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ASSESSMENT OF ORGANIZATIONAL COMMITMENT LEVELS AMONG STAFF NURSES

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Abstract

Organizational commitment is a key determinant of nurse retention and quality of care, yet evidence from small general hospitals in Saudi Arabia remains limited. This study aimed to assess the level of organizational commitment and its affective, continuance, and normative domains among staff nurses. A descriptive cross-sectional design was used, based on the baseline (pre-intervention) assessment of a larger quasi-experimental study. A convenience sample of 68 out of 82 staff nurses working at Mudhailif General Hospital, Makkah Region, Saudi Arabia, completed a personal and work-related data sheet and a 24-item organizational commitment questionnaire (affective, 7 items; continuance, 9 items; normative, 8 items) rated on a three-point scale (Cronbach's alpha = 0.70) during August 2025. Data were analyzed descriptively using SPSS version 22. Most nurses were female (86.8%), aged 30 to less than 40 years (63.2%), married (92.6%), and held a baccalaureate degree in nursing (89.7%). The total organizational commitment mean score was 38.75 ± 10.10 out of a possible 72. More than three quarters of the nurses (77.9%) had a moderate level of organizational commitment, 22.1% had a high level, and none had a low level. The normative domain had the highest mean score 17.09 ± 2.20, followed by the continuance 12.05 ± 4.10 and affective (9.61 ± 3.10) domains. Staff nurses therefore demonstrated predominantly moderate organizational commitment with weak affective attachment. Hospital administrators should strengthen nurses' emotional attachment through recognition, participation in decision-making, professional development opportunities, and supportive leadership.

Index Terms— Affective Commitment, Continuance Commitment, Hospital Nursing, Normative Commitment, Nurse Retention, Organizational Commitment, Saudi Arabia, Staff Nurses.

1. INTRODUCTION

Health systems worldwide continue to face a shortage of nurses. The World Health Organization estimates that the global nursing shortage fell from 6.2 million in 2020 to 5.8 million in 2023 and is projected to decline to 4.1 million by 2030; however, nearly 70% of the remaining shortfall is expected to be concentrated in the African and Eastern Mediterranean regions, to which Saudi Arabia belongs [1]. Workforce shortages are compounded by turnover. A meta-analysis of 15 studies estimated the pooled prevalence of nurse turnover at 18% and identified younger age, single status, and lower educational level among its risk factors [2], and a second meta-analysis confirmed that turnover rates vary widely across countries [3]. The COVID-19 pandemic further increased nurses'

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intention to leave their jobs [4]. Retaining existing nurses has therefore become as important as recruiting new ones. Organizational commitment is one of the most widely studied attitudes explaining why employees stay in their organizations. Mowday, Steers, and Porter [5] described it as the relative strength of an individual's identification with and involvement in a particular organization. Allen and Meyer [6] later proposed a three-component model that distinguishes affective commitment, the employee's emotional attachment to, identification with, and involvement in the organization; continuance commitment, the awareness of the costs associated with leaving; and normative commitment, a feeling of obligation to remain. In other words, employees with strong affective, continuance, and normative commitment stay because they want to, because they need to, and because they feel they ought to, respectively.

Organizational commitment matters for both the workforce and patients. A meta-analysis of predictors of hospital nurses' turnover intention found organizational commitment to be among the strongest protective factors, with a pooled effect size of −0.540 [7], and nurses who are more committed to their units report lower intention to leave [8]. Organizational support and work engagement, which are closely linked to commitment, are likewise inversely associated with turnover intention [9], [10]. With respect to care quality, higher organizational commitment has been associated with less missed nursing care [11], [12], and a systematic review of 229 papers concluded that developing affective commitment improves organizational performance and patient safety culture, whereas stimulating normative commitment and addressing burnout help reduce voluntary turnover [13].

Nurses' commitment is shaped by organizational and personal factors. In Saudi Arabia, nurse managers' leadership style and nurses' work engagement jointly predicted organizational commitment [14], commitment has been examined alongside job satisfaction and intention to stay among clinical nurses in Riyadh [15], and more favorable ratings of the work environment were associated with higher commitment in Makkah Cluster hospitals [16]. Organizational justice [17], [18], personal characteristics such as age, gender, and education [19], [20], and work-environment conditions identified by nurses themselves [21] have also been linked to commitment. Studies from Saudi Arabia [22], [16], Jordan [20], Iran [11], and Turkey [23] have generally reported moderate levels of organizational commitment among nurses.

