The Relationship between Nurses' Organizational Commitment and Services Quality

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A B S T R A C T

Background: Organizational commitment and its significant impact on the job satisfaction and performance has been the subject of many studies. Regarding the importance of organizational behavior and its role in service quality, the purpose of this study was to explore the relationship between nurses' organizational commitment and hospital services in order to improve its quality.

Methods: This study was a cross sectional survey and a total of 149 nurses and 237 patients from inpatient wards of hospitals affiliated to Tehran Social Security Organization were selected through cluster sampling. To collect data, two standard questionnaires (organizational commitment and quality of service) were used. Statistical analysis was performed using Spearman and Pearson correlation test

Results: Our findings indicated that the nurses' organizational commitment was moderate (x=3.02 out of 5) and service quality was higher than average, Continuance (r=0.3, P=0.04), affective (r=0.33, P=0.03), normative commitment (r=0.34, P=0.05), and overall commitment (r=0.35, P=0.04) were significantly related to total service quality.

Conclusion: The enhancement of normative commitment through emphasis upon organizational values and recruitment, as well as enhancement of continuance commitment through career promotion methods and equal assessment will improve the service quality in hospitals.

1. Background

Hospital is a social community with multiple objectives, specialized personnel, and fine division of labor. Caring for the patients is the main purpose of medical staff. This complex feature of hospital has made it a well-established place for studying human behavior (Park 2002). Ofasuc (1997) indicated that care quality depends on the quality of human resources. Institutions often need employees who are productive in their duties and act even beyond their call of duty, especially for handling critical jobs (Khaki 1997). Zeithaml believed that organization would be ensured only if its staff displayed commitment and dedication to the organization and acted towards its benefits (Zeithaml & Parasuraman 1996).

Porter defined organizational commitment as "the level of engagement, participation, and cooperation of the individual with that given organization". Buchanan identified commitment as an affective and prejudi-

cial dependence to organization's values and objectives (Khaki 1997). Based on these definitions, affective commitment and values are indicative of normative commitment. Commitment is a multi-dimensional phenomenon developed by several investigators during much research (Moshabaki 1997). Huczynski and Buchanan believed that normative, affective, and continuance constituents of commitment, can impact the behavior (Maertz et al. 2007). Greenberg and Baron, along with other experts underscore organizational dimension within a three-dimensional perspective, consisting of affective, continuance, and normative commitment (Greenberg & Robert 2003).

From a different perspective, Allen and Meyer defined affective commitment as the emotional attachment, identification, and involvement that an employee has with its organization and goals. Continuance commitment is the willingness to remain in an organization because of the investment that the employee has made with "nontransferable" investments. Finally, normative commitment is considered as a feeling of obligation by the employee to continue the service because of values imposed by the society upon him or her (Allen & Meyer 1996).

When employees fail to carry out the assigned duties willingly, the service quality will suffer damages (Zeithaml & Parasuraman 1996). Vandenberg et al. stated that affective organizational commitment and commitment to customers help the organization provide service quality (Vandenberg 2007). Armstrong (quoted from Walton) stated that beyond all these (human resource) policies is a management philosophy, often embedded in a published statement, which acknowledges the legitimate claims of a company's multiple stakeholders–owners, employees, customers, and the public. At the center of this philosophy is a belief that eliciting employee's commitment will lead to enhanced performance.

The evidence strongly supports this belief (Armestrang 1998). Chang et al. (2007) demonstrated the importance of nurses' organizational commitment in occupational mobility. Evans (2006) highlighted the effect of organizational commitment of medical staff in abandoning their jobs. In line with the relationship between organizational commitment and occupational performance (Steers 1977), Wang (2006) found a significant relationship between medical staff's commitment to occupational culture and service quality. A research by Seggie and Achill (2006) on Chicago hospitals' medical staff showed that organizational commitment had a significant effect on the service quality improvement.

Despite much research on organizational commitment, a few studies have addressed the relationship between organizational commitment and service quality. The present study examined the organizational commitment and service quality in several hospitals of Tehran, Iran. Hospital authorities could use the results to measure nurses' organizational commitment and the consequent effect on service quality.

2. Materials & Methods

A cross-sectional survey study was carried out during winter and spring of 2008. The whole of Social Security hospitals was 14 and The study sample was recruited from 7 Tehran Social Security hospitals based on available and cooperation of Labbafinejad, Hedayat, Ayatollah Kashani, Shahid Lavasani, Shariat Razavi, 15th of Khordad of Varamin, and Eslamshahr. A total of 237 patients and 149 nurses were selected through cluster sampling from 32 care sections. We used standard Allen and Meyer (1984) questionnaire (Janmar & Ferreira 2007) consisting of 3 components of affective, continuance, and normative commitments to measure nurses' organizational commitment and consist of 24 question. The scoring method include: I quite agree=5; agree=4; I don't have any idea=3; disagree=2; and I quite disagree=1. The reliability of the questionnaire was estimated at 0.83 through the Cronbach α test The measurement tool for service quality was modified standard SERVQUAL (Curry & Sinclair 2002) questionnaire with 4 components of reliability, responsiveness, assurance, and empathy. The items of the questionnaire were graded according to 5-point Likert-type scale (Allen & Meyer 1990) (Badri & Madani 2005).

