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Correlation between Religious Orientation and Organizational Commitments among Midwives in Fatemiyeh Hospital, Hamedan in 2015-2016 (Iran)

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Abstract

Background and Objectives: The organizational commitment of the staff that ensures their continuous and effective presence in the organization is one of the determinants of organizational development. Religion and religious orientation can affect organizational commitment. The purpose of this study was to investigate the correlation between organizational commitment and religious orientation in midwives working in the hospital.

Methods: This descriptive-correlational study was conducted in Hamedan in 2015-2016 with 100 midwives working in the hospital who had been enrolled by convenience sampling. The data collection instruments were the Organizational Commitment Questionnaire and the Religious Orientation Scale with confirmed validity and reliability. Data analysis was conducted by the SPSS.

Results: The mean scores on organizational commitment, intrinsic religious orientation and extrinsic religious orientation were 136.3±8.07, 39.21±4.25 and 34.44±2.71, respectively. Participants had a high organizational commitment. There was a direct and statistically significant correlation between intrinsic religious orientation and organizational commitment (p=0.01, r=0.15) but not between extrinsic religious orientation and organizational commitment.

Conclusion: Given the correlation between organizational commitment and intrinsic religious orientation, it is recommended to use strategies to increase the intrinsic religious orientation of midwives working in the hospital.

Keywords: Organizational Commitment; Religious Orientation; Midwife.

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Introduction

Organizational commitment is the strong desire of the organization's manpower for presence in the organization and make great effort to further develop the organization and accept its goals and values (1), which is divided into three categories: Normative commitment, continuance commitment, and affective commitment (2)

Most research on organizational commitment has addressed the identification of the causative factors, the most important of which are: Positive correlation with organizational productivity, job satisfaction, reduction of absenteeism, job stress reduction (3,4) and increase in the quality of working life (5). The lack of a sense of organizational commitment or low levels of organizational commitment can lead to quitting job, high absenteeism, reduced work ethics, reduced satisfaction among the organization's services recipient (6). Certain factors such as job satisfaction, adherence to organizational values, personal characteristics, organizational characteristics, and religious beliefs can affect staff professional commitment and responsibilities (7).

In general, there are two general and specific definitions of religion. In specific definition, religion is a branch of religion, and in general definition, religion and religion are synonymous (8). From psychological

perspective, religion refers to the influences of feelings and events that every human being experiences in his/her loneliness, in a way that he/she establishes a relationship between himself/herself and the divine affairs (9). The belief in a transcendent being that is associated with certain requirements in the person's behaviors and experiences is common to all definitions of religious orientation (10).

Religious orientation means willingness to do religious practices and have religious thoughts (11). Duane, quoted by Mohammadi, states that individuals with intrinsic religious orientation show their religious practices in their behaviors while those with an extrinsic religious orientation, which has a more ungrown aspect compared to the inner orientation, pursue their own interests and seek to achieve their personal goals (12).

Baker et al. reported that there was a direct and significant correlation between extrinsic religious orientation and anxiety, and an inverse significant correlation between intrinsic religious orientation and anxiety (13). Sidi et al. reported that the correlation between religious orientation and happiness was direct and even suggested religious orientation as a predictor of happiness and mental health (14). The study of Hadizadeh et al. showed that the organizational commitment of the midwives very low, and only a few number of midwives had high levels of organizational commitment (15).

The study of Sadeghi et al. showed that with increasing religious orientation scores extrinsically, the scores of mental health and self-efficacy disorders increase, and as the scores tend to inner religious orientation, these scores decrease. Sadeghi et al. finally concluded that the extrinsic religious belief was associated with disorders of mental health and self-efficacy and intrinsic religious belief was associated with mental health (16). Abolghasemi et al. also reported that there was no significant association between religious orientation and job performance (17).

Some studies have examined the relationship between religious orientation and certain variables such as job performance. In employees with high religious orientation, work activity and occupational attachment are higher, organizational commitment is higher, and thus they have better job performance (15). Midwifery is one of the professions that aim to provide maternal and neonatal health and to promote reproductive health and community health. Since the midwives' work-related stress is high, this high work-related stress can reduce the quality of their work, services they deliver, and their organizational commitment (18).

Considering the importance of religious orientation and organizational commitment in the work environment, particularly midwifery, the present study was conducted to investigate the correlation between religious orientation and organizational commitment in midwives working in the hospital.

