

Organizational change and commitment: Effects on well-being, turnover intent and quality of care in Spanish and Swedish eldercare

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Abstract

Frequent organizational changes have been a rule rather than an exception in many European countries for decades. The present study investigates how affective organizational commitment relates to and moderates the effects of having been exposed to organizational restructuring on employee well-being, quality of care and turnover intentions among 530 eldercare employees in Sweden and Spain. The results show that there was a main effect of employees' experiences of being affected by change on well-being and turnover intentions but not on quality of care. Restructuring changes were moderated by affective commitment on turnover intentions. However, the buffering effect of affective commitment in terms of protecting employees from turnover intentions was weak.

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Commitment, organizational change, quality of care, turnover intention, well-being

Introduction

Organizational changes may have many sources – they may be a part of a planned proactive development, reactive adjustments to external circumstances or forced by unexpected events. Frequent organizational changes have been a rule rather than an exception in many European countries for a number of decades. This is certainly true for the transformation of public sector organizations where changes, downsizing and restructuring are common (Björk and Härenstam, 2016; Coram and Burnes, 2001; Vedina and Dolan, 2014). Restructuring is defined as an organizational change that ‘is much more significant than commonplace changes’ (De Jong et al., 2016). This includes, for instance, mergers, internal reorganizations, job cutting and delocalization (Eurofound, 2017).

Reviews of organizational changes (Quinlan and Bohle, 2009) and longitudinal studies of organizational restructuring (De Jong et al., 2016), with or without staff reduction, have shown that restructuring events have a negative impact on employees. This implies that more comprehensive changes in organizations may have adverse effects due to instability caused by the change, even when no jobs are actually lost.

An area of the health care sector where changes are common due to external demands is eldercare. European demographic development shows a long-term trend of an ageing population (Eurostat, 2015) and this means a growing number of elderly persons in need of care and services. Ageing has been referred to as one of the greatest challenges for the European countries by the European Commission, and the welfare institutions, including eldercare, have to meet new external demands and handle and change their organizations accordingly.

A relevant question is how the organizational commitment of employees in eldercare is affected during times of change. Workers may be asked to remain committed to a changing and insecure organization, but the commitment may not be experienced as reciprocal on the part of the organization (Quinlan and Bohle, 2009). In general, commitment is viewed as a resource in organizations. Mathieu and Zajac already did their meta-analysis in 1990 and were able to show antecedents, correlates and consequences of commitment. They also found that organizational commitment as a moderating variable accounted significantly for variance in outcomes in half of the included relevant studies.

Therefore, the present study aims to investigate how appraised degrees of organizational change relate to eldercare employees’ quality of care, well-being and turnover intentions. Employees’ commitment to the organization is conceptualized as an important potential moderator, and these relationships are considered in eldercare settings in two European countries, Sweden and Spain.

Background and hypotheses

Organizational restructuring has been associated with negative effects on health care and eldercare managers’ and workers’ health (Kelliher and Parry, 2015; Vahtera and Virtanen,

2013; Westgaard and Winkel, 2011), coping effectiveness (Brown et al., 2006), turnover intention (Josephson et al., 2008; Sylling et al., 2014) and quality of care (Fjeldbraaten, 2010; Kjekshus and Hagen, 2007). Burke and Greenglass (2001) found that restructuring and downsizing stressors among nursing staff had both direct and indirect effects on work–family conflict and psychological well-being. Westgaard and Winkel (2011) found in their systematic review that restructuring and downsizing rationalizations, in general, had negative effects on workers' health and risk factors and this was in particular evident for the health care sector.

There has been substantial research on organizational commitment over several decades. In a number of branches, including health care and eldercare, commitment has been shown to be associated with employee performance (Meyer et al., 2002; Riketta, 2002), stress (Meyer et al., 2002), well-being (Clausen et al., 2015; Meyer and Maltin, 2010), job satisfaction (Riketta, 2002), turnover intentions (Wong and Spence Laschinger, 2015), intention to stay (Brown et al., 2013) and long-term sickness absence (Clausen et al., 2014). Specifically, a buffering effect of organizational commitment between job-related anxiety and intention to leave the workplace in hospital work has been illustrated (Glazer and Kruse, 2008).

