Perceived organizational support and job involvement in the Iranian health care system: A case study of emergency room nurses in general hospitals

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ABSTRACT

Background and Objectives: Researchers believe that there are social exchanges between the employers and employees, because the employees would be interested in their organization and trust it based on how the organization values them and their welfare, comfort, and security. This belief is known as perceived organizational support that makes employees consider themselves as a part of their organization and have a commitment to it. The literature review is very limited in both variables in Iran and thus few studies also report the perceived organizational support and job involvement at the lower levels in our country. This research aimed at studying the levels of perceived organizational support and job involvement, relationship between this two, and the demographic factors relationship with both of them. **Materials and Methods:** This research was a descriptive analytical study conducted in 2012. The population included 123 emergency nurses in General Hospitals of Qom. Data were collected through Perceived Organizational Support and Job Involvement Questionnaires and analyzed using SPSS software, descriptive statistics and Spearman correlation and Chi-square test. **Results:** Both mean scores for perceived organizational support and job involvement were in average level, 146/12 and 35/38, respectively. There was a significant relationship between perceived organizational support and age, education, tenure, organizational position, and job shift. There was also a significant relationship between job involvement and age and education and finally between perceived organizational support and job involvement ($P = 0/029$). **Discussion**: The high correlation between perceived organizational support and job involvement indicates that the improvement of perceived organizational support are necessary through motivating the employees, showing interest in them, paying attention to them, respecting them, and providing development opportunity in the organization. These should be always considered by managers to improve job involvement

Key words: Emergency room, job involvement, nursing, perceived organizational support

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INTRODUCTION

The idea of social exchange from employees to organizations or vice versa for the development of perceived organizational support was first used by Eisenberger. It suggests that, in social relationships, when one person sympathizes with someone else, the other obligates himself to compensate for

it. Researchers believe that there is such a social exchange between employees and employers, because the organization is a source that fulfills employees' needs and it could be referred to as employee–employer relationship. Organizational support theory states that employees form a general view of the support of the organization and accordingly pay attention to organization's objectives and their fulfillment. In other words, when the organization pays attention to its personnel's welfare, they compensate for it with more commitment and better performance.[1] Employees would be interested in their organization and believe it based on how the organization values them and their welfare, comfort, and security. This belief is known as perceived organizational support.[2] When employees perceive that the organization is supportive and concerned about their fortune, they will consider themselves as a part of it, regard the organization as representative of their identities, and then will feel committed to it. Supportive behaviors and organizational atmosphere could provide with perceived organizational support.[3] Perceived organizational support is a perceptive variable that refers to the whole organization. According to organizational support theory, development of perceived organizational support among employees would rise by their tendency to attribute human features to the organization. It is noteworthy that the behavior of authorities such as supervisors and managers is as an indication of the organization's intent not of authorities'.[4] However, perceived organizational support is taken as the indicator of organization's commitment to employees.[5] Perceived organizational support is high when organization provides resources such as rewards, promotion opportunity, giving feedback, and showing interest in its employees.[6] Although most of researches concentrate on positive side of organizational support, it is a fact that the low level of support may be attributed to unfruitfulness attempts of employees to feel included. On the other hand failure in feeling included would lead to adverse reactions. Support sense in an organization is considered as the source of acceptance and includedness and demonstrates the organization's verification and respect towards an employee.[7] There is also a positive relationship between perceived organizational support, feeling responsible towards customers and supporting their organization.[1]

On the other hand, the notion of job involvement was recently considered by industrial and organizational psychology and management specialists; the extent to which a person identifies himself with his job,[8,9] is engaged with and specifically interested in his job. In fact, job involvement is related to how important one's job seems to him in his total image.[9] Low job involvement would lead to job and organizational alienation, rambling, and separation of life and job.[10] High job involvement brings about positive results and makes people to work more than their responsibility. It also makes employees become interested in, contribute to and engage in the organization, and enjoy from its membership.[11] The general assumption is that high job involvement is an inherently desirable feature of employees. People with high job involvement are satisfied with their job, show positive spiritual motive at work, and are highly committed to their co-workers and organization.[12] Furthermore, people with high job involvement attach more importance to their job,[13] barely think of quitting, and are expected to work in their organization for some years.[14]

