







A study of organizational culture and organizational commitment among nurses at Afshar Hospital, Yazd

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Abstract

Background: A supportive and desirable Organizational Culture (OC) in hospitals leads to an increase in Organizational Commitment (OCom). When nurses lack commitment to their organization and their job, they may not perform their duties properly. The present study was conducted with the aim of investigating the organizational culture and organizational commitment among nurses at Afshar Hospital in Yazd city in 2024.

Methods: This descriptive cross-sectional study was conducted on 115 nurses. Sampling was performed using a stratified random method. The required data were collected using the Denison Organizational Culture Questionnaire and the Allen and Meyer Organizational Commitment Questionnaire. Descriptive analysis, independent t-tests, and ANOVA were used in SPSS 24.

Results: The findings indicated that the mean age of the nurses was 33.47 ± 8.12 years. The majority of the studied nurses were female, held a Bachelor of Science in Nursing, were married, and had over ten years of work experience. The mean score for OC was 123.66 ± 21.94 (Very good), and the mean score for OCom was 72.09 ± 3.93 (Moderate). The differences in the mean scores of OCom and OC were significant only based on the gender variable ($P < 0.001$).

Conclusion: It is necessary to prepare the ground for achieving optimal conditions, as any action leading to the promotion of OCom will increase the probability of organizational success, survival, and progress.

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Highlights

What is current knowledge?

In the conducted reviews, although extensive studies have been performed on organizational commitment and organizational culture, there is a noticeable lack of such studies in clinical settings, especially hospitals. Therefore, this study was conducted because, until now, no research has examined the status of these two variables among the nurses of Afshar Hospital in Yazd.

What is new here?

The organizational culture among nurses at Afshar Hospital in Yazd is at a very good level, while the organizational commitment of nurses in this hospital is at a moderate level. Although the nurses' organizational commitment is not undesirable, it is also not in its ideal or optimal state. Therefore, it is necessary for supervisors and relevant officials, being aware of the existing conditions, to prepare the ground for achieving the optimal state.

Introduction

The growth and progress of societies are closely linked to the advancement of their organizations, and the success of any organization in achieving its goals depends on its structure, organizational culture, and management strategies. Organizational Culture (OC) is akin to the soul breathed into the body of the organization, guiding and shaping the behavior and attitudes of its employees (1). OC refers to the core values, beliefs, and principles that serve as a solid foundation for the management system (2). It specifies the way things are done within the organization for the employees. Focusing on culture as the starting point for change grounds development in the organization's identity and its moral and spiritual values. A strong and innovative culture in a dynamic environment directs internal organizational forces toward the organization's goals (3).

The presence of a supportive and desirable OC in hospitals leads to improved quality of services provided (4), enhanced safety and error reduction (5), increased patient satisfaction (6), and, concerning employees, it leads to the betterment and promotion of the quality of work life (7), job satisfaction (8), reduced turnover and resignation (9), and ultimately, increased Organizational Commitment (OCom) (10).

Organizational Commitment (OCom) is a feeling of attachment and belonging to the organization that can foster involvement in job duties and enhance the feeling of connection with the organization (11). This attitude is influenced by the degree to which individuals recognize the organization's goals and values, the effort they put forth to achieve those goals, and their desire to remain within the organization (12). In other words, a person with OCom feels strong loyalty to the organization and identifies with it (13,14). Employees who possess high OCom exhibit greater flexibility in the face of changes (15). Job commitment plays a crucial role in patient service delivery and the quality of interaction with patients, especially in environments such as hospitals (16). Therefore, when an appropriate OC does not prevail in the workplace, employees tend to have less commitment and may seek opportunities to leave that job. Thus, OCom is an important attitude in assessing employees' intent to leave and their overall level of participation in the organization (17).

Given that nurses play a significant role in the healthcare system and constitute the largest portion of the healthcare workforce (18), and they operate in a stressful environment, their profession is highly sensitive and challenging, dealing with human lives. Conditions must therefore be provided to increase nurses' OCom so that they can properly perform their assigned duties. This is crucial because when nurses lack commitment to their organization and their job, they may not execute their responsibilities correctly, which can have irreparable consequences (19). In this context, research findings also indicate that OC is of great importance in the field of nursing work (20).