Theoretically, commitment can be considered as an individually-held organizational resource, whereas organizational change refers to the demands an organization imposes on individuals. This description is in line with the Job Demands–Resources model, developed by Bakker and Demerouti (2007, 2014, 2017). In said model, work can be conceptualized as consisting of a motivational process, that ties job resources to positive outcomes such as performance and satisfaction through facilitation of employee motivation, engagement or commitment; and an energetic process, that ties job demands to negative outcomes such as poor performance, through the experience of employee strain (exhaustion or health complaints). As such, job demands are conceptualized as physical, psychological, social and organizational demands placed on employees that induce some physiological or psychological cost. In contrast, commitment may act to ameliorate these demands, moderate the impact of demands on outcomes, or contribute directly to employee development or personal growth. Within this model, we conceptualize commitment to the organization as a resource that helps employees buffer the demand of organizational changes, in order to protect and maintain their quality of care, well-being and turnover intentions.

Some authors point out that commitment 'constitutes the psychological link that employees develop towards the organization for different reasons' (Romeo et al., 2011: 2). One of the reasons to link with the organization is the need for affiliation, which leads to affective commitment (Quijano et al., 2000). This kind of commitment has been used as a moderator or mediator variable in different studies trying to explain turnover (De Gieter et al., 2011), well-being (Franke and Felfe, 2011) and performance (Jamal, 2011). Jamal (2011: 22) describes affective commitment as an 'active relationship' between the individual and the organization, where the individual is willing to give of themselves in pursuit of organizational goals and success.

However, there is a lack of knowledge about how employee commitment influences the relation between organizational changes and outcomes specific to eldercare settings, such as employees' delivered quality of care, well-being and turnover intentions. On the

one hand, organizational changes may well lead to job insecurity which has been found to affect organizational commitment negatively (De Witte et al., 2010). On the other hand, commitment has been shown to have a buffering effect on the relation between various stressors and long-term physical and psychological reactions (Meyer and Maltin, 2010): such as stress and strain (Schmidt, 2007), job-related anxiety and intention to leave (Glazer and Kruse, 2008), stress and job performance (Jamal, 2011) and job demands and emotional exhaustion (Nesje, 2017).

The present study aims to investigate how organizational change, as reported by managers and perceived by employees, relates to employees' quality of care, well-being and turnover intentions. Employees' commitment to the organization is conceptualized as an important potential moderator, and these relationships are considered in eldercare settings in two European countries, Sweden and Spain.

Hypothesis 1: There is an association between organizational change (manager reports and employee perceptions), and employees' affective organizational commitment, quality of care (Fjeldbraaten, 2010; Kjekshus and Hagen, 2007), well-being (Kelliher and Parry, 2015; Vahtera and Virtanen, 2013; Westgaard and Winkel, 2011) and turnover intentions (Josephson et al., 2008; Sylling et al., 2014).

Hypothesis 2: The relationship between the reported and perceived organizational change (by managers and employees) and employees' quality of care, well-being and turnover intentions may be moderated by employees' organizational commitment. The moderating role of organizational commitment is supported in empirical research (Glazer and Kruse, 2008; Jamal, 2011; Meyer and Maltin, 2010; Nesje, 2017; Schmidt, 2007).

Method

Design

The present study is part of a larger project in Swedish and Spanish eldercare. The study has a mixed-method design in that the data gathering includes both interviews and questionnaires. The participating managers were asked, in an interview, to describe whether the workplace had been subject to changes the preceding year and if so, what was the content and purpose of the changes. The employees were asked, in a questionnaire, to estimate whether and to what extent they had been affected by changes the preceding year. Furthermore, the questionnaire included established scales on affective commitment, well-being, quality of care and turnover intentions, to which employees responded with self-ratings.

