

INNOVATIVE WORK BEHAVIOR AND ORGANIZATIONAL COMMITMENT AMONG NURSES IN SELECTED PRIVATE HOSPITAL IN NORTH COTABATO

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Abstract

This study explored the relationship between innovative work behavior and organizational commitment among nurses in selected private hospitals in North Cotabato. Employing a predictive research design, data were collected from 125 nurses using standardized questionnaires measuring levels of innovative work behavior and organizational commitment, with the sample size determined using power analysis, a statistical technique that ensures adequate power to detect significant relationships and enhance the robustness of the findings. The results indicated that while respondents demonstrated high levels of innovative work behavior—especially in idea generation—overall organizational commitment was also strong, with the highest scores found in continuance commitment. However, statistical analyses (correlation and regression) revealed no significant relationship between the dimensions of organizational commitment and innovative work behavior. These findings suggest that other factors, such as autonomy, resource availability, and organizational support, may play a more influential role in fostering innovation than commitment alone. The study recommends that healthcare administrators and nurse leaders focus on creating environments that support innovation through strategies that go beyond commitment-based approaches.

Keywords: *Social Science, Nurse, Organizational Commitment, Innovative Work Behavior, Descriptive-Correlational, North Cotabato*

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Introduction

Nurses play a pivotal role in healthcare delivery, consistently engaging in innovative practices aimed at enhancing patient outcomes and improving clinical processes. As frontliners in patient care, they are uniquely positioned to introduce creative solutions that optimize healthcare services. However, despite the critical role of innovation in modern nursing, many healthcare settings continue to struggle with fostering environments that encourage and sustain innovative work behaviors. A lack of structural support, leadership engagement, and integration of innovation into

institutional frameworks often hinders the implementation of new ideas, which in turn affects the overall quality of care.

Globally, healthcare systems have acknowledged the need for innovation to address evolving health challenges. Laschinger et al. (2020) highlighted efforts in countries like the United States and Canada to promote innovation-driven environments. Nonetheless, these efforts frequently lacked alignment with strategies to strengthen organizational commitment among nursing staff, resulting in missed opportunities to embed innovation into everyday practice. Similarly, Aiken et al. (2020) observed that

many European healthcare organizations continued to emphasize traditional models of care, thereby limiting the role of innovation in nursing leadership and institutional development.

At the national level, the Philippines has made notable progress in nursing education and professional development. However, research indicates that innovation remains inadequately integrated into healthcare culture. According to Gould et al. (2021), Filipino nurses demonstrate high levels of professionalism, yet systemic barriers—including limited leadership support and insufficient training—impede their ability to consistently engage in innovative behaviors. Kramer et al. (2020) further emphasized that although organizational commitment is present among Filipino nurses, it is not always directed toward fostering innovation, especially within clinical environments.

Locally, some urban hospitals have started to recognize the value of both innovative work behaviors and organizational commitment in improving patient outcomes. Nonetheless, research within the Philippine context has predominantly focused on job satisfaction and nurse retention, with limited exploration of how innovative work behavior interacts with different dimensions of organizational commitment.

This gap in the literature underscores the need for further investigation. While innovation and commitment are increasingly recognized as essential components of healthcare improvement, their relationship remains underexplored—particularly among expert nurse clinicians in the Philippines. This study seeks to address this gap by examining how the dimensions of organizational commitment—*affective*, *normative*, and

continuance—relate to innovative work behavior in hospital settings. The urgency of this research is underscored by the ongoing demand for improved patient care and operational efficiency, both of which can be significantly advanced through innovation in nursing practice.

Methods

The study employed a predictive-correlational design to examine the relationship between innovative work behavior and organizational commitment among nurses. This design was selected because it allowed for the observation of natural relationships between variables without manipulation, thereby providing insight into how organizational commitment might serve as a predictor of innovative behavior in a clinical setting.

Predictive research aimed to forecast outcomes or consequences based on current trends, events, or behaviors (Willman, 2022). In contrast, correlational research focused on assessing the strength and direction of relationships between two or more variables, which could be either positive or negative (Bhandari, 2021). Cardoso-Pulido et al. (2022) emphasized that predictive-correlational designs were appropriate when the research objective involved determining whether specific independent variables could predict the occurrence or extent of a dependent variable, such as innovative work behavior in this case.

The research was conducted in five private hospitals located in North Cotabato, Philippines. These hospitals varied in classification and capacity. Hospital A was a primary-level hospital with a 50-bed capacity, Hospital B was also a primary-level facility with 80 beds, and Hospital C was a smaller primary-level hospital with 40

beds. Hospital D operated as a tertiary-level hospital with a bed capacity of 145, while Hospital E was classified as a secondary-level hospital with 100 beds. These institutions served both urban and rural populations, thus providing a diverse healthcare setting suitable for exploring the phenomena under study.

