

## Organizational Commitment and Work Satisfaction among Jordanian Nurses: A Comparative Study

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**Abstract:** In Jordan as in many other countries, the administration of healthcare services is a challenge. The variables of nurses' organizational commitment and work satisfaction are not well studied among Jordanian nurses. However, exploring those variables would improve the quality of healthcare services. Comparative cross sectional descriptive design was used to explore Jordanian registered nurses' organizational commitment and work satisfaction, and to compare those variables between nurses in ICUs and regular medical-surgical floors. The Organizational Commitment Questionnaire (OCQ) and the Minnesota Satisfaction Questionnaire (MSQ) short-form were used to measure nurses' organizational commitment and nurses' work satisfaction respectively. 210 registered nurses were selected from 8 Jordanian hospitals who met the eligibility criteria. A stratified randomized selection procedure was used for hospital selection. The findings of the study showed that ward nurses reported higher levels of organizational commitment and work satisfaction than unit nurses. In regards to organizational commitment subscales, significant differences were found in affective and continuous commitments. Also, significant differences between the two groups were found in subscales of work satisfaction including social services, moral values, recognition, responsibility, supervision/human relations, and supervision/technical. This study found that ICU is a stressful work setting for nurses who reported lower satisfaction and commitment. Findings of this study support the need for healthcare administrators to focus more on the ICU to make them more appealing for the nurses.

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### 1. Introduction

Work satisfaction is a widely studied concept in organizational research. Price (2001) defined work satisfaction as the employee's affective orientation regarding his or her work. Atwood & Hinshaw (1977) emphasized that nurses' job satisfaction is a subjective feeling of nursing staff towards their job and work situation. Employee's appraisal of job demands may result of either a positive emotional state of satisfaction or a negative feeling of dissatisfaction (Coomber & Barriball, 2007). Job satisfaction was an area of interest for researchers of different fields and many theories were proposed to explain the concept of job satisfaction such as Maslow's Hierarchy of Need Theory (Maslow, 1970) and Herzberg's Motivational Hygiene Theory (Herzberg, 1966). In nursing literature, job satisfaction was examined either as a predictor or as an outcome to different organizational behavior.

Literature supports the positive effects of nurses' job satisfaction on organizational, nursing, and patient outcomes. Increased level of nurse's job satisfaction was associated with different organizational behaviors such as decreased level of nursing turnover intentions (Applebaum, Fowler, Fiedler, Osinubi, & Robson, 2010; G. H. Han & Jekel, 2011; Simon, Muller, & Hasselhorn, 2010; Tsai & Wu, 2010), increased level of intent to stay (AbuAlRub, Omari, & Al-Zaru,

2009), positive patient outcomes (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002), and decreased level of absenteeism (Siu, 2002)

Nurses' job satisfaction was examined in number of research studies to show the sources of either job satisfaction or job dissatisfaction. Aiken et al. (2001) conducted a multinational research study to assess the level of dissatisfaction among nurses in five countries. Nurses' job dissatisfaction was the lowest in Germany (17%), followed by Canada (33%), England (36%), Scotland (38%), and the United States (41%). Another study found job dissatisfaction to be higher among British nurses compared to Australian nurses (Adamson, Kenny, & Wilson-Barnett, 1995). Nurses' job satisfaction may vary in regards to hospital unit. Boyle, Miller, Gajewski, Hart, & Dunton (2006) found that nurses in pediatric units had the highest level of job satisfaction, while the least levels of job satisfaction were among nurses working in surgical units and emergency departments.

