

Investigation of Correlation between Organizational Commitment and Perceptions of Caring Behavior from the Perspective of Nurses: A Cross-Sectional Study

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Abstract

Background: Caring has been introduced as the essence and central value of nursing. One of the factors influencing holistic care is organizational commitment.

Objectives: This study aimed to investigate the relationship between organizational commitment and perceptions of caring behavior from the perspective of nurses.

Methods: This descriptive correlational study was performed in hospitals affiliated to Shiraz University of Medical Sciences, Fars, Iran, in 2019. The sample size was 210 nurses working in public wards who were randomly included in the study. The data were collected by two standard questionnaires, namely Allen and Meyer Organizational Commitment and Watson Perceptions of Caring Behaviors. The data were analyzed by Pearson correlation coefficient, independent t-test, by SPSS 25.

Results: The results showed that the mean (SD) value of organizational commitment of the nurses in this study was 95.30(16.54) at a high level. Additionally, the mean (SD) score of perceiving caring behavior was 142.49(10.71) at a relatively desirable level. There was also a direct and significant relationship between organizational commitment and perceptions of caring behavior ($P=0.03$; $r=0.149$).

Conclusion: The results of this study indicate a positive relationship between organizational commitment and perceptions of caring behavior. The findings of the present study can help nursing managers and policymakers provide the infrastructure of proper human resource management in the health system and plan to improve the dimensions of organizational commitment and perceptions of nursing caring behavior.

Keywords: *organizational commitment, caring, nurses, behavior, watson's theory*

Introduction

The concept of care is rooted in the existence of humanity and has existed since the creation of the human species [1]. In nursing studies, the concept of care has been defined in different ways [2] and has been proposed as the essence of nursing and the central value of the profession [3]. Care is the goal of nursing knowledge [1].

Due to the importance of this concept in the discipline of nursing, some nursing researchers, including Watson, have developed theories in this regard [2]. The theory first was proposed by Jane Watson in 1971 to guide nursing as a discipline and profession [4], the central idea of which is that humans cannot be treated like objects and that humans cannot be separated from themselves, others, nature, and a bigger World [5,6]. In recent

studies, caring behavior has been discussed as a consequence of caring. Caring behavior affects the relationships with patients, families, nurses, organizations, and communities [2]. The perceptions of caring behaviors can affect individuals' professional behaviors and how individuals look at the world and their interactions with others [7]. Therefore, considering that nurses spend the most time interacting with patients, it is important to examine their perceptions of caring behavior [8]. The profound perceptions of the concept of care reduce patients' anxiety, increase their satisfaction, and improve the quality of nursing services [9]. The concept of caring behavior does not have a similar meaning in different societies [10].

On the other hand, nursing and care performance are affected by numerous factors, one of which is organizational commitment [9]. One of the most famous and accepted definitions of this concept is that organizational commitment reflects the demand, need, and desire to continue membership in the organization and includes three dimensions of affective, normative, and continuous commitment [11]. Existing studies have shown the effect of organizational commitment on social interactions, preferences, attitudes, behaviors, and position of individuals in the organization, the success of the organization, and the quality of care [9,12,13]. Ignoring organizational commitment reduces performance, increases staff displacement, and finally increases costs. In contrast, high organizational commitment leads to increase effort, motivation, and job satisfaction [14].

Jones (2020) considers the relationship between nursing competence and organizational commitment level to be important for the stability and effectiveness of the organization and the survival of nurses in the organization [15], and one of the main dimensions is the professional competence of nurses after caring [16]. A low level of nursing organizational commitment can reduce the performance and quality of their care [17]. Safari showed that increasing organizational commitment improves the care quality of nurses [18]. On the other hand, there has been no study performed in Iran that examined the relationship between nurses' organizational commitment and perceived caring behavior based on Watson's theory. Therefore, due to the different concepts of

perceptions of caring behavior and organizational commitment in different communities, the necessity of paying attention to these concepts to increase the quality of services provided for patients, and the importance that studies have placed on paying attention to organizational commitment, this study was designed to investigate the correlation between organizational commitment and perceived caring behavior of clinical nurses.

