

Investigating Relationship between Positive Organizational Behaviors and Organizational Commitment among Nurses at Emam Khomeyni Hospital in Jiroft, Iran, in 2017: A cross Sectional Study

Saadat Salari¹, Fereshteh Daneshi², Motahare Pilevarzadeh¹

¹Department Nursing Education, Lecturer of Nursing Midwifery Faculty, Jiroft University of Medical Sciences, Jiroft, Iran, ²Department of Pediatric Nursing, School of Nursing and Midwifery, Jiroft University of Medical Sciences, Jiroft, Iran

Abstract

Introduction: One of the most important indicators of development and excellence of an organization is the presence of committed and loyal manpower. Thus, this study aims to investigate the relationship between positive organizational behaviors and organizational commitment among nurses working at Emam Khomeyni Hospital of Jiroft, Iran in 2017.

Method: This study is correlative-descriptive. The statistical population consisted of all the nurses working at Jiroft Hospital and they were all selected as samples. The data were analyzed using SPSS v25. Independent t-tests were applied to investigate the relationships between demographic specifications, organizational behavior, and organizational commitment, while correlation coefficient was employed to study the relationship between the main variables and Regression test and Pearson Correlation Coefficient were used to examine the relationship between organizational commitment and organizational behaviors and its dimensions.

Results: the results indicated that there was an inverse and significant relationship between organizational behavior and organizational commitment in general ($p < 0.001$) and in emotional dimension ($p < 0.001$) and normative dimension ($p < 0.01$) in particular. Moreover, a positive and significant relationship was observed between positive organizational behavior and organizational commitment ($p = 0.03$).

Conclusion: since positive behaviors are of great importance for performance evaluation systems among nurses and, at the same time, can affect a variety of their attitudes, including organizational commitment, it is suggested to improve nurses' understanding of positive organizational behavior and organizational commitment to allow them to have better opportunities to better provide services in their workplace.

Keywords: *Positive Organizational Behavior; Organizational Commitment, Nurses*

Introduction

Formerly, approaches of many organizational behavior psychologists were focused on employees' weaknesses and their behavioral pathology to introduce suitable solutions to reduce the weaknesses, with their abilities and positive aspects not being considered

to a considerable degree. But, with the emersion of psychology movement, this approach was reoriented toward positivism and emphasis on positive behavioral aspects, bringing up positivist organizational behavior approaches [1-3].

The new approach believes that individuals' strengths and desirable qualities can be considered by avoiding leaders' continuous focus on weaknesses and weak performances of individuals to improve their positive behaviors, thereby improving individual and

Corresponding author:

Fereshteh Daneshi,

Email: jahant1990@gmail.com

organizational performance [4, 5]. Positive physiologic approach is a term that covers the study of positive emotions, positive individual characteristics, and healthy and strong organizations, including family [6, 7]. The goal of such approaches is to identify the structures and methods that finally result in human wellbeing. Hence, factors that provide individuals' with compatibility to their lives' pressures and threats as much as possible are the most fundamental structures of the approaches. Relying on individuals' strengths, positive psychology helps them improve their individual and organization performance [4, 8]. Pundits and experts have proposed various components investigating positive psychology but four of them were the most agreed by them: 1) optimism, 2) self-efficacy, 3) tolerance, and 4) hope [9].

Organizational commitment is a concept that attempts to achieve the nature of attachment created by individuals in an organization. In fact, organizational commitment reflects the extent of an individual's compatibility and attachment to the organization [10]. Organizational commitment is the link between individual and the organization, which is shown by three factors: strong belief and accepting the organization's objectives and values, high willingness toward the organization, and high willingness to stay at the organization. In view of some psychologists, commitment is a complicated multi-dimensional structure. Hence, a variety of definitions have been proposed by experts for commitment [11].

Meyer and Allen defined organizational commitment as a physiologic state that indicates willingness to, requirement for, or necessity of providing a service in an organization. They introduced a 3-dimensional model of organization commitment, which is composed of emotional commitment, continuous commitment, and normative commitment [12]. Organizational commitment can be a good indicator to show the effectiveness of an organization. Authorities must indicate high interest in an individual and not consider them as an organization member but respect them as an individual because they will have better performance if they are viewed as humans and unique identities [13].

