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Scientific Journal of  
**Pure and Applied Sciences**

Journal homepage: [www.Sjournals.com](http://www.Sjournals.com)



**Original article**

## The study of correlation between organizational commitment and job satisfaction of nurses working in selected hospitals of Isfahan University of Medical Sciences

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### ARTICLE INFO

*Article history,*

Received 16 July 2014

Accepted 17 August 2014

Available online 29 August 2014

*Keywords,*

Organizational commitment

Job satisfaction

Nurse

### ABSTRACT

Introduction and Aim: Nowadays, organizations need capable and committed employees in order to promote their performance, productivity and effectiveness. Individual, occupational, organizational and meta-organizational factors influence the organizational commitment. This research aims to study the relation between organizational commitment and job satisfaction of nurses. Methodology: This research is a descriptive-correlation study in which almost 260 nurses of teaching hospitals of Isfahan University of Medical Sciences are investigated through the method of accidental classification. For gathering the data, the questionnaires of "Meyer and Allen's organizational commitment" and "Herzberg's job satisfaction" are used. The analysis of data is done by using descriptive and inferential statistics (Pearson and Spearman's correlation coefficient and Regression Test) and SPSS software (19th version). Findings: The rate of organizational commitment and job satisfaction of participants is at the middle level. Also the results of this study show that there is a positive and significant relationship

between age, level of education, the record of clinical work and organizational commitment whereas there is not such a relationship between marital status and organizational commitment as well as between age, marital status, level of education, the record of clinical work and job satisfaction. However, the analysis of data shows that there is a mutual and positive relationship between job satisfaction and organizational commitment. Conclusion: Regarding the importance of organizational commitment in promoting the quality of nursing services and increasing the consent of patients, the nurses can feel more committed if they have more job satisfaction.

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## 1. Introduction

Nowadays, due to the situation of health systems, nursing managers confront with many paradoxes. The shortage of nursing staff, the increase in patients' number, the growth of expectations of therapeutic systems, the desire of competition for offering better services and promoting the efficiency compel sanitary-therapeutic units to promote their capacity and flexibility (1). In this regard, the managers have found out that motivated and committed employees are very influential in raising the quality of services. Organizational commitment also triggers the outstanding increase in organization performance, spiritual happiness of employees, better realization of organization's goals and reaching individual goals (2). Individual, occupational, organizational and meta-organizational factors influence the organizational commitment. One of such factors is job satisfaction (3). As an attitude, organizational commitment means strong tendency to remain in the organization, working extraordinarily for it and firm belief in accepting its values and goals (4). The presence of committed manpower in each organization, while reducing delay, absence and displacement, increases notably the operation of organization, spiritual happiness of employees and realizes better the aims of the organization (5). The opportunities of job promotion, professional status and independence, job tension and enrichment of job are also the factors influencing organizational commitment of employees (6). The characteristics and importance of job, occupational independence, being indebted to the organization and interest in job are among the factors facilitating organizational commitment (7). The feeling of discrimination in the organization, overlooking the needs of staff, lack of participation in organizational affairs and lack of motivation are identified as restraining factors of organizational commitment (8). When employees consult with their managers about solving their problems and taking decisions about them, an atmosphere is created in which the employees feel satisfied with their job and become more committed to the organization. In addition, organizational commitment has positive effects on job satisfaction (9). The studies show that job satisfaction is of special importance in organizations like sanitary services units whose employees have direct contact with people (2,3). The increase in job satisfaction of hospitals' employees leads to the growth of creativity, efficiency, organizational commitment and finally the promotion of therapeutic services and more consent of patients(10). Accordingly, in the last few decades, many studies have been done about the factors influencing the rate of job satisfaction and a number of factors like (11): participation in decision making (2), the style of management, independence (3,11), salary, the range of tasks, the opportunities of promotion, the level of instruction (3), age, gender, record of work, marital status, the state of employment, the type of unit, job position, the shift work, organizational atmosphere and delegation have been mentioned as the elements relating to this issue (12). Of course, it can be said that independence, power and participation in decision making are vital elements of nurses' satisfaction in working environment and managers should reconsider their managerial method in order to create more satisfaction among employees via improving styles of management, and such an increase in the satisfaction of employees will lead to more organizational commitment and promotion of caring quality (13). Therefore, this research aims to study the factors influencing organizational commitment and job satisfaction of nurses.