Procedure and selection

The Swedish participating organizations were recruited through contact with a group of 20 managers in a manager training programme. Ten managers decided to participate together with their staff and the sample includes 10 workplaces from eight municipalities

Table 1. Participating municipalities, population and eldercare coverage +65.

| Municipality (n) (ES = Spain; SE = Sweden) | Population municipality (2014/2015) | Residential homes coverage % of +65 2014 | Home help services coverage % of +65 (2013/2014) |
|--|---|--|---|
| ES1 (32) | 1771 | 4.6% | No information available on municipal level. The Catalanian average is 4.89% (2013). |
| ES2 (53) | 38,751 | 3.9% | |
| ES3 (167) | 23,442 | 3.9% | |
| ES4 (101) | 17,098 | 4.7% | |
| SE1 (26) | 11,873 | 4.9% | 8.6% |
| SE2 (16) | 60,495 | 4.6% | 10.2% |
| SE3 (39) | 2451 | 2.7% | 6.6% |
| SE4 (24) | 75,966 | 5.2% | 7.0% |
| SE5 (13) | 18,435 | 4.6% | 6.8% |
| SE6 (31) | 5955 | 6.4% | 7.9% |
| SE7 (18) | 7067 | 5.4% | 8.9% |
| SE8 (9) | 16,307 | 5.5% | 6.5% |

The Spanish sample is presented as percentage of beds in relation to the 65+ population (Associació Catalana de Recursos Assistencials [ACRA], 2014). The Swedish sample is presented as available places in relation to the 65+ population (SCB-Statistics Sweden, 2014; SoS, 2014).

in the north of Sweden. It includes both residential care (82.7%) and home help services (17.3%). The questionnaires were distributed by the managers during spring 2015 and the participants received a postage-paid envelope addressed to the researchers. The response rate was 71% (177/278). In addition, nine of the 10 managers were interviewed in the autumn of the same year. One manager had left her position at the time of the interviews and could not be reached.

In Spain, four eldercare organizations in four Catalanian municipalities near Barcelona were selected by convenience by the researchers and invited to participate in the project. The organizations were all residential homes. The questionnaires were distributed and collected by the researchers at the workplaces, during spring of 2015. The response rate was 88% (353/400). Four managers, one from each organization, were interviewed in the autumn of 2015.

The mean age of the 530 participants was 45 years (SD = 11.77), 87.2% were women, 80% had a permanent position and 12% had a managerial position. There were no significant differences between countries when it comes to age and permanent position. However, there was a higher percentage of women in the Swedish sample (92% vs 85%) and there were more participants with a managerial position in the Spanish sample (13% vs 5%). Table 1 gives further information regarding the participating municipalities.

The municipalities vary in population size. The coverage of places in Swedish residential homes varies between 2.7% and 6.4%. In Catalonia the corresponding coverage is more evenly distributed (3.9%–4.7%). However, the home help service coverage is higher in all the Swedish municipalities (6.5%–10.2%), compared to the Catalanian average of 4.89%.

Questionnaire

The employees' questionnaire included five scales: Perceived Organizational Change (POC), Affective Organizational Commitment (ICI; Romeo et al., 2011), Quality of Care (Westerberg and Tafvelin, 2014), Well-being (GHQ; Goldberg, 1972) and Turnover Intentions (Hom et al., 1984). Survey responses for the scales (except the GHQ) were on a five-point Likert scale, ranging from 1 (strongly disagree/very seldom or never/not at all) to 5 (strongly agree/very often or always/much more than usual).

Perceived Organizational Change (POC) of employees was measured with a single item: Have you been affected by organizational changes during the last year? Important to note here is that employees were thus reporting on changes that had taken place and impacted them prior to the current investigation.

Affective Organizational Commitment (AOC) was measured with a subscale of the Identification–Commitment Inventory (ICI; Romeo et al., 2011). The inventory includes aspects of both commitment and identification, of which three items represent affective commitment. These items were: The success of my organization is my success; I would like to continue working here; I feel emotionally linked to this company. The scale proved reliable ($\alpha = .72$).

Quality of Care (QoC). This is a five-item instrument developed by Westerberg and Tafvelin (2014). The statements are used to form a measure of quality of care delivered, as assessed by employees. Three statements concern how often the respondent felt satisfied with the way in which the clients were treated, kept informed and their wishes respected (At my workplace I experience that enough consideration is taken of the users'/clients' opinions and wishes). The fourth statement concerns how well the help and support provided met the client's needs, while the fifth concerns the overall satisfaction with care work ($\alpha = .82$).