Methods

The study population of this descriptive-cross-sectional study consisted of 100 midwives working in Fatemiyeh Hospital, affiliated to Hamedan University of Medical Sciences. Sampling was conducted by census method and midwives were enrolled in the study if they volunteered to participate in it. After explaining the objectives of the study, the questionnaires were given to the samples and arrangements were made with them to determine the time of returning the completed questionnaire. After the samples completed the questionnaires, the questionnaires were collected. The data collection instruments were the Religious Orientation Scale (ROS) and the Organizational Commitment Questionnaire (OCQ).

The ROS, developed by Allport, has 20 items, 11 of which address extrinsic religious orientation, and the remaining items address intrinsic religious orientation. In this scale, the items of the extrinsic religious orientation are scored as follows:

I absolutely disagree: 5; I partly disagree: 4; I partly agree: 2; and I absolutely agree: 1, and for the items of the intrinsic religious orientation are scored as follows: I absolutely disagree: 1; I partly disagree: 2; I partly agree: 4; and I absolutely agree: 5

The lowest scores (9-45) are attained by individuals with intrinsic religious orientation

and the highest scores (11-55) are attained by those who have extrinsic religious orientation.

In the study of Jan Bozorgi, its reliability was estimated 0.74 by Cronbach's alpha coefficient (19). In addition, Nasabeh reported coefficients of internal consistency, split-half reliability, and test-retest reliability of the ROS 70%, 94%, and 88%, respectively (20).

The Cronbach's alpha coefficient of this instrument in the current study was estimated 0.75 and thus its reliability was confirmed.

The OCQ, developed by Allen and Meyer in 1990, has 24 items that are scored on a 7-point Likert scale. The OCQ addresses three components of organizational commitment: Affective commitment (the items 1-8), continuance commitment (the items 9-16), and normative commitment (the items 24-17).

The minimum and maximum total OCQ scores are 24 and 168, respectively.

The minimum and maximum affective commitment scores are 7 and 56, respectively, the minimum and maximum continuance commitment scores are 8 and 56, respectively, and the minimum and maximum normative commitment scores are 8 and 56, respectively.

The Cronbach's alpha coefficient of the OCQ in two studies was estimated 0.88 and 0.94 (21, 22). The reliability of this instrument was confirmed by Cronbach's alpha coefficient of 0.78 for the present study.

Data were collected by the SPSS using descriptive statistics and Pearson correlation coefficient.

Result

Out of the 100 participants, 98 had bachelor's degree, one had associate's degree, and one had master's degree. The mean age of the participants was 38.41±2.4 years (range:22-53).

The mean score of intrinsic religious orientation was 39.21±4.25 (minimum and maximum possible scores: 9 and 45, respectively) and the mean score of extrinsic religious orientation was 34.44±2.71 (minimum and maximum possible scores: 11 and 55, respectively)

The highest score was attained for normative commitment (48.1±1.8) and the lowest score was attained for continuance commitment (42.5± 2.11). The mean score of emotional commitment and total organizational commitment was 42.5±2.51 and 45.7±4.38, respectively. The maximum mean total score of organizational commitment was 168 for normative commitment and 56 for continuance commitment.

The highest commitment was the normative commitment. According to the scoring protocol of the OCQ, the participants had high organizational commitment.

According to Pearson correlation coefficient, there was a direct and significant correlation between internal religious orientation and total organizational commitment score (p=0.01, r=0.15).

There was a weak correlation between external religious orientation and organizational commitment (r=0.02), which was not statistically significant (p=0.78).

Discussion

The purpose of this study was to determine the relationship between religious orientation and organizational commitment of midwives working in Fatemiyeh Hospital, Hamadan.

Based on the findings of the study, our participants with a mean score of 136.3±8.07 years had a high organizational commitment, because according to the OCQ scoring protocol, the maximum total organizational commitment score is 168, which is close to the maximum total score attained in our study.

There was a direct and significant correlation between intrinsic religious orientation and total organizational commitment, but no significant correlation was observed between extrinsic religious orientation and total organizational commitment.

A study in Malaysia showed that 50% of the nurses had high-level organizational commitment (23), and a study in Golestan, Iran showed that only 4% of the nurses had very high organizational commitment and 25.5% had high organizational commitment (24),

which is consistent with the results of the present study, but Hadizadeh et al. reported that the organizational commitment of the midwives participating in their study was very

low and low, and only a few midwives had high organizational commitment (15).