The commitment of employees to their organization is another important area in organizational research. Organizational commitment was defined as "the psychological attachment felt by the person for the organization; it will reflect the degree to which the individual internalizes or adopts characteristics or perspectives of the organization" (O'Reilly & Chatman, 1986, p. 493). Weiner (1982)

defined organizational commitment as the totality of normative pressures towards meeting organizational goals and interest. Organizational commitment was conceptualized into three components including: affective commitment, continuance commitment, and normative commitment (Allen & Meyer, 1990; Meyer & Allen, 1991). Affective commitment is an individual's emotional attachment to, identification with, and involvement in a particular organization. Continuance commitment designates an individual's awareness of the costs linked to leaving the organization, while normative commitment reflects an individual's feeling of responsibility to remain in the organization.

Research studies examined organizational commitment and related it to different organizational behaviors. Researchers found that organizational commitment was positively associated with job satisfaction (Fang, 2001), negatively associated with intent to leave (Chang, Du, & Huang, 2006; Liou & Cheng, 2010). Also, Ingersoll, Olsan, Drew-Cates, DeVinney, and Davies (2002) found nurses' characteristics and organizational characteristics to affect nurses' organizational commitment, where organizational commitment was found to be significantly higher among nurses older than 50 years and nurses employed in urban areas. Conversely, nurses in critical care, medical-surgical, women's health, and psychiatric/mental health specialty areas had the least level of organizational commitment.

In Jordan, nursing shortage is a major problem that makes the administration of healthcare services a challenge (AbuAlRub, 2007; Al-Maaitah & Shokeh, 2009). In their study, Al-Maaitah and Shokeh (2009) reported that Jordan experienced a significant imbalances in its nursing workforce as evidenced by an inadequate supply of new female nurses and a surplus of male nurses. In addition, Al-Maaitah & Shokeh emphasized that not all needed female positions can be filled out by male nurses because of cultural and religious factors that prevent male nurses to care for female patients. Moreover, they found turnover rate among Jordanian nurses to be 35.9% from the years of 2003 to 2007.

Mrayyan (2007) surveyed a convenience sample of 433 nurses from both teaching and non-teaching Jordanian hospitals. The findings revealed that nurses were neither satisfied nor dissatisfied ( $M= 2.95$  out of 5,  $SD= 0.60$ ). In addition, Mrayyan found that the level of nurses' job satisfaction was higher in non-teaching hospital ( $M= 3.25$ ,  $SD= 0.66$ ) than teaching hospital ( $M = 2.90$ ,  $SD = 0.55$ ;  $P = 0.01$ ). AbuAlRub, Omari, and Al-Zaru (2009) compared the levels of nurses' job satisfaction in both public and private hospitals of a sample of 483 Jordanian nurses. The authors found that the level of nurses' job satisfaction

was higher in private hospitals ( $M= 3.04$  out of 5,  $SD= 0.65$ ) than public hospitals ( $M= 2.88$ ,  $SD= 0.48$ ). These studies support the idea that one of the determinants of nurses' job satisfaction is the type of setting such as teaching/non-teaching or public/private. Identifying other determinants of nurses' job satisfaction such as unit type and related unit factors could be helpful to get deeper understanding of the phenomenon of nurses' job satisfaction in Jordanian healthcare system.

The concept of organizational commitment is not well studied in Jordan. Despite that the concept of career commitment differs from the concept of organizational commitment, they can be related to each other in a way or another. Mrayyan and Al-Faouri (2008) surveyed a sample of 640 of Jordanian nurses, and reported that the average score of Jordanian nurses' career commitment was 3.53 out of 5 ( $SD= 0.78$ ). Nurses' career commitment in governmental hospitals ( $M = 3.42$ ,  $SD = 0.81$ ), teaching hospitals ( $M = 3.54$ ,  $SD = 0.77$ ), and private hospitals ( $M = 3.64$ ,  $SD = 0.76$ ) was not statistically different.

The purposes of this study are to (1) explore Jordanian registered nurses' work satisfaction and organizational commitment; and (2) compare those variables between nurses in ICUs and regular medical-surgical floors.

## 2. Material and Methods

This is an exploratory comparative study that used cross-sectional survey design. Data were collected using a self-reported questionnaire from Jordanian registered nurses who were working between June 2011 and November 2011.

