

Research Article

Effect of organizational commitment on compassionate care behaviour of health care professionals

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Citation

Kousar Parveen, Muhammad Afzal, Syed Amir Gillani and Amina Arif. Effect of organizational commitment on compassionate care behaviour of health care professionals. Pure and Applied Biology. Vol. 9, Issue 2, pp1396-1404. <http://dx.doi.org/10.19045/bspab.2020.90146>

Received: 07/08/2019

Revised: 05/01/2020

Accepted: 18/01/2020

Online First: 26/02/2020

Abstract

The healthcare sector in developing countries, is striving to provide quality healthcare services where healthcare professionals should treat the patients with compassion, dignity, attention, and respect. To achieve such objectives, the recent research highlights the key role of compassionate care behaviour in healthcare sector. However, little attention has paid to investigate factors that augment compassionate care behaviour among healthcare professionals. Therefore, the current study marks the first attempt to examine the effect of organizational commitment on compassionate care behaviour. The study design was cross-sectional and questionnaire distributed to 340 healthcare personnel through convenient random sampling. Moreover, confirmatory factor analysis was used to check data reliability and validity while regression analysis was used to test proposed hypothesis. Out of 340 subjects, 330 (97.0%) were female and 10(03.0%) male health care professionals working in indoor units. Majority of the participants belonged to age bracket 24-32 years (40%) and 33-41 years (43%) while remaining 17% from age group 42-60 years. A statistically significant association was found among organizational commitment and compassionate care behaviour ($p < 0.05$). **Conclusion:** The current study findings revealed significant positive relationship between organizational commitment and compassionate care behaviour of health care professionals. The Current study marks the first attempt to delineate the role of organizational commitment to enhance compassionate care behaviour among healthcare personnel which offers several implications for nursing administration, human resource managers and hospital management.

Keywords: Compassionate Care; Healthcare professional; Hospital management; Organizational commitment

Introduction

Compassion is a profound feeling, elicited by viewing the pain and distress of others, and trying to alleviate the suffering of others in pain [1]. Compassion is a core value in health care sector. Compassion is valuing and respecting the patient as individuals and answering in the ways to

relieve suffering of those in distress of health care need [2]. Compassion connotes a deep connection with someone's suffering accompanied by the intention to act to alleviate that suffering [3, 4]. Moreover, compassion in care is central concepts for the healthcare professionals and described as "healthcare most valuable asset" [5].

Indeed, compassion towards humanity is viewed as basics for provision of excellent quality patient care [6]. Compassion play an important role to unit sufferers in difficult times and healthcare providers acts to promote the physical and mental health of those in difficult times [7]. Compassion is a Latin word means suffer with. The concept of suffering is obvious in the many definitions of compassion, where the healthcare provider views are that the suffering of others are their suffering and they try to mitigate this suffering [8, 9]. Health care professionals identify and deliberately acts to alleviate the suffering of those in pain [10].

Compassionate care is one of the most emerging research area in healthcare sector and management. It has two components: first you have awareness of another's suffering and then you must response or act appropriately to relieve [5]. Moreover, Compassionate Care has been defined as a construct which connotes a profound acknowledgment of other's distress of suffering accompanied by intent to alleviate their sufferings [11]. Compassion has two fundamental qualities; kindness and action. Healthcare professional showed kindness in the form of sympathetic awareness of others' suffering, with an action to minimize it. Moreover, Compassionate Care is the immersion into another's suffering, pain, brokenness even though that person is a stranger [12].

Compassion is a fundamental philosophy to the every healthcare profession in the provision of best quality patient care [4]. However, in this contemporary era, compassionate interactions in the health care sector is desirable. Despite its profile, little research has investigated how compassionate care is enacted and influenced by organizational factors. The literature, however, suggests to incorporate organizational commitment (OC) as organizational construct that has strong influence on compassionate care the dependent variables of interest. Organizational commitment (OC) is

psychological bond employees' feel towards the goals of the organization [13]. Through organizational commitment employees feel themselves as a part of an organization. Furthermore, extant literature characterizes organizational commitment in three ways; readiness to accept organizational goals and aims, readiness to exercise substantial efforts to achieve goals and a definite desire to be member of an organization [14, 15].

