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Original Article

The Relationship of Organizational Commitment With Mental Health Among Employees of Birjand University of Medical Sciences

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Abstract

Background and Aim: The most important component of each organization is its workforce. Improving employees' mental health and commitment is the prerequisites to training a healthy workforce. This study was undertaken to examine the relationship of organizational commitment (OC) with mental health among employees of Birjand University of Medical Sciences, Birjand, Iran.

Methods: In this correlational study, 211 employees of Birjand University of Medical Sciences were recruited by using the stratified random sampling method. The data collection tools were the Mayer and Allen's Organizational Commitment Questionnaire (OCQ) and the Goldberg General Health Questionnaire. The Cronbach alpha of these two questionnaires had been reported to be 0.89 and 0.90, respectively. The SPSS software (v. 18) was used for analyzing the data by conducting the Pearson correlation coefficient, the one-way analysis of variance (ANOVA), the Tukey post hoc test, and the independent-samples t test at a significance level of less than 0.05.

Results: The means of participants' mental health and OC scores were respectively 19.59 ± 10.03 and 57.05 ± 12.37. OC and its domains were significantly correlated with mental health ($P<0.05$). However, it was not correlated with participants' demographic characteristics. On the other hand, there was a significant relationship between mental health and gender ($P=0.001$), educational status ($P=0.001$), and employment status ($P=0.004$). The correlation of different domains of OC with each other was also statistically significant ($P<0.05$).

Conclusion: Given the significant correlation of OC with mental health, managers can improve employees' mental health and productivity through adopting strategies for enhancing their OC.

Keywords: Organizational commitment; Mental health; Employee; University of medical sciences.

Introduction

A large part of human life is spent on working. Besides financial needs, work can satisfy human's other needs such as the need for physical and psychological activity, social contact, and feelings of self-worth, self-confidence, and empowerment. A qualified workforce is the most prominent determinant of organizational superiority (1). One of the most striking characteristics of an organization's workforce is commitment. Organizational commitment (OC) is people's perceptions of employees' loyalty to the affiliated organization and denotes employees' participation in organizational decision making and their attention to individuals and also to the success of their organization (2). Furthermore, OC is loyalty towards organization and its aims (3). It is characterized by accepting the aims and the values of organization, being inclined towards working for it, and being desired to remain in it (4). Despite their different conceptual meanings, a set of concepts such as conscience, work ethics, and accountability are used for addressing commitment (5). A committed workforce improves organizational performance, facilitates achieving organizational aims, and boosts employees' morale (6).

One of the most famous OC models is a model which was provided by Meyer and Allen. They noted that commitment ties employees with their organizations and that such

a tie reduces employee turnover. They differentiated three types of commitment (affective, normative, and continuance) from each other. Affective commitment points to employees' emotional ties with organization. Continuance commitment relates to employees' desire for remaining in organization due to its awards while normative commitment is the perceived obligation for maintaining membership in an organization (7).

The attempts of healthcare organizations—through their committed workforce—ensure the mental health of the workforce of other organizations. According to the World Health Organization (WHO), mental health is a state of health in which an individual is able to recognize his/her own abilities, cope with problems of daily life, and participate in collective decision making (8). EmranNasab quoted Meninjer (2002) as saying that mental health is individuals' adaptation to the surrounding world. EmranNasab also quoted Erikson (2004) as defining mental health as "trust vs. mistrust, autonomy vs. shame and doubt, intimacy vs. isolation, and mastery over different phases of development" (9).

In recent decades, numerous studies investigated the relationship of OC with different variables such as organizational health and psychological well-being. For instance, a study was conducted in 2012 to assess the relationship between OC and the components of a psychologically healthy workplace. The results of that study illustrated that employees' OC can be enhanced through improving the psychological health components of workplace. In other words, OC was significantly correlated with psychological health (10). Another study analyzed the relationship between OC and mental health among the administrators of high schools. The findings revealed that there was an inverse correlation between administrators' OC and mental health, i.e. the greater the OC, the better the mental health (11).

