



# Resonant leadership and Organizational Commitment of Nurses

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## Abstract

**Background:** Resonant leadership plays a crucial role in influencing organizational commitment among nurses. Resonant leadership is instrumental in shaping the organizational commitment of nurses, creating an environment where emotional intelligence, positive relationships, and supportive workplaces flourish. **Aim of the study:** This study aimed to assess the relationship between resonant leadership, and organizational commitment of staff nurses. **Subjects and Methods: Research design:** Descriptive correlational design. **Setting:** The study was conducted in Al-Aharar Teaching Hospital in Zagazig which affiliated to educational hospitals and institutes authority. **Subject:** Purposive sample of staff nurses employed in the above-mentioned setting and their total number was 233 staff nurses. **The tool of data collection:** Two tools was used resonant leader and workplace friendship scale. **Results:** More than half of studied nurses (50.2%) had high level perception of resonant leadership in their supervisor. While 11.2% of them had low level of perception of resonant leadership. Also, the highest mean percentage of organizational commitment was related to normative commitment ( $20.1 \pm 4.3$ ) followed by continuance commitment ( $17.9 \pm 4.1$ ) and lastly affective commitment ( $17.4 \pm 3.2$ ). **Conclusion:** There was slightly more than half of the studied nurses reported a high level of resonant leadership in their supervisors, while more than one-third of them indicated a moderate level. In addition, the majority of the studied nurses demonstrated a moderate level of organizational commitment. **Recommendations** Encourage a collaborative and resonant leadership approach that emphasizes team cohesion. Establish regular feedback mechanisms for nurses to express their opinions and concerns. This open communication can help identify areas of improvement and address issues related to leadership and organizational commitment.

**Keywords:** Resonant leader, organizational commitment, nurses

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## Introduction:

Resonant leadership in nursing, characterized by emotional intelligence, positive relationships, and a nurturing work environment, significantly influences organizational commitment among nurses. Leaders who prioritize open communication, recognize achievements, and support professional development foster a positive atmosphere that enhances nurses' sense of purpose and belonging. The creation of a healthy work-life balance, coupled with acknowledgment and appreciation for nurses' contributions, strengthens their commitment to the organization (Yuan et al., 2022). In the demanding field of healthcare, resonant leadership plays a pivotal role in cultivating a dedicated and engaged nursing workforce, ultimately contributing to improved patient care and organizational success (Lomas et al., 2022).

There are four types of resonant leadership: visionary, coaching, affiliative, and democratic. 1. Visionary leaders inspire their team members by painting a compelling picture of the future and providing a sense of direction. 2. Coaching leaders focus on developing their team members by providing feedback and guidance to help them improve their skills. 3. Affiliative leaders prioritize building relationships and creating a positive work environment, often by emphasizing collaboration and empathy. 4. Democratic leaders seek input and participation from their team members, valuing diverse perspectives and creating a sense of ownership and responsibility (Emily, 2023).

Resonant leaders establish stronger emotional bonds with nurses, are positive, caring, and spread hope, which enables them to establish stronger emotional ties with followers. Organizational commitment describes how much team member's care about place of work.

Organizational commitment reflects one's persistence in making sacrifice to the good of the organization, and indicates the person's preoccupation with the organization, as evidenced by the person's devotion of personal time to organizational activities (Quines, & Saycon, 2023). Organizational commitment also can increase productivity. When individuals identify with company's goals, may more readily dedicate best efforts. Specifically, might remain on task and proactively look for ways to accomplish as much as possible, can lead to higher output and help the company achieve positive results (Ahakwa et al, 2021).

Organizational commitment refers to the amount of effort an individual put into work, also involve the emotional attachment feel to work, colleagues and organization. Committed employees are crucial to organizational success in today's demanding economic environment where workers are encouraged to exceed expectations to help employers to compete more effectively. Such workers usually identify with and have a deep understanding of organizations' aims and ideals, are a general affective stance toward the organization as a whole, and develop slowly but consistently over time (Rubel et al, 2021).

