

Organizational Commitment among Nursing Staff in Minia University Hospital**Sahar Ahmed Abood^{1*}, Fatma Rushdy Mohamed² and Manal H. Abo El-Maged³**¹Nursing Administration Dept., Faculty of Nursing- Minia University, Minia, Egypt²Nursing Administration Dept., Faculty of Nursing- Assiut University, Assiut, Egypt³ Psychiatric and Mental Health Nursing Dept., Faculty of Nursing -Minia University, Minia, Egypt*shrabood@yahoo.com

Abstract: Organizational commitment refers to the extent to which an employee identifies with an organization and is committed to its goals. This study aim was to assess a set of variables that predict organizational commitment of nursing staff members, and to investigate the relationships among organizational commitment, organizational trust, and job satisfaction. This correlational cross-sectional was carried out on a convenience sample of 150 nurses in a Minia University Hospital. A self-administered questionnaire was used with an organizational commitment, an organizational trust, and a job satisfaction scales. Their reliability was good (Cronbach alpha coefficients 0.818, 0.728, and 0.831, respectively). Data collection was from April to May 2009. All the relevant principles of ethics in research were followed. The results revealed that 77.3% of the nurses had high commitment, while the organizational trust and job satisfaction were low, 48.0% and 24.0%, respectively. Job commitment had weak positive statistically significant correlations with trust ($r=0.338$), and job satisfaction ($r=0.223$). Job commitment and trust had weak positive statistically significant correlations with experience years, $r=0.335$, and $r=0.210$, respectively. On multivariate analysis, the statistically significant independent predictors of the nurses' commitment were their scores of job satisfaction and trust, and their marital status. The study concludes that despite the low levels of job satisfaction and trust, nurses' organizational commitment is high; still job satisfaction and trust are independent positive predictors of commitment. However, the study limitation of possible over-reporting of commitment and dissatisfaction needs to be considered interpreting the findings.

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1. Introduction

Commitment is a personal bond to some course of action. Personal or self-commitment involves a promise to do the best one can in every situation and to be the best that he/she can be (*Demir et al, 2009*). Organizational commitment is generally classified into organizational and professional commitment. Organizational commitment refers to the extent to which an employee identifies with an organization and is committed to its goals. A strong organizational commitment is characterized by a belief in and acceptance of the organizational goals and values, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain organizational membership (*Wagner, 2007*).

According to *Allen and Meyer (1990)*, organizational commitment has three components, namely affective commitment, continuance commitment, and normative commitment. Affective commitment implies employees' emotional attachment to the organization. Continuance commitment refers to employees' feelings of obligation to remain with the organization. Normative commitment is based on the costs that employees would have to incur if they decided to

leave the organization.

Nursing commitment has global relevance because of the international impact of the current nursing shortage of nurses and the implications that staff turnover has for nursing numbers. Nurses must be committed to provide competent health care, no matter what the setting or circumstances are (*Kulwicki, 2006*).

Trust has been identified as a crucial ingredient for organizational effectiveness. Health organization with high level of mutual trust among organizational members and between management and employees are more able to maintain and sustain human talents, and enhance job satisfaction, which is one of the most widely researched yet least understood phenomena in organizations today (*Bettinardi et al, 2008*). On the contrary, the lack of trust is associated closing down of health organizational communication, knowledge management, collaboration, and coordination. The consequence is a disconnection among organizational members and among management and employees, thus jeopardizing organizational commitment and job satisfaction, with more difficulty in retention of human talents (*Laschinger et al., 2009*).

In addition to trust, organizations should be concerned for job satisfaction, which can be considered as an indicator of organizational member's emotional wellbeing and psychological health (Melo et al, 2011). In fact, it has been argued that how satisfied employees feel about their jobs affects their loyalty towards their organizations (Peltier et al., 2008). Hence, job satisfaction can be an antecedent variable for organizational commitment (Stordeur & D'Hoore, 2007). However, job satisfaction may be influenced by other factors such as the level of pay and performance, employee benefits, training, job design, autonomy, growth satisfaction with supervisors, and customer satisfaction (Björk et al, 2007; Curtis, 2007).

