The Effect Of Affective Commitment, Normative Commitment, And Continuance Commitments On Readiness To Change

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The Effect Of Affective Commitment, Normative Commitment, And Continuance Commitments On Readiness To Change

(Studies on Nurses at the Regional General Hospital of West Nusa Tenggara Province)

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ABSTRACT

Health service problems that often arise include patient complaints about hospital services that are not in accordance with applicable standard operating procedures. This condition requires hospitals in Indonesia to implement a health service in accordance with patient expectations, namely excellent service. To prepare for this excellent service, they are required to make changes as a whole. The purpose of this study was to analyze the effect of affective commitment, normative commitment, and continuous commitment against Readiness to turn Nurse on the Regional General Hospital of West Nusa Tenggara Province. This research uses this type of researchAssociativeby using a quantitative approach. This research was conducted at the Regional General Hospital of West Nusa Tenggara Province. The sample used was 133 respondents. The measurement scale for research items uses a Likert scale of 1 to 5. In statistical analysis research using Partial Least Square. The results showed that affective commitment, normative commitment, and continuous commitment significantly positive effect on the variable Readiness to change nurses. This research can be used as a reference for future researchers to develop the science and theory of Human Resource Management related to readiness to change, where the readiness to change is influenced by affective commitment, normative commitment, and continuous commitment.

Keywords: Affective Commitment, Normative Commitment, Constant commitment, Readiness to change

INTRODUCTION

Health services in Indonesia are currently in the stage of improving themselves to face competition with foreign institutions. Health service problems that often arise include patient complaints about hospital services that are not in accordance with applicable standard operating procedures. This condition requires hospitals in Indonesia to implement a health service in accordance with patient expectations, namely excellent service. Hospitals in ensuring good service quality and patient safety must be proven through accreditation.

Currently, people are increasingly aware of choosing good health services. Some examples are that people today do not hesitate to question the alternative treatments they will receive in accordance with their current financial condition. They also do not hesitate to discuss with the doctor the uses and side effects of the drugs prescribed to them. The community has also begun to critically question the conditions for sterilizing the equipment. If there is a service that is deemed unsatisfactory, not a few people give warnings to the medical staff concerned or issue their complaints through the suggestion box. In short, people want the best alternative for themselves according to their current conditions.

To prepare for this prime service, they are required to make changes as a whole, both organizational changes, changes in health facilities in the form of availability of complete tools and equipment, and the most important thing is changes in the human resources of their organizations.

Basically, all changes made by the organization are directed at increasing organizational effectiveness with the aim of seeking to improve the ability of the organization to adapt, to face environmental changes as well as changes in the behavior of its organizational members (Robbin, 2006). In managing change, the organization must focus on improving its ability to take advantage of the challenges and opportunities that arise. That is, organizations need to change human behavior and change processes to succeed. This is where the organization needs a change management role, especially managing the consequences that may occur when the change takes place.

In understanding the changes in the external and internal environment in health institutions, especially hospitals, systematic thinking needs to be developed. The thinking used is to use the hospital model as a service organization that processes input and produces health services. The hospital has various subsystems such as medical techniques and non-medical techniques. The medical engineering subsystem includes medical and nursing sciences, while the non-medical technical includes the financial, human resources, and informatics subsystems that are used to produce services. In the hospital, the engineering subsystem moves together with the psychosocial and structural subsystems to process various inputs into health service products.