## 2. Methodology

This research is a descriptive-correlation study in which almost 260 nurses of teaching hospitals of Isfahan University of Medical Sciences are investigated by the method of accidental classification. For gathering the data, the questionnaires of "Meyer and Allen's organizational commitment" and "Herzberg's job satisfaction" are used. Allen and Meyer's questionnaire (1991) consists of 24 questions covering emotional commitment (1-8), continuous commitment (9-16) and obligatory commitment (17-24). These questions are organized on the basis of Likert's five-option scale (strongly disagree (1 score), disagree (2 scores), do not know (3 scores), agree (4 scores) and strongly agree (5 scores), and by selecting each of these options the participants specify the rate of their agreement with each question. The range of score for each question is from 1 (the least) to 5 (the most). The scores of organizational commitment are categorized in three levels: low (0-33), middle (34-56) and high (57-100). Higher scores imply more organizational commitment. To investigate the reliability of Meyer and Allen's questionnaire, this research uses the method of internal coherence with Kronbach Alpha coefficient which is 0.87 for all instruments (0.82 for emotional commitment, 0.89 for continuous commitment and 0.75 for obligatory commitment). The stability of such instruments, by using the method of retest in 14 days, is  $r=0.93$  for all instruments of organizational commitment and  $r=0.93$  for emotional commitment,  $r=0.89$  for continuous commitment and  $r=0.87$  for obligatory commitment.

"Herzberg's job satisfaction" questionnaire includes 43 questions about the condition of work, relation with colleagues, salary and benefits, job status, job security, control and supervising, managerial policy-making and relation with personal life in the Likert's four-degree scale (from least agreement (1) to most agreement (4)). This questionnaire was designed by Dant et al. (1996) on the basis of Fredric Herzberg's dual-factor theory. This questionnaire included 72 questions first, but its questions reduced to 43 by doing factor analysis with the factorial load of 0.55. With the method of Kronbach Alpha coefficient the reliability of this questionnaire is 0.92. This questionnaire was used by Monjamed et al. (2004) with Likert's four-degree scale and job satisfaction was classified into three level: low (0-33.3%), middle (33.4%-66.7%) and high (66.8%-100%). For evaluating the validity, the content validity and for evaluating the reliability of instruments, the retest method were used that reliability coefficient was  $r=0.87$ .

### 3. Findings

The results of this study show that 53.5% of participants are in the age group of 35-45 and the average age is 33. The average of nursing service record of studied clinical units is 8.17 years and 72.3% of participants have 1-10 years of service record and 85.4% have no record of management. The rate of organizational commitment is low in 25% of units, middle in 53.5% of units and high in 21.5% of units (with the mean of 64.70 and standard deviation of 14.57). The rate of job satisfaction is low in 33.8% of units, middle in 56.2% of units and high in 10% of units (with the mean of 41.7 and standard deviation of 19.01). The results show that there is a positive and significant relation between age, level of education, record of clinical work and organizational commitment whereas such relation does not exist between marital status and organizational commitment. There is no significant relation between age, marital status, level of education, record of clinical work and job satisfaction, but the analysis of data shows that there is a mutual positive relation between organizational commitment and job satisfaction.

### 4. Discussion

The results of this study show that the rate of organizational commitment is 53.5%, i.e. at the middle level. Such finding is in accordance with the results of Mosadeghrad (2005) study (14). The results of studies by Lotfi et al. (2011), Ruhi et al. (2011), Abili et al. (2009) and Talebpour et al. (2006) show that the rate of commitment is middle to high (15,16,17,18), whereas in the present research simply 21.5% of staff have high organizational commitment and 25% have low commitment which is a contemplating issue. Since different factors are influential in promoting the organizational commitment of staff, it seems necessary that managers increase nurses' sense of attachment and organizational commitment by considering factors such as delegation, elucidation of responsibilities, proper evaluation of staff's performance etc and, by holding instructive courses, not only improve their capacities but also promote the quality of sanitary and therapeutic services.

Also, Seyydi's (2009) study shows that participatory atmosphere has positive relationship with organizational commitment and there is negative correlation between commitment and job's giving up (19). Scott Christopher (2006) describes trust as the requirement for increasing the level of organizational commitment and he believes

that increase in the trusting level of employees triggers the increase in employees' organizational commitment (20).