Given the importance of organizational commitment among nurses, this study attempts to investigate and identify problems that create responsibility, loyalty, and commitment toward an organization among the staff. Identifying factors influencing organizational commitment, better performance is enabled by making modifications and changes to create commitment.

Method

This study is descriptive-correlational aiming to investigate the relationships between psychologically positive organizational behaviors and organizational commitment components among nurses working at Emam Khomeyni Hospital of Jiroft, Iran in 2017. The statistical population consisted of all the nurses at the hospital. To collect data, demographic specifications questionnaire was used. At the same time, the questionnaire in Lutanz et al. (2007) was employed to measure positive organizations behaviors and the questionnaire introduced by Allen and Meyer in 1990 was used to measure organizational commitment.

The standard questionnaire proposed by Lutanz et al. (2007) consisted of 20 questions, 8, 2, 4, and 6 questions of which were concerned with self-efficacy, tolerance, optimism, and hope, respectively. Each question was evaluated on 5-point Likert scale. Lutanz et al. (2007) reported the reliability of the questionnaire to be 90%. Hoveyda et al. [1] (1) reported the validity of the questionnaire as 70%.

The questionnaire introduced by Allen and Meyer in 1990 consists of 8 questions that measure emotional, continuous, and normative dimensions [12].

To control the validity of the positive organizational behaviors and organizational commitment questionnaires, they were given to a number of experts to make some modifications. Cronbach alpha was used for reliability. Alpha was obtained to be 86%, 91%, 63% for self-efficacy, hope, and tolerance. It was also calculated to be 82%, for the total of the organizational commitment questionnaire (87%, 78%, and 96% for emotional commitment, continuous commitment, and normative commitment, respectively). The data were analyzed using SPSS v25. Amount, mean, standard deviation, and percentage were employed for the descriptive section. After the normality of the data distribution was ensured, independent sample t test was performed to investigate the relationships between the demographic specifications, organizational behavior, and organizational commitment. At the same time, correlation coefficient was used to explore the relationship between the main variables and regression test and Pearson correlation coefficient were applied to study the relationships between organizational commitment, organizational behavior, and its dimensions. A significance level of 0.5 was considered for all the tests.

Results

210 nurses participated in this study. Individual information of the nurses, including age, gender, marital status, educational degree, and work expertise, is given in Table 1.

The mean score of the study units in the organizational commitment questionnaire was 71.81 of 115. Given the confidence level of 95% for the obtained mean score, the number of the study units was between medium and high. To determine to which dimensions the study units were more committed, repeated measure analysis and paired sample t test were employed. It was found that emotional commitment, continuous commitment, and normative commitment were significantly different ($p < 0.05$). Paired sample t test revealed that emotional commitment and continuous commitment were almost the same among the participants, while there was a significant difference between emotional commitment and normative commitment ($p < 0.05$) and between continuous commitment and normative commitment ($p > 0.05$). Considering the mean scores obtained for each organizational commitment dimension, it can be said that normative commitment was lower than emotional

commitment and continuous commitment (see Table 2).

The mean score obtained from the organizational behavior questionnaire was 48.88 of 100. Considering the confidence level of 95% for the mean scores, the commitment of the respondents was between medium and high (see Table 3).

The results showed that the mean score of organizational behavior for the respondents has no significant difference based on the demographic specifications ($p < 0.05$). The mean score of organization commitment of male respondents was significantly higher than females ($p = 0.01$). But no significant difference was observed based on other demographic specifications ($p > 0.05$) (see Table 4).

The obtained Pearson correlation coefficient revealed that there was a significant relationship between organizational behavior and organizational commitment in general, and between emotional dimension and normative dimension in particular. The relationship between organizational commitment and organization behavior in continuous dimension was positive and significant.