The participants consisted of 125 nurses employed in the hospitals. Eligible participants were registered nurses with at least five years of clinical experience, currently employed in a private hospital, and holding a clinical role such as staff nurse, charge nurse, or nurse manager. A convenience sampling method was used to select participants based on accessibility and relevance to the study's focus. The required sample size was calculated using power analysis to ensure that the study had sufficient statistical power to detect meaningful relationships between the variables under investigation.

Data were collected using a structured self-administered questionnaire composed of three main parts. The first section gathered demographic information, including the respondents' age, gender, educational attainment, years of experience, clinical specialty such as intensive care or emergency nursing, employment status, and tenure at their current institution. This information provided important contextual data for interpreting the main variables. The second section measured the level of innovative work behavior among participants, while the third section assessed their level of organizational commitment. Both the innovative work behavior and organizational commitment sections used a five-point Likert scale.

To establish the validity and reliability of the instrument, several steps were taken. Content validity was ensured by consulting experts in the fields of nursing, organizational behavior, and healthcare management. These experts reviewed the questionnaire items to confirm that they were relevant, clear, and appropriate for measuring the intended constructs. Construct validity was assessed using factor analysis, which verified that the items grouped together meaningfully and corresponded with the constructs of innovative work behavior and organizational commitment. Internal consistency reliability was measured using Cronbach's alpha, which provided an index of the extent to which items within each scale were correlated and thus measured the same underlying concept.

The data collection process began after securing ethical approval from an institutional ethics review board. Permissions were also obtained from the administrative offices of the selected private hospitals. Eligible participants were approached in person and were provided with a consent form and the questionnaire, along with detailed instructions. Participants were informed of their rights, including the voluntary nature of participation and the ability to withdraw from the study at any time without penalty. Completed questionnaires were collected in sealed envelopes to maintain anonymity.

Ethical considerations were prioritized throughout the study. The study was designed to provide social value by contributing to a deeper understanding of how organizational commitment influenced innovative work behavior among nurses in private healthcare settings. Although minimal risks were involved, participants were asked to reflect on their personal experiences, which could

potentially cause discomfort. To address this, all responses were treated with strict confidentiality and were used solely for research purposes. Participation was voluntary, and participants had the right to refuse or withdraw at any point. Any data provided by participants who withdrew from the study were excluded from the analysis.

The research process complied with the provisions of the Data Privacy Act of 2012. Identifying information was neither collected nor associated with survey responses, and all data were stored securely and destroyed upon the completion of the study. Only the researchers had access to the data, and no one outside the research team was allowed to review the responses. Participants who wished to view the study's findings were given the option to request a summary of the results.

The analysis of the collected data was conducted using both descriptive and inferential statistical methods. Descriptive statistics, specifically the mean and standard deviation, were calculated to describe the levels of innovative work behavior and organizational commitment.

The mean was used to determine the central tendency of responses, while the standard deviation measured the variability in the participants' answers. To examine the relationship between the two primary variables, Spearman's rank ordered correlation was computed. This statistical

technique allowed the researcher to determine whether a significant association existed between organizational commitment and innovative work behavior. Additionally, kernel regression analysis was employed to explore the predictive power of the components of organizational commitment—namely affective, continuance, and normative commitment—on innovative work behavior. A significance level of $p \leq .05$ was used for all statistical tests.

This study was limited in several ways. The research focused only on nurses working in selected private hospitals in North Cotabato, which restricted the generalizability of the findings to other regions or to nurses employed in public hospitals. The use of self-reported questionnaires introduced the possibility of response bias, as participants might have responded in a socially desirable manner or interpreted questions differently. Time and resource constraints also limited the size and scope of the sample. Furthermore, although the study examined the relationship between organizational commitment and innovative work behavior, other factors such as job satisfaction, leadership style, or institutional culture might have influenced these variables but were not included in the study. Despite these limitations, the findings of this study contributed valuable insights into how organizational commitment could impact innovative behavior among nursing professionals in a clinical context.

Results and Discussion

Table 1. Demographic profile of the respondents

Profile	Frequency	Percentage
Age		

20-30 Years Old	40	32.00%
31-40 Years Old	70	56.00%
41-50 Years Old	10	8.00%
51 Years Old and Above	5	4.00%
Total	125	100%

Sex

Male	40	32.00%
Female	85	68.00%
Total	125	100%

Marital Status

Single	35	28.00%
Married	83	66.40%
Widow	7	5.60%
Total	125	100%

Educational Background

BSN	95	76.00%
MAN	15	12.00%
MN	15	12.00%
PhD Nursing	0	0.00%
Total	125	100%

Years of Experience

3-6 Years	64	51.20%
7-10 Years	48	38.40%
10 Years and Above	13	10.40%
Total	125	100%

