

The Role of predictive perception of organizational power on Organizational Commitment in Nurses – A Descriptive Correlational Study

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ABSTRACT

Background: Perception of organizational power in the nursing profession is a complex and multifaceted concept. Organizational commitment has potential and serious effects on the performance of the organization and can be a good predictor of organizational effectiveness.

Aim: To explore role of predictive perception of organizational power on Organizational Commitment in Nurses.

Methods: This study was a descriptive correlational research conducted on 200 nurses who working in Imam Khomeini, Ayatollah Taleghani, Motahhari, Seyed Shohada hospitals in urmia, Iran. Using The King Model Organizational power Questionnaire and the Allen and Meyer Organizational Commitment Questionnaire data collection was done. The data obtained from the questionnaires were statistically analyzed by SPSS software version 16 with Pearson correlation analyze.

Results: The finding showed that the mean and standard deviation of organizational power and organizational commitment of the participants were respectively 101.6 ± 36.36 and 58.64 ± 36.73 which were in the moderate level.

Conclusions: If an employer needs a highly motivated, innovative, productive human resource, the importance of organizational power and organizational commitment should not be forgotten. It is obvious that high organizational power and organizational commitment will avoid turnover intention and actual turnover.

Keywords: Organization, Power, Commitment, Nurse, Descriptive

INTRODUCTION

Perception of organizational power in the nursing profession is a complex and multifaceted concept, the word power in this profession is considered and has a definition appropriate to the type of society and its specific(1). Generally, organizational strength and its understanding in the nursing profession has an impact on organizational progress and this makes nurses have a significant performance in their duties. Perceptions of power also have implications for health policies, organizational structure, and nursing practice, and when power is lacking or not used, others make decisions about the nursing profession(2). But understanding power and how to use it is one of the ways to succeed in nurses' work, and although power is an abstract concept; But some factors such as the position of nursing in the organization, resistance to external forces, the importance of the role of nurses in the organization, the resources available to achieve the goals and the ability of nurses affect this (3-4).

The history of power in the nursing profession reflects the fact that by gaining power, nursing associations have been able to establish professional standards related to nurses' working hours, salaries and adjustment of work rules, which are positive changes in the working environment of nurses(5).

Nurses strive to maintain the benefits of power as long as they understand it; because empowerment is a tool to strengthen the position of the profession and all

professions try to dominate other sub-categories by promoting themselves and enhance their empowerment with potential changes in the role (6).

Organizational commitment has potential and serious effects on the performance of the organization and can be a good predictor of organizational effectiveness. Therefore, ignoring it is detrimental to the organization and will lead to many costs (7).

Committed people are like a source of energy and power that powerfully pursues their ideals and goals. Individuals who are committed to existing laws and structures do not limit themselves to it. If they see a law or structure in front of their ideal, they try to change it and remove the existing obstacles (8). Because in today's changing and competitive environment, employees are considered a key asset, therefore the discussion of organizational commitment is very important (9).

Despite the constructive effects of organizational commitment in the nursing profession, today the above category is less addressed and the reduction of organizational commitment in nurses has led to unfavorable organizational results such as nurses leaving the service. This has led to unfavorable social behavior, lack of cooperation and increased job stress and lack of proper care for patients, as well as increased displacement, which the international community is currently suffering from due to a lack of employee commitment (10-11).

Given that organizational strength in the nursing profession is a factor affecting organizational productivity,

correct performance of tasks and also the ambiguities in this area and undesirable organizational commitment in many cases, the present study aims to determine the role of nurses' perception of organizational strength on commitment. Their organization was designed and carried out. It is hoped that this will pave the way for future planning to strengthen this sense in nurses and at the same time improve job satisfaction and organizational commitment

METHOD

Study design and participants: This study was a Descriptive Correlational to investigate the predictive role of perception of organizational power on the level of organizational commitment of nurses working in medical education centers in Urmia including Imam Khomeini, Ayatollah Taleghani, Motahhari, Seyed Shohada hospitals. In this study, the sample size was estimated based on the results of the study of Valizadeh et al. In 2012 (12) with the aim of determining the nurses' perception of organizational strength in the nursing profession. Criterion of nurses' average perception of organizational strength; The maximum sample size of 178 nurses working in educational and medical centers of Urmia affiliated to Urmia University of Medical Sciences was estimated. In order to prevent bias in not responding to the study or not completing the questionnaires, 200 nurses instead of 178 and from each of the mentioned hospitals in proportion to the number of nurses were randomly selected by random sampling table using a random sampling table.

Inclusion criteria included: willing to participate in the study, at least 6 months of work experience in the nursing profession, not working in two hospitals at the same time and lack of managerial background. Unwilling to stay in the study was considered exclusion criteria.

Instruments: The first part was related to demographic information, including age, gender, marital status, level of education, work experience and living status.

