Level of Work Engagement and Organizational Commitment among Nurses in Kabul University of Medical Science Teaching Hospitals, Afghanistan

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ABSTRACT

Background: Nurses who demonstrate strong organizational commitment and a higher grade of work engagement tend to perform more effectively and contribute to improved quality of patient care. Job involvement and organizational loyalty offer numerous benefits in nursing, including increased job satisfaction, reduced turnover intentions, higher work effort, and improved patient satisfaction. We aimed to examine the levels of work engagement and organizational commitment among nurses working in the teaching hospitals of Kabul University of Medical Sciences, Afghanistan.

Methods: This descriptive cross-sectional study was carried out among 151 nurses across three teaching hospitals. Data were collected using a questionnaire that included the Utrecht Work Engagement Scale and the Meyer and Allen Organizational Commitment Scale.

Result: Overall, 37% male and 63% female nurses were enrolled. The majority of the participants were between 21 and 30 years old (75.5%) and married (61%). Nurses with a bachelor's degree formed 63% of participants, and most of them had 2-5 years of work experience. Most participants (63%) had a high to very high stage of work engagement, and 75% had a moderate commitment to the organization. There was no significant association between demographic variables and nurses' engagement and commitment.

Conclusion: The level of work engagement was at a high to very high degree, and more than half of the study participants had an average commitment to the institution.

Keywords: Nurses, Work engagement, Organizational commitment, Hospital

Introduction

Human resources play a vital role in the growth and advancement of healthcare and medical treatment(1). Nurses, being the largest segment of the healthcare workforce, play a crucial role in delivering patient care around the clock (2). Their performance encompasses meeting patients' physical, psychological, spiritual, and social needs (3). In today's competitive envi-

ronment, organizations depend more than ever on highly engaged staff to address key challenges, such as growing competition, limited financial resources, patient safety issues, and persistent workforce shortages (4). Work engagement reflects a positive, enjoyable, and fulfilling psychological state related to one's job (1). Job involvement in nursing is becoming increasingly important as it is influenced by three major factors: the global nursing shortage, policy measures in developed nations aimed at controlling rising healthcare costs, and the high rate of medical errors that threaten public health (5). Occupational interaction has been linked to several advantages in nursing, including higher job performance, enhanced quality of care, and higher staff retention (6). Studies in different countries such as Philippine, Egypt, and Turkey showed that nurses generally report average to above-average levels of engagement (7-9).

Organizational dedication focuses on employees' sense of loyalty and attachment to their organization, which is essential for personal growth, professional development, and overall organizational progress (10,11). Meyer and Allen categorized organizational loyalty into three components including affective attachment, where an employee stays due to emotional attachment; continuance loyalty, where remaining is driven by the perceived cost of leaving; and normative dedication, where the employee remains out of a sense of obligation or duty (10). For nurses, the largest group of skilled professionals in healthcare, organizational commitment is essential not only for professional growth but also for ensuring patient satisfaction and the overall progress of healthcare organizations (12-14).

Although international studies provide valuable insight, differences in healthcare infrastructure, workforce policies, and cultural norms may limit their applicability to the Afghan context. To date, no research has examined nurses' work engagement and organizational commitment in this context. Therefore, this study was conduct-

ed to investigate the phases of occupational involvement and organizational commitment among nurses. We aimed to address existing knowledge gaps and might offer insights to support strategies for enhancing nurse participation and dedication, which are essential for improving the quality of care. This descriptive cross-sectional study was conducted in the teaching hospitals affiliated with Kabul University of Medical Sciences, Afghanistan.

