

Exploring Organizational Culture and Organizational Commitment among Staff Nurses at King Saud University Medical City

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Abstract

A. Objectives: The study aims to explore organizational culture and commitment in staff nurses at King Saud University Medical City.

B. Design: The research is qualitative interpretive phenomenology on six staff nurses in inpatient units. Data was collected through unstructured interviews.

C. Result: The analysis results in two themes and many subthemes. The first theme is Personal factors, where sub-themes are financial compensation, free from stress, and Professional growth. The second theme is the organizational factor, where sub-themes are; Nature of environment; Manpower; and Leadership style.

D. Conclusion: This study provided an interpretation of staff nurses' culture and commitment. The finding highlights the importance of shifting the organizational culture through creating opportunities that enable staff to grow professionally. The change of culture will change staff commitment from continuance commitment to affective commitment. This study urges stakeholders to create policies toward productive culture.

Keywords — Organizational culture, organizational commitment, staff nurses

I. INTRODUCTION

Organizational culture is one of the most abstract concepts. It has a broad impact on staff behavior, skills, problem-solving abilities, flexibility to work, and achieving organizational goals. Healthy cultures can create effective teams (1). The presence of multidirectional, mutual links between the surroundings and the subsystems makes organizational culture challenging to study (2). Generally, culture is highly associated with social interaction. It is a mix of the heritage of humanity and material result from over year's accumulation and enriched by events that pass from one generation to another. It reflects the best human morals models represented by behaviors adopted from the community. It combines organizational climate, values, behavioral requirements, and social standards. It pertains to believes, regulations,

opinions, and expectations, which subsequently affect employee characteristics and connections (3).

Commitments consist of several assumptions; beliefs in values, acceptance of organizational vision, mission, philosophy, and goals. Furthermore, the staff needs to exert their maximum efforts to attain organizational goals. Additionally, staff should hold an active relationship and desire to remain working in the same organization. In a health care setting, nurses must withhold organizational commitment concepts to ensure the success of the organization (4). The absence of nurse commitment creates a considerable gap in the hospital's strategic plan (5). The success of an organization depends on its culture because it affects performance and morale. Further, it is the road through the attraction of talented candidates and a useful tool for retention. An anthropologist had studied the culture to understand group differences and how they act. Similarly, in organizations, the researchers started to notice the link between the attitude of people and the performance of the culture. For example, the industrial business focuses on organizational culture as well, since it is associated with loyalty, job satisfaction, commitment, and staff engagement (6). It found that companies with a healthy culture had a 682% average increase in sales compared to 166% for companies without such healthy cultures over 11 years period. The leader plays a significant role in creating healthy or non-healthy cultures. Unfortunately, many leaders may be unaware of the importance of healthy cultures, or the number of pieces of information and some conflicting finding overwhelms them (7). Sadly, only 35% of senior leaders have a solid understanding of organizational culture (8). The commitment of nurses is highly associated with caring; nurses with higher commitment had significant caring behavior comparing to those who do not (9). Therefore, hospital administration should pay more attention to enhancing nurses' commitment by encouraging their participation in the organization's vision and mission since nurses are the cornerstone in the health care system and due to the current challenges in nurse retention in Saudi Arabia. It is wise to understand nurses' views about the current culture and explore commitment levels and types.



II. MATERIALS AND METHODS

A. *Research design*

The research is qualitative interpretive phenomenology. The choice is phenomenology because it aims to reveal the actual reality in people's experiences. Additionally, it is vital in this study because it gives meaning to each person's perception (10).

B. *Objectives*

The objectives of the study are to explore organizational culture and commitment in staff nurses.

C. *Setting*

The study was done at King Saud University Medical City.

D. *Sampling*

The sampling strategy was purposive sampling. The sample was homogeneous, which fit the design of the study. The participants are information-rich. The inclusion criteria were; staff nurses who work in inpatients units with a minimum experience of one year who speak English. The choice to include inpatient units is only due to the high demands of the patients and complex conditions. Exclusion criteria were non-staff nurses and nurses in outpatients units. The total sample size was six participants. Initially, they were seven participants, but one member refused to continue the interview and withdraw immediately. Demographic data about gender, nationality, and age were collected.

The researchers form an invitation that contains all research information, description, and benefits of the study—the flyer given to nurse managers (in inpatients units only) for distribution through emails to staff. Also, the flyer was placed in each unit lounge. Participation was voluntary. An interested individual is called the researcher. The relationship with participants is entirely professional.

