitment to clients. Based on the definition of commitment as stated above commitment to clients can be defined as an individual's identification and involvement with his or her clients.

Jørgensen and Becker (2015) did recognise the importance of commitment to clients in professional service firms and found employee's commitment to clients in their qualitative research. They also found that there is a possible tension between the multiple commitments in the form of role

conflict (Jørgensen & Becker, 2015). In the case of the healthcare sector the core of the organisation is taking care of clients (Jun et al., 1998). In the healthcare sector it is found that individuals who relate more to the particular group of clients are more likely to work in an organisation that takes care of that particular group (Gabris & Simo, 1995). It can thus be expected that healthcare professionals relate on a high level to the clients.

Clients provide trust into the organisation to take care of them (Gilson, 2003). Also, the providing of care can create a feeling of importance in the care giver (Ingersoll, Olsan, Drew-Cates, DeVinney & Davies, 2002). So, the middle manager might perceive he or she is given trust and importance by the clients. Following Social Exchange Theory and reciprocity principle the middle manager will feel obligated to give back to the client. This obligation can result in high commitment to clients. When experiencing role conflict the middle manager might feel he or she is not able to give what every demanding group wants and has to choose to which group he or she will put energy in. Following Social Exchange Theory it can be expected that the middle manager will be committed most to the group to which the middle manager feels the most obligated. Olsen et al. (2016) found that in the case of role conflict the commitment to clients was the highest form of commitment. Based on the literature as discussed above it can be expected that there is a positive relationship between role conflict and commitment to the clients. Based on this expectation the following hypothesis was composed:

Hypothesis 2: Role conflict has a positive relationship with commitment to clients of middle managers.

2.4 The influence of role conflict on commitment to employees

The third actor that requests demands from a middle manager in the healthcare sector is the group of employees. Middle managers are the direct point of contact for the employees and their main tasks is leading and guiding the employees in their daily job (Chen et al., 2017). Commitment to employees can be defined as the care for the well-being and satisfaction of employees (Roca-Puig, Beltrán-Martín & Segarra-Ciprés, 2012). In this research the definition of commitment to employees will be based on the definition as stated by Porter et al. (1974) to match the other three foci of commitment that are examined in this research. Thus, commitment to employees is defined as the strength of an individual's identification with and involvement in his or her employees.

Due to the lack of research on the commitment of middle managers for their employees there is no specific theoretical backing for the relationship between role conflict and commitment to

employees. It can be expected that in the professional relationship between a middle manager and an employee a psychological contract is present. A psychological contract is based on expectations both parties have of the relationship (Rousseau, 1989). In the case of role conflict this relationship might be disturbed because the middle manager is pressured by multiple groups and can thus possibly not live up to the expectations of his or her employees. This might create the experience of an uneven social exchange between the middle manager and the employees. Following the reciprocity principle it can be expected that the middle manager feels obligated to be more committed to the employees to make the relationship more even.

Because the profession of middle managers consists mainly of having contact with and guiding their employees (Chen et al., 2017) it is expected that commitment to profession is comparable to the commitment to employees. Following this expectation the article of Olsen et al. (2016) can be seen as supporting for the expected relationship between role conflict and commitment to employees. Olsen et al. (2016) found that role conflict has a positive relationship with commitment to profession. They state that in the case of role conflict the individual is inclined to be more committed to his or her profession and less to the organisation. Based on the assumption that middle managers view the leading and guidance of employees as their profession it can be expected that middle managers experience more commitment to employees in the case of role conflict. Based on the above the following hypothesis was composed:

Hypothesis 3: Role conflict has a positive relationship with commitment to employees of middle managers.

2.5 The mediating and moderating role of commitment to clients

There are several theories about how different foci of commitment influence each other (Olsen et al., 2016; Swart, Kinnie, van Rossenberg & Yalabik, 2014). These theories are divided in two major approaches namely conflict between the foci of commitment and compatibility between the foci of commitment (Cooper-Hakim & Viswesvaran, 2005; Olsen et al., 2016). In this research it is expected that multiple foci of commitment can be compatible. Compatibility of different foci of commitment means that different foci of commitment can exist next to each other and even influence each other in a positive way (Chan, Tong-qing, Redman, & Snape, 2006; Coyle-Shapiro & Morrow, 2006; Swart et al., 2014). According to Chan et al. (2006) the influence of commitment on other factors can be stronger in the case of multiple foci of commitment and Johnson, Groff and Taing (2009) found in their research interaction between different foci of commitment. According to Social Exchange Theory

relationships are based on an exchange of social and material resources (Cropanzano & Mitchell, 2005). Multiple relationship can thus exist next to each other as long as there is an exchange of resources between different parties.

According to the reciprocity principle people feel obligated to repay (in kind) when they are given something (Cialdini, 2009). Following this principle it can be reasoned that middle managers might feel pressured to make the, by role conflict disturbed, relationship with clients and employees even by providing commitment. Employees are the direct link between the middle manager and the client (Chen et al., 2017). Because the middle manager can particularly reach the clients by helping the employees (Chen et al., 2017) it is possible that the commitment to clients has an influence on the commitment to the employees. In this research it is expected that the commitment to clients heightens the commitment to employees. This means that commitment to clients is expected to be a mediating factor in the relationship between role conflict and commitment to employees. Based on the literature and assumptions above it is expected that when middle managers experience role conflict the commitment to clients is higher and this subsequently heightens the commitment to employees. This expectation was formulated in a hypothesis as follows:

Hypothesis 4: The relationship between role conflict and commitment to employees of middle managers is mediated by commitment to clients.

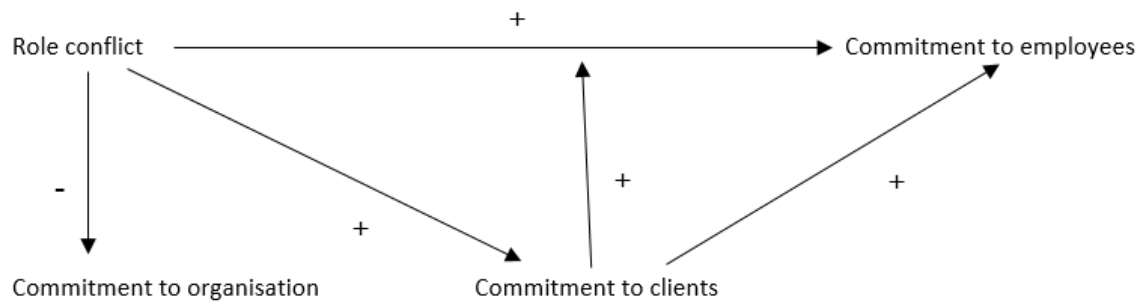
Another possible mechanism of the influence of commitment to clients in the relationship between role conflict and commitment to employees is that the relationship becomes stronger when there is high commitment to clients. In that case the relationship between role conflict and commitment to employees does not work through commitment to clients but is influenced by the commitment to clients. In this research both possible roles of commitment to clients on the relationship between role conflict and commitment to employees will be examined. This led to the following hypothesis:

Hypothesis 5: The relationship between role conflict and commitment to employees of middle managers is stronger when the commitment to clients is higher.

2.6 Conceptual model

The hypotheses as described above are visually represented in figure 1.

Figure 1: Conceptual model



3. Methods

In this chapter the methods of measuring the different concepts are described. First, the methodology, the research perspective and the research ethics are discussed. Subsequently, the sample of respondents and the procedure of gathering the data are explained. Finally, the measurement instrument is described by explaining the construction and translation of the questionnaire used in this research.

3.1 Approach, methodology and design

3.1.1 Methods

Because the goal of this research is to get a representative image of all middle managers and their role conflict and commitment in the organisation quantitative research methods are applied. To realize this representative image, no sample was selected but all middle managers of the organisation were approached to participate. Due to time and connection issues only one specific organisation is taken into account in this research. This has a negative influence on the representativeness of the research (Boeije, Hart & Hox, 2009). Ideally multiple organisation in the healthcare sector or in multiple sectors would be taken into account. To complement the gathered data in the chosen organisation data gathered in a collaborative research project of the Dutch working population was used. This research project will be further described below. The data gathered by this research project was used to create a more general image of the experience of middle managers in healthcare and to make a comparison between the middle managers of the chosen healthcare organisation and other organisations and sectors.

The research has a deductive layout (Boeije et al., 2009). At first the theoretical framework was laid out and hypotheses were formulated to guide the research further. From the theoretical framework the questionnaire was constructed. The construction of the questions in the questionnaire can be found at the measurement part of this research (3.3). To heighten the validity of the research multiple scales in the literature were taken into account and considered before choosing the questions in the questionnaire (Field, 2009). After gathering the data via an online questionnaire, the data was cleaned and prepared for analysis by dealing with missing variables and eventual outliers, by constructing factors using factor analysis and further preparation. These procedures are based on scientific guidelines (Field, 2009). Afterwards, the analysis of the data was done to support or reject the hypotheses as formulated earlier. The analysis was done using linear regression analysis to

properly investigate the relationships between the multiple interval variables (Field, 2009; Hair, Black, Babin & Anderson, 2014). All choices made in the dealing with data are described and reasoned to improve the reproducibility of the research (Boeije et al., 2009). The results were used to answer the research question of this research and are discussed. In the end, the limitations of the research are described and reasoned to improve any further research on this subject.

3.1.2 Research perspective

As author of this research it is important to take my own background and perspective into account and be aware of the possible bias this might create (Boeije et al., 2009). As a result of finishing a bachelor of science in Sociology at the Radboud University in Nijmegen I have a strong preference for quantitative research methods which influences this research. The topic of commitment is subjective and opinion and emotion based. Qualitative research methods might have added value by in-depth explaining the mechanisms that are related to being committed (Yin, 2017). But to be able to investigate a large part of the middle managers quantitative methods were preferred. To heighten the validity of this research in a quantitative way the questionnaire was formed using scales as used in the scientific literature (Field, 2009).

Next to my scientific experience there is also a relation with the healthcare sector and the organisation. I have direct experience working in the organisation not only as employee in one of the locations of the organisation but also as intern at the HR department at the time of this research. These connections to the organisation were used to get access to the management of the organisation. It is assumed that my role in the organisation helped with requiring access and with understanding possible mechanisms in the commitment of middle managers. This close connection to the organisation had several benefits for the research. Of course this close connection could also lead to a possible bias in conducting the research (Boeije et al., 2009). Awareness of this relationship with the organisation and a possible bias was expected to help in remaining a neutral eye on the results of the research (Yin, 2017). Throughout the research scientific methods were used to prevent personal opinions to influence the research.

As a researcher I scale myself in-between positivism and relativism in the qualitative neo-positivism (Symon & Cassell, 2012). As sociologist I strongly believe that most of the human experience is biased and that someone's image of the world is influenced by this bias. But I also believe that there are aspects of the reality that can be found out in a neutral way. In my opinion a properly trained researcher can find the truth. This perspective fits mostly with the qualitative neo-positivism (Symon

& Cassell, 2012). During the research there will be constant reflection on the methods and my own role and perspective to make sure the reliability of the research is as high as possible (Yin, 2017).

3.1.3 Research Ethics

In this research certain ethics were required to deal with respondents. Firstly, polite manners were kept in mind in the contact with respondents and the organisation. All messages sent to middle managers in the organisation were in every case controlled by several members of the organisation and changed if desired. The goal of the research was presented in the questionnaire and other communication as getting insight in the experience of middle managers in their function and possible stress related to this function. Role conflict and commitment were mentioned only when requested to prevent a bias in the answers of the middle managers. In the message accompanying the questionnaire it was described that the results of the research will be shared with the region management and personnel department of the organisation.

Anonymity was guaranteed by providing an anonymous link to the online questionnaire on the social platform of the organisation. In this way there is no way the identity of the team manager can be traced in the data. Gender and age were not asked in the questionnaire because of the relatively small sample and the expected overrepresentation of middle aged women in this particular organisation. The participation in the research was requested on the social platform in combination with the anonymous link so participation was completely based on free choice. Respondents were able to quit the questionnaire at any moment. Confidentiality was guaranteed by only sharing the eventual report of the results with the organisation. No raw data will be provided to the organisation.

3.2 Sample and Procedure

3.2.1 The organisation

The data of this research is gathered at the organisation BrabantZorg. This organisation provides care for (especially) elderly people at home or in one of the locations. BrabantZorg has approximately 35 locations divided over 4 regions in Noord-Brabant in the Netherlands. It also has 7 specialisations to support the locations and home care teams. BrabantZorg has approximately 5.000 employees and 4.000 volunteers that provide care for approximately 10.000 clients. Within the locations and home care, teams provide the direct care of the clients. These teams are supported and headed by team managers. In the remainder of this research the team managers will be called middle managers to match the theoretical framework and literature. The middle managers are in turn supported and

headed by region managers that are divided into teams of three per region. The region management is headed by the board of directors and the supervisory board. The executive layers are assisted by several supporting departments. The information about the organisation was gathered from the website of BrabantZorg (<https://www.BrabantZorg.eu>).

3.2.2 Research project

To complement and reinforce the data gathered at the organisation data from a research project were used. The data of this research project were gathered by eight bachelor and six master students of the Radboud University in Nijmegen under supervision of Dr. Yvonne van Rossenberg and Dr. Michel van Berkel. The purpose of this data is to be merged with an international research project concerning the cross-cultural equivalence study on workplace commitment. The aim of this international study is to investigate the cross-language equivalence of the Klein Unitary Target (Klein, Cooper, Molloy & Swanson, 2014) measure of workplace commitment.

The data of this research project were gathered in April and May 2018 through an online survey tool named Qualtrics. The gathering by the students was done by sending out anonymous links to their personal network. The goal was to reach a diverse set of workers from a variety of organisations and industries and so a representative sample of the Dutch working population. In this research only the questions matching the questionnaire as designed for the organisation are used to create one dataset for this research. Questions used in this research are described below and can be found in the Appendix.

3.2.3 The sample

According to Kras et al. (2017) the position of middle managers and the risk of role conflict is especially apparent during times of organisational change. At BrabantZorg a process of change to self-organizing teams is in progress during the time of this research (<https://www.BrabantZorg.eu>). This makes the organisation an interesting case to examine the role conflict of middle managers. To get an image of the influence of the process of change a comparison with a comparable organisation should be done. But in this research no comparison with another organisation was made.

To get a clear image of the middle managers of the organisation a survey was conducted. All middle managers of the organisation were approached digitally (via an online portal) to fill in the questionnaire. According to the organisation approximately 107 persons have the function of middle

manager in the organisation. 42 middle managers participated in the research by filling in the questionnaire. This is 39.3 percent of the total of middle managers in the organisation.

In the data gathered in the research project 64 respondents selected the function line/ staff manager as best describing their function which is 8.8% of the total number of respondents (730) in this project. 162 respondents selected the healthcare sector as fitting best to their work which is 22.2% of the total number of respondents in this project. 10 of the respondents selected both and can thus be seen as a middle manager in the healthcare sector. This is 1.4 % of the total dataset.

All respondents that selected line/ staff managers were added to the middle managers from the organisation and were used in the analyses. Later only middle managers in the healthcare sector were selected. Thus, 102 middle managers are examined in this research of which 52 are working in the healthcare sector.

3.2.4 Procedure

At first a problem formulation and research question were constructed and the relevance of the research are examined and discussed. Further, a theoretical framework was constructed to form hypotheses and expectations about possible relationships between role conflict and the multiple foci of commitment. These hypotheses and expectations were formed based on the scientific literature of which the sources can be found in the literature list at the end of this research. Based on scales and measurements in the literature and the research project questions are constructed for the gathering of data at the organisation. These questions are subsequently translated to Dutch to fit to the sample of Dutch middle managers. The questions were translated using the back translation method (Maneesriwongul & Dixon, 2004) which means the questions were translated from English to Dutch and subsequently translated back to English to make sure the translation was correct. This translation can be found in Appendix A. The organisation was contacted to conduct the survey. To fit the wishes of the organisations several extra questions were added in the questionnaire. These questions will not be discussed any further in this research.

The questionnaires was made available to the middle managers of the organisation via an online portal to gather data. After approximately three weeks the data gathering was closed and the data was made ready for analysis. Questions belonging to one concept were tested with the use of factor analysis to make sure these questions can be converted to one item to represent the concept. The data was analysed to test the formed hypotheses of this research. All analyses are described

below. Finally, a conclusion was constructed to answer the research question. The limitations of the research and recommendations for further research will be discussed at the end of this research.