Environmental changes can affect the hospital and all of its components. As an illustration, changes in the business environment due to globalization can affect the way the government thinks so that there are new policies for hospitals. This new regulation could be influenced by international agreements, allowing foreign investment in the hospital sector or the entry of foreign specialist doctors into Indonesia. The entry of foreign capital into the hospital sector, for example by establishing a new hospital, will be able to influence the clinical process at existing hospitals. Other environmental changes, for example, the Medical Practice Law which has been passed by the government and the DPR, will affect the implementation process in hospitals. Meanwhile,

As a whole, a hospital will become a weak organization if the actors in the subsystem in the hospital do not have the same perspective, the same vision for an environmental change besides a sense of belonging, of course. As an illustration, how the subsystem in a Regional Hospital reacts to the establishment of a new private hospital whose capital is owned by government doctors who work in the hospital. The establishment of private hospitals by these specialists arose because in that area there was a group of people who were dissatisfied with RSD services. This group had the willingness and ability to pay extra for services that were not possible in RSD. In this case, the market opportunity for the establishment of private hospitals affects the service process in government hospitals. In this case,

Changes in the HR sector in government-owned health institutions such as Puskesmas and Hospitals often become polemic, because recruitment and placement of health workers sometimes do not match the Job Descriptions and job specifications required in these institutions (Kompas, Thursday 11 April 2019). Therefore, continuous improvements are needed in terms of recruitment by taking into account the job descriptions and Job Specifications required by each of these health institutions. Holt (2007) defines individual readiness to change as a comprehensive attitude possessed by individuals who are simultaneously influenced by content (what changes), processes of change (how change is implemented),

Based on this, individuals in the organization become vulnerable subjects to change because they become the main elements that support organizational performance. Because it is the main subject in change and is the key to change, individuals in the organization must be a more serious concern so that it needs to be prepared and directed to be able to adapt to the desired changes. According toHalgrimsson (2008) readiness to change in employees can improve the implementation of change in the organization.

The readiness to change in each individual in an organization is closely related to commitment. Iverson (1996) states that commitment is one of the most important determinants for

the success of a change. Lau and Woodman (1995) state that workers' commitment to the organization affects how change is evaluated. Workers who are committed to the organization will accept change. The more sympathy a worker has for change, the more willing he or she is to accept change in the organization.

Individual commitment in an organization is divided into 3 (three) important components, namely affective commitment, normative commitment, and constituent commitment. Regarding the categorization of these commitments, Meyer and Allen (1997) state that there are several components of organizational commitment that affect the implementation of changes in the organization, namely affective commitment, continuous commitment, and normative commitment.

Several previous studies on organizational commitment are related to readiness to change, such as the results of research conducted by Zangaro in 2001 showing that there is an indirect relationship between organizational commitment, organizational support, satisfaction, job involvement, and loyalty with individual readiness to change. Halpern 1998 in his research found a relationship between readiness to change with social relations in the workplace, organizational culture, and relationship management leadership. Madsen and Miller John (2005), found that the perception of the existence of good or positive social relationships is also positively related to readiness for organizational change.

Madsen et al., (2005) also found that identification of involvement and loyalty to the organization was positively related to readiness for organizational change. A study conducted by Madsen (2005) showed that involvement in the organization had a significant relationship with individual readiness to change. Research by Greenberg and Baron (1993) found that employees who have a high commitment to the organization will be more stable and more productive so that they can ultimately support change in the organization. Mowday, Porter, and Steers (1982) found that employees who are highly committed to the organization will be more motivated to attend the organization and strive to achieve organizational goals, including organizational goals to change existing systems. In his research, Becker (1996) states that the psychological attachment of workers to the organization is influenced by the commitment and affects the level of negative attitudes (stress and cynicism) towards change. Furthermore, research conducted by Anisah (2016), seen from the results of research conducted by Anisah, it is concluded that there is a relationship between organizational commitment, namely affective commitment, normative commitment, and continuous commitment to employee contributions in a company. When the employee is willing to contribute to the company, the employee already has the readiness to change for the better to advance the company.

