QUALITY OF WORK LIFE AND EMPLOYEE'S ORGANIZATIONAL COMMITMENT IN SARI CITY HEALTH CENTER

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Abstract
This research has investigated the relationship between the quality of occupational life and employee's organizational commitment in Sari health center in 2013. This research is objectively applied, collectively descriptive and in the case of relation between variables, correlation. The statistical society of this research are 90 persons including all formal employees of Sari health center. According to Kerjeci-Morgan table, the sample size are 73 persons. The methodology of sampling is simple random. Finding show that there is meaningful relationship between six components of life quality including fair payment, continued growing chance and occupational security, lawfulness in organization, social dependence in occupational life, social cohesion, improving human abilities and organizational commitment of employees, but there isn't any meaningful relationship between security of occupational life and organizational commitment of employees. Findings of regression show that rom several dimensions of occupational life quality, occupational growing chance and social cohesion predict the rate of employee's commitment.

Keywords: The quality of occupational life, Organizational commitment, Health center employees

INTRODUCTION
Due to changes in work environment i.e. technological, high competition, rise of employee unions etc, employers are not only offering pay as compensation, but are considering other benefits both intrinsic & extrinsic to create a quality working environment that will attract and retain the best brains in the industry. Quality of work life refers to the favorableness or favorableness of the work environment (DeCenzo and Robbin, 2004). QWL means “The degree to which members of a work organization are able to satisfy important personal needs through their experience in the organization” (Chib, 2012). QWL is an important factor that affects job satisfaction at work. QWL programs have two objectives: to enhance the productivity and the satisfaction of employees. QWL is the quality of the content of relationship between employees and their total working environment with human dimensions added to the usual technical and economic ones (Chib, 2012).

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Many researchers have proposed models of quality of working life which include a wide range of factors. Hackman and Oldham (1976) drew attention to what they described as psychological growth needs as relevant to the consideration of Quality of working life. Several such needs were identified:

- **Skill Variety**: Perform different tasks that require different skill. This differs from job enlargement which might require the employee to perform more tasks, but require the same set of skills.
- **Task Identity**: Create or perform a complete piece of work. This gives a sense of completion and responsibility for the product.
- **Task Significant**: This is the amount of impact that the work has on other people as the employee perceives.
- **Autonomy**: This gives employees discretion and control over job related decisions.
- **Feedback**: Information that tells workers how well they are performing. It can come directly from the job (task feedback) or verbally from someone else (Vazifeh Damirchi and Feizi, 2012).

In contrast to such theory based models, Taylor (1979) more pragmatically identified the essential components of quality of working life as basic extrinsic job factors of wages, hours and working conditions, and the intrinsic job notions of the nature of the work itself. He suggested that a number of other aspects could be added, including:

- individual power,
- employee participation in the management,
- fairness and equity,
- social support,
- use of one’s present skills,
- self-development,
- a meaningful future at work,
- social relevance of the work or product,
- effect on extra work activities.

Taylor suggested that relevant quality of working life concepts may vary according to organisation and employee group. Warr and colleagues (1979) in an investigation of quality of working life, considered a range of apparently relevant factors, including:

- work involvement,
- intrinsic job motivation,
- higher order need strength,
- perceived intrinsic job characteristics,
- job satisfaction,
- life satisfaction,
- happiness, and
- self-rated anxiety.

They discussed a range of correlations derived from their work, such as those between work involvement and job satisfaction, intrinsic job motivation and job satisfaction, and perceived intrinsic job characteristics and job satisfaction. In particular, Warr et al (1979) found evidence for a moderate association between total job satisfaction and total life satisfaction and happiness, with a less strong, but significant association with self-rated anxiety. Thus, whilst some authors have emphasized the workplace aspects in quality of working life, others have identified the
relevance of personality factors, psychological wellbeing, and broader concepts of happiness and life satisfaction (Price, 2007).

Factors more obviously and directly affecting work have, however, served as the main focus of attention, as researchers have tried to tease out the important influences on quality of working life in the workplace. Mirvis and Lawler (1984) suggested that quality of working life was associated with satisfaction with wages, hours and working conditions, describing the “basic elements of a good quality of work life” as:

- safe work environment,
- equitable wages,
- equal employment opportunities and
- opportunities for advancement.

