

Assessment of Organizational Commitment Among Nurses in Fatima Memorial Hospital, Lahore

Amna Ashraf, Hina Arshad, Ahmad Saeed Choudhary*, Laiba Javed, Khansa Pari, Sana-Ur-Rehman, Ruhsana Yousaf

Department of Nursing, Saida Waheed FMH College of Nursing, Lahore, Pakistan

*Corresponding author's email address: Ahmmi.jutt.174@gmail.com

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Abstract: Organizational commitment among nurses is a critical determinant of healthcare quality, staff retention, and job satisfaction. In settings with limited resources, such as in Pakistan, evaluating organizational commitment helps address challenges in workforce sustainability and care standards. **Objective:** To assess the level of organizational commitment, including affective, continuance, and normative commitment, among nurses working at Fatima Memorial Hospital, Lahore. **Methods:** A descriptive cross-sectional study was conducted at Fatima Memorial Hospital involving 133 registered nurses selected through non-probability convenience sampling. Data were collected using a structured questionnaire based on the Three-Component Model of Organizational Commitment. Descriptive statistics were computed using SPSS version 20. **Results:** The majority of nurses (81.9%) demonstrated exemplary organizational commitment. Affective commitment emerged as the most prominent domain, indicating strong emotional attachment and a sense of belonging to the organization. Continuance and normative commitments were present at moderate levels, suggesting that while nurses felt a moral and practical obligation to stay, emotional factors played a more significant role in their retention. **Conclusion:** Nurses at Fatima Memorial Hospital demonstrate high levels of organizational commitment, primarily driven by an emotional connection. Strategic interventions to strengthen affective and normative dimensions, alongside supportive work environments, may enhance nurse retention and performance.

Keywords: Organizational commitment, affective commitment, continuance commitment, normative commitment, nurses, Pakistan

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Introduction

Organisational commitment is a pivotal construct in human resource management that directly influences employee performance, job satisfaction, and retention. In the healthcare setting, especially among nursing staff, it has a profound impact on the quality of care, patient safety, and the overall effectiveness of healthcare delivery systems. Nurses with high organisational commitment tend to exhibit greater involvement in their duties, lower absenteeism rates, and a reduced intention to leave their jobs, contributing to workforce stability and improved patient outcomes (1, 2).

Organisational commitment is typically conceptualised using the Three-Component Model (TCM) developed by Meyer and Allen, which includes affective commitment (emotional attachment), continuance commitment (perceived cost of leaving), and normative commitment (moral obligation to stay) (Meyer & Allen, 1991). Each of these dimensions plays a unique role in determining how nurses perceive and engage with their workplace.

Globally, healthcare organisations are facing challenges in nurse retention due to work stress, job dissatisfaction, and limited growth opportunities. A recent study in China reported that strong affective commitment among nurses was associated with greater job satisfaction and resilience (4). In Saudi Arabia, continuance commitment was found to be more prevalent due to limited employment alternatives and personal investments in organisational roles (5). These insights underscore the significance of measuring and understanding organisational commitment across diverse cultural and institutional contexts.

In the Pakistani healthcare system, nursing remains a demanding profession characterised by long hours, limited resources, and high emotional labor. Despite these challenges, studies have shown that nurses with higher organisational commitment are more likely to remain in their roles and maintain quality standards of care (6). However, research on this topic in Pakistan remains limited. A study conducted by Ishaq et al. (2023)

reported that Pakistani nurses displayed moderate levels of commitment, emphasising the need for further exploration into organisational and individual factors that influence their commitment (7).

Fatima Memorial Hospital (FMH) in Lahore, being a major private tertiary care hospital, serves as a critical healthcare hub. Assessing organisational commitment among nurses in such settings provides valuable insights that can inform workforce policies and retention strategies. Given the current gaps in the literature, especially within the Pakistani context, this study aims to evaluate the organisational commitment of nurses working at FMH using the Three-Component Model framework.

Methodology

This descriptive cross-sectional study was conducted to assess organisational commitment among registered nurses working at Fatima Memorial Hospital (FMH), Lahore, Pakistan. The study population consisted of all registered nurses employed at FMH who had at least one year of continuous service in the organisation. A sample size of 133 nurses was determined using Slovin's formula for known populations, assuming a total nurse population of 200, a 95% confidence interval, and a 5% margin of error. Non-probability convenience sampling was used to recruit participants who met the inclusion criteria.