The problem of readiness to change in individuals at each government-owned health institution, especially the General Hospital is not new, as happened at the Provincial Regional General Hospital, which emerged as the effect domain and form of human resource protest in the Regional General Hospital of West Nusa Tenggara Province mismatch between job descriptions and specific jobs within the same profession as well as between one profession and another which is enforced by the hospital management. For example in the nursing profession. Nurses in a hospital are often faced with an unbalanced workload due to their quantity is not proportional to the number of patients treated, they also do a lot of tasks that should be done by doctors, Placement of positions without seeing the tenure between nurses and another is also a frequent problem (Lesti, 2012). With these various problems, if the management of the Regional General Hospital of West Nusa Tenggara Province is not alert and sensitive in resolving them, readiness to change will be slowly achieved.

The organizational commitment factor which consists of affective commitment, normative commitment, and continuous commitment in this study is interesting to study because it is following the phenomenon that occurs in the research location that has been chosen, namely the Regional General Hospital of West Nusa Tenggara Province. In the affective commitment component, a phenomenon that occurs in nurses at the Regional General Hospital of West Nusa Tenggara Province is the recruitment of nurses to fill important positions in the hospital, often

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regardless of tenure, ability, and level of education, as a result, there is friction between the nurses themselves. In the normative commitment component, the phenomenon that occurs in nurses at the Regional General Hospital of West Nusa Tenggara Province is the mismatch between the level of welfare that nurses get and the workload they do, the management of the Regional General Hospital of West Nusa Tenggara Province only requires nurses to provide maximum service to patients without giving them the rights that should be their part, this often happens between nurses and doctors, nurses with a myriad of jobs get fewer benefits than doctors whose workloads are lighter. Whereas in the continuous commitment component, the phenomenon that occurs in nurses is that nurses often do jobs that are not their main duties and functions. nurses often take jobs that should be a job done by doctors. To minimize some of the problems above, the hospital can carry out several policies related to the commitment issue that each nurse has in the hospital can also carry out good supervision through supportive supervision activities. Supervising activities from managers can provide guidance, control, and performance appraisals so that it has an impact on employee safety and comfort in working according to standards. This good working mechanism will encourage from within and it is hoped that job satisfaction will arise in employees, even further it will foster in-depth commitment from employees.

The purpose of this research is to analyze the effect of affective commitment, normative commitment, and constitutional commitment to the readiness to change in the Regional General Hospital of West Nusa Tenggara Province.

LITERATURE REVIEW
Readiness to Change

Holt, Armenakis, Feild & Harris (2007) defines individual readiness to change as a comprehensive attitude that is simultaneously influenced by content (what changes), process (how change is implemented), context (the environment in which change occurs), and individual (individual characteristics). that requested to change) involved in a change. The readiness of individuals to change collectively reflects the extent to which individuals or groups of individuals tend to agree, accept, and adopt specific plans that aim to change the current situation.

Affective Commitment

Understanding Affective Commitment Allen & Meyer (1990) revealed that each component has a different basis. Individuals who have high affective commitment still join the organization because of the desire to remain members. This is confirmed by Vandenberghe (2004), that affective commitment has a strong effect. If affective commitment is high, then the intention to leave the organization is also low. Individuals who have dedication and loyalty to the organization are also determined by their affective commitment or emotional attachment to the organization (Rhoades et al., 2001).

Hartmann and Bambacas (2000) define that affective commitment refers to a feeling of belonging, feeling attached to the organization and having a relationship with personal characteristics, organizational structure, work experiences such as salary, supervision, clarity of roles, and various skills. Buchanan (in Allen and Meyer, 1990) describes affective commitment as an individual's participation in the goals and values of an organization based on the psychological bond between the individual and the organization.

Mowday et al (in Allen and Meyer, 1990) have their own definition of affective commitment, which is a strong relationship between individuals and organizations or organizations identified with participation in organizational or organizational activities.

Becker (in Allen and Meyer, 1990) describes affective commitment as a tendency to be involved in organizational activities consistently as a result of the accumulated investment lost if the activity is stopped. Affective commitment is one of the components in organizational commitment related to emotional attachment, identification, and feel involved in all activities, goals, values of an organization. Affective commitment is an awareness that organizational members have the same

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goals and values and are in line with the organization in which they join. At this stage, the goals and values of the individual have harmony and unity so that it will influence the individual to be fully dedicated to his loyalty and want to continue to join the organization and the low intention to leave the organization.

