

Demographic Determinants of Organizational Commitment of Health Managers in Yazd Province

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Abstract

Committed managers are regarded as a vital source for the success of an organization. When organizational rules are observed by managers, there will be a suitable opportunity for increasing organizational commitment. On the other hand, personality characteristics and individualistic differences of people are among the most important factors which predict their organizational commitment and can help organizations reach the goals and productivity. Therefore, this research was conducted to study the correlation between demographic determinants and organizational commitment of health managers in Yazd province. The present research was of descriptive–analytical type. The studied population included all the managers of educational and therapeutic hospitals, managers of health and therapeutic networks, and managers of health vice chancellor in Yazd province. Nineteen health managers of Yazd province were determined using census method. Health managers of the mentioned centers filled out Allen and Meyer's organizational commitment questionnaire and form of demographic characteristics. The data were analyzed in SPSS20 software and measures of central tendency (mean), standard deviation, Spearman's correlation coefficient, and independent group t-test were analyzed. Organizational commitment had positive correlation with education, age, working years in the present organization, general working record, and managerial record among health managers in the statistical population. Considering age, working and managerial records, and education of people in appointing health managers and strengthening organizational commitment, which is originated from ethics, can be effective in gaining organizational competence and trust for them.

Keywords: Organizational commitment, health managers, demographic determinants

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Introduction

Organizational commitment has been converted into a common subject for the research since the 1970s. Different definitions and various dimensions and aspects have been also provided by researchers, which usually overlap and are not in contrast with each other (Sanjaghi ME, Farahi A, & Doroudi H, 2014). Organizational commitment overlaps concepts such as job involvement and job satisfaction (Ayazlar G & B., 2014). It occurs when an employee is involved in the organization and identified with it. In most cases, organizational commitment has been seen as an interesting and attractive subject, because it helps organizations predict job performance, job rotation, and employee absence. Organizational commitment is used to explain two attitudinal and behavioral concepts. Involvement of a person with the organization is recognized as the reason for organizational commitment of the person and organizational commitment has a deep effect on the person's self-sacrifice and loyalty to his/her job or organization. Researchers have studied organizational commitment in different cases. Steers (1977) interprets organizational commitment as the attitude of employees toward a set of behavioral intentions. Mowday, Steers, and Porter (1979) and Bickery, Randall, and Riggle (1995) have defined organizational commitment as: 1- strong belief in acceptance of organizational goals and values, 2- tendency to considerable effort in organization, and 3- intensive tendency to survive in organization. North Craft and Nill (1996) regards organizational commitment as an attitude which reflects loyalty of people to organizations, continual process for mentioning success, and goodness of organizations. Allen and Meyer (1991) define organizational commitment as affective commitment (perceived commitment to survive in organizations). Employees with high affective commitment survive in organizations, because they want to survive. Employees with continual strong commitment survive in organization due to awareness from turnover costs and the people with high normative commitment survive in organizations, because they are obliged to survive. Allen and Meyer's organizational commitment has been used in different studies; in some papers, all three dimensions are studied and, in some others, only affective or continual dimensions have been studied (Permarupan PY, Saufi RA, Kasim RSR, & BK., 2013).

Among the presented models for organizational commitment, Allen and Meyer's model (2002) seems to be more comprehensive and is suitable for the organizations providing social services (Keshavarz M, KHademi H, ShamayianRazavi N, S., & 2013).

Different factors can be effective for organizational commitment:

- 1- Individualistic characteristics such as age, service record, education, gender, etc.
- 2- Job characteristics such as job field, role conflict, and job ambiguity
- 3- Structural characteristics such as formality and focus in organizations, organization size, etc.

4- Work experiences which mean the experiences obtained by people during the working life (Nabizadeh Gharghozar Z, Atashzadeh Shoorideh F, Khazai N, & H., 2014).