A study in Golestan, Iran showed that the organizational commitment of the nurses working in the intensive care unit was lower than that of the nurses working in the general wards, but the difference was not statistically significant (24).

The reason for some inconsistencies in the results of the present study and other studies may be due to differences in the settings of the studies or the work environments, such as the maternity, specialized or general wards in hospitals or clinics.

In the study of Ghasemli et al., the correlation between extrinsic religious orientation and spiritual health was inverse and significant, while intrinsic religious orientation was directly correlated with spiritual health (25).

These results, in agreement with the results of our study, show the greater effect of intrinsic religious orientation on the studied variable.

Notably, studies have shown that organizational commitment is not associated with occupational burnout (26). This finding can be explained by the difference in religion and the level of religious teachings and the culture of societies.

A study showed that there was a direct and significant correlation between extrinsic religious orientation and anxiety, and there was an inverse and significant correlation between intrinsic religious orientation and anxiety (12).

In line with the results of this study, the study of Abdollahi showed a relationship between intrinsic religious orientation and total organizational commitment.

That study showed that there was a relationship between the components of organizational commitment and spirituality in the work environment (27).

The studies of Ghanbari et al. (28) and Bahrami et al. (7) found a significant and direct correlation between religious orientation (intrinsic) and organizational commitment, which is consistent with the results of the current study.

Religious orientation is one of the predictors of general health and is considered to be in the same class as a component such as happiness (29).

Since medical professions such as midwifery are among the jobs that are affected by various stressors due to the responsibility to provide comfort, care and health to patients, it is important to maintain general health in stressful working conditions, and religious orientation can be helpful in this regard, and promoting mental health of individuals can have a positive impact on their organizational commitment.

Commitment is a multidimensional and subjective experience. Intrinsic motives are important to maintain commitment, so that the committed person can easily ignore his/her own personal issues and devote his/her power to the actions that are important to the stakeholders of his/her workplace (30).

The existence of a positive and significant correlation between organizational commitment and quality of work life (15) can be useful to assess the quality of life in health care workers such as midwives.

Therefore, the existence of a direct correlation between intrinsic religious orientation and organizational commitment can be considered a variable related to quality of life.

In general, people who find deep meaning and concept in their workplace have a sense of solidarity with others at work, see their values and goals in the values of the organization, believe that the organization values and considers the issues of its employees,

and are adequately considerate, leading to their peace as they are fulfilling their duties in the organization (31).

Accordingly, due to the correlation between religious orientation and organizational commitment, religious orientation can ultimately contribute to organizational development by positively influencing personal performance.

If employees have a positive perception of religious orientation, they will feel highly committed to perform their duties (32).

Religious beliefs have a positive impact on meaning of life, and religious practices such as prayer, pilgrimage, etc. can lead to inner peace by creating hope and encouraging to adopt

positive attitudes. The hope for God makes people less vulnerable to life problems (33,34).

Religious orientation has direct effect on mental, spiritual and physical health through the initial challenging assessment of situations (35).

Religious orientation also leads to happiness (36). It is clear that physical and mental health of staff in any organization, including health care organizations, is of great importance in the quality of services provided by them.

Continuous and vigilant presence at the bedside of patients and the people referring to health facilities requires healthy staff because such staff can constantly update their information with energy and commitment and to implement it in the arenas of health care provision for the community, and thus, in addition to achieving organizational goals optimally, they can lead the current community towards a more healthy one.

Koch and Steers studied the factors affecting organizational commitment. They identified personal factors such as the initial commitment and feeling belonging to the organization as an important factor, with the initial commitment referring to feeling committed in the early entrance to the organization because it can turn into a self-reinforcing cycle (37), so if religious values can be internalized in the staff by the mass media, education, universities, and other institutions, their organizational commitment will be enhanced.

The existence of an organizational commitment in the organization will help the managers of the organization to rely on the presence of individuals and be able to design long-term plans for the organization, since the organizational commitment of employees is one of the best predictive tools to ensure their continuous collaboration with the organization.

The main basis of the organization's plans for achieving the goals is human resources, and organizations, according to the existing human resources' capabilities, adjust their working procedures and, in the event of a low organizational commitment in the staff and their departure from the organization, the organizational plans will face challenges and even fail (38).

