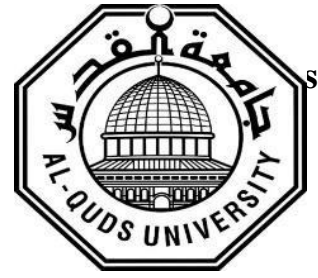


**Deanship of Graduate Studies
Al- Quds University**



**ORGANIZATIONAL CLIMATE AND NURSES' PROFESSIONAL
COMMITMENT IN JERUSALEM HOSPITALS**

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**ORGANIZATIONAL CLIMATE AND NURSES'
PROFESSIONAL COMMITMENT IN JERUSALEM HOSPITALS**

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Dedication

I dedicate this valuable work to God Almighty that gave me the courage and the power that I needed to pursue my goals. To my family for their love and endless support. To my supervisor Dr. Kefah Zaben for his encouragement and support to finalize this work. Many thanks go to my friends for their support and continuous motivation to reach my goals and finalize my thesis. To all my colleagues at East Jerusalem Hospitals, especially Al-Makassed Hospital. I would like to express my sincere gratitude to all participants in the study.

Declaration

I certify that this thesis submitted for the degree of master in health policy and management, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

Signed: 

Mohammad Shaker Saad

Date: 28/5/ 2024

Acknowledgments

The guiding premise of the researcher is that "interdependence has a higher value than independence." In keeping with this, I'm happy to thank a few of the several people who greatly assisted me in doing this research.

I want to thank the Almighty God first. Numerous scholars have started studying this topic many years ago. I am thus quite appreciative of the early scholars' work, whose contributions laid the groundwork for my own research. I owe a special debt of appreciation to my adviser, Dr. Kefah Zaben, for his tremendous assistance, insights, and criticism, all of which have greatly influenced my work.

Abstract

Introduction: Previous research has indicated that favorable workplace climate are associated with increased levels of organizational commitment, a crucial concept concerning employee perception. Similarly, perceived organizational performance is thought to be reflective of actual performance. These are crucial factors to take into account in healthcare settings since patients receive comprehensive treatment from healthcare professionals.

Study aim: The primary goal of this study was to evaluate the correlation between Palestinian hospitals' organizational climate and nurses' professional commitment.

Methods: A cross-sectional design with a convenience sample of 382 nurses were given questionnaires to complete for the study, and it was determined that the respondents were eligible for analysis. Quantitative research techniques are used in a correlational research design. The methodology employed in this study was quantitative in nature. The nurses working at Palestinian hospitals in Jerusalem were the study's target group. Out of all the Palestinian hospitals in Jerusalem, 234 nurses were chosen.

Results: The study's findings show a strong positive correlation between organizational atmosphere and nurses' dedication to their jobs. Depending on their level of work experience, nurses' levels of professional dedication varied significantly. The collected data was analyzed using linear regression and correlation analysis.

The study's findings show a substantial correlation ($r = 0.362$, $N = 234$, $P > 0.001$) between organizational climate and nurses' professional commitment measures. The results of a linear regression analysis showed that all dependent and independent variables had normal distributions and that the organizational environment strongly affects nurses' degree of professional dedication. The analysis of variance (ANOVA)

results on the variation in nurses' commitment to their profession according to years of experience revealed that there is a substantial difference in commitment throughout nursing.

Conclusion: According to this study, the organizational climate is seen to be the most important element in the company since it helps nursing practitioners feel more satisfied with their jobs and ties them to a higher commitment level. The organizational climate is seen as the most significant component of the organization, as it fosters greater job satisfaction and increases nursing's level of commitment

TABLE OF CONTENT

PAGES

| | |
|-------------------------------------|-----|
| Dedication..... | 4 |
| Declaration..... | i |
| Signed:..... | i |
| Acknowledgments | ii |
| Abstract..... | iii |
| TABLE OF CONTENT..... | v |
| LIST OF TABLES..... | ix |
| List of Abbreviations | xi |
| 1.1 Introduction | 12 |
| 1.2 Problem Statement..... | 15 |
| 1.3 Significance of the study | 17 |
| 1.4 Study Objective | 18 |
| 1.4.2 Specific Objectives | 18 |
| 1.4.3 Study Questions | 18 |
| 1.4.4 Null Hypothesis | 19 |
| 1.5. Operational Definition | 19 |
| 1.6. Methods of Data Analysis | 20 |

| | |
|---|----|
| CHAPTER TWO: LITERATURE REVIEW | 21 |
| 2.1 Introduction: | 21 |
| 2.2 Theoretical Framework..... | 21 |
| 2.2.2 Differences between Organizational Climate and Culture | 24 |
| 2.2.3 The Elements of the Climate in the Organization..... | 24 |
| 2.2.4 Current Climate Measurements | 25 |
| 2.3 Commitment: Definitions, Measures, and Conceptual Foundations (VariableOutcome) | 26 |
| 2.3.1 Dedication to the Organization | 26 |
| 2.3.2 Dedication to One's Career | 28 |
| 2.4 A notion apart from loyalty to an institution | 28 |
| 2.5 Nursing Professional Commitment..... | 30 |
| 2.6 The Connection between Organizational Climate and ProfessionalCommitment..... | 32 |
| 2.7 Theory-Based Structure | 34 |
| CHAPTER THREE: RESEARCH METHODOLOGY | 35 |
| 3.2 Study Population and Samples | 35 |
| Qualifications for inclusion | 35 |
| Criteria for exclusion | 36 |
| 3.3 Sample Size | 36 |
| Participants | 36 |
| 3.4 Pilot Study | 37 |

| | | |
|----------|--|----|
| 3.7 | Methods of Data Analysis | 37 |
| 3.8 | Operational Definition | 38 |
| | Professional Commitment: | 38 |
| 3.9 | Ethical considerations | 38 |
| | Confidentiality and Anonymity | 39 |
| | Beneficence and non-maleficence | 39 |
| | CHAPTER FOUR: RESULT AND DISCUSSION | 40 |
| 4.1 | Introduction | 40 |
| 4.2. | Socio-demographic Characteristics of the Respondents..... | 40 |
| | Table 4.1: Summary Profile of the Respondents | 41 |
| 4.3. | Inferential Statistics | 42 |
| 4.3.1. | Test of Normality..... | 42 |
| | Table 4.3: Normality Test..... | 43 |
| 4.3.2. | Correlation Analysis | 43 |
| 4.3.2.1. | Professional Commitment and Organizational Climate CorrelationAnalysis | 44 |
| | Table 4.4 Analysis of the relationship between professional dedication andorganizational climate | 44 |
| | Table 4.5 Correlation Analysis between Professional Commitment Componentsand Organizational Climate..... | 45 |
| 4.3.3. | Regression Analysis | 47 |
| | Table 4.6: Model S Model Summary b result of predictor variable over the dependent variable ... | 47 |

| | |
|---|----|
| Table 4.7: Analysis of Variance (ANOVA ^a) result of predictor variable over the dependent variable | 48 |
| Table 4.8. Bivariate and Multiple Logistic Regression Analysis of the variables linked to nurses' (n=234) low levels of professional dedication (mean score <3.1) in Palestinian hospitals..... | 50 |
| CHAPTER FIVE: SUMMARY, CONCLUSION & RECOMMENDATION | 51 |
| 5.1. Summary..... | 51 |
| 5.2. Conclusion..... | 52 |
| 5.3. Recommendations | 53 |
| REFERENCES | 55 |
| ملخص | 59 |

LIST OF TABLES

| Table | Name | Page |
|--------------|--|-------------|
| 4.1 | Summary Profile of the Respondents | 32 |
| 4.2 | Frequencies of Professional Commitment | 33 |
| 4.3 | Test of Normality | 34 |
| 4.4 | Correlation Analysis of organizational climate and Professional commitment | 35 |
| 4.5 | Correlation Analysis of Organizational climate and Components of Professional commitment | 36 |
| 4.6 | Model Summary b result of predictor variable over the dependent variable | 38 |
| 4.7 | Analysis of Variance (ANOVAa) result of predictor variable over the dependent variable | 39 |
| 4.8 | Bivariate and Multiple Logistic Regression Analysis | 40 |

List of Tables and Figures

Figure 2.1 Adopted version of Conceptual framework for Organizational climate
(Source: Carr et al. 2003)..... 20

Figure 2.2: Conceptual framework22

List of Abbreviations

BO Burnout

EE Emotional Exhaustion

RPA Reduced Personal Accomplishment

TI Turnover Intention

OC Organizational Commitment

AC Affective Commitment

CC Continuance Commitment

NC Normative Commitment

CMB Common Method Bias

CHAPTER ONE

1.1 Introduction

Today each health organization is dealing with new difficulties when it comes to sustaining service and hiring devoted professionals. The dedication of an organization's workforce is related to the achievement of its goals. Achieving the organizational goals depends on its capacity to draw in, hire, retain, satisfy, and enhance human resources (Adenike, 2011). Each health organization needs to concern with its people resources, and to strengthen their commitment when doing any organizational changes (Schneider et al., 2013). Because health organization are clearly focusing on having professionally committed personnel in their jobs by working by working effectively. Therefore, it's critical to comprehend the idea of professional devotion and how the organizational atmosphere affects its viability.

The field of nursing is expanding in breadth and includes a wide variety of work behaviors and role responsibilities. However, they face high organizational demands, the climate of unpredictability, and dis-empowerment at work, which puts them under a lot of stress (Hart, 2005). This situation poses a threat to nurses' physical and emotional health as well as the profession as a whole and may lead to poor nurse commitment, which could then cause nurses to become disengaged or leave their organizations (Stordeur et al., 2007).