**Table 1**  
Demographic characteristics in the participants presented.

Variables	level	percent
agA	24-34	25.8%
	35-45	53.5%
	45-56	16.5%
	57-67	4.2%
Gender	male	10%
	female	90%
Marital status	single	29.2%
	married	70.8%
LeveleducatiE	RN	90.8%
	MS	9.2%
record of clinical activity	1-30	2.7%
	31-50	77.3%
	51-70	16.5%
	71-91	3.5%
record of managing activity	with	14.7%
	without	85.3%

**Table 2**  
level of organizational commitment and job satisfaction in participants .

Variables	Degree	Percent	Mean±SD
Organizational commitment	Mild(0-33)	25	64.7±14.57
	Moderate(34-67)	53.5	
	Severe(67-100)	21.5	
Job satisfaction	Mil(0- %33.3)	33.8	41.7±19.1
	Moderate(%33.3 -%66.67)	56.2	
	Sever(%66.67-%100)	10.0	

**Table 3**  
correlation between demographic characteristics and organizational commitment.

Variables		Age	Clinical Experience	Managerial work experience	Average working hours per week	Grade of Education
Organizational commitment	Correlation	0.17*	0.12	0.12	-0.19*	-0.04
	significance	0.01	0.07	0.080	0.01	0.50
emotional commitment	Correlation	0.21*	0.18*	0.10	-0.12*	0.001
	significance	0.001	0.003	0.09	0.04	0.99
continuous commitment	Correlation	0.04	0.004	0.08	-0.11	-0.05
	significance	0.46	0.95	0.17	0.056	0.37
obligatory commitment	Correlation	0.17*	0.12	0.08	-0.16*	-0.07
	significance	0.03	0.10	0.20	0.02	0.38

**Table 4**

correlation between demographic characteristics and Job satisfaction.

Variables		Age	Clinical Experience	Managerial work experience	Average working hours per week	Grade of Education
Job satisfaction	correlation	-.047	-.043	.042	-.060	.102
	significance	.455	.486	.498	.333	.102

**Table 5**

correlation between delegation, organizational commitment and job satisfaction in participants.

Variables		Job satisfaction	Organizational commitment	emotional commitment	continuous commitment	obligatory commitment
Job satisfaction	Correlation	1	.425**	.428**	.175**	.435**
	significance		.000	.000	.005	.000
Organizational commitment	Correlation	.435**	1	.891**	.759**	.863**
	significance	.000		.000	.000	.000
emotional commitment	Correlation	.418**	.871**	1	.405**	.710**
	significance	.000	.000		.000	.000
continuous commitment	Correlation	.175**	.759**	.425**	1	.445**
	significance	.005	.000	.000		.000
obligatory commitment	Correlation	.445**	.863**	.730**	.465**	1
	significance	.000	.000	.000	.000	

The descriptive findings of the present research about organizational commitment imply that the highest average belongs to obligatory commitment (22.33%) which shows that employees remain in the organization not due to the feeling that they must remain in the organization but due to the sense of attachment to it and enjoyment of being there. Therefore, employees remain in the organization until when such remaining is correct in their view. Usually holding instruction courses during the work, division of labor based on merit and capability, continuous evaluation of performance and paying attention to abilities and talents of nursing staff can increase obligatory commitment (21).

The results of this research show that the least average belongs to continuous commitment (21.07%). In other words, the results show that nursing staff have continuous commitment below the middle level. Such commitment relates to advantages and expenses of remaining in or leaving the organization. In fact, this commitment expresses a kind of calculation which is also considered as logical commitment. The employees who have such commitment usually remain in the organization until when leaving the organization costs them a lot. The desire of one person to continue his activities in an organization is to some extent related to his calculation of expenses of leaving the organization.

Regarding emotional commitment, the results of this study show that nursing staff have an almost high rate of such commitment (21.30%). Such finding accords with the results of Mosadeghrad's (2005) study (14). Emotional commitment implies employees' sense of unity with the organization and their active presence in the organization. Usually the employees with high rate of such commitment like to remain in the organization and they are less likely to leave there in order to continue their work in another organization.

The results of this research show that there is a positive and significant relation between age and organizational commitment. The results of studies by Matieu and Zajac (1990), Barn (2003), Nartgun and Menep (2010), Salami (2008), Chughtai (2006), Mosadeghrad (2005) and Ruhi (2011) imply the direct relationship between age and organizational commitment (22,23,24,25,26,14,16).