The three component model of Meyer & Allen stipulates affective, continuous, and normative as basic types of organizational commitment [1, 16]. Moreover, the Latin word affective means emotions, feelings and attitude. Affective commitment is an emotional connection with organization which enables the workforce to feel honour to tell others that they are the part of the organization. In addition, workforce having affective commitment want to stay and retain in the same organization for long run [17-19].

Likewise, employees with normative commitment show professional loyalty or obligation to stay in the organization in response to employer's investment in form of training [8]. Affective and normative commitment consistent to each other. Consequently, the effects of normative commitment on organizational outcome not significantly different from affective commitment [2]. In contrast, continuous commitment means employees have to stay because of disbursement associated with leaving the organization [5]. The reasons of employee's perceived cost or disbursement include loss of fringe benefits, not getting the better job, family relocation cost and loss of opportunities for promotion [7]. As a large body of research demonstrates that organizational commitment influence behavioural outcomes namely loyalty, motivation, engagement, compassion, turn over intentions, and citizenship behaviours [19, 20]. Therefore, the current study aimed to examine the impact of organizational commitment (OC) on compassionate care (CC) practice of health care professionals.

In doing so, current study advances the body of knowledge on an emerging stream of research and contributes to scholarly discourse which endeavours for in-depth understanding of organizational commitment and compassionate care practice.

Materials and methods

A cross sectional design was used. Demographic Characteristics of Respondents are given in (Table 1). Target population was health care personnel having continuous contact with the patient of Services Hospital Lahore, Pakistan. Sample size was estimated as 340 healthcare personnel. The investigator would not factor analyse a sample until the sample size preferably should be 100 or large for quantitative studies. As a rule of thumb, minimum is to have five times observation as the number of constructs/variables. The researcher tries to take highest cases-per- variable ratio to reduce the chances of overfitting the collected data [21]. Therefore, Registered Nurses of Services Hospital having continuous contact with the patients were accessed conveniently. We distributed 500 questionnaires to Registered Nurses and received 365 filled questionnaire from which 25 were not considered for data analysis because of incomplete responses. Finally, we used 340 complete responses for final data analyses. Inclusion criteria of the study was Registered Nurses of Services hospital having continuous contact with the patient. Ethical permission was taken from the institutional review board (IRB) committee of the University of Lahore. Moreover, Informed consent was signed by the participants before giving data. Confidentiality of the participants was maintained and assured.

The measures of all constructs were adopted from prior literature. A structured questionnaire of Organizational Commitment (OC) and Compassionate Care (CC) were used to collect data from registered Nurses. The questionnaire was distributed to the participants by the

researcher. Organizational Commitment was measured with 08 item scale of Allen and Meyer (1996). We adopted 12 items measure of Compassionate Care from previous study [22]. The response of all 20 items was taken on seven point mostly ranging from 1= strongly disagree/ not successful to 7= strongly agree/ very successful on likert scale. Statistical analysis was done with SPSS software (version 24). The holistic view of the study findings, reliability and validity testing were performed by regression analysis shown in (Table 2) and Confirmatory factor analysis (CFA) given in (Table 3). Regression and correlation analysis was used to examine the impact of organizational commitment (OC) on compassionate care (CC) practice of healthcare personnel.

Results

Demographic characteristics of respondents are given in (Table 1). As reported in (Table 2) demographic analysis showed that data comprises of one percent (N=10) males and 99 percent (N=330) females health care personnel. Mostly respondents hold diploma (65%) and graduate degree healthcare personnel (34%). Majority of the participants belong to age bracket 33-41 years (43%) and 24-32 years (40%) while remaining 17% from age group 42-60 years. All of the respondents are from public sector. Besides above demographic information, we inquired about respondents' years of experience with organization. Experience of respondents range from 1-5 years (35.6%), 6-10 years (35%), 11- 15 years (25%) and only small number of respondents have experience from 16-20 years (4%).

The Cronbach-alpha value for reliability of every construct is greater than 0.70 which indicates high consistency among different items. Confirmatory factor analysis (CFA) given in (Table 3).

The statistics of CFA indicates the suitability of collected data for further analysis as it meets criteria for reliability and validity. The data fulfils the

requirements of reliability and validity. Moreover, factor loading values pertaining to individual items are higher than 0.50 that provide support for convergent validity. In addition, the values of average variance extracted for almost all the measures are higher than 0.5. Additionally, Cronbach-alpha value for every construct reliability is greater than 0.70 which indicates high consistency among different items. Correlation among different study variables is provided in (Table 4).