3.3 Measurement Instruments and / or Tools

3.3.1 Role conflict

Role conflict is described as an incongruity or incompatibility of expectations associated with the role someone is supposed to have (House & Rizzo, 1972). According to Olsen et al. (2016) role conflict arises when different actors involved with the role have opposing expectations of the role.

To measure the role conflict of middle managers in this research the measurement scales of House and Rizzo (1972) and King and King (1990) were consulted. Both have several overlapping questions. These overlapping questions are also used by (House, Schuler & Levanoni, 1983). The factor analysis of House et al. (1983) shows four items to be sufficient which were used in this research namely; "I often get myself involved in situations in which there are conflicting requirements.", "I am often asked to do things that are against my better judgement", "I have to bend a rule or policy in order to carry out an assignment" and "I receive incompatible requests from two or more people" (House et al., 1983). The questions regarding role conflict as mentioned are similar in the questionnaire used in the complementing research project.

The questions to measure role conflict could be answered on a seven-point scale containing the following categories: "completely disagree", "disagree", "somewhat disagree", "neither agree nor disagree", "somewhat agree", "agree" and "completely agree". After the gathering of the data, a factor analysis was conducted to examine if the questions mentioned above could be taken together as the degree of role conflict a person experiences.

3.3.2 Commitment to the organisation

Organisational commitment is defined as "the relative strength of an individual's identification with—and involvement in—a particular organisation" (Rai, p.510, 2016).

Based on the Klein et al. (2014) Unidimensional, Target-free scale (K.U.T. scale) four questions were chosen to measure organisational commitment in this research. The questions are: "How committed are you to [organisation]?", "To what extent do you care about [organisation]?", "How dedicated are you to [organisation]?" and "To what extent have you chosen to be committed to

[organisation]?” (Klein et al, 2014). The questions regarding commitment to the organisation are similar in the questionnaire used in the organisation as in the complementing research project.

The questions regarding commitment to the organisation could be answered on a seven-point scale containing the following categories: “by no means”, “very little”, “little”, “mediocre”, “a lot”, “very much” and “extremely”. After the data gathering, a factor analysis was conducted to examine if the questions mentioned above could be taken together as the degree of commitment to the organisation of a person.

3.3.3 Commitment to clients

Commitment is defined in terms of the strength of an individual’s identification with and involvement in a particular subject (Porter et al., 1974). In this research the commitment to clients is based on the definition by Porter et al. (1974) and is: an individual’s identification and involvement with his or her clients.

To measure the commitment of middle managers to their clients the questions used in the K.U.T. scale (Klein et al, 2014) to measure organisational commitment were transformed to measure commitment to clients. The parts of the questions that apply to the organisation were changed to fit the client. In this way the measurement of the different forms of commitment are similar. For example, the question “How committed are you to [organisation]?” was transformed to “How committed are you to the clients?”. Further, the questions based on the Klein et al. (2014) were “To what extent do you care about the clients?”, “How dedicated are you to your clients?” and “To what extent have you chosen to be committed to your clients?”. The questions mentioned above are also similar to the questions used in the research project.

The questions regarding commitment to clients could be answered on a seven-point scale containing the following categories: “by no means”, “very little”, “little”, “mediocre”, “a lot”, “very much” and “extremely”. After the data gathering, a factor analysis was conducted to examine if the questions mentioned above could be taken together as the degree of commitment to clients.

3.3.4 Commitment to employees

In this research commitment to employees is defined as the strength of an individual’s identification with and involvement in his or her employees (Porter et al., 1974).

For the measurement of commitment to employees the questions used for measuring the commitment to the organisation were transformed to fit the employees. These questions are (similarly as the questions mentioned above) based on the K.U.T. scale (Klein et al., 2014). For example, the question "How committed are you to [organisation]?" was changed to "How committed are you to the employees?". Thus, the other questions belonging to the measurement of commitment to employees are: "To what extent do you care about the employees?", "How dedicated are you to your employees?" and "To what extent have you chosen to be committed to your employees?". The questions regarding commitment to employees was not taken into account in the questionnaire of the research project. This means only the middle managers of the examined organisation answered these particular questions.

The questions to measure commitment to employees could be answered on a seven-point scale containing the following categories: "by no means", "very little", "little", "mediocre", "a lot", "very much" and "extremely". After the data gathering, a factor analysis was conducted to examine if the questions mentioned above could be taken together as the degree of commitment to employees of a person.

3.3.5 Control variables

To control for possible effects of other variables that may influence the examined relationships several control variables were taken into account. According to Rizzo, House and Lirtzman (1970) tenure can have an effect on the role conflict of a person. O'Reilly and Chatman (1986) also found a relationship between tenure and the level of commitment. To make sure the possible influence of tenure would not affect the examined relationships between role conflict and commitment tenure of the respondents was measured. The time in the organisation was taken into account with the question: "For how long do you work at [organisation]?". This question could be answered by filling in the number of years and the number of months in the organisation and function.

To examine possible effects of the satisfaction with their job this was controlled for. Commitment is found to be related with several factors like job satisfaction and job involvement (Meyer et al., 2002; Tett & Meyer, 1993). Rizzo et al., (1970) found a negative influence of job satisfaction on role conflict. To control for this effect satisfaction with the job was asked with three statements that could be answered on a seven-point scale ranging from "completely disagree" to "completely agree". The statements regarding satisfaction with job were: " All-in all, I am satisfied with my job", " All-in all I like my job" and "In general, I like to work".

The feeling of having control over your life might influence one or more of the effects examined. How much control one perceives he or she has over his or her life and job can influence the role conflict someone experiences (Jackson & Schuler, 1985) and the commitment of someone (Coleman, Irving & Cooper, 1999). The extent of feeling in control of life is also called the locus of control. The locus of control someone has was examined in this research by using four questions. These questions were: "How often did you feel that nothing could happen to you?", "How often did you feel you could handle your personal problems?", "How often did you feel that things were going as you wanted?" and "How often did you feel that you had control over your annoyances?". These questions could be answered on a seven-point scale with the answer categories; "never", "almost never", "sometimes", "regularly", "often", "almost always" and "always" where never means someone feels he or she has no control over his or her life which is also called an external locus of control and "always" means someone feels he or she has complete control over his or her life or internal locus of control (Coleman et al., 1999).

Finally, the amount of stress a middle manager experiences is controlled for. Mesko et al. (2013) and Rizzo et al., (1970) found a relationship between role conflict and anxiety. Also, Cooper-Hakim and Viswesvaran (2005) and Monteiro de Castro et al. (2016) found that high commitment might buffer against stress in a job. The amount of stress someone is experiencing is measured using six questions namely; "How often did you get upset because something unexpected happened?", "How often did you feel that you did not manage to keep everything under control?", "How often did you feel stressed and nervous?", "How often have you experienced that you could not handle all the things that you had to do?", "How often did you get agitated about things that you had no influence on?" and "How often have you experienced that the work was so high that you could not cope with it anymore?". These questions could be answered on a seven-point scale with the answer categories: "never", "almost never", "sometimes", "regularly", "often", "almost always" and "always".

All questions regarding control variables were asked similarly in the questionnaire for the organisation as in the research project and could thus be compared easily in the remainder of the research.

3.3.6 Translation of questions

To fit the questions to the sample of Dutch middle managers the questions were translated from English to Dutch using the back translation method (Maneesriwongul & Dixon, 2004). The back translation method means that the questions are translated from the original language to the

preferred language and back to the original language to check if the translation is valid. So, the questions were translated from the original English to Dutch and subsequently back from Dutch to English. Because the first and fourth item regarding commitment are translated identical in Dutch, these two questions were translated with an extra step. These two items were first translated from English to German after which they were translated to Dutch and back to English. These translations were found to be the best representation of the scale in proper and understandable Dutch. The questions and their English origin can be found in the Appendix at A.

4. Results

This chapter describes the results of the analysis as done in this research. First, the descriptive statistics of the used variables are showed. Second, the factor analysis and reliability test as done in this research are explained and results are described. Finally, the hypotheses as constructed in chapter 2 are tested and the outcomes are discussed. Due to the construction of multiple models with different dependent variables the control variables are discussed separately at the end of this chapter.

4.1 Preliminary Analyses

4.1.1 Descriptive statistics

In table 1 the descriptive statistics of all variables used in the analyses are presented. The descriptive statistics are divided in three groups to provide an image of the differences between three groups. The first group consists of all respondents from both the Dutch workforce as collected in the research project regarding the Dutch workforce and the respondents from the healthcare organisation as collected for this research. The respondents from the healthcare organisation are used in all three groups because in this organisation the desired target group were specifically approached. The second group consists of the respondents from the healthcare organisation supplemented by selecting respondents that selected "line/ staff manager" as answer to the question: "select what best describes your function within this organisation" within the Dutch workforce questionnaire. The third group consists of the respondents from the healthcare organisation and is supplemented by taking "line/ staff managers" who selected the healthcare sector on the question "select which professional group your work fits best in" in the Dutch workforce questionnaire. In table 1 the number of respondents per group and the Mean (M) and Standard Deviation (SD) of the variables are reported.

All used variables were examined to detect possible outliers in the answers. Due to the small sample possible outliers were first examined more closely and in the multiple group sizes before taking any action. It appeared that all possible outliers in the data fell out of the selection of healthcare middle managers and will thus not influence the testing of the hypotheses. In testing the normality of the used variables no major violations were found.

4.1.4 Psychometric analyses of your variables

Factor analysis

Multi item concepts were tested with factor analyses to make sure these items measured the same

concept and could be used to construct a scale. Items belonging to one concept were tested with the Kaiser-Meyer-Olkin Test of sampling adequacy (should be above .5) and the Bartlett's test of sphericity (should be significant). Subsequently, the items belonging to one concept were tested to see if all items loaded (above .5) on only one factor. In this case the items are an appropriate measurement of the concept and can be constructed into one scale. All multi item concepts were tested on the requirements above and were judged positively. All multi item concepts consisted of only one factor and loaded high enough on this factor to be taken into a scale.

Reliability scales

The reliability of the scales was measured using the Cronbach's alpha. All multi item scales were tested on reliability before the scale was constructed. The scales were considered to be reliable if the Cronbach's alpha was above .7. All items were taken into the scale if the Cronbach's alpha became lower when the item was deleted from the scale. In the case of an increase if the item was deleted this increase should be higher than .05 for the item to be deleted from the scale. All scales were tested on reliability and were shown to be reliable based on the requirements as stated above. After the factor analyses and testing on reliability the scales were constructed by taking the average per respondent on the items. A score was calculated if at least all but one item belonging to the scale were answered. Thus, for the scale measuring role conflict at least 3 out of 4 items had to be answered to get a score on the scale. The Cronbach's alpha for all used scales are reported in table 2.

Table 1: Descriptive statistics of the three examined groups in the data

	Role conflict			Commitment to organisation		Commitment to clients		Commitment to employees		Job satisfaction		Locus of control		Stress		Tenure	
	N	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
All respondents	730	3.53	1.23	4.97	.92	5.60	.91	5.86	.69	5.73	.99	4.46	.96	2.72	.93	7.67	9.66
All Middle managers	102	4.10	1.15	5.53	.77	5.71	.87	5.86	.69	5.88	.73	4.57	.86	3.02	.95	13.12	11.12
Middle managers in healthcare	52	4.20	1.08	5.72	.83	5.71	.87	5.86	.69	5.97	.69	4.72	.91	3.23	.99	14.62	10.60

* Questions regarding commitment to clients were only asked if the respondent worked in the healthcare sector. Questions regarding commitment to employees were only asked in the questionnaire at the specific organisation.

* M = mean, SD = Standard Deviation

Table 2: Cronbach's alpha used scales

	Role conflict	Commitment to organisation	Commitment to clients	Commitment to employees	Job satisfaction	Locus of control	Stress
All respondents	.806	.918	.910	.910*	.843	.746	.884
All middle managers	.770	.946	.873*	.910*	.783	.740	.891
Middle managers in healthcare	.715	.975	.873	.910	.845	.810	.908

* Questions regarding commitment to clients were only asked if the respondent worked in the healthcare sector. Questions regarding commitment to employees were only asked in the questionnaire at the specific organisation.

Correlations

Correlations were calculated for the used variables in the three separate groups. The found correlations between the variables are reported in table 3, table 4 and table 5. Note that commitment to clients is only asked to respondents working in the healthcare sector. The correlations of commitment to clients is subsequently similar in table 4 and table 5. The same appears for commitment to employees in table 3, table 4 and table 5 as these questions were only asked to middle managers in the particular healthcare organisation. As can be seen in the tables there is a high correlation between organisational commitment and commitment to employees. This correlation is not expected to be problematic because commitment to the organisation and commitment to employees both serve as dependent variables in two separate models. All three foci of commitment are shown to be highly correlated to each other. This can point to a strong relationship between those three or a difficulty in distinguishing the three groups for the respondents. Interestingly, differences between middle managers in healthcare and other sectors are found. The correlation between role conflict and stress is stronger for middle managers in the healthcare sector. Finally, the correlation between role conflict and stress is found to be high. Because of possible influence of stress on the effect of role conflict this was taken out of further analyses.

Another possibility to detect multicollinearity in the regression analysis is the Variance Inflation Factor (VIF). This factor is judged positively when it is below 4. No violations of this requirement were found in the regression analyses.

Table 3: *Correlations all respondents (N = 730)*

	RC	OC	CC	EC	SE	LC	JS	TU
Role conflict	1							
Commitment to organisation	-.003	1						
Commitment to clients	-.025	.325**	1					
Commitment to employees	-.061	.686**	.593**	1				
Stress	.469**	.053	-.169*	.091	1			
Locus of control	-.182**	.144**	.223**	.177	-.376**	1		
Job satisfaction	-.183**	.484**	.249**	.302	-.257**	.326**	1	
Tenure	.029	.204**	.143	-.171	-.010	.006	.111*	1

** = $p \leq 0.01$, * = $p \leq 0.05$

Table 4: *Correlations all middle managers (N = 102)*

	RC	OC	CC	EC	SE	LC	JS	TU
Role conflict	1							
Organisational commitment	.034	1						
Commitment to clients	-.252	.430**	1					
Commitment to employees	-.061	.686**	.593**	1				
Stress	.601**	.064	.063	.091	1			
Locus of control	-.109	.251*	.071	.177	-.256**	1		
Job satisfaction	-.289**	.398**	.277	.302	-.266**	.347**	1	
Tenure	-.118	.174	.109	-.171	-.052	-.109	.291**	1

** = $p \leq 0.01$, * = $p \leq 0.05$

Table 5: *Correlations middle managers healthcare (N = 52)*

	RC	OC	CC	EC	SE	LC	JS	TU
Role conflict	1							
Organisational commitment	.130	1						
Commitment to clients	-.252	.430**	1					
Commitment to employees	-.061	.686**	.593**	1				
Stress	.647**	.173	.063	.091	1			
Locus of control	.054	.258	.071	.177	-.115	1		
Job satisfaction	-.169	.272	.277	.302	-.180	.373**	1	
Tenure	-.066	.099	.109	-.171	-.139	.071	.369**	1

** = $p \leq 0.01$, * = $p \leq 0.05$

4.2 Hypotheses Testing

4.2.1 Mean tests ANOVA

To examine the target groups of this research more closely mean test ANOVA was used to test if there is a difference between the healthcare sector and other sectors and between middle managers and other functions in the level of role conflict and stress. The results show that respondents working in the healthcare sector have a significantly higher level of role conflict than respondents that work in another sector. Also the level of stress demonstrates to be significantly higher with respondents that work in the healthcare sector in comparison to other sectors. Subsequently, the results of the ANOVA show a difference between middle managers and other functions in the level of role conflict and stress. Respondents that reported to be a middle manager have a significantly higher level of role conflict

than respondents that reported to have another function. The same difference was found in the level of stress between middle managers and other functions.

Afterwards, the mean test ANOVA was executed selecting only middle managers to compare middle managers working in the healthcare sector with middle managers working in other sectors. The results show that there is no significant difference in role conflict between middle managers in healthcare and middle managers in other sectors. In level of stress there was a significant difference between middle managers in the healthcare sector and middle managers in other sectors in which middle managers in the healthcare sector experience more stress than middle managers in other sectors.

4.2.3 Regression

To test the hypotheses as constructed in this research linear regression analysis was used. First, hypothesis 1 was tested. The effect of the control variables on commitment to the organisation was tested in model 1. Secondly, role conflict was added in model 2. In these models commitment to the organisation was taken as dependent variable. Both models were tested twice. At first both were tested for the group of middle managers of all sectors. Afterwards, only healthcare middle managers were selected to examine a possible difference between these groups. The selection of only middle managers in the healthcare sector resulted in model 3 and model 4. The results of these models are shown in table 6 and table 7.

