The relationship between some demographic characteristics and organizational commitment of nurses working in the Social Security Hospital of Khorramabad

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Abstract

Background: Reduction in organizational commitment of nurses results in deficiency of care services. Some demographic factors affect organizational commitment.

Objective: The present study is intended to determine the organizational commitment of nurses and its relationship with demographic characteristics.

Methods: This study was a descriptive correlation (cross-sectional) study in January and February of 2016 on 126 nurses who held Bachelor of Science (B.Sc.) or Master of Science (M.Sc.) and at least one year of work experience in the Social Security Hospital of Khorramabad, selected using the census method. Data collection tools included a demographic characteristics form and Allen and Meyer questionnaire. Data analysis was performed using SPSS 20. Independent-samples t-test and one-way ANOVA were used to determine the relationship between organizational commitment and demographic characteristics.

Results: The majority of nurses had moderate organizational commitment, the highest score belonging to the continuance commitment (22.33%), and the lowest score belonging to the normative commitment (19.16%). Also, there was a significant correlation between the continuance commitment and work experience (p=0.001), the staff posts (p=0.01) and shifts (p=0.04).

Conclusion: Considering the moderate level of subjects' organizational commitment in the present study, managers should take necessary measures to increase the attachment and organizational commitment of nurses and provide the ground for improving nursing services.

Keywords: Organization, Commitment, Demographic factors, Nurses

1. Introduction

Staff organizational commitment is a crucial factor in achieving organizational goals (1, 2) and only those organizations that attach importance to their staff and provide appropriate grounds for their activities are able to survive and thus improve the organizational commitment among the nurses (3, 4). The organizational commitment definitions have been presented in various sources (5) Management experts define commitment as attitude or orientation toward the organization (6, 7). The organizational commitment as an attitude includes a strong desire to stay in the organization, exert extra effort for the organization, and a strong belief in accepting its values and goals

(8). The organizational commitment refers to the links between organizations and the staff having different ideas about its components. Meyer and Allen stated that commitment includes affective, continuance and normative dimensions. Affective commitment: refers to staff's affective attachment to be identified with the organizations and engaging in the organization's activities with positive emotions. Continuance commitment: includes a value-based commitment to the organization and the employee is involved in the organization's activities and has high loyalty to the organization. Normative commitment: refers to individuals' feelings based on the need to stay in the organization. Staff with strong normative commitment stay in the organization because they feel so (4, 7, 9-12). Staff's high organizational commitment leads to the desire to make great efforts in achieving organizational goals, having more job satisfaction, high tendency to stay in the organization, reduced turnover and absenteeism rate, increased staff's mental freshness, improved organization's performance, better manifestation of personal and organizational lofty goals (7), and represents staff's views toward their organization and job (9, 12-16).

In contrast, reduced organizational commitment leads to negative consequences for the individual and the organization (13), such as reduced productivity and individual performance, perceived discrimination in the organization, ignoring needs of the personnel, lack of participation in organizational issues, high absenteeism, delay in the arrival of employees, unwillingness to stay in the organization, turnover, reduced customers' trust, reduced revenue and lack of motivation (13, 17). Today, reduced organizational commitment has involved the international community, including health organizations along with other organizations. Nurses' organizational commitment, as the largest human resource (40% to 60%) in each health organizations, finds special significance because the quality of nursing affects the overall judgment toward the hospital and its performance (13). The most important side effects of reduced organizational commitment among nurses include increased turnover rate, loss of motivation and job satisfaction, and reduced performance level and subsequent "loss of care services and hospital efficiency" and reduction in patient satisfaction (18). Shaw stated that organizational commitment and its effectiveness can affect the manner of service delivery, quality of care, and patient satisfaction (19). Javadi and Jafari stated that managers should seek to create ways to increase the efficiency and quality of services provided to the patients by recognizing the factors affecting the staff's organizational commitment (20). Larber and Savis concluded that many factors affect the organizational commitment (personal, occupational, structural, etc.), and it is very important to identify them and their effects on the organizational commitments (6). In their study, Farahabadi et al. stated the staff's organizational commitment in Isfahan's Emergency Center has a relationship with some demographic factors (21). Abedi, et al. also studied this relationship among physical training teachers (22). Because few similar studies were conducted on nurses and also due to the significance of organizational commitment for giving care services to patients, it seemed imperative to conduct a research in this regard. Thus, the researchers decided to study the relationship between demographic features and nurses' organizational commitment in Social Security Hospital in Khorramabad.