Table 1 Frequency Distribution and Percentage of Individual Information

Variable		Number (Percentage)	Mean and Standard Deviatio
Age	25	48 (22.86%)	29.86.7
	26-30	80 (38.10%)	
	31-35	46(21.90%)	
	35	36(17.40%)	
Gender	Male	45(21.43%)	
	Female	165(79.57%)	
Marital Status	Married	164(78.10%)	
	Non-married	46(21.90%)	
Educational Degree	Diploma	35(16.60%)	
	Bachelor and higher	175(83.40%)	

Table 2 Statistical Indicators Obtained from Organizational Commitment Questionnaire

Indicator	Mean	Standard Deviation	Confidence Level 95% for Mean	
			Lower Bound	Upper Bound
Emotional Commitment	24.94	6.83	34.01	25.93
Continuous Commitment	26.17	6.33	25.29	06.27
Normative Commitment	20.67	5.63	19.88	46.21
Organizational Commitment (Total)	71.81	14.25	70.06	54.73

Table 3 Statistical Indicators Obtained for Positive Organizational Behavior

Indicator	Mean	Standard Deviation	Confidence Level 95% for Mean	
			Lower Bound	Upper Bound
Self-efficacy	15.32	4.83	14.64	16
Tolerance	9.82	4.43	9.34	10.31
Optimism	9.88	3.57	9.38	10.38
Hope	13.86	3.13	13.43	14.30
Organizational Behavior (Total)	48.88	12.1	46.79	50.99

Table 4 Comparison of Organizational Behavior Scores and Organizational Commitment Scores based on Demographic Specifications

Demographic Specification		Number	Organizational Behavior	p-value	Organizational Commitment	p-value
		Mean		Mean		
		Standard Deviation		Standard Deviation		
Age	25	48	51.2 6.02	0.6	47.1 12.94	0.4
	26-30	80	50.4 10.3		70.21 12.21	
	31-35	46	53 9.4		71.74 11.53	
	35	3	47.6 8.7		69.03 11.8	
Gender	Male	45	45.6 10.6	0.3	74.71 10.08	0.01
	Female	165	49.8 9.1		75.05 13.12	
Marital Status	Married	164	47.8 8.3	0.3	70.03 9.09	0.3
	Non-married	46	52.5 8.5		71.72 10.06	
Educational Degree	Diploma	35	48.1 10.12	0.4	72.72 13.00	0.06
	Bachelor and higher	175	46.58 11.02		69.03 12.08	

Discussion

Today, given the extensive role of organizations in social lives of humans, manpower has become more salient than before. Concerning the first three objective of the study, results are provided in tables. Regarding the relationship between organizational commitment and psychologically positive organizational behaviors, demographic information only indicated a significant relationship between organizational commitment and gender, with no significant relationships being revealed for other items. The mean organizational commitment was higher among the males than among the females. This result was consistent with Jahangir et al. [14]. Moreover, mean emotional commitment in Sajedi et al. was higher among males than among females, which

was statistically significant.

In Bahri et al.[15], no significant relationship between organizational commitment and gender was observed, but there was a significant relationship between organizational commitment and marital status, which is not consistent with our results. The higher organizational commitment obtained for males was perhaps due to the fact that males are often responsible for their families’ financial requirements. Thus, it is more important to them to keep their job and promote, ensuring their income. This responsibility is mostly focused on workplace and they rarely consider their home management, while women are more responsible in home. Hence, men are more responsible toward their organizations. Indeed, more studies with more male and

females respondents are required to approve it. In the current study, organizational commitment was obtained to be 71.81% in general and 24.97%, 26.17%, and 20.67% in emotional dimension, continuous dimension, and normative dimension, respectively, which is at a medium level. There are many studies consistent with this study. For example, Sajedi [14], Jahangir [16], and Mahmoudi [17] reported organizational commitment among nurses to be at a medium level. An overview on statistical analysis results shows that the effects of positive psychological capacities on organizational commitment are very high. In other words, there is a positive and significant relationship between psychologically positive capacities and organizational commitment. But, as the multiple regression results indicate, the role of hope in increasing staff organizational commitment is more salient and significant. These findings are in an agreement with Joseph et al. (2007) who studied the relationship between psychologically positive capacities and work-related outcomes and concluded that hope and tolerance, among the other psychologically positive capacities, have increasing role in the emergence of organization commitment [4]. This is also consistent with Luthans study [4].

With respect to the relationships between hope and the three organizational commitment dimensions, the relationship between hope and emotional commitment is more significant than with the two other dimensions. This is consistent with Joseph study [4]. Concerning the relationships between optimism and the three organizational commitment dimensions, our results are consistent with Hodge study [18].