Working Area

ICU	15	12.00%
ER	25	12.00%

Pediatrics	5	4.00%
Obstetrics	19	15.20%
OR	19	15.20%
Medical Surgical	2	1.60%
Oncology	18	14.40%
ODP	10	8.00%
Others	12	9.60%
Total	125	100%
Years of Employment in the Current Hospital		
5 Years Below	43	34.40%
6-10 Years	39	31.20%
11-15 Years	10	8.00%
16-20 Years	25	12.00%
21 Years and Above	8	6.4%
Total	125	100%
Employment Status		
Full-time	125	125%
Part-Time	0	0.00%
Total	125	100%

The demographic profile of the respondents provides important context for interpreting the relationship between organizational commitment and innovative work behavior among nurses. The majority were female (68%), aged 31–40 years (56%), and married (66.4%), consistent with national and international trends in nursing demographics (Kramer, Maguire, & Chandler, 2020).

More than half of the participants (51.2%) had 3–6 years of clinical experience,

and 65.6% had tenure of 10 years or less in their current hospital. This suggests that most respondents are in the early to mid-career stage, a critical period where professional identity and organizational commitment are still being shaped, but openness to innovation is typically high.

All participants were employed full-time, and most were assigned to high-demand clinical areas such as Obstetrics, Operating Room, Emergency Room, and Oncology. These settings often require rapid decision-

making and adaptability, fostering environments where innovative work behavior may be particularly relevant.

Overall, the demographic profile indicates a relatively young, professionally

active workforce with moderate experience, positioned to engage in innovation but still developing deeper organizational ties. These characteristics should be considered in understanding the study's findings and their implications for practice and policy.

Table 2. Innovative Work Behavior among Nurses

Indicators	Mean	SD	Interpretation
Opportunity Exploration	4.00	0.35	High
Idea Generation	4.45	0.23	Very High
Idea Promotion	4.17	0.19	High
IRC-Based Implementation	3.56	0.39	High
IRL-Based Communication	4.10	0.15	High
IS Internal Embedding	3.87	0.14	High
IS External Dissemination	3.57	0.40	High
Over-all Mean	3.96	0.08	High

Legend: 1.00-1.79 (Very Low); 1.80-2.59 (Low); 2.60-3.39 (Moderate); 3.40-4.19 (High); 4.20-5.00 (Very High)

The results in Table 2 reveal that nurses generally demonstrate a high level of innovative work behavior across multiple dimensions. The highest-rated indicator was Idea Generation, with a mean score of 4.45 (SD = 0.23), classified as very high. This suggests that nurses are consistently able to generate new and useful ideas to improve their clinical practice. Other dimensions such as Opportunity Exploration (M = 4.00, SD = 0.35), Idea Promotion (M = 4.17, SD = 0.19), IRL-Based Communication (M = 4.10, SD = 0.15), and IS External Dissemination (M = 3.57, SD = 0.40) all fall within the high category, indicating a robust tendency among

nurses to explore possibilities, advocate for their ideas, communicate innovations, and share new practices beyond their organization. The overall mean score of 3.96 (SD = 0.08) reflects a generally high level of innovative behavior. These results are consistent with recent studies highlighting the increasing role of innovation in nursing, particularly in the face of evolving patient care needs and technological advancement (Gould et al., 2020; Garcia & Calma, 2020; Lee et al., 2020). Encouraging such behaviors is vital for driving continuous improvement and adaptive capacity in healthcare organization.

Table 3. The Level of Organizational Commitment Among Nurses

Indicators	Mean	SD	Interpretation
Affective Commitment	3.14	0.27	Moderate
Normative Commitment	3.57	0.40	High
Continuance Commitment	3.79	0.28	High
Over-all Mean	3.50	0.22	High

Legend: 1.00-1.79 (Very Low); 1.80-2.59 (Low); 2.60-3.39 (Moderate); 3.40-4.19 (High); 4.20-5.00 (Very High)

The findings in Table 3 indicate that nurses exhibit varying levels of organizational commitment across its three dimensions. Affective commitment had a mean score of 3.14 (SD = 0.27), suggesting a moderate emotional attachment to the organization. In contrast, both normative commitment and continuance commitment were rated as high, with mean scores of 3.57 (SD = 0.40) and 3.79 (SD = 0.28) respectively. These results suggest that nurses feel a stronger sense of obligation and practical necessity to remain in their roles than emotional connection. The overall mean score of 3.50 (SD = 0.22) falls within the high range, indicating a generally strong level of organizational commitment among the

nursing staff. This finding aligns with prior research, which suggests that in many healthcare settings, nurses are more likely to remain due to professional responsibility and job-related costs than emotional involvement (Aiken et al., 2020; Laschinger et al., 2020; Kramer et al., 2020). These trends highlight the need for healthcare organizations to develop strategies that not only retain nurses through obligation or necessity but also foster deeper emotional engagement with the profession.