Materials and Methods

This descriptive cross-sectional study was conducted to assess the levels of work engagement and organizational commitment among nurses working in the teaching hospitals of Kabul University of Medical Sciences. The sample size was determined using Cochran's formula ($n = z^2pq/e^2$), commonly applied to calculate sample size in descriptive studies (15–19). Because the target population was fewer than 10,000, a finite population correction factor was applied using the formula: $n_f = n / (1 + n/N)$ (15). The components of Cochran's formula are as follows: Z represents the Z-score (1.96 for a 95% confidence level); p is the estimated proportion of the population (0.5); e is the margin of error or precision level (0.05); q equals 1-p (0.5); n is the initial sample size assuming an infinite population; n_f is the adjusted final sample size; and N refers to the total population size [247]. Based on these parameters, the required sample size for this study was calculated to be 151 nurses.

A convenience non-probability sampling method was used to recruit nurses from the hospitals that formed the study population. Nurses who expressed willingness to participate and had at least six months of work experience were included. In contrast, newly hired nurses, those unwilling to participate, and those on leave during the data collection period were excluded. The measurement tools used in this study consisted of three sections: sociodemographic data,

the Utrecht Work Engagement Scale, and Meyer and Allen's Organizational Commitment Questionnaire (OCQ). The sociodemographic section gathered information on age, gender, marital status, years of experience, and educational background.

The degree of job involvement was measured using the Utrecht Work Engagement Scale (UWES) (20–22). The Utrecht Work Engagement Scale, developed by Schaufeli and colleagues in 2002, consists of 17 items (9). The instrument is divided into three subscales: Vigor, which reflects high stage of energy and mental resilience at work (six items); Dedication, which involves a strong sense of involvement, enthusiasm, and significance in one's job (six items); and Absorption, which describes being deeply immersed in work and finding it difficult to disengage (five items) (13,23). Responses were recorded on a 6-point Likert scale, ranging from 0 (never) to 6 (always) (9). Each subscale and the overall score range from 0 to 6, with higher scores indicating a greater phase of work involvement (24). The mean scores on the UWES are interpreted as follows: scores between 0 and 0.99 indicate a very low stage of job involvement; scores between 1 to 1.99 indicate a low phase; 2 to 3.99 represent a moderate stage; 4 to 4.99 indicate a high degree; and scores from 5 to 6 reflect a very high level of involvement (25).

Institutional attachment was assessed using Meyer and Allen's OCQ (11,26–28). The Meyer and Allen OCQ included three subscales: affective attachment, which reflects an employee's emotional attachment to the organization; continuance loyalty, based on the perceived costs of leaving the organization; and normative dedication, which involves staying with the organization out of a sense of obligation (29). The questionnaire consists of 24 items, with 8 items allocated to each of the three subscales (10).

The OCQ is scored on a five-point Likert scale, where responses range from 1 (absolutely disagree) to 5 (strongly agree) (30). The total score for the scale is calculated by summing all item responses, ranging from 24 to 120. Each subscale score ranges from 8 to 40 (3,31). Higher scores reflect a greater degree of institutional attachment among employees (1). Overall organizational attachment scores were interpreted as follows: a mean score below 2 indicated very low attachment, 2.00 to 2.99 indicated low loyalty, 3.00 to 3.99 reflected a moderate stage, and scores above 4 showed a high level of organizational commitment (32).

A standard translation and back-translation procedure was followed and the Persian translation of the study instruments was approved by Research Committee of Kabul University of Medical Sciences. Reliability testing within the current sample demonstrated acceptable internal consistency (Cronbach's alpha = 0.90 for UWES and 0.73 for OCQ), supporting their use in this context. Once the questionnaires were collected, the responses were coded and entered into a computer for analysis. Data were analyzed using IBM SPSS Statistics version 24.0 (IBM Corp., Armonk, NY, USA).
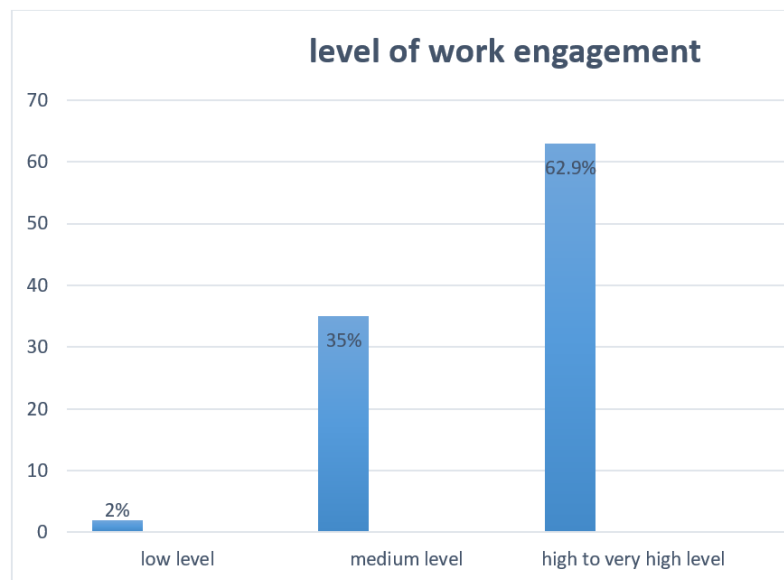
Results