Hospitals are one of the most important parts and the center of health care system and have features which discriminate them from other organizations. World Health Organization (WHO) reports that half of health care budget in Third World countries and also a significant part of highly educated manpower are allocated to hospitals.[15] Nurses are faced with different problems such as long-term work hours, erratic work plans, limited weekends, enormous job demands, inadequate salary, and inappropriate behavior of some customers and their families. These problems often arise from the weaknesses of human resource management techniques in hospitals.[16] On the other hand, emergency rooms are special centers of health care services which provide health care to for patients with critical conditions. Since saving lives is the priority in emergency rooms, highly experienced and skilled nurses are a necessity. Furthermore, emergency room is one of the most stressful wards of the hospital for nurses because of high expectations of patients and their families, ongoing struggles, and offensive behaviors among people; hence, the nurses are exposed to burnout.[17] According to the research literature related to perceived organizational support and job involvement, it was found that the literature review is very limited in both variables in Iran, and no exact study on the relationship between perceived organizational support and job involvement has been done in our country although few studies have examined the relationship between each of this variables alone with the other variables of organizational behavior (such as zaki research on to perceived organizational support and Mirhashemi study on job involvement). The studies also report the perceived organizational support and job involvement at the lower levels. Thus, with regard to importance of organizational behavior in hospital Challenging industry, such research was essential.

This research aimed at determine levels of perceived organizational support and job involvement and also the relationship between each of the demographic factors (age, sex, marital status, education level, employment status, organizational position, tenure, job shift, and hospital type) with perceived organizational support and job involvement and finally the relationship between the perceived organizational support and job involvement for nurses in the public hospital in Qom.

MATERIALS AND METHODS

This was a descriptive-analytical, cross-sectional research that was part of a M.S thesis Approved by Tehran University of Medical Sciences (grant No: TUMS/SHMIS_1391/129).

The population included emergency room nurses of General Hospitals in Qom City who were working in 2012. These included General University Hospitals (Shahid

Beheshti, Kamkar, and Masoumeh) and two General Charity Hospitals (Golpayegani, Valiasr) with 123 nurses. Administrators of General military hospital of Ali ebneabitaleb did not allow to do this research in their hospital. We used the census method because of the limited nurses of this hospital and so all 5 hospital emergency room nurses were our sample. The criteria to participation in the study were: Nurse (including expert, technician or assistant), working in the emergency department, and willing to answer questions (consent).

The first questionnaire contains 10 questions about the respondents' demographic characteristics (age, sex, marital status, education level, employment status, organizational position, tenure, job shift, and hospital type).

To measure perceived organizational support level we used standard questionnaire of perceived organizational support first introduced by Eisenberger and his co-workers. This scale was used several time in different research works in Iran and other countries and had high reliability and validity. Doayi has reported 0.86 for its internal reliability.[18] The main Eisenberger English-language questionnaire was extracted from Eisenberger site and Translated back into English by researcher and to assess the validity was returned to English language again to determine the questions fully and accurately conveyed when translated and so the face validity was proven. However, a number of English language teachers and management have confirmed the content validity of the questionnaire. In addition, over the study began, the text of the questionnaire survey was conducted of several of the emergency nurses and was confirmed.

This questionnaire has 36 items which are arranged based on 7 item Likert scales from strongly disagree = 1 to strongly agree = 7. On average, it takes 15 to 20 minutes to complete this questionnaire.