In order to address these issues with the hiring, motivating, and retention of their productive staff, managers of healthcare organizations, leaders of professional organizations, and other interested parties must assess the impact of these various

influences on how their employees view their jobs. A lack of any of these elements of work commitment may contribute to employee absenteeism, turnover, diminished effort, and job dissatisfaction. (Rondeau, 1994).

According to Schneider et al . (2013 , organization climate is a description of the workplace based on empirical data that also takes into account how employees feel about the formal and informal policies, practices, and processes in their company the study by Adenike (2011) also shows how workers' behavior and opinions about their jobs are influenced by the organizational climate and working environment of a company. As a result of employee policies and actions, researchers have recognized climate as a critical aspect of the internal organizational environment that influences workers' attitudes and behavior (Pritchard & Karasick, 1973). Managers can use organizational climate as a management method to give them discerning insights into how their own employees see their health organization.

The most prevalent management challenge that health organizations confront today is finding flexible, creative work environments that foster creativity, commitment, and job happiness.

According to Noordin et al. (2010), a positive corporate climate is one critical factor that will motivate employees to put out effort and commitment. The organizational climate creates a positive work environment and conditions that encourage employee loyalty to the company (Dorgham, 2012). But it is evident that devotion is becoming more professional as opposed to organizational. It results in a change in the way that employees and organizations interact, and it is brought on by the evolution of the climate in which businesses now function. This study covered the factors that influence organizational climate and professional dedication as well as their causes. According to Giffords (2009), there are three different types of commitment: It happens as a result of: 1) belief in and acceptance of the profession's goals and ideals;

2) readiness to exert effort in carrying out the profession; and 3) desire to stay in the profession. The range of activities that can be included in the group of people marked by a professional commitment includes duties that require both emotional and physical effort. It is growing as more people enter the workforce with the intention of doing a certain job and with the aim of excelling in that profession regardless of the setting and the organization for which it is performed.

Given its link to the quality of patient care, professional dedication is crucial for nurses to exhibit appropriate professional behavior, and health care facilities cannot do without it. McCabe & Garavan (2008) claim that the increased competition among health care systems for better employees drives them to look for measures to strengthen employee commitment and protect their human and financial resources.

According to McCabe and Sambrook (2013), professional commitment entails loyalty, a desire to remain in a profession, and a sense of responsibility for the issues and difficulties unique to that profession. Because profession involves autonomy in the application of that knowledge and dedication to a particular line of work, it is implied that committed nurses will stay in the organization as opposed to non-committed nurses.

The poor commitment of nurses, however, is an issue worldwide, and (Aiken et al., 2001) have highlighted that the health care workforce faces the major risk of losing one in five registered nurses for reasons other than retirement. According to a number of studies, hospital registered nurses experience the highest rates of turnover among professional and technical occupational groups (Iverson & Pullman, 2000). Thus, in order to keep nurses who are currently employed, nurse managers and administrators may find it effective to support their dedication to the nursing profession, particularly in critical care settings where highly qualified nurses are individually accountable, responsible, and frequently possess specialized knowledge. They may also find success in fostering healthy work environments that empower nurses and give the

The topic of professional dedication has been the subject of a great deal of research. However, in the disciplines of management and organizational behavior, commitment is the most difficult and researchable term (Dixit and Bhati 2012).

Lack of trust, a lack of teamwork, a lack of responsibility, a lack of support, unfair practices, and other factors that affect nursing performance are characteristics of a poor organizational atmosphere. Low productivity, perhaps substantial staff turnover, and a lack of professional dedication among nurses are possible outcomes of this (Dixit and Bhati 2012). It may be possible to have as many climates as there are people in the company since, when considered collectively, each person's activities become more essential for evaluating the stability of the working environment and observing the total influence upon the climate. Seeing the climate as a holistic system is essential. Departmental climate variances may exist, but they were partly merged to represent the overall corporate climate. As a result, the discourses mentioned above inspired me to look at the connection between the organizational culture of the Palestine-based Jerusalem Hospitals and the nurses' dedication to their careers.

1.1 Problem Statement

In the past, nurses were perceived as being pleased in their field of work since they were considered as dedicated and committed to their nursing duties across the world. However, it has recently been seen that people are showing a range of apathetic and casual attitudes about their job, rather than the expected dedication and contentment with their professional vocation. The level of unhappiness displayed by nurses makes the idea of stabilization and commitment to duty seem improbable.

The dissatisfaction may push nurses in Palestine leaving the country in a large number looking for more satisfying employment opportunities or abandoning their nursing

responsibilities altogether. The staff nurses' organizational commitment to their organization and the standard of patient care is likely to suffer as a result of the increased employment instability. Additionally, commitment is strongly related to employee retention, work performance, and intent to leave.

It is a frequent belief that poor material interest, such as salary, allowances, and other fringe benefits, are to blame for nurses' dissatisfaction. Although each of these factors has its own effects, more research is necessary to determine the exact reason why there is a connection between organizational climate and job dissatisfaction.

Despite the efforts to make significant improvement on the salary of nurses, doctors, and other health workers in particular, but the effort has not yet yielded results due to rising living expenses, diminishing resources, and an increment in the number of patients. Therefore, health professionals in Palestine continuously voice their dissatisfaction. Unfortunately, such studies are lacking in Palestine.

Every day, Palestinian nurses are observed leaving the nation to supervise other areas (such Israel, the United States, etc.) or to quit or change careers. Thus, it is evident that while the public and private sectors have tried to raise the number of nurses in Palestine, these initiatives have not been able to address the long-term problems of nurses' discontent and brain drain. As a result, the researcher made the decision to use the Jerusalem Hospitals as a case study in order to investigate the concerns pertaining to Palestinian nurses' professional dedication. By evaluating nurses' perceptions of their organizational climate and establishing its relationship to professional dedication, this study aims to fill this research gap. Such data may have implications for nursing administration and professional associations in deciding on the most effective treatments to increase nurses' commitment and lessen the unfavorable effects of low empowerment and commitment in particular for nurses.

1.2 Significance of the study

A thorough search from 1988 to 2023 revealed a dearth of studies, particularly those focusing on the connection between organizational atmosphere and nurses' dedication to their careers, notably in Palestine. Organizational commitment has been linked in some studies to job satisfaction, intention to stay, empowerment, and certain intrinsic and extrinsic work rewards; however, the impact of organizational climate on nurses has not been fully explored in relation to these relationships. More research is required to better understand the components related with nurses' organizational factors because of the national shortage of nursing staff and the gap in this type of research. This study is important because it offered helpful recommendations that are crucial for nursing administration, policy makers, and nursing education. This knowledge could be used by administrators to create strong, cooperative groups. This is crucial because the culture of the unit and the quality of nursing personnel affects every area of a nurse's practice and the patients' care. Healthcare administrators and professionals should be aware of the challenges that nurses confront when attempting to provide patients with high-quality treatment. So, it stands to reason that understanding a nurse's tendencies and challenges will aid in predicting the nurse's commitment to her job and intention to leave it. Low job commitment and high quitting intentions may result in lower service quality, a lower likelihood that patients will return for further treatment, and higher patient care costs. However, figuring out the most effective way to measure the costs and effects of nurse turnover can be difficult because it is expensive to determine the main causes of those turnover.

Additionally, knowledge gleaned from this study's findings regarding factors that affect nurses' commitment to nursing may be of great value when providing career counseling to potential nurses.

Additionally, this study would serve as a foundation for future research on the association between professional devotion and organizational climate. This study would fill a gap in the literature that already exists, improving our knowledge of the organizational climate in the healthcare industry.

1.3 Study Objective

1.3.1 Main Objective

This study's main goal is to ascertain how organizational climate and nurses' professional commitment in Jerusalem hospitals relate to one another..

1.3.2 Specific Objectives

1. To evaluate the degree of dedication of nurses to their work in Jerusalem hospitals
2. To evaluate the connection between the professional dedication of nurses and the organizational atmosphere.
3. To investigate any noteworthy connections between the organizational atmosphere in Jerusalem hospitals and the three pillars of nurses' professional commitment: affective, continuance, and normative commitment.
4. To determine if there is a substantial difference in nurses' professional dedication by demographic variables.

1.3.3 Study Questions

The following are the study queries for this project:

- 1- What is the level of commitment among nurses to their jobs at Jerusalem hospitals?
2. Is there a connection of any kind between the professional dedication of nurses and the organizational climate?
3. What is the relationship between organizational atmosphere and professional commitment components?

4. Does the professional commitment of nurses change significantly depending on the demographic independent variables?

1.3.4 Null Hypothesis

1. There are no appreciable variations in the level of dedication to nursing at Jerusalem's hospitals.
2. The dedication of nurses is not significantly correlated with the organizational atmosphere.
3. There is no discernible correlation between the organizational atmosphere and the elements of nurses' professional dedication.
- 4-There is no discernible correlation between demographic characteristics and professional dedication.

1.5.Operational Definition

For the sake of convenience and common understanding of important terminologies, the researcher presented the following definitions for the important terminologies to be used repeatedly in this study:

Professional Commitment: In this study, professional commitment is defined as an individual's identification with and involvement in hospital as well as nursing. More specifically, it can be defined as a combinational effect of the three major components of commitment: affective, continuance, and normative commitment.

Level of Professional Commitment: The respondent level of commitment is considered if the average level of respondent response to professional commitment questions is beyond 3.5; medium if their response result lies between 2.5 – 3.5; and low if it is below 2.5.

Organizational Climate: can be defined as the pervasive quality of hospital environment experienced by nurses and other staff which affect their behavior and is based on their collective perception behaviors in the hospital.

Public Hospitals: In this context they refer to hospitals giving inpatient and out-patient service, and which are governed and owned by the Palestinian Ministry of Health.