2. Material and Methods
2.1. Design and participants
This study was a cross-sectional study conducted in January and February of 2016. The research setting included the Social Security Hospital in Khorramabad. The target population included all nurses (126 nurses) working in different wards of the hospital. The census method was used to select nurses. The inclusion criteria were all nurses with B.Sc. or M.Sc. in nursing and at least one year of working experience.

2.2. Data collection tools
Two questionnaires were used to collect the data: 1) demographic characteristics questionnaire that included questions about age, gender, marital status, level of education, type of employment, work experience, shift, overtime levels, location of work and the employees' positions; 2) Meyer and Allen's organizational commitment, which has 24 items, measuring the organizational commitment in three dimensions of affective (items 1 to 8), continuance (items 9 to 16), and normative commitment (items 17 to 24). These statements were set based on a 5-point Likert scale from strongly disagree to strongly agree. Organizational commitment scores were classified in three levels: low level of organizational commitment (0-33), moderate level of organizational commitment (34-67), and high level of organizational commitment (68-100). To obtain the validity of the three scales of the organizational commitment by correlating each scale to other scales of the questionnaire, Meyer and Allen reported the correlation between the test scores and total scores between 0.60% to 0.70% and reliability coefficients of 0.85, 0.79, and 0.73 for affective, continuance, and normative commitments, respectively (23). This questionnaire has been used in numerous dissertations in nursing research in Iran. This instrument was translated into Farsi by Shoorideh et al. (24). The authors reported the content validity index for the whole instrument was 0.87, affective commitment (0.82), continuance commitment (0.89), and normative commitment (0.75). Also the stability of the instrument was

estimated 0.93, using the test–retest affective commitment (0.93), continuance commitment (0.89), and normative commitment (0.78) (24). In this study, the internal consistency and Cronbach's alpha were used in order to assess the reliability of the questionnaire. The questionnaires were first given to 20 nurses, and they were analyzed after the completion of the data collection phase. Cronbach's alpha coefficient was calculated 0.89, 0.79, 0.89, and 0.87, for the whole instrument, affective, continuance, and normative commitments, respectively. The instrument's stability was also calculated (r=0.94) for the whole organizational commitment instrument using intra-class correlation coefficient (ICC) within 14 days.

2.3. Ethical considerations
This study was approved by the Ethics Committee of Nursing & Midwifery School of Shahid Beheshti University of Medical Sciences (SBMU2.REC.1394.103). All of the subjects were informed regarding the details of the study, and they signed a written informed consent. Questionnaires were given to all of the nurses in the hospital (126) and were completed in three shifts. All 126 questionnaires were completed and were returned to the researcher.

2.4. Statistical analyses
The collected data were analyzed using SPSS 20. In order to achieve specific objectives and answer the research questions, descriptive statistics such as tables and the central and dispersion indices (mean and standard deviation) were used. Also, inferential statistics, including independent-samples t-test and one-way ANOVA were used at a significance level of 0.05.

3. Results
Results of the analysis of demographic questionnaires showed that 48.8% of nurses aged between 31 and 40. Female and married individuals accounted for the 94.9% and 74.4% of the participants. A total 94.9%, 48.7%, and 79.5% of the nurses had a B.Sc., 10 years of work experience, and rotational shift work, respectively. In addition, 48.7% of them worked overtime, about 26 to 50 hours. Permanent nurses accounted for 53.8% of the participants, and 47.5% of them were employed in public wards; 64.1% of them were nurses with rotational working shifts and did not have any posts.