The Jordanian healthcare system has four sectors including governmental, military, university, and private, with a total of 104 hospitals. Since the Military not allow outside scientists to perform research in their facilities, no military subjects were participated. Only those hospitals with a bed-capacity greater than 300 beds and having medical-surgical floors and intensive care units were approached. Therefore, 11 hospitals including six governmental, two university, and two private were included, among which eight hospitals were randomly selected. Participants were recruited from the population of RNs' who met the eligibility criteria, which included being an RN prepared with a Bachelor or Master degree in nursing, and have been working for at least one year.

The questionnaire package for this study contained three sections, where section one asked participants regarding their demographic and professional characteristics including gender, age, marital status, years of experience, yearly income, and

working area (ICU versus medical-surgical floor). Section two measured participants' Organizational commitment using the Organizational Commitment Questionnaire (OCQ) (Meyer, Allen, & Smith, (1993). The OCQ is a 23-item questionnaire that uses a 7-point Likert scale with a total of 161, with the higher scores indicating more organizational commitment. Also, the OCQ is divided into three subscale including affective (eight items that measures the sense of belonging and emotional attachment of the nurses to their organizations), continuance (nine items that measure nurses' perceived costs of leaving their organizations), and normative (six items that measure nurses' perceived obligation to remain in their organizations). (Feather & Rauter, 2004) used the MCQ among school teachers and reported an estimated Cronbach's alpha of .85.

The third section contained the Minnesota Satisfaction Questionnaire (MSQ) short-form, which is a 20-item questionnaire that measures work satisfaction using a 5-point Likert scale giving a total of 100, with higher scores indicating more work satisfaction (Weiss, Dawis, England, & Lofquist, 1967). Ben-Bakr & al-Shammari (1994) utilized the MSQ among nurses in Saudi Arabia and reported an estimated Cronbach's alpha of .91.

Before starting data collection, the ethical approval was granted by the Research and Ethics Committee at Faculty of Nursing/ University of Jordan and by the research and Ethics Committee at each participating hospital. Participation was voluntary and anonymous by assigning an identification number for each participant. Also, access to actual research information was restricted to the principal investigator. Furthermore, detailed information regarding the study purpose and participants' right was explained through a cover letter, and returning the filled out questionnaire was considered as an implied consent.

After obtaining the ethical approval, data collectors met the head nurses in the participating hospitals to explain the study's purpose and procedure. Then, a list of an estimated number of available nurses was prepared. Nurses were interviewed by data collectors and were asked to voluntarily participate. Those who accepted participation were handed the survey package, which contained a cover letter that explained the purpose of the study, guidelines for filling out the questionnaires, and the returning options. Participants were given the choice to fill out the questionnaire in hospital during their break time or to take it home. Also, they were told to return the filled out questionnaires to a special drop boxes assigned for this purpose in each unit.

Participants' responses were summed up in total scores of organizational commitment and work

satisfaction, which were calculated in mean scores and standard deviations. Furthermore, Chi-square was used to compare participants' characteristics between the two study groups (ICU versus medical-surgical floors). Also, t test for independent sample was used to compare organizational commitment and work satisfaction between nurses in ICU and medical-surgical floors. All statistical procedures were performed using the Statistical Package for the Social Sciences (SPSS-version 17) and produced at  $\alpha=0.05$  significance level (2-tailed).