Organizational commitment as a concept that has three types, namely affective, normative and continuance commitment. Affective commitment is the degree to which a nurse is emotionally attached to, knows and is involved in the organization. Continuance commitment is an assessment of the costs associated with leaving the organization. Normative commitment refers to the degree to which a person is psychologically bound to become nurse of an organization based on feelings such as loyalty, affection, warmth, ownership, pride, pleasure, happiness and others (Andri et al., 2022).

Organizational commitment motivates nurses, reduces work absenteeism, increases organizational retention, and can effectively explain differences in nurse's turnover behavior, job satisfaction and patient safety culture. The three types of organizational commitment and effort commitment had the highest mean score, indicating that clinical nurses are willing to put in more effort, be more disciplined and take their work more seriously (Sujeong, 2022).

Nurses play an important role in demonstrating the efficiency of the healthcare organization. Nurses usually work with a team of other medical professionals, such as physicians and other healthcare specialists. Today, nurses are employed anywhere that sick or injured people are expected to be, such as hospitals and emergency medical shelters (Lomas et al., 2022).

**Aim:** The aim of this study was to assess the relationship between resonant leadership, and Organizational commitment of staff nurses at Al ahrar Teaching Hospital.

**Research question:** Is there a relationship between resonant leadership and Organizational commitment of nurses at Al ahrar Teaching Hospital?

## Subjects and Methods:

### Research design:

The descriptive correlational design was used to conduct this study.

### Study Setting:

The study was conducted at Al-Aharar Teaching Hospital in Zagazig which affiliated to educational hospitals and institutes authority with the capacity of beds (420) bed.

### Study subjects:

The study population composed of staff nurses employed in the above-mentioned setting

and their total number was 233 staff nurses. All participants met the following inclusion criteria:

The available three categories of nurses will be included (bachelor in nursing & technical nursing diploma & nursing diploma), Provide direct patient care, agree to participate in the study and both gender.

### Sampling design:

Sampling is the selection method or procedure of a small proportion of a population to where data is collected. In this study, random sample calculated based on the total population size of 500 nurses, so sample size is calculated the ideal sample size was estimated at a confidence level at 95% (1.96), error proportion (0.05) and the required sample size was (233) staff nurses.

### Tools for data collection:

#### Tool 1: Resonant leadership scale

This tool contained two parts.

**Part one:** Personal and work-related characteristics of nurses such as age, gender, years of experience, social status, educational qualification, and department of work.

**Part two:** Resonant leadership scale was developed by **cumming et al (2011)** to assess perception of nurses regarding resonant leadership behavior, this scale consisted of 10 items as Seeks feedback even when it is difficult to hear, Act on their values even if it is at personal coast, and focuses on successes rather than failures...etc.

### Scoring system:

The responses of staff nurses to the scale were measured on a five-point Likert scale ranged from 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), 5 (strongly agree). The total score of the scale was ranged from (10-50).

**Total percent of Resonant Leadership scale turned into number & percentage as follow:**

Level	Percentage %
High	≥75%.
Moderate	50-<75%.
Low	<50 %.

**Tool II: Organizational commitment scale**

It was developed by Meyer & Allen (1993) to assess level of organizational commitment among nurses, it consisted of 18 items grouped under three domains affective, continuous, and normative commitment subscale.

**Dimensions of organizational commitment scale.**

Dimensions	No. of items
1- Affective commitment	6 items
2- Continuance ommitment	6 items
3- Normative commitment	6items

**Scoring system:**

The responses of staff nurses to the scale were measured on a five-point Likert scale ranged from 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), 5 (strongly agree). The total score of the scale was ranged from (18-90).

**Total percent of Organizational Commitment scale turned into number & percentage as follow:**

Level	Percentage %
High	≥75%.
Moderate	50 -75 <%.
Low	<50 %.

**Validity:**

The tools of data collection were translated into Arabic, and then content and face validity were established by a jury of "five"

experts specialized in nursing administration. The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recording on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, comprehensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation. According to their opinions, all recommended modifications were performed by the researcher.