E. *Data collection*

The data was collected through an unstructured interview to allow participants to express their feelings and draw their experiences. The interviews took place in a private room in the hospital. During the interview, the door was locked to maintain comfort. The time for the interview took from 20-35 minutes. There was no follow-up interview. All interviews were audiotaped. The questions of the interview were; 1-How would you describe your work environment? 2-What is your understanding of organizational culture? 3-In your opinion, what are the factors affecting organizational culture? 4-, How would you describe your levels of commitment to the organization? 5-Based on your experience, what are the elements that can define staff commitment? There was no modification made during the interview. The researcher used probes like, carry on, can you elaborate more on that matter, to encourage more details (11). The data collection ended when saturation was achieved. The subjects did not experience any discomfort during the interview.

III. RIGOR AND TRUSTWORTHINESS

Credibility is assured through transcription of the interview verbatim. For confirmability, the data was carefully recorded, then the themes and subthemes were extracted. Regarding dependability, if the study is repeated, it will yield the same themes and subthemes. Actually, this study produced a unique theme and subthemes like manpower and politics. The findings of this study are transferable because the majority of participants were expatriates. Also, nursing practice is global.

Additionally, this research is authentic because it reflects on the reality of the nurse's commitment level and their expression of organizational culture. To enhance the research trustworthiness, the peer review method was used in one session with themes and subthemes examined against the transcribed interview, in addition to the reflection technique. The researchers had an awareness of their levels of knowledge and how it can influence data analysis. The measure to reduce this was documentation of reflections and reviews of them during each stage of the analysis.

IV. ETHICAL CONSIDERATION

The subcommittee for Humanities and Social Research Ethics approved the study. IRB number KSU-HE-19-555. The researcher brief the participants about the objectives of the study. Also, they were introduced to the benefits, which are; making the organizational culture more attractive to nurses and drive the stakeholder to implement policies to diverse channels of reward. Therefore, there is no harm to participants. They informed me that they could withdraw from the study at any time. The subject's confidentiality is assured by no revealing identity method (numbers only with no names). The participants signed informed consent that includes the following; consent to record the interview and to keep the transcribed record for six months after collection, and then the researchers will destroy it.

V. RESULT

Six participants joined the study. Their nationalities were Filipinos and Indians. The age between 24-39. They all had at least one year of experience. They were two females and four males.

VI. DATA ANALYSIS

The data analyzed based on thematic analysis focused on the subject's lived experience. In order to enable a multilayer understanding of the phenomena reading and re-reading of the transcribed interview applied. The analysis results in two themes and many subthemes. The first theme is Personal factors; sub-themes are finical compensation, free from stress, and professional growth. The second theme is an organizational factor; sub-themes are; Nature of environment, manpower, and leadership style. The data capture the meaning of the phenomena.

A. Personal factors

a) Financial compensation

Although all subjects stated, "I'm fully committed," they expressed that commitment was profoundly affected by financial compensation like salary, annual increment, and overtime payment.

b) Free from stress

Subjects expressed how stress affected their organizational culture, and they pointed out that "it is one of the main reasons that affect performance."

c) Professional growth

The subjects have revealed that the presence of educational opportunities is highly linked to commitment. Moreover, they express the need for a reward system for the acknowledgment of hard efforts. Furthermore, they focused on the need to be involved in an organization's mission and vision. Also, they express their need to be involved in quality projects and motivation through Promotion. There was a great emphasis on providing an educational resource like training sessions.

B. Organizational factor

a) Nature of culture

Many participants described the work environment and how it affects patient care in terms of safety, levels of stress, teamwork, and the effect of management. Subjects were concerned about the busy environment and how it affects patient safety. Further, they are influenced by stress levels, which affected teamwork. Management style affected subjects through the implementation of policies and procedures. Moreover, subjects said that there are factors affecting cultures such as technology, the authority to make decisions, beliefs, and values of the organization.

b) Manpower

The study subjects had ventilated feelings about how the nurse-patient ratio affects their commitment and their organizational culture. The subject's main concerns were the short and long-term effects of inadequate staffing on patients' outcomes and on nurse's burnout. Also, their concern includes the limitation of skill mix in the units, which led to many "non-nursing" activities that needed to be performed by nurses.

c) Leadership style

The two main concern was "Policies" and "Politics." Policies affect daily practice and the extent to which they "can or can't" provide care. Some of the policies limit nursing intervention and participation in decision-making "bad policies, bad culture". Regarding politics, the subjects express how leadership style and how politics within the organization affected practice and judgment in cases of errors. They shed light on the quality of the "nurse supervisor relationship."

compensation was highly valued, which shows that their commitment is "continuance commitment." Therefore, it means that the staff will be looking for a better financial reward in other places. Recent studies reported that nurses had moderated organizational commitment, especially continuous commitment and affective commitment(12)-(13). Concerning that matter, participant's intention to stay and sense of belonging were profoundly affected by the reward system. Krestainiti and Prezerakos (14) found that nurses had low commitment levels regardless of the reward.