Table 6: Model 1 & 2: the effects on commitment to organisation (N = 103)

	Model 1		Model 2	
	B	Beta	B	Beta
Constant	2.946***		2.107***	
Role conflict			.117*	.177
Job satisfaction	.329*	.302	.386***	.356
Locus of control	.132	.149	.135	.152
Tenure	.006	.087	.007	.092
R ²	.167		.195	

* $p \leq 0.1$ ** $p \leq 0.05$ *** $p \leq 0.01$

Table 7: Model 3 & 4: the effects on commitment to the organisation (N = 52)

	Model 3		Model 4	
	B	Beta	B	Beta
Constant	3.463**		2.684**	
Role conflict			.141	.185
Job satisfaction	.234	.196	.283	.237
Locus of control	.186	.205	.164	.181
Tenure	.001	.012	.001	.011
R ²	.113		.146	

* $p \leq 0.1$ ** $p \leq 0.05$ *** $p \leq 0.01$

The results indicate that in multiple sectors the role conflict of middle managers has a positive effect on commitment to the organisation. The level of commitment to the organisation of middle managers in multiple sectors is explained for 19.5% by the model which is slightly higher than the model with only the control variables (16.7%). For middle managers in healthcare role conflict does not have a significant effect on commitment to the organisation. This model explains 14.6% of the commitment to the organisation of middle managers in the healthcare sector, which is also slightly higher than the model with only control variables (11.3%). The direction of the effect of role conflict indicates a positive effect. This would mean that when a middle manager experiences role conflict he or she is more committed to the organisation than when he or she does not experience role conflict. Both models show an opposite direction than predicted and the effect of role conflict is not significant for middle managers in healthcare which means hypothesis 1 must be rejected.

Secondly, to test hypothesis 2 the effect of role conflict on commitment to clients was analysed in the fifth and sixth model. In model 5 the effects of the control variables on the commitment to clients of middle managers in healthcare was tested. Subsequently, in model 6 role conflict was added. In this model commitment to clients is taken as the dependent variable and role conflict as independent variable. The results of these models are displayed in table 8.

Table 8: Model 5 & 6: the effects on commitment to clients (N = 52)

	Model 5		Model 6	
	B	Beta	B	Beta
Constant	3.786**		4.586***	
Role conflict			-.157	-.198
Job satisfaction	.354*	.297	.292	.245
Locus of control	-.033	-.034	.016	.017
Tenure	.000	-.002	-.001	-.011
R ²	.081		.117	

* $p \leq 0.1$ ** $p \leq 0.05$ *** $p \leq 0.01$

The results of these models show that there is no significant effect of role conflict of middle managers in healthcare on the commitment to clients. Model 6 explains 11.7% of the commitment to clients of middle managers in healthcare which is higher than the model with only the control variables (8.1%). The direction of the effect of role conflict in model 6 indicates a negative effect of role conflict on commitment to clients. This would mean that if a middle manager experiences role conflict he or she has less commitment to clients than when there is no role conflict. This is not in line with the expectations and because the effect is not significant hypothesis 2 cannot be supported.

Thirdly, the effect of role conflict on commitment to employees was analysed to test hypothesis 3. In these models commitment to employees is taken as dependent variable. In model 7 the effects of the control variables on commitment to employees of middle managers in healthcare are tested. Subsequently, role conflict is added in model 8. The results of this model are displayed in table 9 below. Because the questions regarding commitment to employees were only asked in the organisation the N is 42 from this model on.

The results of this model show that there is again no significant effect of role conflict on commitment to employees. This model explains 20.3% of the commitment to employees of middle managers in healthcare which is the same as model 7 with only control variables taken into account. The effect of role conflict is almost non-existent in model 8 which means there is no relationship between role conflict and commitment to employees. Thus, hypothesis 3 has to be rejected.

Table 9: Model 7, 8, 9 & 10: the effects on commitment to employees (N = 52)

	Model 7		Model 8		Model 9		Model 10	
	B	Beta	B	Beta	B	Beta	B	Beta
Constant	3.778***		3.762***		2.320**		2.706**	
Role conflict			.003	.004	.042	.071	-.003	-.004
Commitment to clients					.392***	.533	.375***	.510
Commitment to clients							.094	.139
* Role conflict								
Job satisfaction	.346**	.385	.348*	.387	.186	.207	.190	.211
Locus of control	.074	.103	.073	.101	.067	.093	.050	.069
Tenure	-.019*	-	-.019*	-	-.018**	-	-.020**	-.322
		.314		.314		.297		
R ²	.203		.203		.445		.457	

* $p \leq 0.1$ ** $p \leq 0.05$ *** $p \leq 0.01$

4.2.4 Mediation

To test the expected mediating effect of commitment to clients in the relationship between role conflict and commitment to employees of hypothesis 4 a ninth model was constructed. In this model commitment to clients was added to model 8 to see if the effect of role conflict on commitment to employees changes with this addition.

The results in table 9 show that there is no significant effect of role conflict on commitment to employees in model 9. Commitment to clients does have a significant positive effect on commitment to employees. This model explains 44.5% of the commitment to employees of the middle managers in this research which is an increase of the explainable value of model 8 (20.3%). The beta coefficients in this model show that commitment to clients is the strongest predictor of commitment to employees. Although not significant, it can be seen that the effect of role conflict is stronger in the model with commitment to clients than in model 3 without commitment to clients (table 9). This indicates that commitment to clients suppresses the effect of role conflict to commitment to employees. An explanation is the negative relationship between role conflict and commitment to clients as can be seen in the correlations in table 5. Model 9 indicates that role conflict has a direct positive effect on commitment to employees and an indirect negative effect on commitment to employees via commitment to clients. These relationship can possibly cancel each other out. When there is no control for the negative indirect effect via commitment to clients the relationship between role conflict and

commitment to employees will appear less strong. When controlling for commitment to clients this suppression is lifted and the effect of role conflict on commitment to employees becomes stronger. So the relationship between role conflict and commitment to employees is not mediated by commitment to clients. Thus, hypothesis 4 must be rejected.

4.2.5 Moderation

Hypothesis 5 predicts a possible moderating effect of commitment to clients on the relationship between role conflict and commitment to employees. To test this prediction an interaction variable is constructed by multiplying commitment to clients and role conflict. Before, the variables of role conflict and commitment to clients are centered by subtracting the mean. By centering the variables before making the interaction variable problems concerning multicollinearity are avoided (Field, 2009). The made interaction variable is added to the variables in model 9. The results of this model can be found in table 9 above.

The results of model 10 in table 9 shows that there is still no significant effect of role conflict on commitment to employees. This model explains 45.7% of the commitment to employees of the middle managers in this research which is slightly higher than the explainable value of model 9 (44.5%). Interestingly, the effect of role conflict switches direction with the addition of the interaction variable. The direction of the effects indicate that the more commitment to clients the middle managers has, the weaker the negative effect of role conflict on commitment to employees is. The switching of direction of the effect of role conflict is probably due to the weakness and non-significance of the effect. Model 10 indicates that there is a negative effect of role conflict on commitment to employees and that this negative effect becomes more positive and thus weaker when a middle manager has high commitment to clients. Because the effect of role conflict is significant and the results are not in line with hypothesis 5 the hypothesis must be rejected.

All hypotheses and their outcomes are summarized in Table 11 in Appendix C.

4.2.6 Control variables

The results show that most of the control variables do not have significant effects on the multiple targets of commitment. Job satisfaction and tenure both do have some significant outcomes which will be discussed shortly. Stress was taken out of the analyses because of a high correlation with role conflict as discussed above.

Job satisfaction is shown to have a significant positive effect on organisational commitment in the sample of middle managers of all sectors. The effect is not significant when only middle managers in the healthcare sector are selected. This means that the more satisfied a middle manager is with his or her job the more committed he or she is to the organisation. Job satisfaction also has a significant positive effect on commitment to employees according to model 3 which means that the more satisfied a middle manager is with his or her job, the more committed he or she is to the employees. With the addition of commitment to clients this effect disappears. According to the beta coefficients in all models job satisfaction is often one of the stronger predictors for commitment to multiple targets.

Finally, tenure is shown to have a significant negative effect on the commitment to employees of middle managers. Although the effect is very small the beta coefficients indicate that tenure is a predictor of commitment to employees to keep in mind. This means that the longer a middle manager works in the organisation the less committed he or she is to the employees.

5. Conclusion

This research examined the influence of role conflict of middle managers in the healthcare sector on their workplace commitment. Because middle managers in healthcare have to deal with three demanding actors namely; the organisation, the employees and the clients (Ekholm, 2012; Kras et al., 2017), workplace commitment was examined looking at the commitment to these three targets. Role conflict was hypothesized to have an effect on the commitment of this particular group of middle managers. Because middle managers are the link between otherwise disconnected actors and domains (Wooldridge et al., 2008) it is important for organisations that middle managers function well. As both level of commitment and the level of stress due to role conflict can influence the performance of middle managers (Mesko et al., 2013; Meyer et al., 2002) organisations can prevent problems in performance by minimizing the role conflict of middle managers in their organisation. Also, because commitment can serve as a buffer against stress and is found to be related to several performing factors (Cooper-Hakim & Viswesvaran, 2005; Meyer et al., 2002; Monteiro de Castro et al., 2016) it is important for organisations to have committed employees and managers. Because middle managers have to deal with three groups that are influenced by their performance (Ekholm, 2012; Kras et al., 2017) it can help the organisation if these middle managers are committed to these groups. This research can help in giving an image of the influence of role conflict on commitment of middle managers in healthcare.

5.1 Research gap

In the literature on the subjects of this research a gap was found. Middle managers in specific contexts were found to be under researched (Chen et al., 2017; Currie, 2000; Wooldridge et al., 2008). Especially middle managers in the public sector were found to be examined rarely with respect to commitment and role conflict (Currie, 2000). This research filled this gap by examining middle managers in the healthcare sector. Also in the commitment literature a gap was found. In the literature regarding commitment often only commitment of employees is examined (Brown et al., 2011; Olsen et al., 2016). Likewise the literature regarding role conflict specific contexts is lacking in the commitment research. This research can encourage other researchers to focus on targets of commitment that are specifically relevant to a function. As shown in this research the specific function of middle manager does have three targets of commitment that are relevant to that function. This research fills the gap of non-employee groups and specific sectors by examining role conflict and commitment of middle managers in the healthcare sector.

Further, commitment to clients and commitment to employees were not found to be investigated in the literature about commitment. No clear definitions and measurement scales of these concepts were found in the literature. In this research the relevance of these two targets of commitment was made clear. To fill the gap in the literature definitions and scales were constructed in this research. Definitions of commitment to clients and commitment to employees were based on the definition of commitment to the organisation by Porter et al. (1974). Also, measurement scales of both concepts were constructed by transforming the measurement scales of commitment as used by Klein et al. (2014). The constructed scales were tested on reliability and were found to be sufficient measurement scales.

5.2 Context

To be able to test the expectations of this research two ways of gathering data of the specific group were used. First, a healthcare organisation was approached to be able to question the middle managers of that organisation. A questionnaire was constructed and the middle managers were asked to participate by an anonymous link on the online platform of the organisation. Second, the group of the organisation was supplemented by data gathered in a research project regarding the Dutch workforce. In this research middle managers from other sectors were used to be able to make a comparison with middle managers in healthcare. Also a small part of the respondents were middle managers in healthcare which were used to supplement the middle managers from the organisation.

5.3 Conceptual clarity and measurement

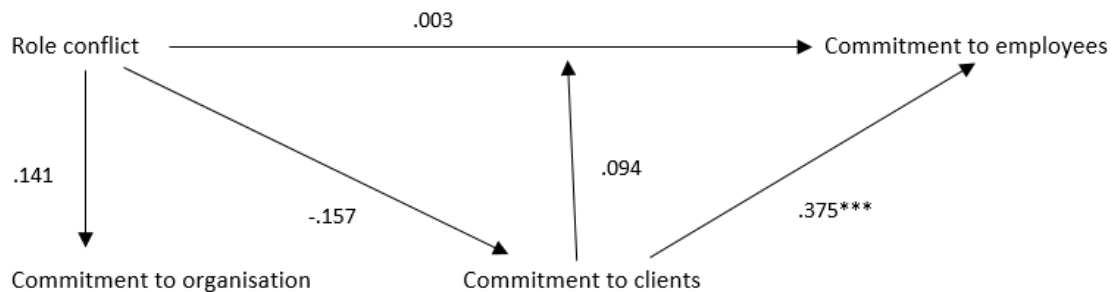
In this research Social Exchange Theory was used to form expectations of the relationship between role conflict and the multiple foci of commitment of middle managers in healthcare. Social Exchange Theory describes how relationships between actors are made and influenced by the interaction of exchange of social and material resources (Cropanzano & Mitchell, 2005). Hypotheses were made based on this theory which were subsequently tested by analysing the gathered data.

The questionnaires were constructed using existing and tested scales. To make sure the questions of both questionnaires used in this research were corresponding questions from the Dutch workforce research projects were replicated in the questionnaire for the middle managers of the healthcare organisation. All concepts in this research were measured with multiple questions with a 7-point Likert scale. All questions belonging to one concept were tested with factor analysis and reliability tests to make sure they measured the concept as wished.

5.4 Findings

The results showed that the examined group is interesting for research. It was shown that middle managers do experience more role conflict and stress than respondents in other functions. Also respondents working in the healthcare sector reported more role conflict and stress than respondents in other sectors. Middle managers in healthcare were shown to experience more stress than middle managers in other sectors. These results showed that middle managers in healthcare can have a high risk of stress and role conflict and are thus an interesting group to examine. The results of the testing of the hypotheses are shown in figure 2 below.

Figure 2: Conceptual representation of found results



In the analyses role conflict was not found to have an influence on organisational commitment for middle managers in healthcare. This means that middle managers that experience a lot of role conflict are not less committed to the organisation than middle managers that do not experience role conflict. The theory that role conflict disturbs the exchange relationship between the middle manager and the organisation is thus not supported. Interestingly middle managers in general are found to have more organisational commitment when experiencing role conflict. This would mean that when middle managers experience role conflict they are more committed to the organisation than when middle managers do not experience role conflict. Using Social Exchange Theory this unexpected relationship can be explained by assuming that middle managers judge the contribution of the organisation so important that they want to return this by being committed even in the case of role conflict. Another explanation could be that middle managers feel their possibility to contribute to the society is via contributing to the organisation. Because middle managers have a certain distance to customers/clients than other functions due to their position (Chen et al., 2017; Kras et al., 2017) middle managers might feel they can contribute most by being committed to the organisation. This might be an explanation for the positive influence of role conflict on commitment to the organisation that is found in this research.

Further, the results showed that there was no significant relationship between role conflict and commitment to clients. This means that the experience of role conflict does not change the amount of commitment a middle manager in healthcare feels towards the clients. The theory that middle managers feel that clients provide trust into the middle manager which should be reciprocated even when the middle managers experiences role conflict is thus rejected. An explanation for the found relationship can be the position of middle managers in the organisation. Due to their position middle managers can mostly reach the clients by the employees (Chen et al., 2017). There is probably little direct contact with the clients. Within the examined organisation a process towards self-organizing teams is in progress (<https://www.BrabantZorg.eu>). With this process the role of the middle managers shifts towards a more coaching role. The distance to the clients of the middle managers in this organisation is probably expanding. One of the respondents mentioned this growing distance in one of the open questions in the questionnaire by stating the following: “The big disadvantage is that I am expected to be further away from the client”. This growing distance might explain the lack of a relationship between role conflict and commitment to clients. Because of this growing distance the relationship between middle managers and clients is probably not based on an exchange relationship. The results indicate that the commitment to clients of middle managers is based on another basis and is thus not influenced if the middle manager experiences role conflict.

Also, no relationship between role conflict and commitment to employees of middle managers in healthcare was found. So, the experience of role conflict does not influence the commitment middle managers have towards the employees. Following Social Exchange Theory it can be argued that the middle managers do not see their role conflict as putting more energy into the relationship with the employees and thus do not have to reciprocate this by being more committed. It could also be that middle managers see it as their most important task to be committed to the employees. One of the respondents articulates this idea in one of the open questions of the questionnaire by stating: “I see it as my role to optimally use this human capital”. It can be argued that the commitment to employees of middle managers in healthcare is so strong that role conflict has no influence.