Methods

This descriptive cross-sectional study was performed within July to October in 2019 in hospitals affiliated to Shiraz University of Medical Sciences, Fars, Iran.

A total of 210 nurses working in the hospitals of Shiraz University of Medical Sciences participated in this study. The participants were selected by simple random sampling from nurses working in different wards of four hospitals from hospitals affiliated to Shiraz University of Medical Sciences. The sample size was estimated to be 210 subjects based on the same study [19] and the sample size formula and considering $r=0.192$ at the confidence level of 0.95 with a power of 0.8 using MedCalc software (version 20.0.13).

$$n = \frac{(z_{1-\frac{\alpha}{2}} + z_{1-\beta})^2}{(\omega)^2} + 3$$

$$\omega = \frac{1}{2} \ln \frac{1+r}{1-r}$$

The inclusion criteria were employment as a nurse, at least a bachelor's degree in nursing, and consent to participate in the study. The participants were excluded if they did not wish to participate in the study.

In addition to the demographic information form, two questionnaires of Organizational Commitment by Allen and Meyer and Watson Perceived Caring Behavior were used to collect the data (The Caring Dimensions Inventory (CDI-35)). The Allen-Meyer Organizational Commitment Questionnaire was designed in 1990 with 24 items in three main dimensions of affective, continuous, and normative commitment. The score range is within 24-168. The score ranges within 90-120, 60-90, and < 60 are considered high, average, and low organizational commitment, respectively. In general, a high score indicates higher organizational

commitment. In a study conducted by Hastorf in 1982, the reliability coefficients of the affective, continuous, and normative scales were 0.86, 0.79, and 0.75, respectively. [20] The validity of this questionnaire has been confirmed by 15 relevant experts [21,22]. The validity of the structure in Iran has been reviewed and approved using the method of confirmatory factor analysis on 70 education employees [23]. The reliability of this questionnaire in the present study was confirmed by obtaining a Cronbach's alpha coefficient of 0.86.

The Nursing Students' Perceptions of Caring Behaviors Questionnaire was developed by Watson et al. (2001). This scale has 35 items based on a 5-point Likert scale (from strongly agree to strongly disagree). The score range is within 35-175. The content validity of the tool has been confirmed by Watson et al. The reliability between the respondents of the instrument was 0.67, and the internal correlation of the instrument was 0.91. In the study of consciousness particle, the questionnaire was translated by the translation-retranslation method, and its validity and reliability have been confirmed by 10 nursing specialists and a Cronbach's alpha of 0.91, respectively [24,25].

In the present study, the formal validity and content of the instrument were examined by 10 nursing specialists and instrumentation. The formal validity for all items was above 1.5; the content validity index and content validity ratio were 0.76 and 0.7, respectively. The reliability of this questionnaire in the present study was

confirmed by obtaining a Cronbach's alpha coefficient of 0.70.

After coordinating with hospital officials, the researchers explained the study objectives and reassured the nurses about the voluntary attendance, anonymity, and confidentiality of the information. All participants also signed a written informed consent form.

After collection, the data were entered into SPSS software (version 25; Statistical package for the social sciences) and analyzed using descriptive (e.g., mean and frequency percentage) and analytical (e.g., Pearson correlation coefficient, independent t-test, and one-way analysis of variance) statistics at a significant level of 0.05. The normality of the data was also checked using the Kolmogorov-Smirnov test.

Results

The study involved 210 nurses aged 22-51 years with a work experience range of 1-25 years. The mean age value of nurses was 31.11 ± 6.74 years, and the mean value of their work experience was 7.46 ± 5.98 years. The majority of nurses were female ($n=156$; 74.3%), married ($n=129$; 61.4%), with a bachelor's degree ($n=189$; 90%), and employed ($n=72$; 34.3%) in the form of internship. The mean value of the total score of organizational commitment was 95.30 ± 16.54 . The mean scores related to continuous, normative, and affective commitment were 37.76 ± 9.80 , 30.61 ± 6.63 , and 31.92 ± 6.49 , respectively. In addition, the mean score of perceived caring behavior was 142.49 ± 10.71 at a relatively desirable level (Table 1).