Organizational power questionnaire was used to assess nurses' perceptions of organizational power and organizational commitment questionnaire was used to assess nurses' organizational commitment

The King Model Organizational power Questionnaire has 63 questions in the following areas: a) 7 items related to the control of environmental factors (such as I as a nurse working with other units in the hospital to achieve the goals of the organization or the achievements of the nursing office pave the way for change is positive in the health care system). B) 4 items about the situation (such as the power of the nursing office increases due to communication with other hospital units or the capabilities of nurses are valued by other hospital staff). C) 3 items about role play (such as the nursing office is responsible for the development of the organization's goals or the nursing office has a leading role in the implementation of nursing care). D) 6 items about resources (such as the amount of manpower recruitment in the nursing profession meets the existing needs or nursing professionals provide sufficient resources to staff). F) 3 items about proper communication (such as the power of the nursing office increases as a result of communication with other hospital units or the nursing office is a symbol of

group decision-making in the organization). H) 4 items regarding the competence of supervisors (such as the nursing manager uses the cooperation of other units of the organization to achieve goals, or the nursing manager has an active role in decision-making within the organization). G) 4 items about achieving the goal (such as in order to achieve the desired goals, the nursing unit must have a clear definition of the desired goals). E) 5 items about the power perspective (such as to ensure the achievement of organizational goals, the existence of power is an essential component, or power facilitates the achievement of goals). This tool is prepared based on the Likert scale of 5 options and the general range of nurses' perception scores on the organizational strength of the nursing profession is between 36-180, and the options are completely agreed 5, agree 4, have no opinion 3, disagree 2 and strongly disagree 1. Accordingly, the scores of the participants in the study were divided into three levels: weak; 36-80, average; 81-125 and good; 126-180. The validity of the King Model Organizational power Questionnaire was calculated using the content validity and its reliability by retesting and was equal to 0.89 (13).

The Nurses' Organizational Commitment Assessment from the Allen and Meyer Organizational Commitment Questionnaire includes 24 questions in three dimensions of emotional commitment (questions 1 to 8), continuous commitment (questions 9 to 16), and normative or task commitment (questions 17 to 24). These statements are based on a five-point Likert scale of Strongly Disagree (Score 1), Disagree (Score 2), Don't Know (Score 3), Agree (Score 4), and Strongly Agree (Score 5), with participants choosing one of five options. , Will indicate their level of agreement in each statement. Organizational commitment scores are classified into three levels: low (0 to 33), medium (34 to 66) and high (67 to 100). Higher scores indicate higher organizational commitment (14). Allen and Meyer Organizational Commitment Questionnaire has been used many times in Iran and even in research related to the field of nursing (15-16). The internal consistency of this instrument is equal to $\alpha = 0.87$ and the stability of the instrument is equal to $r = 0.93$ (17).

Data collection: First, we obtained permission from the research and ethics committee of Urmia University of medical science. Then, we visited Imam Khomeini, Ayatollah Taleghani, Motahhari, Seyed Shohada hospitals and obtained permission from the relevant authorities to use practice room and discussed about our study process. The researcher referred to Urmia Medical Sciences Educational and Medical Centers for sampling and 200 nurses were selected from each of the mentioned hospitals in proportion to the number of nurses by random sampling method and in coordination at the appropriate time after introducing the research objectives and justifying the questioners. Based on the informed consent, the questionnaires were presented to the subjects and they were asked to answer the questions according to the set goals and they were asked to answer the questionnaires related to organizational power and organizational commitment. They can fill in the appropriate time or if they wish, they can take the above questionnaire home with them and deliver it to the researcher in the next shift. Then, after completing the questionnaires by the nurses, the

questionnaires were collected by the researcher and finally analyzed according to the objectives.

Data analysis: 200 nursing students were entered into the analysis. We used the Kolmogorov–Smirnov test to determine normal distribution of data. The data obtained from the questionnaires were statistically analyzed by SPSS software version 16. For quantitative data, indicators such as mean and standard deviation were reported, and for qualitative data, absolute frequency and percentage were reported. Pearson correlation was used to determine the predictive power of perception of organizational power with the organizational commitment of nurses working in medical centers in Urmia.

RESULTS

Findings showed (Table 1) that the majority of participants (71%) were women and most of them (78%) were residents of the city. Also, 77.5% of the participants were married and the rest (22.5) were single. Of the 200 participants in the study, 168 (84%) had a bachelor's degree in nursing and only 32 (16%) had a master's degree in nursing. Also, the majority (60.5) of the research units had work experience between 5-10 years and the mean and standard deviation of age of the participants was 29.35 ± 4.77 .

The finding showed (Table 2) that the mean and standard deviation of organizational power of the participants was 101.6 ± 36.73 that the results were at a moderate level based on the scoring of the relevant questionnaire. The mean and standard deviation of organizational commitment of participants was 58.64 ± 36.73 which was in the moderate level.