Methods of Data Analysis

After all the data is collected from the sample nurses. Appropriate analysis of data would be done in the following manner:

- In answering the first question of the problem statement, that is assessing the level of nurses' professional commitment, the results of combined value of professional commitment (X) were analyzed using descriptive statistics (mean and standard deviation).
- To find answers for the second question, i.e. the relationship of organizational climate and professional commitment, the results of the combined measures of nurses' professional commitment (X) would be correlated to organizational climate scale (Y) and regression analysis including Logistic Regression Analysis were done to show the strength of relationship.
- Relationship of the subscales of professional commitment with organizational climate were also done by the correlation technique.
- Nurses will be first divided into different groups according to their work experience in the hospital, and then the effect were assessed using one-way analysis of variance (ANOVA) and Tukey post hoc analysis.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction:

Chapter two presents the two key themes in this study including professional dedication and organizational climate, the two key themes in this study. This review would start with a succinct explanation of the conceptual origins, definitions, and metrics for each idea. A summary of the research, earlier definitions, and significant researchers who contextualize the current understanding are then presented. A review of these ideas as they have been used in the literature and nursing research concludes this chapter.

2.2 Theoretical Framework

2.2.1 The idea of organizational climate

The work environment has a direct impact on nurses' job satisfaction, dedication, safety, retention, and, eventually, client results. According to Mok and Au-Yeung (2002), there is every reason to believe that problems with organizational climate variables, such as empowerment, work design, organizational factor, and interactions with peers and supervisors, will lead to uneven treatment quality and unfavorable outcomes for nurses' jobs. Thus, in order to effectively manage change, nursing leaders must understand the social processes that shape workers' attitudes about their jobs, particularly by creating an atmosphere that encourages staff empowerment (Mok & Au-Yeung, 2002). The effectiveness of a treatment plan may be impacted by the

nursing staff's opinion of the organizational work environment (Norbergh et al., 2002).

The concept of organizational climate was first proposed in the late 1950s. It is a byproduct of regular business operations and has a good and bad impact on

employees' attitudes and conduct. Positive outcomes include, for instance, satisfaction, productivity, and motivation. Workplace accidents, employee turnover, and absenteeism are among the detrimental outcomes (Weeks et al., 2010). According to Litwin and Stringer (1968), organizational climate is the set of measurable workplace attributes that influence and drive employees' behavior, either directly or indirectly.

Litwin and Stringer (1968) defined the operational concept of organizational climate as the culmination of the individual views of all individuals employed by the health organization. Schieder et al. (2013) further defined organizational climate as "the shared perceptions of "the way things are around here"". The goals of the organization and its plans for accomplishing them are outlined in the idea of organizational environment. Conversely, organizational climate was described by (SCHNEIDER, 1975) as the shared understandings of organizational procedures, practices, and policies in both formal and informal contexts. The way individuals inside an organization see their relationships with one another is known as the organizational climate. According to Momeni (2009), it is the workers' present attitudes and perceptions about their employer.

Mok & Au-Yeung (2002) define organizational climate as the general consensus on the social and psychological impacts that an organization has on its members. As a result, climate may moderate the relationship between production and commitment.

Isaksen et al. (2010) defined climate as the recurring patterns and intrapersonal experience of the actions, attitudes, and feelings that make up organizational life.

Psychological climate is the phrase used to describe the concept at the individual level of analysis. The concept, when considered comprehensively, is called organizational climate, denoting the objectively mutual opinions that characterize the work environment inside the organization.

It has been claimed that the managerial style and organizational atmosphere have left nurses feeling disempowered, demotivated, and angry with their workplace (Laschinger et al., 2001).

2.2.2 Differences between Organizational Climate and Culture

The concepts of organizational culture and climate gained more recognition when managed care programs brought about the first-ever industry-wide organizational changes (Gershon et al., 2004). There is overlap between organizational climate and culture, despite their distinct conceptual foundations. According to Scott et al. (2003), culture is more of an anthropological metaphor than a meteorological one. "The shared, often unconscious values, attitudes, standards, and assumptions that govern behavior, especially in situations lacking clearly defined rules and procedures" is how Krause & Hidley (2009) describe corporate culture. It is known as "the way things are done around here" in healthcare organizations and affects both the quality of care and the work environment (Gershon et al., 2004). On the other hand, organizational climate is more directly reflective of how employees view the organization's culture and is simpler to quantify than culture because it is observable (Gershon et al., 2004).

2.2.3 The Elements of the Climate in the Organization

Self-reports that include many of the construct's subdimensions are the most common way to assess organizational climate (OC) (Ekvall, 1996). Organizational climate theory and research were founded on the idea that social environments could only be adequately defined by a limited range of qualities.

On the other hand, as more and more climatic characteristics have been designated as evaluation goals throughout time, theoretical advancement has stalled and confusion has resulted. A simplified version of the climate aspects was given by Glick (1985) in

his appraisal of the topic. These comprised the leader's psychological distance, management trust and consideration, communication flow, openness, risk orientation, service quality, equity, and centrality. According to recent study, the global approach has advantages in that it gives a comprehensive picture of organizational functioning and gives insight into how entire organizations function (Ashkanasy et al., 2000).

Subcultures can be highlighted, and the effects of different dimensions on particular outcome measures, like organizational productivity or creativity, can be identified (Ashkanasy et al., 2000).

2.2.4 Current Climate Measurements

The lack of a theoretical basis for many climate instruments accounts for a significant amount of the variation in climatic dimensions employed in different measurements. Wilderom, Glunk, and Maslowski (2000), for example, located and gathered ten studies that looked at the connection between performance and organizational climate. They asserted that several study findings indicated the significance of climate-related elements. The different techniques of climate assessment employed in research are likely partially to blame for this inconsistent pattern of results. The fact that the majority of climate instruments have not been verified makes it much more difficult to derive conclusive research conclusions due to a lack of theory and the resulting uneven operationalization of climate. Except for some domain-specific climates, such as Schneider's service climate (Schneider et al., 1998), there aren't many metrics with proven validity and dependability. Developed by Litwin and Stringer in 1968, the Organizational Climate Questionnaire (OCQ) is one of the most widely used comprehensive measures of organizational climate. It has 50 items that assess nine attributes connected to the climate. A study by Rogers et al. (1980) found that most

studies had identified six variables, but there was little or no consensus among researchers about which items loaded best on the different factors. They concluded that the validity and consistency of the OCQ were lacking. Due to the prevalence of these measurement problems in this field of study, the measure was developed.

2.3 Commitment: Definitions, Measures, and Conceptual

Foundations (Variable Outcome)

A sizable body of research has been done on the idea of commitment. Research studies first focused on organizational emphasis before broadening their scope to encompass other dimensions such as professional and union dedication. Developing reliable instruments to be used in the assessment of commitment dimensions was a crucial step in developing the theory.

2.3.1 Dedication to the Organization

Organizational research initially appeared in the 1950s. Pioneering studies on the concept of organizational commitment were produced by organizational theorists. Kadyschuk (1997) also acknowledges these writers. These findings indicate that organizational commitment is an important multivariate concept. Even though it might be hard to define exactly, research has shown that organizational commitment is important for improving retention and performance.

Organizational commitment was principally described by Mowday et al. (1979) using an attitudinal approach. Weiner and Vardi (1980), who approached the concept more from a behavioral standpoint, defined organizational commitment as the perseverance with which a person makes sacrifices for the benefit of the company. They defined organizational commitment as "the relative strength of an individual's identification

with and involvement in a particular organization that is characterized by three factors:

1) a strong belief in and acceptance of the organization's goals and values, 2) a willingness to exert considerable effort on behalf of the organization, and 3) a strong desire to maintain membership in the organization."

From a behavioral standpoint, organizational commitment is the amount of time that individual devotes to organizational activity, indicating their obsession with the organization. In general, a worker may be more likely to leave and have greater turnover rates if they show less of certain behavioral or attitude attributes for their company.

According to Meyer et al. (1993), organizational commitment was multimodal and had emotional, continuance, and normative elements. They conceptualize employees as having a "need to," "want to," or "feel they should" stay with a firm (Meyer et al., 1993). A three-dimensional model of organizational commitment was created by them, and each dimension described one of its fundamental elements. Affective commitment describes a person's mental or emotional connections to an organization. Normative commitment is associated with internalized limitations to act in ways that promote organizational goals and interests. This element demonstrates that staff members feel a moral obligation to remain with the company. According to Meyer et al. (1993), the gestalt of commitment emerges and these dimensions reflect various aspects of the multidimensional concept of organizational commitment.

Loyalty and commitment go hand in hand, despite the common perception that they are one-sided. While loyalty does include attachment, this does not mean that both parties are faithful (Zangaro, 2001).

While self-gratification plays a role, motivation is closely related to commitment. The achievement of goals may cause motivation to decline. Similar to more analytical

forms of commitment, motivation is predicated on the determination that there are no better possibilities.

2.3.2 Dedication to One's Career

Relevant to the subject at hand is the seminal work of sociologist Richard Hall (1968, cited in Lamastro 1999), which is one of the most comprehensive theoretical analyses of professionalism and the differentiation between professional and non-professional personnel. The "professional model" to which Hall alludes classifies the traits of professionalism into structural and attitudinal components. Structural factors include things like the level of education needed to enter the field (a college degree, teaching certification, etc.) and the presence of a professional association that people can choose to join. One of the hardest parts of attitude to operationalize is the "sense of calling" that an individual has for their work. The foundation for further study on professional commitment was established by sociologists such as Becker (1960) and others (Gardner, 1992). These experts argue that an employee's actions and attitudes about their work reveal their level of commitment to a certain profession. Pride in the work, a willingness to invest a great deal of personal energy in it, and a dedication to quality are some of its distinguishing traits (Friss 1983).

