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Original Article

# Nurses' professional values and organizational commitment

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## الملخص

**الأهداف البحثية:** تتأثر القيم المهنية والإلتزام التنظيمي بشدة بالإختلافات الفردية. إن معرفة ماهية وكيفية عمل هذه الإختلافات هو أمر بالغ الأهمية لكل منظمة صحية. لذلك فإن الهدف من هذه الدراسة هو دراسة كيفية انعكاس الإختلافات في الخصائص الديموغرافية في القيم المهنية والإلتزام التنظيمي بين الممرضين والممرضات.

**طرق البحث:** أجريت الدراسة باستخدام تصميم ارتباط وصفي مقطعي. تم استخدام القيم المهنية التمريضية ومقاييس الإلتزام التنظيمي لجمع البيانات. تكونت العينة من 412 ممرضٍ وممرضة ممن رغبوا في الإلتحاق بالدراسة.

**نتائج البحث:** أظهرت النتائج أن القيم المهنية للممرضين والممرضات تختلف باختلاف العوامل الديموغرافية مثل الخبرة والقسم وأسباب اختيار المهنة وأخذ دورة أخلاقية، بينما لا توجد فروق على أساس التعليم أو الجنس. تختلف مستويات الإلتزام باختلاف الخبرات والدين بالإضافة لحصولهم على دورة في علم الأخلاق وآداب المهنة.

**خلاصة البحث:** يمكن أن تساهم المعرفة حول ما يمكن أن يؤثر على قيم وإلتزام الممرضين والممرضات في إعادة تصميم تعليم الأخلاقيات السريرية وتطوير خطط الإستقطاب الوظيفي.

**الكلمات الدالة:** القيم المهنية؛ الإلتزام التنظيمي؛ علم الأخلاق؛ ممرض؛ تمريض

**Abstract**

**Objectives:** Both professional values and organizational commitment are strongly affected by variations among individuals. Identifying personal differences and their effects on professional values and organizational commitment is crucial for every hospital setting. Therefore, the aim of this study was to examine how differences in demographic characteristics are reflected in professional values and organizational commitment among nurses.

**Methods:** The study used a cross-sectional descriptive correlational design. Nursing professional values and organizational commitment scales were used to collect the data. The sample consisted of 412 staff nurses recruited through a convenience sampling technique.

**Results:** Nurses' professional values differed according to demographic factors such as experience, department, career choice and having taken an ethics course, whereas no differences associated with education or gender were observed. Nurses' levels of commitment differed according to their experience, their religion and whether they had taken an ethics course.

**Conclusion:** Deeper knowledge regarding the factors affecting nurses' values and commitment may contribute to redesigning clinical ethics education for nurses and the development of non-traditional retention plans.

**Keywords:** Ethics; Nurses; Nursing; Organizational commitment; Professional values

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## Introduction

Nurses use their professional values in their daily work. These values are a pillar of nursing practice and nurses' interactions with patients, colleagues, leaders and the community. Nurses' decision-making and professional growth stem from their values. Knowledge and application of professional values among nurses are essential to providing safe and ethical care.[1] Professional values are a complex amalgamation of personal values, culture, education, interactions with other nurses and organizational values.[2] In fact, the ability to provide individualized care is determined by nurses' professional values.[3] Professional values foster regular norms of conduct, which in turn motivate professionals to act morally in their work. Therefore, these values must be identified and implemented.[4] The importance of professional values is magnified by the challenges that nurses confront internationally, such as the ageing of the workforce, immigration, nursing shortages, changes in population demographics and new diseases.[5] Professional values equip nurses to face the consequences of these challenges, including associated ethical issues, because they promote nurses' ethical competency and provide them with the most appropriate moral orientation in the context of the problems that they face.[6] Francis[7] has specified the importance of hiring candidates in healthcare according to their attitudes and behaviours. Consequently, value-based recruitment was created with the aim of recruiting individuals with personal values consistent with the United Kingdom's National Health Service values.[8] Relatedly, Jianping and Huijun[9] have discovered that willingness, professional preference and education influence nursing students' professional values. Thus, professional values in nursing differ among groups according to background and organizational context. In turn, the influence of professional values extends to nurses' occupational satisfaction and organizational commitment.[10]