Therefore, the aim of this study was 1) to assess a set of variables that predict organizational commitment of nursing staff members, and 2) to investigate the relationships among organizational commitment, organizational trust, and job satisfaction. It was hypothesized that higher scores of trust and job satisfaction would be associated with higher scores of job commitment.

2. Methodology

Design, setting, and sample:

This study was carried out in Minia University Hospital using a correlational cross-sectional study design. The study sample consisted of all the nursing staff working in various departments of the hospital during the time of the study. Their total number was 150, including 54 bachelor degree nurses, and 96 diploma degree nurses.

Data collection tool:

A self-administered questionnaire was used for data collection. It included four parts. The first part was concerned with nurse's demographic and job characteristics. The second part was for assessment of organizational commitment. It was developed by Cook and Wall (1980), and measures three domains of commitment: emotional (8 items), continuous (8 items), and natural commitment (7 items). The third part consisted of a twelve-item related to measure organizational trust. The last part was a job satisfaction scale. This nineteen-item tool was based on Michigan Organizational assessment Questionnaire (Seashore et al, 1982). It covers the dimensions of the nature of work (4 items), communication and relationship (10 items), and hospital rules and regulations (5 items).

The responses in the last three parts of the tool were on a three-point Likert scale: agree, neutral and disagree for the second and third parts, and satisfied, neutral, and dissatisfied for the fourth part. The scoring was accordingly from 3 to 1 for each item.

The scores of the items were summed-up and the total divided by the number of the items in each scale and subscale, giving a mean score. These scores were converted into a percent score. The nurse commitment, trust, and job satisfaction was considered high if the total percent score was 60% or higher and low if less.

The last three parts of the tool were translated in Arabic using the translate-re-translate process to ensure its validity. Their reliability was assessed in a pilot study by measuring their internal consistency using Cronbach's alpha coefficient method. This turned to be 0.818 for commitment, 0.728 for trust, and 0.831 for job satisfaction, thus indicating a high degree of reliability.

Pilot study:

The pilot study also served to test the feasibility of the study and the clarity and practicability of the data collection tool. It was carried out on 15 nurses from different inpatient departments at Minia University Hospital. The pilot study sample was excluded from the total sample. Data collected from the pilot study were reviewed and used in making the necessary modifications prior to the finalization of the data collection tool.

Fieldwork:

An official permission was obtained from the hospital director, the nursing service director, and the head of each department before embarking on the study. After the finalization of the study tool, the actual data collection was started in April 2009 and ended in May 2009. The researchers met with the eligible nurses, explained to them the purpose of the study, and asked for their oral consent to participate. Those who agreed to participate were given the tool and asked to fill it out and return it anonymously in the same setting or at most the next day. The researchers were available for any clarifications.

Ethical considerations:

All the relevant principles of ethics in research were followed. The study protocol was approved by the pertinent authority. Participants' consent to participate was obtained after informing them about their rights to participate, refuse, or withdraw at any time. Total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

Statistical analysis:

Data entry and statistical analysis were done using SPSS 14.0 statistical software package. Data were presented using descriptive statistics. Pearson correlation analysis was used for assessment of the

inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. To identify the independent predictors of organizational commitment, multiple stepwise regression analysis was used after testing for linearity, normality, homoscedasticity, and collinearity, and analysis of variance for the full regression models was done. Statistical significance was considered at p -value <0.05 .

3. Results

The age of the studied nurses ranged between 18 and 38 years, with a mean 24.7 years (Table 1). About two thirds of them were singles (66.7%). The majority was staff nurses (86.7%), and the years of experience ranged between one to ten years, with a mean of 5.1 years.

Table 2 shows that 77.3% of the nurses had total commitment, with the continuous type being the highest (81.3%), while the emotional type was the lowest (58.7%). On the other hand, the organizational trust and job satisfaction were low, 48.0% and 24.0%, respectively. The highest satisfaction was with communication and relations (40.0%), while only 9.3% of the nurses were satisfied with the hospital rules and regulations.