Based on the aforementioned points, which highlight the importance of OCom and OC and their impact on nurses' performance, and consequently, on better service delivery to patients, without real data on the current situation, hospital managers cannot determine why some departments face a lack of motivation. Therefore, understanding the status of these two components is a fundamental step toward improving the performance of patient care services and assisting managers in evaluating performance as well as in the training and development of staff. Therefore, the present study was conducted to examine the status of two variables - organizational culture and organizational commitment - among nurses of Afshar Hospital in Yazd, central Iran.

Methods

The present study was an applied and descriptive cross-sectional study conducted in 2024 at Afshar Hospital in Yazd. The required sample size was determined using the standard formula for estimating a population mean in descriptive studies:

$$n = \left(\frac{Z_{1-\frac{\alpha}{2}} \times S}{d} \right)^2$$

In this formula, *n* is the required sample size, $Z_{1-\frac{\alpha}{2}}$ is the standard normal deviate at the 95% confidence level ($Z = 1.96$), *S* is the standard deviation of the organizational culture score, and *d* is the desired absolute precision (Margin of error). To obtain an estimate of *S*, we used the results of a recent study that assessed nurses' organizational culture in hospitals using the Denison Organizational Culture Scale and reported a mean total score of 3.19 ± 0.58 on a 5-point Likert scale (21). The margin of error (*d*) was set at 0.11 units on the 5-point scale, representing a small but practically meaningful difference in the mean organizational culture score and consistent with general recommendations for specifying an absolute precision when estimating a mean in descriptive health research (22).

Substituting $Z_{1-\frac{\alpha}{2}} = 1.96$, $S = 0.58$, and $d = 0.11$ into the formula yielded a minimum required sample size of approximately 107 nurses. To increase the precision of the estimates and to compensate for potential non-response, this value was rounded upward, and 115 nurses were finally included in the study.

Inclusion criteria for the study required participants to have a minimum of one year of work experience. The exclusion criterion was an unwillingness to participate in the research.

The instruments used in this study were the standardized Denison Organizational Culture Questionnaire (2000) and the Allen and Meyer Organizational Commitment Questionnaire (1990). The Organizational Culture Questionnaire comprises 36 items and includes the following components: Involvement (Empowerment, team orientation, capability development); Consistency (Core values, agreement, coordination, and integration); Adaptability (Creating change, customer focus, organizational learning); and Mission (Strategic direction and intent, goals and objectives, vision). Scoring for this questionnaire is based on a 5-point Likert scale (Ranging from "Strongly Disagree," 1, to "Strongly Agree," 5). If the questionnaire scores are between 36 and 63, the OC level in the population is considered weak; scores between 63 and 90 indicate a moderate OC; and scores above 90 indicate a very good OC. The validity and reliability of this questionnaire were confirmed in the study by Kamraki et al., with a reported Cronbach's alpha of 0.88 (23).

The Organizational Commitment (OCom) Questionnaire includes 24 questions and has three dimensions: Affective commitment, continuance commitment, and normative commitment. The questionnaire is scored using a 5-point Likert scale (Ranging from "Strongly Disagree," 1, to "Strongly Agree," 5). In this questionnaire, the maximum possible score is 120 and the minimum is 24. Scores between 24 and 60 represent weak OCom, scores between 61 and 84 represent moderate OCom, and scores between 85 and 120 represent strong OCom. The validity and reliability of this questionnaire were confirmed in the study by Mahdibeigi et al., with a reported Cronbach's alpha of 0.93 (24).

Data analysis was performed using descriptive statistics, including frequency, mean, and standard deviation. After testing the normality of the data, it was found that the distribution was normal; therefore, independent *t*-tests and ANOVA were used. The significance level in this study was set at $P < 0.05$, and SPSS software version 24 was used for data analysis.

Results

The findings of the present study showed that the mean age of the nurses was 33.47 ± 8.12 years, with the majority of participants falling within the 23 - 33 age range. Sixty-nine of the nurses (60%) were female, and in terms of education level, the highest percentage of nurses (73.9%) held a Bachelor's degree. The findings also indicated that most nurses (49.6%) were married. The majority of the nurses studied (47%) had more than ten years of service experience (Table 1).