The reliability of the questionnaire was estimated at 0.89 through the Cronbach α test, and its validity through content validity. The judgment criteria as to the manner of organizational commitment composed a continuum of 5 degrees of very poor (R1=0-2.5), poor (R2=2.5-3), moderate (R3=3-3.5), relatively good (R4=3.5-4), and good (R5=4.1-5). Having collected the data, we used $Spss_{18}$ software for descriptive statistics to calculate measures of central tendency, and because data wasn't normal, we use non-parametric Spearman test to determine the organizational commitment correlation, service quality and its component.

3. Results

The demographic values of studied nurses were as follows: Their mean (±SD) ages and working experience were 35 (±7) and 11.5 (±6.8) years, respectively; 70%

Table 1. Demographic characteristics of participant nurses.

Nurses demographic indexes		No.	Percent
Gender	Female	106	70
	Male	43	30
Education	Diploma with distinction	20	14
	BS	117	81
	MS	12	5

were females and 30% males; 14% had diploma with distinction, 81% BS, and 5% MS in nursing (Table 1). The means of nurses' organizational commitment was estimated as moderate (X=3.2±0.26) and service quality to patients estimated as relatively good (X=3.5±0.2T2) (Table 2). Our findings indicated a positive and significant relationship between continuance commitments (P=0.04, r=0.3); normative commitment and reliability of service quality (P=0.05, r=0.34); normative commitment and assurance of service quality (P=0.04, r=0.35); and normative commitment and service quality (P=0.03, r=0.33) (Table 3).

4. Discussion

Our findings indicated that organizational commitment among hospital nurses was at moderate level. With respect to organizational commitment components, affective and continuance commitments scored moderately, and normative commitment scored poorly, while affective commitment was at the highest level and normative commitment at the lowest level. These results were consistent with the findings of Janmar and Ferreira (2007) study carried out in 6 hospitals in Portugal, in which they found the nurses' organizational commitment at moderate levels. Poor and moderate organizational commitments were attributed to the lack of esprit de corps (common bond) among personnel (Maheshvari, Bhat, & Saha 2005). Different degrees of commitment depend on personal and occupational characteristics of the employees (Shengwen 2007). Working with Isfahan's Education

Department staff, Rahimpour (2004) found organizational commitment level above average and relatively good.

Mozaffari (2001) reported teachers and school principals' organizational commitment at moderate levels, and Raschidpour (2001), working on Iranian Audit Organization, concluded good levels for all components of commitment except for continuance commitment, indicating more occupational alternatives for auditors. Maheshvari found lower levels of organizational commitment among general practitioners, but higher occupational commitment, which could be due to lack of team work and their individualistic orientations (Maheshvari, Bhat, & Saha 2005). Sheng Wen (2007) believed that individuals with different occupational and personality characteristics exhibit different levels of organizational commitment, evident in the similarities and differences of organizational commitment in different studies (Shengwen 2007).

The present study found high levels of service quality, in which the reliability and empathy components got the highest scores and responsiveness the lowest score. These findings are consistent with the findings of Nourihekmat (2006), who examined the service quality in Rasoul-e-Akram Hospital, in which the reliability got the highest score. Our results were also consistent with those of Shahin (2003) and Lau et al. (2005) who recorded the lowest score for responsiveness.

Other results indicated a positive relationship between normative commitment and overall service quality, reliability, and assurance, and also between continuance

Table 2. Mean, maximum, minimum, and standard deviation of all components of nurses' organizational commitment.

Variables	Mean	Max	Min	SD
Overall commitment	3.02	3.5	2.4	0.2
Affective commitment	3.3	4.1	2.9	0.3
Continuance commitment	3.1	3.5	2.9	0.1
Normative commitment	2.7	2.8	2.6	0.1

Table 3. Coefficient correlations of overall commitment, affective commitment, continuance commitment, normative commitment, with service quality components.

Variables		Reliability	Responsiveness	Assurance	Empathy
Overall commitment	Correlation	0.38	-0.1	-0.05	-0.1
	P-value	0.8	0.3	0.7	0.2
Affective commitment	Correlation	-0.17	0.01	0.19	0.06
	P-value	0.33	0.92	0.29	0.71
Continuance commitment	Correlation	0.3	0.15	0.1	-0.04
	P-value	0.04	0.38	0.58	0.79
Normative commitment	Correlation	0.34	0.12	0.35	0.13
	P-value	0.05	0.49	0.04	0.45

Client-Centered Nursing Care

commitment and reliability of the service quality which are consistent with Wang's (2006) findings on a research in Taichang local hospitals in Taiwan. Since normative commitment restricts organizational mobility (Chang 2007), the more employees adjust to serving values, organizational missions, and culture objectives, the less they incline to leave the organization (Wang 2006).