To measure job involvement level we used Kanungo job involvement questionnaire. Kanungo job involvement questionnaire was made in order to overcome cultural biases in the traditional definition of job involvement and increase the generalizability of its concept among different cultures. Mirhashemi used it with 32 faculty members and reported an acceptable level 0.807 internal reliability. He examined the correlation of this questionnaire and Lodal and Kijner questionnaire with a randomly selected sample and the coefficient 0.725 and the *P* value demonstrate that questionnaire has relevant convergent validity.[19] This questionnaire contained 10 item answered based on 7 item Likert scale. On average, it takes 5 to 10 minutes to complete this questionnaire.

We have considered scores equal to or more than 70% of total score of the questionnaire as desired, scores below 70% to 40% of the total score as average level and scores lower than 40% as undesired status.

Researcher went to hospital emergencies in All shifts in the morning, afternoon, and evening to meet all of the nurses and the questionnaire was filled in his presence to answer possible questions. Participating in the study was voluntary, we explain the objectives of research and get informed consent of them, and assure them that their answers will remain confidential to researcher and will not be disclosed to the hospital administrators.

After collecting and leaving out the wrongly filled questionnaires, 110 questionnaires were obtained.

We used descriptive statistic and Chi-square test to determine the relationship between qualitative variables and spearman correlation for qualitative variables correlation. Significance level of 0/05 was considered.

RESULTS

Results demonstrated that most of responders were below the age 30 (59%) and the least were above the age 50 (1%). 64.5% of the respondents were women and the rest were men. 34.6% were single and the others were married. Regarding their educational, the most had bachelor degree (83.6%) and the least had diploma degree (5.5%). The employment status of the most responders was contract (43.3%) and only a few worked by project (12.5%).

Most of the statistical population (56.4%) had a work record under five years and the rest 21.3% had 5-10 years, 9.6% with 15%-20% and just a few had upper than 20 years tenure. 92.7% were nurses, 3.6% staff, and 3.6% head nurses. 91.8 of nurses were on rotation shift service and the rest were on fix shift. Finally, 30% were in charity hospitals and 70% in university hospitals.

As we see in table 1, the average of perceived organizational support was 146.12 with 1.76 standard deviation. This was in a range from 40% to 70% of the total score and demonstrated that the perceived organizational support of emergency room nurses of Qom's General hospital is at an average level. On the other hand, the average of job involvement was 35.38 with 1.11 standard deviation that was in the range from 40% to 70% of the total score and demonstrated that the job involvement of the population is at an average level.

According to table 2, the results of spearman correlation demonstrate that there is a positive and meaningful relation between perceived organizational support and age (*P* = 0.004) and tenure (0.015). Also, there is a relationship between job involvement and age (*P* = 0.026), but no meaningful relationship between job involvement and tenure. (*P* = 0.014) was meaningful, so that the perceived organizational support was more among nurses with diploma degree than those with other degrees. The organizational position also has meaningful relationship with perceived organizational support (*P* = 0.031); perceived

organizational support was higher among head nurses than other positions. Job shift and perceived organizational support have a meaningful relationship ($P = 0.041$); perceived organizational support was higher among fix shifts than rotations.

Among all of demographic variable in table 4, job involvement has a meaningful relationship with education only ($P = 0/006$), it was higher among nurses with diploma degree.

There is a meaningful relationship between perceived organizational support and job involvement ($P = 0.029$); job involvement was higher among nurses with more perceived organizational support.

Table 1: The indexes for perceived organizational support and job involvement in target population demographic variables should changed to variables				
Demographic variables	Minimum	Maximum	Average	Standard deviation
Perceived organizational support	101	201	146/12	1/76
Job involvement	16	67	35/38	1/11

Table 2: Relationship between perceived organizational support and job involvement and quantitative demographic variables				
Demographic variables	Spearman correlation	Meaningful level *P* value	Spearman correlation	Meaningful level *P* value
Age	0/004	0/28	0/217	0/026
Tenure	0/015	0/25	0/127	0/221