**Reliability:**

The reliability of the questionnaire was measured through Cronbach's Alpha coefficient for assessing its internal consistency, and it was as the following:

**Table:**

Scale	Cronbach's $\alpha$	Interpretation
Resonant leadership scale	<b>0.77</b>	Accepted
Organizational commitment scale	<b>0.83</b>	Good

**Field work:**

After securing all official permissions, the researcher started the actual field work. The field work of the study was executed in 3 months from the beginning of January 2023 and completed at the end of March 2023. The researcher introduced herself to nurses then explained the aim of the study to nurses and invited them to participate. Those who gave their verbal consent to participate were handed the tool form. The researcher was present during the data collection period to explain how to filling the questionnaires, clarify any ambiguity

and answer any questions then the researcher checked each filled questionnaire sheet scale to ensure its completion.

## Pilot study:

A pilot study was carried out on 10 % of study subjects (23 staff nurses) to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and staff nurses were selected randomly and they were excluded from the main study sample.

## Ethical considerations:

- After obtaining of agreement of the Research Ethics Committee (REC) at Faculty of Nursing, Zagazig University, the agreement for participation of the participants was taken after full explanation of the aim of the study.
- Informal oral consent was obtained from nurses that will be included in the study sample after verbal explanation with each subject of the nature and the aim of the study. They gave an opportunity to refuse or to participate; the study couldn't pursue any negative consequences for the subjects. They reassured that any information collected will be used exclusively for research purpose only and will be confidentially treated.

## Administrative Design:

An official permission was obtained from the manager of Al-Aharar Teaching Hospital. This letter included the aim of the study and photocopy from data collection tools in order to get the permission and help for collection of data. In addition, an oral consent was obtained from each participant.

## Statistical Design:

All data were collected, tabulated, and statistically analyzed using the IBM SPSS (Statistical Package for the social sciences) statistics for windows, version 23.0 IBM Corp., Armonk, NY: USA. Quantitative data were expressed as the mean  $\pm$  SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test. Pearson correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation.

Significance of the results:

Highly significant at p-value < 0.01.

Statistically significant was considered at p-value < 0.05.

Non-significant at p-value  $\geq$  0.05

## Results:

**Table 1:** Reveals that more than one half of nurse's age (51.9%) is more than 30 years old and most of nurses were females 70%. The majority (72.1%) of studied nurses were married. Regarding qualification 57.6% of studied nurses had technical institute degree. About years of experience, more than one half (52.4%) of them having more than five years' experience. Most of Nurses distributed in medical departments (45%) followed by surgical departments (39.5%) and ICU departments (15.5%) as obvious in table.

**Figure (1)** shows that more than half of studied nurses (50.2%) had high level perception of resonant leadership in their supervisor. While 11.2% of them had low level of perception of resonant leadership



**Table (2)** reports that, highest mean percentage of organizational commitment was related to normative commitment ( $20.1 \pm 4.3$ ) followed by continuance commitment ( $17.9 \pm 4.1$ ) and lastly affective commitment ( $17.4 \pm 3.2$ ).

**Figure (2)** reveals that most of studied nurses (70.8%) had moderate level of organizational commitment. While 12.9% of them had low level of organizational commitment.

**Table (3):** Shows that, there was a statistically significant relation between resonant leadership and studied nurses' age, sex, social status, department, and experience at p- value (0.0001). Otherwise, there was no relation between education and resonant leadership scale in their supervisor  $p > 0.05$ .

**Table (4):** Shows that, there was a statistically significant relation between organizational commitment scale and studied nurses' sex, social status, and experience at p- value (0.0001). Otherwise, there was no relation between age, education, department, and organizational commitment scale  $p > 0.05$ .

### Discussion:

Organizations need to adopt a leadership style that possesses a pool of employees who can contribute to the organization through positive job outcomes. Resonant leaders connect well with the people, with whom they work, allowing them to work together in harmony and share their thoughts and feelings about what to do and why to do it (**Poturak et al., 2020**).