More continueBecker (in Allen and Meyer, 1990) explains that affective commitment has indicators related to emotional attachment, identification, and individual involvement in an organization. Individuals who have a strong affective commitment will continue to work in the organization because they really want to (want to) do so.

Normative Commitment

Normative commitment is the employee's feelings about the obligations that must be given to the organization. Normative components developing as a result of the socialization experience, depending on the extent to which the employee has a feeling of obligation. - Loyalty must be given due to the influence of others. The commitment that occurs when employees continue to work for the organization is caused by pressure from other parties to continue working in the organization. Employees who have a high level of normative commitment are very concerned about other people's views of themselves if the employee leaves the organization. (Ashari et al, 2005) - Obligations that must be given to the organization. This commitment refers to a reflection of feelings of obligation to become an employee of the organization. Employees with high normative commitment feel that these employees should continue to work in an organization where they work now. In other words, the commitment that exists in employees is caused by the employees' job obligations to the organization. (Dwiarta, 2010).

Becker (in Allen and Meyer, 1990) explains that normative commitment has an indicator in the form of individual feelings about the obligations he must give to the organization because this action is the right thing to do. This means that individuals with high normative commitment will feel that they are obliged to survive in the organization where they join.

Furthermore, Becker (in Allen and Meyer, 1990) explains that low normative commitment is indicated by a high level of absenteeism, employee turnover, decreased motivation, and intention The implication is that employees support change but are not optimal.

Continuous Commitment

Continous commitment is concerned with the individual's perception of the harm he will face if he leaves the organization. So individuals will consider the pros and cons if they want to stay with the organization or leave the organization. This may be due to a loss of seniority, promotion, or benefit. Individuals who work based on this continuous commitment will stay in the organization because they really need to do so in the absence of other options.

Becker (in Allen and Meyer, 1990) explains that the component of ongoing commitment means the component based on employees' perceptions of the losses they will face if leave the organization. Employees on an organizational basis are because these employees need organization. - Losses when leaving the organization. Continuous commitment refers to the strength of a person's tendency to continue working in an organization because there is no other alternative. A high degree of ongoing commitment includes the time and effort put into acquiring non-transferable skills and the loss of attractive benefits or privileges as a senior. - Employees need organization According to Allen and Meyer (1984), employees who remain working in the organization because employees accumulate more benefits that will prevent employees from looking for other jobs.

Furthermore, Becker (in Allen and Meyer, 1990) describes a continuous commitment to change readiness characterized by indicator-indicators such as appear when an employee has invested in the form of time, energy, and costs in the organization and does not want to lose that activity and investment.

Hypothesis Development

Affective commitment is an important commitment in readiness to change (Rafferty et al., 2010). Nordin (2011) adds that affective commitment has a positive effect on readiness to change through employee involvement in the change process and builds the value that employees perceive as the benefits of change can encourage employees to be ready to change. Battisteli et al. (2014) stated that one of the characteristics of affective commitment is high employee loyalty. When employees do not have a sense of loyalty, the intention to leave the organization is high, even though they are involved in the change process. Dita (2015) found results on a significant influence and positive direction of affective commitment to employee readiness to change. Individuals who have high affective commitment still join the organization. because of the desire to remain a member. This is reinforced by Vandenberghe (2004), that affective commitment has a strong direct effect on the intention to leave the organization. If affective commitment is high, the intention to leave the organization is also low. Individuals who have dedication and loyalty to the organization are also determined by their existence. affective commitment or emotional attachment to the organization (Rhoades et al, 2001). So it can be seen that these studies suggest that high affective commitment can affect the intention to leave, dedication, and loyalty to the organization which will then have an impact on the readiness to change the individual itself. Based on the above research, the researcher formulates the following hypothesis: that affective commitment has a strong effect directly on the intention to leave the organization. If affective commitment is high, then the intention to leave the organization is also low. Individuals who have dedication and loyalty to the organization are also determined by their affective commitment or emotional attachment to the organization (Rhoades et al, 2001).