DISCUSSION

Dependent on perceived organizational support, employees would work in organizations as active members and would feel satisfied and pleased. On the other hand, satisfied employees are the most important assets of an organization which together with job involvement increase the effectiveness of an organization, hence the necessity of this research. Results show that the average of perceived organizational support among the population subjects is at an average level. The likely analysis is that the administrators and heads of Qom's hospitals prefer the autocratic style to manage health organization and show no interest in using collaborative style.[20] Their style was benevolent. Authoritative as perceived by their employees and among all of the hospital employees in Arab's study, midwives and nurses allocated low scores to leadership style of their managers, maybe because of the prevalent bureaucracy in the nursing team of hospitals which is also common in Iranian health system and the nurses should work while head nurses are monitoring them; this together with managers' controlling act[21] weakens perceived organizational support. Qom's hospitals managers are reported to be not interested in devolution of duties; devolution is a motivating factor which accelerates working and achieving the goals set by the organization.[22] On the other hand, in charity hospitals, employees' contribution to decision making is only considered about simple and unimportant cases and the hospital board decides independently while employees are the main process masters.[23] Sabokroo in his research among the nurses working in Tehran's hospitals found that perceived organizational support is at a desired level.[16] Zakiin a survey of managers and teachers of high schools found that perceived organizational support was at an average level.[3]

The average of job involvement of emergency room nurses of Qom's general hospital was at an average level. It can attribute

Table 3: Relationship between perceived organizational support qualitative demographic variables		Number (%)				Meaningful level (*P* value)
Perceived organizational support	Demographic variables	Very low	Low	Average	High	
Gender	Man	11 (7/29)	12 (4/32)	6 (2/16)	8 (7/21)	
	Woman	21 (30)	15 (4/21)	16 (8/22)	18 (8/25)	605/0
Marital status	Single	13 (1/35)	7 (9/18)	9 (3/24)	8 (7/21)	
	Married	19 (1/27)	20 (6/28)	13 (6/18)	18 (7/25)	579/0
Educational level	Diploma	0 (0)	0 (0)	1 (7/16)	5 (3/83)	
	Associate	5 (7/41)	5 (7/41)	2 (7/16)	0 (0)	014/0
	Bachelor	27 (3/29)	22 (9/23)	19 (7/20)	24 (1/26)	
Employment status	Official	4 (19)	4 (19)	3 (3/14)	10 (6/47)	
	Compact	14 (1/31)	14 (1/31)	8 (8/17)	9 (20)	208/0
	Contract	8 (32)	6 (24)	6 (24)	5 (20)	
	Project	5 (5/38)	2 (4/15)	5 (5/38)	1 (7/7)	
Organizational position	Nurse	31 (7/30)	26 (7/25)	19 (8/18)	26 (7/25)	
	Staff	1 (25)	0 (0)	3 (75)	0 (0)	031/0
	Head nurse	0 (0)	1 (25)	0 (0)	3 (75)	
Job shift	Fix	1 (1/11)	1 (1/11)	1 (1/11)	6 (7/66)	
	Rotation	31 (7/30)	26 (7/25)	21 (8/20)	23 (8/22)	041/0
Hospital type	University	24 (2/31)	19 (7/24)	14 (2/18)	20 (26)	
	Charity	8 (2/24)	8 (2/24)	8 (2/24)	9 (3/27)	884/0

Table 4: Relationship between job involvement and qualitative demographic variables					
Job involvement	Demographic variables	Number (%)			Meaningful level (*P* value)
		Low	Average	High	
Gender	Man	11 (7/29)	16 (2/43)	10 (27)	
	Woman	26 (1/37)	22 (4/31)	22 (4/31)	474/0
Marital status	Single	13 (1/35)	13 (1/35)	11 (7/29)	
	Married	24 (3/34)	25 (7/35)	21 (30)	996/0
Educational level	Diploma	1 (7/16)	0 (0)	5 (3/83)	
	Associate	1 (3/8)	7 (3/58)	4 (3/33)	006/0
	Bachelor	38 (3/41)	31 (7/33)	23 (25)	
Employment	Official	7 (3/33)	7 (3/33)	7 (3/33)	
Status	Compact	16 (6/35)	16 (6/35)	13 (9/28)	393/0
	Contract	5 (20)	10 (40)	10 (40)	
	Project	7 (8/53)	5 (5/38)	1 (7/7)	
Organizational position	Nurse	38 (3/37)	35 (3/34)	29 (4/29)	
	Staff	0 (0)	2 (50)	2 (50)	608/0
	Head nurse	2 (50)	1 (25)	1 (25)	
Job shift	Fix	4 (4/44)	3 (3/33)	2 (2/22)	
	Rotation	36 (6/35)	35 (7/34)	30 (7/29)	844/0
Hospital type	University	32 (5/41)	26 (8/33)	19 (7/24)	
	Charity	8 (2/24)	12 (4/36)	13 (4/39)	160/0