Regarding level of resonant leadership among the studied nurses, the current study findings revealed that, slightly more than one half of the studied nurses perceived a high level of resonant leadership in their supervisor. From the research investigator point of view, this might be attributed to emotional intelligence skills that are pointed out as an essential quality

of a good nurse or a good leader. Nurse supervisors had high level of resonant leadership because they might seek feedback, focus on success rather than failure, support teamwork to achieve goals and effectively resolve conflicts that arise.

This result was similar to **Reynolds et al (2022)** who conducted a cross sectional study in Brazil to analyze resonant leadership style among the nurse managers from the perspective of nurse managers and nurses, and found that more than half of studied nurses perceived high level of resonant leadership. In the same context, a study done by **Macassa et al., (2019)**, entitled resonant leadership behavior as a determinant of stakeholders' health and well-being and stated that most of the study respondents reported high resonant leadership. On the other hand, a study carried out by **Azizi (2019)** in Iran about the effect of resonant leadership on organizational performance by the mediating role of team empowerment among managers and personnel and found that resonant leadership was practiced at a moderate level in the hospital's acute care setting.

Also, a study conducted by **El-Sayed et al (2023)** in Egypt to evaluate the influence of program regarding resonant leadership on knowledge and practices of nurse managers and reported that none of nurses described that their nurse managers practiced high resonant leadership pre intervention. Moreover, a study performed by **Gaan & Shin (2022)** in India to investigate multilevel analysis of resonant leadership and subordinate's work performance during COVID-19 and stated that the studied respondents rated their managers as having moderate levels of resonant leadership. This difference might be a result of having a much larger sample and different sample characteristics.

Regarding frequency of resonant leadership, the present study clarified that more than half of studied nurses agreed with item (Focuses on successes rather than failures), while less than one tenth of them strongly disagreed with item (Supports teamwork to achieve goals / outcomes) which might reflect that nurses see focusing on successes rather than failures as a key leadership behavior consistent with their perception of their managers' resonant leadership skills. Support teamwork is manifested when nurses feel there is guidance, direction, help and feedback from managers, and this contributes to effective outcomes.

This might be attributed to about half of nurses perceived a high level of resonant leadership, whereas resonant leadership has been associated with positive effects for professionals and has a strong influence on the manager's support of the staff. Resonant leadership also empowers nurses and reduces acts of incivility at work, enabling nurses to make decisions that impact a healthy work environment.

In the same context, **Gaan et al (2023)** who carried out a study in India to investigate the cross-level indirect effect of resonant leadership on the remote engagement of software professionals through psychological empowerment and mentioned that most of participants reported that the highest resonant leadership behavior was "focuses on successes rather than failures".

Also, this result was congruent with **Hassan & Qureshi (2019)** who carried out a cross-sectional study in Brazil to analyze resonant leadership style among the nurse managers from the perspective of nurse managers and nurses and reported that less than a third of nurses considered that the leader gives support to teamwork for achieving goals/outcomes. On the other hand, a study

performed by **Baesu, (2019)** in Romania about Leadership based on emotional intelligence in modern organizations and declared that most of participants reported that their leader engages them in working toward shared vision and added the most important quality of a successful leader was vision which turns practically "the transactional manager" into "an innovating leader".

In contrast, a study in Venezuela performed by **Ramírez et al (2019)** to establish the relationship between social intelligence and leadership resonant in public health institutions and reported that the highest rated resonant leadership behavior was "supports teamwork". In this concern, **Marques & Gomes, (2020)** conducted a study about Responsible leadership and/versus responsible management in UK, and affirmed that leaders calmly handle stressful situations, they concluded that in conditions of crisis resonant leader keep his calm, maintain the "resonance" state within the group, be confident in his own forces and convinced that he can make the required decisions any moment.

### Organizational Commitment

Regarding levels of organizational commitment among the studied nurses, the current study result reflected that the most of studied nurses had moderate level of organizational commitment, while more than one tenth of them had low level of organizational commitment. A moderate level of commitment might indicate that the organization provides a reasonably positive work environment, but there might still be room for improvement. In this concern, **Karem et al (2019)** mentioned that organizational support from leader had a stronger effect on commitment for nurses. Individual support by leaders and colleagues was shown to influence organizational commitment more strongly.