Table 1: Average Scores of Nurses' perceived caring behavior and Organizational Commitment Based on Demographic Characteristics

	Perception of caring behavior	Organizational Commitment	Affective commitment	Continuous commitment	Normative commitment
Total score	142.49 (10.71)	95.3(16.54)	31.92(6.49)	32.76(9.8)	30.61(6.63)
Marital status					
Single	143.7(12.37)	93.5(17.89)	31.61(6.98)	32.43(10.14)	29.54(6.89)
Married	141.73(9.48)	96.44(15.59)	32.11(6.19)	32.96(9.62)	31.34(6.39)
P-value	0.196	0.211	0.589	0.696	0.044
Gender					
Male	140.24(10.31)	96.51(16)	32.7(6.19)	32.98(10.74)	30.83(6.34)
Female	143.28(10.76)	94.89(16.75)	31.65(6.59)	32.69(9.49)	30.54(6.75)
P-value	0.072	0.535	0.307	0.852	0.784
Educational level					
Bachelor	142.49(10.91)	96.37(15.6)	32.32(6.26)	32.87(9.77)	31.16(6.3)
Master	142.52(8.89)	85.76(21.54)	28.28(7.58)	31.8(10.24)	25.66(7.59)
P-value	0.991	0.039	0.007	0.638	<0.001
Work experience (year)					
1-9	142.46(11.39)	94.91(16.39)	31.74(6.62)	32.85(9.76)	30.31(6.62)
10-18	143.08(8.93)	95.56(16.46)	31.76(5.87)	33.3(9.72)	30.50(6.13)
19-27	140.61(9.36)	98.76(19.33)	34.53(7.33)	29.76(10.82)	34.46(7.85)
P-value	0.761	0.720	0.327	0.506	0.096
Type of employment					
Permanent	142.35(9.39)	97(15.58)	32.6(6.14)	32.33(9.23)	32.06(6.69)
Contractual	140.51(10.09)	94.15(18.32)	31.17(6.75)	33.32(9.51)	29.65(7.63)
Under a contract	142.68(9.06)	94.58(18.73)	30.72(6.53)	32.75(11.9)	31.1(6.91)
Internship	143.43(12.88)	95.94(15.91)	32.72(6.71)	33(9.91)	30.22(5.8)
Corporative	144(7.58)	86.44(11.04)	28.22(4.57)	31.33(8.23)	26.88(5.57)
P-value	0.724	0.471	0.186	0.976	0.137

Data were presented as mean±standard deviation. Independent t-test and one-way analysis of variance were used.

The results showed that the relationship between the total score of organizational (P=0.039), affective (P=0.007), and normative (P<0.001) commitment with educational level was significant; accordingly, the average score of nurses with a bachelor's degree was higher. The results also showed that normative commitment had a significant relationship with marital status;

accordingly, the average score of normative commitment in married participants was higher than single participants (Table 1). According to the Pearson correlation test, there was a significant correlation between the score of perceptions of caring behavior with organizational commitment and dimensions of normative and affective commitment (P<0.05; Table 2).

Table 2: Investigation of Correlation between Perceptions of Caring Behavior with Organizational Commitment and Its Dimensions

Perceptions of caring behavior	Variable
Total score of organizational commitment	r=0.149 P=0.032
Affective commitment	r=0.218 P=0.002
Continuous commitment	r=0.008 P=0.910
Normative commitment	r=0.145 P=0.036
Perceptions of caring behavior	1

Discussion

This study aimed to investigate the relationship between organizational commitment and perceived caring behavior among nurses working at Shiraz University of Medical Sciences. The obtained results showed that the average score of organizational commitment is high, and nurses' caring behavior is at a relatively desirable level. The results also showed a significant relationship between organizational commitment and perceived caring behavior.