Given the role of universities in socioeconomic development of countries, this study was undertaken to examine the relationship of OC with mental health among employees of Birjand University of Medical Sciences, Birjand, Iran.

Methods

This correlational study was undertaken in 2012–2103 on 220 employees of Birjand University of Medical Sciences. The sample size was determined by using the Morgan's table and the sample was selected through stratified random sampling. Initially, the study population (i.e. all 460 employees of the university) was divided into 4 groups including the Backing and Research, Educational and Students' Affair, Treatment, and Health administrations of the university. Then, given the number of employees in each group, a proportionate sample was obtained from the groups.

Two questionnaires were used for data gathering. OC was assessed by using the Mayer and Allen's Organizational Commitment Questionnaire (OCQ). The OCQ is a 24-item scale which measures OC and its three components of affective, normative, and continuance commitment. The items of the OCQ are scored on a 5-point Likert scale as follows: 'Completely agree: 5; Agree: 4; Neutral: 3; Disagree: 2; and Completely disagree: 1. The items 4, 5, 6, 8, 9, 12, 18, 19, and 24 are scored reversely. Meyer and Allen reported a great validity and a high reliability (Cronbach alpha = 0.86) for the OCQ (12). Nadi et al also found that the Cronbach alpha of the Persian version of the questionnaire was 0.90, denoting complete congruence of the factor structure of the questionnaire with the data (13). In the present study, the Cronbach alpha of the OCQ was 0.89.

Study participants' mental health was measured via the 28-item Goldberg General Health Questionnaire (GHQ). This questionnaire differentiates mental disorder from general health. The GHQ includes the four main domains of somatic symptoms, anxiety and sleep disorders, social dysfunction, and depression. Each domain contains 7 items which are scored from A (or 1) to D (or 4). The total score of the GHQ and the score of its subscales are respectively 0-84 and 0-21—the lower the scores, the better the mental health. Moreover, a total GHQ score of greater than 22 and subscale scores of greater than 6 show disorder symptoms (14). The test-retest correlation coefficient of the Persian version of the GHQ had been reported to be 0.91 (15). We found that the Cronbach alpha of the questionnaire was 0.90.

The study questionnaires were given to each of the participants and they were personally provided with explanations about how to answer the questionnaires. After several hours, the participants were asked to return the filled questionnaires. Totally, 211 questionnaires were completed and returned by the participants.

After being entered into the SPSS software (v. 18.0), the data were analyzed at ratio measurement level. The correlation of the study variables were examined through the Pearson correlation coefficient. Moreover, the relationship of the OC and general health variables with participants' gender and educational and marital status was assessed by conducting the one-way analysis of variance (ANOVA), the Tukey post hoc test, and the independent-samples t test at a significance level of less than 0.05.

Results

From 211 participants, 90 were male (42.7%) and 121 were female (57.3%). On average, participants' work experience was 12.3 ± 7.9 years. Study participants' demographic characteristics are shown in Table 1.

The one-way ANOVA and the Tukey post hoc test showed that the employees who held diploma obtained greater GHQ score compared with other participants. Moreover, the mean GHQ scores of employees with contract or conditional permanent employment were significantly greater than the employees whose employment was

lifelong or were doing their post-graduation service.

The means of participants' mental health and OC total scores were respectively 19.59 ± 10.03 and 57.05 ± 12.37. The scores of normative OC (19.42 ± 4.64) and continuance OC (18.64 ± 3.71) were respectively higher and lower than the two remaining domains of OC. The Pearson correlation analysis showed an inverse correlation between OC and mental health ($r = -0.36$ and $P < 0.05$). Moreover, the domains of OC were also inversely correlated with mental health while the correlation of these domains with total OC was positive (Table 2).