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H1: The higher the affective commitment, the higher the readiness to change in the nurses at the Regional General Hospital of West Nusa Tenggara Province

Normative commitment can influence employees in facing change readiness (Visagle and Styen, 2011). According to Tsai (2015) normal commitment, high rates are indicated by employees following change procedures, such as arriving on time, increasing performance, achieving targets, and increasing productivity. Low normative commitment is indicated by a high level of absenteeism, employee turnover, decreased motivation, and intention to leave. The implication is that employees support change but not Becker's optimal (in Allen and Meyer, 1990). Normative commitment can have a negative effect, individual perceptions reject change because Lack of communication is related to the benefits of change so that employees feel they are not obliged to be involved in readiness to change (Porthogesse et al., 2012). However, Machin et al. (2009) argue that employee normative commitment is able to create a climate of change in the organization.

H2: The higher the normative commitment, the higher the readiness to change for nurses at the Regional General Hospital of West Nusa Tenggara Province

Continuous commitment to change readiness will emerge if employees have invested in the form of time, energy, and costs in the organization and do not want to lose these activities and investments (Hersovitch and Meyer, 2002). The high level of continuous commitment is influenced by the level of employee investment while working in the organization so that it will be difficult for employees to leave the organization due to the limitations of job alternatives with the same expertise in other organizations and the perception of the investment they have given to the organization so that employees will stay organized and inevitably. come change (Kalyal, 2009). Allen and Meyer (1997 in Umam, 2010) reveal that organizational members with high continuous commitment will continue to be organizational members because they need to become such members. In other words, this commitment is formed based on profit and loss, considering what must be sacrificed if you are going to stay in an organization, for example, is the readiness to change to achieve organizational goals, so that various studies reveal that continuity commitment has a positive effect on readiness to change (Nordin, 2011; Kalyal, 2009; Hersovitch and Meyer, 2002).

H3: The higher the continuous commitment, the higher the readiness to change for nurses at the Regional General Hospital of West Nusa Tenggara Province

CONCEPTUAL FRAMEWORK

Based on the influence between the variables above, a conceptual framework for research can be prepared as shown in the figure below:
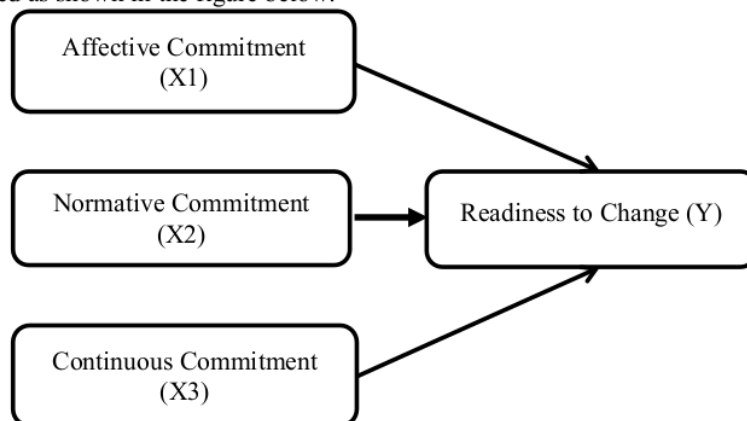

Figure 1. Research conceptual framework

RESEARCH METHODS

This type of research is associative research, namely research that aims to analyze the influence between two or more variables (Wijaya, 2013: 106). The form of analysis used is correlational because the researcher wants to analyze in-depth the relationship between variables