Similarly, organizational and leaders' supports improve commitment (Lee & Fecci 2007); however, satisfaction with payments accompanied with no occupational alternatives weakens organizational commitment (Vanderberg 2008). As Tella (2007) acknowledged, a reverse relationship exists between motivation and organizational commitment. Presumably, employees with higher motivations and occupational dynamism enjoye higher levels of innovation, which is one of positive outcomes of lower commitment by the employees (Randel 1995). Thus, lower or even moderate levels of commitment would not be a disturbing factor and might arise from positive occupational factors such as motivation. However in service jobs, commitment would impede performance and all services in the system because employees are in provider-user paradigm.

Regarding the relationship between continuance commitment and reliability and findings of Mehmandoust (2004) study in Pasteur Institute of Iran, there is a positive relationship between continuance commitment and performance. Bandari (2005) in a study on Islamic Republic of Iran Broadcasting personnel showed a direct link between continuance commitment and efficiency of the staff which was contrary to findings of Amini (2004) who found no relationship between these two variables. Omidvar (2002) found a relationship between affective commitment and performance, but nothing from con-

tinuance commitment or normative commitment. Owen (2006) also indicated that continuance commitment was negatively related to leaving the organization (Evans 2005). Stephanie and Huffman (2005) found a positive relationship between counseling and continuance commitment, which is indicative of the important role of participation in decision-making and morally improving continuance commitment (Stephaniue & Huffman 2005).

Walter (2006) proved the effect of performance on continuance commitment and Sharif (2006) found that continuance commitment would increase through improving skills and providing material recompenses (Vanderberg 2008). Based on the above research, organizations could improve continuance commitment and consequently decrease the number of leaves and replacements, and increase the staff effectiveness through giving their staff the opportunity for participation in decision-making and improving their jobs horizontally and vertically. Regarding the positive link between normative commitment and service quality and the results of Sadeqi (2004) study, indicative of a positive relationship between normative commitment and performance among high school teachers, and also findings of Seggie and Achill's (2006) study demonstrating a positive link between management's commitment to service quality and performance, we conclude that organizational commitment plays a modifying role. In contrast, Siratdoust (2004) found no relationship between normative commitment and performance.

Chang (2006) showed that there was a strong negative relationship between normative commitment and organizational leave, i.e. the more staff identifies with the organizational missions, visions, and objectives, the less they ask for leaving and replacing within the or-

ganization. According to Chang (2006), organizational leave plays an adjusting role against normative commitment, which causes replacement of staffs' main field of activity (Chang et al. 2007). Thus, organizations should provide necessary conditions for improvement in normative commitment among their employees to prevent such issues. Organizational support yields considerable impact on the improvement of organizational commitment as Lee and Fecci (2007) indicated a direct impact of organizational support on organizational commitment in a study on bank employees. Maertz et al. (2007) considered organizational support in improvement of organizational commitment as an effective measure.

Therefore, to improve the service quality in organizations, organizational support variables play an indirect role, but among the positive occupational factors, motivation inter alia, is negatively related to organizational commitment. According to Tella (2007), employees with higher motivation and occupational activity are more innovative, which leads to lower employees' commitment. Hence, lower or moderate commitment levels would not be much disturbing and might be due to positive factors as motivation, but in service jobs, this issue would impair service quality due to decrease in performance rate (Tella, 2007). Nazarian (2000) suggested that to improve organizational commitment, these organizations should provide better occupational and promotional opportunities for their personnel and put the improvement of living quality in their agenda.

Taqavi (2004) divided effective factors on nurses' performance into spiritual and material categories and showed that material category, especially job security wielded more impact on staff performance. Thus, given the positive and significant results of normative and continuance commitment on service quality in hospitals, it is suggested that health organizations improve their nurses' normative commitment through appreciating their occupational prestige in spiritual terms to consequently improve the care service quality. In doing so, we suggest constant evaluation of nurses' performance and holding training sessions along with providing occupational promotions as well as avoiding the traps of organizational lethargic practices, and keeping the spirit of innovation.

Also, inculcating missions and organizational visions and values in a transparent way and internalizing them among employees through training and education would play an effective role in improving normative commitment and ultimately service quality. Since continuance commitment has been considered as one of the components related to service quality, it could be best improved

through job promotions, posing challenges against employees via providing prospects of higher education, decreasing years of service in job groups, and a better promotion system.

Furthermore, holding training workshops of patient cares, patient safety, and especially emphasis upon post-hospitalization care to improve responsiveness and reliability have considerable effects. Psychological training sessions on nurse-patient relations to assure service quality and creating empathy between nurses and patients would improve overall service quality too.

Conflict of interests

The authors declared no conflict of interest.

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