Study findings also revealed that OC did not significantly correlate with gender, organizational position, workplace, and marital, educational, and employment status ($P > 0.05$). Moreover, the relationship of mental health with marital status, organizational position, and workplace was not statistically significant ($P > 0.05$). However, there was a significant relationship between mental health and gender ($P = 0.001$), educational status ($P = 0.001$),

and employment status ($P = 0.004$; Table 1). In addition, participants' work experience was significantly correlated with neither OC ($r = 0.047$ and $P = 0.50$) nor mental health ($r = -0.042$ and $P = 0.545$).

Discussion

The aim of this study was to examine the relationship of OC with mental health among employees of Birjand University of Medical Sciences, Birjand, Iran. Study findings revealed that OC was inversely correlated with mental health. In other words, participants with better mental health had greater OC. Previous studies also reported the same finding. For instance, Adams et al found that poor commitment was associated with low satisfaction, increased psychological strain, and severe depression (16). Another study by Mor Barak et al also showed that heavy psychological strain, which undermines mental health, is among the factors which negatively affect employees' commitment and turnover.

Table 1. The Means of Participants' OC and Mental Health According to Their Demographic Characteristics

Variable		No. (%)	OC	P Value	Mental Health	P Value
Gender	Male	90 (42.7%)	58.1 ± 11.9	0.290	16.9 ± 8.7	0.001
	Female	121 (57.3%)	56.2 ± 12.7		21.6 ± 10.4	
Marital status	Married	169 (80.1%)	57.7 ± 12	0.100	19.7 ± 10.2	0.758
	Single	42 (19.9%)	54.2 ± 13.2		19.3 ± 9.4	
Educational status	Diploma	19 (9.5%)	62.1 ± 10	0.288	23.6 ± 7.2	0.001[a]
	Associate degree	19 (9.5%)	55.8 ± 11		16.4 ± 6.4	
	Bachelor's	144 (68.7%)	56.6 ± 12.9		20.6 ± 10.3	
	Master's	29 (12.3%)	56.1 ± 11		13.2 ± 9.3	
Employment status	Post-education service	25 (118.5%)	56 ± 10.9	0.838	17.4 ± 10.6	0.004[a]
	Under contract	21 (10.4%)	59.1 ± 14.8		17.5 ± 11	
	Conditional permanent	46 (21.8%)	58.1 ± 13.4		24.4 ± 8.6	
	Permanent	119 (56%)	56.6 ± 12.6		18.5 ± 9.8	
Organizational position	Unit in-charge	32 (15.2%)	57.5 ± 12.8	0.411	20.3 ± 10.9	0.260
	In-charge staff	29 (14.2%)	58.7 ± 11.6		16.2 ± 8.9	
	Staff	115 (54%)	55.8 ± 12.9		20.1 ± 10.4	
	White-collar	35 (16.6%)	59.2 ± 10.6		20 ± 8.2	
Workplace	Treatment administration	33 (15.6%)	60.7 ± 10.6	0.252	18.8 ± 7.7	0.119
	Health administration	66 (30.3%)	55.8 ± 12.5		17.3 ± 10.4	
	Educational and students' affair administration	54 (26.1%)	55.8 ± 13.3		21.4 ± 11.1	
	Backing administration	58 (28%)	57.3 ± 12		20.6 ± 9.3	

Abbreviation: OC, organizational commitment.
[a] Significant at $P < 0.05$.

Table 2. The Correlation of Mental Health With OC and its Domains

	OC	Affective Commitment	Normative Commitment	Continuance Commitment
Affective commitment	0.93[a]		-	-
Normative commitment	0.87[a]	0.71[a]	-	-
Continuance commitment	0.33[a]	0.70[a]	-0.56[a]	-
Mental health	-0.36[a]	-0.34[a]	-0.28[a]	-0.33[a]

Abbreviation: OC, organizational commitment.
[a] Significant at $P < 0.05$.

They also noted that employees with better mental health are more committed to their organizations (17). Mehdad et al and Asgari et al also reported a significant correlation between mental health and OC (10,11).

