International Journal of Environmental Sciences
ISSN: 2229-7359
Vol. 11 No. 23s, 2025
https://theaspd.com/index.php

Organizational Commitment Among Nurses: The Case of a University Hospital in Morocco

Aitouma Ahlam[1,2,*], Ahizoune Sakhr[1,3], Bouferma Younes[4], Jaa Mustapha[4], Elkhalloufi Fahd[4], Ech-chafiy Ahmed[5], Belrhiti Zakaria[6]

[1]National school of public health, Rabat, Morocco
[2]Faculty of Medicine and Pharmacy Mohamed V University, Rabat, Morocco
[3]Research team in care and biology health care ,health and sustainable developemnt laboratory ,Higher institute of Nursing and Health technology Casablanca,Morocco
[4] Higher institute of Nursing and Health technology , Rabat, Morocco
[5]Higher institute of Nursing and Health technology , Marrakech, Morocco
[6]Mohammed VI University of Health Sciences

***Correspondence to author's :**Aitouma Ahlam, National school of public health, Faculty of Medicine and Pharmacy Mohamed V University, Rabat, Morocco, E-mail: ahlamensp82@gmail.com

Abstract

Introduction : *Nurses' organizational commitment is a crucial factor in achieving the objectives of hospital organizations. The present study aims to describe organizational commitment among nurses at the specialty hospital affiliated with the IBN SINA University Hospital Center in Rabat.*

Method: *descriptive study. The quantitative survey was conducted among nurses at the specialty hospital. A sample of 160 participants was selected using a random sampling method. Based on a deductive approach, the data collection tools included a questionnaire on sociodemographic characteristics and a questionnaire by Allen and Meyer. Data analysis was performed using SPSS.13. The one-way ANOVA test was used to determine the relationship between organizational commitment and sociodemographic characteristics.*

Results: *The majority of nurses (72%) had a low level of organizational commitment. Significant associations were identified between organizational commitment and the age of participants (p=0.03). Between affective commitment, gender (p=0.01) and age (p=0.006). Between continuity commitment, seniority in the position (p=0.02) and age (p=0.01).*

Conclusion: *Considering the low level of organizational commitment among participants in this study, decision-makers should take the necessary measures to improve the organizational commitment of nursing staff at specialty hospitals.*

Keywords: *Organizational commitment – nurses – sociodemographic characteristics*

INTRODUCTION

Organizational commitment (OC) is a psychological state that characterizes the relationship between an employee and their organization, thereby influencing their decision to remain with the company or not (1). There are three forms of attachment (desire, necessity, obligation) corresponding to three dimensions of emotional, continuance, and normative commitment (2). These three forms of organizational commitment are not mutually exclusive and take on relative importance depending on the evolution of the employment relationship (3). Nevertheless, most authors argue that affective commitment is the most significant form for the organization, as it is more strongly linked to organizational performance indicators (4). Affective commitment is the "desire" component, which is defined as the employee's positive emotional attachment to the organization. An emotionally committed employee strongly identifies with the organization's goals and desires to continue to be part of it (2). Emotional commitment is characterized by three related factors: a strong belief in and acceptance of the organization's goals and values; a willingness to make considerable efforts on behalf of the organization; and a strong desire to remain a member of the organization (5).

Continuity commitment is the "need" or "gains versus losses" component of working in an organization (6). An individual must commit to the organization because they perceive a high cost to losing their membership in the organization. Continuity commitment is entirely a consideration of employees' vested interests (7). Whether the employee can maintain their commitment to continuity depends on two factors: external employment opportunities; and the costs of leaving the organization, including accumulated investment or derived benefits (7).

Normative commitment means that the individual commits to and remains with an organization because of feelings of obligation (2). It may also reflect an internalized norm, developed before the person joined the organization through family or other socialization processes, that one should be loyal to one's organization. A previous study illustrates normative commitment by the fact that the organization invests resources in training an employee, who then feels a "moral" obligation to work hard and remain in the organization to "repay their debt" (8).

In Morocco, the healthcare system suffers from an acute shortage of nursing staff (0.9/1,000 inhabitants), low commitment among healthcare personnel, and limited room for maneuver in terms of human resource management by local managers (9,10). This has consequences for the quality of care, efficiency, and profitability of hospital organizations (11).

In low- and middle-income countries, very few studies have assessed the degree of organizational commitment of nurses in hospitals (12). This is particularly important given that, in hospitals, nurses are the first point of contact for patients and their families with healthcare services and are a key element of the patient-centered approach (13).