According to the conducted studies, one of the most important predictive factors of organizational commitment is attention to personality and personal characteristics and differences of employees; since these characteristics are the basis of behavioral system of people, dealing with this category can clarify special aspects of people's performance in different fields (Mousavi SM & A., 2013)

Mathieu and Zajac (1990) and Allen and Meyer (1991) have presented some evidence that the employees who have higher affective and normative commitment levels can help promote organizational performance and reduce turnover intention. Teachers with high affective commitment have been proved to be good educational leaders, because they can be proficient in educational contents and thus induce effective training (Selamat N, Nordin N, & AA., 2013)

In the present research, Allen and Meyer's (1991) definition was used, the model and scale of which have been evaluated in many experiments (Sanjaghi ME et al., 2014). Also, its relationship with demographic characteristics of health managers was investigated.

Method

The studied population included all managers of educational and therapeutic hospitals, managers of health and therapeutic networks, and managers of health vice chancellor in Yazd province. After receiving permission from Faculty of Health and Chancellorship for Health, sampling was started to conduct research in educational therapeutic centers and networks of the province. Nineteen health managers in Yazd province who have been appointed 3 months ago (managers of hospitals and networks in Yazd) were specified for sampling. Health managers of the mentioned centers filled out Allen and Meyer's organizational commitment questionnaire and form of demographic characteristics (gender, age, marital status, working record in the present organization, general work record, and managerial record). To measure organizational commitment, Allen and Meyer's (1990) organizational commitment questionnaire with 24 questions was used. Based on this scale, three dimensions of organizational commitment (affective, continuous, and normative commitments) were evaluated and the total score of organizational commitment was obtained. Questions 1 to 8 measured affective commitment, questions 9 to 16 measured continuous commitment, and questions 17 to 24 measured normative commitment of the respondents. The questions were designed in 5-point Likert scale from 1 (I strongly disagree) to 5 (I strongly agree). Scope of points in this scale was between 8 and 40. Points of organizational commitment were classified into three low (points 0 to 33), medium (34 to 66), and high (67 to 100) levels. In this questionnaire, 9 questions (4, 5, 6, 8, 12, 9, 18, 19, and 24) had a reverse code. In the present study, reliability of organizational commitment was obtained as 82.4, 81.7, 79.3, and 80 for affective, continuous, normative, and organizational commitment, respectively. Considering the standard questionnaire, face and content validity of this questionnaire was confirmed by investigating the opinion of

3 management professors. The research data were analyzed in SPSS20 software using measures of central tendency (mean), standard deviation, Spearman's correlation, and independent group t-test.

Findings

Describing studied sample in terms of variables (social–demographic)

Considering Table 1, 94.7% of the health managers were married and more than 94% had MSc degree and above.

Table 1: Demographic characteristics of health managers

Demographic determinants	Category	Percentage
Marital status	Single	5.3
	Married	94.7
Field of study	General physician	52.6
	Health care management	15.8
	Specialist	10.5
	Other	21.2
Age distribution	31-36year	42.1
	37-42year	26.3
	<42	31.6
Experience of work in this organization	>1	15.8
	2-5year	21.1
	6-9year	26.3
	<10	36.8
Working experience	2-6year	5.3
	7-11year	42.1
	12-16year	21.1
	<16	31.6

In terms of the education of managers, the highest percent was related to physicians who included half of the sample population; health and therapeutic services management with 15.8% ranked second; and specialists with 10.5% ranked third. Other managers had other fields of study (5.3%).

In terms of age distribution, the highest percent was related to the managers aged between 31 and 36 years old (42.1%). People with the age of above 42 years old with 31.6% of the sample size were in the next priority of age distribution. Minimum sample ratio included people aging between 37 and 42 years old.

More than 1/4 of the studied people (26.3%) were working in this organization for between 6 and 9 years. 21.1% were working between 2 and 5 years, 36.8% were above 10 years, and 15.8% were below 1 year.

In terms of working year, the highest sample ratio was between 7 to 11 years (42.1%). 36.6% were working for 16 years and more. Also, 21.1% were between 12 and 16. The minimum sample ratio was between 2 and 6 years; this group constituted only 5.3% of the sample size.

Mean of the managerial record among the managers was equal to 8.15 years and standard deviation was 5.41. The minimum and maximum managerial records were equal to 1 and 20 years, respectively.