Eligibility criteria included registered nurses who had completed at least one year of service at FMH. Nurses who had received any formal training in organisational commitment or related leadership development programs were excluded to minimise potential bias. Before data collection, ethical approval was obtained from the Institutional Review Board of Saida Waheed FMH College of Nursing. All participants were informed of the study's purpose and procedures, and written informed consent was obtained. Confidentiality and anonymity were ensured throughout the research process.



Data were collected using a structured questionnaire comprising two sections. The first section included demographic variables such as age, gender, marital status, level of education, monthly salary, and years of nursing experience. The second section assessed organisational commitment using an adapted version of the Three-Component Model (TCM) developed by Meyer and Allen. This validated tool consisted of 18 items evenly distributed across the three dimensions of organisational commitment: affective, continuance, and normative commitment. Each item was rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores in each domain reflected more substantial levels of commitment.

Data collection was conducted in person by the research team over a period of four months. Questionnaires were distributed during routine shifts, with permission from the nursing administration, and nurses were given sufficient time to complete them without interruption to their clinical responsibilities. Responses were reviewed for completeness and accuracy before data entry.

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics, including frequencies and percentages, were calculated to summarise demographic data and responses to organisational commitment items. Each subscale (affective, continuance, and normative commitment) was analysed individually. A total commitment score was computed by summing responses across all 18 items. For interpretive analysis, scores above 50 indicated exemplary organisational commitment, while scores below 50 were classified as poor commitment.

Results

This section presents the demographic characteristics of the nurses and their responses to the three dimensions of organisational commitment— affective, continuance, and normative commitment—using the Three-Component Model (TCM) framework. A total of 133 nurses from Fatima Memorial Hospital in Lahore participated in the study. The responses were analysed using descriptive statistics, including frequencies and percentages.

Most nurses were young (65.4% aged 20–30 years), female (85.7%), and unmarried (56.4%). A majority (54.9%) held a BScN degree, and 63.9% earned between PKR 25,000 and 50,000 monthly. Over half (57.9%) had 1–5 years of work experience, indicating a relatively new workforce comprising early-career professionals. (Table 1).

Out of 133 nurses, 81.9% demonstrated exemplary organisational commitment, while only 18.1% showed poor commitment. This suggests a predominantly committed nursing workforce, which is essential for workforce retention, reduced turnover, and the delivery of high-quality patient care. (Figure 1)

The results reveal that nurses have a strong emotional attachment to the organisation, with a majority agreeing they are happy to spend their career here (75.9%) and that the organisation holds personal meaning for them (68.4%). High affective commitment is associated with lower turnover and improved morale, indicating a healthy organisational culture at FMH. (Table 2). Nurses demonstrated a moderate commitment to continuing, with more than 75% acknowledging that staying is both a necessity and a preference. However, lower agreement on the lack of alternatives suggests that their continued service is not entirely due to a lack of options but possibly due to organisational investment or familiarity. (Table 3) Results reflect strong normative commitment. A large proportion of nurses agreed that they owe a great deal to the organisation and feel a moral obligation to stay. This suggests high levels of organisational loyalty and professional ethics among the workforce. (Table 4).

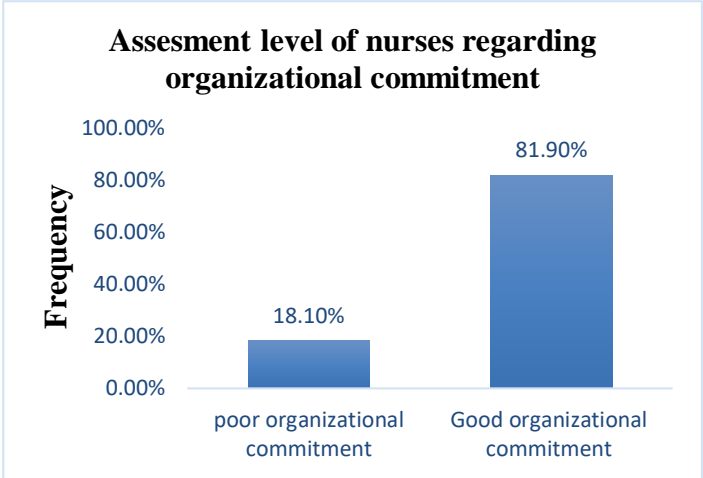


Figure 1: Overall Organizational Commitment among Nurses
A cut-off score was used, where scores greater than 50 indicated exemplary organisational commitment and scores less than 50 indicated poor commitment.