Thus, the objective of our study is to describe the organizational commitment of nurses at the Ibn Sina University Hospital Center in Rabat.

MATERIALS AND METHODS

Study type or design: This is a descriptive study with a single case study design. The aim of this study is to describe the level of organizational commitment among nurses at the Rabat Specialty Hospital.

Description of the study environment: The Rabat Specialty Hospital was chosen as the study site. The choice of hospital is explained by the high number of departures (early retirement, resignation, etc.) of nurses, turnover, absenteeism, and accessibility to the research team. It is a specialized university hospital with a national focus. It brings together five closely related specialties: neurology, neurosurgery, otorhinolaryngology, maxillofacial surgery, and ophthalmology.

Target population and sampling: The population of our study is approximately 284 nurses.

Inclusion criteria: Nurses working in the hospital's specialties with more than one year of experience who have signed a free and informed consent form to participate in the study.

Exclusion criteria: Nurses who have been newly recruited (less than one year) to the hospital or who refuse to participate in the study are excluded.

Sampling method: The method chosen was random probability sampling, as we had a list for the survey base at the level of the hospital's various clinical and medical-technical departments.

Sample size: The sample was calculated using epi info software via STATCALC version 7.2.4.0. For a population of 284 nurses and healthcare technicians at the specialist hospital, with a confidence level of 95% and a margin of error of 5%, the number of subjects included is n= 163 participants.

Data collection methods and tools:

The study used data collected through self-administered questionnaires. The questionnaire consists of two sections: section 1 deals with sociodemographic characteristics, and section 2 is intended to describe nurses' commitment using Meyer's adapted questionnaire (1). The organizational commitment questionnaire is a tool that uses a self-assessment format for the three categories defined above, namely affective commitment, continuity, and normative commitment. This self-assessment consists of 16 items. The questions aim to determine the levels of commitment for each of the above categories. This tool uses a 5-point Likert scale linked to each dimension. Its acceptance as a measurement tool for the construct is supported by several validation studies in French-speaking contexts (14). Based on the literature, the psychometric qualities of the organizational commitment measurement scale are satisfactory. Its reliability, measured by Cronbach's alpha, ranges from 0.74 to 0.90 (15). Respondents were asked to rate their level of organizational commitment on a scale of 1 to 5 (1: strongly disagree, 2: disagree, 3: moderately agree, 4: agree, 5: strongly agree). The scores are converted to a scale of 0 to 100. A total score below 60 indicates low commitment to the hospital, an average score between 60 and 91.5 indicates moderate commitment, and a total score above 91.5 indicates higher commitment to the organization (1).

Data analysis:

Once the data were collected, the questionnaires were checked for accuracy (data cleansing), consistency, and completeness. The data were analyzed using descriptive statistics. Tables are used to present the results. SPSS.13 software was used.

RESULTS

A total of 163 questionnaires were distributed at the hospital. Of this total, 110 questionnaires were returned duly completed. This represents a response rate of 67%.

Table1:Socio-demographic characteristics of participants

Socio-demographic characteristics		Workforce	%
Gender	Female	78	70.9
	Male	32	29.1
Age	Under30 years	32	29.1
	Between30 and 40 years	54	49.1
	Between40 and 50 years	4	3 .6
	Over 50 years	20	18.8
Profil	Nurse	68	61.8
	Technician profile	42	38.2
Seniority	Less than5 years	22	20.0
	Between5 and10 years	10	9.1
	Between10 and15 years	48	43.6
	15 to 20 years	9	8.2
	Over 20 years	21	19.1
Academic training	Bachelor's degree	83	75.5
	Master	9	8.2
	Doctorate	2	1.8
	Other	16	14.5

In the table above, the majority of respondents were women (70.9%). People aged 30 to 40 represent (49.1%) of respondents, while (29.1%) are under 30 years old, and 18.8% belong to the over-50 age group. This indicates that the majority of study participants are young. Table 1 shows the distribution of respondents in terms of seniority in the hospital. The results show that 43.6% of respondents have 10 to 15 years of professional experience in the specialty hospital. Meanwhile, 20% had worked for less than 5 years and 19.1% had more than 20 years of professional experience. The same table above shows that the majority (75.5%) of respondents had a bachelor's degree, while (10%) had a higher degree (8.2% had a master's degree, 1.8% a doctorate) and (14.5%) of participants had a nursing assistant diploma.