Describing mean of organizational commitment variable and its dimensions among health managers in Yazd province

Table 2 shows mean of organizational commitment and its dimensions among the health managers of Yazd Province. Among the dimensions of organizational commitment, affective commitment had the highest point and continuous commitment had the lowest point. Mean point of organizational commitment among the health managers was 78.78.

Table 2 Mean of organizational commitment and its dimensions

Dimensions	Mean	SD	Maximum	minimum
Affective commitment	30	4.21	21	39
Continuous commitment	22.73	3.98	16	32
Normative commitment	26.05	2.71	20	32
Organizational commitment	78.78	7.13	64	96

Determining relationship between organizational commitment and its dimensions and demographic variables

Since education of managers was measured in ordinal scale and organizational commitment was measured in interval scale, Spearman's correlation coefficient was used to determine the mentioned variables². Since population and statistical sample were equal, the correlations were as follows: According to the information in Table 3, the observed relation for the relationship between education and organizational commitment in the studied population was equal to 0.216, which indicated a positive relationship between these two variables in the statistical population. There was also a positive correlation between dimensions of organizational commitment and education. Accordingly, it can be concluded that the higher the education of the managers, the higher their organizational commitment would be.

² In case one of the variables is interval and another is ordinal, both are considered ordinal and the appropriate correlation coefficient is used (Dewas, 2006:173).

Table3 Spearman correlation of demographic determinants with organizational commitment and its dimensions

Organizational commitment's dimension			Organizational commitment	Organizational commitment Demographic determinants
Normative commitment	Continuous commitment	Affective commitment		
r=0.174 p=0.475	r=0.281 p=0.244	r=0.368 p= 0.121	0.216 r= p=0.375	Level of education
r=0.073 p=0.765	r=0.081 p=0.742	r=0.325 p=0.175	r=0.224 p=0.358	Age
r=0.351 p=0.141	r=0.239 p=0.324	r=0.146 p=0.552	r=0.272 p=0.261	Experience of work in this organization
r=-0.192 p=0.432	r=0.045 p=0.855	r=0.309 p=0.198	r=0.224 p=0.357	Work experience
r=-0.027 p=0.913	r=0.041 p=0.869	r=0.268 p=0.268	r=0.170 p=0.485	Management experience

N=19

Intensity of the relationship between two variables of age and organizational commitment in the studied statistical population was equal to 0.224. In other words, the more the age of the people, the higher the organizational commitment would be. Intensity of the relationship between age and affective commitment was equal to 0.325, which was maximum dimension of organizational commitment.

Intensity of the relationship between two variables of number of working years in the present organization and organizational commitment in the studied population was equal to 0.272. In other words, the more the number of working years in the present organization, the more the organizational commitment would be. Intensity of the relationship between the number of working years in the present organization and normative commitment was equal to 0.351, which was the highest of other dimensions of the organizational commitment.

Intensity of the relationship between two variables of working experience and organizational commitment in the studied population was equal to 0.224. In other words, the more the working experience of the people, the more the organizational commitment would be. Intensity of the relationship between working experience and affective commitment was equal to 0.309, which was the highest of other dimensions of organizational commitment. On the other hand, there was an inversely weak relationship between age and normative commitment (r=-0.192).

Intensity of the relationship between two variables of managerial experience and organizational commitment in the studied population was 0.170. In other words, the more the managerial experience of the people, the more the organizational commitment would be. Intensity of the relationship between managerial experience and affective commitment was 0.268, which was the highest of other dimensions of organizational

commitment. On the other hand, there was an inversely weak relationship between age and normative commitment ($r=-0.027$).

Table 4: Comparison of organizational commitment and its dimensions according to field of study among health managers

Variable	Health care management Mean \pm S.D	Other field of study Mean \pm S.D	T	Significance level
Organizational commitment	11.84 \pm 82.33	6.28 \pm 78.12	0.934	0.364
Affective commitment	3.05 \pm 28.66	4.43 \pm 30.25	0.586	0.566
Continuous commitment	3.78 \pm 27.66	3.37 \pm 21.81	2.719	0.015*
Normative commitment	5.29 \pm 26.00	2.26 \pm 26.06	0.02	0.986

* 0.05

Based on the information in Table 4 and according to independent group t-test, mean of the continuous commitment was 27.66 among the managers with field of health service management and was 21.81 among other fields, which indicated higher mean of continuous commitment among the managers with health service management education. This difference in means was statistically significant at the confidence level of 95% ($P<0.05$). In other words, there was significant difference between mean of continuous commitment of managers in terms of field. On the other hand, there was statistically significant difference between means of other dimensions of organizational commitment in terms of managers' field of study.