These findings demonstrate that continuous commitment plays a more salient role than the two other organizational commitments in individuals' optimism. For the relationship between tolerance and the three organizational commitment dimensions, it was observed that tolerance can take a more effective step toward organizational commitment, which provides individuals' with more compatibility to different conditions and meets their organizations requirements. This finding is consistent with other studies [4, 18, 19].

Conclusion

In overall, a higher efficiency and effectiveness of organizations depend on their manpower efficiency and effectiveness. Hence, it is a priority for organizations to move their staff toward hope, optimism, and tolerance,

thereby increasing organizational commitment among them.

Acknowledgment: The authors would like to thank all the participants and experts who helped to collect information.

Ethical Clearance- Taken from Jiroft university of medical science committee

Source of Funding- Self

Conflict of Interest - Nil

References

1. Hoveyda R. The Relationship between Psychological Capital Components and Organizational Commitment Components. *Journal of Research in Cognitive and Behavioral Sciences*. 2012;2(3).
2. Miner JB. *Organizational behavior 4: From theory to practice*: Routledge; 2015.
3. Azorín JM, Cameron R. The application of mixed methods in organisational research: A literature review. *Electronic Journal of Business Research Methods*. 2010;8(2):95.
4. Luthans F, Youssef CM, Avolio BJ. *Psychological capital: Developing the human competitive edge*. 2007.
5. Noe RA, Hollenbeck JR, Gerhart B, Wright PM. *Human resource management: Gaining a competitive advantage*: McGraw-Hill Education New York, NY; 2017.
6. Griffey M. *Organizational Behavior*. Tehran: Pearl Publishing; 1998.
7. Seligman ME, Csikszentmihalyi M. *Positive psychology: An introduction*. Flow and the foundations of positive psychology: Springer; 2014. p. 279-98.
8. Staufenbiel T, König CJ. A model for the effects of job insecurity on performance, turnover intention, and absenteeism. *Journal of Occupational and Organizational Psychology*. 2010;83(1):101-17.
9. Binkley S. Happiness, positive psychology and the program of neoliberal governmentality. *Subjectivity*. 2011;4(4):371-94.
10. Wright TA. Positive organizational behavior: An idea whose time has truly come. *Journal of Organizational Behavior: The International Journal*

- of Industrial, Occupational and Organizational Psychology and Behavior. 2003;24(4):437-42.
11. Jazayeri S, Nayami A, Shokrkan H, Ghaqipour M. a study of Simple and Multiple Relationships of Personality Characteristics with Professional Commitment among Nurses of Some Hospitals in Ahwaz. *Journal of Educational Sciences and Psychology, Shahid Chamran University of Ahwaz.* 2006;3(13):189-208.
 12. MEYER J, ALLEN N. *Commitment in the workplace.*(1997). London: Sage Publications.
 13. Moghimi SM. *Organization and Management,; Research Approach.* Second ed. Tehran: Terme Publishing; 2006.
 14. Sajadi H, Khamesipoor M, Hassanzadeh A, Vali L. Organizational commitment and job quitting among staff in Administrative chancellery of Isfahan University of Medical Sciences. *Iran Occupational Health.* 2009;6(3):37-40.
 15. BAHRI BN, Moghiman M, Atarbashi M, Garche M. The survey of relationship between job burnout and health status of midwives and nurses. 2003.
 16. Jahangir F, Pazargadi M, Mahfoozpoor S, Akbarzadeh Baghban A. The relation between organizational commitment, job satisfaction and personal factors among nurses in surgical wards of hospitals affiliated to shahid beheshti university of medical sciences. *Pejouhandeh.* 2007;12(5):407.
 17. Mahmoudi Rad G, Naim Hasani S. The Study of the Relationship between Job Burnout and Organizational Commitment of Nurses Working in Birjand Hospital in 2011. *Years of New Care.* 2011;10(4):92.
 18. Hodge EM, Ozag D. The Relationship between North Carolina Teachers Trust and Hope and Their Organizational Commitment. *Delta Pi Epsilon Journal.* 2007;49(2).
 19. Bakker AB, Schaufeli WB. Positive organizational behavior: Engaged employees in flourishing organizations. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior.* 2008;29(2):147-54.