The location for research is Regional General Hospital of West Nusa Tenggara in Mataram, Sandubaya District. The reason for choosing the Regional General Hospital of West Nusa Tenggara Province as the research location is the phenomenon of changing readiness related to hospital accreditation which demands that every employee, be it a nurse or a non-medic, must be ready to change towards a better hospital standard. It is hoped that it will become a moment for every employee to make accreditation standards a work culture at the Regional General Hospital of West Nusa Tenggara Province which is felt to have the spirit to stick to organizational commitment so that it attracts the author to examine the readiness to change at the Regional General Hospital of West Nusa Tenggara Province. The number of samples used in this study was 133 people Nurse which is in the Regional General Hospital. The sampling technique used was the proportional random sampling technique.

Measurement scale using a Likert scale. The data collected from the questionnaire is measured by counting weights 1 to 5. Each item in the questionnaire is measuredwithLikert scale consists of 5 alternative answers. Meanwhile, the research data analysis to test the hypothesis using PLS analysis. Hartono and Abdillah (2016) state that Partial Least Square Analysis is a multivariate statistical technique that makes comparisons between multiple dependent variables and multiple independent variables. PLS is a variant-based statistical method designed to solve multiple regression when specific problems occur in data, such as small study sample sizes, missing data, and multicollinearity.

Measurement Results

Validity and reliability testing aims to ensure that the instruments we make to measure certain concepts accurately measure the variables and that in fact, we actually measure the concepts we want to measure (Hartono and Abdillah, 2016). Testing the validity of the instrument using the product-moment correlation approach.

The product-moment correlation value for the affective commitment variable ranged from 0.414 to 0.508, variableNormative Commitmentwith a scale between 0.0.332-0.541, variable continuous Commitment scaled between 0.402-0.445, variableReadiness to change scale between 0.413-0.448. This value is greater than the standard product-moment correlation of 0.3 means that all variable items are declared valid. While the reliability test is used to see the consistency of the respondent's score on the questions on the related variables. The consistency of the answers presented is indicated by the high coefficient alpha (Cronbach Alpha). The Cronbach Alpha value is getting closer to 1, which means the higher the Internal Intention for reliability. The Cronbach alpha value of the affective commitment variable was 0.825, the normative commitment variable was 0.771, the continuous commitment variable was 0.882, the readiness variable was 0.826. This value is greater than the Cronbach alpha standard of 0.60, which means that all variable items are declared reliable.

RESULT
Description of Variables

The variable of nurse affective commitment in the scope of RSUP NTB is considered to have an emotional attachment, working by identifying, working, and being actively involved in organizations, working because of their own will. commitment normative nurses are judged to have a low level of absenteeism, very low employee turnover, intention to leave very low. The nurse's continuous commitment variable was assessed do not want to lose work activities, fear what will happen if you quit your job, and would be annoyed if they decide to leave the organization. The variable of readiness to change nurses in the scope of the hospital has the readiness to make

changes, have a sense of self-confidence in the ability to change, and management is the main barrier to change in the organization.

Results of Partial Least Square Analysis

Hypothesis testing in this study using the Partial Least Square (PLS) approach. The results of testing the relationship between research variables can be seen from the value of the path coefficient and critical point (t-statistic) which are significant at α = 0.05. When the result Hypothesis testing on the outer model is significant, indicating that the indicator can be used as an instrument to measure latent variables, whereas if the test results on the inner model are significant, it means that there is a significant influence between the latent variables.

Table 1. Relationship Between Variables

No.	Relationship Between Variables	Path Coefficient	T-statistics	P-Value	Conclusion
1	affective commitment → readiness to change	0.093	2.388	0.009	Significant
2	normative commitment → readiness to change	0.299	2.913	0.002	Significant
3	continuous commitment → readiness to change	0.511	2.707	0.004	Significant

Hypothesis 1 states that the higher affective commitment, the higher the readiness to change. The test results on the parameter coefficient between affective commitment to readiness to change indicate a positive influence with a coefficient value of 0.093 with a p-value of 0.009, thus Ha is accepted. This shows that effective ownership has a positive effect on readiness to change.