A relationship that was found in this research is the influence of commitment to clients on commitment to employees. The more committed middle managers in healthcare are to their clients the more committed they are to their employees. It was expected that because middle managers can improve the situation of the clients by providing a good work environment for the employees middle managers are more motivated to work for the employees if they are more committed to the clients. The results indicate that this theory could be an explanation of the commitment of middle managers

in healthcare. However, the expectation that the experience of role conflict would influence the level of commitment to employees through the commitment to clients was not existing. It was found that the relationship between role conflict and commitment to employees is weaker if commitment to clients is not taken into account. When commitment to clients is taken into account the relationship between role conflict and commitment to employees becomes slightly stronger though still not significant. This shows the importance of taking multiple foci of commitment into account and how these different foci can interact with each other. So the results indicate that the influence of role conflict on commitment to employees works partly indirect via the commitment to clients middle managers have but due to non-significance this cannot be stated for certain.

Also, the expectation that the influence of role conflict on commitment to employees would be stronger if the middle manager has high commitment to clients was not found in the results. The results indicate that role conflict does not influence the commitment to employees of middle managers in healthcare. Thus, this influence cannot become stronger or weaker if middle managers are more committed to their clients. The results indicate that when middle managers are more committed to the clients the influence of role conflict on the commitment to employees becomes more positive but this is not significant. Because the influence of role conflict on commitment to employees is not existent in this research and the influence of commitment to clients also is not significant no statements about this relationship can be done in this research.

The research question was as follows: *What is the relationship between role conflict of middle managers in healthcare and the commitment to the organisation, employees and clients by these middle managers? And what is the influence of commitment to clients in the relationship between role conflict and commitment to employees of middle managers in healthcare?* In this research the relationship between role conflict and commitment to the organisation was found to be positive for middle managers of multiple sectors. For middle managers in the healthcare sector no relationships between role conflict and commitment to clients and commitment to employees were found in this research. Following Social Exchange Theory these results can be explained as being that experiencing role conflict is not seen as an exchange resource that should be reciprocated by the other party. Possibly other theories can explain the found relationships more thoroughly than the Social Exchange Theory can by examining different factors regarding role conflict and commitment. As mentioned above the particular position of middle managers could also influence the commitment of middle managers in healthcare and possibly other sectors. The possibilities for further research on the subjects discussed in this study are examined additionally in the next chapter.

5.6 Contribution to theory

This research contributed to the existing theory regarding role conflict because it examined the specific context of middle managers in healthcare. It contributed to the theory about role conflict by showing that middle managers and people working in healthcare have higher role conflict in comparison with people in other functions and in other sectors. Social Exchange Theory was found to be lacking in explaining the mechanisms of role conflict of middle managers in healthcare.

The contribution to the literature of commitment of this research is the investigation of the specific context of the healthcare sector. Also the commitment to employees of middle managers was taken into account which was not found to be done before. In this research definitions of commitment to clients and commitment to employees were formulated. These definitions were based on the definition of commitment by Porter et al. (1974) due to a lack of clear definitions of these concepts in the literature. Based on the K.U.T. scale (Klein et al., 2014) scales to measure the concepts of commitment to clients and commitment to employees were constructed. These scales were tested on reliability and were reviewed as reliable scales. A relationship between commitment to clients and commitment to employees of middle managers in the healthcare sector was found. Further, Social Exchange Theory was lacking in predicting and explaining the relationship between role conflict and commitment of middle managers in healthcare. Due to the found directions there is an indication that there might be another theory for explaining the found relationships in this research. Further research is needed to investigate possible other theories and factors that can explain the role conflict and commitment of middle managers (in healthcare). Other directions for further research based on this study are discussed in chapter 6 below.

6. Discussion

In this chapter the practical implications for organisations based on the outcomes of this research are discussed. Further, shortcomings of this research and inspiration and directions for following research are examined.

6.1 Practical implications

In this research the influence of role conflict on the several foci of commitment of middle managers in healthcare is examined. The results indicated that there is no relationship between role conflict and the several foci of commitment of middle managers in healthcare. This non significance of the relationships could be due to the small sample of this research. The directions of the relationships indicate that when middle managers in healthcare experience role conflict they are more committed to the organisation. Further, the direction of the results indicate that when experiencing role conflict middle managers have less commitment to the clients. The commitment to employees of middle managers in healthcare also appears to be less when the middle managers experiences role conflict. Because the main task of the middle managers is to manage the employees (Chen et al., 2017) this can be an important finding for the organisation. Minimizing the role conflict of middle managers in the organisation can thus be an important measure to prevent problems in the management of the employees (Kras et al., 2017). The employees are subsequently the direct link to the clients. If the management of the employees is not optimally, the care for the clients is most likely also be improvable. The message the organisation can take of these results is that role conflict can have a negative influence on the functioning of the middle managers and thus the importance of minimizing the role conflict of middle managers.

Another result that was found in this research is the possible risk of role conflict and stress of middle managers in healthcare. In comparing the healthcare sector with other sectors it was found that people working in healthcare reported higher role conflict and stress than people working in other sectors. Middle managers also reported higher role conflict and stress than people in other functions. This indicates the high risk of role conflict and stress of middle managers in the healthcare sector. The particular group of middle managers in the healthcare sector reported higher stress than middle managers in other sectors. Because of the negative effect stress can have on the performance of both the middle manager and subsequently on his or her employees (Kras et al., 2017; Mesko et al., 2013)

this group should be examined closely by the higher management to make sure the role conflict and stress of this group does not lead to more problems in the organisation.

Finally, the results show that there is a negative influence of tenure on commitment to employees. The longer the middle manager works in the organisation the less commitment he or she has towards employees. To prevent the negative effect of tenure the organisation might rotate more in the middle manager functions or locations to stimulate variety in work. Job satisfaction seems to have a positive effect on the multiple foci of commitment of middle managers in healthcare. The organisation can thus possibly create commitment of middle managers by heightening the job satisfaction.

6.2 Limitations and directions for future research

Like most studies this research has some limitations that can be interesting starting points for further research. Due to the lack of research on the subjects of middle managers (Chen et al., 2017; Currie, 2000; Wooldridge et al., 2008) and commitment (Brown et al., 2011; Olsen et al., 2016) in specific contexts further research can fill a gap by doing more research in specific contexts. In this way more clarity can be created about the situation and experience of middle managers in multiple situations. Because middle managers can be seen as a balance wheel due to their central role in organisations (Chen et al., 2017; Kras et al., 2017) keeping track of their role and experiences can be very important for organisations and research alike. If there are sector or organisation specific factors that influence the middle managers knowledge of these factors could lead to ideas to improve the experience and functioning of middle managers. This study has made a start by investigating the role conflict and commitment of middle managers in the healthcare sector and can thus be used as inspiration for further research by making use of the limitations of this research.

First, a limitation of this research that can be solved in further research is the small sample and the following implications. Only 42 middle managers of one organisation were examined, supplemented with 10 respondents from other healthcare organisations and 50 middle managers from other sectors. Most analyses were done on the 42 respondents from the specific organisation. This small sample has a negative influence on the representativeness of the research (Boeije et al., 2009). Ideally multiple organisations in the healthcare sector or in multiple sectors would be taken into account. The non-significance of the results in this research are likely due to the small sample. To get clearer results a bigger sample of middle managers in the healthcare sector or in multiple sectors should be tested. In this research the resources and abilities did not allow to test a bigger sample but

some interesting directions of relationships were found. Further research could examine these relationships further and more thoroughly in a bigger sample to find out if these directions are representative for all middle managers.

Secondly, in this research only the relationship between role conflict and commitment of middle managers was examined. Due to the high role conflict of middle managers and people working in healthcare it can be interesting for further research to investigate possible other consequences of role conflict of middle managers. The higher role conflict and stress of middle managers and people working in healthcare that was found in this research can also be an interesting starting point for further research. In this research it was reasoned that the high role conflict and stress of middle managers is because of the central position middle managers fulfil in organisations and the multiple demanding groups a middle manager has to face (Ekholm, 2012; Kras et al., 2017). Further research could investigate if this high role conflict and stress of middle managers is due to this central position or if other factors play a role. Also the high role conflict and stress of people in the healthcare sector can be an interesting subject for further research to examine and explain.

The results of this study do indicate that the particular position of middle managers in organisations plays a role in the role conflict and commitment of middle managers. The position of middle managers consists of a certain distance to customers/clients (Chen et al., 2017; Kras et al., 2017) which might influence the commitment of middle managers. Also the influence of role conflict might be different for middle managers because of this distance. In this research the lack of a relationship between role conflict and the multiple foci of commitment possibly means that the commitment of middle managers is not based on an exchange relationship but on a different basis. Further research could investigate the influence the particular position of middle managers has on commitment and other aspects. Also, in this research the directions of the results show an opposite relationship as was expected by following the research of Olsen et al. (2016). Further research could investigate these relationships to see if this difference is due to the specific samples or due to other factors.

Correlations and relationships between the different foci of commitment as found in this research suggest the importance of taking multiple foci of commitment in account in analyses. The indication that the relationship between role conflict and commitment to employees becomes stronger with the addition of commitment to clients points to interaction between the multiple foci of

commitment. Further research should investigate how multiple commitments influence each other and how the relationships between different foci of commitment effect other factors.

This research has contributed to the literature by identifying the relevance of commitment to targets specific for a function. In this research scales were constructed to measure commitment to clients and commitment to employees. Further research could investigate these targets of commitment further by testing these scales and investigating the concepts of commitment to clients and commitment to employees further. The correlations between the different foci of commitment in this research indicates a problem with differentiating in the questions. The scales in this research were based on the K.U.T. scale (Klein et al., 2014) and are only adapted slightly to match the specific target. Because of the high correlation between the different foci of commitment in this research, further research could examine these scales more closely to detect possible problems with using similar questions. Though the similarity in the questions is used to make comparison more easily it might make recognising the difference in the questions more difficult for the respondents.

Further, Social Exchange Theory was found not to be able to explain the relationships between role conflict and the multiple foci of commitment of middle managers in the healthcare sector. For example in this research it is indicated that high role conflict of middle managers is most likely not seen as resource that should be reciprocated by the organisation. Further research could examine why this is the case and which theory can explain the relationship between role conflict and commitment. Possible other theories that might explain the unexpected directions of the relationships between role conflict and commitment should be examined. One possible explanation as discussed above is the position of middle managers in the organisation. Due to an assumed distance to the customer/client the middle managers might feel their way to contribute is via the organisation. Further research could investigate if the commitment is influenced by function or sector specific characteristics by investigating multiple functions and sectors.

In this research a high correlation between role conflict and stress is found. This is in line with the findings of Mesko et al (2013) who discuss the typicality of work stress for middle managers and how this can have multiple causes of which role conflict is only one. Further research could investigate how stress and role conflict influence each other and what other factors play a role in this relationship. This can create more understanding of role conflict and stress of middle managers and can create starting points for helping middle managers to cope with these.

Finally, the relationship between role conflict and commitment could possibly also work the other way around than investigated in this research. In this research cross-sectional methods were used which has the limitation that the causality of the effects cannot be interpreted for certain. In this research it was theorized that role conflict can influence the commitment of middle managers. Jørgensen and Becker (2015) found that tension of commitment to multiple groups can result in role conflict. Further research could investigate if the relationship between role conflict and commitment can work in both ways by applying a longitudinal approach.

In short, some interesting results were found in this research. Multiple characteristics of this research can thus be used as inspiration or starting point for further research to investigate the role conflict and commitment of middle managers further. As shown by this research middle managers are an interesting group within organisations whose experience and situation is important to keep an eye on.

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Appendix

Appendix A: Translation questions

Table 10: *Translation questions survey*

Question	Concept	Question in English	Question in Dutch
1.	Time in organisation	For how long do you work at [organisation]?	Hoe lang werkt u bij BrabantZorg?
2.	Time in function of middle manager	For how long do you work in the function of middle manager?	Hoe lang werkt u in de functie van teammanager?
3.	Role conflict	I often get myself involved in situation in which there are conflicting requirements.	Ik bevind mij vaak in een situatie waarin er tegenstrijdige verwachtingen zijn.
4.		I am often asked to do things that are against my better judgement.	Ik wordt vaak gevraagd dingen te doen die ingaan tegen mijn inzicht.
5.		I have to bend a rule or policy in order to carry out an assignment.	In het uitvoeren van opdrachten moet ik mij wel eens tussen de regels door bewegen.
6.		I receive incompatible requests from two or more people.	Ik ontvang verschillende verzoeken van mensen die ik niet kan verenigen.
7.	Commitment to the organisation	How committed are you to the organisation?	In hoeverre voelt u zich verbonden met uw organisatie?
8.		To what extent do you care about the organisation?	In hoeverre hecht u belang aan deze organisatie?
9.		How dedicated are you to the organisation?	In hoeverre heeft u toewijding naar uw organisatie?
10.		To what extent have you chosen to be committed to the organisation?	In hoeverre voelt u zich verantwoordelijk voor deze organisatie?
11.	Stress	How often did you get upset because something unexpected happened?	Hoe vaak raakte u van slag omdat er iets onverwachts gebeurde?
12.		How often did you feel that you did not manage to keep everything under control?	Hoe vaak had u het gevoel dat het u niet lukte om alles onder controle te houden?
13.		How often did you feel stressed and nervous?	Hoe vaak voelde u zich gestrest en nerveus?
14.		How often have you experienced that you could not handle all the things that you had to do?	Hoe vaak heeft u ervaren dat u niet alle dingen aankon die u te doen had?
15.		How often did you get agitated about things that you had no influence on?	Hoe vaak heeft u, zich opgewonden over dingen waarop u geen invloed had?

16.		How often have you experienced that the work was so high that you could not cope with it anymore?	Hoe vaak heeft u ervaren dat het werk zich zo hoog opstapelde dat u het niet meer aankon?
17.	Commitment to the client	How committed are you to the clients?	In hoeverre voelt u zich verbonden met uw cliënten?
18.		To what extent do you care about the clients?	In hoeverre hecht u belang aan de cliënten?
19.		How dedicated are you to the clients?	In hoeverre heeft u toewijding naar uw cliënten?
20.		To what extent have you chosen to be committed to the clients?	In hoeverre voelt u zich verantwoordelijk voor de cliënten?
21.	Satisfaction with job	All-in all, I am satisfied with my job.	Al met al ben ik tevreden met mijn baan.
22.		All-in all I like my job.	Alles bij elkaar vind ik mijn baan leuk.
23.		In general, I like to work.	In het algemeen werk ik graag.
24.	Commitment to the employees	How committed are you to the employees?	In hoeverre voelt u zich verbonden met uw medewerkers?
25.		To what extent do you care about the employees?	In hoeverre hecht u belang aan de medewerkers?
26.		How dedicated are you to the employees?	In hoeverre heeft u toewijding naar uw medewerkers?
27.		To what extent have you chosen to be committed to the employees?	In hoeverre voelt u zich verantwoordelijk voor de medewerkers?
28.	Locus of control	How often did you feel that nothing could happen to you?	Hoe vaak heeft u het gevoel gehad dat u niets kon gebeuren?
29.		How often did you feel you could handle your personal problems?	Hoe vaak had u het gevoel dat u uw persoonlijke problemen aankon?
30.		How often did you feel that things were going as you wanted?	Hoe vaak had u het gevoel dat de dingen gingen zoals u dat wilde?
31.		How often did you feel that you had control over your annoyances?	Hoe vaak had u het gevoel controle te hebben over uw ergernissen?

Appendix B: Questionnaire middle managers BrabantZorg

Vragenlijst teammanagers BrabantZorg

Welkom bij de vragenlijst van het onderzoek naar de rol van teammanagers. Hartelijk dank dat u wilt meedoen. Het doel van dit onderzoek is om inzicht te krijgen in de rol en ervaring van teammanagers. Deze vragenlijst is dan ook enkel bedoeld voor Teammanagers van BrabantZorg. Het invullen van de vragenlijst duurt ongeveer 10 minuten. De gegevens zullen worden gebruikt voor zowel wetenschappelijk onderzoek (een masterscriptie aan de Radboud Universiteit) als voor inzicht binnen BrabantZorg. Er zal volkomen vertrouwelijk met uw gegevens worden omgegaan en de resultaten worden geheel anoniem verwerkt. Mocht u nog vragen of opmerkingen hebben over dit onderzoek, neem dan contact op met Cyanne Martens via cyanne.martens@brabantzorg.eu. Daarnaast is er aan het einde van de vragenlijst ruimte voor opmerkingen en vragen. Nogmaals hartelijk dank voor uw deelname aan dit onderzoek.

Hoe lang werkt u bij BrabantZorg?

Jaar _____

Maanden _____

Hoe lang werkt u in de functie van teammanager?