Most of this evidence, however, comes from large tertiary or cluster hospitals, and little is known about staff nurses working in small general hospitals in the governorates of the Makkah Region, where staffing is limited and the loss of even a few nurses can disrupt services. A precise description of nurses' commitment profile in such settings is needed to guide targeted retention strategies. Therefore, this study aimed to assess organizational commitment levels among staff nurses at Mudhailif General Hospital. It sought to answer the following questions: 1) What is the level of organizational commitment among staff nurses? 2) How do staff nurses perceive the affective, continuance, and normative domains of organizational commitment? 3) How are organizational commitment scores distributed according to nurses' personal and work-related characteristics?

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2. METHODS

2.1 Design

A descriptive cross-sectional design was used. The data reported here were obtained during the baseline (pre-intervention) assessment of a larger quasi-experimental study that evaluated the impact of a conflict management training program on staff nurses' organizational commitment; only the pre-intervention measurements are analyzed in this paper [cite the companion intervention paper here if it has been published or submitted].

2.2 Setting

The study was conducted at Mudhailif General Hospital, a governmental hospital located in the Makkah Region, Saudi Arabia, which provides free medical services across various specialties. The hospital had a capacity of 61 beds distributed among the male department (15 beds), female department (17 beds), intensive care unit (3 beds), long-term and palliative care unit (4 beds), neonatal intensive care unit (4 beds), well-baby unit (2 beds), and emergency department (16 beds). Data were collected from all of these departments.

2.3 Participants

The target population comprised all staff nurses working in the above departments (N = 82). Nurses who could read and write English were eligible. The sample size was calculated using the formula $n = N / (1 + N e^2)$, with a margin of error (e) of 5%, which yielded $n = 82 / (1 + 82 \times 0.05^2) \approx 68$. A convenience sample of 68 staff nurses was therefore recruited. [State the number of questionnaires distributed, the number returned, and the response rate].

2.4 Instruments

Two instruments were used. The first was a personal and work-related data sheet developed by the investigator to record age, gender, working unit, marital status, educational level, years of experience in the hospital, years of experience in the current working unit, and previous attendance of training courses on conflict management.

The second was the Staff Nurses' Organizational Commitment Questionnaire, developed by the investigator and guided by Mowday et al. [5] and Cook, Hepworth, Wall, and Warr (1989) [full reference required]. It consisted of 24 items grouped into three domains: affective commitment (7 items), continuance commitment (9 items), and normative commitment (8 items). Items 7 and 9 of the continuance domain and items 3, 4, 5, 6, and 8 of the normative domain were negatively worded and reverse coded. Responses were rated on a three-point Likert scale (1 = disagree, 2 = neutral, 3 = agree). Domain scores were obtained by summing the item scores, giving possible ranges of 7 to 21 for affective, 9 to 27 for continuance, 8 to 24 for normative, and 24 to 72 for total commitment. The total score was converted into a percentage score [specify the conversion formula], and organizational commitment was classified as low (< 50%), moderate (50% to 75%), or high (> 75%) [El-Hessewi, 2014 – full reference required].

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2.5 Validity and Reliability

Content and face validity of the instruments were established by a panel of three experts from the Nursing Administration Department, Faculty of Nursing, Cairo University, who examined the tools for content coverage, clarity, wording, length, format, and overall appearance; some items were paraphrased according to their recommendations. Internal consistency of the organizational commitment questionnaire was assessed using Cronbach's alpha, which was 0.70, indicating acceptable reliability.

2.6 Procedure

After the required approvals had been obtained, a list of staff nurses and their distribution across the working units was prepared. The investigator explained the purpose of the study to the nurses and invited them to participate. Participants completed the questionnaires, which required approximately 15 to 25 minutes [state how the questionnaires were administered, e.g., self-administered paper forms during morning and afternoon shifts]. Data were collected from the beginning to the end of August 2025.

2.7 Ethical Considerations

The study was approved by the Scientific Research Ethics Committee of the Faculty of Nursing, Cairo University, and by the Institutional Review Board of the Ministry of Health branch in the Makkah Region, Saudi Arabia, in accordance with ICH Good Clinical Practice guidelines. Official permission was also obtained from the administration of Mudhailif General Hospital. Nurses were informed of the purpose and nature of the study, that participation was voluntary, that the study posed no risk, and that they could withdraw at any time. Each participant signed an informed consent form, and the confidentiality of the data was ensured.