The current nursing shortage has created recruitment and retention challenges that can obstruct the execution of organizations' plans. Therefore, planning interventions to increase staff commitment are necessary. Higher levels of commitment affect nurses positively, and leaders must be knowledgeable regarding the factors affecting this commitment. Commitment is affected by both internal and external factors. Internal factors include education, experience, job satisfaction and utilization of skills. External factors include leadership type, organizational characteristics, resources and staffing.[11] Timalsina et al.[12] have explored the predictors of organizational commitment among university nursing faculty and observed moderate commitment in 68% of participants. The major predictors of commitment were the type of appointment, current organizational tenure and job satisfaction. Labrague et al.[13] have also reported moderate levels of commitment, in this case among Filipino nurses; the findings reflect the importance of modifying the factors affecting nurses' organizational commitment. Organizational commitment leads to high professional commitment. In 2019, Galletta et al.[14] reported that nurses with higher affective and normative commitment have greater skills in handling conflicts with their supervisors, subordinates or colleagues. Lee et al.[15] have found that self-directed learning is an effective method for strengthening professional values. Relatedly, Monroe[16] has discovered that professional values are higher among nurses who have received continuing education in ethics.

## Aim

The study aim was to examine how differences in demographic characteristics are reflected in professional values and organizational commitment among nurses working in the Ministry of Health (MOH) of KSA.

## Materials and Methods

### Research design

This study used a cross-sectional descriptive correlational design. The data were collected from January to March of 2022.

### Sampling and setting

The sample consisted of 412 participants selected by convenience sampling. The researchers selected staff nurses with a minimum of 1 year of experience for inclusion in the study. The study was conducted in two main hospitals in Jeddah: King Fahad General Hospital Jeddah (KFH) and King Abdulaziz Hospital (KAH), both of which are affiliated with the MOH in Jeddah City.

### Measurement instruments

This study used standardized self-reporting questionnaires to measure nurses' professional values and their organizational commitment. The first part of the questionnaire included questions regarding the nurses' demographic and professional characteristics, such as age, experience, education and previous ethics courses taken. The second part of the questionnaire, the Nursing Professional Values Scale, assessed the nurses' professional values and consisted of 29 items covering five domains (PV1−PV5): self-concept of the profession (nine items); social awareness (eight items); professionalism in nursing (five items); the role of nursing service (four items); and originality of nursing (three items). These items were measured on a 5-point Likert scale.[17] Item 25 was omitted because it was not relevant to the Saudi working environment. The validity and reliability of the questionnaire, after the omission of item 25, had a Cronbach alpha of 0.82.

The third part of the questionnaire was used to measure nurses' organizational commitment. It consisted of 18 items over three domains (OC1−OC3): affective commitment (six items), continuance commitment (six items) and normative commitment (six items). These items were also measured on a 5-point Likert scale. Validity and reliability were verified with a Cronbach alpha of 0.81.[18] Both questionnaires are

widely used and well established, and their use in this study was approved by the authors of both questionnaires.

*Statistical analysis*

The SPSS statistical program version 25 was used to analyse the data and to test for each of the study's specific objectives. The significance level for this study was 0.05. Descriptive statistics were used to analyse the participants' demographics. A t-test was used to determine whether significant differences existed between the means of the responses of two independent populations. Analysis of variance was conducted via F-tests to indicate whether relationships existed between the means of the responses of more than two independent populations.

**Results**

Table 1 illustrates the frequency distribution of the staff nurses' sociodemographic variables. A total of 90.5% of the participants were women. Among all participants, 146 reported between 5 and 9 years of experience, and 66% had a bachelor's degree. Most participants were Saudi (35%) and Indian (34%). Muslims constituted 55% of the sample. The distribution among departments, was as follows: medical, 17.7%; surgical, 21.8%; and ICU and emergency room (ER), almost 30%. The remainder worked