Table 1. Sample Demographic Characteristics (Ward Vs Unit) (N= 210)

Characteristics	Ward (n= 110)	Unit (n= 100)
Gender		
Male	46	44
Female	64	56
Marital Status		
Single	53	59
Married	55	42
Income		
< 3500 JD/ Year	45	42
3500-5999JD/ Year	38	36
> 6000JD / Year	27	22
Age in Years		
22-29 Yrs	75	65
30-39 Yrs	30	24
40-49 Yrs	4	9
50 Yrs and above	1	2
Nursing Experience		
1-10 Years	88	83
11-20 Years	17	14
21-30 Years	5	3

### 3. Results

Out of 300 invitees, 213 accepted to participate (response rate 71%) with three incomplete questionnaires (N= 210). The majority of the participants were females (57.7%, n= 123), singles (53.1%, n = 113), and prepared with baccalaureate degree (82%, n= 172). Their age ranged from 22 to 52 years old, and the number of years of working experience varied from less than two years (25%), between 2-6 years (50%), and 25% had more than 6 years of nursing experience. Table 1. presents the demographic characteristics among the sample subgroups (ward Vs Unit).

A series of t tests were used to compare participants' organizational commitment between ward and unit nurses (Table 2). The mean score for the organizational commitment scale was 103.68/161 (SD = 24.98) for the ward nurses, which was significantly higher than the score for the unit nurses

(90.94, SD= 17.38) ( $t = -4.23$ ,  $p = 0.000$ ). In terms of the subtypes of the organizational commitment, analysis results showed that the significant differences were in affective and continuous commitments ( $t = -4.48$ ,  $p = 0.000$ ;  $t = -4.26$ ,  $p = 0.000$ , respectively). However, no statistically significant difference was found regarding normative commitment ( $t = -2.20$ ,  $p = 0.290$ ).

The mean satisfaction score was 68.72% (SD = 18.81) for the ward nurses and 62.67 (SD = 13.7) for

the unit nurses (Table 3). A statistically significant difference was found between the two groups ( $t = -2.65$ ,  $p = 0.009$ ). Item analysis of job satisfaction revealed that ward nurses significantly scored higher than unit nurses in social services ( $t = -2.44$ ,  $p = 0.015$ ), moral values ( $t = -2.47$ ,  $p = 0.014$ ), recognition ( $t = -2.24$ ,  $p = 0.026$ ), responsibility ( $t = -2.41$ ,  $p = 0.016$ ), supervision/human relations ( $t = -2.34$ ,  $p = 0.020$ ), and supervision/technical ( $t = -2.13$ ,  $p = 0.034$ ).

Table 2. Comparison of Organizational Commitment Subscales (N = 210)

Variable	Ward (n = 110) M (SD)	Unit (n=100) M (SD)	t	P
Organizational Commitment	103.68 (24.98)	90.94 (17.38)	-4.23	<b>0.000</b>
Affective Commitment	34.56 (8.74)	29.85 (6.15)	-4.48	<b>0.000</b>
Normative Commitment	26.04 (8.69)	23.65 (6.83)	-2.20	0.290
Continuous Commitment	43.1 (10.24)	37.49 (8.67)	-4.26	<b>0.000</b>

Table 3. Differences (Ward Vs Unit) of Job Satisfaction (n = 210)

Variable	Ward (N = 110) M (SD)	Unit (N=100) M (SD)	t	P
Job Satisfaction	68.72 (18.81)	62.67 (13.7)	-2.65	<b>0.009</b>
Ability Utilization	3.28 (1.19)	2.99 (1.17)	-1.80	0.073
Achievement	3.37 (1.17)	3.11 (1.02)	-1.72	0.086
Activity	3.21 (1.32)	3.04 (1.29)	-0.94	0.348
Advancement	3.45 (1.23)	3.19 (1.28)	-1.48	0.140
Authority	3.66 (3.18)	3.12 (1.22)	-1.61	0.108
Company Policy	3.32 (1.32)	3.09 (1.21)	-1.30	0.194
Compensation	3.28 (1.33)	3.21 (1.21)	-0.43	0.665
Co-workers	3.83 (4.68)	3.24 (1.14)	-1.23	0.219
Creativity	3.58 (1.15)	3.44 (1.25)	-0.88	0.378
Independence	3.63 (1.17)	3.35 (1.31)	-1.64	0.103
Security	3.55 (1.14)	3.47 (1.31)	-0.47	0.637
Social Services	3.49 (1.25)	3.06 (1.31)	-2.44	<b>0.015</b>
Social Status	3.27 (1.31)	3.06 (1.17)	-0.64	0.518
Moral Values	3.48 (1.24)	3.06 (1.23)	-2.47	<b>0.014</b>
Recognition	3.45 (1.22)	3.07 (1.21)	-2.24	<b>0.026</b>
Responsibility	3.50 (1.17)	3.08 (1.34)	-2.41	<b>0.016</b>
Supervision (Human Relations)	3.64 (1.19)	2.84 (1.23)	-2.34	<b>0.020</b>
Supervision (Technical)	3.42 (1.18)	3.08 (1.12)	-2.13	<b>0.034</b>
Variety	3.29 (1.30)	3.14 (1.23)	-0.86	0.386
Working Conditions	3.39 (1.18)	3.12 (1.26)	-1.60	0.109