Table 2: Measuring the degree of organizationalcommitment and itsthree dimensions among nurses

Organizational commitment dimensions	**Low**:<60%	**Moderate**: between 60% and 91.5%	**Elevated**: >91.5%

Affective commitment	76	22	2
Commitment to continuity	48	45	7
Normative commitment	57	41	2
Organizational commitment	72	26	2

Table 2 reveals that 76% of participants have a low score for affective organizational commitment. This shows that respondents largely disagree with statements of affective commitment to the hospital. 48% of participants perceive their degree of continuity commitment to be less than 60%. This means that respondents have a low attitude toward organizational commitment to continuity. This could be attributed to the diversity of employment opportunities within the nursing profession in general and, as a result, unemployment is not a major concern for hospital nursing staff. 57% of study participants scored less than 60% for their level of normative commitment. This result implies that, overall, nurses do not feel a sense of continuing to work for the hospital because they do not have a strong sense of moral obligation to stay.
The same table shows that almost the majority (72%) of participants showed low organizational commitment.

Table 3: Comparisons (mean ± standard deviation) and correlations between overall organizational commitment and its three dimensions with participants' socio-demographic characteristics

	Affective commitment	**Commitment to continuity**	**Normative commitment**	**Global organizational commitment**
Gender				
Female	47.13±18.07	58.25±14.97	55.28±14.90	53.55±12.48
Male	56.97±17.58	61.75±20.89	56.25±13.77	58.32±13.16
P value	**0.01**	0.32	0.75	0.07
Age of participants				
Under30 years	48.64±16.19	62.75±17.43	52.75±15.28	54.71±13.19
Between30 and 40 years	46.60±17.36	54.14±11.98	56.07±13.10	52.27±9.83
Between40 and 50 years	75.83±21.66	61.00±26.80	54.00±23.88	63.61±18.41
Over 50 years	56.16±19.59	67.20±21.54	59.00±15.29	60.78±16.21
P value	**0.006**	**0.011**	0.49	**0.037**
Length of service				
Under 5 years	46.51±14.63	64.00±16.23	50.54±15.14	53.68±12.49
Between 5 and 10 years	53.66±16.28	53.20±16.87	65.20±15.32	57.35±10.94
Between 10 and 15 years	47.77±18.37	55.08±19.92	54.91±13.14	52.59±11.16
Between 15 and 20 years	53.33±25.81	58.22±20.21	55.55±12.40	55.70±14.11
Over 20 years	55.55±19.30	67.23±20.99	57.71±16.02	60.16±16.05

P value	0.39	**0.02**	0.10	0.22
Academic training				
Bachelor's degree	48.71±18.11	59.95±16.47	55.71±14.21	54.79±11.94
Master	56.66±13.64	52.00±13.71	49.33±10.95	52.66±9.06
Doctorate	33.33±21.67	40.00±0.00	52.00±0.00	41.77±0.00
Other	55.00±21.67	62.25±19.86	58.75±18.16	58.66±18.12
P value	0.22	0.17	0.47	0.29

Table 3 shows that men reported a statistically significant score for affective commitment compared to women, with a P-value < 0.05.
Participants aged between 40 and 50 reported a statistically significant score for affective commitment and organizational commitment compared to other age groups, while nurses over the age of 50 reported a statistically significant score for continuity commitment with a P-value < 0.05.