**Table 1: Frequency distribution of the staff nurses' socio-demographic and professional variables ($N = 412$).**

| Variable | $n$ | Percentage |
|---|---|---|
| Gender | | |
| Male | 39 | 9.5 |
| Female | 373 | 90.5 |
| Experience (years) | | |
| <5 | 85 | 20.6 |
| 5−9 | 146 | 35.4 |
| 10−15 | 108 | 26.2 |
| >15 | 73 | 17.7 |
| Education | | |
| Diploma | 140 | 34.0 |
| Bachelor | 272 | 66.0 |
| Nationality | | |
| Indian | 140 | 34.0 |
| Filipino | 106 | 25.7 |
| Saudi | 144 | 35.0 |
| Others | 22 | 5.3 |
| Religion | | |
| Muslim | 227 | 55.1 |
| Christian | 149 | 36.2 |
| Others | 36 | 8.7 |
| Hospital | | |
| KFH | 200 | 48.5 |
| KAH | 212 | 51.5 |
| Department | | |
| Medical | 73 | 17.7 |
| Surgical | 90 | 21.8 |
| ICU | 59 | 14.3 |
| ER | 62 | 15.0 |
| Others | 128 | 31.1 |
| Working hours | | |
| Fixed | 112 | 27.2 |
| Rotating | 300 | 72.8 |
| Career choice | | |
| Personal interest | 200 | 48.5 |
| Professional | 92 | 22.3 |
| Availability | 82 | 19.9 |
| Not specified | 38 | 9.2 |
| Effect of PV on OC | | |
| Yes | 341 | 82.8 |
| No | 44 | 10.7 |
| Not sure | 27 | 6.6 |
| Ethics course | | |
| Yes | 263 | 63.8 |
| No | 149 | 36.2 |

ER, emergency room; ICU, intensive care unit; KAH, King Abdulaziz Hospital; KFH, King Fahad General Hospital Jeddah; OC, organizational commitment; PV, personal values.

**Table 2: Mean differences in demographic characteristics with respect to professional values among nurses ($N = 412$)**

| Variable | Professional values | | | | |
|---|---|---|---|---|---|
| | Mean | SD | Test | Test value | $p$-value |
| Gender | | | | | |
| Male | 3.93 | 0.95 | t-test | 1.485 | 0.138 |
| Female | 4.10 | 0.64 | | | |
| Experience (years) | | | | | |
| <5 | 3.98 | 0.74 | F-test | 3.131 | 0.026* |
| 5−9 | 4.06 | 0.62 | | | |
| 10−15 | 4.04 | 0.53 | | | |
| >15 | 4.29 | 0.72 | | | |
| Education | | | | | |
| Diploma | 4.06 | 0.77 | t-test | 0.503 | 0.615 |
| Bachelor | 4.09 | 0.63 | | | |
| Nationality | | | | | |
| Indian | 4.15 | 0.57 | F-test | 6.871 | 0.001** |
| Filipino | 4.25 | 0.61 | | | |
| Saudi | 3.88 | 0.79 | | | |
| Others | 4.11 | 0.59 | | | |
| Religion | | | | | |
| Muslim | 4.04 | 0.75 | F-test | 1.177 | 0.309 |
| Christian | 4.15 | 0.61 | | | |
| Others | 4.07 | 0.51 | | | |
| Department | | | | | |
| Medical | 4.24 | 0.59 | F-test | 11.418 | 0.001** |
| Surgical | 4.31 | 0.68 | | | |
| ICU | 4.07 | 0.58 | | | |
| ER | 3.63 | 0.75 | | | |
| Others | 4.05 | 0.63 | | | |
| Working hours | | | | | |
| Fixed | 4.12 | 0.72 | t-test | 0.758 | 0.449 |
| Rotating | 4.06 | 0.67 | | | |
| Career choice | | | | | |
| Personal interest | 4.15 | 0.66 | F-test | 3.902 | 0.009* |
| Professional | 4.16 | 0.64 | | | |
| Availability | 3.91 | 0.73 | | | |
| Not specified | 3.90 | 0.72 | | | |
| Effect of PV on OC | | | | | |
| Yes | 4.13 | 0.64 | F-test | 6.908 | 0.001** |
| No | 3.98 | 0.84 | | | |
| Not sure | 3.65 | 0.73 | | | |
| Ethics course | | | | | |
| Yes | 4.14 | 0.67 | t-test | 2.338 | 0.020* |
| No | 3.98 | 0.69 | | | |

ER, emergency room; ICU, intensive care unit; OC, organizational commitment; PV, professional values.
*Statistically significant at $p < 0.05$; **Highly significant $<0.001$.

in other departments including paediatrics, obstetrics and gynaecology, nephrology and cardiology. Most of the sample (72.8%) had rotating shifts. Interestingly, 48.5%, representing 200 staff nurses, stated that they chose the nursing profession on the basis of personal interests. Furthermore, approximately 83% reported believing that professional values influence organizational commitment.