In the same line, a study carried out by **Labrague et al (2018)** in Philippine about organizational commitment and turnover intention among rural nurses, and mentioned that nurses were moderately committed. Likewise, a research conducted by **Al-Haroon et al (2020)** to assess the organizational commitment among nurses in a major public hospital in Saudi Arabia which reflected that most nurses showed a moderate level of job commitment.

This result was contradicted with a study conducted by **Cao et al (2019)** in China to investigate the mediating role of organizational commitment between calling and work engagement of nurses, and reported that nurses' organizational commitment were in the medium to high level. This might be due to cultural variations across different studied subjects in terms of organizational commitment perceptions and the diversity of assessment scales used in different studies.

Concerning levels of organizational commitment domains among the studied nurses, the present study displayed that more than three quarters of nurses had moderate level of affective commitment, followed by almost half of them for normative commitment and for continuance commitment, respectively. This suggested that the studied nurses have strong emotional attachment to their organization and to the work that they do. These results attributed to Regular acknowledgment and rewards for nurses' contributions and achievements. Also, Building strong relationships with colleagues and patients can contribute to affective commitment.

This result agreed with **Labrague et al (2018)** who mentioned that “affective commitment” was the highest rated subscale. On contrary, a study conducted by **Sepahvand et al**

**(2020)** in Iran about improving nurses' organizational commitment by participating in their performance appraisal process whose results showed high level of continuous commitment level compared with the other two dimensions.

This result matched with a cross-sectional analytical study carried out by **Timalsina et al., (2018)** to determine the predictors of organizational commitment among university nursing faculty in Nepal and stated that a majority of respondents had moderate level of affective organizational commitment.

Also, this result was in agreement with **Dinc et al (2018)** who conducted a study to examine the effect of organizational commitment components on job performance through job satisfaction at private and public hospitals in Bosnia and Herzegovina and declared that majority of nurses had moderate level of affective organizational commitment and reported that affective commitment was found to influence job satisfaction.

This result was compatible with **Chegini et al (2019)** who studied organizational commitment, job satisfaction, organizational justice and self-efficacy among nurses in Iran, and mentioned the highest mean percentage of organizational commitment was related to normative commitment. In the opposite line, This result was inconsistent with **Seren Intepeler et al (2019)** who conducted a cross-sectional study in Turkey about role of job satisfaction and work environment on the organizational commitment of nurses, and reported that affective commitment” was the highest rated subscale.

Concerning relation between studied nurses personal and job characteristics and resonant leadership scale, the present study declared that, there was a statistically significant



relation between resonant leadership and studied nurses' age, sex, social status, department, and experience. Otherwise this could be interpreted as older nurses, females and married nurses and nurses who are working at medicine department and having more than 10 years of experience reported higher levels of resonant leadership than others.

In the same line, a study performed by **Faeq et al., (2022)**, who found that there was a significant association between the reported resonant leadership and nurses' age and work experience. Likewise, these findings were compatible with **Gaan et al (2023)** who stated that there was a significant relation between the studied respondents' age, work experience, working department and resonant leadership.

Pertaining to relation between studied nurses, personal and job characteristics and organizational commitment scale, the current study demonstrated that there was a statistically significant relation between organizational commitment scale and studied nurses' sex, social status, and experience. This could be interpreted as older nurses, females and married nurses and nurses who have more than 10 years of experience seem to report higher levels of organizational commitment than others.

This result was supported by a study carried out by **Berberoglu (2018)** in Cyprus to identify the impact of organizational climate on organizational commitment and perceived organizational performance: empirical evidence from public hospitals. They stated that, there was a significant relation between nurses' organizational commitment and their age and years of experience. Likewise, **Cherian et al (2018)** who found that there was no statistical relation between nurses' education and work unit and their organizational commitment.