As such, it has been perceived as a notion separate from and often conflicting with organizational commitment.

2.4A notion apart from loyalty to an institution

Differentiating between organizational and professional dedication is essential. The terms "professional," "occupational," and "career commitment" have all been used very indiscriminately in the literature. Recent research supports a three-dimensional definition of professional commitment that is similar to the organizational

commitment idea. According to Meyer et al. (1993), an individual's participation in their employment may vary based on the sort of commitment that is more common. A person who is affectively committed could, for example, attend conferences or subscribe to trade journals to remain up to date on developments in their area, or they might join and participate in relevant associations. As per Meyer et al. (1993), individuals who have a strong commitment to their membership could be less inclined to engage in extracurricular professional activities.

According to Sorensen (1974), cited in Mutasim et al. (2002), there are several ways to define professional commitment, such as an individual's identification with and involvement in the profession; commitment and dedication to the profession; and acceptance of the professional ethics and goals. Professional commitment is a sufficient concept to capture at least some of the career focus dimension of work commitment, claim Morrow and Goetz (1988). Other forms of job dedication are not superfluous to professional engagement. Regarding the connection between professional (cosmopolitan) and organizational (local) dedication, Tuma and Gimes (1981, as referenced in Kadyschuk, 1997) traced an expansion of the concept. Stated differently, professional commitment use an external reference group orientation as its criteria, whereas organizational commitment uses an internal one.

Kadyschuk (1997) expanded on the theoretical definition of the link between organizational and professional commitment by characterizing organizational commitment as a relative degree of identification with an organization. Professional devotion, on the other hand, refers to how much a person connects with and invests in their job. According to Wallace and Hunt's (1996) understanding of organizational and professional commitment as two separate and independent phenomena, it is also feasible that commitment to the organization does not necessarily come at the price of

commitment to the profession and vice versa. Professionals in a society may be deeply committed to their organization and their line of work, according to Wallace & Hunt (1996).

While (Wang & Armstrong, 2004) found a favorable correlation between education level and professional dedication, (Mathieu & Zajac, 1990) found that education is a somewhat negative predictor of organizational commitment. The PC and OC provide workers with different experiences and are different psychological impacts of different individual and organizational traits, according to study findings.

Given that professionals are often more devoted to their careers than to the companies they work for, professional commitment (PC) can be an important career attitude that may influence workers' perceptions of their businesses, such as organizational commitment (Wang & Armstrong, 2004).

Conversely, Mutasim et al. (2002) investigated the conflict or compatibility between commitment to the profession and loyalty to the organization by looking at a survey of 545 research scientists in Malaya. Based on their data, they verified their hypothesis that the two ideas are not at odds. The aforementioned study found a substantial correlation ($r=.43, .15, \text{ and } .52$, respectively) between emotional, ongoing, and normative commitment to an organization and dedication to one's job.

2.5 Nursing Professional Commitment

Research on professional commitment is not as extensive as that on organizational commitment. Nonetheless, it has been found to be an essential component of many of the work-related responsibilities that nurses do (Cohen, 1998). Gardner (1992) emphasized the importance of occupational commitment in nursing due to the nursing profession's attractiveness as a valued career option and a lifetime job.

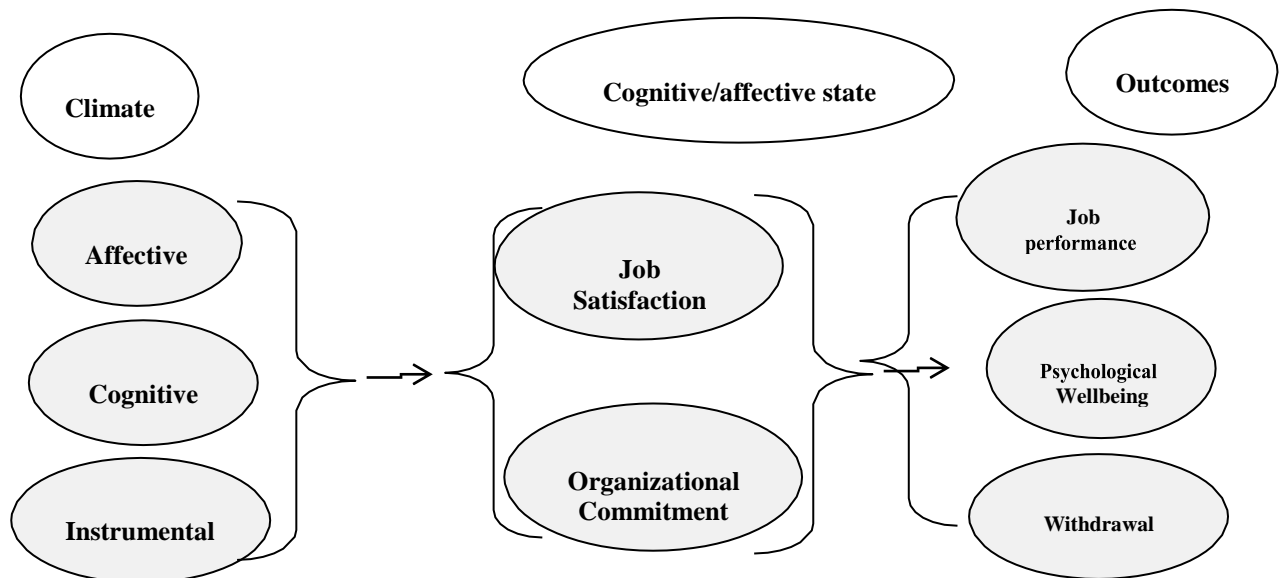
Concerned individuals have protested because they think that the various hospitals where nurses work are killing off their friends and family members because the nurses are not functioning in a professional manner. The issue of nurses' dedication to their careers has received more attention lately. The nursing literature began to take an interest in issues related to organizational commitment in nursing more than thirty years ago (Alammar et al., 2016). Higher levels of organizational and professional involvement may arise from more nurses serving on panels and committees, notwithstanding the paucity of empirical research on nurses' activities. This study is the first to look at organizational climate as a predictor of professional commitment in a nurse population currently in practice.

In a study of Ghanaian nurses, Honyenuga & Adzoyi (2012) found that most nurses (over 73%) enjoyed their work and would continue in it under any conditions.

Regardless of their income, 68% of committed professionals do what they do because they love what they do, according to the same survey. For financial reasons, the remaining 5% are also dedicated to the company and their line of work. A second research (Pea-Suárez et al., 2013) found that just 6.5% of staff nurses at Tanta University Hospitals in Cairo have a low level of devotion, compared to 75.6% who have a moderate level. The results of the study are consistent with those of (Syed, 2015), who found that organizational. This finding is in contrast to another study by Dorgham (2012), which found that the participants had poor hospital commitment, and another study by Abood et al. (2011), which found that 77.3% of the nurses had strong hospital commitment.

2.6 The Connection between Organizational Climate and Professional Commitment

The purpose of this study was to determine whether organizational atmosphere and professional dedication were related. Research indicates that organizational commitment is positively correlated with organizational environment characteristics such as coherence (Buchanan, 1974), supervisor support (Benson, 1996), and autonomy (Wallace & Hunt, 1996). Steers (1977) also found a connection between trust and autonomy in the workplace and commitment. According to Loi (1995), trust has a role in organizational development and transformation (Golembiewski, 1986) as well as effectiveness (Culbert & McDonough, 1986).



Figures 2.1: Adopted version of Conceptual framework for Organizational climate (Source: Carr et al. 2003)

As per the social cognitive theory of motivation put forth by Bandura, which posits that sustained interest and positive affective reactions are the means by which

performance occurs, Carr et al. (2003) suggested that the relationship between climate and behavioral outcome is formed through its impact on commitment and satisfaction. In their meta-analyses of climate studies, Carr et al. (2003) developed a conceptual model (see below) that proposed a tight relationship between climate and organizational commitment and work satisfaction (what they called cognitive affective states).

The conceptual model and correlation findings of Carr et al. (2003) show that climate is strongly correlated with commitment, which in turn directly affects work performance, psychological well-being, and disengagement. Empirical study indicates that nurses' reports of a supportive or positive organizational environment are highly correlated with improved patient outcomes in the United States (Aiken et al., 2002).

This conclusion aligns with the findings of Carr et al.

Fink (1992) found in another study that employee loyalty to the organization was positively correlated with the organizational climate. For example, his study found that an organizational climate was positive when loyalty to the company was strong. In 1995, Iverson et al. conducted a study in a public hospital and found "that organizational commitment and trust appeared to be significant determinants of organizational performance."

All things considered, we can conclude from the literature reviewed above that organizational climate, which is mirrored in an organization's objectives, strives to develop its staff by providing them with a good working environment and conditions, assisting and supporting them in feeling satisfied with their jobs, and so forth. Staff loyalty to the company will rise as a result of all of these factors.

2.7 Theory-Based Structure

This study assesses the conceptual model below using data from surveys carried out in Palestine. It also employs psychometrically sound measures to measure employee commitment and organizational atmosphere. The survey's findings will give a profile of the connection between organizational atmosphere and nurses' commitment to their work. The outcome variable of professional devotion and the mediating variable of organizational atmosphere are also included in the model. Although the study's research questions are based on past empirical studies that have shown this correlation between prediction and reality, this is the first to look into whether organizational climate levels affect nurses' professional dedication.