A total of 151 nurses participated in the study, including 56 males (37%) and 95 females (63%). Most participants (75.5%) were between 21 and 30 years of age, while only 3.3% were younger than 20 years. Nurses aged 31–40 years accounted for 16.6%, and those aged 41–50 years comprised 4.6%. Regarding work experience, 43% had 2–5 years, 23.2% had 6–10 years, and 15.2% had more than 11 years, while 18.5% were newly hired with less than one year of experience. The majority held a bachelor's degree (63%), and 61% were married (Table 1).

Table 1: Sociodemographic characteristics of the participants

Variables	*Category*	*N*	*%*
Gender	Male	56	37%
	Female	95	63%
Age(yr)	Less than 20	5	3.3%
	21-30	114	75.5%
	31-40	25	16.6%
	41-50	7	4.6%
Marital status	Single	59	39%
	Married	92	61%
degree of educa-tion	Diploma	56	37%
	Bachelor's degree	95	63%
Work experience	Less than one year	28	18.5%
	2-5 years	65	43%
	6-10 years	35	23.2%
	More than 11 years	23	15.2%

The findings indicate that work engagement among nurses was generally high, with nearly two-thirds reporting high to very high engage-ment, whereas a considerable proportion expe-rienced a moderate level of engagement (Fig. 1).

Fig. 1: Level of work engagement among nurses

Organizational commitment was moderate in most nurses (70%). Low commitment was ob-served in 23% of participants, while 6% report-ed high commitment. The chi-square test showed no statistically significant association between the degree of job engagement and de-mographic variables such as gender, age, mari-tal status, educational stage, and work experi-