Table 2 shows the mean score differences between nurses' professional values and their demographics. Significant differences with $p < 0.05$ were found in nurses' professional values on the basis of their experience, department, career choice, opinion regarding the effect of professional values on organizational commitment, having

taken an ethics course and nationality; all those variables showed relationships with professional values. In contrast, no significant relationships of professional values with gender, education, working hours or religion were found ($p > 0.05$).

Table 3 shows the mean score differences between nurses' organizational commitment and their demographics. Significant differences with $p < 0.05$ were found in nurses' organizational commitment according to their gender, experience, department, opinion regarding the effect of professional values on organizational commitment, having taken an ethics course and religion, thus indicating that relationships existed between those variables and organizational commitment.

### Table 3: Mean differences in demographic characteristics with respect to organizational commitment among nurses ($N = 412$).

| Variable | Organizational commitment | | | | |
|---|---|---|---|---|---|
|  | Mean | SD | Test | Test value | p-value |
| Gender |  |  |  |  |  |
| Male | 3.71 | 1.13 | t-test | 2.208 | 0.043* |
| Female | 3.41 | 0.83 |  |  |  |
| Experience (years) |  |  |  |  |  |
| <5 | 3.54 | 0.92 | F-test | 3.319 | 0.020* |
| 5−9 | 3.40 | 0.81 |  |  |  |
| 10−15 | 3.26 | 0.82 |  |  |  |
| >15 | 3.64 | 0.86 |  |  |  |
| Education |  |  |  |  |  |
| Diploma | 3.53 | 0.95 | t-test | 1.603 | 0.110 |
| Bachelor | 3.38 | 0.82 |  |  |  |
| Nationality |  |  |  |  |  |
| Indian | 3.38 | 0.83 | F-test | 0.732 | 0.534 |
| Filipino | 3.40 | 0.85 |  |  |  |
| Saudi | 3.49 | 0.95 |  |  |  |
| Others | 3.62 | 0.63 |  |  |  |
| Religion |  |  |  |  |  |
| Muslim | 3.53 | 0.93 | F-test | 3.116 | 0.045* |
| Christian | 3.32 | 0.78 |  |  |  |
| Others | 3.31 | 0.76 |  |  |  |
| Department |  |  |  |  |  |
| Medical | 3.64 | 0.92 |  | 11.824 | 0.001** |
| Surgical | 3.83 | 0.98 | F-test |  |  |
| ICU | 3.18 | 0.67 |  |  |  |
| ER | 3.01 | 0.75 |  |  |  |
| Others | 3.36 | 0.75 |  |  |  |
| Working hours |  |  |  |  |  |
| Fixed | 3.50 | 0.90 | t-test | 0.891 | 0.374 |
| Rotating | 3.41 | 0.86 |  |  |  |
| Career choice |  |  |  |  |  |
| Personal interest | 3.44 | 0.88 |  | 0.471 | 0.703 |
| Professional | 3.49 | 0.84 | F-test |  |  |
| Availability | 3.44 | 0.88 |  |  |  |
| Not specified | 3.29 | 0.89 |  |  |  |
| Effect of PV on OC |  |  |  |  |  |
| Yes | 3.49 | 0.88 | F-test | 3.693 | 0.026* |
| No | 3.17 | 0.78 |  |  |  |
| Not sure | 3.20 | 0.84 |  |  |  |
| Ethics course |  |  |  |  |  |
| Yes | 3.56 | 0.90 | t-test | 3.909 | 0.001** |
| No | 3.21 | 0.77 |  |  |  |

ER, emergency room; ICU, intensive care unit; OC, organizational commitment; PV, personal values.
*Statistically significant at $p < 0.05$; **Highly significant <0.001.