Jaar _____

Maanden _____

De volgende vragen gaan over de rol van teammanager in het algemeen.

In hoeverre bent u het eens met de volgende stellingen?

	Volledig mee oneens	Oneens	Enigszins mee oneens	Noch mee eens, noch mee oneens	Enigszins mee eens	Eens	Volledig mee eens
Ik bevind mij vaak in een situatie waarin er tegenstrijdig verwachtingen zijn.	☐	☐	☐	☐	☐	☐	☐
Ik wordt vaak gevraagd dingen te doen die ingaan tegen mijn inzicht.	☐	☐	☐	☐	☐	☐	☐

In het uitvoeren van opdrachten moet ik mij wel eens tussen de regels door bewegen.

Ik ontvang verschillende verzoeken van mensen die ik niet kan verenigen.



In hoeverre bent u het eens met de volgende stellingen over werken bij BrabantZorg?

	Geenzins	Heel weinig	Weinig	Matig	Veel	Heel veel	Uiterst
In hoeverre voelt u zich verantwoordelijk voor de organisatie?	☐	☐	☐	☐	☐	☐	☐
In hoeverre hecht u belang aan de organisatie?	☐	☐	☐	☐	☐	☐	☐
In hoeverre heeft u toewijding naar uw organisatie?	☐	☐	☐	☐	☐	☐	☐
In hoeverre voelt u zich verbonden met uw organisatie?	☐	☐	☐	☐	☐	☐	☐

Als u terug denkt aan de afgelopen maanden op uw werk, hoe frequent ervaarde u het volgende?

	Nooit	Bijna nooit	Soms	Regelmatig	Vaak	Bijna altijd	Altijd
Hoe vaak raakte u van slag omdat er iets onverwachts gebeurde?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak had u het gevoel dat het u niet lukte om alles onder controle te houden?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak voelde u u gestrest en nerveus?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak heeft u ervaren dat u niet alle dingen aankon die u te doen had?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak heeft u u opgewonden over dingen waarop u geen invloed had?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak heeft u ervaren dat het werk zich zo hoog opstapelde dat u het niet meer aankon?	☐	☐	☐	☐	☐	☐	☐

In hoeverre bent u het eens met de volgende stellingen over werken met cliënten?

	Geenzins	Heel weinig	Weinig	Matig	Veel	Heel veel	Uiterst
In hoeverre voelt u zich verantwoordelijk voor de cliënten?	☐	☐	☐	☐	☐	☐	☐
In hoeverre hecht u belang aan de cliënten?	☐	☐	☐	☐	☐	☐	☐
In hoeverre heeft u toewijding naar uw cliënten?	☐	☐	☐	☐	☐	☐	☐
In hoeverre voelt u zich verbonden met uw cliënten?	☐	☐	☐	☐	☐	☐	☐

In hoeverre bent u tevreden over uw baan?

	Volledige mee oneens	Oneens	Enigszins mee oneens	Noch mee eens, noch mee oneens	Enigszins mee eens	Eens	Volledig mee eens
Al met al ben ik tevreden met mijn baan	☐	☐	☐	☐	☐	☐	☐
Alles bij elkaar vind ik mijn baan leuk	☐	☐	☐	☐	☐	☐	☐
In het algemeen werk ik graag	☐	☐	☐	☐	☐	☐	☐

In hoeverre bent u het eens met de volgende stellingen over werken met medewerkers?

	Geenzins	Heel weinig	Weinig	Matig	Veel	Heel veel	Uiterst
In hoeverre voelt u zich verantwoordelijk voor de medewerkers?	☐	☐	☐	☐	☐	☐	☐
In hoeverre hecht u belang aan de medewerkers?	☐	☐	☐	☐	☐	☐	☐
In hoeverre heeft u toewijding naar uw medewerkers?	☐	☐	☐	☐	☐	☐	☐
In hoeverre voelt u zich verbonden met uw medewerkers?	☐	☐	☐	☐	☐	☐	☐

Als u terug denkt aan de afgelopen maanden op uw werk, hoe frequent ervaarde u het volgende?

	Nooit	Bijna nooit	Soms	Regelmatig	Vaak	Bijna altijd	Altijd
Hoe vaak heeft u het gevoel gehad dat u niets kon gebeuren?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak had u het gevoel dat u uw persoonlijke problemen aankon?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak had u het gevoel dat de dingen gingen zoals u dat wilde?	☐	☐	☐	☐	☐	☐	☐
Hoe vaak had u het gevoel controle te hebben over uw ergernissen?	☐	☐	☐	☐	☐	☐	☐

Dit is het einde van deze vragenlijst. Hier kunt u eventuele vragen of opmerkingen invullen. Wanneer u op de pijl rechtsonder klikt sluit u de vragenlijst af.

Heeft u nog opmerkingen of vragen over de vragenlijst of het onderzoek?

Heeft u nog andere opmerkingen of vragen?

Appendix C: Outcomes hypotheses

Table 11: Outcomes hypotheses

Hypothesis	Outcome
<i>Hypothesis 1: Role conflict has a negative relationship with commitment to the organisation of middle managers in healthcare.</i>	Rejected
<i>Hypothesis 2: Role conflict has a positive relationship with commitment to clients of middle managers.</i>	Rejected
<i>Hypothesis 3: Role conflict has a positive relationship with commitment to employees of middle managers.</i>	Rejected
<i>Hypothesis 4: The relationship between role conflict and commitment to employees of middle managers is mediated by commitment to clients.</i>	Rejected
<i>Hypothesis 5: The relationship between role conflict and commitment to employees of middle managers is stronger when the commitment to clients is higher.</i>	Rejected

Appendix D: SPSS Syntax analyses

DATASET ACTIVATE DataSet1.

*** cleanen data BZ teammanagers.

FREQUENCIES VARIABLES=Rolconflict_1 Rolconflict_2 Rolconflict_3 Rolconflict_4
/ORDER=ANALYSIS.

** select on role conflict.

freq Rolconflict_1 Rolconflict_2 Rolconflict_3 Rolconflict_4.

select if (not missing (Rolconflict_1)).
select if (not missing (Rolconflict_2)).
select if (not missing (Rolconflict_3)).
select if (not missing (Rolconflict_4)).
execute.

freq Rolconflict_1 Rolconflict_2 Rolconflict_3 Rolconflict_4.

COMPUTE Linemanager=1.
EXECUTE.

value labels Linemanager
0 'else'
1 'linemanager'.

execute.

freq linemanager.

COMPUTE Healthcare=1.
EXECUTE.

value labels Healthcare
0 'else'
1 'healthcare'.
execute.

freq Healthcare.

*** LET OP NAMEN ZIJN VERANDERD OM TE KUNNEN MERGEN.

*** cleanen data dutch workforce.

DATASET ACTIVATE DataSet2.

** missings recode.

RECODE TenOrgY TenOrgM OrgIdent1 OrgIdent2 OrgIdent3 OrgIdent4 OrgIdent5 OrgIdent6 OrgIdent7
OrgIdent8 OrgIdent9 OrgIdent10 Full_Part_Sidejob HoursContract HoursPW Contract TurnoverTC1
TurnoverTC2 TurnoverTC3 TurnoverTC4 TurnoverTC5 Turnover1 Turnover2 Turnover3 Turnover4
Contract_TempJ Contract_TempM NoContract Aftercontract1 Aftercontract2 AftercontractTemp1
AftercontractTemp2 AftercontractTemp3 OrgSize ComOrg1 ComOrg2 ComOrg3 ComOrg4 Functie ComColl1
ComColl2 ComColl3 ComColl4 Org_Entr_ASP1 Org_Entr_ASP2 Org_Entr_ASP3 Org_Entr_ASP4 Org_Entr_ASP5
Org_Entr_ASP6 Org_Entr_IBA1 Org_Entr_IBA2 Org_Entr_IBA3 Org_Entr_IBA4 Org_Entr_IBA5 Org_Entr_IBA6
Org_Entr_LA1 Org_Entr_LA2 Org_Entr_LA3 Org_Entr_LA4 Org_Entr_LA5 Org_Entr_LA6 JobSat1 JobSat2
JobSat3 Level_Edu Employ_Occ_Ex1 Employ_Occ_Ex2 Employ_Occ_Ex3 Employ_PersFlex2 Employ_Occ_Ex4
Employ_Occ_Ex5 Employ_Bal1 Employ_Bal2 Employ_Bal3 Employ_Bal4 Employ_Ant_Opt1 Employ_Pers_Flex1
Employ_corp_sense1 Employ_corp_sense2 Employ_corp_sense3 Employ_corp_sense4 Employ_Ant_Opt2
Employ_Ant_Opt3 Employ_Ant_Opt4 Employ_Pers_Flex3 Employ_Pers_Flex4 Employ_Pers_Flex5
Jobstress_Perc_Help1 Jobstress_Perc_Help2 Jobstress_Perc_Help3 Jobstress_Perc_Help4
Jobstress_Perc_Help5 Jobstress_Perc_Help6 Jobstress_Perc_Self_Eff1 Jobstress_Perc_Self_Eff2
RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4 CPE_Phase1_1 CPE_Phase1_2 CPE_Phase1_3
CPE_Phase2_1 CPE_Phase2_2 CPE_Phase2_3 CPE_Phase3_1 CPE_Phase3_2 CPE_Phase3_3 CPE_Phase3_4
CPE_Phase3_5 Jobstress_Perc_Self_Eff3 Jobstress_Perc_Self_Eff4 Inrole_beh1 Inrole_beh2 Inrole_beh3
Inrole_beh4 Inrole_beh5 Inrole_beh6 Functioning_self IWB_Phase1_1 IWB_Phase1_2 IWB_Phase2_1
IWB_Phase2_2 IWB_Phase2_3 IWB_Phase3_1 IWB_Phase3_2 IWB_Phase4_1 IWB_Phase4_2 IWB_Phase4_3 Sexe
Leader Transform_core1 Transform_core2 Transform_core3 Lead_perf_ex1 Lead_perf_ex2 Lead_perf_ex3
Lead_ind_support1 Lead_ind_support2 Lead_ind_support3 Lead_ind_support4 Lead_intel_stim1
Lead_intel_stim2 Lead_intel_stim3 Lead_intel_stim4 Functioning_leader Com_Lead1 Com_Lead2 Com_Lead3
Com_Lead4 Transact_cont_rew1 Transact_cont_rew2 Com_Career1 Com_Career2 Com_Career3 Com_Career4
Car_entrench_CI1 Car_entrench_CI2 Car_entrench_CI3 Car_entrench_CI4 Car_entrench_EC1
Car_entrench_EC2 Car_entrench_EC3 Car_entrench_EC4 Car_entrench_LA1 Car_entrench_LA2
Car_entrench_LA3 Car_entrench_LA4 Masculinity1 Masculinity2 Masculinity3 Masculinity4 type_baan
Industry YearBirth Com_patient1 Com_patient2 Com_patient3 Com_patient4 Tenure_industry Com_prof1
Com_prof2 Com_prof3 Com_prof4 Name_org_agency Transact_cont_rew3 Transact_cont_pun1
Transact_cont_pun2 Transact_cont_pun3 Transact_cont_pun4 Agency_OrgSize Agency_ComOrg1
Agency_ComOrg2 Agency_ComOrg3 Agency_ComOrg4 Agency_Functie Agency_ComColl1 Agency_ComColl2
Agency_ComColl3 Agency_ComColl4 Agency_TenOrgY Agency_TenOrgM Agency_OrgIdent1 Agency_OrgIdent2
Agency_OrgIdent3 Agency_OrgIdent4 Agency_OrgIdent5 Agency_OrgIdent6 Agency_OrgIdent7
Agency_OrgIdent8 Agency_OrgIdent9 Agency_OrgIdent10 Agency_Full_Part_Sidejob Agency_HoursContract
Agency_HoursPW Agency_TurnoverOrg1 Agency_TurnoverOrg2 Agency_TurnoverOrg3 Agency_TurnoverOrg4
Agency_Contract Agency_TurnoverAgency1 Agency_TurnoverAgency2 Agency_TurnoverAgency3
Agency_TurnoverAgency4 Agency_TurnoverTC1 Agency_TurnoverTC2 Agency_TurnoverTC3 Agency_TurnoverTC4
Agency_TurnoverTC5 Agency_Contract_TempJ Agency_Contract_TempM Agency_Contract_Number
Agency_Aftercontract1 Agency_Aftercontract2 Agency_AftercontractTemp1 Agency_AftercontractTemp2
Agency_AftercontractTemp3 Agency_AftercontractTemp4 Agency_AftercontractTemp5 Agency_Org_Entr_ASP1
Agency_Org_Entr_ASP2 Agency_Org_Entr_ASP3 Agency_Org_Entr_ASP4 Agency_Org_Entr_ASP5
Agency_Org_Entr_ASP6 Agency_Org_Entr_IBA1 Agency_Org_Entr_IBA2 Agency_Org_Entr_IBA3

Agency_Org_Entr_IBA4 Agency_Org_Entr_IBA5 Agency_Org_Entr_IBA6 Agency_Org_Entr_LA1
 Agency_Org_Entr_LA2 Agency_Org_Entr_LA3 Agency_Org_Entr_LA4 Agency_Org_Entr_LA5 Agency_Org_Entr_LA6
 Detach_NameDetach Detach_OrgSize Detach_ComOrg1 Detach_ComOrg2 Detach_ComOrg3 Detach_ComOrg4
 Detach_Functie Detach_ComColl1 Detach_ComColl2 Detach_ComColl3 Detach_ComColl4 Detach_TenOrgY
 Detach_TenOrgM Detach_OrgIdent1 Detach_OrgIdent2 Detach_OrgIdent3 Detach_OrgIdent4 Detach_OrgIdent5
 Detach_OrgIdent6 Detach_OrgIdent7 Detach_OrgIdent8 Detach_OrgIdent9 Detach_OrgIdent10
 Detach_Full_Part_Sidejob Detach_HoursContract Detach_HoursPW Detach_TurnoverOrg1
 Detach_TurnoverOrg2 Detach_TurnoverOrg3 Detach_TurnoverOrg4 Detach_Contract Detach_TurnoverDetach1
 Detach_TurnoverDetach2 Detach_TurnoverDetach3 Detach_TurnoverDetach4 Detach_Contract_TempJ
 Detach_Contract_TempM Detach_TurnoverTC1 Detach_TurnoverTC2 Detach_TurnoverTC3 Detach_TurnoverTC4
 Detach_TurnoverTC5 Detach_NoContract Detach_Aftercontract1 Detach_Aftercontract2
 Detach_AftercontractTemp1 Detach_AftercontractTemp2 Detach_AftercontractTemp3
 Detach_AftercontractTemp4 Detach_AftercontractTemp5 Detach_Org_Entr_ASP1 Detach_Org_Entr_ASP2
 Detach_Org_Entr_ASP3 Detach_Org_Entr_ASP4 Detach_Org_Entr_ASP5 Detach_Org_Entr_ASP6
 Detach_Org_Entr_IBA1 Detach_Org_Entr_IBA2 Detach_Org_Entr_IBA3 Detach_Org_Entr_IBA4
 Detach_Org_Entr_IBA5 Detach_Org_Entr_IBA6 Detach_Org_Entr_LA1 Detach_Org_Entr_LA2
 Detach_Org_Entr_LA3 Detach_Org_Entr_LA4 Detach_Org_Entr_LA5 Detach_Org_Entr_LA6 BussOwner_OrgSize
 BussOwner_ComOrg1 BussOwner_ComOrg2 BussOwner_ComOrg3 BussOwner_ComOrg4 BussOwner_ComColl1
 BussOwner_ComColl2 BussOwner_ComColl3 BussOwner_ComColl4 BussOwner_TenOrgY BussOwner_TenOrgM
 BussOwner_OrgIdent1 BussOwner_OrgIdent2 BussOwner_OrgIdent3 BussOwner_OrgIdent4 BussOwner_OrgIdent5
 BussOwner_OrgIdent6 BussOwner_OrgIdent7 BussOwner_OrgIdent8 BussOwner_OrgIdent9
 BussOwner_OrgIdent10 BussOwner_Full_Part_Sidejob BussOwner_HoursContract BussOwner_HoursPW
 BussOwner_Turnover1 BussOwner_Turnover2 BussOwner_Turnover3 BussOwner_Turnover4
 BussOwner_Org_Entr_ASP1 BussOwner_Org_Entr_ASP2 BussOwner_Org_Entr_ASP3 BussOwner_Org_Entr_ASP4
 BussOwner_Org_Entr_ASP5 BussOwner_Org_Entr_ASP6 BussOwner_Org_Entr_IBA1 BussOwner_Org_Entr_IBA2
 BussOwner_Org_Entr_IBA3 BussOwner_Org_Entr_IBA4 BussOwner_Org_Entr_IBA5 BussOwner_Org_Entr_IBA6
 BussOwner_Org_Entr_LA1 BussOwner_Org_Entr_LA2 BussOwner_Org_Entr_LA3 BussOwner_Org_Entr_LA4
 BussOwner_Org_Entr_LA5 BussOwner_Org_Entr_LA6 ZZZ_TenY ZZZ_TenM ZZZ_Full_Part_Sidejob
 ZZZ_HoursContract ZZZ_HoursPW ZZZ_No_employers ZZZ_OrgSize ZZZ_ComOrg1 ZZZ_ComOrg2 ZZZ_ComOrg3
 ZZZ_ComOrg4 ZZZ_Functie ZZZ_ComColl1 ZZZ_ComColl2 ZZZ_ComColl3 ZZZ_ComColl4 ZZZ_hours_Contract_org
 ZZZ_hours_PW_org ZZZ_OrgIdent1 ZZZ_OrgIdent2 ZZZ_OrgIdent3 ZZZ_OrgIdent4 ZZZ_OrgIdent5
 ZZZ_OrgIdent6 ZZZ_OrgIdent7 ZZZ_OrgIdent8 ZZZ_OrgIdent9 ZZZ_OrgIdent10 ZZZ_contractY ZZZ_ContractM
 ZZZ_Ten_orgJ ZZZ_Ten_OrgM ZZZ_Aftercontract1 ZZZ_Aftercontract2 ZZZ_AftercontractTemp1
 ZZZ_AftercontractTemp2 ZZZ_AftercontractTemp3 ZZZ_AftercontractTemp4 ZZZ_AftercontractTemp5
 Q89_ZZZ_AftercontractTemp6 ZZZ_Turnover1 ZZZ_Turnover2 ZZZ_Turnover3 ZZZ_Turnover4
 ZZZ_Org_Entr_ASP1 ZZZ_Org_Entr_ASP2 ZZZ_Org_Entr_ASP3 ZZZ_Org_Entr_ASP4 ZZZ_Org_Entr_ASP5
 ZZZ_Org_Entr_ASP6 ZZZ_Org_Entr_IBA1 ZZZ_Org_Entr_IBA2 ZZZ_Org_Entr_IBA3 ZZZ_Org_Entr_IBA4
 ZZZ_Org_Entr_IBA5 ZZZ_Org_Entr_IBA6 ZZZ_Org_Entr_LA1 ZZZ_Org_Entr_LA2 ZZZ_Org_Entr_LA3
 ZZZ_Org_Entr_LA4 ZZZ_Org_Entr_LA5 ZZZ_Org_Entr_LA6 (SYSMIS=-999) (MISSING=-999).
 EXECUTE.