Table 1. Level of organizational commitment

Row	Commitment	Mean	Standard deviation
1	Affective Commitment	21.07	0.39
2	Continuance commitment	22.33	5.53
3	Normative commitment	19.16	7.03
4	Organizational commitment (total)	62.56	14.35

Table 2. Correlation between demographic characteristics and organizational commitment

Demographic	Commitment			
	Affective commitment	Continuance commitment	Normative commitment	Organizational commitment (total)
Age	0.13	0.19	0.12	0.18
Gender	0.27	0.11	0.12	0.13
Marital status	0.23	0.37	0.11	0.18
Employment status	0.12	0.23	0.09	0.11
Years of experience	0.42	0.001*	0.29	0.21
Wards	0.70	0.22	0.06	0.14
Level of education	0.18	0.42	0.37	0.22
Employees' positions	0.55	0.01*	0.18	0.13
Work shifts	0.17	0.04*	0.24	0.11
Overtime hours	0.37	0.23	0.12	0.17

Significance level is 0.05.

The average organizational commitment of nurses participating in the study was 62.56±14.35, which indicates the average level of organizational commitment of nurses. Also, continuance commitment score was higher than those obtained in the affective and normative commitments (Table 1). Results of the independent-samples t-test showed no significant statistical difference among gender, level of education, and the organizational commitment and its dimensions (affective, continuance and normative commitments) (Table 2). One-way ANOVA test results showed no significant statistical difference among age, marital status, employment status, workplace, and overtime work and organizational commitment and its dimensions. The results of one-way ANOVA test showed that there is a statistically significant difference between the years of service (p=0.001), employees' position (p=0.01), work shift (p=0.04) in the continuance commitment, but this difference was not significant in the affective and normative dimensions.

4. Discussion
Results of the present study showed a moderate level of organizational commitment of nurses working in the Social Security Hospital of Khorramabad. In a study conducted by Shoorideh et al. (24), nurses also had a moderate level of organizational commitment. However, the results of the study conducted by Kebriaei et al. (25), Larber and Savis (6), Carmen (26), and Siew (27) reflect high commitment levels of nurses. There seems to be some important reasons for the lack of organizational commitment of nurses in the present study and in the majority of health centers in our country, including low number of nurses, increased work pressure, lack of appropriate benefits, and lack of proper working relationship with managers and physicians, which eventually lead to reduced level of organizational commitment. Therefore, providing the necessary conditions to promote this important variable requires serious attention. In the present study, all three dimensions of the organizational commitment were scored at a medium level, but the average score of the continuance commitment was higher than those of the affective and normative commitments. Results of the study conducted by Shoorideh et al. showed that the average continuance commitment of nurses was at the lowest rate possible (24). This means that all of the studied employees had almost the same attitude toward the cost of leaving the government jobs, and leaving the organization is associated with an enormous cost; for this reason, they stay in the organization.

Further, results of this study showed no significant relationship between the age variable and the organizational commitment and its dimensions. Studies conducted by Seyedin et al. (4) and Samadi and Mahdavikhoo (28) also showed the same results. However, studies conducted by Carmen (26), Siew (27) and Jafari et al. (29) showed contrary results. It is now impossible to cite the researchers analyzing the relation between the age and the organizational commitment because, considering the current shortage of nurses in Iran's health centers and the possibility of attracting nurses even after retirement, there is no concern over attracting young and old nurses in health systems, and many medical centers are seeking to employ human resources with higher ages and work experience in order to cut most of the costs associated with education and empowerment and use their useful experience easily. In the present study, there was also no significant relationship between the gender variable and the organizational commitment and its dimensions, which is consistent with results of the study conducted by Jafari et al. (29), Alhawajreh (11), Chen et al. (30). However, results of the study conducted by Seyedin et al. (4) were different from results of the present study. With regard to the results obtained in the present research, it can be stated that, considering today's stressful life and relatively equal gender mix in the workplace and offices and the obligation for vocational activities of both men and women in the society, the question of single-patronage of men and women is not an isolated issue from other factors. Therefore, the organizational commitment of nurses does not differ by gender, and certain other factors affect it. In the present study, there was also no significant relationship between the marital status variable and the organizational commitment and its dimensions. Nartegun and Menep also achieved similar results (31), but results of the study conducted by Salami showed contrary results (32). The reason for obtaining such a result in the present study may be due to the relation of nurses' commitment in both single and married groups with other issues in the organization other than gender. Results of the present study showed that there was no statistically significant relationship between nurses' employment status and their organizational commitment and its dimensions. Results of the present study were consistent with the results obtained in Khalili's study (33).