Well-being (WB) was assessed with the General Health Questionnaire-12 (GHQ-12). This is a one-dimensional, 12-item instrument, developed originally by Goldberg (1972) and measures general well-being. Participants were asked to indicate on a four-point scale how often they experienced symptoms that reflected their well-being (In the last 4 weeks, how often have you felt constantly under strain? Responses from much better than usual to much worse than usual). Higher scores indicate lower well-being and more ill-health of the participants. The GHQ evidenced good reliability ($\alpha = .87$).

Turnover Intentions (TI) was assessed by a single item: I'm going to look for another job the coming year (Hom et al., 1984).

Finally, background data in terms of country (coded 0 = Spain and 1 = Sweden) and age were included.

Interviews

Managers' reports of organizational changes were collected through interviews. Nine first-line Swedish managers and four Spanish middle managers were interviewed about

Table 2. Levels of organizational changes based on managers' reports (ROC) and employees' perceived ratings (POC).

| Municipality (n) | Managers' reports of organizational change the preceding year | Staff perception: affected by change the last year mean (SD) |
|------------------|---|--|
| ES1 (32) | 1. No change | 2.65 (1.2) |
| ES2 (53) | 3. Restructuring. Comprehensive changes of schedules and group organization | 3.62 (1.2) |
| ES3 (167) | 1. No change | 2.69 (1.4) |
| ES4 (101) | 2. Some change on middle management level | 2.79 (1.5) |
| SE1 (26) | 3. Restructuring. Delocalization, downsizing, schedule changes | 4.24 (1.0) |
| SE2 (16) | 1. No change | 2.81 (1.6) |
| SE3 (39) | 3. Restructuring. Delocalization, incorporation of night patrol and housing for handicapped persons, vacancies | 4.00 (1.3) |
| SE4 (24) | 3. Restructuring. Major downsizing and schedule changes | 4.10 (1.3) |
| SE5 (13) | 3. Restructuring. Changing geographical areas and staffing | 4.69 (0.5) |
| SE6 (31) | 2. Some change. Staff extended with two full-time positions, one manager replaced by an administrative assistant | 3.71 (1.3) |
| SE7 (18) | 2. Some change. Staff extended with one full-time position | 3.88 (1.5) |
| SE8 (9) | 3. Restructuring. Offering full-time positions which demands change in staff planning, schedules, and flexible workplaces | 4.00 (0.9) |

six months after the distribution of the questionnaires. The interview questions concerned organizational changes over the preceding year (before distribution of questionnaires), estimates of sick-leave and staff turnover, recruitment and education needs, and the managers' views on eldercare in general and more specifically the situation in the municipality where they worked. For the present study, these managers' descriptions of organizational changes have been used and were categorized based on the level of change: 1. No change, 2. Some change (such as minor staff extension or changes at the organizational middle manager level), or 3. Restructuring (defined as comprehensive changes affecting the whole workplace such as geographical changes of work districts, delocalization, comprehensive changes of work tasks and/or work schedules, and/or downsizing). Henceforth we refer to this variable of managers' reports of organizational changes as Reported Organizational Change (ROC). Descriptions that served as examples of this categorization can also be seen in Table 2.

Analyses

To begin with, the measurement invariance (factorial invariance) between countries was tested with confirmatory factor analysis and the loadings were equivalent across groups. Relationships between the variables were first investigated by means of correlations. The value of the independent variables (participants' reported exposure to organizational

change, as described by their managers and themselves) in predicting the outcome variables of interest (quality of care, self-rated well-being and turnover intentions) were investigated by means of linear regression.

Also, it was interesting to explore whether participants' affective organizational commitment had any buffering role to play in the relationship of organizational change to employee outcomes. Interaction terms of reported (managers' interviews) and perceived (employees' self-reports) organizational change and employees' affective organizational commitment were created. Since the different types of reported organizational changes were only on three levels (no change, some change or restructuring), dummy variables were created for these variables. Since perceived organizational change was rated on a scale by employees, this variable's interaction term with affective organizational commitment was created from standardized variables (Aiken and West, 1991). In testing the interaction terms of dummy variables, the 'some change' group was opted for as the reference group, since the main purpose was to investigate the effect of restructuring (vs no changes).

