

ORIGINAL ARTICLE

Organizational Commitment among Critical Care Unit Nurses of Mazandaran Heart Center

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ABSTRACT

Introduction: Organizational commitment is manifested in the forms of taking pride in organization, enhanced motivation for engaging in organizational duties, staying at organization for a longer time and knowing organization as a valuable organization. So decreased organizational commitment among medical staff led researchers to investigate the organizational commitment of CCUs in Mazandaran Heart Center. **Methods:** This is a descriptive-analytical study carried out in teaching hospitals of Mazandaran University of Medical Sciences, Heart Center. Allen and Meyer's organizational commitment questionnaire was used to collect data from 90 nurses selected by census from CCU nurses. Data was analyzed using SPSS 21. **Results:** Of studied cases, 19 (18.9%) were male and 73 (81.1%) were female with a mean age of 7.25 ± 34.4 . Among age, job experience and work hour variables, only age and job experience were considered to be significant. **Conclusions:** Supervisors and managers should promote nurses' organizational commitment through giving facilities and rewards.

Keywords: Critical care units, Nurse, Organizational commitment

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INTRODUCTION

Organizational commitment is manifested in the forms of taking pride in organization, enhanced motivation for engaging in organizational duties, staying at organization for a longer time and knowing organization as a valuable organization (1). An individual's contribution to an organization is a commitment that is defined to recognize identity. This commitment is originated from accepting organizational objectives and values, inclination to cooperate with organization for achieving organizational objectives and inclination to stay at organization (2). This type of commitment indicates individuals' attitude towards organizational objectives and values and is considered as encouragements making individuals stay at their organization and work hard to realize organizational objectives through organizational engagement (3). Committed employees have better and longer job experience than non-committed ones (4). Generally, those employees who stay at an organization for a longer time show stronger organizational commitment (4). In summary, employees with longer job experience are more likely to show higher competence and trust in doing their jobs, and probably show a positive behavior and feeling to the employing organization (5,

6).

Organizational commitment can have some important effects in any organizations. The negative relationship between organizational commitment and leaving rate is the cause making organizations to give importance to organizational commitment (7). Therefore, those organizations that try to control leave rate should identify factors enhancing organizational commitment (7). Also higher organizational commitment increases organizational-citizenship behaviors (OCB). Organizational commitment can be associated with some dimensions of OCB. Committed employees show higher dedication, observation and dutifulness (8). The quality of organizational socialization and psychological contracts has strong influence on creating normal commitment (9). Psychological contracts show individuals' perception of bilateral interaction between them and their organization in the meaning that the individuals imagine what they give to the organization and what they expect from the organization in contrast (10). For hospital employees, in addition to the original definition of organizational commitment, it means preservation, return and promotion of human health (11).

Young nurses who want to leave their job and engage in out-hospital non-medical activities on the one hand and the interest of nurses to early retirement or redemption on the other hand have decreased the number of nurse

crew. Therefore, empowered and expert employees should be retained by enhancing organizational commitment (12, 13). Studies in other countries have evaluated work load reduction, adjustment of occupational duties and increased salary as the influential factors of job satisfaction, organizational commitment and decreased burnout of nurses in case of increased occupational understanding. When nurses realize increased support, welfare and assistance, they show more effective performance and try more to encounter stressful situations. Benefiting from high salary, ideal retirement plan, promotion, more holidays, more compensation and other advantages encourages retention and organizational commitment (14-16).

Considering the fact that non-commitment can reduce the quality of cares as well as the number of expert employees in medical centers, the importance of determining organizational commitment in nurses, through identifying factors affecting this commitment, is highlighted. So it is necessary that many similar studies will be made in many countries. Also in Iran (based on available databases), no similar studies were performed in northern of Iran. So the present study were designed to determine organizational commitment among critical care unit nurses.