** line manager or else.

```

compute Linemanager=-9.
if (Functie_All = 5) Linemanager=1.
if (Functie_All =1) Linemanager=0.
if (Functie_All =2) Linemanager=0.
if (Functie_All =3) Linemanager=0.
if (Functie_All =4) Linemanager=0.
if (Functie_All =6) Linemanager=0.
if (Functie_All =7) Linemanager=-9.
value labels Linemanager
0 'else'
1 'linemanager'.
execute.
  
```

Freq Functie_All Linemanager.

**healthcare or else.

freq industry.

compute Healthcare=-9.

```

if (industry = 17) Healthcare=1.
if (industry = 1) Healthcare=0.
if (industry = 2) Healthcare=0.
if (industry = 3) Healthcare=0.
if (industry = 4) Healthcare=0.
if (industry = 5) Healthcare=0.
if (industry = 6) Healthcare=0.
if (industry = 7) Healthcare=0.
if (industry = 8) Healthcare=0.
if (industry = 9) Healthcare=0.
if (industry = 10) Healthcare=0.
if (industry = 11) Healthcare=0.
if (industry = 12) Healthcare=0.
if (industry = 13) Healthcare=0.
if (industry = 14) Healthcare=0.
if (industry = 15) Healthcare=0.
if (industry = 16) Healthcare=0.
if (industry = 18) Healthcare=0.
if (industry = 19) Healthcare=0.
if (industry = 20) Healthcare=0.
if (industry = 21) Healthcare=0.
if (industry = 22) Healthcare=0.
if (industry = 23) Healthcare=-9.
value labels Healthcare
0 'else'
1 'healthcare'.
execute.

```

freq industry Healthcare.

****Organisationcommitment.**

```

freq Orgcommit1 Orgcommit2 Orgcommit3 Orgcommit4.
freq AOrgcommit1 AOrgcommit2 AOrgcommit3 AOrgcommit4.
freq Detach_ComOrg1 Detach_ComOrg2 Detach_ComOrg3 Detach_ComOrg4.
freq BussOwner_ComOrg1 BussOwner_ComOrg2 BussOwner_ComOrg3 BussOwner_ComOrg4.
freq ZZP_ComOrg1 ZZP_ComOrg2 ZZP_ComOrg3 ZZP_ComOrg4.

```

```

compute Orgcommitment1=-9.
if (Orgcommit1 = 1) Orgcommitment1 =1.
if (Orgcommit1 = 2) Orgcommitment1 =2.
if (Orgcommit1 = 3) Orgcommitment1 =3.
if (Orgcommit1 = 4) Orgcommitment1 =4.
if (Orgcommit1 = 5) Orgcommitment1 =5.
if (Orgcommit1 = 6) Orgcommitment1 =6.
if (Orgcommit1 = 7) Orgcommitment1 =7.
if (AOrgcommit1 = 1) Orgcommitment1 =1.
if (AOrgcommit1 = 2) Orgcommitment1 =2.
if (AOrgcommit1 = 3) Orgcommitment1 =3.
if (AOrgcommit1 = 4) Orgcommitment1 =4.
if (AOrgcommit1 = 5) Orgcommitment1 =5.
if (AOrgcommit1 = 6) Orgcommitment1 =6.
if (AOrgcommit1 = 7) Orgcommitment1 =7.
if (Detach_ComOrg1 = 1) Orgcommitment1 =1.
if (Detach_ComOrg1 = 2) Orgcommitment1 =2.
if (Detach_ComOrg1 = 3) Orgcommitment1 =3.
if (Detach_ComOrg1 = 4) Orgcommitment1 =4.
if (Detach_ComOrg1 = 5) Orgcommitment1 =5.
if (Detach_ComOrg1 = 6) Orgcommitment1 =6.
if (Detach_ComOrg1 = 7) Orgcommitment1 =7.
if (BussOwner_ComOrg1 = 1) Orgcommitment1 =1.
if (BussOwner_ComOrg1 = 2) Orgcommitment1 =2.
if (BussOwner_ComOrg1 = 3) Orgcommitment1 =3.

```

```

if (BussOwner_ComOrg1 = 4) Orgcommitment1 =4.
if (BussOwner_ComOrg1 = 5) Orgcommitment1 =5.
if (BussOwner_ComOrg1 = 6) Orgcommitment1 =6.
if (BussOwner_ComOrg1 = 7) Orgcommitment1 =7.
if (ZZP_ComOrg1 = 1) Orgcommitment1 =1.
if (ZZP_ComOrg1 = 2) Orgcommitment1 =2.
if (ZZP_ComOrg1 = 3) Orgcommitment1 =3.
if (ZZP_ComOrg1 = 4) Orgcommitment1 =4.
if (ZZP_ComOrg1 = 5) Orgcommitment1 =5.
if (ZZP_ComOrg1 = 6) Orgcommitment1 =6.
if (ZZP_ComOrg1 = 7) Orgcommitment1 =7.
value labels Orgcommitment1
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

```

freq Orgcommit1 AOrgcommit1 Detach_ComOrg1 BussOwner_ComOrg1 ZZP_ComOrg1 Orgcommitment1.

```

```

RECODE Orgcommitment1 (-9=SYSMIS).
EXECUTE.

```

```

freq Orgcommitment1.

```

```

compute Orgcommitment2=-9.
if (Orgcommit2 = 1) Orgcommitment2 =1.
if (Orgcommit2 = 2) Orgcommitment2 =2.
if (Orgcommit2 = 3) Orgcommitment2 =3.
if (Orgcommit2 = 4) Orgcommitment2 =4.
if (Orgcommit2 = 5) Orgcommitment2 =5.
if (Orgcommit2 = 6) Orgcommitment2 =6.
if (Orgcommit2 = 7) Orgcommitment2 =7.
if (AOrgcommit2 = 1) Orgcommitment2 =1.
if (AOrgcommit2 = 2) Orgcommitment2 =2.
if (AOrgcommit2 = 3) Orgcommitment2 =3.
if (AOrgcommit2 = 4) Orgcommitment2 =4.
if (AOrgcommit2 = 5) Orgcommitment2 =5.
if (AOrgcommit2 = 6) Orgcommitment2 =6.
if (AOrgcommit2 = 7) Orgcommitment2 =7.
if (Detach_ComOrg2 = 1) Orgcommitment2 =1.
if (Detach_ComOrg2 = 2) Orgcommitment2 =2.
if (Detach_ComOrg2 = 3) Orgcommitment2 =3.
if (Detach_ComOrg2 = 4) Orgcommitment2 =4.
if (Detach_ComOrg2 = 5) Orgcommitment2 =5.
if (Detach_ComOrg2 = 6) Orgcommitment2 =6.
if (Detach_ComOrg2 = 7) Orgcommitment2 =7.
if (BussOwner_ComOrg2 = 1) Orgcommitment2 =1.
if (BussOwner_ComOrg2 = 2) Orgcommitment2 =2.
if (BussOwner_ComOrg2 = 3) Orgcommitment2 =3.
if (BussOwner_ComOrg2 = 4) Orgcommitment2 =4.
if (BussOwner_ComOrg2 = 5) Orgcommitment2 =5.
if (BussOwner_ComOrg2 = 6) Orgcommitment2 =6.
if (BussOwner_ComOrg2 = 7) Orgcommitment2 =7.
if (ZZP_ComOrg2 = 1) Orgcommitment2 =1.
if (ZZP_ComOrg2 = 2) Orgcommitment2 =2.
if (ZZP_ComOrg2 = 3) Orgcommitment2 =3.
if (ZZP_ComOrg2 = 4) Orgcommitment2 =4.
if (ZZP_ComOrg2 = 5) Orgcommitment2 =5.
if (ZZP_ComOrg2 = 6) Orgcommitment2 =6.

```

```

if (ZZP_ComOrg2 = 7) Orgcommitment2 =7.
value labels Orgcommitment2
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

```

freq Orgcommit2 AOrgcommit2 Detach_ComOrg2 BussOwner_ComOrg2 ZZP_ComOrg2 Orgcommitment2.

```

```

RECODE Orgcommitment2 (-9=SYSMIS).
EXECUTE.

```

```

freq Orgcommitment2.

```

```

compute Orgcommitment3=-9.
if (Orgcommit3 = 1) Orgcommitment3 =1.
if (Orgcommit3 = 2) Orgcommitment3 =2.
if (Orgcommit3 = 3) Orgcommitment3 =3.
if (Orgcommit3 = 4) Orgcommitment3 =4.
if (Orgcommit3 = 5) Orgcommitment3 =5.
if (Orgcommit3 = 6) Orgcommitment3 =6.
if (Orgcommit3 = 7) Orgcommitment3 =7.
if (AOrgcommit3 = 1) Orgcommitment3 =1.
if (AOrgcommit3 = 2) Orgcommitment3 =2.
if (AOrgcommit3 = 3) Orgcommitment3 =3.
if (AOrgcommit3 = 4) Orgcommitment3 =4.
if (AOrgcommit3 = 5) Orgcommitment3 =5.
if (AOrgcommit3 = 6) Orgcommitment3 =6.
if (AOrgcommit3 = 7) Orgcommitment3 =7.
if (Detach_ComOrg3 = 1) Orgcommitment3 =1.
if (Detach_ComOrg3 = 2) Orgcommitment3 =2.
if (Detach_ComOrg3 = 3) Orgcommitment3 =3.
if (Detach_ComOrg3 = 4) Orgcommitment3 =4.
if (Detach_ComOrg3 = 5) Orgcommitment3 =5.
if (Detach_ComOrg3 = 6) Orgcommitment3 =6.
if (Detach_ComOrg3 = 7) Orgcommitment3 =7.
if (BussOwner_ComOrg3 = 1) Orgcommitment3 =1.
if (BussOwner_ComOrg3 = 2) Orgcommitment3 =2.
if (BussOwner_ComOrg3 = 3) Orgcommitment3 =3.
if (BussOwner_ComOrg3 = 4) Orgcommitment3 =4.
if (BussOwner_ComOrg3 = 5) Orgcommitment3 =5.
if (BussOwner_ComOrg3 = 6) Orgcommitment3 =6.
if (BussOwner_ComOrg3 = 7) Orgcommitment3 =7.
if (ZZP_ComOrg3 = 1) Orgcommitment3 =1.
if (ZZP_ComOrg3 = 2) Orgcommitment3 =2.
if (ZZP_ComOrg3 = 3) Orgcommitment3 =3.
if (ZZP_ComOrg3 = 4) Orgcommitment3 =4.
if (ZZP_ComOrg3 = 5) Orgcommitment3 =5.
if (ZZP_ComOrg3 = 6) Orgcommitment3 =6.
if (ZZP_ComOrg3 = 7) Orgcommitment3 =7.
value labels Orgcommitment3
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

freq Orgcommit3 AOrgcommit3 Detach_ComOrg3 BussOwner_ComOrg3 ZZP_ComOrg3 Orgcommitment3.

RECODE Orgcommitment3 (-9=SYSMIS).
EXECUTE.

freq Orgcommitment3.

compute Orgcommitment4=-9.
if (Orgcommit4 = 1) Orgcommitment4 =1.
if (Orgcommit4 = 2) Orgcommitment4 =2.
if (Orgcommit4 = 3) Orgcommitment4 =3.
if (Orgcommit4 = 4) Orgcommitment4 =4.
if (Orgcommit4 = 5) Orgcommitment4 =5.
if (Orgcommit4 = 6) Orgcommitment4 =6.
if (Orgcommit4 = 7) Orgcommitment4 =7.
if (AOrgcommit4 = 1) Orgcommitment4 =1.
if (AOrgcommit4 = 2) Orgcommitment4 =2.
if (AOrgcommit4 = 3) Orgcommitment4 =3.
if (AOrgcommit4 = 4) Orgcommitment4 =4.
if (AOrgcommit4 = 5) Orgcommitment4 =5.
if (AOrgcommit4 = 6) Orgcommitment4 =6.
if (AOrgcommit4 = 7) Orgcommitment4 =7.
if (Detach_ComOrg4 = 1) Orgcommitment4 =1.
if (Detach_ComOrg4 = 2) Orgcommitment4 =2.
if (Detach_ComOrg4 = 3) Orgcommitment4 =3.
if (Detach_ComOrg4 = 4) Orgcommitment4 =4.
if (Detach_ComOrg4 = 5) Orgcommitment4 =5.
if (Detach_ComOrg4 = 6) Orgcommitment4 =6.
if (Detach_ComOrg4 = 7) Orgcommitment4 =7.
if (BussOwner_ComOrg4 = 1) Orgcommitment4 =1.
if (BussOwner_ComOrg4 = 2) Orgcommitment4 =2.
if (BussOwner_ComOrg4 = 3) Orgcommitment4 =3.
if (BussOwner_ComOrg4 = 4) Orgcommitment4 =4.
if (BussOwner_ComOrg4 = 5) Orgcommitment4 =5.
if (BussOwner_ComOrg4 = 6) Orgcommitment4 =6.
if (BussOwner_ComOrg4 = 7) Orgcommitment4 =7.
if (ZZP_ComOrg4 = 1) Orgcommitment4 =1.
if (ZZP_ComOrg4 = 2) Orgcommitment4 =2.
if (ZZP_ComOrg4 = 3) Orgcommitment4 =3.
if (ZZP_ComOrg4 = 4) Orgcommitment4 =4.
if (ZZP_ComOrg4 = 5) Orgcommitment4 =5.
if (ZZP_ComOrg4 = 6) Orgcommitment4 =6.
if (ZZP_ComOrg4 = 7) Orgcommitment4 =7.
value labels Orgcommitment4
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

freq Orgcommit4 AOrgcommit4 Detach_ComOrg4 BussOwner_ComOrg4 ZZP_ComOrg4 Orgcommitment4.

RECODE Orgcommitment4 (-9=SYSMIS).
EXECUTE.

freq Orgcommitment4.

Compute TenureAllY =-9.
if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=1) TenureAllY=TenOrgY.