DISCUSSION

This study described the levels of organizational commitment with its three dimensions among nurses at the Rabat Specialty Hospital.
The majority of participants were female, which is consistent with the predominance of women in the nursing sector (16).
The study revealed that nurses at the specialty hospital had a low overall level of organizational commitment, marked by low responsiveness to changes in the environment. This does not corroborate the results of other studies that concluded that nurses' levels of organizational commitment ranged from moderate to high (17-21).
According to this study, commitment must be synonymous with greater accountability and perseverance in participating in the proper care of patients, which is the true raison d'être.
Similar to a previous study (22), this study showed that nurses' organizational commitment is conditioned by the importance they attach to their profession and their interest in the values of that profession.
Unlike previous studies (18,19), this study showed that nurses display different degrees of commitment depending on the form of commitment (continuous, normative, and affective).
For overall organizational commitment with its two dimensions of affective and continuance, this study demonstrated a significant difference in levels of organizational commitment and its two dimensions among nursing staff in the various age groups (p = 0.03). Participants aged over 40 appeared to be more committed to the hospital. This result could be explained by the level of enthusiasm of these individuals, which is likely to be lower than that of younger people, who often seek new opportunities and find it easy to change jobs. At the beginning of their careers, they show a stronger intention to leave the hospital and are more willing to relocate than older nurses (23,12,22,24). This study showed, as did other studies (25,26,24), that older nurses with a certain amount of seniority who are satisfied with their own level of professional performance tend to report a higher level of organizational commitment than younger nurses. Our results showed a significant relationship between gender and affective organizational commitment. This differs from the results of other previous studies (27,28).
The results of the present study showed that there was no statistically significant relationship between nurses' academic training and their organizational commitment and its dimensions. This contrasts with the results of other studies that concluded that there was no correlation (29, 21).
The results of this study indicate a significant relationship between seniority and continuity commitment among nursing staff at the specialty hospital. Nurses with extensive professional experience (>20 years) appear to be more committed than others. Other studies have also found similar results (30,31). It seems that the level of commitment of nurses in specialty hospitals with several years of professional experience could be due to their prolonged exposure to the work environment as well as the impossibility of leaving their position and finding a new one in another work environment.
Based on the results of this study, the following recommendations are proposed to develop and improve the organizational commitment of nurses and healthcare technicians in specialty hospitals. It is necessary

to take into account gender, age, and other demographic characteristics, and to design different conditions for the well-being of nurses with different positions and professional experience.
The hospital must create a tolerant professional environment and a harmonious hospital culture, encourage innovation, be tolerant of mistakes, improve the individual performance evaluation system that respects the values of organizational justice, and increase nurse satisfaction through non-monetary recognition practices.
The hospital must find a connection between its development perspective and the individual career development of nursing staff, forming a promotion mechanism that has a lifelong incentive effect.

CONCLUSION

The results of this study concluded that nurses had a low level of organizational commitment. Therefore, it is recommended that hospital decision-makers and managers pay particular attention to this category of healthcare professionals. In addition, the results of this study will help decision-makers improve human resources strategies and practice environments in the nursing sector, with the aim of ensuring a high level of organizational commitment among nursing staff.

Ethical considerations:

To take ethical considerations into account, we first obtained authorization for data collection from the management of the Ibn Sina University Hospital in Rabat, following authorization for data collection from the ENSP. Our study was approved by the biomedical research ethics committee under number 55/21. We introduced each data collection tool with a clear presentation of the purpose of the study and the ethical considerations involved. We then ensured that the consent of all study participants was obtained, with an explanation of the right to refuse to participate or to withdraw from the survey, and that anonymity, data confidentiality and data protection were all guaranteed. The results of the study will be sent to the study site for possible use.

Conflicts of interest

The authors declare no conflicts of interest.

Authors' contributions

All authors have contributed to the realization of this work. All have read and approved the final version of the manuscript.

Funding

There was no funding for this study

REFERENCES :

1- Meyer,J.P.,Allen,N.J.(1991).A three-component conceptualization of organizational commitment.Human Resource Management Review,1(1), 61-89.
2- Adekola, B. (2012) .The Impact of Organizational Commitment on Job Satisfaction: A Study of Employees at Nigerian Universities, International Journal of Human Resource Studies, 2 (2): pp. 1- 17.
3- Meyer,J.P.,Allen,N.J.,Smith,C.A.(1993).Commitment to organizations and occupations: Extension and test of a three-component conceptualization. Journal ofAppliedPsychology, 78(4), 538-552
4- Welch, M. (2011). The Evolution of the employee engagement concept communication implications, corporate communications: An International Journal, vol.16, pp.328- 346.
5- Yang, L.P. (2009).Esops seem private technology enterprises organizational commitment. Management Observer. (21):116-117.In Chinese.
6- Lai, Q. H. (2009). Tax staff's organizational commitment survey and thinking. Master thesis. Kunming: Yunnan University.In Chinese
7- He, Y. (2009). Employee job satisfaction, organizational commitment and turn over intention relationship study. Doctor dissertation. Guangzhou: Sun Yat-sen University.
8- Wang,X.D.(2008).Organizationalcommitmentaffectperformance.ModernCommerce. (26).114-115.
9- Belghiti, A. A., Boffin, N., & Debrowere, V. (2004). The decision-making space for human resources management in healthcare in Morocco. Rabat: Kingdom of Morocco, Ministry of Health.
10- Belrhiti, Z., Van Belle, S. &Criel, B. (2021). How medical dominance and interprofessional conflicts undermine patient-centred care in hospitals: historical analysis and multiple embedded case study in Morocco. BMJ Global Health, 6, e006140.
11- Belrhiti, Z., Van Damme, W., Belallia, A. &Marchal, B. (2020b). Unravelling the role of leadership in motivation and performance of health workers in a Moroccan public hospital: a realist evaluation BMJ Open, 10.
12- Miedaner,F. (2018). Exploring the differential impact of individual and organizational factors on organizational commitment of physicians and nurses. BMC Health Services Research. 18:180
13- Damase, K. (2011). Organizational involvement and work performance among state-certified nurses in Benin. Management Prospective Ed. 10 No. 50 pages 105 to 121. ISSN 1768-595
14- Commeiras, N. ., Fournier, C. (1998). The influence of role ambiguity and organizational commitment on the intention to leave the company: an enriched view of relationships. Proceedings of the 10th AGRH Congress (St-Quentin-en-Yvelines,