Conclusion

Clinical and midwifery care is confronted with many challenges, and midwives, with a regular presence at the bedside of client, have an important effect on satisfaction levels of the patients and other people referring to health facilities. Considering the results of this study and the positive correlation between the intrinsic religious orientation and organizational commitment.

it is suggested to take into account organizational commitment in the provision of health care services to develop the organization, create a work environment for the optimal delivery of services, and maintain satisfaction and health of midwives as well as with regards to the dominant religious context in Iran.

Conflict of interest

The authors declare no conflict of interest.

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References

1. Moorehead G, Griffin RW. Organizational Behavior: Managing People and Organizations: South-Western/Cengage Learning. 2010
2. Ortega-Parra A, Sastre-Castillo MA. Impact of perceived corporate culture on organizational commitment. J Manag Decis. 2013;51(5):1071-83.
3. Kamali N, Abbasi B. Studying the Relationship between quality of work life and organizational commitment. Res J Recent Sci. 2014;3(2):92-9.
4. Mahmoudi Rad G, NaeimHassani S. Relationship between organizational commitment and burnout of nurses working in Valiasr Hospital of Birjand. Mod Care J. 2014;10(4):264-71. [Persian]
5. Zarei E, Ahmadi F, Danshkohan A, Ramezankhani A. The correlation between organizational commitment and the quality of working life among staff of Sarpolzahab health network. J Health Promot Manag. 2016;5(2):61-9.