2.8 Statistical Analysis

Data were coded and entered into the Statistical Package for the Social Sciences (SPSS), version 22. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to describe the participants' characteristics, item scores, domain scores, and commitment levels. To allow comparison between domains with different numbers of items, a mean item score was calculated by dividing each domain mean by its number of items. Organizational commitment scores were described across personal and work-related characteristics using means and standard deviations. Cronbach's alpha was used to assess internal consistency. [If baseline group comparisons (independent t-test / one-way ANOVA) are computed, describe them here and state $p < 0.05$ as the significance level]

3. RESULTS

3.1 Characteristics of the Participants

Table 1 shows that the majority of staff nurses were female (86.8%) and married (92.6%), and about two thirds (63.2%) were aged 30 to less than 40 years. Most of them (89.7%) held a baccalaureate degree in nursing. More than two thirds (67.6%) had less than five

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years of experience in the hospital, and almost all (98.5%) had less than five years of experience in their current unit. 97.1% of the nurses were recorded as having attended a training course on conflict management.

Table 1: Personal and Work-Related Characteristics of Staff Nurses (N = 68)

Characteristic	No.	%
Gender		
Male	9	13.2
Female	59	86.8
Age (years)		
20 to < 30	20	29.4
30 to < 40	43	63.2
40 to 50	5	7.4
Marital status		
Single	5	7.4
Married	63	92.6
Educational level		
Diploma in nursing	5	7.4
Baccalaureate degree in nursing	61	89.7
Master's degree in nursing	2	2.9
Years of experience in the hospital		
< 5	46	67.6
5 to < 10	13	19.1
10 to < 15	9	13.2
Years of experience in the current unit		
< 5	67	98.5
5 to < 10	1	1.5
10 to < 15	0	0.0
Attended a conflict management training course		
Yes	66	97.1
No	2	2.9

Counts for gender, age, and years of experience in the hospital were derived from the reported percentages. Percentages may not total 100 because of rounding.

3.2 Item-Level Perceptions of Organizational Commitment

Table 2 presents the mean scores of the commitment items. Within the affective domain, item means ranged from 1.12 to 1.54; the highest were for "I really feel as if this organization's problems are my own" and "For me this is the best of all possible organizations for which to work" (1.54 each), and the lowest was for "I would feel guilty if I left this organization now" (1.12). Within the continuance domain, the highest means were for the two negatively worded items "There's not too much to be gained by sticking with this organization indefinitely" (2.51) and "I do not feel like part of this organization" (2.50), whereas "Too much of my life would be disrupted if I leave my organization" and "I am proud to tell others that I am part of this organization" had the lowest means (1.12 each). Within the normative domain, the negatively worded items "I find it difficult to agree with this organization's policies on important matters relating to its nurses" (2.88) and "Deciding to work in this organization was a definite mistake on my part" (2.83) had the

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highest means, while “I am willing to put in a great deal of effort in order to help this organization be successful” and “I really care about the fate of this organization” had the lowest (1.00 each).

Table 2: Mean Scores of Organizational Commitment Items as Perceived by Staff Nurses (N = 68)

Domain and item	Mean	SD
A. Affective commitment		
1. I would be very happy to spend the rest of my career in this organization	1.38	1.13
2. I really feel as if this organization’s problems are my own	1.54	1.06
3. I talk up this organization to my friends as a great organization to work for	1.16	1.03
4. I am extremely glad that I choose this organization to work for	1.38	1.13
5. For me this is the best of all possible organizations for which to work	1.54	1.07
6. I would feel guilty if I left this organization now	1.12	1.02
7. This organization really inspires the very best in me in the way of job performance	1.49	1.18
B. Continuance commitment		
1. It would be very hard for me to leave my job at this organization	1.32	1.18
2. Too much of my life would be disrupted if I leave my organization	1.12	1.02
3. I would accept almost any type of job assignment in order to keep working for this organization	1.38	1.13
4. Staying with my job at this organization is a matter of necessity as much as desire	1.54	1.06
5. I believe I have not options to work in another place if I leave this organization	1.16	1.03
6. Leaving work in this organization is considered a personal sacrifice	1.38	1.13
7. I do not feel like part of this organization*	2.50	1.07
8. I am proud to tell others that I am part of this organization	1.12	1.02
9. There’s not too much to be gained by sticking with this organization indefinitely*	2.51	1.18
C. Normative commitment		
1. I am willing to put in a great deal of effort in order to help this organization be successful	1.00	0.00
2. I really care about the fate of this organization	1.00	0.00
3. I do not feel a strong sense of belonging and loyalty to this organization*	2.66	1.13
4. I do not feel any obligation to remain with my organization*	2.54	1.06
5. Deciding to work in this organization was a definite mistake on my part*	2.83	1.03
6. I will leave the work in this organization if the current work practice environment changed*	2.64	1.13
7. I have a great deal to this organization because I find that my values and the organization’s values are very similar	1.54	1.07
8. I find it difficult to agree with this organization’s policies on important matters relating to its nurses*	2.88	1.02