#### 4. Discussions

This is a descriptive comparative study that aimed at comparing work satisfaction and organizational commitment between Jordanian nurses in ICUs and regular wards. It was noteworthy that nurses in both work settings (ICU & ward) reported moderate work satisfaction (68.7% and 62.7%, respectively) and organizational commitment (64.4% and 56.5%, respectively). These figures are close to those reported by Malaysian (56% and 64.5%) and British nurses (62% and 54%) (Ahmad & Oranye,

2010). Jordanian nurses continued to have this neutral position of being neither satisfied nor dissatisfied (Mrayyan, 2006). However, participants' satisfaction and organizational commitment were less than those reported among Turkish healthcare providers (Kaplan, Ogut, Kaplan, & Aksay, 2012) and Korean nurses (S. S. Han, Moon, & Yun, 2009). Such differences could be attributed to slow salary increases and the unattractive nursing work environments (AbuAlRub, 2007). Another explanation for this difference represents the Jordanian nurses' desire to leave

Jordan, especially to the Gulf area, looking for better salary (76.6% of the participants had a yearly income of less than \$8500) and work conditions. This difference is considered an alarming situation for Jordanian nursing workforce, which is suffering from shortage of female nurses as the shortage is likely to put extra burden on remaining nurses and increase their work-related stress (Lu, Barriball, Zhang, & While, 2012).

Generally, ward nurses significantly reported higher work satisfaction and organizational commitment. Such result goes with what was reported by Rafferty et al. (2007) who found nurses with the heaviest workload (like ICU nurses) to have negative work outcomes. Also, examining the subscales of the organizational commitment scale revealed that the significant differences between ICU and ward nurses were in affective and continuance commitment, with no significant difference in normative commitment. This indicates that the ICU nurses had lower emotional attachment to their organizations and perceive lower costs for leaving their organizations, which can be explained by the extremely stressful work environment in the ICU (Ruggiero, 2003). Healthcare administrators and policy makers need to focus more on ICUs and try to modify the work environment there to make more appealing for the ICU nurses to increase their organizational commitment and work satisfaction. The alarming point is that nurses in both settings do not perceive the obligation to stay in their organization, which has the potential to deepen the problems of turnover and shortage among the Jordanian nursing workforce.

This study had many contributions among which being the first Jordanian study to compare between ward and units nurses' satisfaction and organizational commitment is the most important. Also, this study focused light on in the ICU as a stressful work setting for nurses who reported lower satisfaction and commitment. However, using self-reported questionnaires is considered among the limitations of this study, which limits the generalizability of the study results. Also, many nurses were found to be very busy during the time of data collection, which affected the response rate for this study.

This study is the first to compare work satisfaction and organizational commitment between Jordanian nurses in ICUs and regular wards. Ward nurses reported higher satisfaction and organizational commitment, which constitutes an alarm for Jordanian healthcare administrators to focus more on the ICU to make them more appealing for the nurses.

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