Table 1. Frequency distribution, mean, and standard deviation of demographic variables

Variable		Mean ± Standard deviation
Age		33.47±8.12
Variable		Frequency (%)
Gender	Male	46 (40)
	Female	69 (60)
Education level	Bachelor's	85 (73.9)
	Master's	28 (24.3)
	PhD	2 (1.7)
Marital status	Single	53 (46.1)
	Married	57 (49.6)
	Divorced	5 (4.3)
Work experience (Years)	≤ 5	28 (24.3)
	5 to 10	33 (28.7)
	>10	54 (47)
Age group (Years)	23-33	62 (53.9)
	34-44	36 (31.3)
	> 45	17 (14.8)

The mean and standard deviation for Organizational Culture (OC) were calculated as 123.66 ± 21.94 , indicating a very good level. Regarding the components of organizational culture, the highest mean was observed for the Mission Culture component (31.93 ± 6.39), and the lowest mean was found for the Consistency component (29.99 ± 5.92). The mean and standard deviation for Organizational Commitment (OCom) were 72.09 ± 3.93 , indicating a moderate level. Among its components, the highest mean was observed for Continuance Commitment (24.98 ± 2.58), and the lowest mean was for Normative Commitment (22.89 ± 2.55 ; Table 2).

Table 2. Mean and standard deviation of OC and its components, and OCom and its components

Variable	Mean ± Standard deviation
Involvement	31.26±6.30
Consistency	29.99±5.92
Adaptability	30.47±5.81
Mission	31.93±6.39
OC (Total)	123.66±21.94
Affective commitment	24.21±2.83
Continuance commitment	24.98±2.58
Normative commitment	22.89±2.55
OCom (Total)	72.09±3.93

After testing the normality of the data, it was found that the distribution was normal; therefore, independent *t*-tests and ANOVA were used. The difference in the mean score of OC was found to be statistically significant only based on the variable of gender. This indicated that the mean score for OC was higher in males than in females ($P < 0.001$, Table 3).

Table 3. Determining the mean score of OC based on demographic variables

OC score based on		Mean ± Standard deviation	P-Value
Gender	Male	126.78±2.85	< 0.001
	Female	121.59±2.81	
Education level	Bachelor's	124.81±2.42	0.470
	Master's	121.28±3.81	
	Ph.D	108.50±23.50	
Marital status	Single	124.50±2.75	0.880
	Married	123.21±3.08	
	Divorced	120.00±13.22	
Work experience (Years)	≤ 5	124.35±2.83	0.510
	6 to 10	120.03±4.29	
	> 10	125.53±3.16	
Age group (Years)	23-33	122.67±2.63	0.350
	34-44	122.02±4.06	
	> 45	130.76±4.98	

The difference in the mean score of OCom was found to be statistically significant only based on the variable of gender, indicating that the mean OCom score was higher in female nurses than in males ($P < 0.001$, Table 4).

Table 4. Determining the mean score of OCom based on demographic variables

OCom score based on		Mean (Standard deviation)	P-Value
Gender	Male	71.67±0.51	< 0.001
	Female	72.37±0.50	
Education level	Bachelor's	72.16±0.41	0.180
	Master's	72.25±0.81	
	Ph.D.	124.81±2.42	
Marital status	Single	72.05±0.54	0.850
	Married	72.21±0.53	
	Divorced	71.20±1.35	
Work experience (Years)	≤ 5	71.28±0.64	0.340
	6 to 10	72.75±0.74	
	> 10	72.11±0.53	
Age group (Years)	23-33	71.80±0.50	0.060
	34-44	73.25±0.67	
	> 45	70.70±0.69	

Discussion

The present study revealed that the Organizational Culture (OC) level at Afshar Hospital in Yazd is at a very good level. This finding is consistent with the study by Omid et al. (25), which examined the OC among nurses in hospitals affiliated with Tehran University of Medical Sciences and reported it as desirable. Similarly, the study by Salari et al. (26) showed that the mean OC score for the staff at Imam Khomeini Hospital in Jiroft was relatively high. In international studies, Foley et al. (27) in the USA and Liu and Cheng in Taiwan (28) also reported that nurses assessed the OC of their work environment as desirable, aligning with the results obtained in this research.

Numerous studies have evaluated the OC of hospitals in the country and have obtained differing results. For instance, the study by Mosaddeghrad et al. (29), which investigated the OC in nursing departments of Tehran hospitals, found that the OC in these departments was at a moderate level. The study by Rahmani et al. (30) also estimated the OC in the Oil Industry Health and Treatment Organization to be in a moderate state. The difference in the results regarding the level of OC in various studies may be due to the fact that the type and size of the research environment have a significant impact on this matter. As Parker et al. stated, the larger the hospital, the higher the probability of the existence of a bureaucratic culture within it (31).