The mean score of OC in the present study was 57.05 ± 12.37, denoting moderate level of OC among employees of Birjand University of Medical Sciences. Bahrami et al also reported moderate levels of OC among the nursing staffs of Shahid Sadoughi and Shahid Rahnemoon hospitals, Yazd, Iran (18).

Organizational culture, values, and policies, decentralization, competition, and personal autonomy are the factors which affect OC. Greater OC is associated with greater job satisfaction and lower employee turnover (15). Given the importance of employees' OC, particularly in terms of their sense of having ties to their organizations, strategies are needed to enhance employees' commitment and heighten this sense. Workforce is among the assets of organizations and hence, managers need to pay much more attention to employees in order to enhance their commitment, improve their mental health, and increase their retention in organizations.

The study findings also indicated a significant positive correlation between OC and its three domains of affective, normative, and continuance commitment. Moreover, the scores of normative commitment (19.42 ± 4.64) and continuance commitment (18.64 ± 3.71) were respectively greater and lower than the scores of the other domains of OC. Rouhi et al also reported the same finding (19). However, this finding conflicts with the findings that Jahangir and Shokr-pour reported (20).

Normative commitment means that an employee feels obliged to the investments made by the affiliated organization for him/her. Employees with normative commitment probably become more committed and more desired to remain in their organizations until they become legally and morally free and disconnected from their organizations. Implementing continuing education programs, making continuous performance evaluation, and paying attention to employees' capabilities can enhance normative commitment (15).

About 53.7% of the employees participating in a study made by Haji Babaei had obligatory commitment (21). This is to some extent in line with our findings. Affective commitment is employees' perceived unity and active collaboration with their organizations. Employees with great affective commitment tend to remain in their organization and are less likely to leave it. In other words, they remain in their organization because they feel tied to it and enjoy its membership (10).

We also found that the participants' continuance commitment was lower than their normative and affective commitment. Continuance commitment deals with retention- or turnover-related expenditures. In fact, it reflects a kind of calculation and is also referred to as rational commitment. Employees with continuance commitment remain in their organization as long as they perceive that leaving it is associated with heavy costs for them (18). Committed employees have better conscience and attend their workplace regularly and timely. Their workplace attendance is so greater than the norms that they effectively use time and stick to organizational rules even when they are not supervised.

Another finding of the present study was that OC correlated with none of the participants' demographic characteristics (including gender, workplace, organizational position, work experience, and marital, educational, and employment status). Gelade et al also reported the same finding (22). However, this finding contradicts the findings reported by Salami (23) and Nehrir et al (24). Nehrir et al found that OC was significantly correlated with marital status while its correlation with gender, educational status, and organizational position was not significant. It is noteworthy that many factors other than demographic characteristics can affect OC either positively or negatively.

Finally, the study findings revealed that the correlation of mental health with gender, educational status, and employment status was statistically significant while it had no significant correlation with other demographic characteristics. This finding is conflicting with what Nehrir et al reported (24).

Mental health is one of the main aspects of health evaluation and plays a significant role in the efficiency and the dynamism of different communities. It is noteworthy that besides demographic characteristics, mental health can be affected by many other factors. For instance, Mehdad et al noted that personality characteristics can affect mental health and occupational performance (10). Other important points that need to be taken into account are differences in employees' personal, socioeconomic, and cultural backgrounds as well as their reluctance to disclose their mental health problems both of which having the potential to affect their responses to mental problems.

Conclusion

Study findings suggest that focusing on OC, particularly normative commitment, is inevitable. It is of added importance in organizations like universities of medical sciences which deal with educating workforce because the core of all organizational activities and services is workforce.

Given the significant role of OC and mental health in improving employee productivity, organizations need to pay special attention to these two factors. In other words, OC and mental health are inseparable parts of work environment due to their effects on employees' behaviors. As a type of organizational behavior, OC is directly affected by personality characteristics and plays a prominent role in improving organizational and mental health.

It is recommended to compare public universities with

other universities in terms of their employees' OC and mental health. Moreover, future studies are recommended to include other employees and assess other variables such as organizational atmosphere and culture.

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