One of the reasons for the high level of organizational commitment is that, in the nursing profession, organizational commitment is one of the important elements in the improvement of care quality. The high organizational commitment of nurses can increase performance and ultimately increase holistic care [26]; for this reason, it seems that special attention has been paid to the issue in the hospitals affiliated with Shiraz University of Medical Sciences.

The results of a study among nurses working in Slovenia in 2014 showed that organizational commitment is high. It was stated that one of the responsibilities of nursing managers and leaders is to consider and guide nurses to a high level of commitment in the organization. It was also recommended that nursing managers and leaders evaluate the nurses' annual organizational commitment [26]. Another study conducted in Imam Reza Hospital of Amol in Iran (2014) showed that nurses' organizational commitment is high. It was stated that high levels of organizational commitment would make employees assured of their presence in the organization, and this satisfaction will lead to efforts to improve or maintain their current position [27].

However, unlike the present study, a study performed by Rahmanzadeh et al. (2014) showed that organizational commitment is moderate in employed nurses affiliated to Tehran University of Medical Sciences, Tehran, Iran. They also stated that healthcare organizations today are paying more attention to in-service training, and organizations that invest in staff training have a higher organizational commitment [28]. It seems that special attention should be paid to in-service and long-term training of staff at Tehran University of Medical Sciences.

The results of the current study also showed that nurses' perceived caring behavior is at a relatively good level. The results of two studies on nurses in Iran, in line with the results of the present study, reported caring behavior at a relatively desirable level [9,29]. As caring behavior and care outcomes are formed in relation to patients, families, nurses, organizations, and the community [30], nurses need to better understand the various aspects of caring behavior, better identify patient needs, and communicate more effectively with patients [31]. Nurses also try to provide high-quality care in nursing, acquire an attitude of empathy and altruism, and establish care relationships based on trust and support [30]. The results showed a significant weak relationship between organizational commitment and perceived caring behavior. A study conducted by Rastegar (2020) on nurses showed that those who had higher affective commitment were more clinically competent, especially in the areas of quality assurance, diagnostic procedures, and training and mentoring. This finding seems to directly affect the quality of service delivery and patient satisfaction [32].

The results showed that normative commitment had a significant relationship with marital status; accordingly, the average score of normative commitment in married nurses is higher than single nurses. Two studies showed that organizational commitment is higher in married individuals [33,34]. However, a study inconsistent with the present study demonstrated that the single nurses' level of organizational commitment was higher [35]. One of the reasons is that married nurses need constant work to earn a living as a family head; therefore, they become more attached to their organization.

In addition, the relationship between total and normative organizational commitment with nurses' education level was significant; accordingly, their average score was higher in nursing experts (with a master's degree). The results of the present study are consistent with the results of studies conducted by Nabizadeh [36] and Torkaman [37,38]. One of the reasons why undergraduate nurses belong to the organization is that most nurses with master's and PhD degrees in Iran work in colleges or research centers. Therefore, nurses with a bachelor's degree have fewer job opportunities and work in clinical settings. Therefore, due to the impossibility of employment in other centers, they have more affiliation and dependence on their health organizations.

Employees' organizational commitment can lead to an efficient organizational climate, improve clinical competencies and caring behavior, and motivate and improve production and efficiency. The recognition of the factors affecting organizational commitment can help the organization improve performance, attract capable individuals, and ultimately affect the desired caring behavior [35].

In the present study, the adoption of the self-report method to collect the data can cause magnification of the participants' scores and bias that can be one of the limitations of the study.

Conclusion

Finally, the obtained results showed a significant relationship between organizational commitment and caring behavior. Furthermore, nurses' organizational commitment and caring behavior are at a high and relatively desirable level. Therefore, given the importance of organizational

commitment, managers should pay special attention to employees' commitment in proportion to the development of health organizations; accordingly, they can solve employees' problems properly and use them to achieve organizational goals and provide desirable and quality caring behavior. Therefore, it is recommended to conduct combined studies in other Iranian universities of medical sciences and other cultures in this field.

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Conflict of interest

There is no conflict of interest regarding the publication of this article.

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