The correlations among the scores of job commitment, trust, and satisfaction revealed that job commitment had weak positive statistically significant correlations with trust ($r=0.338$), and job satisfaction ($r=0.223$). Meanwhile, as Table 3 indicates, no correlation of significance could be detected between trust and job satisfaction.

Concerning the relations with nurses' characteristics, Table 4 demonstrates that job commitment and trust had weak positive statistically significant correlations with experience years, $r=0.335$, and $r=0.210$, respectively. Meanwhile, job satisfaction had weak positive statistically significant correlation with higher job category ($r=0.334$), but trust had a weak negative statistically significant correlation with higher job category ($r=-0.172$). None of the three parameters scores had any correlation with nurses' age or qualification.

Multivariate analysis (Table 5) demonstrated that the statistically significant independent predictors of the nurses' commitment scores were their scores of job satisfaction and trust, as well as their marital status. All the three had a positive effect on the score of job commitment. However, according to the value of r -square, the model explains only 22% of the variation in the job commitment score. On the other hand, nurses' age, qualification, experience, and job category level had no significant effect on their job commitment score.

Table 1. Demographic characteristics of nurses in the study sample (n=150)

	Frequency	Percent
Age (years):		
<25	71	47.3
25-	16	40.7
30+	18	12.0
Range	18.0-38.0	
Mean±SD	24.7±3.7	
Marital status:		
Single	100	66.7
Married	50	33.3
Nursing qualification:		
Bachelor	54	36.0
Diploma	96	64.0
Job:		
Supervisor/head	20	13.3
Staff nurse	130	86.7
Experience years:		
≤1	10	6.7
>1-	130	86.7
10+	10	6.7
Range	1.0-10.0	
Mean±SD	5.1±1.7	

Table 2. Job commitment, trust, and satisfaction of nurses in the study sample (n=150)

	Frequency	Percent
Commitment:		
Emotional:		
High (60%+)	88	58.7
Low (<60%)	62	41.3
Continuous:		
High (60%+)	122	81.3
Low (<60%)	28	18.7
Natural:		
High (60%+)	107	71.3
Low (<60%)	43	28.7
Total commitment:		
High (60%+)	116	77.3
Low (<60%)	34	22.7
Trust:		
High (60%+)	72	48.0
Low (<60%)	78	52.0
Job satisfaction:		
Nature of work:		
High (60%+)	58	38.7
Low (<60%)	92	61.3
Communication/relations		
High (60%+)	60	40.0
Low (<60%)	90	60.0
Hospital rules/regulations		
High (60%+)	14	9.3
Low (<60%)	136	90.7
Total satisfaction:		
High (60%+)	36	24.0
Low (<60%)	114	76.0

Table 3. Correlation matrix of the scores of commitment, trust, and job satisfaction

Scores	Pearson correlation coefficient	
	Scores	
	Commitment	Trust
Trust	0.338**	
Job satisfaction	0.223**	0.013

(**) Statistically significant at $p < 0.01$

Table 4. Correlation between the scores of commitment, trust, and job satisfaction and nurses' characteristics

Characteristics	Spearman rank correlation coefficient		
	Scores		
	Commitment	Trust	Job satisfaction
Age [#]	0.063	0.152	0.041
Qualification (reference: diploma)	-0.076	-0.140	-0.080
Job level (reference: staff nurse)	-0.101	-0.172*	0.334**
Experience years	0.335**	0.210**	-0.007

(#) Pearson correlation coefficient

(*) Statistically significant at $p < 0.01$

(**) Statistically significant at $p < 0.0$

Table 5. Best fitting multiple linear regression model for nurses' commitment scores

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value
	B	Std. Error			
Constant	30.771	5.563		5.531	<0.001*
Marital status (reference: single)	4.081	1.579	.197	2.584	0.011*
Job satisfaction score	.161	.046	.279	3.497	0.001*
Trust score	.260	.087	.238	2.999	0.003*

r-square=0.22

Model ANOVA: $F=10.20$, $p < 0.001$

Variables excluded by model (not significant): age, qualification, experience, job level

4. Discussion

The results of the present study revealed a high level of organizational commitment among the studied nurses, although their levels of trust and job satisfaction were much lower. However, the analyses revealed that trust and job satisfaction were

correlated to job commitment and predicted its score independently. These findings lead to acceptance of the study research hypothesis concerning the relation between organizational commitment from one side and trust and job satisfaction from the other side. Meanwhile, only the nurse's marital status was the personal factor that had an independent significant effect on their organizational commitment.