Finally, it was considered whether there might be a nested data structure (i.e. employees of the same managers all get the same 'exposure to change' rating). This possibility was investigated by examining the intra-class correlation (ICC) (Heck et al., 2014), but a low ICC ($\rho = .02$) suggested that the data were indeed not nested.

Ethical considerations

Ethical approval (Sweden) was received from the Regional Board of Ethics, Umeå, Dnr 2015-62-31Ö and the University of Barcelona (Spain).

Results

In the Swedish sample, five out of eight workplaces were affected by changes that were considered to be restructuring (see Table 2). Geographical changes of districts, delocalization, incorporation of new units, internal job mobility and downsizing were some of the changes reported by the managers. Two Swedish workplaces (SE6, SE7) increased their staff and made only minor changes which were not considered as restructuring. One manager did not report any specific changes at the workplace (SE2). In all Swedish workplaces characterized by restructuring changes, the employees rated a mean value >4 on how they had been affected by changes. The Spanish sample showed a similar pattern although on a lower mean value. The one workplace (ES2) that had made major changes with their schedules and group organization, scored the highest (3.62). Taken together, 63% ($n = 111$) of the Swedish participants were working at workplaces that had been restructured. For the Spanish participants the corresponding percentage was 15% ($n = 53$). The numbers of employees in the total sample that were sorted as belonging to groups of no change, some change and restructuring were 215 (40.6%), 150 (28.3%) and 164 (30.9%), respectively. Reported organizational changes of managers and perceived organizational changes of employees are further described in Table 2.

Table 3 reports the correlations between variables and mean levels. Bivariate correlations showed that perceived organizational changes were negatively correlated with

Table 3. Means (SD) and correlations between perceived organizational change, affective commitment, quality of care, well-being and turnover intentions ($n = 530$).

| | Mean (SD) | POC | AOC | QoC | WB |
|-----|-------------|---------|---------|---------|--------|
| POC | 3.20 (1.46) | | | | |
| AOC | 3.67 (.79) | -.265** | | | |
| QoC | 3.94 (.67) | -.199** | .420** | | |
| WB | 1.84 (.43) | .208** | -.270** | -.378** | |
| TI | 2.03 (1.22) | .233** | -.360** | -.241** | .265** |

POC = Perceived organizational change (employees); AOC = Affective organizational commitment; QoC = Quality of care; WB = Well-being; TI = Turnover intentions. *Correlation is significant at the .05 level (two-tailed). **Correlation is significant at the .01 level (two-tailed).

affective organizational commitment and quality of care, and positively correlated to turnover intention. Perceived organizational change was also positively correlated with well-being, however it is important to note that the scale assessing well-being, the GHQ scale, is reversed which means that a higher value indicates more symptoms.

The predictive value of organizational change and employee affective organizational commitment in terms of employees' reported quality of care, well-being and turnover intentions was then investigated by hierarchical multiple regression analyses. These results are reported in Table 4.

Results indicated that in terms of eldercare employees' perceived quality of care, there was a significant impact of country, and affective organizational commitment only. Also, no evidence was found for the proposed moderating effect of commitment on organizational change. In terms of employees' perceived well-being, the results show that organizational changes perceived by employees, and their affective organizational commitment, are statistically significant predictors. The proposed moderating effect was not found here either.

Turnover intentions of eldercare employees were predicted by country and age of employees, and employees' perceived organizational change and affective organizational commitment. Here, affective organizational commitment proved to moderate the relationship of reported organizational change (restructuring vs some change).

To clarify the role of our country variable, post-hoc analyses were conducted. An independent t -test showed that there was a statistically significant difference on quality of care between the Swedish sample ($M = 3.69$, $SD = .70$) and the Spanish sample ($M = 4.07$, $SD = .61$; $t(311) = 6.23$, $p = .000$, two-tailed) and on turnover intention between the Swedish sample ($M = 2.36$, $SD = 1.34$) and the Spanish sample ($M = 1.87$; $SD = 1.12$; $t(297) = -4.19$, $p = .000$).