6. Koonmee K, Singhapakdi A, Virakul B, Lee D-J. Ethics institutionalization, quality of work life, and employee job-related outcomes: A survey of human resource managers in Thailand. J Bus Res. 2010;63(1):20-6.
7. Bahrami MA, Ghasemipanah F, Montazeralfaraj R, Tafti AD, Chamanara K, Ardekani SE, et al. The relationship between religious beliefs and organizational commitment among nurses in teaching hospitals of Yazd. Hist Med J. 2016;7(25):185-207. [Persian]
8. Cruz M, Pincus HA, Welsh DE, Greenwald D, Lasky E, Kilbourne AM. The relationship between religious involvement and clinical status of patients with bipolar disorder. Bipolar Disord. 2010;12(1):68-76.
9. Zand S, Rafiei M. Assessment of religion needs of patients in hospital. Teb Va Tazkieh. 2011;19(4):21-34. [Persian]
10. Spilka B, Hood RW, Hunsberger B, Gorsuch R. The psychology of religion: An empirical approach. Guilford Press; 2003.
11. Allport GW, Ross JM. Personal Religious Orientation Prejudic. J Pers Soc Psychol. 1967;5:432-43.
12. Mohamadi J, Gholamrezai F, Azizi A. The Relationship between Religious Orientation and Mental Health among female nurses working in public hospitals of Tabriz in 2014. J Sabzevar Univ Med Sci. 2014;22(6):1080-7. [Persian]
13. O'Connor PJ, Pronk NP, Tan A, Whitebird RP. Cha racteristics of Adults Who Use Prayer as an Alternative Therapy. Am J Health Promot. 2005;19:369-75.
14. Sidi Z. Mortazavi Kh. Relationship between religious orientation with happiness and mental health. Nasim Health Q. [in press]
15. Hadizadeh Talasaz Z, Nourani Saadoddin S, Shakeri MT. Evaluation of the relationship between the quality of work life and organizational commitment among midwives working in health-medical centers and maternity of teaching hospitals of Mashhad University of Medical Sciences from 2013-2014. Iran J Obstet Gynecol Infertil. 2014;17(129):1-9.
16. Sadeghi M, Yousef Vand M, Nazesh M, Mehrangzi F. The study of the relationship between religious orientation (intrinsic and extrinsic) with mental health and self-efficacy of students of Payame Noor University of Mazandaran, Al-Shater (Lorestan province), the first national conference on education and Psychology of Spirituality and Health, Bandar Gaz, Islamic Azad University of Bandar Gaz; 2014.
17. Abolghasemi A, Moradisoroush M, Narimani M, Zahed A. The relationship between personal initiative, religious orientationand organizational social capital and workers job performances in the productive centers. Knowl Res Appl Psychol. 2011;12(43):86-94. [Persian]
18. Abboushi, S. The impact of individual variables on the work values of Palestinian Arabians. Int Stud Manag Org. 1990;20(3):53-68.
19. Janbozorgi M. Religious orientation and mental health. J Faculty Med. 2007;31(4):345-50. [Persian]
20. Nsabh MH. The role of religious beliefs in mental health. Nnamh steady against irresponsible public bachelor. Shiraz Faculty of Psychology and Educational Sciences: Shiraz University; 2006.
21. Cruz M, Pincus HA, Welsh DE, Greenwald D, Lasky E, Kilbourne AM.. The relationship between religious involvement and clinical status of patients with bipolar disorder. Bipolar Disord. 2010;12(1):68-76.
22. Zand S, Rafiei M. Assessment of religion needs of patients in hospital. Teb Va Tazkie. 2011;19(4):21-34. [Persian]
23. Siew PL, Chitpakdee B, Chontawan R. Factors Predicting Organizational Commitment Among Nurses in State Hospitals, Malaysia. Int Med J Malaysia. 2011;10(2):21-8.
24. Rouhi Gh, Asayesh H, Rahmani H, Abbasi A. Comparison of Nurses' Job Satisfaction and Organizational Commitment in Intensive Care and General Wards of Golestan University of Medical Sciences. Sci J Gorgan Facul Nurs Midwifery. 2010;7(2):23-32. [Persian]
25. Ghasemali Kh, Shayan N, Babaie N, Amiry J. Relationship between, Religious Orientation, Happiness, Locus of Control and Coping Strategies, and Spiritual Well-being Among Nursing Students. J Res Dev Nurs Midwifery. 2016;12(3):9-18. [Persian]
26. Marie L. Griffin, Nancy L. Hogan, Eric G. Lambert. Job Involvement, Job Stress, Job Satisfaction, and Organizational Commitment and the Burnout of Correctional Staff Criminal justice and behavior. Crim Justice Behav. 2010;37(2):239-55.
27. Abdollahi B, Karimian H, Namdari Pejman M. Relationship between organizational commitment and spirituality in the workplace with ethical behavior of employees. Ethics Sci Technol. 2015;9(4):1-10.
28. Ghanbari M. The relationship between religious orientation (intrinsic / extrinsic) with organizational commitment period Hamadan junior high school (89-88 school year) [Master's thesis]. Hamadan; Booali Sina University; 2010.
29. Maleki Z, Ashkan S, Ashoori J, Yosefi N. Relationship between Personality Traits, Religiousity and Happiness with General Health among Nursing Students. Iran J Nurs. 2014;26(86):90-100. [Persian]
30. Sanagoo A, Nikravesh M, Dabbaghi F. Organizational Commitment from Nursing & Midwifery Faculty Members' Perspective. Iran Univ Med Sci. 2006;13(52):83-92. [Persian]
31. Abazarimahmoodabad A, Amiriyanzadeh M. The relationship between workplace spirituality and organizational commitment with organizational citizenship behavior. Q J New Approach Educ Admin. 2016;7(1):119-43.
32. Salimi Bajestani H, Zakeri N. Relationship religious orientation and hope with health anxiety among women nurses in Imam Khomeini hospital of Tehran. J Nurs Res. 2014;9(1):17-24. [Persian]

33. Yang KP, Mao XY. A study of nurses' spiritual intelligence: a cross-sectional questionnaire survey. Int J Nurs Stud. 2007;44(6):999-1010.
34. Mazloomy Mahmoodabad SS, Ehrampoush MH, Tabei SZ, Nami M, Fallahzadeh H, Namavar Jahromi B, et al. Extrinsic or Intrinsic Religious Orientation May Have an Impact on Mental Health. Res J Med Sci. 2016;10(4):232-6.
35. Badri Gargari R, Abutlfazl F. The Relation between Intrinsic Religiosity and the Body-Mind- Spirit Wellness Behaviors and Mediating Role of Challenge Appraisal. Strategy for Culture. 2013;5(20):67-82. [Persian]
36. Ahmadi B, Alimohamadian M, Mahjobi B, Mirzaei R, Motevaseli T. Prevalence of fecal outlet obstruction and its predisposing factors in women aged 40 years and older: An epidemiological study. Iran J Ageing. 2011;5(18):7-14. [Persian]
37. Koch JT, Steers RM. Job Attachment, Satisfiction and Turnover Among Public Sector Employess. J Vocational Behav. 1978;12:119-28.
38. Hosseini GH, Esmaeili A. Effect of Organizational Commitment on the retention of human resources. NAJA J. 2014;6(23):1-23.