MATERIALS AND METHODS

This is a descriptive-analytical study. Study population consists of 130 nurses working in ICU of the Heart Center of Mazandaran in 2014 (required with census method). Samples were selected by census due to the limited number of nurses working in the aforementioned centers. The inclusion criteria were: at least 6 months of clinical work experiences and on month working in one of the departments of ICU centers (they should currently work in the centers). The nurses were noted that all information of the questionnaire is confidential. This study was initialized in ICU center of Mazandaran Heart Center following the acquisition of necessary permits and coordination with relevant authorities. The study sample consists of nurses working in CCU, ICU, Angiography and Dialysis centers of Mazandaran Heart Center with educational levels of diploma, Bachelor of sciences, and Master of sciences.

Data was collected using Allen and Meyer's Organizational Commitment questionnaire (17). It is constituted by 24 descriptive items and responders should choose that which item, with which frequency, is true about them. The items were scored using the following 7-point scale (strongly agree = 7 to strongly disagree = 1). This questionnaire contained three continuous commitment dimensions (8 items), normative commitment (8 items) and affective commitment (8 items). Several studies have examined the reliability of the organizational commitment questionnaire. Meyer and Allen (1997) reported 0.85 for affective, 0.79 for

continuance and 0.73 for normative (17). Also this questionnaire had been standardized and localized in Iran and its validity and reliability had been confirmed. In Motazedizadeh study, after translating the questionnaire to Persian and back translation, the content of them modified applying content validity for which opinions of ten experts in the nursing management field gathered. Also the Cronbach's alpha was 0.7 in that study (18). The questionnaire was distributed between the mentioned nurses. In addition, it was distributed in other departments of ICU center of the Mazandaran Heart Center. They were advised to after filling the questionnaires, put the questionnaire inside a packet and put it in the considered boxes in each department.

Data analysis

The relationship between different factors and organizational commitment was evaluated using Chi-square test data. In addition, the frequency of organizational commitment was evaluated using mean and standard deviation descriptive statistics. T-test was used to determine the difference between groups. Single point t-test and logistic regression were used to evaluate organizational commitment and data was analyzed using SPSS version 21. The $p < 0.05$ in all stages of analysis was considered significant.

Ethical approval

The study was approved by the Ethics Committee of associated University of Medical Sciences, Sari, Iran (ethical code: IR.MAZUMS.REC.94-1454), pursuant to its code of ethics, including assured confidentiality of all samples information.

RESULTS

From 130 studied cases, only 90 cases participated (filled the questionnaire). The mean age of nurses were 34.4 ± 7.25 (age range=23-54). Moreover, 12.2% of cases had managerial job record in relevant departments or in hospitals. Among age, job experience, working hours and income, only age and job experience were significant correlated with age [-0.28 ($p=0.006$)] and record [0.327 ($p=0.002$)] respectively. Other demographic characterize of respondents were shown in table 1.

On the other side, age and job experience has a strong correlation with each other. According to regression results, for one-year increase in job experience, organizational commitment decreases by 0.027 that equals to 0.38% ($p=0.002$). The relationship between employment status and organizational commitment was not significant but it became significant by official and non-official changes ($p=0.028$). Also the relationship between organizational department and organizational commitment was significant with angiography department with the least organizational commitment ($p=0.017$). In addition, the relationship between position

Table 1: Demographic profiles of respondents

Variables	N (%) or Mean (SD)
Sex	
Male	17 (18.9%)
Female	73 (81.1%)
Marital Status	
Single	29 (32.2%)
Married	61 (67.8%)
Educational Status	
Bachelor of sciences	84 (93.4%)
Master of sciences	6 (6.6%)
Employment types	
Conscripts	18 (20%)
contractual	7 (7.8%)
Permanent	32 (35.6%)
Temporary to permanent	33 (36.6%)
Working place	
CCU	31 (34.4%)
ICU	42 (46.7%)
Dialysis	8 (8.9%)
Angiography	9 (10%)
Income status	
Less than one million Tomans per month	76 (84.4%)
More than one million Tomans per month	14 (15.6%)
Job experiences	
less than 5 years	22 (24.4%)
5-10 years	32 (35.6%)
10-15 years	23 (25.6%)
>15 years	13 (14.4%)

and organizational commitment was significant and ordinary nurses had the highest commitment ($p=0.003$). The relationship between managerial job record and organizational commitment was significant so that cases with no managerial record showed higher commitment ($p=0.033$). Moreover, the relationship between shift turn and organizational commitment was significant with rotational shift turn with a higher organizational commitment ($p<0.001$).