```

if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=2) TenureAlly=Agency_TenOrgY.
if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=3) TenureAlly=Detach_TenOrgY.
if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=4) TenureAlly=Bussowner_TenOrgY.
if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=5) TenureAlly=ZZP_Ten_orgJ.
if (FiveTypes_org_Agency_Detach_OwnBus_ZZP=6) TenureAlly=TenOrgY.
execute.

```

```

freq TenureAlly.

```

```

compute Collcommitment1=-9.
if (ComColl1 = 1) Collcommitment1 =1.
if (ComColl1 = 2) Collcommitment1 =2.
if (ComColl1 = 3) Collcommitment1 =3.
if (ComColl1 = 4) Collcommitment1 =4.
if (ComColl1 = 5) Collcommitment1 =5.
if (ComColl1 = 6) Collcommitment1 =6.
if (ComColl1 = 7) Collcommitment1 =7.
if (Agency_ComColl1 = 1) Collcommitment1 =1.
if (Agency_ComColl1 = 2) Collcommitment1 =2.
if (Agency_ComColl1 = 3) Collcommitment1 =3.
if (Agency_ComColl1 = 4) Collcommitment1 =4.
if (Agency_ComColl1 = 5) Collcommitment1 =5.
if (Agency_ComColl1 = 6) Collcommitment1 =6.
if (Agency_ComColl1 = 7) Collcommitment1 =7.
if (Detach_ComColl1 = 1) Collcommitment1 =1.
if (Detach_ComColl1 = 2) Collcommitment1 =2.
if (Detach_ComColl1 = 3) Collcommitment1 =3.
if (Detach_ComColl1 = 4) Collcommitment1 =4.
if (Detach_ComColl1 = 5) Collcommitment1 =5.
if (Detach_ComColl1 = 6) Collcommitment1 =6.
if (Detach_ComColl1 = 7) Collcommitment1 =7.
if (BussOwner_ComColl1 = 1) Collcommitment1 =1.
if (BussOwner_ComColl1 = 2) Collcommitment1 =2.
if (BussOwner_ComColl1 = 3) Collcommitment1 =3.
if (BussOwner_ComColl1 = 4) Collcommitment1 =4.
if (BussOwner_ComColl1 = 5) Collcommitment1 =5.
if (BussOwner_ComColl1 = 6) Collcommitment1 =6.
if (BussOwner_ComColl1 = 7) Collcommitment1 =7.
if (ZZP_ComColl1 = 1) Collcommitment1 =1.
if (ZZP_ComColl1 = 2) Collcommitment1 =2.
if (ZZP_ComColl1 = 3) Collcommitment1 =3.
if (ZZP_ComColl1 = 4) Collcommitment1 =4.
if (ZZP_ComColl1 = 5) Collcommitment1 =5.
if (ZZP_ComColl1 = 6) Collcommitment1 =6.
if (ZZP_ComColl1 = 7) Collcommitment1 =7.
value labels Collcommitment1
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

```

freq Collcommitment1.

```

```

RECODE Collcommitment1 (-9=SYSMIS).
EXECUTE.

```

```

compute Collcommitment2 =-9.

```

```

if (ComColl2 = 1) Collcommitment2 =1.
if (ComColl2 = 2) Collcommitment2 =2.
if (ComColl2 = 3) Collcommitment2 =3.
if (ComColl2 = 4) Collcommitment2 =4.
if (ComColl2 = 5) Collcommitment2 =5.
if (ComColl2 = 6) Collcommitment2 =6.
if (ComColl2 = 7) Collcommitment2 =7.
if (Agency_ComColl2 = 1) Collcommitment2 =1.
if (Agency_ComColl2 = 2) Collcommitment2 =2.
if (Agency_ComColl2 = 3) Collcommitment2 =3.
if (Agency_ComColl2 = 4) Collcommitment2 =4.
if (Agency_ComColl2 = 5) Collcommitment2 =5.
if (Agency_ComColl2 = 6) Collcommitment2 =6.
if (Agency_ComColl2 = 7) Collcommitment2 =7.
if (Detach_ComColl2 = 1) Collcommitment2 =1.
if (Detach_ComColl2 = 2) Collcommitment2 =2.
if (Detach_ComColl2 = 3) Collcommitment2 =3.
if (Detach_ComColl2 = 4) Collcommitment2 =4.
if (Detach_ComColl2 = 5) Collcommitment2 =5.
if (Detach_ComColl2 = 6) Collcommitment2 =6.
if (Detach_ComColl2 = 7) Collcommitment2 =7.
if (BussOwner_ComColl2 = 1) Collcommitment2 =1.
if (BussOwner_ComColl2 = 2) Collcommitment2 =2.
if (BussOwner_ComColl2 = 3) Collcommitment2 =3.
if (BussOwner_ComColl2 = 4) Collcommitment2 =4.
if (BussOwner_ComColl2 = 5) Collcommitment2 =5.
if (BussOwner_ComColl2 = 6) Collcommitment2 =6.
if (BussOwner_ComColl2 = 7) Collcommitment2 =7.
if (ZZP_ComColl2 = 1) Collcommitment2 =1.
if (ZZP_ComColl2 = 2) Collcommitment2 =2.
if (ZZP_ComColl2 = 3) Collcommitment2 =3.
if (ZZP_ComColl2 = 4) Collcommitment2 =4.
if (ZZP_ComColl2 = 5) Collcommitment2 =5.
if (ZZP_ComColl2 = 6) Collcommitment2 =6.
if (ZZP_ComColl2 = 7) Collcommitment2 =7.
value labels Collcommitment2
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

freq Collcommitment2.

```

RECODE Collcommitment2 (-9=SYSMIS).
EXECUTE.

```

freq Collcommitment2.

```

compute Collcommitment3 =-9.
if (ComColl3 = 1) Collcommitment3 =1.
if (ComColl3 = 2) Collcommitment3 =2.
if (ComColl3 = 3) Collcommitment3 =3.
if (ComColl3 = 4) Collcommitment3 =4.
if (ComColl3 = 5) Collcommitment3 =5.
if (ComColl3 = 6) Collcommitment3 =6.
if (ComColl3 = 7) Collcommitment3 =7.
if (Agency_ComColl3 = 1) Collcommitment3 =1.
if (Agency_ComColl3 = 2) Collcommitment3 =2.
if (Agency_ComColl3 = 3) Collcommitment3 =3.

```

```

if (Agency_ComColl3 = 4) Collcommitment3 =4.
if (Agency_ComColl3 = 5) Collcommitment3 =5.
if (Agency_ComColl3 = 6) Collcommitment3 =6.
if (Agency_ComColl3 = 7) Collcommitment3 =7.
if (Detach_ComColl3 = 1) Collcommitment3 =1.
if (Detach_ComColl3 = 2) Collcommitment3 =2.
if (Detach_ComColl3 = 3) Collcommitment3 =3.
if (Detach_ComColl3 = 4) Collcommitment3 =4.
if (Detach_ComColl3 = 5) Collcommitment3 =5.
if (Detach_ComColl3 = 6) Collcommitment3 =6.
if (Detach_ComColl3 = 7) Collcommitment3 =7.
if (BussOwner_ComColl3 = 1) Collcommitment3 =1.
if (BussOwner_ComColl3 = 2) Collcommitment3 =2.
if (BussOwner_ComColl3 = 3) Collcommitment3 =3.
if (BussOwner_ComColl3 = 4) Collcommitment3 =4.
if (BussOwner_ComColl3 = 5) Collcommitment3 =5.
if (BussOwner_ComColl3 = 6) Collcommitment3 =6.
if (BussOwner_ComColl3 = 7) Collcommitment3 =7.
if (ZZP_ComColl3 = 1) Collcommitment3 =1.
if (ZZP_ComColl3 = 2) Collcommitment3 =2.
if (ZZP_ComColl3 = 3) Collcommitment3 =3.
if (ZZP_ComColl3 = 4) Collcommitment3 =4.
if (ZZP_ComColl3 = 5) Collcommitment3 =5.
if (ZZP_ComColl3 = 6) Collcommitment3 =6.
if (ZZP_ComColl3 = 7) Collcommitment3 =7.
value labels Collcommitment3
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

```

```
freq Collcommitment3.
```

```
RECODE Collcommitment3 (-9=SYSMIS).
EXECUTE.
```

```
freq Collcommitment3.
```

```

compute Collcommitment4 =-9.
if (ComColl4 = 1) Collcommitment4 =1.
if (ComColl4 = 2) Collcommitment4 =2.
if (ComColl4 = 3) Collcommitment4 =3.
if (ComColl4 = 4) Collcommitment4 =4.
if (ComColl4 = 5) Collcommitment4 =5.
if (ComColl4 = 6) Collcommitment4 =6.
if (ComColl4 = 7) Collcommitment4 =7.
if (Agency_ComColl4 = 1) Collcommitment4 =1.
if (Agency_ComColl4 = 2) Collcommitment4 =2.
if (Agency_ComColl4 = 3) Collcommitment4 =3.
if (Agency_ComColl4 = 4) Collcommitment4 =4.
if (Agency_ComColl4 = 5) Collcommitment4 =5.
if (Agency_ComColl4 = 6) Collcommitment4 =6.
if (Agency_ComColl4 = 7) Collcommitment4 =7.
if (Detach_ComColl4 = 1) Collcommitment4 =1.
if (Detach_ComColl4 = 2) Collcommitment4 =2.
if (Detach_ComColl4 = 3) Collcommitment4 =3.
if (Detach_ComColl4 = 4) Collcommitment4 =4.
if (Detach_ComColl4 = 5) Collcommitment4 =5.
if (Detach_ComColl4 = 6) Collcommitment4 =6.

```

```

if (Detach_ComColl4 = 7) Collcommitment4 =7.
if (BussOwner_ComColl4 = 1) Collcommitment4 =1.
if (BussOwner_ComColl4 = 2) Collcommitment4 =2.
if (BussOwner_ComColl4 = 3) Collcommitment4 =3.
if (BussOwner_ComColl4 = 4) Collcommitment4 =4.
if (BussOwner_ComColl4 = 5) Collcommitment4 =5.
if (BussOwner_ComColl4 = 6) Collcommitment4 =6.
if (BussOwner_ComColl4 = 7) Collcommitment4 =7.
if (ZZP_ComColl4 = 1) Collcommitment4 =1.
if (ZZP_ComColl4 = 2) Collcommitment4 =2.
if (ZZP_ComColl4 = 3) Collcommitment4 =3.
if (ZZP_ComColl4 = 4) Collcommitment4 =4.
if (ZZP_ComColl4 = 5) Collcommitment4 =5.
if (ZZP_ComColl4 = 6) Collcommitment4 =6.
if (ZZP_ComColl4 = 7) Collcommitment4 =7.
value labels Collcommitment4
1 'Geenzins'
2 'Heel weinig'
3 'Weinig'
4 'Matig'
5 'Veel'
6 'Heel veel'
7 'Uiterst'.
execute.

freq Collcommitment4.

RECODE Collcommitment4 (-9=SYSMIS).
EXECUTE.

freq Collcommitment4.

***LET OP NAMEN ZIJN VERANDERD OM TE KUNNEN MERGEN.

*merge files.

ADD FILES /FILE=*
/RENAME (Agency_ComColl1 Agency_ComColl2 Agency_ComColl3 Agency_ComColl4 Agency_NameOrg
Agency_TenOrgM Agency_TenOrgY AgencyFunctie AOrgcommit1 AOrgcommit2 AOrgcommit3 AOrgcommit4
BussOwner_ComColl1 BussOwner_ComColl2 BussOwner_ComColl3 BussOwner_ComColl4 BussOwner_ComOrg1
BussOwner_ComOrg2 BussOwner_ComOrg3 BussOwner_ComOrg4 BussOwner_NameOrg BussOwner_TenOrgM
BussOwner_TenOrgY ComColl1 ComColl2 ComColl3 ComColl4 Detach_ComColl1 Detach_ComColl2
Detach_ComColl3 Detach_ComColl4 Detach_ComOrg1 Detach_ComOrg2 Detach_ComOrg3 Detach_ComOrg4
Detach_NameOrg Detach_TenOrgM Detach_TenOrgY DetachFunctie FiveTypes_org Agency_Detach_OwnBus_ZZP
Functie_All Industry name NameOrg Orgcommit1 Orgcommit2 Orgcommit3 Orgcommit4 Orgfunctie TenOrgM
TenOrgY Tenure_industry type_baan ZZP_ComColl1 ZZP_ComColl2 ZZP_ComColl3 ZZP_ComColl4 ZZP_ComOrg1
ZZP_ComOrg2 ZZP_ComOrg3 ZZP_ComOrg4 ZZP_Functie ZZP_NameOrg ZZP_Ten_orgJ ZZP_Ten_OrgM ZZP_TenM
ZZP_TenY=d0 d1 d2 d3 d4 d5 d6 d7 d8 d9 d10 d11 d12 d13 d14 d15 d16 d17 d18 d19 d20 d21 d22 d23 d24
d25 d26 d27 d28 d29 d30 d31 d32 d33 d34 d35 d36 d37 d38 d39 d40 d41 d42 d43 d44 d45 d46 d47 d48 d49
d50 d51 d52 d53 d54 d55 d56 d57 d58 d59 d60 d61 d62 d63 d64 d65 d66)
/FILE='F:\Master SHRL\Master thesis\Analysis\Data BZ TM clean.sav'
/RENAME (Ondersteuning Opmerkingenonderzoek opmerkingenrol Q35 Q6___Topics Rolmanagers_1
Rolmanagers_2 Rolmanagers_3 Rolmanagers_4 Rolmanagers_5 TenureM Tijdfunctie_1 Tijdfunctie_2=d67 d68
d69 d70 d71 d72 d73 d74 d75 d76 d77 d78 d79)
/IN=source01
/DROP=d0 d1 d2 d3 d4 d5 d6 d7 d8 d9 d10 d11 d12 d13 d14 d15 d16 d17 d18 d19 d20 d21 d22 d23 d24
d25 d26 d27 d28 d29 d30 d31 d32 d33 d34 d35 d36 d37 d38 d39 d40 d41 d42 d43 d44 d45 d46 d47 d48 d49
d50 d51 d52 d53 d54 d55 d56 d57 d58 d59 d60 d61 d62 d63 d64 d65 d66 d67 d68 d69 d70 d71 d72 d73 d74
d75 d76 d77 d78 d79.
VARIABLE LABELS source01
'Case source is F:\Master SHRL\Master thesis\Analysis\Data BZ TM clean.sav'.
EXECUTE.

```

freq linemanager healthcare.

RECODE Linemanager (-9=SYSMIS).
EXECUTE.

RECODE Healthcare (-9=SYSMIS).
EXECUTE.

***maken één variabele voor rol conflict.

freq RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4.

select if (not missing (RoleConflict1)).
select if (not missing (RoleConflict2)).
select if (not missing (RoleConflict3)).
select if (not missing (RoleConflict4)).
execute.

FACTOR
/VARIABLES RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/MISSING LISTWISE
/ANALYSIS RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/PRINT INITIAL KMO EXTRACTION ROTATION
/CRITERIA MINEIGEN(1) ITERATE(25)
/EXTRACTION PC
/CRITERIA ITERATE(25) DELTA(0)
/ROTATION OBLIMIN
/METHOD=CORRELATION.

RELIABILITY
/VARIABLES=RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

compute RoleConflict= mean.4(RoleConflict1,RoleConflict2,RoleConflict3,RoleConflict4).
execute.

freq RoleConflict.

*** maken één variabele voor Organisatie commitment.

freq Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4.

FACTOR
/VARIABLES Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4
/MISSING LISTWISE
/ANALYSIS Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4
/PRINT INITIAL KMO EXTRACTION ROTATION
/CRITERIA MINEIGEN(1) ITERATE(25)
/EXTRACTION PC
/CRITERIA ITERATE(25) DELTA(0)
/ROTATION OBLIMIN
/METHOD=CORRELATION.

RELIABILITY
/VARIABLES=Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```
compute OrganisationalCommitment= mean.3(Orgcommitment1,Orgcommitment2,Orgcommitment3,Orgcommitment4).  
execute.
```

```
freq OrganisationalCommitment.
```

```
*** maken één variabele voor client commitment.
```

```
freq Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4.
```

```
FACTOR  
/VARIABLES Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4  
/MISSING LISTWISE  
/ANALYSIS Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4  
/PRINT INITIAL KMO EXTRACTION ROTATION  
/CRITERIA MINEIGEN(1) ITERATE(25)  
/EXTRACTION PC  
/CRITERIA ITERATE(25) DELTA(0)  
/ROTATION OBLIMIN  
/METHOD=CORRELATION.
```

```
RELIABILITY  
/VARIABLES=Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4  
/SCALE('ALL VARIABLES') ALL  
/MODEL=ALPHA  
/STATISTICS=ANOVA  
/SUMMARY=TOTAL.
```

```
compute ClientCommitment = mean.3(Clientcommit1,Clientcommit2,Clientcommit3,Clientcommit4).  
execute.
```

```
freq ClientCommitment.
```

```
*** maken één variabele voor employee commitment.
```

```
freq Employcommit1 Employcommit2 Employcommit3 Employcommit4.
```

```
FACTOR  
/VARIABLES Employcommit1 Employcommit2 Employcommit3 Employcommit4  
/MISSING LISTWISE  
/ANALYSIS Employcommit1 Employcommit2 Employcommit3 Employcommit4  
/PRINT INITIAL KMO EXTRACTION ROTATION  
/CRITERIA MINEIGEN(1) ITERATE(25)  
/EXTRACTION PC  
/CRITERIA ITERATE(25) DELTA(0)  
/ROTATION OBLIMIN  
/METHOD=CORRELATION.
```

```
RELIABILITY  
/VARIABLES=Employcommit1 Employcommit2 Employcommit3 Employcommit4  
/SCALE('ALL VARIABLES') ALL  
/MODEL=ALPHA  
/STATISTICS=ANOVA  
/SUMMARY=TOTAL.
```

```
compute EmployeeCommitment = mean.3(Employcommit1,Employcommit2,Employcommit3,Employcommit4).  
execute.
```

```
freq EmployeeCommitment.
```

```
*** maken één variabele voor collega commitment.
```

```
freq Collcommitment1 Collcommitment2 Collcommitment3 Collcommitment4.
```

```

FACTOR
/VARIABLES Collcommitment1 Collcommitment2 Collcommitment3 Collcommitment4
/MISSING LISTWISE
/ANALYSIS Collcommitment1 Collcommitment2 Collcommitment3 Collcommitment4
/PRINT INITIAL KMO EXTRACTION ROTATION
/CRITERIA MINEIGEN(1) ITERATE(25)
/EXTRACTION PC
/CRITERIA ITERATE(25) DELTA(0)
/ROTATION OBLIMIN
/METHOD=CORRELATION.