Table 5: Relationship between perceived organizational support and job involvement					
Perceived organizational support job involvement	Number (%)				Meaningful level (*P* value)
	Very low	Low	Average	High	
Low	10 (25)	8 (20)	6 (15)	3 (9/7)	
Average	15 (5/39)	13 (2/34)	7 (4/18)	19 (3/31)	029/0
High	7 (9/21)	6 (7/18)	9 (1/28)	16 (40)	

to leadership style of administrators and heads of Qom hospital and unmotivated nurses due to the atmosphere of Qom hospitals. Mirhashemi in his study of emergency room nurses of Tehran public and private hospitals found that job involvement average is at an inappropriate level.[24] He also showed in another study that faculty members experience average job involvement.[19] O'Driscol reports the job involvement level of employees of four dairy products companies is desired.[25]

Among all of demographic variables in this study, age, education, tenure, organizational position, and job shift are related to perceived organizational support. Age has a positive meaningful relationship with perceived organizational support. Taleghani showed that older people feel more support from the organization[26] but Mayo found in his research that there is a reverse relationship between them.[29]

Perceived organizational support was higher among nurses with diploma license than others; this is not in agreement with Cohen's study which showed that perceived organizational support does not have a relationship with education.[28]

Perceived organizational support has a positive relationship with tenure so that higher tenure is related with higher perceived organizational support. Perceived organizational support has

increased as a tenure was higher in one organization, because as a person was in one organization for longer period of time has fused more with it, related more mentally and become to have a good mind to it, know the organization as his identity, and feel that organization has commitment to him too. This matches with Zaki,[3] Taleghani,[26] and Cohen's[28] studies, but does not conform with Mayo's[27] research that showed perceived organizational support is reversely related to tenure.

Perceived organizational support is shown to be higher among head nurses than among staff and nurses. It is likely that the head nurses have higher tenure in an organization. This is in concordance with Zaki's[3] results indicating that managers experience higher perceived organizational support than teachers in high schools. Snap also verifies the relationship between organizational position and perceived organizational support.[29] Finally, perceived organizational support is reported to be more among nurses who work in fix shift than those working in rotation although there seems to be no evidence of this relationship.

Chi-square test determines that there is no relationship between perceived organizational support and gender. Taleghani,[26] Panaccio,[30] and Sabokroo[16] also certify the same, but Zaki suggested that women experience more perceived organizational support than men[3] although he argued in his other study that men have more perceived organizational support.[31] No relationship was found between perceived organizational support and marital status in this study which is in agreement with Sabokroo[16] and Cohen's[28] studies.

Results also demonstrate that there is no relationship between employment status, job shift, and hospital type. It seems that there is no similar study concerned about such notions.

Among all of the demographic variables, just age and education have a relationship with job involvement. Job involvement increases as the age increases, as verified by Marshall,[32] but Mirhashemi[19] and Talebpoor[33] have shown that there is no relationship between age and job involvement. There is also a reverse meaningful relationship between job involvement and educational level, so that the nurses with diploma degree have more job involvement than those with associated degree and these also have more job involvement than those with bachelor degree. This does not agree with Marshall's[32] study which showed that there is a positive correlation between job involvement and education.