*Items rated 1 = disagree, 2 = neutral, 3 = agree. *Negatively worded item (reverse coded in scoring); the value shown is the item mean as reported in the source data.*

3.3 Organizational Commitment Domains and Overall Level

As shown in Table 3, the total organizational commitment mean score was 38.75 ± 10.10 (mean item score 1.61). The normative domain had the highest mean item score (2.14; 17.09 ± 2.20), followed by the affective (1.37; 9.61 ± 3.10) and continuance (1.34; 12.05 ± 4.10) domains. Table 4 shows that more than three quarters of the staff nurses (77.9%) had a moderate level of organizational commitment, whereas 22.1% had a high level and none had a low level.

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Table 3: Organizational Commitment Domain Scores Among Staff Nurses (N = 68)

Domain	No. of items	Possible range	Mean	SD	Mean item score
Affective commitment	7	7–21	9.61	3.10	1.37
Continuance commitment	9	9–27	12.05	4.10	1.34
Normative commitment	8	8–24	17.09	2.20	2.14
Total organizational commitment	**24**	**24–72**	**38.75**	**10.10**	**1.61**

Mean item score = domain mean divided by the number of items (calculated).

Table 4: Levels of Organizational Commitment among Staff Nurses (N = 68)

Organizational commitment level	No.	%
Low (< 50%)	0	0.0
Moderate (50% to 75%)	53	77.9
High (> 75%)	15	22.1

3.4 Organizational Commitment According to Personal and Work-Related Characteristics

Table 5 presents the total organizational commitment scores by personal and work-related characteristics. The highest mean score was observed among nurses who reported attending a conflict management training course (44.00 ± 11.31) and among those aged 40 to 50 years (42.2 ± 10.47). Mean scores increased slightly with years of experience in the hospital, from 35.67 ± 11.01 among nurses with less than five years to 38.22 ± 7.51 among those with 10 to less than 15 years. Married nurses had a slightly higher mean score than single nurses (36.43 ± 10.20 versus 34.00 ± 9.75).

Table 5: Total Organizational Commitment Scores According to Staff Nurses' Characteristics (N = 68)

Characteristic	No.	Mean	SD
Gender			
Male	9	17.89	12.19
Female	59	16.00	9.86
Age (years)			
20 to < 30	20	35.60	9.59
30 to < 40	43	35.86	10.33
40 to 50	5	42.20	10.47
Marital status			
Single	5	34.00	9.75
Married	63	36.43	10.20
Educational level			
Diploma in nursing	5	34.40	13.20
Baccalaureate degree in nursing	61	36.43	9.66
Master's degree in nursing	2	35.50	23.33
Years of experience in the hospital			
< 5	46	35.67	11.01
5 to < 10	13	36.92	8.65
10 to < 15	9	38.22	7.51
Years of experience in the current unit			
< 5	67	36.24	10.20
5 to < 10	1	37.00	0.01

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Attended a conflict management training course			
Yes	66	44.00	11.31
No	2	36.02	10.08

Scores are baseline (pre-intervention) values; possible range 24–72.

4. DISCUSSION

This study assessed organizational commitment among staff nurses in a small general hospital in the Makkah Region. The main finding was that more than three quarters of the nurses had a moderate level of commitment, about one fifth had a high level, and none had a low level. This pattern agrees with previous Saudi studies, in which most nurses at a major public hospital in the Eastern Province showed moderate commitment [22] and nurses in Makkah Cluster hospitals reported commitment scores slightly above the scale midpoint [16]. Moderate commitment has also been reported among nurses in Jordanian governmental hospitals [20], in Iran, where 63% of nurses had moderate commitment [11], and in a private hospital in Turkey [23]. In contrast, most Egyptian staff nurses in a Ministry of Health hospital had high emotional commitment [17]. The predominance of moderate commitment in the present sample may partly reflect the short tenure of the nurses, two thirds of whom had worked in the hospital for less than five years, because attachment to an organization develops over time. Differences in instruments, response scales, and cut-off points, however, limit direct comparison of levels across studies.