Overall, the smallest percentage of variance was predicted in employees' well-being, followed by quality of care. The largest explained variance was for turnover intentions. Lastly, the interaction effect was plotted to illustrate the moderating effect.

Figure 1 illustrates that there is a negative relationship between employees' affective organizational commitment and turnover intentions where managers reported 'some changes' as well as changes deemed to be 'restructuring'. Compared to eldercare employees who have only been exposed to some changes (as rated by their managers), those

Table 4. Results of hierarchical multiple regressions (standardized regression coefficients from the last step).

| | Quality of care | Well-being | Turnover intentions |
|---|-----------------|------------|---------------------|
| <i>Step 1: Control variables</i> | | | |
| Country | -.143*** | .046 | .110* |
| Age | .026 | -.064 | -.300*** |
| ΔR^2 | .084 | .041 | .148 |
| <i>Step 2: Main effects</i> | | | |
| ROC: No change vs Some change | -.054 | .069 | .072 |
| ROC: Restructuring vs Some change | -.049 | .099 | -.035 |
| POC | -.044 | .157*** | .131** |
| Affective organizational commitment | .425*** | -.230* | -.406*** |
| ΔR^2 | .129 | .076 | .109 |
| <i>Step 3: Interaction effects</i> | | | |
| ROC: No change vs Some change*Affective organizational commitment | -.015 | -.002 | .002 |
| ROC: Restructuring vs Some change*Affective organizational commitment | -.083 | .067 | .171* |
| POC*Affective organizational commitment | -.025 | .010 | -.006 |
| ΔR^2 | .005 | .003 | .015 |
| Total R^2 | .218 | .120 | .272 |

ROC = Reported organizational change (managers); POC = Perceived organizational change (employees).
 *** $p < .001$, ** $p < .01$, * $p < .05$.

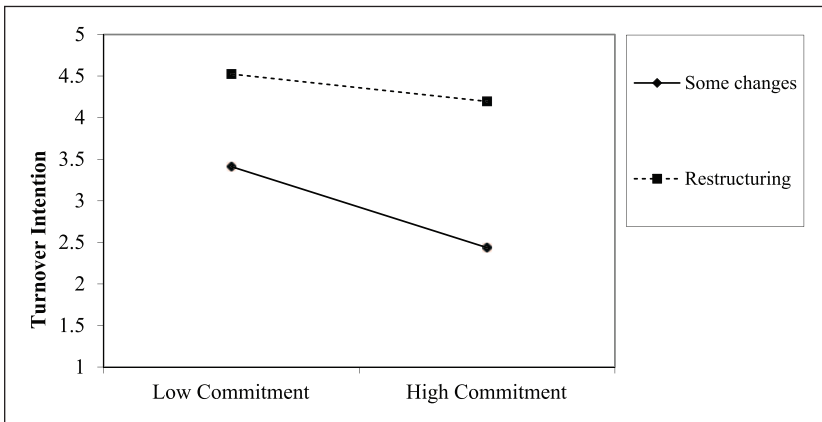


Figure 1. Moderating effect of restructuring vs some changes between affective organizational commitment and turnover intentions.

employees whose managers reported their organizational change as ‘restructuring’ rated higher on turnover intention, regardless of level of commitment. The effect of high commitment in terms of protecting employees from turnover intentions is weak for those in conditions of restructuring, and more pronounced for those who only report ‘some changes’.

Discussion

The aim of the present study was to investigate how different degrees of organizational change as reported by managers, and employees’ own appraisal of experienced organizational change, relate to employees’ affective organizational commitment, quality of care, well-being and turnover intentions within an eldercare setting.

The first hypothesis was that there would be an association between organizational change (manager reports and employee perceptions) and employees’ affective organizational commitment, quality of care, well-being and turnover intentions. The results showed that, in line with previous research (Clausen et al., 2015; De Cuyper and De Witte, 2009; Meyer and Maltin, 2010; Wong and Spencer Laschinger, 2015), an association between organizational commitment and employee well-being, turnover intentions and performance in terms of quality of care was found in accordance with the first proposition. The results stress the importance of an affective commitment to the organization. The perception of change as reported by employees additionally had some predictive value in terms of employee well-being and turnover intentions. When employees perceive that they have been affected by organizational changes the preceding year, they report more symptoms of ill-health and they are more likely to apply for another job the coming year. Affective organizational commitment proved to be important for employees’ reported quality of care delivered, where employees’ perceptions of experienced changes were not.