ence (all $P > 0.05$). Similarly, organizational commitment was not significantly associated with age, marital status, education, or work experience. As illustrated in Figure 2, the majority of both male (75%) and female (65%) nurses had an average degree of loyalty to the organization. The chi-square test indicated that the association between gender and institutional involvement was not statistically significant at the 0.05 level. However, the result suggests a trend toward significance, indicating a potential weak association that may warrant further investigation.
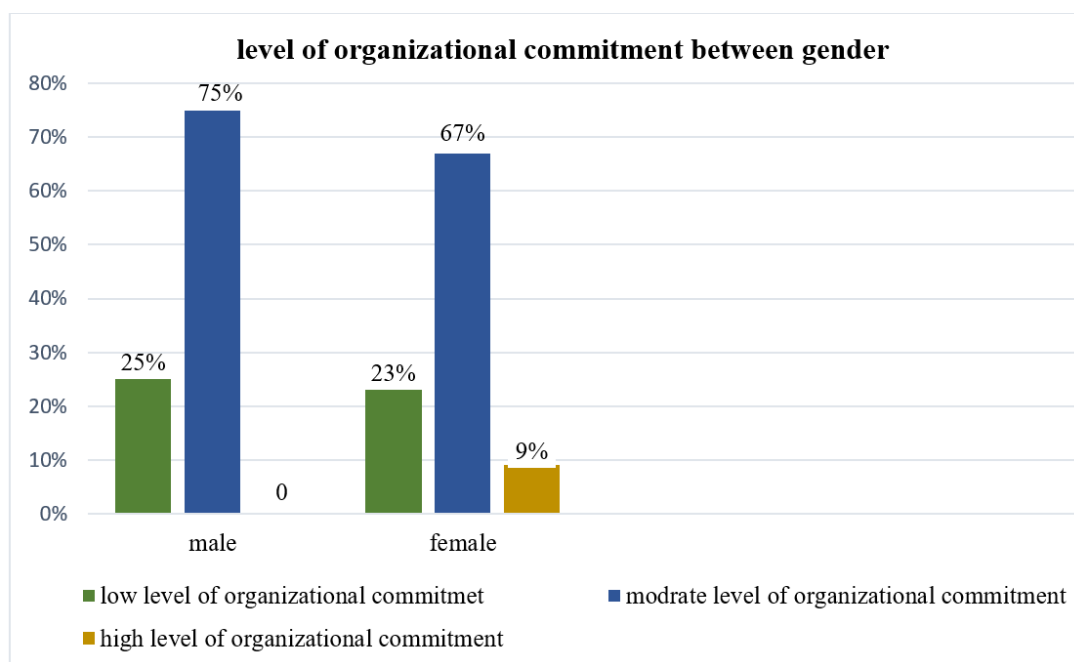

level of organizational commitment between gender

Fig. 2: Level of commitment to the organization by gender

Discussion

We aimed to assess the level of work engagement and organizational commitment among nurses and found that 62% of participants demonstrated a high to very high degree of work engagement. This finding is consistent with a study Saudi Arabia (33), who also reported a high stage of occupational engagement among nurses. Similarly, a study in Riyadh found that nurses demonstrated strong work involvement(34). However, some construction results have also been reported. For example, the stage of work engagement among nurses was at the moderate level in China (31). Variation in work engagement reported across the countries may be attributed to cultural norms, institutional structure, and workforce policies.

The results of this research indicated that 75% of the participants demonstrated a medium level of loyalty to the organization. Similar findings have been reported in other studies. For example, in Najafabad, Iran(35); In Khorramabad, Iran (26); in Tehran (3); and Azizullah Arbabisarjou in Zahedan (12) it was reported that nurses exhibited a moderate degree of loyalty to the organizations. Likewise, in Nepal a significant number of nurses showed a balanced level of dedication (36). Additionally, in Jordan and Saudi Arabia it was showed that nurses in both countries had a moderate level of occupational involvement

(32,37). As we studied, the majority of studies demonstrated moderate loyalty to the organization among nurses in different countries; high and low levels were rare in the studies.

Due to Afghanistan's uniqe socio-political situation, limited healthcare resource, and workforce challenges, the finding may not be fully generalizable to more stable healthcare systems. These contextual factors should be considered when interpreting and applying the result in different settings. Moreover, the cross sectional design of this study limit its ability to establish causal relationships. The use of a convenience sampling method also introduces the possiblity of selection bias. To improve generalizablity and better explore causal relationship, further research is recommanded to adopt longitudinal or interventional study design with more robust sampling methods across a wider numbers of hospitals.

Conclusion

Nursing staff in teaching hospitals of Kabul University demonstrated a high to very high level of work engagement which reflects personal and professional dedication. This is a hopeful point for health care organizations to have highly engaged personnel, especially highly engaged nurses. Nurses constitute a significant portion of the healthcare workforce, and highly engaged nurses can improve the quality of care. Another finding of this study was that the nurses had a moderate degree of loyalty to the organization, which could be influanced by job insecurity, limited career advancement, and systemic constrains. Nursing managers and healthcare administrators may increase the degree of organizational attachment by providing appreciation, offering professional development, strengthening leadership and management, and identifying and enhancing motivational factors, such as salary, incentives, and psychological support.

Conflict of interest

The authors declare no conflict of interests.

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