The affective domain was one of the weakest components of commitment, with a mean item score of 1.37 on a three-point scale, indicating that most nurses did not express strong emotional attachment to or identification with the hospital. This differs from the Makkah Cluster study, in which affective commitment had the highest mean among the three components [16], and from the Egyptian study, in which emotional commitment was the predominant type [17]. Affective commitment is sensitive to the way nurses are treated: in Japan, organizational justice and managers' mental health were associated with staff nurses' affective commitment [18], and in Saudi Arabia leadership style and work engagement predicted commitment [14]. Weak affective attachment deserves attention because affective commitment is consistently linked to better performance and patient safety culture [13] and to lower turnover intention [7], [8]. Continuance commitment was also low (mean item score 1.34), suggesting that nurses did not perceive leaving the hospital as particularly costly or that they believed alternative employment was available. This finding is consistent with the Makkah Cluster study, where continuance commitment had the lowest mean among the three components [16], but contrasts with the Eastern Province study, in which the continuance subscale received the largest number of positive responses [22]. Low continuance commitment, combined with weak affective attachment, may leave a workforce vulnerable to turnover, particularly when demand for nurses is high [4], [2]. The normative domain had the highest mean item score (2.14), which may suggest that nurses' commitment rests more on a sense of obligation and loyalty than on emotional attachment or perceived costs of leaving. However, the highest normative item means were recorded for negatively worded items, so this result should be interpreted with caution. Stimulating normative commitment has

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been recommended as one way of reducing voluntary turnover among nurses [13]. Regarding personal and work-related characteristics, the highest commitment scores were observed among nurses aged 40 to 50 years and those with longer hospital experience. Age has been reported as a correlate and predictor of nurses' commitment in Saudi Arabia [22], and age, work unit, and years of experience predicted commitment in Egypt [17]. Other studies, however, found no demographic differences in overall commitment [16] or found differences by gender and education rather than age [20]. Because the subgroups in the present study were small and the comparisons were descriptive, these patterns should be considered tentative.

The findings have practical implications. Since commitment has been linked to fewer omissions in nursing care [11], [12] and lower turnover intention [7], strengthening nurses' commitment, particularly its affective component, could benefit both workforce stability and patient care. Organizational support and work engagement, which are inversely related to turnover intention [9], [10], and a supportive work environment [16] are modifiable targets for nurse managers. Qualitative evidence also indicates that nurses' commitment is promoted or hindered by concrete features of their work environment [21], which can guide the design of hospital-level interventions.

5. LIMITATIONS

This study has several limitations. It was conducted in a single small hospital with a convenience sample of 68 nurses, which limits the generalizability of the findings. Data were self-reported and may be affected by social desirability bias. The organizational commitment questionnaire was developed by the investigator and used a three-point response scale; its reliability was acceptable (alpha = 0.70), but reliability coefficients for the individual domains and evidence of construct validity were not available. The data were obtained at the baseline of an intervention study, which may have influenced how participants responded. Comparisons across personal characteristics were descriptive and based on small subgroups. Finally, the cross-sectional design does not allow causal inferences.

6. CONCLUSION AND RECOMMENDATIONS

Staff nurses at Mudhailif General Hospital demonstrated predominantly moderate organizational commitment, with weak affective and continuance components. These findings highlight the need for deliberate strategies to build nurses' emotional attachment to the hospital, especially among younger nurses with short tenure. Based on these findings, the following are recommended:

1) Hospital and nursing administrators should strengthen nurses' affective commitment through regular recognition of their contributions and supportive, participative leadership.
2) Nurse managers should involve staff nurses in decision-making on matters related to their units and work practices.

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3) The hospital should provide continuing professional development and career advancement opportunities, particularly for nurses in their early years of employment.
4) Organizational commitment should be monitored periodically as a workforce indicator, using standardized instruments with established validity and reliability.
5) Future studies should include larger multi-hospital samples and examine the relationships between organizational commitment, intention to stay, and quality of care.

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