Job satisfaction in the present study regression model was the strongest predictor of the organizational commitment score as indicated by the value of its standardized coefficient. This finding is explained by that the nurse who feels recognized for her work and gets a return to her efforts, not only in materialistic terms, but also in career building and self-development would be more committed compared to the one with no such job satisfaction elements. This finding is consistent with previous studies that reported a significant positive relationship between job satisfaction and commitment, and indicated that staff members who were more satisfied with their jobs were also more committed and loyal to their employing organizations (Lok & Crawford, 2001; McNeese Smith, 2001).

As the present study findings revealed, the highest dissatisfaction was with the hospital rules and regulations, and not with the nature of the work or the communication relations. Therefore, nurses were satisfied with the nature of their work and with the work environment, which may make them bear the hospital rules they do not like. This explains the presence of a correlation between job satisfaction and organizational commitment despite the very low level of satisfaction and the high level of commitment.

Trust was the second most important predictor of the score of organizational commitment in the current study model. This significant association between trust and organizational commitment is quite plausible since the feeling of trust improves the organizational climate and gives the nurse a sense of belonging and ownership. In agreement with this, Lok and Crawford (2001) clarified that work environment characteristics are more influential in explaining commitment than employee characteristics. Thus, staff members who are more committed, have more favorable perceptions of organizational culture, and are more likely to view their employing organizations as high on morale, teamwork, and participation in decision-making. Furthermore, organizational cultures that foster staff empowerment and trust have been linked to greater organizational commitment (Laschinger et al., 2001). All these characteristics of the work environment are encompassed in the feeling of trust (Helene Hem et

al, 2008; Mrayyan, 2008).

The high level of organizational commitment revealed among nurses in the present study, despite their low level of job satisfaction is a finding of considerable importance. Although these nurses are not satisfied, they still feel committed to their work. This might be attributed to the nature of the humanistic nature of the nursing profession, whereby nurses feel they are committed to their mission regardless the compensation for achieving their duties and their satisfaction with this compensation. This high level of commitment is in fact the guarantee for a better quality of care, better performance, lower rates of absenteeism, and more retention (Davey et al, 2009).

Although the present study findings revealed some relations between organizational commitment and nurses' job category and experience years in bivariate analysis, only nurse's marital status persisted in multivariate analysis. The findings indicate that married nurses have higher organizational commitment compared to singles. This might have two different explanations. Firstly, the unmarried nurses are probably younger and newly graduates, with more ambitions for better workplaces, compared to the older ones. Secondly, the married nurses may feel more need to work for financial reasons and family responsibilities, which may make them more closely linked to their jobs. However, the lack of significant relations between organizational commitment and nurse' age is incongruent with previous studies, which demonstrated that older employees tend to be more committed than younger individuals (Kovner et al, 2007; Al-Hussami et al, 2011). Nonetheless, the present study findings of the positive correlation between experience years and organizational commitment score is in agreement with these studies. This positive relation between experience years and commitment might be due to the fact that more experienced staff members are usually more involved in decision-making in the organization, with associated higher levels of job satisfaction and organizational commitment (Laschinger et al, 2001).

Conclusions

The study findings lead to the conclusion that although nurses in the sample had low levels of job satisfaction, their organizational commitment was high. Job satisfaction and trust are independent positive predictors of commitment, along with the state of being married. However, these findings should be interpreted taking into consideration the study limitation of possible over-reporting of commitment and dissatisfaction in self-administered questionnaires.

In the light of these findings, the researchers recommend building a more trusty job environment in hospitals, with conduction of regular periodic job satisfaction surveys to provide the hospital administration with information about the areas that need reform in order to increase nurses' job satisfaction and consequently their commitment and retention. The short and long-term effects of such reforms on organizational commitment and turnover intention, productivity, and nurses' performance could be the subject of further research.

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