DISCUSSION

In our study, majority of cases were female. Khosravani et al. (2017) conducted a study titled "Organizational Commitment and Its Dimensions in Nurses working in Arak's Hospitals" where 95% of cases were female (19). Ghiasi et al. (2010) conducted a study to evaluate the relationship of nurses' organizational commitment with management styles in care centers of disabled veterans where 83.9% of cases were female (20), 20% of which were conscript, 7.8% were contractual, 35.6% were permanent and remainder were temporary-to-permanent nurses. Regarding age, 37.8% of nurses were in 36-45 age range and 43.8% were below 31, as the greatest

group (20). In Abili et al study (2008) that evaluated the relationship of psychological empowerment with organizational commitment between nurses of Zahedan hospitals, 78.2% of cases were female, 63.9% were married, 33.3% had a mean age of >35, 73.5% had B.S degree and 42.9% had <5 years' job experience (21). The maximum job experience belongs to age group 6-10 (35.6%). In this study, mean job experience was 9.6 years while mean job experience of that group was 10 years. In contrast, cases with a job experience of >15 years showed higher organizational commitment. Yaghoubi et al. (2007) argued that there is a significant relationship between organizational commitment and job experience so that the highest commitment is observed in employees with higher job experience (22). In their study, 94.4% of cases had B.S. degree. Naderi Anari (2012) conducted a study titled "Teachers: emotional intelligence, job satisfaction, and organizational commitment" where 94.3% of respondents had B.S. degree (3).

Mean organizational commitment in the cases was 2.42, which is lower than our study. In addition, they showed that cases with M.S. degree showed lower organizational commitment. This disagrees with our results that obtained no relationship between education degree and organizational commitment. The study of Rahmzade et al. (2014) observed no significant relationship between organizational commitment and education level (23). This agrees with the results of Yaghoubi et al. (22). The reason may be traced in the fact that the studied cases had not been positioned in a fit position. In addition, they obtained no relationship between sex and organizational commitment. Yaghoubi et al. (2008) evaluated the relationship between organizational commitment and occupational stresses among hospital managers. They showed no significant relationship between sex and organizational commitment (22). In contrast, Abili et al. showed a significant relationship between sex and organizational commitment (21). Naderi Anari showed in his study that, mean organizational commitment and its relationship with sex is lower than considered mean level among females and males (3). In our study, there was a direct and significant relationship between sex and organizational commitment.

Regarding the relationship between age and organizational commitment, cases aged >40 showed the maximum organizational commitment. However, there was no significant relationship between the age and organizational commitment in overview (3). Rahmzade et al. (2013) studied organizational commitment of nurses of hospitals affiliated to Tehran University of Medical Sciences and showed a significant relationship between age and organizational commitment (23) but, the study of Yaghoubi et al. showed no relationship between the variables (22). Kaffashpour et al. (2012) evaluated the effect of psychological contracts on nurses' trust and organizational commitment and showed that the relationship of organizational commitment with age,

sex, education and job experience is not significant (24).

The present study had several limitations such as no availability to larger sample size for more accurate results, lack of similar research studies in Iran and adequate discussion, and the nurses' possible inaccuracy in completing the questionnaires. Also cultural differences which was not controllable in this study. Therefore, we suggest that more comprehensive studies will do with more precise management in the future, and similar researches will carry out in other communities in health centers.

These results can be utilized as a tool for teaching and upbringing of the nursing students by faculty members of Nursing and Midwifery faculty to educate the skilled and informed nurses in the future. In addition, according to the results of this study, heads of different hospitals can provide the appropriate strategies toward increasing the organizational commitment. Because it will help us to improve the work status and also provide better health care for patients.

CONCLUSION

Organizational commitment of employees could be promoted by positioning high-educated employees in fit positions. Supervisors and managers can promote commitment and motivation by giving required facilities and rewards. This study could be further extended by combining it with other factors including motivation and organizational commitment, and negligence and organizational commitment, and similar factors.

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