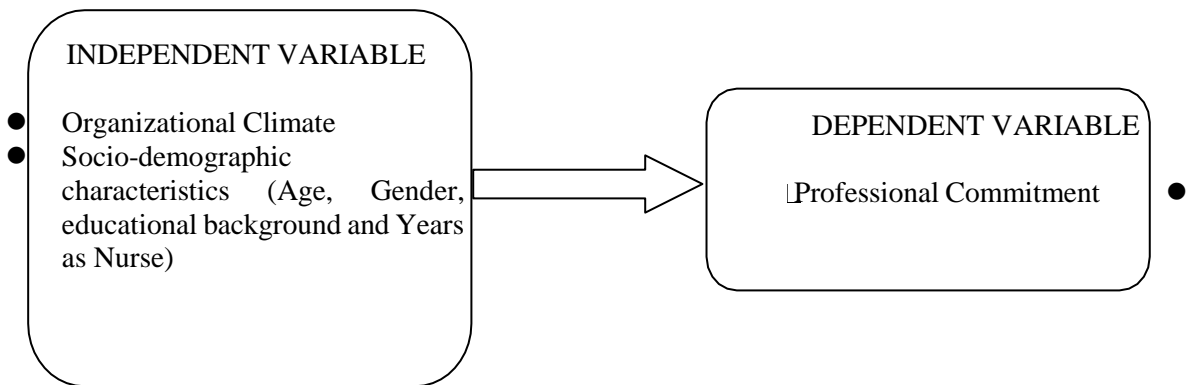


Figure 2.2: Conceptual framework

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 Research Methodology and Structure

This study aims to evaluate the connection between nurses' commitment to their work and organizational culture. A causal research method is used when quantitative research tools are applied. The research approach used in this study is cross-sectional and quantitative. This study uses a survey instrument to investigate if professional dedication, the response variable, and organizational environment, the predictor variable, have a measurably beneficial connection. The study's methodology is a quantitative cross-sectional research strategy, which aims to provide a quantitative statistical analysis of the survey responses.

3.2 Study Population and Samples

population:

There are 650 nurses working in these Jerusalem hospitals at the moment, according to data that was collected from the institutions that were the focus. 250 of these nurses work full-time at hospitals in Jerusalem and are registered and active.

Qualifications for inclusion

The following nurses were eligible to participate in this study as subjects:

- Registered nurses with human resources;
- Formally employed nurses at the hospital
- Nurses who are present during the study period;
- Nurses who agree to participate in the study were considered study subjects.

Criteria for exclusion

- Nurses who provide free assistance but are not officially employed by hospitals
- Nurses who are unwilling to engage in the study;
- Student nurses working under supervision;
- Nurses who are not present during data collection was not be considered study participants.

3.3 Sample Size

Determining the Sample Size

By taking into account the following factors, the sample size was calculated using the single population proportion formula: $Z =$ standard normal distribution ($Z = 1.96$), with a 95% confidence interval, $d = 0.05$, and $p = 0.5$.

When the non-response rate was taken into account, the computed sample size came to 250 nurses.

Research Population in the targeted hospitals

| Hospital | No of Nurses | No of participants from each hospital |
|------------------|--------------|---------------------------------------|
| Al-Makassed | 280 | 108 |
| St-joseph | 140 | 54 |
| Augusta Victoria | 90 | 35 |
| St John Eye | 75 | 29 |
| Red Crescent | 65 | 24 |
| Total | 650 | 250 |

Participants

The study population includes all nurses working in 5 major hospitals located in Jerusalem- Palestine (Al-Makassed Hospital, St-joseph Hospital, Augusta Victoria Hospital, St John Eye Hospital, and Red Crescent Hospital).

3.4 Pilot Study

A pilot test was conducted on 20 nurses working in four Palestinian hospitals that the researcher has traditionally chosen before the actual data are collected. The purpose of the pilot study is to evaluate the reliability of the survey items and identify any issues with the survey scales and the questionnaire as a whole. On the basis of the pilot test's findings, the instruments or processes were undergoing the necessary corrections.

Sample nurses were informed of the study's purpose or any further clarifications by the researcher prior to the data collection process starting.

3.7 Methods of Data Analysis

Following the collection of all data from the sample nurses. The data was appropriately analyzed in the manner described below:

1. The combined value of professional commitment (X) findings was examined using descriptive statistics (mean and standard deviation) to address the first question, which inquiries about the level of commitment among nurses to their profession.
2. To demonstrate the strength of the association, the findings of the combined measures of nurses' professional dedication (X) were associated with the organizational climate scale (Y). Regression analysis, including logistic regression analysis, was performed. The connection between professional dedication and organizational atmosphere is the subject of this second query.
3. The association between the subscales of organizational commitment and professional dedication was also be investigated using the correlation approach.

3.8 Operational Definition

The researcher provided the following definitions for the key terms that was used often in this study in order to promote convenience and a shared understanding of these terms:

Professional Commitment:

An individual's identification and involvement in both nursing and hospitals is the definition of professional commitment used in this study. More accurately, it may be defined as the result of the interaction of the three primary components of commitment: normative, emotional, and continuous commitment.

Degree of Dedication to One's Career: A respondent's level of commitment is classified as high if their average response to the professional commitment questions is greater than 3.5; it is classified as medium if it is between 2.5 and 3.5; and low if it is less than 2.5.

Organizational Climate: may be characterized as the ubiquitous hospital environment that nurses and other staff members perceive, which influences their behavior and is predicated on their collective impression of actions in the hospital.

3.9 Ethical considerations

Investigator made certain that the subjects may participate in the study would not face consequences for refusing to participate. The participant's understanding of the study's goal and specifics, the voluntary nature of their involvement, and their unrestricted freedom to withdraw from the study at any moment were all made sure of by the researcher. Written informed permission was acquired from every research participant. The participants had the chance to ask any concerns they had about the study, including risks, benefits, and data storage and protection, before giving their consent.

Confidentiality and Anonymity

The research upheld the principles of confidentiality and anonymity; all data gathered from the participants was treated with the utmost confidentiality to guarantee that the study participants could not be identified. To be utilized in the study paperwork, the names of the participants in this research were substituted with ID codes that are only known to the researcher. The nature of the data to be utilized in the study was described to the participants, and they learned about the safe procedures the researcher employed to safeguard and keep their data. The participants received an explanation of the type of data that would be utilized in the study, as well as information on the safe procedures the researcher had put in place to safeguard and keep their data.

Beneficence and non-maleficence

It also discussed how to balance beneficence and non-maleficence. The participants in this study were not exposed to any risk or injury thanks to the researcher's precautions. Since the participants were chosen conveniently, this made everyone feel more at ease talking about sensitive topics in front of one another. Because of this, the participants were free to participate without fear of repercussions for their employment position.

The investigator made certain that every participant could comprehend both written and spoken English well enough to fill out the permission papers and questionnaire, as well as the participant information sheet, which allowed them to express their thoughts and viewpoints intelligibly

CHAPTER FOUR:

RESULT AND DISCUSSION

4.1 Introduction

The purpose of this study was to investigate the relationship between nurses' professional commitment and the organizational climate. As a result, this chapter's objectives are followed while discussing the questionnaire's findings and outcomes. It contains a report with findings from a descriptive study, such as frequency tables and numbers that indicate how committed nurses are to their careers.

A report summarizing the findings from regression analysis and correlation of coefficients that characterize the association between organizational environment and professional dedication, as well as its subscales, is also included. Lastly, a one-way analysis of variance (ANOVA) results that shows how nurses' commitment varies with experience years is provided.

4.2.Socio-demographic Characteristics of the Respondents

The respondents' personal profiles are examined based on their years of hospital experience, gender, age, and educational attainment levels. To describe the respondents, descriptive statistics were used to the demographic data. As shown in Table 4.1 below, of the 234 respondents in the final research, 57.7% were female and 42.3% were male.

Furthermore, the majority of respondents (38.9%) were between the ages of 20 and 29, followed by 32.9% were between the ages of 30 and 39, and only 15.0% were beyond the age of 50. When we evaluate respondents based on their educational background,

the proportion 72.6%) of respondents with a bachelor's degree, 5.2% were with a diploma and 19.2% with master degree.

Thus, we can see that the sample is fairly representative based on the demographic statistics listed below.

Table 4.1: Summary Profile of the Respondents

| Character | | Frequencies | Percentages (%) |
|---------------------|--------------------|-------------|-----------------|
| Gender | Male | 99 | 42.3 |
| | Female | 135 | 57.7 |
| Age-group | 20 – 29 Years | 91 | 38.9 |
| | 30-39 year | 77 | 32.9 |
| | 40-49 year | 31 | 13.2 |
| | 50 years and above | 35 | 15.0 |
| Years of Experience | 2-5 years | 68 | 29.1 |
| | 6-10 years | 63 | 26.9 |
| | 11-15 years | 41 | 17.5 |
| | 6 years and more | 62 | 26.5 |
| Level of Education | Diploma | 12 | 5.1 |
| | Bachelor | 170 | 72.6 |
| | Master | 45 | 19.2 |
| | Others | 7 | 3.0 |
| Department | medical | 39 | 16.7 |
| | surgical | 67 | 28.6 |
| | emergency | 15 | 6.4 |
| | others | 113 | 48.3 |
| Marital status | single | 91 | 38.9 |
| | married | 126 | 53.8 |
| | divorced | 13 | 5.6 |
| | widowed | 4 | 1.7 |
| Hospital | makh | 79 | 33.8 |
| | AVH | 52 | 22.2 |
| | RCH | 42 | 17.9 |
| | SJH | 28 | 12.0 |
| | SJEH | 33 | 14.1 |

The overall mean level of professional commitment among nurses was 4.37 with a standard deviation of 1.0. Since the majority of them performed at a high level, the results are sufficient. The mean value of nurses' continuance commitment was found to be above average (4.32), when we specifically address subscales of professional commitment; in contrast, their normative and affective commitments were also higher than average (4.37 and 4.40, respectively).