1998), 402-413.
15- Commeiras, N ., Fournier, C. (2000). The organizational commitment questionnaire developed by Allen and Meyer (1990), a potential substitute for Porter et al.'s (1974) Organizational Commitment Questionnaire (OCQ): results of an analysis conducted among sales forces. Proceedings of the 15th National Conference of the IAE (Biarritz, September)
16- Vagharseyyedin, S. A. (2016). An integrative review of literature on determinants of nurses' organizational commitment. Iranian Journal of Nursing and Midwifery Research, 21(2), 107.
17- Mosadeghrad, A. M., Ferlie, E. & Rosenberg, D. (2008). A study of the relationship between job satisfaction, organizational commitment and turnover intention among hospital employees. Health Services Management Research, 21, 211-227
18- Garcia-Sierra, R., Fern-Andez-Castro, J., Martinez-Zaragoza, F. (2016).Work engagement in nursing: an integrative review of the literature. Journal of Nursing Management 24, E101–E111.
19- Salem, O.A ., Baddar, F ., AL-Mugatti, H.M. (2016). Relationship between nurses' job satisfaction and organizational commitment. J NurHealthSci .5(1):49–55.
20- Retno,S.(2017).Investigating Organizational Commitment among Medical Doctors, Hospital Nurses and Two Other Professional Jobs: A Systematic Review .Global Journal of Health Science; Vol. 9, No.12)
21- Kim, J. H., Kim, M. Y. (2019). Factors affecting organizational commitment of general hospital nurses in small and medium sized cities. Journal of KoreanAcademy of Nursing Administration, 25(1), 14-24.
22- Alsayed,S ., West ,S. (2019). Exploring acute care workplace experiences of Saudi female nurses: creating career identity. SaudiCrit Care J. 3:75–84. doi:10.4103/sccj.sccj_11_19)
23- Essono, E. F. (2016).Determinants of Employee's Commitment among Healthcare Professionals. International Journal of Academic Research in Accounting, Finance and Management Sciences.Vol. 6, No.2, pp. 44–52)
24- Alzamel, I & Abdullah, K.H. (2020). The quality of work life and turnover intentions among Malaysian nurses: the mediating role of organizational commitment Journal of the Egyptian Public Health Association ,95:20
25- Salami ,S.O. (2008). Demographic and psychological factors predicting organizational commitment among industrial workers. The Anthropologist. ; 10(1): 31-8.
26- Sepahvand, F., &Shoorideh, F.A. (2017).The relationship between some demographic characteristics and organizational commitment of nurses working in the Social Security Hospital of Khorramabad. ElectronicPhysician journal,9(6), 4503-4509
27- Alhawajreh, M.K. (2013). Exploring the relationship between occupational stress and organizational commitment among nurses in selected Jordanian hospital. Dirasat: Administrative sciences. 40(1): 127-43. doi: 10.12816/0000638
28- Jafari, S., Afshin, T., Jafari, K ., Barzegar,M .(2015). Evaluation of organizational commitment among nurses in Intensive Care Units. Journal of Nursing and Midwifery Sciences. 2(3): 38-43.
29- Lorber, M.,Skela-Savič, B. (2014). Factors affecting nurses' organizational commitment. Obzornikzdravstvenenege, 48(4)
30- Carman,M. (2011). Organizational commitment among licensed practical nurses: exploring associations with empowerment, conflict and trust. J Conflict and Trust.
31- Zeineldin, K.Y ., Abdel Rahman, M.R. (2013). The relationship between nurses perceived pay equity and organizational commitment. LifeScience Journal. 10(2): 889- 96.