The second hypothesis was that the relationship of manager reports and employee perceptions of organizational change to employees’ quality of care, well-being and turnover intentions may be moderated by employees’ affective organizational commitment.

In contrast with the second proposition, affective organizational commitment did not moderate the relationship between employees’ perceived organizational change (POC) and quality of care, well-being and turnover intentions. Neither did it moderate the relationship between managers’ reported organizational changes (ROC) the preceding year and quality of care and well-being. However, employees’ affective organizational commitment did moderate the relationship of managers’ reported organizational change (restructuring vs some change) and employees’ turnover intentions. A possible interpretation of the difference in moderation between POC and ROC could be that even if an employee personally has not been affected by the reconstructing change, he or she may have experienced effects on colleagues’ work conditions. Two of the participating workplaces had been downsizing and Grunberg et al. (2000) showed that experience of layoff unfairness was associated with lower commitment among employees. When the managers reported major organizational changes, as presented in Figure 1, employees with high levels of affective organizational commitment had almost as high an intention to leave as

employees with low affective organizational commitment. Similar findings have been discussed by Meyer and Maltin (2010) as an exacerbating or pseudo-exacerbating effect of commitment on stressor–strain relations. That is, commitment can, under some conditions, increase the negative effects of workplace stressors. However, in the present study it is those employees whose managers deem them to have been exposed to restructuring, and who also have low levels of affective organizational commitment, who score the highest in terms of turnover intentions. Meyer and Maltin (2010) have also noted that the strain experienced by employees with strong commitment may not exceed those with weaker commitment.

Glazer and Kruse (2008) address in their study the moderating effects of commitment between stressors and intention to leave. They argue that the mere presence of a stressor is often considered to give adverse effects but it is rather the initial reaction of the employee that is important. For the present study it could be said that organizational change could initially lead to deterred commitment and eventually lead to long-term psychological effects such as decreased well-being and turnover intentions, yet we only find empirical support for the latter described relationships. It is hard to state the exact starting-point of change during the preceding year. In most cases this was described as a prolonged process. Organizational changes are often described as a single event limited in time and the effects are measured before, during and after the change. However, there are reasons to ask if continuous changes in an organization over time may leave the employees in a state of change fatigue, even if the change in itself might be considered positive. Geuskens et al. (2012) found that prolonged exposure to restructuring was related to poorer employee health and emotional exhaustion and it seemed like job insecurity was an important ingredient. Nevertheless, Quinlan and Bohle (2009) found in their review that organizational instability had adverse effects, even if there was no link to job insecurity. We conclude that the way in which we investigated organizational changes, with respondents reflecting on the extent to which changes had taken place leading up to our investigation, made it more likely for us to show the long-term consequences of change (see Sverke et al., 2017, for a discussion of long- and short-term consequences of organizational change).

Taken together, age and country predicted about 15% of turnover intentions. The relation to age was negative and this implies that younger employees are more inclined to quit their jobs or at least to have the intention to do so. A Danish longitudinal study in eldercare (Clausen et al., 2014) showed similar results, and in the follow-up it was shown that those who actually had quit their jobs were significantly younger, and indicated that the reasons were primarily due to organizational factors. Country also predicted about 14% of the perception of quality of care. The Spanish employees rated significantly higher quality of care and lower turnover intentions. The Spanish participating organizations seemed to be more stable and only 15% of the participants worked in organizations that had undergone major changes the last year, compared to 63% of the Swedish organizations. In general, according to European work-life comparisons (Eurofound, 2017) organizational restructuring or reorganization has considerably higher proportions in Sweden (about 42% the previous three years) compared to Spain (about 19%). In fact, Sweden had the second largest share of workers reporting organizational restructuring or reorganization of all 34 participating countries, and our findings seem to mirror these statistics.