Discussion

Today, it has been specified that organizational commitment has a relationship with variables such as job years, age, gender, and education. Chen and Francesco (2003) mentioned that individualistic characteristics such as marital status, age, and gender may be effective for organizational commitment (Farid H, Izadi Z, Ismail IA, & F., 2014.). Samad showed a positive relationship between job satisfaction and organizational commitment (Dargahi H & SG., 2014). In the present study, total point of organizational commitment of health managers in Yazd Province was 78.78 and it can be said that organizational commitment of the health managers in Yazd province was middle; the highest point was related to affective commitment and the lowest was continuous commitment. It means that managers of this sector tended to survive in the organization. Lower continuous dimension of organizational commitment than two other dimensions can indicate their concern with costs related to turnover. Regarding the relationship between organizational commitment and education, age, working years in the present organization, general working record, and managerial record in health management, there was a positive relationship between these two variables in the population. Dimensions of organizational commitment showed a positive correlation with education. Nahrir et al. (2010) (Nehrir B , Ebadi A , Tofighi Sh , & A., 2010) did

not find any significant relationship between organizational commitment of the nurses employed in hospitals and education ($r=0.22$), which was unlike ($r=0.15$) the study by Nabizadeh et al. (2014) (Nabizadeh Gharghozar Z et al., 2014). Evidence has shown a significant relationship between age and organizational commitment; however, some studies have demonstrated a U-shaped relationship between age and organizational commitment (i.e. there is an inverse relationship between these two variables until special age and there is a direct relationship at higher ages) (Yucel I, C., & 2012;46:1598-608., 2012). Yaghoobi et al. (2010) mentioned a positive correlation between age and working experience ($p < .005$) and organizational commitment of managers, which was similar to the present study (Yaghoobi M, Karimi S, Javadi M, & A., 2010). Nabizadeh also found a positive correlation between working record of nurses and their organizational commitment ($p < 0.05$, $r=0.12$) (Nabizadeh Gharghozar Z et al., 2014).

Unlike the present study, Gholam Pour et al. (2010) did not find any significant relationship between organizational commitment of managers and deputies of physical education of universities and age, education, and service records (Gholampour M, Talebpour M, Amirnejad S, & E., 2010). Results of the study by Malek Nia et al. (2011) showed a relationship between organizational commitment and education and age group ($p \leq 0.01$), which did not confirm the positive correlation between organizational commitment and working record unlike the present study (Maleknia H, Mehrabi M, & M.A, 2011). Similar to the present work, Mohabati et al. (2013) found a positive correlation between organizational commitment, working experience, and education ($p \leq 0.05$). Probably, managers with more work record have stronger tendency to promote and survive in a special organization, tend to make more effort for the organization, and decisively believe in accepting values and goals of the organization. Generally, they are more loyal to the organization. Managers who have higher educational degree have a good relationship with organizations and intend to remain. In the study by Mohebati et al., there was no positive correlation between organizational commitment and age of managers, unlike the present study. These theorists believe that age affects organizational commitment (Mohabati F et al., 2014). Correlation between the continuous commitment and field of study of health care managers may be considered in the fact that their position is in hospital management.

Conclusion

Specialized and committed human resources are the most important competitive advantage for organizations. Today's organizations try to act such that all customers, governmental institutions and organizations, and the entire society have positive attitudes and also attempt to avoid even one deed which can negatively affect the beneficiary groups; Thus, reinforcing organizational commitment via identifying barriers for managers, more support from this group, and considering individualistic characteristics of managers of this sector which are the behavioral role models of other people in the organization, make the organization more adherent at the time of making decisions about the issues which deal with the lives and health of people.

Limitations of the study

Cross-sectional studies affect generalization of results. Regarding the executive limitations of the study, the managers who were recently appointed in some centers and could not participate in the research can be mentioned.

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