The results of the present study showed that the mean Organizational Culture (OC) score had a significant difference based on gender, with male nurses having a higher mean OC score. The study by Marashi-an et al. (32) also indicated a significant difference in OC between women and men, with men reporting a higher OC. Other researchers, such as Ahmadi, (33) Yaghoubi et al., (34) Saffari et al., (35) and Avey et al., (36) have also stated that men enjoy a higher OC.

In recent years, many women have been employed in governmental and non-governmental sectors, but for various reasons, they have advanced less frequently to higher positions. Even in organizations where women work as specialists in high ranks, it is still not fully recognized that a workplace designed by men and its culture is not necessarily a suitable and supportive environment for women. Only specific organizations worldwide have created the necessary adaptations between their culture and work environment, allowing women to successfully pursue their professional paths while simultaneously preparing the ground necessary for their development and advancement.

While precisely identifying the factors that create obstacles in employment, especially in reaching higher ranks for women, is challenging, the composition and structure of organizations' workforce indicate a significant gap between women and men. Career experiences, managerial stereotypes, discrimination, male biases regarding women, as well as women's exclusion from formal and informal networks, and generally the lack of planning for women's activities as part of an organization's personnel, are among the issues that create barriers for women in internalizing organizational values and beliefs. These

discriminations, perceptions, and attitudes influence the standards for women's advancement and certainly become part of the influential OC and environment (32).

The results of the present study also showed that Organizational Commitment (OCom) at Afshar Hospital in Yazd is at a moderate level. Various studies have reported differing statuses for nurses' OCom. For example, the study by Nabizadeh et al. in Isfahan, which examined the correlation between nursing managers' delegation and nurses' OCom and job satisfaction, reported that OCom was at a moderate level for more than half of the nurses and at a high level for 21.5% of them (37). Ahmad and Oranye (38) also reported OCom at a moderate level for 68.1% of nurses. The study by Gholami et al., (39) which investigated nurses' perception of empowerment and its relationship with OCom and trust in hospital education, reported OCom to be at a moderate level among nurses. Other studies, such as those by Sepahvand et al., (40) Rezaei et al., (41) Khodadadi et al., (42) and Akbari Jabeli et al. (43), also reported OCom among nurses to be at a moderate level. Generally, citing the study by Bahroodi and Sharifi (44), it can be stated that OCom is at a moderate level for fifty percent of Iranian nurses.

The results of this research indicated that the mean OCom score was significantly higher in female nurses than in males. Research findings have shown a significant relationship between OCom and gender (43). This finding may be attributed to the fact that women face greater limitations and obstacles in achieving job positions; therefore, membership in the organization is more important to them, and after finding a job in the desired organization, they make more effort to retain their position and show greater commitment to their organization (45).

One limitation of the study was the non-cooperation of some nurses, which was partially overcome by explaining the objectives and importance of the project. Furthermore, the results of this research are limited to the nurses of Afshar Hospital in Yazd; therefore, caution should be exercised in generalizing the findings to other employees and organizations.

Conclusion

The findings of the present study revealed that the Organizational Culture (OC) among nurses at Afshar Hospital in Yazd is at a very good level, while the Organizational Commitment (OCom) of the nurses in this hospital is at a moderate level. Although the nurses' OCom is not unsatisfactory, it is not yet in its ideal and optimal state. Therefore, it is necessary for supervisors and relevant officials to be aware of the current situation and facilitate the transition to the desired condition, as any action that leads to the improvement of OCom will increase the probability of success, survival, and progress of the organization. Hence, measures must be devised to make the organization's human resources more committed. It is recommended that decision-makers and relevant managers endeavor to pay attention to and enhance both the OC and OCom variables among the nurses.

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Ethical statement

The researchers obtained the necessary ethical approvals for conducting this research (IR.SSU.SPH.REC.1403.038). Access to the hospital was arranged via an introduction letter. The interviewees entered the study with full consent, and the questionnaire was fully explained to them. Furthermore, participants could withdraw at any time during the interview, and there was no compulsion to complete the questionnaire. It was guaranteed that the collected information would be used only for this research.

Conflicts of interest

The authors declare that they have no competing interests.

Author contributions

M. K. R., S. R. M., and H. J. contributed to designing the study. S. R. M. and M. K. R. collected the data, E. Kh. and T. S. analyzed the data. H. J. drafted the manuscript. All the authors read and approved the final manuscript.

Data availability statement

The data supporting the results of this study are available from the corresponding author upon reasonable request.

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