Table 1: Demographic Characteristics of Nurses at Fatima Memorial Hospital (N = 133)

Variable	Category	Frequency	Percentage (%)
Age	20–30 years	87	65.4
	31–40 years	36	27.1
	Above 40 years	10	7.5
Gender	Male	19	14.3
	Female	114	85.7
Marital Status	Married	58	43.6
	Unmarried	75	56.4
Education	Nursing Diploma	60	45.1
	BScN	73	54.9
Monthly Salary	25,000–50,000 PKR	85	63.9
	51,000–100,000 PKR	44	33.1
	Above 100,000 PKR	4	3.0
Experience (Years)	1–5	77	57.9
	6–10	28	21.1
	11–15	17	12.8
	Above 15	11	8.3

Table 2: Responses to Affective Commitment Items

Item No.	Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	I would be thrilled to spend the rest of my career with this org.	6%	7.5%	10.5%	43.6%	32.3%
2	I feel as if this organisation's problems are my own	5.3%	18.8%	6.0%	44.4%	25.6%
3	I do not feel a strong sense of "belonging" to my organisation	12.8%	47.4%	11.3%	20.3%	8.3%
4	I do not feel emotionally attached to this organisation	8.3%	51.1%	9.8%	24.1%	6.8%
5	I do not feel like "part of the family" in my organisation	11.3%	54.1%	4.5%	20.3%	9.8%
6	This organisation has a great deal of personal meaning for me	9.8%	14.3%	7.5%	48.1%	20.3%

Table 3: Responses to Continuance Commitment Items

Item No.	Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	Staying with this organisation is a necessity as much as a desire	1.5%	12.8%	10.5%	50.4%	24.8%
2	It would be hard to leave this organisation	6.8%	18.0%	18.8%	41.4%	15.0%
3	Leaving now would disrupt too much of my life	12.0%	25.6%	21.1%	31.6%	9.8%
4	I feel I have too few options to leave	16.5%	28.6%	12.0%	33.1%	9.8%
5	If I had not invested so much, I might have worked elsewhere	10.5%	41.4%	20.3%	16.5%	11.3%
6	The scarcity of alternatives is a negative consequence of leaving	6.0%	44.3%	22.5%	15.7%	11.2%

Table 4: Responses to Normative Commitment Items

Item No.	Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	I do not feel an obligation to remain	4.5%	36.8%	14.3%	35.3%	9.0%
2	Even if disadvantaged, I don't feel it is right to leave	3.8%	30.1%	24.8%	30.1%	11.3%
3	I would feel guilty if I left	14.3%	32.3%	12.8%	31.6%	9.0%
4	This organisation deserves my loyalty	7.5%	15.0%	6.8%	44.4%	26.3%
5	I would not leave because I feel obligated to the people in it	8.3%	12.8%	18.8%	37.6%	22.6%
6	I owe a great deal to my organisation	0.8%	12.8%	8.3%	47.4%	30.8%

Discussion

This study aimed to assess the organisational commitment of nurses using the Three-Component Model framework, which encompasses affective, continuance, and normative commitment. The findings revealed that the majority of nurses at Fatima Memorial Hospital demonstrated a high level of overall organisational commitment, particularly in the affective domain. These results are consistent with prior literature, suggesting that nurses who experience emotional attachment and a sense of belonging within their organisation are more likely to remain engaged and motivated in their roles.

In the present study, 81.9% of participants were classified as having exemplary organisational commitment. Among the three components, affective commitment scored the highest, with most nurses agreeing that they felt emotionally connected to the organisation and considered its problems as their own. These findings are consistent with a study by Ahmad et al., conducted in Rawalpindi and Islamabad, which found that affective commitment plays a mediating role between job satisfaction and turnover intention among nurses in tertiary care hospitals (Ahmad et al., 8). This suggests that emotional bonding with the workplace can reduce attrition and foster retention, which is crucial in settings like Pakistan, where nurse-patient ratios remain suboptimal.