### Discussion

This study found significant differences in nurses' professional values according to their experience, department, career choice, opinion regarding the effect of professional values on organizational commitment, having taken an ethics course and nationality. Fernández-Feito et al.[19] have found significant differences in nurses' professional values according to their number of years of experience as nurses: those with more than 20 years of experience placed less importance on values. With respect to working department, a recent study has found that nurses working in the ER must re-categorize their values according to the work context and patient demands, because nurses in the ER often cannot accommodate all professional values simultaneously. The nature of ER work requires values to be prioritized and rearranged according to the context, thus illustrating the effect of the working department on professional values. Most of the study sample believed that professional values have an effect on organizational commitment. Professional values influence personal ethics and the workplace, whereas organizational commitment is a psychological state that defines the relationship between nurses and their organization.[20] In fact, significant correlations exist among personal values, organizational values and organizational commitment.[21] Proper ethics education equips nurses to handle unpredictable ethical situations and to exhibit moral courage.[22] Chehrehgosh et al.[23] have observed that moral courage and professional values are significantly related, concluding that supporting nurses' moral capabilities can lead to the provision of value-based care in an organization. Al Shammari et al.[24] have found no relationship between ethnic background or nationality and professional values. Nevertheless, the effects of variations in ethnic background or nationality cannot be overlooked, because culture clearly affects nurses' professional values. A study conducted in multiple countries (Turkey, Tanzania and Spain) has found significant differences in mean scores for nursing student values. The study has indicated significant effects of culture, such that some health-associated topics that are dominant in a given society can influence nurses' perceptions of which values are more important or crucial than others.[25] Furthermore, Yeganeh et al.[26] have reported that women attach greater importance to professional values than men. This study found that religion did not influence nurses' professional values. Nevertheless, qualitative findings have indicated that religion shapes participants' ideals regarding

human behaviour, because it forms the core of professional values and ethical conduct.[27]

In relation to organizational commitment, the present study found differences in nurses' commitment according to their demographics. The role of experience appeared to be influential, because staff with more than 5 years of experience showed higher commitment. Experience is a major factor in organizational commitment because it reflects staff seniority, deep knowledge of the organization's rules and familiarity with unit-specific situations. Furthermore, nurses with more years of experience qualify as candidates for more positions. In a large study in 1486 nurses and 540 physicians, participants who had spent more years working in the same unit and those in management positions showed higher levels of commitment.[28] Recently, Teymoori et al.[29] have indicated that promoting ethics in the operating room contributes to an increase in nurses' organizational commitment. In addition, Abou Hashish[30] has identified significant positive correlations between nurses' perceptions of their work climate as being ethical overall and their perceived organizational support and commitment. Berberoglu[31] has indicated that organizational climate is a significant predictor of organizational commitment, because each hospital setting has unique characteristics; climate and environment affect nurses' behaviour and perceptions.

In contrast, education, working hours, career choice and nationality showed no significant relationships with professional values or organizational commitment in the present study. Contrary to this finding, Adeniji et al.[32] have reported that education is significantly associated with affective commitment. In addition, Haroon and Al-Qahtani,[33] Labrague et al.[13] and Timalsina et al.[12] have found that nurses with higher educational levels have higher organizational commitment.

Sepahvand et al.[34] have also reported an opposite result regarding working hours, in which work shift had a statistically significant effect on continuance commitment. The current study found that nationality did not affect organizational commitment. However, in a study conducted in Riyadh City, KSA, Asiri et al.[35] have found that nationality is significantly associated with nurses' commitment.

## Conclusion

Nurses' professional values and organizational commitment are clearly influenced by their personal characteristics. This study shed light on the demographic factors influencing nurses' professional values and organizational commitment. Reinforcing nurses' professional values by matching ethical codes with unit demands is crucial. Moreover, knowing the differences made by nurses' demographics is also important. Redesigning a retention plan according to nurses' characteristics can conserve organizational resources, thus meeting needs created by the current deficit in the nursing workforce and enabling a new paradigm in retaining nurses.

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## Conflicts of interest

The authors have no conflicts of interest to declare.

## Ethical approval

Ethical approval was obtained from the King Saud University Subcommittee for Humanities and Social Research Ethics (KSU-HE-21−295) and from the Saudi MOH (IRB A01136). Participation was voluntary, and all participants wished to join the study. The information sheet contained all research and researcher information. Participants were assured privacy and confidentiality, and their ability to withdraw from the research at any time. All participants signed a consent form.

## Author contribution

The authors confirm that all persons designated as authors qualify for authorship and have verified the article for plagiarism. If plagiarism is detected, all authors will be held equally responsible and will bear the resulting sanctions imposed by the journal thereafter. RG and OS conceived and designed the study, conducted research, provided research materials, and collected and organized data. RG analysed and interpreted data. RG wrote the initial and final drafts of the article, and provided logistic support. All authors have critically reviewed and approved the final draft, and are responsible for the content and similarity index of the manuscript.

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