Table 4 showed correlation among different study variables. Results confirmed that organizational commitment (OC) has significant positive correlation with nurses' compassionate care (CC) at level of significance ($p=0.000$) and ($r=0.584$).

The Regression analysis reported in (Table 5) specifies that Organizational Commitment significantly contributes in the provision of Compassionate care with 0.711 of beta, $R^2 = 0.506$, and P (sign.) = 0.00. F-statistic value of 207.32 with level of significance 0.00, supporting the hypothesis that organizational commitment (OC) has significant positive effect on compassionate care. Unstandardized and Standardized Coefficients are represented in (Table 6). Where the significant value is 0.000. Thus, it is concluded that organizational commitment imposes great effect on compassionate care health care personnel.

Table 1. Demographic characteristics of respondent

S#	Demographic Characteristic	N	%
		340	100%
1	GENDER		
	Female	330	97.0
	Male	10	03.0
2	EDUCATION		
	Diploma Holders	221	65%
	2 Year BS (Post RN)	89	26.2%
	4 Year BS (Generic)	27	7.9%
	2 Year MSN	3	0.9
3	AGE GROUP		
	24 Year _32 Year	135	39.7%
	33 Year _41Year	145	42.6%
	42 Year _50 Year	53	15.6%
	51Year _60 Year	7	2.1
4	EXPERIENCE		
	1-5 Years	121	35.6
	6-10Years	119	35.0
	11-15Years	86	25.3
	16-20 Years	14	4.1
5	SECTOR		
	Public	340	100.0

Table 2. Reliability analysis

Organizational commitment	Reliability Statistics	
	Cronbach's Alpha	N of Items
	0.919	8
Compassionate care	Reliability Statistics	
	Cronbach's Alpha	N of Items
	0.953	12

Table 3. Statistics of Confirmatory Factor Analysis

Constructs	Items	Factor Analysis	Cronbach-Alpha
Organizational Commitment	I would be very happy to spend the rest of my career with this organization.	0.816	0.919
	I enjoy discussing my organization with people outside it.	0.787	
	I really feel as if this organization's problems are my own.	0.701	
	I think that I could easily become as attached to another organization as I am to this one.	0.758	
	I do not feel like 'part of the family' at my organization.	0.793	
	I do not feel 'emotionally attached' to this organization.	0.776	
	This organization has a great deal of personal meaning for me.	0.765	
	I do not feel a strong sense of belonging to my organization.	0.732	
Compassionate Care	Express sensitivity, caring and compassion for the patient's situation	0.837	0.953
	Strive to understand patient's emotional needs	0.846	
	Consider the effect of illness on the patient, patient's family, and the people most important to the patient	0.777	
	Listen attentively to the patient	0.844	
	Convey information to the patient in a way that was understandable	0.720	
	Gain patient's trust	0.809	
	Always involve the patient in decisions about the treatment	0.725	
	Comfortably discuss sensitive, emotional or psychological issues	0.776	
	Treat the patient as a person not just a disease	0.786	
	Show respect for the patient, patient's family and those important to the patient	0.757	
	Communicate test results in a timely and sensitive manner	0.808	
	Express sensitivity, caring and compassion for the patient's situation	0.821	

Table 4. Correlations

		O. Commitment	Compassionate care
O. Commitment (OC)	Pearson Correlation	1	0.584**
	Sig. (2-tailed)		0.000
	N	340	340
Compassionate care (CC)	Pearson Correlation	.584**	1
	Sig. (2-tailed)	.000	
	N	340	340

** . Correlation is significant at the 0.01 level (2-tailed)

Table 5. Regression analysis

Model Summary										
Model	R	R Square	Adjusted R Square	Std. Error	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	0.458a	0.506	0.205	0.362	0.210	40.098	1	151	0.000	1.452
Predictors: (Constant), Organizational Commitment Dependent Variable: Compassionate care										
ANOVA										
Model		Sum of Squares	Df	Mean Square	F	Sig.				
1	Regression	5.242	1	5.242	207.32	.000b				
	Residual	19.738	151	.131						
	Total	24.980	152							
a. Dependent Variable: Compassionate care										

Table 6. Coefficients representation

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.198	0.134		23.358	0.000
	Compassionate care	0.313	0.030	0.711	6.332	0.000

Discussion

The current study aimed to examine the effect of organizational commitment (OC) on compassionate care (CC) behaviour of health care personnel. Demographic data of the participants revealed that mostly females participated in this study. Similar finding depicted in the previous study, where the majority participants were females [17].