The current study also found moderate levels of continuance commitment, indicating that many nurses perceived staying at their current job as a necessity due to limited alternatives or personal investments. These findings align with the results of Al-Haroon and Al-Qahtani, who observed similar trends among Saudi nurses, where continuance commitment was influenced by perceived economic conditions and a lack of mobility (9). In the Pakistani context, Khan et al. argued that limited career advancement opportunities and job market

saturation often compel nurses to stay in their current roles, even when job satisfaction is moderate (10).

Normative commitment also emerged as a significant dimension in this study, with many nurses reporting a sense of moral obligation to remain with their organisation. This is echoed in research by Razzak et al., who noted that Pakistani nurses often develop loyalty based on cultural and ethical norms that value long-term employment and organisational allegiance (11). Such moral responsibility is likely rooted in social expectations and familial pressures, which are prevalent in the Pakistani workforce.

A study conducted in Lahore by Parveen et al. demonstrated that nurses with higher organisational commitment were more likely to exhibit compassionate care and emotional resilience, further highlighting the importance of commitment in clinical performance (12). These outcomes resonate with our findings, particularly in the affective domain, and highlight the organisational and clinical implications of enhancing nurse commitment.

However, unlike some global studies that indicate higher continuance commitment among older and more experienced nurses, our results showed that most respondents were young (65.4% aged 20–30) with limited experience (57.9% had 1–5 years of experience). This may explain the relatively lower scores in continuance and normative commitment, as younger nurses might still be exploring career mobility and have not yet developed long-term institutional loyalty.

Interestingly, a study by Ishaq et al. assessing organisational commitment among nurses across public and private hospitals in Pakistan yielded mixed results, with private sector nurses reporting higher levels of affective and normative commitment, likely due to better administrative support and a more favorable work-life balance (13). This supports the interpretation that favorable workplace environments, such as that of

Fatima Memorial Hospital, contribute positively to nurses' emotional and moral alignment with the institution.

Overall, these findings underscore the need for hospital leadership to prioritise emotional support, transparent communication, and opportunities for growth to further enhance all three dimensions of organisational commitment. Policies that promote participatory decision-making, mentorship, and work-life integration may lead to more sustainable retention of the nursing workforce in Pakistan.

The study was limited to staff nurses at Fatima Memorial Hospital; therefore, its findings are not generalisable to the broader nursing population outside the hospital. Additionally, the study was limited to staff nurses and did not include nurse managers or lady health visitors.

Conclusion

This study demonstrated that the majority of nurses at Fatima Memorial Hospital possess a high level of organisational commitment, particularly in the affective domain. Emotional attachment, a sense of belonging, and alignment with organisational values were key factors influencing nurses' willingness to remain in their roles. Continuance and normative commitments were also present, but to a lesser extent, indicating a balanced interplay between emotional, moral, and practical motivations for organizational loyalty.

Recommendations:

These findings are significant for healthcare leadership in Pakistan, as enhancing organizational commitment has been shown to improve job satisfaction, reduce turnover, and ultimately contribute to better patient care outcomes. Creating a supportive work culture, offering professional development, and recognizing the efforts of nursing staff can further solidify their commitment. Future studies should investigate organizational commitment in various hospital settings, including public institutions, and employ longitudinal designs to assess changes over time.

Declarations

Data Availability statement

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-FMH-NU093-24)

Consent for publication

Approved

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The authors declared the absence of a conflict of interest.

Author Contribution

AA (Research supervisor)

Manuscript drafting, Study Design,

HA (Research supervisor)

Review of Literature, Data entry, Data analysis, and drafting an article.

ASC (Program coordinator)

Conception of Study, Development of Research Methodology Design,

LJ (Program coordinator)

Study Design, manuscript review, and critical input.

KP (Program coordinator)

Manuscript drafting, Study Design,

SUR (Program coordinator)

Review of Literature, Data entry, Data analysis, and drafting an article.

RY (Program coordinator)

Conception of Study, Development of Research Methodology Design,

All authors reviewed the results and approved the final manuscript version. They are also accountable for the integrity of the study.

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