A qualitative study done to explore organizational culture in health settings concluded that the key to a healthy culture is a healthy environment and teamwork (15). Study subjects had shown that they view their organizational culture as a stressful culture that affected their performance. Rytterström, Arman, and Unosson (16) further assured this finding through a qualitative study about organizational culture in nursing homes and found that their culture was marked by distress and insecurity in a manner that affected nurses handling of daily work activities and interaction with patients.

The result exhibits the importance of professional growth and continuous development. Connolly, Jacobs, and Scott (17) concluded that nurses value opportunities for development due to their impact on personal experience. The development includes creating opportunities, equal and fair distribution of those opportunities (15).

Participants' view of essentials in organizational culture emphasizes the importance of being involved in organizational mission and vision, providing resources, and participating in a quality project. Gholami, Saki, Hossein Pour (13) confirmed that staff nurses considered themselves essential and powerful when their superiors involved them in decision-making. This empowerment results in a better understanding of their roles and the development of their skills. Besides, they view a healthy culture as a culture free from bureaucracy, enhancing autonomy, and encouraging teamwork. The finding of the analysis revealed that study subjects express concerns about the effect of organizational nature on patient care and safety. The result reflects the inner sense of commitment toward patient care and how it is influenced by culture. This result is compatible with a qualitative study done by Vinsnes, Nakrem, Harkless, and Seim (18), where participants expressed that despite the challenging nature of the culture, they remain focused on caregiving at ultimate levels. The majority of study participants stressed the critical role of politics and policies. Mehrtak, Farzaneh, Habibzadeh, Kamran, Zandian, and Mahdavi (15), reported the harmful effects of politics and policies on organizational culture. The negative effect includes the dysfunction of daily activities and system failure. The impact of management style was also present in this study. The effect of management style is known in nursing. Therefore, Magnet accreditation considered management style as one of the crucial elements in culture. This conclusion was reinforced by an integrative review on magnet designation, where it found that it enhances the

VII. DISCUSSION

The overall findings reflect on the participant's position of organizational culture and commitment. The financial

nurses' organizational culture. Further, it empowers nurses to direct organizational culture in their facility (19). All participants reported staffing and nurse-patient ratio as a significant concern. Inadequate staffing leads to turnover, dissatisfaction, low quality of care, environmental stress, missed care, and mortality. Evidence showed that inadequate staffing is associated with significant harm like hospital-acquired Pressure injuries (HAPI), catheter-associated; urinary tract infections, ventilator-associated pneumonia (VAP), and central line-associated bloodstream infections (CLABSI). Harms inpatient care leads to nurse frustration, which results in the intention to leave (20). All participants emphasized improving staffing in order to enhance organizational culture. The ratio had a positive effect on culture and turnover (21). Further, a study done in Oman proved that the ratio had a direct positive effect on the nursing environment (22). This is highly considered because the environment plays an essential role in creating organizational culture. Leadership style was found to influence organizational culture, where participants express the effect of leadership style on their daily dynamics. Similar to the result of a study conducted in Riyadh city and reported that transformational leadership is best suited to the dynamic and changing health care system in Saudi Arabia. Furthermore, the study concluded that transformational leadership was the most influential contributor to organizational commitment (23). In conclusion, for these reasons, organizational culture and commitment are highly related to each other (24)-(25).

VIII. LIMITATIONS

The limitation of this study is its strength itself. The small sample size may have affected the analysis. However, similar themes emerged in other studies. The sample sizes between three and six participants for interpretive phenomenology allow for a meaningful interpretation that might not be present in a larger sample (26).

IX. CONCLUSION

This study provided an interpretation of the staff nurse's culture and commitment. The findings highlight the importance of shifting the organizational culture by creating opportunities that enable staff to grow professionally. The change of culture will change staff commitment from continuance commitment to affective commitment. This study urges stakeholders to create policies toward productive culture.

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