Table 4.2: Frequencies of Professional Commitment

| Domain | N | Mean | Std. Deviation |
|-------------|-----|------|----------------|
| Affective | 234 | 4.40 | 1.0 |
| Continuance | 234 | 4.32 | 0.9 |
| Normative | 234 | 4.37 | 0.9 |
| overall | 234 | 4.37 | 0.9 |

4.3. Inferential Statistics

A number of statistical techniques, including as correlation, regression, t-tests, and analysis of variance, are used to analyze data and make assumptions regarding normalcy. Since normal data is a precondition for parametric testing, an evaluation of the data's normality is required before moving further with analytical testing (Bland M, 2015).

4.3.1. Test of Normality

According to the study of the Kolmogorov-Smirnov (KS) test, we may safely reject the null hypothesis that the data is not regularly distributed if the KS result is ($p > .05$) (Bland M, 2015).

For the regression analysis to produce trustworthy results, the residuals of the regression must have a normal distribution. The residuals are the differences between the predicted value of the organizational environment and other determinants and the actual value of the professional dedication (the dependent variable). To ascertain if these residuals are equally distributed or if they have a tendency to cluster at some values and spread widely at other values, the researcher used homoscedasticity. The data is homoscedastic if it matches a randomly distributed scatter-gun discharge, as seen in Table 4.3 below.

Table 4.3: Normality Test

| | Hospital | Kolmogorov-Smirnov ^a | | | Shapiro-Wilk | | |
|--------------------|----------|---------------------------------|----|-------|--------------|----|------|
| | | Statistic | df | Sig. | Statistic | df | Sig. |
| Affective | makh | .089 | 79 | .190 | .979 | 79 | .217 |
| | AVH | .118 | 52 | .069 | .966 | 52 | .143 |
| | RCH | .158 | 42 | .060 | .959 | 42 | .134 |
| | SJH | .207 | 28 | .063 | .927 | 28 | .052 |
| | SJEH | .167 | 33 | .082 | .910 | 33 | .065 |
| Continuance | makh | .099 | 79 | .052 | .974 | 79 | .109 |
| | AVH | .087 | 52 | .200* | .984 | 52 | .716 |
| | RCH | .161 | 42 | .008 | .954 | 42 | .094 |
| | SJH | .113 | 28 | .200* | .965 | 28 | .455 |
| | SJEH | .195 | 33 | .003 | .887 | 33 | .002 |
| Normative | makh | .087 | 79 | .200* | .985 | 79 | .458 |
| | AVH | .165 | 52 | .001 | .962 | 52 | .097 |
| | RCH | .126 | 42 | .093 | .958 | 42 | .128 |
| | SJH | .101 | 28 | .200* | .980 | 28 | .851 |
| | SJEH | .171 | 33 | .015 | .929 | 33 | .032 |
| overall | makh | .077 | 79 | .200* | .974 | 79 | .106 |
| | AVH | .104 | 52 | .200* | .976 | 52 | .366 |
| | RCH | .089 | 42 | .200* | .983 | 42 | .785 |
| | SJH | .097 | 28 | .200* | .962 | 28 | .394 |
| | SJEH | .169 | 33 | .017 | .885 | 33 | .002 |

4.3.2. Correlation Analysis

In this section, the link between the organizational atmosphere and nurses' professional dedication was examined using correlation analysis. The relationship between the professional commitment subscales would be ascertained through the application of correlation analysis. Correlation coefficients indicating the strength and direction of the relationship were thus obtained. The p-value also indicated the possibility that this connection might be significant

4.3.2.1. Professional Commitment and Organizational Climate

Correlation Analysis

To ascertain the relationship between hospital nurses' professional dedication and the organizational environment, correlation research was conducted.

Table 4.4 below shows a significant positive relationship between organizational atmosphere and professional dedication ($r=.360$, p (2-tailed) < 0.01). The positive correlation between the variables indicates that professional dedication increases as organizational environment improves.

This demonstrates how organizations with a healthy culture retain long-term connections and boost the professional commitment of nurses. Therefore, the result supports the main hypothesis, which is that the hospital in Jerusalem, Palestine has an exceptional organizational culture and that its nurses have a great sense of dedication to their work.

Table 4.4 Analysis of the relationship between professional dedication and organizational climate

| Correlations | | | |
|--|---------------------|-------------------------|------------------------|
| | | Professional Commitment | Organizational Climate |
| Professional Commitment | Pearson Correlation | 1 | .360** |
| | Sig. (2-tailed) | | .000 |
| | N | 234 | 234 |
| Organizational Climate | Pearson Correlation | .360** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 234 | 234 |
| ** <i>. Correlation is significant at the 0.01 level (2-tailed).</i> | | | |

Table 4.5 below displayed the correlation analysis result, which demonstrates that organizational climate and affective, normative, and continuation commitment have substantial positive relationships ($r =.322$, p (2-tailed) < 0.01 , $r =.309$, p (2-tailed) < 0.01 , and $r =.376$, p (2-tailed) < 0.01 , respectively). This indicates that elements of

professional dedication and organizational environment are not significantly different from one another; rather, they are all significantly correlated. As a result, the hypothesis that organizational climate has a significant positive relationship with affective and normative commitment is supported by the results. However, the hypothesis does not demonstrate that organizational climate has no significant relationship with continuance commitment—rather, it has a significant positive relationship with organizational climate.

Table 4.5 Correlation Analysis between Professional Commitment Components and Organizational Climate

| | | Correlations | | | |
|-------------------------------|---------------------|------------------------|-----------|-------------|-----------|
| | | Organizational Climate | Affective | Continuance | Normative |
| Organizational Climate | Pearson Correlation | 1 | .332** | .309** | .376** |
| | Sig. (2-tailed) | | .000 | .000 | .000 |
| | N | 234 | 234 | 234 | 234 |
| Affective | Pearson Correlation | .332** | 1 | .826** | .797** |
| | Sig. (2-tailed) | .000 | | .000 | .000 |
| | N | 234 | 234 | 234 | 234 |
| Continuance | Pearson Correlation | .309** | .826** | 1 | .829** |
| | Sig. (2-tailed) | .000 | .000 | | .000 |
| | N | 234 | 234 | 234 | 234 |
| Normative | Pearson Correlation | .376** | .797** | .829** | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | |
| | N | 234 | 234 | 234 | 234 |

***At the 2-tailed 0.01 significance level, the correlation is significant.*

When we specifically address subscales of professional commitment, we find that the mean value of nurses' emotional, normative, and continuity commitment is higher than the average commitment, as shown in Table 4.2 above. The results of the present study showed that the participants had a strong sense of loyalty to their hospital because they

believed it was deserving of their support or because they had a personal connection to it. This result might be explained by their positive perceptions of the

company culture, as the study found. These findings go counter to those of Vianen (2000), who concluded that behavioral and emotional outcomes are associated with an organization's fit—for example, higher performance, longer tenure, and more organizational commitment.

The results of the present investigation show that the three commitment-related characteristics and organizational climate correlated positively, as was expected. The findings of Valentine et al. (2002), who found that the collegial leadership variables—principal consideration, principal control, and principal support—had worse outcomes, ranging from 0.22 to 0.30, were not consistent with the findings of this study. The previously stated study also found a 0.31 to 0.44 correlation between organizational environment and nurses' commitment.

4.3.3. Regression Analysis

Regression analysis was used to ascertain the degree to which the independent variable explains the dependent variable. Consequently, the association between organizational atmosphere and professional dedication was examined using regression analysis. The results are displayed below:

Table 4.6: Model S Model Summary b result of predictor variable over the dependent variable

Model Summary ^b

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .362 ^a | .131 | .127 | 2.56087 |

a. Predictors: (Constant), Organizational climate

b. Dependent Variable: Overall commitment

Table 4.7: Analysis of Variance (ANOVA^a) result of predictor variable over the dependent variable

ANOVA^a

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 229.082 | 1 | 229.082 | 34.931 | .000 ^b |
| | Residual | 1521.467 | 232 | 6.558 | | |
| | Total | 1750.549 | 233 | | | |

a. Dependent Variable: Overall Professional Commitment

b. Predictors: (Constant), Organizational Climate

Table 4.8, showed that there is a substantial correlation ($p < 0.05$) between the independent variable of organizational climate and the dependent variable of professional commitment in the regression model.

A good match was found between the data and the general organizational climate, as indicated by the statistically significant prediction of professional commitment ($p < 0.005$), which is less than 0.05. Furthermore, it is reasonable to conclude that organizational climate has an 13.1% influence on professional dedication based on the R² result in the summary table above.

In Cohen's (1998) case study examining the connection between hospital nurses' job dedication and results, 238 respondents—92% of the samples—reported the same outcome. In a thorough investigation of the link between organizational atmosphere and nurses' professional dedication, Dorgham (2012) also discovered a rather substantial positive correlation between the two. The data displays a statistically significant difference ($p < 0.05$) concerning the gender-related aspects of the organizational environment. This result is consistent with that of Valentine et al. (2002), who discovered a positive relationship between professional commitment and people's perceptions of the organizational climate. The findings of numerous other

studies also suggest that the organizational climate positively influences the relationship between professional commitment and the organization. As a consequence, the primary hypothesis—which holds that organizational climate and nurses' professional commitment in Palestinian's public hospitals have a substantial, positive relationship—is supported by the results.

In addition, the researcher noted from his informal conversations and the nurses' responses to his oral questions that the nurses had a number of complaints regarding various matters, including favors given to principals, a lack of funds and no additional income or privileges, and a lack of patient support. Many of the sample respondents also stated that although they enjoy their jobs, they are finding it difficult to work as they wish because of the previously listed reasons as well as other issues.