In contrast, some researches were against this relationship. For example, a study in Najaf Abad city performed by **Khodadadei & Salehi (2018)** about the relationship between organizational commitment and nurses' clinical competency, and contradicted with this finding by indicating that, there was a significant relation between nurses' educational level and their organizational commitment. Also, a study done by **Gholami et al (2019)** in Iran to clarify the relationship between perception of job empowerment and organizational commitment and trust among nurses in teaching hospitals. They mentioned that, in terms of nurses' characteristics, it was shown that there were statistical relationships between the levels of organizational commitment and nurses' education and work unit.

### Conclusion:

In the light of the main study findings, it can be concluded that, there was slightly more than half of the studied nurses reported a high level of resonant leadership in their supervisors, while more than one-third of them indicated a moderate level. In addition, the majority of the studied nurses demonstrated a moderate level of organizational commitment.

### Recommendation:

Based on the study's findings, several recommendations can be proposed to enhance the workplace environment for nurses and promote positive outcomes.

Implement leadership development programs for supervisors to enhance resonant leadership qualities. Focus on emotional intelligence, communication skills, and empathy to create a supportive leadership culture.

Establish regular feedback mechanisms for nurses to express their opinions and concerns.

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Section A -Research paper

This open communication can help identify areas of improvement and address issues related to leadership and organizational commitment.

Provide training on effective conflict resolution strategies for both supervisors and nurses. Equip them with the skills to address

interpersonal issues constructively, promoting a harmonious work environment.

Recognize and reward resonant leadership behaviors. Establish a system for acknowledging supervisors who consistently exhibit qualities that contribute to a positive work environment.

## Tables:

**Table (1):** Frequency Distribution of the Studied Nurses according to Personal and job Characteristics (n.233).

Variables		n	%
Age	30 years	112	48.1
	>30 year	121	51.9
Mean± SD	30.7±6.6		
Median(range)	32(23-56)		
Gender	Males	70	30.0
	Females	163	70.0
Education	Diploma	30	12.9
	Technical institute	134	57.5
	Bachelor's	69	29.6
Social status	Married	168	72.1
	Single	58	24.9
	Divorced	7	3.0
Experience	<5 years	58	24.9
	5-10 years	53	22.7
	>10 years	122	52.4

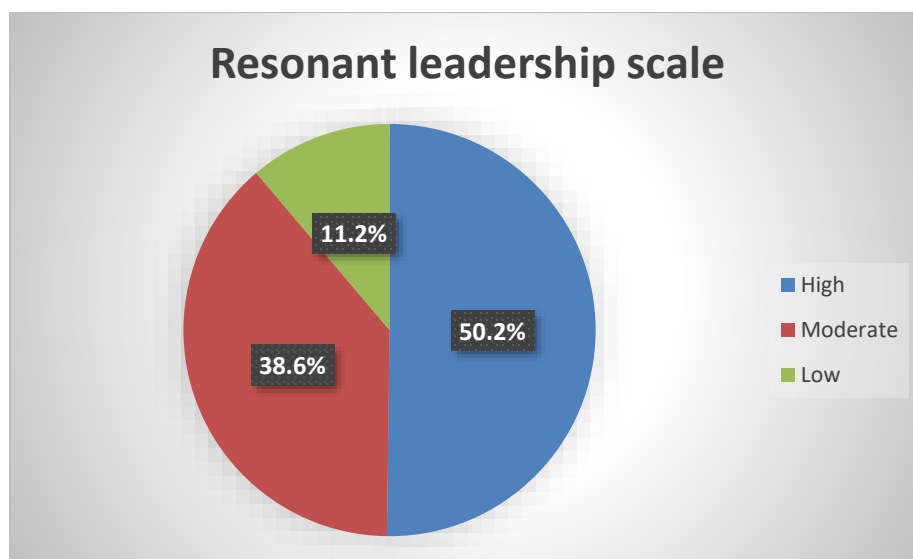


Figure (1): Level of Resonant Leadership among studied nurses (n.233).

Table (2): Levels of Organizational Commitment Domains among Studied Nurses (n=233).