Table 4. Test of Relationship Between the Organizational Commitment and Innovative Work Behavior Among Nurses in the Selected Private Hospital in North Cotabato

Organizational Commitment	Innovative Work Behavior			
	r_s	p-value	Decision	Remarks
Affective	0.103	0.253	Accept H_{O1}	Not Significant
Normative	0.162	0.071	Accept H_{O1}	Not Significant
Continuance	0.072	0.325	Accept H_{O1}	Not Significant

Note: 0.00 (No Correlation); ≤ 0.20 (Very Weak); ≤ 0.40 (Weak); ≤ 0.60 (Moderate); ≤ 0.80 (Strong); < 1.00 (Very Strong); 1.00 (Perfect); $p \leq 0.05$ (Significant)

The results in Table 4 indicate that there is no significant relationship between the three types of organizational commitment— affective, normative, and continuance—and nurses’ innovative work behavior. Specifically, affective commitment yielded a Spearman correlation coefficient of $r_s = 0.103$, $p = 0.253$, normative commitment $r_s = 0.162$, $p = 0.071$, and continuance commitment $r_s = 0.072$, $p = 0.325$. All correlation values fall below 0.20, which is considered very weak, and the p-values exceed the standard significance level of 0.05, leading to the acceptance of the null

hypothesis (HO) in each case. These findings contrast with some previous research that emphasized the role of organizational commitment in enhancing innovative output (Laschinger et al., 2020; Aiken et al., 2020).

However, they also support arguments that innovation may be driven more by individual, environmental, or leadership factors than by commitment alone (Gould et al., 2020).

Table 5. Test of Influence of the Level of Organizational Commitment to the Innovative Work on Behavior Among the Nurses

	Observed Estimates	SE	Z	p-value	Decision	Remarks
Mean						
Innovative Work Behavior	3.954	0.009	451.57	0.000		
Org. commitment						
Affective	0.1096	0.0643	1.71	0.088	Accept H_{02}	NS
Normative	-0.0305	0.0343	-0.89	0.374	Accept H_{02}	NS
Continuance	-0.0381	0.0419	-0.91	0.363	Accept H_{02}	NS

$p \leq 0.05$ (Significant); R-squared = 22.29%; NS- Not Significant.

Table 5 presents the findings of a model testing the influence of organizational commitment on innovative work behavior among nurses. The model yielded an overall mean score for innovative behavior of $M = 3.954$ ($SE = 0.009$), with a Z-value = 451.57 and a p-value < 0.001 , indicating that the model itself is statistically significant. However, when evaluating the individual predictors, none of the dimensions of organizational commitment— affective, normative, or continuance—significantly influenced innovative work

behavior. Specifically, affective commitment had an estimate of 0.1096 ($SE = 0.0643$, $p = 0.088$), normative commitment had -0.0305 ($SE = 0.0343$, $p = 0.374$), and continuance commitment yielded -0.0381 ($SE = 0.0419$, $p = 0.363$). Since all p-values exceed the 0.05 threshold, none of the coefficients were statistically significant.

This outcome aligns with previous findings that emphasize the complex interplay of organizational culture, leadership support, and individual motivation in driving

innovation (Laschinger et al., 2020; Aiken et al., 2020; Gould et al., 2020).

Conclusion and Recommendations

This study found that nurses in the selected private hospitals in North Cotabato exhibit high levels of both innovative work behavior and organizational commitment. However, no significant relationship was identified between organizational commitment and innovative work behavior. While nurses displayed strong continuance and normative commitment, their affective commitment—or emotional attachment to the organization—was only moderate, suggesting that emotional commitment may not be the primary driver of innovation in clinical settings.

The lack of a significant correlation between organizational commitment and innovation suggests that other factors, such as leadership support, organizational culture, professional development opportunities, and the overall work environment, may play a more significant role in fostering innovation among nurses.

To strengthen future research, it is recommended to expand the range of variables by including leadership style, job autonomy, organizational culture, motivation, and job satisfaction. A mixed-methods approach, combining both quantitative and qualitative data, would offer deeper insights into the challenges nurses face in implementing or disseminating innovative ideas. Additionally, a longitudinal study could track changes in organizational commitment and innovative behavior over time, providing better insights into causal relationships.

Future studies should also incorporate multivariate analysis to control for factors

such as work experience, department, workload, and training, which may influence innovation. Expanding the sample to include nurses from public institutions and other regions would enhance the generalizability of the findings. Finally, integrating behavioral measures alongside self-reports could complement subjective data with more objective indicators, improving the overall validity of future research.

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