Health care personnels who rate high on commitment are expected to show

devoutness to the needs of patients. As organizational commitment encourages care giving behaviour and enhances the well-being of those in pain. The plenty of literature states that organizational investments in the betterment of employees may provide employees with the impetus needed to remain motivated. These motivated employees desire to serve the public and contribute positively toward organizational goals [23-25]. The study findings indicated that organizational

commitment influence the compassionate care behaviour of health care providers [26].

Organizational commitment positively relate with employees' public service motivation. Public service motivation is an indicator of performance in which individuals have a desire to serve the public and link their personal actions with the overall public interest. Likewise, compassionate care is also indicator of performance and important dimension of public service motivation. Public service motivation is an attitude that motivates employees to display prosocial behaviour [18, 27]. Similarly, compassionate care (CC) is also indicator of performance so that it is supposed that Organizational commitment can also influence compassionate care behaviour of healthcare professionals.

Organizational commitment engendered from healthcare sector significantly influence nurse's compassionate care behaviour. This suggests that nurses are willing to care their patients compassionately, committed enough to express sensitivity, listen attentively, show respect to sensitive issues and convey information to the patient in sensible way. All these favourable intentions heavily depend on commitment level which emerged as the most productive dimensions to instigate compassionate care (CC).

As our study is the first of its kind that investigates the relationship Organizational commitment with compassionate care behaviour. Our results are consistent with earlier findings from service sector. Organizational commitment are positively related with proactive customer service performance. Compassionate Care is also an indicator of performance so it is aligned with Organizational commitment influence on compassionate care behaviour of healthcare professionals [21]. Organizational commitment influence the compassionate care behaviour of health care providers. The health care team members need to understand and provide

care compassionately to the patients only when they are committed with the organization [24].

Conclusion

Current study advances the body of knowledge by exploring the organizational related factors like an organizational commitment that enhances compassionate care behaviour of health care personnel in public sector hospitals of a developing country. In this regard, the study findings indicated that the organizational commitment is the leading organizational practice to augment compassionate care behaviour that ultimately reduces the patient distress and healthcare sector prestige will be enhanced. Moreover, practically our study provides useful insights to the hospital administration and human resource managers. The hospital administration and human resource managers should use different high-commitment human resource practices as strategic imperative to attract best employees and enhance their motivation/commitment through developmental performance appraisal system. In addition, competitive and equitable compensation could further augment employees' level of commitment with the organization and instigate compassion for the clientele. The human resource department of healthcare sector should be equipped with insights to use selective staffing, equitable reward systems and performance appraisal as the dominating forces to recruit and motivate the health care personnel to provide effective care to the patient in committed manner. More importantly, ward managers/head nurses should utilized the committed employees to provide high quality nursing care to the patients. The committed workforce of nurses express sensitivity to patient in critical situations. This study also comes with some limitations. Firstly, we collected data only from nurses of one public sector hospital that might limit the generalizability of findings in private sector. Thus, future studies may consider to

utilize observational/ experimental approach to collect data both from human resource managers and nurses of public and private sector to further enrich the topic. All the participants were nurses with professional qualification that may not reflect entirely the view of all other healthcare staff. Therefore further research should be done on other health care professionals to strengthen the compassionate care in different health care sectors. Though, there is a study that has examined two human resource practices with Nurse's turnover intention but they did not consider role of organizational commitment on compassionate care behaviour. Therefore, there's a dire need to study the relationship of organizational commitment with compassionate care in healthcare sector. In fact, the actual problem is the scarcity of research studies in the realm of organizational commitment in healthcare sector which motivates the authors to design this study to figure out how organizational commitment lead toward compassionate care behavior. Ward mangers/ head nurses should utilized the committed employees to provide high quality nursing care to the patients. The committed workforce of nurses express sensitivity to patient in critical situations.

Authors' contributions

Conceived and designed the experiments: K Perveen & M Afzal, Performed the experiments: K Perveen & SA Gilani, Analyzed the data: M Afzal & SA Gilani, Contributed reagents/ materials/ analysis tools: K Perveen & A Arif, Wrote the paper: K Perveen.

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