All nurses working in the Social Security Organization are employed by the organization first on the temporary basis, then as probation and permanent employees, so they have confidence in their job security and know that they will be working for a long time. Therefore, their employment status will have no effect on their organizational commitment. There was no significant relationship between the hospital ward variable and the organizational commitment and its dimensions in the present study. Results of the study conducted by Alhawajreh (11) were

consistent with results of the current study. Results obtained in the present study may suggest that hospital ward variables cannot have much effect on the organizational commitment of nurses. Results of the present study suggest no difference in organizational commitment between nurses with B.Sc. and M.Sc. degrees. Studies conducted by Larber and savis (6), Seyedin et al. (4), and Samadi and Mahdavikhoo (28) also obtained similar results. Nursing managers of this hospital must define new roles for nurses based on their scientific progress and attempt to attract and retain the personnel with higher education and consider additional facilities for them. There was also no significant relationship between the variable of overtime hours and the organizational commitment and its dimensions, which is consistent with the results obtained by Shoorideh et al. (10). In this study, the organizational commitment of nurses does not differ by overtime, and certain other factors affect it. In the present study, there was a positive correlation among work experience, staff positions, and work shifts with organizational commitment in its continuance commitment dimension. Carmen (26), Siew (27), Zeineldin and AbdelRahman (7), Nartegun, and Menep (31) also found similar results. However, the study conducted by Alhawajreh (11) showed contrary results. It seems that the high commitment level of employees with high work experience in the present study is due to their prolonged exposure to the work environment as well as the impossibility of their separation from their job and finding a job in other work environment. Results of the present study indicate a significant relationship between the employees' positions and their organizational commitment in the continuance dimension, which is consistent with the results obtained by Jeong (34) and Estrada (35). Based on the results of this study, it can be stated that the managerial role among supervisors, lack of rotational work shifts among them, and having clarity and discipline in the working and living conditions give them a positive attitude and better feeling toward the working environment; therefore, they will be more committed to the organization than other nurses. There was also a significant statistical relationship between work shifts and the organization commitment in the continuance dimension. As explained in terms of staff positions, attending the evening and night shifts and on holidays and problems related to the rotational work shifts affected nurses' attitudes toward the hospital and the nursing profession.

The current study had some limitations; one of the most important being that the population studied was limited to the wards of one hospital. In addition, the participants in this study included nurses with B.Sc. and M.Sc. in nursing; thus, the extracted results on the organizational commitment are not applicable to other nursing ranks at the hospital. Majority of the samples in this study were females, and certainly these results should be cautiously generalized to the whole community of nurses of both genders.

5. Conclusions
In summary, results of the present study show a moderate level of organizational commitment in nurses and also a positive and significant correlation between continuance organizational commitment and years of experience, staff's positions and work shifts. Such results indicate that managers of nursing should identify related factors and promote the level of organizational commitment in nurses. Some other studies are suggested to be conducted on organizational commitment in a larger population of nurses and managers need to study other factors that affect the organizational commitment of nurses.

Conflict of Interest:
There is no conflict of interest to be declared.

Authors' contributions:
All authors contributed to this project and article equally. All authors read and approved the final manuscript.

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