In addition to the statistical results, the researcher believes that these and other climate issues in the hospital setting are the main reasons behind nurses' lack of commitment to their jobs. Several researchers' theoretical models (e.g., Carr et al., 2003) might provide evidence to support this claim.

Additionally, this study confirmed that the participants were not happy with the overall culture of the organization. To be more specific, the participants saw the following characteristics of the organization's culture: undemanding work, a lack of personnel, a lack of performance feedback, a lack of acknowledgment for good work through meetings or merit, a lack of material resources that make it difficult for workers to perform their jobs, poor communication—there is no two-way communication between managers and subordinates—and a lack of staff development activities that prevent employees from possessing the knowledge and abilities necessary to deliver high-quality services .

Table 4.8. Bivariate and Multiple Logistic Regression Analysis of the variables linked to nurses' (n=234) low levels of professional dedication (mean score <3.1) in Palestinian hospitals

| | Total No | PC (Mean Score of APC < 3.1) | COR (95% CI) | AOR (95% CI) | P-Value |
|----------------------------|----------|------------------------------|--------------------|--------------------|---------|
| Age group | | | | | |
| 20 – 29 Years | 91 | 37.1 | .919(.562-1.501) | .834(.476-1.460) | .978 |
| 30-39 year | 77 | 30.8 | .993(.616-1.600) | .864(.511-1.580) | .525 |
| 40-49 year | 31 | 31.9 | .557(.341-.908) | .638(.363-1.123) | .119 |
| 50 years and above | 35 | 32.6 | 1.00 | 1.00 | |
| Years of experience | | | | | |
| 2-5 years | 68 | 36.6 | 2.941(1.641-5.271) | 2.319(1.210-4.444) | .011 |
| 6-10 years | 63 | 23.2 | 2.923(1.547-5.525) | 3.588(1.836-7.009) | .000 |
| 11-15 years | 41 | 19.8 | 1.872(.971-3.607) | 1.431(.697-2.938) | .340 |
| 16 yrs. and more | 62 | 20.1 | 1.00 | 1.00 | |

COR = Odds Ratio; CI = Confidence Interval; AOR=Adjusted Odds Ratio PC = Professional Commitment; APC = Average Professional Commitment.

*Significant at P < 0.05.

CHAPTER FIVE:

SUMMARY, CONCLUSION & RECOMMENDATION

5.1. Summary

The researcher examined the two main study constructs—organization climate and nurses' professional commitment in general, as well as their particular elements—in the examination of the literature. Additional pertinent variables to investigate in relationship with the climate were discovered by the reviewing the literature. Four research topics were derived from this review and evaluated in the pilot and final studies .

In the main study, the researcher looked at the relationship between organizational environment, nurses' professional commitment, and other demographic traits using measurements that were sufficiently precise and reliable. Four approaches were used in this chapter to address the research questions. First, descriptive statistics were used to the demographic data to determine the respondents' characteristics and level of commitment. According to the descriptive statistics, the mean degree of professional dedication among nurses is nearly always greater than the middle value. While the majority of them exhibit high levels of devotion, this is still not good enough. Second, the data were subjected to correlation analysis techniques in order to look at correlations between the variables in the context of hospitals. The correlational study revealed a favorable association between the professional commitment factors of nurses and the organizational climate. The organizational atmosphere and the subscales assessing nurses' professional dedication were shown to be strongly positively correlated. Third, using linear regression analysis, the relationship between organizational environment

and nurses' professional dedication was examined for predictability, and the degree of variance explained by dependent variables was

ascertained. It was shown that a significant factor in predicting the level of professional dedication demonstrated by nurses is the organizational climate. Finally, analyzing the relationship between nurses' professional commitment and experience, it appears that experience influences nurses' commitment. Regarding the degree to which organizational atmosphere affects nurses' professional dedication, statistically significant connections were discovered between the two variables. The amount of variance explained by the independent variable (organizational environment), which is normally distributed, highly predicts the level of professional dedication among nurses.

In relation to the components of commitment that have a substantial correlation with organizational climate, nurses' affective, continuing, and normative commitments have a statistically significant positive association with a 99.9% confidence interval. When it came to the variation in nursing commitment based on years of experience, analysis of variance (ANOVA) showed a significant difference in the professional dedication of nurses across years of experience. The study found that nurses' average commitment increased with experience (those with over 16 years of employment had the highest mean (3.49) commitment result). Specifically, when we examine the relationship between work experience and the professional commitment subscales, we find a significant and robust relationship between job experience and their ongoing commitment.

5.2. Conclusion

The positive link between the two variables demonstrated that organizational atmosphere and nurses' professional dedication in Palestinian hospitals were

positively and highly correlated. As a result, the following conclusions can be made.

In Palestinian hospitals, the average level of professional dedication among nurses is 3.13, although the overall level of devotion is more than three times higher. As so, it is still insufficient, even if the majority of them performed at a high level.

Specifically, it was discovered that the average value of nurses' continuous

commitment (2.76) was below average.

5.3. Recommendations

Executives need to be well aware of the elements that support a positive workplace culture. Organizations should prioritize the open system element, which encompasses innovation and flexibility, outward emphasis, and reflexivity, while determining their organizational climate. Autonomy, integration, engagement, supervisory support, training, welfare, and other aspects of human interactions. Rational goal factors include performance feedback, efficiency, effort, clarity of organizational goals, pressure to deliver, and quality.

The researcher suggests the following recommendations for the Palestinian hospitals, future researchers, medical administrators, and other relevant bodies:

- The construction of a conducive health environment—one that fosters good interactions between employees and the organization—should be prioritized in order to facilitate the provision of health care services.
- The current study should be repeated using bigger, national samples of nurses to determine if the results may be generalized beyond the constraints of the current samples.
- Allow staff members to understand the advantages their hospital offers, as evidenced by comparisons with other hospitals operating in the same industry.

- Nurses' commitment is influenced by the organizational climate to a limited extent, but other elements should also be taken into account, according to the study, to

fully comprehend professional commitment. These include the interest of the patient and the nurse's involvement in the decision-making process. Make sure nurses understand their responsibilities and the value they provide to the hospital. Thus, in addition to organizational climate, future studies should evaluate those other elements as well.

- To determine the causes of the variations in nurses' professional commitment based on their work experience, a more thorough investigation is required. In other words, further investigation is needed to determine the reason behind the less seasoned workers' lack of commitment to their field.
- Above all, in order to increase professional commitment, organization management should offer the required facilities, foster a positive organizational climate, and take other measures that support nurses' well-being.

REFERENCES

Abood, S.A., Mohamed, F.R., Abo El-Maged, M.H. (2011). Organizational Commitment among Nursing Staff in Minia University Hospital. *Journal of American Science*, 7(9): 1027-32.

[file:///C:/Users/User/Downloads/Organizational Commitment among Nursing.pdf](file:///C:/Users/User/Downloads/Organizational%20Commitment%20among%20Nursing.pdf)

Aiken, L. H., Clarke, S. P., Sloane, D. M., Julie, A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. M., & Shamian, J. (2001). Nurses' Reports On.

Alammar, K., Fahad, K., City, M., Alamrani, M., Alqahtani, S., & Ahmad, M. (2016). Organizational Commitment and Nurses Characteristics as Predictors of Job Involvement. December. <https://doi.org/10.12927/cjnl.2016.24983>

Ashkanasy, N. M., Wilderom, C. P. M., & Peterson, M. F. (2000). *Handbook of organizational culture and climate*. London: Sage

Dixit, V. & Bhati, M. (2012). A Study about Employee Commitment and its impact on Sustained Productivity in Indian Auto-Component Industry. *European Journal of Business and Social Sciences*, 1(6); 34 – 51

Dorgham, S. R. (2012). Relationship between Organization Work Climate & Staff Nurses Organizational Commitment. *Shereen. Nature and Science*, 10(5), 80–91.

Ekvall, G. (1996). Organizational climate for creativity and innovation. *European Journal of Work and Organizational Psychology*, 5(1), 105–123. <https://doi.org/10.1080/13594329608414845>

Gardner, D. L. (1992). Career commitment in nursing. *Journal of Professional Nursing*, 8(3), 155–160. [https://doi.org/10.1016/8755-7223\(92\)90025-T](https://doi.org/10.1016/8755-7223(92)90025-T)

Gershon, R. R. M., Stone, P. W., Bakken, S., & Larson, E. (2004). Measurement of Organizational Culture and Climate in Healthcare. *Journal of Nursing Administration*, 34(1), 33–40. <https://doi.org/10.1097/00005110-200401000-00008>

Glick, W. H. (1985). Conceptualizing and Measuring Organizational and Psychological Climate: Pitfalls in Multilevel Research. *Academy of Management Review*, 10(3), 601–616. <https://doi.org/10.5465/amr.1985.4279045>

Giffords, E. D. (2009). An examination of organizational commitment and professional commitment and the relationship to work environment, demographic and organizational factors. *Journal of Social Work*, 9(4), 386–404. <https://doi.org/10.1177/1468017309346232>

Hart, S. E. (2005). Hospital ethical climates and registered nurses' turnover intentions. *Journal of Nursing Scholarship*, 37(2), 173–177. <https://doi.org/10.1111/j.15475069.2005.00030.x>

Honyenuga, B. Q., & Adzoyi, P. N. (2012). PROFESSIONAL COMMITMENT OF NURSES IN GHANA : THE CASE OF THE VOLTA REGION. 3(1), 12–27.