Hypothesis 2 states that the higher the normative commitment, the higher the readiness to change. Test results on the intermediate parameter coefficient commitment normative toward the readiness to change show a positive influence with a coefficient value of 0.299 with a p-value of 0.002 indicating a significant effect, thus Ha is accepted. This shows that normative ownership has a positive effect on readiness to change.

Hypothesis 3 states that the higher the continuous commitment, the higher is also the readiness to change. The test results on the parameter coefficient between continuous commitment to readiness to change indicate a positive influence with a coefficient value of 0.511 and a p-value of 0.004, thus Ha is accepted. This shows that normative ownership has a positive effect on readiness to change.

DISCUSSION

The effect of Affective Commitment on readiness to change

The test result shows that affective ownership has a positive effect on readiness to change nurses at Regional General Hospital of West Nusa Tenggara. The results of this study are in line with the opinion expressed by Allen & Meyer (1990) stated that each component has a different basis. Individuals who have high affective commitment still join the organization because of the desire to remain as members. This is confirmed by Vandenberghe (2004), that affective commitment has a strong direct effect on the intention to leave the organization. If affective commitment is high, then the intention to leave the organization is also low. Individuals who have dedication and loyalty to the organization are also determined by their affective commitment or emotional attachment to the organization (Rhoades et al, 2001).

Furthermore, Meyer and Allen (1997) stated that the component of organizational commitment that affects the implementation of change in the organization, one of which is affective commitment. This component is influenced by emotional attachment, identification of individuals

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in the organization, and individual involvement in the organization. In this case, the involvement of individuals in the organization plays an important role in the implementation of change. Individuals who have low affective commitment due to low involvement in the organization will experience difficulties in implementing change,

The results of the above research are in line with the results of several previous studies which show that affective commitment is an important commitment in readiness to change. Rafferty et al. (2010). Nordin (2011) added that affective commitment has a positive effect on readiness to change through employee involvement in the change process and building the value that employees feel about the benefits of change can encourage employees to be ready to change. However, there are still studies that find affective commitment has a negative effect. Battisteli et al. (2014) stated that one of the characteristics of affective commitment is high employee loyalty. When employees do not have a sense of loyalty, the intention to leave the organization is high, even though they are involved in the change process.

The effect of Normative Commitment on Readiness to Change

Test results with PLS show that normative ownership has a positive effect on readiness to change. The results of this study are in line with the opinion expressed by Meyer and Allen (1997), who states that one of the components of commitment that affects readiness to change is normative commitment. This normative commitment is influenced by loyalty and individual moral responsibility to be in the organization. So the higher the normative commitment a worker has, the higher the employee's loyalty and moral responsibility to carry out changes and remain in the organization during the implementation of these changes.

Another opinion states that normative commitment is the employee's feelings about the obligations that must be given to the organization. The normative component develops as a result of the socialization experience, depending on the extent to which employees feel obligated. - Loyalty must be given due to the influence of others. The commitment that occurs when employees continue to work for the organization is caused by pressure from other parties to continue working in the organization. Employees who have a high level of normative commitment are very concerned about other people's views of themselves if the employee leaves the organization. (Ashari et al, 2005).

The results of the above research are in line with the results of several previous studies which show that normative commitment can influence employees in facing change readiness (Visagle and Styen, 2011). According to Tsai (2015) high normative commitment is shown by employees following change procedures, such as arriving on time, increasing performance, achieving targets, and increasing productivity. Low normative commitment is indicated by a high level of absenteeism, employee turnover, decreased motivation, and intention to leave. The implication is that employees support change but not Becker optimally (Allen and Meyer, 1990). Normative commitment can have a negative effect, Individual perceptions reject change because of a lack of communication-related to the benefits of change so that employees feel they are not obliged to engage in change readiness (Porthogesse et al., 2012).