The question as to what extent the employees perceived they had been affected by organizational change did not include positive or negative evaluations of said changes. Nevertheless, the association with health and turnover intentions showed a negative correlation. This may indicate that the comprehension of the change is more important than its content. Similar results have been discussed by De Jong et al. (2016) and they also concluded that there is a lack of studies that include self-reports on the degree of change – a gap in the literature we attempted to address here.

Practical implications and future research

The present study shows that perceptions of restructuring are associated with poorer well-being and higher turnover intentions among the employees. It was also shown that the Swedish participants were subjects to organizational changes to a significantly higher degree compared to the Spanish participants. This is in line with the results from the European work-life investigations (Eurofound, 2017) and an important question concerns the motive of frequent changes in Sweden. A practical implication is that eldercare organizations may need to reflect on organizational stability and the costs of organizational changes. Many changes in eldercare may be adaptations to external circumstances but there are reasons to be careful with too frequent changes.

Several studies show that how the change process is implemented and the methods used are of importance for the outcomes (Bish et al., 2015; Kelliher and Parry, 2015). The change process has not been addressed in this study, and our investigation is in fact cross-sectional. Oreg et al. (2011) concluded that trust and involvement in the process are of importance for the outcomes of change. A future target of research should thus be to study how public eldercare organizations work with their change processes and how the reasons for change are presented.

Employees' affective organizational commitment has been shown to be very important in the present study – apparently even more so than the organizational changes described here. Affective commitment to the organization had some buffering effect between restructuring and turnover intentions. Since this is a cross-sectional study it is important to follow up the long-term effects of organizational change on commitment. In particular employees with a strong affective organizational commitment are interesting since there may be an adverse effect of commitment (Meyer and Maltin, 2010).

Limitations

The study design is cross-sectional although the participants were asked in the interviews and in the questionnaire to describe or estimate earlier events, i.e. changes in the preceding year. Therefore, it is not possible to draw causal inferences and the results should be interpreted with caution.

The use of single item measures may be a limitation and multiple item measures are mostly preferred. However, when it comes to measure turnover intention and experiences of change, a single item is often used in organizational and occupational psychology research. Fisher et al. (2015) evaluated single items' reliability, content and construct validity in organizational health psychology studies and showed support for the use of

single items. Although, the evaluation did not specifically include turnover intention and experience of change, single items concerning job satisfaction and work centrality were shown to have acceptable measurement properties. The authors argue that single items also could be used 'alongside with multiple-item measures to provide a multi-indicator perspective'. In our study we have used two measurements of change: the managers' description and employees' estimation of how they have been affected.

The managers' description of what changes the workplace had undergone the preceding year were categorized into three groups by the researchers. This may have contributed to subjective judgements and the categorization of change was therefore thoroughly discussed. It is important to keep in mind that the degree of changes is not used as a scale. Two of the Swedish workplaces had extended their staff (minor changes), this does not necessarily affect the workplace. The number of persons working may be the same after the change, since the work had been executed by substitutes without permanent positions before the extension.

Finally, the most widely used measurement of affective commitment is the six-item scale by Meyer and Allen (1997). Nevertheless, the scale by Romeo et al. (2011) contains three items, used in the present study, that cover the three aspects considered to constitute affective commitment: a strong belief in the goals and values of the organization, willingness to focus effort on supporting the organization to achieve its goals and a desire to maintain organizational membership (Meyer et al., 2002). The chosen scale is a subscale of the Identification–Commitment Inventory, which was considered to be a holistic alternative for the project.

Conclusions

Similar to earlier studies (De Jong et al., 2016), it was found that the perception of being affected by organizational change is associated with more symptoms of ill-health and turnover intentions among employees in eldercare. In contrast to similar studies, performance, such as perception of quality of care, was not associated with being affected by change. It was also found that reported restructuring changes were moderated by employees' affective organizational commitment on turnover intentions but the effect of affective organizational commitment when there is a major change was weaker compared to minor changes.

The results suggest that the resource of employees' commitment to the organization is indeed important and may even be more important than the demands of change (managers' and employees' ratings) in predicting employee well-being, quality of care and turnover intentions. However, the results indicate that high levels of affective organizational commitment may not be sufficient to buffer turnover intentions when restructuring.

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