```

```

RELIABILITY
/VARIABLES=Collcommitment1 Collcommitment2 Collcommitment3 Collcommitment4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

compute ColleagueCommitment = mean.3(Collcommitment1,Collcommitment2,Collcommitment3,Collcommitment4).
execute.

freq ColleagueCommitment.

*** maken één variabele voor profession commitment.

freq Profcommit1 Profcommit2 Profcommit3 Profcommit4.

```

FACTOR
/VARIABLES Profcommit1 Profcommit2 Profcommit3 Profcommit4
/MISSING LISTWISE
/ANALYSIS Profcommit1 Profcommit2 Profcommit3 Profcommit4
/PRINT INITIAL KMO EXTRACTION ROTATION
/CRITERIA MINEIGEN(1) ITERATE(25)
/EXTRACTION PC
/CRITERIA ITERATE(25) DELTA(0)
/ROTATION OBLIMIN
/METHOD=CORRELATION.

```

```

RELIABILITY
/VARIABLES=Profcommit1 Profcommit2 Profcommit3 Profcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

compute ProfCommitment = mean.3(Profcommit1,Profcommit2,Profcommit3,Profcommit4).
execute.

freq ProfCommitment.

*** maken één variabele voor satisfaction..

Freq Satisfaction1 Satisfaction2 Satisfaction3.

```

FACTOR
/VARIABLES Satisfaction1 Satisfaction2 Satisfaction3
/MISSING LISTWISE
/ANALYSIS Satisfaction1 Satisfaction2 Satisfaction3
/PRINT INITIAL KMO EXTRACTION ROTATION
/CRITERIA MINEIGEN(1) ITERATE(25)
/EXTRACTION PC
/CRITERIA ITERATE(25) DELTA(0)
/ROTATION OBLIMIN

```

/METHOD=CORRELATION.

RELIABILITY

/VARIABLES=Satisfaction1 Satisfaction2 Satisfaction3

/SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA

/STATISTICS=ANOVA

/SUMMARY=TOTAL.

freq Satisfaction1 Satisfaction2 Satisfaction3.

compute JobSatisfaction= mean.2(Satisfaction1,Satisfaction2,Satisfaction3).
execute.

freq JobSatisfaction.

*** maken één variabele voor locus of control.

Freq Locus1 Locus2 Locus3 Locus4.

FACTOR

/VARIABLES Locus1 Locus2 Locus3 Locus4

/MISSING LISTWISE

/ANALYSIS Locus1 Locus2 Locus3 Locus4

/PRINT INITIAL KMO EXTRACTION ROTATION

/CRITERIA MINEIGEN(1) ITERATE(25)

/EXTRACTION PC

/CRITERIA ITERATE(25) DELTA(0)

/ROTATION OBLIMIN

/METHOD=CORRELATION.

RELIABILITY

/VARIABLES=Locus1 Locus2 Locus3 Locus4

/SCALE('ALL VARIABLES') ALL

/MODEL=ALPHA

/STATISTICS=ANOVA

/SUMMARY=TOTAL.

freq Locus1 Locus2 Locus3 Locus4.

compute LocusControl= mean.3(Locus1,Locus2,Locus3,Locus4).
execute.

freq LocusControl.

*** maken één variabele voor Stress.

Freq Stress1 Stress2 Stress3 Stress4 Stress5 Stress6.

FACTOR

/VARIABLES Stress1 Stress2 Stress3 Stress4 Stress5 Stress6

/MISSING LISTWISE

/ANALYSIS Stress1 Stress2 Stress3 Stress4 Stress5 Stress6

/PRINT INITIAL KMO EXTRACTION ROTATION

/CRITERIA MINEIGEN(1) ITERATE(25)

/EXTRACTION PC

/CRITERIA ITERATE(25) DELTA(0)

/ROTATION OBLIMIN

/METHOD=CORRELATION.

RELIABILITY

/VARIABLES= Stress1 Stress2 Stress3 Stress4 Stress5 Stress6

/SCALE('ALL VARIABLES') ALL

```

/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

freq Stress1 Stress2 Stress3 Stress4 Stress5 Stress6.

compute Stress= mean.5(Stress1,Stress2,Stress3,Stress4,Stress5,Stress6).
execute.

freq Stress.

*** dealing with missings.

freq RoleConflict.
select if (linemanager = 1).

Freq organisationalcommitment.
Freq clientcommitment.
freq employeeccommitment.
Freq stress.
freq LocusControl.
Freq Jobsatisfaction.
Freq TenureY.

*** normality testen ALL.

EXAMINE VARIABLES=TenureY
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES=RoleConflict
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= OrganisationalCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

RECODE OrgCommitment1 (-9=SYSMIS).
EXECUTE.

RECODE OrgCommitment2 (-9=SYSMIS).
EXECUTE.

RECODE OrgCommitment3 (-9=SYSMIS).
EXECUTE.

RECODE OrgCommitment4 (-9=SYSMIS).
EXECUTE.

```

```
compute OrganisationalCommitment= mean.3(Orgcommitment1,Orgcommitment2,Orgcommitment3,Orgcommitment4).  
execute.
```

```
EXAMINE VARIABLES= OrganisationalCommitment  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES= ClientCommitment  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES= EmployeeCommitment  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES= Jobsatisfaction  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES= LocusControl  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES= Stress  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

**** normality alleen line managers.**

```
select if (linemanager = 1).
```

```
EXAMINE VARIABLES=TenureY  
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT  
/COMPARE GROUPS  
/STATISTICS DESCRIPTIVES EXTREME  
/CINTERVAL 95  
/MISSING LISTWISE  
/NOTOTAL.
```

```
EXAMINE VARIABLES=RoleConflict
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= OrganisationalCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= ClientCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= EmployeeCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= Jobsatisfaction
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= LocusControl
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

```
EXAMINE VARIABLES= Stress
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.
```

*** normality only HC managers.
SELECT IF (healthcare = 1).

```
EXAMINE VARIABLES=TenureY
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
```

/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES=RoleConflict
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= OrganisationalCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= ClientCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= EmployeeCommitment
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= Jobsatisfaction
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= LocusControl
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

EXAMINE VARIABLES= Stress
/PLOT BOXPLOT STEMLEAF HISTOGRAM NPLOT
/COMPARE GROUPS
/STATISTICS DESCRIPTIVES EXTREME
/CINTERVAL 95
/MISSING LISTWISE
/NOTOTAL.

***cronbach's alpha for scales.

*ALL.

***reliabilities.

RELIABILITY
/VARIABLES=RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Employcommit1 Employcommit2 Employcommit3 Employcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Satisfaction1 Satisfaction2 Satisfaction3
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Locus1 Locus2 Locus3 Locus4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES= Stress1 Stress2 Stress3 Stress4 Stress5 Stress6
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

*Linemanagers.

select if (Linemanager = 1).

RELIABILITY
/VARIABLES=RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

RELIABILITY
/VARIABLES=Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4

```
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Employcommit1 Employcommit2 Employcommit3 Employcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Satisfaction1 Satisfaction2 Satisfaction3
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Locus1 Locus2 Locus3 Locus4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES= Stress1 Stress2 Stress3 Stress4 Stress5 Stress6
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
*HC linemanagers.
select if (healthcare = 1).
```

```
RELIABILITY
/VARIABLES=RoleConflict1 RoleConflict2 RoleConflict3 RoleConflict4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Orgcommitment1 Orgcommitment2 Orgcommitment3 Orgcommitment4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```
RELIABILITY
/VARIABLES=Clientcommit1 Clientcommit2 Clientcommit3 Clientcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.
```

```

RELIABILITY
/VARIABLES=Employcommit1 Employcommit2 Employcommit3 Employcommit4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

```

RELIABILITY
/VARIABLES=Satisfaction1 Satisfaction2 Satisfaction3
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

```

RELIABILITY
/VARIABLES=Locus1 Locus2 Locus3 Locus4
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

```

RELIABILITY
/VARIABLES= Stress1 Stress2 Stress3 Stress4 Stress5 Stress6
/SCALE('ALL VARIABLES') ALL
/MODEL=ALPHA
/STATISTICS=ANOVA
/SUMMARY=TOTAL.

```

*** correlaties.

*ALL.

```

CORRELATIONS
/VARIABLES=Stress LocusControl JobSatisfaction EmployeeCommitment ClientCommitment
OrganisationalCommitment RoleConflict TenureY
/PRINT=TWOTAIL NOSIG
/STATISTICS DESCRIPTIVES
/MISSING=PAIRWISE.

```

*only line managers.

select if (linemanager = 1).

```

CORRELATIONS
/VARIABLES=Stress LocusControl JobSatisfaction EmployeeCommitment ClientCommitment
OrganisationalCommitment RoleConflict TenureY
/PRINT=TWOTAIL NOSIG
/STATISTICS DESCRIPTIVES
/MISSING=PAIRWISE.

```

*** only HC managers.

select if (Healthcare = 1).

```

CORRELATIONS
/VARIABLES=Stress LocusControl JobSatisfaction EmployeeCommitment ClientCommitment
OrganisationalCommitment RoleConflict TenureY
/PRINT=TWOTAIL NOSIG
/STATISTICS DESCRIPTIVES
/MISSING=PAIRWISE.

```

***analyses.

```

DESCRIPTIVES VARIABLES=RoleConflict OrganisationalCommitment ClientCommitment EmployeeCommitment

```

```
ColleagueCommitment JobSatisfaction ProfCommitment LocusControl Stress Linemanager Healthcare TenureY
/STATISTICS=MEAN STDDEV MIN MAX KURTOSIS SKEWNESS.
```

```
RECODE Linemanager (-9=SYSMIS).
EXECUTE.
```

```
ONEWAY RoleConflict BY Linemanager
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
ONEWAY RoleConflict BY Healthcare
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
ONEWAY Stress BY Linemanager
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
ONEWAY Stress BY Healthcare
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
RECODE Healthcare (-9=SYSMIS).
EXECUTE.
```

```
ONEWAY Organisationalcommitment BY Healthcare
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
ONEWAY Organisationalcommitment BY Linemanager
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
*** taking only line managers.
select if (Linemanager=1).
```

```
ONEWAY RoleConflict BY Healthcare
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
ONEWAY Stress BY Healthcare
/STATISTICS DESCRIPTIVES
/PLOT MEANS
/MISSING ANALYSIS.
```

```
DESCRIPTIVES VARIABLES=RoleConflict OrganisationalCommitment ClientCommitment EmployeeCommitment
ColleagueCommitment JobSatisfaction ProfCommitment LocusControl Stress Linemanager Healthcare TenureY
/STATISTICS=MEAN STDDEV MIN MAX KURTOSIS SKEWNESS.
```

```
***Regression analyses.
Select if (Linemanager = 1).
```

```
REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
```

```
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl Stress TenureY.
```

*** one by one control variables added.

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl TenureY.
```

*** zonder stress.

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER JobSatisfaction LocusControl TenureY.
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl TenureY.
```

*** HC managers.

select if (Healthcare = 1).

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER JobSatisfaction LocusControl TenureY.
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl TenureY.
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT ClientCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl TenureY.
```

*** one by one control variables added.

```
REGRESSION
```

```

/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT ClientCommitment
/METHOD=ENTER JobSatisfaction LocusControl TenureY.

```

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl TenureY.

```

*** one by one control variables added.

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER JobSatisfaction TenureY LocusControl.

```

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER RoleConflict JobSatisfaction TenureY LocusControl.

```

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER RoleConflict ClientCommitment JobSatisfaction LocusControl TenureY.

```

*** one by one control variables added.

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER RoleConflict ClientCommitment Jobsatisfaction LocusControl Stress TenureY.

```

```

COMPUTE CCxRC=ClientCommitment * RoleConflict.
EXECUTE.

```

```

REGRESSION
/MISSING LISTWISE
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL
/CRITERIA=PIN(.05) POUT(.10)
/NOORIGIN
/DEPENDENT EmployeeCommitment
/METHOD=ENTER RoleConflict ClientCommitment CCxRC JobSatisfaction LocusControl TenureY.

```

des RoleConflict ClientCommitment.

```
COMPUTE RCcent=RoleConflict - 4.1971.  
EXECUTE.
```

```
COMPUTE CCcent=ClientCommitment - 5.7135.  
EXECUTE.
```

```
des RCcent CCcent.
```

```
COMPUTE CCcxRCc=CCcent * RCcent.  
EXECUTE.
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT EmployeeCommitment  
/METHOD=ENTER RoleConflict ClientCommitment CCcxRCc JobSatisfaction LocusControl TenureY.
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT EmployeeCommitment  
/METHOD=ENTER JobSatisfaction LocusControl TenureY.
```

```
select if (healthcare = 1).
```

```
REGRESSION  
/MISSING LISTWISE  
/STATISTICS COEFF OUTS R ANOVA COLLIN TOL  
/CRITERIA=PIN(.05) POUT(.10)  
/NOORIGIN  
/DEPENDENT OrganisationalCommitment  
/METHOD=ENTER RoleConflict JobSatisfaction LocusControl Stress TenureY.
```

```
***Making table descriptives.  
DATASET ACTIVATE DataSet1.
```

```
select if (not missing (Linemanager)).  
select if (not missing (Healthcare)).  
select if (not missing (OrganisationalCommitment)).
```

```
DESCRIPTIVES VARIABLES=RoleConflict OrganisationalCommitment ClientCommitment EmployeeCommitment  
JobSatisfaction LocusControl Stress TenureY  
/STATISTICS=MEAN STDDEV KURTOSIS SKEWNESS.
```

```
freq linemanager healthcare.
```

```
Select if (Linemanager = 1).
```

```
DESCRIPTIVES VARIABLES=RoleConflict OrganisationalCommitment ClientCommitment EmployeeCommitment  
JobSatisfaction LocusControl Stress TenureY  
/STATISTICS=MEAN STDDEV KURTOSIS SKEWNESS.
```

```
Select if (Healthcare = 1).
```

```
DESCRIPTIVES VARIABLES=RoleConflict OrganisationalCommitment ClientCommitment EmployeeCommitment  
JobSatisfaction LocusControl Stress TenureY  
/STATISTICS=MEAN STDDEV KURTOSIS SKEWNESS.
```