Domains	High		Moderate		Low	
	N	%	N	%	N	%
Affective Commitment	8	3.4	184	79	41	17.6
Continuance Commitment	42	18	112	48.1	79	33.9
Normative Commitment	74	31.8	116	49.8	43	18.4



Figure (2): levels of Organizational Commitment among Studied Nurses (n=233).

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Section A -Research paper

**Table (3):** Relation between Studied Nurses Personal and job Characteristics and Resonant Leadership Scale (n.233)

Variables			Resonant leadership scale			$\chi^2$	p-value		
			High n.117	Moderate n.90	Low n.26				
<b>Age</b>	30 years	N	54	36	22	16.4	0.0001*		
		%	46.2%	40.0%	84.6%				
	>30 year	N	63	54	4				
		%	53.8%	60.0%	15.4%				
<b>Sex</b>	Males	N	33	21	16			14.4	0.0001*
		%	28.2%	23.3%	61.5%				
	Females	N	84	69	10				
		%	71.8%	76.7%	38.5%				
<b>Social status</b>	Married	N	92	66	10	24	0.0001*		
		%	78.6%	73.3%	38.5%				
	Single	N	23	19	16				
		%	19.7%	21.1%	61.5%				
	Divorced	N	2	5	0				
		%	1.7%	5.6%	0.0%				
<b>Education</b>	Diploma	N	15	13	2	6.9	0.141		
		%	12.8%	14.4%	7.7%				
	Technical institute	N	63	50	21				
		%	53.8%	55.6%	80.8%				
	Bachelor's	N	39	27	3				
		%	33.3%	30.0%	11.5%				
<b>Department</b>	medical	N	58	42	5	15.4	0.004*		
		%	49.6%	46.7%	19.2%				
	surgical	N	43	30	19				
		%	36.8%	33.3%	73.1%				
	ICU	N	16	18	2				
		%	13.7%	20.0%	7.7%				
<b>Experience</b>	<5 years	N	22	18	18	32.7	0.0001*		
		%	18.8%	20.0%	69.2%				
	5-10 years	N	31	18	4				
		%	26.5%	20.0%	15.4%				
	>10years	N	64	54	4				
		%	54.7%	60.0%	15.4%				

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Section A -Research paper

**Table (4):** Relation between Studied Nurses Personal and job Characteristics and Organizational Commitment Scale (n.233)

Variables			Organizational commitment scale			$\chi^2$	p-value
			High n.38	Moderate n.165	Low n.30		
Age	30 years	N	19	73	20	5.2	0.075
		%	50.0%	44.2%	66.7%		
	>30 year	N	19	92	10		
		%	50.0%	55.8%	33.3%		
Sex	Males	N	6	46	18	16.8	0.0001*
		%	15.8%	27.9%	60.0%		
	Females	N	32	119	12		
		%	84.2%	72.1%	40.0%		
Social Status	Married	N	32	123	13	20.4	0.0001*
		%	84.2%	74.5%	43.3%		
	Single	N	5	36	17		
		%	13.2%	21.8%	56.7%		
	Divorced	N	1	6	0		
		%	2.6%	3.6%	0.0%		
Education	Diploma	N	1	26	3	7.2	0.13
		%	2.6%	15.8%	10.0%		
	Technical institute	N	25	88	21		
		%	65.8%	53.3%	70.0%		
	Bachelor's	N	12	51	6		
		%	31.6%	30.9%	20.0%		
Department	Medicine	N	16	76	13	5.2	0.27
		%	42.1%	46.1%	43.3%		
	Surgery	N	15	61	16		
		%	39.5%	37.0%	53.3%		
	ICU	N	7	28	1		
		%	18.4%	17.0%	3.3%		
Experience	<5 years	N	10	30	18	24.4	0.0001*
		%	26.3%	18.2%	60.0%		
	5-10 years	N	9	42	2		
		%	23.7%	25.5%	6.7%		
	>10years	N	19	93	10		
		%	50.0%	56.4%	33.3%		



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