Moreover, any increase in age causes an increase in obligatory commitment of nurses which accords with the results of Ruhi's study (16). It seems that when people become older, they become more down-to-earth, do not dissatisfied with the occurrence of simplest problems and instead they are more concerned to provide for themselves and their children. Furthermore, the experience of older people can be used for instructing other

people. However, in the studies by Wiedmer (2006) and Samadi (2009) no relation was found between age and organizational commitment which can be due to lack of age distribution in such studies (27,28).

The results of this study show that there is a positive and significant relation between level of education and organizational commitment.

The results of studies by Salami (2008), Mosadeghrad (2005), Yaghubi (2010), Raeisi (2011) and Ruhi (2011) imply the direct relation between level of education and organizational commitment (25,14,29,30,16).

However, in the studies by Wiedmer (2006) and Samadi (2009) no relation was found between level of education and organizational commitment (27,28), which may be due to the fact that in these research centers the responsibilities are not given to employees proportionate with their level of education. If the responsibility is given on the basis of people merit (level of education and expertise), the organizational commitment will increase.

The results of this study show that there is no positive and significant relation between marital status and organizational commitment. This finding accords with the results of studies by Nartgun and Menep and Gelade (24,31).

But, the results of studies by Salami (2008), Chughtai (2006) and Bowen (1999) imply the direct relation between marital status and organizational commitment (25,26,23). It seems that married nurses, due to family responsibilities, need more financial support and thus they are more committed to the organization. Such a difference in findings may be due to the influence of other factors like the level of social-economical welfare and the income of family on organizational commitment which have not been investigated in this research.

The results of this study show that there is a positive and significant relation between the record of clinical work and organizational commitment.

The results of studies by Nartgun and Menep (2010), Salami (2008), Mosadeghrad (2005) and Yaghubi (2010) accord with this finding, but in the studies by Raeisi (2011) and Samadi (2009) there is no significant relation between the record of clinical work and organizational commitment (28,30), which may be due to the fact that although the studied groups had record of clinical work, the type of employment is also effective and the employment of staff might be contractual.

The results of this study also show that contractual nurses have the most and project nurses have the least organizational commitment.

There is a direct relation between permanent employment of nurses and organizational commitment. The results of a study by Ruhi et al. (2011) show that the organizational commitment of permanent nurses is more than contractual nurses. Regarding such findings it can be understood that since the merit of permanent employees, in proportion to contractual nurses, is more accredited by managers of centers, it seems that such matter makes those employees more committed to the organization (16).

The results of this study show that there is a negative significant relation between the average of working hours per week and organizational commitment. It means that an increase in working hours decreases the organizational commitment and vice versa. The result of Ashrafi Sultan Ahmadi's study (2010) affirms that the increase of employees' working and activity will increase their occupational uselessness and since occupational uselessness has an inverted relation with organizational commitment, thus the rate of employees' organizational commitment will decrease (32).

In this study, the rate of nurses' job satisfaction is at the middle level and there is no significant relation between age, marital status, level of education, record of clinical work and record of managerial work which is in line with the results of Jahani et al. study and Illopuolos and Priporas study (33,34).

This matter shows that other factors are influential in the job satisfaction of employees so that the results of Masoud Asl et al. study (2010) imply that considering and planning for affording the six elements of suitable conditions in working environment, job security in the organization, official policies and regulations, sufficient salary, sense of commitment and attachment to work can be influential in improving the performance of employees. Among sanitary factors, the supervisor's lack of competence has the most influence and side benefits in work have the least influence in creating discontent among employees (35).

The results of Jahani et al. study show that raising and paying the income and benefits of work hardiness on time as well as creating welfare facilities are necessary for improving the job satisfaction of employees. Job satisfaction has no significant relation with age, record of work and the number of family members (33).

Illopuolos and Priporas (2011) state that job position, monetary status and level of education have significant relation with job satisfaction whereas there is a reversed and weak relation between age and job satisfaction (34).

The results of this study show that there is a positive and mutual relation between job satisfaction and organizational commitment which is in line with the results of Ruhi et al. study and Nahryr et al. study (16,36) .

#### 4. Conclusion

Regarding the importance of organizational commitment in promoting the quality of nursing services and increasing the satisfaction of patients, an increase in job satisfaction will lead to more committed nurses.

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