Isaksen, S. G., Lauer, K. J., Ekvall, G., Britz, A., Isaksen, S. G., Lauer, K. J., & Britz, A. (2010). Perceptions of the Best and Worst Climates for Creativity : Preliminary Validation Evidence for the Situational Outlook Questionnaire Perceptions of the Best and Worst Climates for Creativity : Preliminary Validation Evidence for the Situational Outlook Q. November 2014, 37–41. <https://doi.org/10.1207/S15326934CRJ1302>

Iverson, R. D., & Pullman, J. A. (2000). Determinants of voluntary turnover and layoffs in an environment of repeated downsizing following a merger: An event history analysis. *Journal of Management*, 26(5), 977–1003. <https://doi.org/10.1177/014920630002600510>

Kadyschuk, R. (1997). Teacher Commitment: A Study of The Organizational Commitment, Professional Commitment, and Union Commitment of Teachers in Public Schools in Saskatchewan.

Kadyschuk, R. (1997). Teacher Commitment: A Study of The Organizational Commitment, Professional Commitment, and Union Commitment of Teachers in Public Schools in Saskatchewan.

Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. *Journal of Nursing Administration*, 31(5), 260–272. <https://doi.org/10.1097/00005110-200105000-00006>

Litwin, G.H. & Stringer, R.A. Jr. (1968). Motivation and organisational climate. Division of Research, Harvard Business School, Boston.

Mathieu, J. E., & Zajac, D. M. (1990). A Review and Meta-Analysis of the Antecedents , Correlates , and Consequences of Organizational Commitment. 108(2), 171–194.

Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology*, 78(4), 538–551. <https://doi.org/10.1037//0021-9010.78.4.538>

Mccabe, T. J., & Garavan, T. N. (2008). A study of the drivers of commitment amongst nurses The salience of training , development and career issues. 32(7), 528–568. <https://doi.org/10.1108/03090590810899829>

McCabe, T. J., & Sambrook, S. (2013). Psychological contracts and commitment amongst nurses and nurse managers: A discourse analysis. *International Journal of Nursing Studies*, 50(7), 954–967. <https://doi.org/10.1016/j.ijnurstu.2012.11.012>

- Momeni, N. (2009). The relation between managers' emotional intelligence and the organizational climate they create. *Public Personnel Management*, 38(2), 35–48. <https://doi.org/10.1177/009102600903800203>
- Mok, E., & Au-Yeung, B. (2002). Relationship between organizational climate and empowerment of nurses in Hong Kong. *Journal of Nursing Management*, 10(3), 129–137. <https://doi.org/10.1046/j.1365-2834.2002.00285.x>
- Mowday et al. (1979). The Measurement of Organizational Commitment. *Journal of Vocational Behavior*, 14, 224–247. [https://doi.org/10.1016/0041-008X\(75\)90174-X](https://doi.org/10.1016/0041-008X(75)90174-X)
- Mutasim, N., Rahman, A., & Hanafiah, M. H. (2002). Commitment to Organization Versus Commitment to Profession: Conflict or Compatibility? *Jurnal Pengurusan*, 21, 79–96. <https://doi.org/10.17576/pengurusan-2002-21-04>
- Noordin, F., Omar, S., Sehan, S., & Idrus, S. (2010). Organizational Climate And Its Influence. *International Business & Economics Research Journal (IBER)*, 9(2), 1–10.
- Norbergh, K. G., Hellzén, O., Sandman, P. O., & Asplund, K. (2002). The relationship between organizational climate and the content of daily life for people with dementia living in a group-dwelling. *Journal of Clinical Nursing*, 11(2), 237–246. <https://doi.org/10.1046/j.1365-2702.2002.00579.x>
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59(5), 603–609. <https://doi.org/10.1037/h0037335>
- Rogers, E. D., Miles, W. G., & Biggs, W. D. (1980). The Factor Replicability of the Litwin and Stringer Organizational Climate Questionnaire: An Inter and Intra-Organizational Assessment. *Journal of Management*, 6(1), 65–78. <https://doi.org/10.1177/014920638000600105>
- Rondeau, K. V. (1994). The Theory and Measurement of Work Commitment. *Academy of Management Review*, 19(3), 606–606. <https://doi.org/10.5465/amr.1994.9412271835>
- Schneider, B., Ehrhart, M. G., & MacEy, W. H. (2013). Organizational climate and culture. *Annual Review of Psychology*, 64(July 2012), 361–388. <https://doi.org/10.1146/annurevpsych-113011-143809>
- SCHNEIDER, B. (1975). Organizational Climates: an Essay. *Personnel Psychology*, 28(4), 447–479. <https://doi.org/10.1111/j.1744-6570.1975.tb01386.x>
- Schneider, B., White, S. S., & Paul, M. C. (1998). Linking service climate and customer perceptions of service quality: Test of a causal model. *Journal of Applied Psychology*, 83(2), 150–163. <https://doi.org/10.1037/0021-9010.83.2.150>

Scott, T., Mannion, R., Davies, H., & Marshall, M. (2003). The quantitative measurement of organizational culture in health care: A review of the available instruments. *Health Services Research*, 38(3), 923–945. <https://doi.org/10.1111/1475-6773.00154>

Stordeur, S., D’Hoore, W., Hasselhorn, H. M., Müller, B. H., Tackenberg, P., Kümmerling, A., Simon, M., Büscher, A., D’Hoore, W., Stordeur, S., Braeckman, L., Kiss, P., Verpraet, R., Laine, M., Wickström, G., Estryng-Behar, M., Le Nezet, O., Gould, D., Camerino, D., ... Lindberg, P. (2007). Organizational configuration of hospitals succeeding in attracting and retaining nurses. *Journal of Advanced Nursing*, 57(1), 45–58. <https://doi.org/10.1111/j.1365-2648.2006.04095.x>

Syed, A. (2015). Job Satisfaction and Organizational Commitment among Employees in the Sultanate of Oman. January 2010. <https://doi.org/10.4236/psych.2010.14038>

Wallace, J., & Hunt, J. (1996). An analysis of managerial competencies across hierarchical levels and industry sectors: A contemporary Australian perspective. *Journal of Management and Organization*, 2(1), 36–47. <https://doi.org/10.5172/jmo.1996.2.1.36>

Wang, X., & Armstrong, A. (2004). PROJECT An empirical study of PM professionals’ commitment to their profession and employing organizations. 22, 377–386. <https://doi.org/10.1016/j.ijproman.2003.09.004>

Weeks, et al, (2013). (2010). 기사 (Article) 와 안내문 (Information) [. *The Electronic Library*, 34(1), 1–5.

Wilderom, C. P. M., Glunk, U., & Maslowski, R. (2000). Organizational Culture as a Predictor of organizational Performance. In In: N.M. Ashkanasy, C.P.M. Wilderom & M.F. Peterson (Eds.), *Handbook of Organizational Culture and Climate* (pp. 193-209). Sage.

Wiener, Y., & Vardi, Y. (1980). Relationships between job, organization, and career commitments and work outcomes-An integrative approach. *Organizational Behavior and Human Performance*, 26, 81-96.

"المناخ التنظيمي والالتزام المهني للممرضين في مستشفيات القدس"

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ملخص

المقدمة: أشارت الأبحاث السابقة إلى أن المناخ الملائم في مكان العمل يرتبط بزيادة مستويات الالتزام التنظيمي، وهو مفهوم حاسم يتعلق بإدراك الموظف. وبالمثل، يُعتقد أن الأداء التنظيمي المتصور يعكس الأداء الفعلي. هذه عوامل حاسمة يجب أخذها في الاعتبار في أماكن الرعاية الصحية حيث يتلقى المرضى علاجًا شاملاً من متخصصي الرعاية الصحية.

هدف الدراسة: الهدف الأساسي من هذه الدراسة هو تقييم العلاقة بين المناخ التنظيمي للمستشفيات الفلسطينية والالتزام المهني للممرضين والممرضات. يتم استخدام تقنيات البحث الكمي في تصميم البحث الارتباطي. وكانت المنهجية المستخدمة في هذه الدراسة كمية بطبيعتها. كانت الممرضات العاملات في المستشفيات الفلسطينية في القدس هي المجموعة المستهدفة للدراسة. ومن بين كافة المستشفيات الفلسطينية في القدس، تم اختيار 234 ممرضة وممرضة.

المنهجية: تم إعطاء تصميم مقطعي مع عينة ملائمة مكونة من 382 ممرضة استبيانات لاستكمالها للدراسة، وتقرر أن المجيبين كانوا مؤهلين للتحليل.

النتائج: أظهرت نتائج الدراسة وجود علاقة إيجابية قوية بين الجو التنظيمي وإخلاص الممرضين في وظائفهم. اعتماداً على مستوى خبرتهم في العمل، تختلف مستويات التفاني المهني للممرضات بشكل كبير. وقد تم تحليل البيانات التي تم جمعها باستخدام الانحدار الخطي وتحليل الارتباط. تظهر نتائج الدراسة وجود علاقة جوهرية $(r = 0.362)$ ، $N = 234$ ، $(P > 0.001)$ بين المناخ التنظيمي وتدابير الالتزام المهني للممرضات. أظهرت نتائج تحليل الانحدار الخطي أن جميع المتغيرات التابعة والمستقلة لها توزيعات طبيعية وأن البيئة التنظيمية تؤثر بقوة على درجة التفاني المهني للممرضات. أظهر تحليل التباين (ANOVA) للتباين في التزام الممرضين بمهنتهم وفقاً لسنوات الخبرة أن هناك فرقا جوهريا في الالتزام خلال مهنة التمريض.

الاستنتاج: وفقاً لهذه الدراسة، يعتبر المناخ التنظيمي هو العنصر الأكثر أهمية في الشركة لأنه يساعد ممارسي التمريض على الشعور بالرضا أكثر عن وظائفهم ويربطهم بمستوى أعلى من الالتزام. يعتبر المناخ التنظيمي أهم عنصر في المؤسسة، لأنه يعزز الرضا الوظيفي بشكل أكبر ويزيد من مستوى التزام التمريض.