However, Machin et al. (2009) argue that employee normative commitment can create a climate of change in the organization. Employees feel obliged to implement these changes because they are paid a salary and they are part of the organization. These studies lead to indications that normative commitment has a positive effect on readiness to change (Tsai, 2015; Visagle and Styen, 2011). The results of the study at the Provincial Hospital on normative commitment are that they are aware that they will always come on time for nurses in addition to assessments from hospital supervision,

Effect of Continuous Commitment on Readiness to Change

Test results with PLS show that normative ownership has a positive effect on readiness to change. The results of this study are in line with the opinion expressed by Meyer and Allen (1997) stated that in addition to the affective and normative commitment that can influence readiness to

change, continuous commitment is considered the most important component affecting readiness to change. This component is influenced by individual perceptions of other work alternatives, so individuals with low continuous commitment can have the intention to leave a higher organization, and this will harm organizations that are changing.

Another opinion stated Continuous commitment or continuous commitment is related to the individual's perception of the harm he will face if he leaves the organization. So individuals will consider the advantages and disadvantages if they want to continue to join the organization or leave the organization. This may be due to loss of seniority, promotion, or benefits. Individuals who work based on this continuous commitment will stay in the organization. After all, they really need to do so because they have no other choice. Dwarka, 2010).

The results of the above research are in line with the results of several previous studies which show that a continuous commitment to change readiness will emerge if employees have invested both time, energy, and costs in their organization and do not want to lose those activities and investments (Hersovitch and Meyer, 2002). The high level of continuous commitment is influenced by the level of employee investment while working in the organization so that it will be difficult for employees to leave the organization due to the limitations of job alternatives with the same expertise in other organizations and the perception of the investment they have given to the organization so that employees will stay organized and inevitably. participate in change (Kalyal, 2009). According to Nordin (2011), employee concerns about the costs that will arise if they do not provide support for organizational change, and perceptions of the benefits that will be obtained if they participate in change. So that various studies have revealed that continuous commitment has a positive effect on readiness to change (Nordin, 2011; Kalyal, 2009; Hersovitch and Meyer, 2002) However, there are still studies that find that continuous commitment has a negative effect. Research by Motes et al. (2012) revealed that employees who have a low continuous commitment will support readiness to change without considering the losses they experience when organizational change fails.

CONCLUSION

Based on The results of the research and discussion above can draw several conclusions, namely:
1. The affective component variable has a significant effect on the readiness to change nurses at Regional General Hospital of West Nusa Tenggara Province. The better the affective commitment, the more readiness will to change nurses.
2. The normative commitment variable has a significant effect on the readiness to change nurses. The better the normative commitment, the greater the readiness to change nurses at the Regional General Hospital of West Nusa Tenggara Province.
3. The continuity variable has a significant effect on the readiness to change nurses. The better the continuous commitment, the more readiness will be to change nurses at Regional General Hospital of West Nusa Tenggara Province.

SUGGESTION

Corresponding With the conclusion of the research that has been carried out, the researcher can propose several suggestions for consideration for all parties who took part in this study.
1. This research can be used as a reference for future researchers to develop the science and theory of Human Resource Management related to readiness to change, where the readiness to change is influenced by affective commitment, normative commitment, and continuous commitment. Other factors that are not examined in this study can be considered for analysis in subsequent studies, such as leadership and organizational environmental factors.
2. It is expected that the management of Regional General Hospital of West Nusa Tenggara Province will provide opportunities for nurses to participate in any changes made by the

organization because organizational changes without changing the individuals in it will be able to hinder the essence of the change itself.

3. It is expected that the Regional General Hospital of West Nusa Tenggara Province will encourage the formation of affective, normative, and continuous commitment to nurses so that every change made by the organization can be accepted and carried out effectively and efficiently.

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