There is no meaningful relationship between job involvement and gender. Brown.[14] verified the same, but Mirhashemi has shown in his research on faculty members that men have higher job involvement than women.[19] On the other hand, Gholipoor in his survey of employees in three organizations shows that women experience higher job involvement.[34] There is also no meaningful relationship between job involvement and marital status, as Mirhashemi[19] and Gholipoor[34] argue in their studies, but Cortis's[35] findings suggest that there is a negative correlation between job involvement and marital status.

There is no meaningful relationship between employment status and job involvement; this does not confront with Gholipoor,[34] who suggests that there is a negative relationship between these two variables, that is as employees become assured about their employment status (permanent) job involvement decreases. However, Talebpoor[33] argues that there is no meaningful relationship between these two variables. There is also no linear meaningful relationship between job involvement and tenure which is verified by Gholipoor[34] while Mirhashemi[19] and Marshall[32] find the opposite and show that there is a positive correlation between them.

Chi-square test demonstrates that there is no relationship between job involvement and organizational position, verified also by Gholopoor,[34] while Mirhashemi states that there is a difference between job involvement and organizational level in universities, suggesting that faculty members with higher academic levels experience higher job involvement levels.[19] Marshall also certifies the relationship between these two variables,[32] maybe based on the effect of increasing tenure on gaining higher position in an organization which is not in agreement with current research. Finally, there is no relationship between job involvement and job shift and hospital type; there seems to be no similar study in related literature.

As for the conclusion of this study, there is a meaningful statistical relationship between perceived organizational support and job involvement, in a way that higher job involvement is observed among nurses with higher perceived organizational support, and in fact all employees who have higher perceived organizational support, also feel higher job involvement and vice versa higher job involvement due to higher perceived organizational support. The likely analysis is that the nurses who perceived more support from organization, more involved in their jobs, work with motive and interest and enjoy from it and reversely more employees are involved in their jobs, the more they will be involved in and dependent on their organization; they will become more optimistic about and enjoy working for it even though the organization has not been supportive enough. In fact the enjoyment for those who get themselves immersed in their jobs makes them involved in their organization or at least ignore the lack of support if not involved.

O'Droscol,[25] Wickramasinghe,[36] Vogelzang,[37] and McCook[38] show that perceived organizational support and job involvement have a positive relationship and increasing higher perceived organizational support makes job involvement increase. Saks also suggests that job involvement could be predicted by perceived organizational support.[39] In conclusion, all of past research shows the positive relationship between perceived organizational support and job involvement and confirms this research.

Despite the charity hospital's background in facing these problems and researcher's expectations to gain a lower mean score for each of these two variables, there was not any meaningful relationship between the two variables and the hospital type. This was likely due to the fewer number of nurses from charity hospitals that collaborated in this research than those from university hospitals.

Result of this study suggest that the hospital and nursing managers should increase nurses' perceived organizational support by means of welfare and motivational programs, verbal and practical praise, showing interest, attention and respecting them, and also providing opportunities for promotion and development in organizations. Acting with justice toward employees and not being biased about organizational position, creating a friendly collaborative atmosphere instead of competitive one, asking nurses' views about their organization, paying attention to employees' health, work and life conditions, and finally assuring them that the organization is faithful to them and will not replace them with new employees would help to increase nurses perceived organizational support. On the other hand, actions such as job rotation and job enrichment, empowerment and making jobs more would improve employees' view about their jobs and make them involved and dependent on them and also would enhance perceived organizational support, which in turn would increase job involvement.

The limitations of this research were as follows: (1) conservativeness of some respondents to complete the questionnaire; (2) deficiency of past studies about perceived organizational support in Iran and especially in health system. To overcome the former, it was explained to them that the questionnaire was confidential and anonymous and was used only for this research. Besides, the number of questionnaires

distributed was more than the sample size. To overcome the latter, the experiences achieved by other studies both within and without Iran were applied, a feature which could be attributed to the current research.

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