According to Pearson correlation test (Table 3), there is a statistically direct and significant relationship between organizational power scores and organizational commitment of participants in the study ($r = 0.738$, $P < 0.001$)

Table 1: Demographic characteristics of the participants in the study

Variables		Number	Percent
Gender	Female	142	71
	Male	58	29
Marital status	Single	45	22.5
	Married	155	77.5
Living status	Rural	44	22
	Urban	156	78
Level of education	Bachelor of science	168	84
	Master of science	32	16
work experience	<5 years	55	27.5
	5-10 years	121	60.5
	11-15 years	8	4
	>15 years	16	8
Age	Mean	29.35	Standard deviation
			4.77

Table 2: Organizational power and organizational commitment of participants in the study

Variables	Number	Mean	Standard deviation
Organizational power	200	101.06	36.73
organizational commitment	200	58.64	19.50

Table 3: The relationship between organizational power and organizational commitment of participants in the study

Variable	Correlation	Sig.
Organizational power and organizational commitment	0.738	$P < 0.001$

DISCUSSIONS

The result showed that organizational power of the participants was in a moderate level. Also, the result showed that organizational commitment of participants was in the moderate level. Finding revealed that there is a statistically direct and significant relationship between organizational power scores and organizational commitment of participants in the study.

In line with our result, Chang et al (2015) showed that with increasing organizational support, nurses' satisfaction and commitment increased and with lack of organizational support, a significant decrease in these variables was achieved (18). Increasing organizational support creates a sense of belonging in nurses, which in turn affects job satisfaction and organizational commitment. This should be especially important for managers who manage nurses. Lu et al (2017) also showed nurses' satisfaction is effective on not getting sick early, accepting leadership role, job performance, organizational commitment, effort style and reward, and hospital nurses' job satisfaction is affected by work environment, organizational strength, organizational commitment, work experience. The researchers concluded that increasing organizational commitment is a complex phenomenon caused by multiple factors and should be considered by other researchers for further research (19).

Valizadeh et al (2012) showed there was a relationship between work experience and nurses' perception of environmental pressures, role-playing and supervision, and age with the subset of the effect of environmental pressures and role. The researchers concluded that based on these results, the need to clarify the definition of power and its organizational processes by introducing nurses to nursing models and changing the management structure, applying appropriate strategies and providing the necessary measures for independent decision making of nurses in Introduces a medical system to enhance the organizational strength of nurses (12).

In line with our result, jahanir et al (2017) showed that Organizational commitment was at a moderate level and a positive and statistically significant correlation was observed between job satisfaction and procedural justice with organizational commitment. In the end, the researchers suggested to the hospital officials and managers in order to maintain the nursing staff to provide better conditions for nurses' satisfaction and improve nurses' understanding of the existence of justice in the organization by dealing more fairly in different areas and situations (20). Berberoglu et al (2019) showed that organizational climate is highly correlated with organizational commitment and perceived organizational performance. Simple linear regression outcomes indicated that organizational climate is significant in predicting organizational commitment and perceived organizational performance (21).

In contrast to our study, daneshfard et al (2014) showed that the goal component in performance and the

emotional commitment component of organizational commitment had the highest and strongest dimensions. Also, job satisfaction, which has a significant effect on organizational commitment with an intensity of 87%, affects the efficiency of the company's employees. Also, the coefficient of determining organizational commitment and job satisfaction on employee efficiency was calculated to be 65% (22). Some researchers believe that the importance of creating organizational commitment is due to its relationship with work behaviors such as absenteeism, leaving the job, job satisfaction, work involvement, performance and supervisor relationships with subordinates (23).

There are many reasons why an organization should increase the level of organizational commitment of its members. First, organizational commitment is a new concept and is generally different from dependency and job satisfaction. For example, nurses may like what they do but be dissatisfied with the hospital where they work, in which case they will look for similar jobs in other similar settings. Or, conversely, restaurant waiters may feel positive about their work environment, but hate waiting at tables or their job in general. Second, research has shown that organizational commitment has a positive relationship with outcomes such as job satisfaction, presence, extra-social organizational behavior and job performance and a negative relationship with the tendency to leave the job (24).

Also, if power is used in the organization to advance the goals and interests of the organization and its members, then power is a positive phenomenon and its use is not prohibited; however, if organizational power is at the service of individual and personal interests, it will be considered a negative phenomenon (25).

Our study has several limitations. First, the presence of some environmental, behavioral and psychosocial factors that could have an impact on answering questions and completing questionnaires and the researcher has no control over them. Second, Current study tried to reach a sample size, which would produce more reliable results that can be generalized to the universe of the study. Thus, as a result of the communication problems and unwillingness of the staff in one hospital, that hospital had to be taken out of the sample, which is the most important limitation of the study.

CONCLUSIONS

The results of this study revealed that the organizational power and organizational commitment of the participants were in a moderate level.

To sum up, if an employer needs a highly motivated, innovative, productive human resource, the importance of organizational power and organizational commitment should not be forgotten. It is obvious that high organizational power and organizational commitment will avoid turnover intention and actual turnover. Every employee has different kinds of needs and expectations and it is impossible to satisfy every need and expectation of the employees. Both employee and employer should try to generate a working condition that they will work in a happy,

motivated and productive atmosphere to reach the certain goals.

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