Some have argued that quality of working life might vary between groups of workers. For example, Ellis and Pompli (2002) identified a number of factors contributing to job dissatisfaction and quality of working life in nurses, including:

- poor working environments,
- resident aggression,
- workload, innability to deliver quality of care preferred,
- balance of work and family,
- shiftwork,
- lack of involvement in decision making,
- professional isolation,
- lack of recognition,
- poor relationships with supervisor/peers,
- role conflict,
- lack of opportunity to learn new skills.

Alan Price (2007) states that empowering frontline employees and emphasis on team work helps to harness intelligence & energies of employees thus creating potential for success and quality results. This is achieved through giving knowledge and competencies to handle high performance work through team work, team briefings, interpersonal skills, appraisal and information sharing.

For the current study, eight dimensions include adequate and fair compensation; safe and healthy environment growth and security, development of human capabilities, the total life space, social integration, constitutionalism and social relevance have been considered for measuring quality of work life based on Walton (1974) model.

**Adequate and fair compensation:** A number of participants stated that they believe that salary levels should be mandated: "There should be a uniform or consistent payment guideline for employers to follow for registered social employees.” Many employees feel they are not compensated fairly for their work (Antel, 2006).

**Safe and healthy environment:** It is comprehensively accepted that employees should not be exposed to working conditions which can adversely affect their physical and mental health. Consequently, the results of employer concern, union action, and legislation have promoted favorable working situations through focus on noise, illumination, workspace, accident avoidance as well as the implementation of reasonable work hours and age limits for potential employees (Orpen, 1981).

**Growth and security:** Job security refers to certainty about one’s job.
Development of human capabilities: Learning opportunities and skill discretion have also proven to have a positive influence on job satisfaction and reduced job stress which will lead to better quality of work life. The opportunity to deploy and the use of skills is associated with learning mechanisms (Scully et al., 1995).

The total life space: A major component of quality of work life, which is so important for both the employees and the employers, is the relationship between work and home life. In an enhancing competitive environment, it is difficult to separate home and work life (Lewis, 1997).

Social integration: Whether the employee achieves personal identity and self-esteem is influenced by such attributes in the climate of his workplace as these: freedom from prejudice, a sense of community, interpersonal openness, and the absence of stratification in the organization and the existence of upward mobility, openness, and the absence of stratification in the organization and the existence of upward mobility (Walton, 1974).

Constitutionalism: What rights do the employees have and how can they protect these rights? Wide variations exist in the extent to which the organizational culture respects personal privacy, tolerates dissent, adheres to high standards of equity in distributing rewards, and provides for due process in entire work-related matters (Walton, 1974).

Social relevance: Socially responsible behavior, then, includes a wide array of actions such as behaving ethically, supporting the work of nonprofit organizations, treating employees fairly, and minimizing damage to the environment (Markham, 2010).

In organizational behavior and industrial and organizational psychology, organizational commitment is the individual's psychological attachment to the organization. The basis behind many of these studies was to find ways to improve how workers feel about their jobs so that these workers would become more committed to their organizations. Organizational commitment predicts work variables such as turnover, organizational citizenship behavior, and job performance. Some of the factors such as role stress, empowerment, job insecurity and employability, and distribution of leadership have been shown to be connected to a worker's sense of organizational commitment.

Organizational commitment has an important place in the study of organizational behavior. This is in part due to the vast number of works that have found relationships between organizational commitment and attitudes and behaviors in the workplace (Angle and Perry, 1981). Furthermore, Batemen and Strasser (1984) state that the reasons for studying organizational commitment are related to “(a) employee behaviors and performance effectiveness, (b) attitudinal, affective, and cognitive constructs such as job satisfaction, (c) characteristics of the employee’s job and role, such as responsibility and (d) personal characteristics of the employee such as age, job tenure” (p. 95-96).

The Three-Component Model of organizational commitment (Meyer & Allen, 1991) has gained substantial popularity since its inception (Wasti, 2005). Meyer and Allen (1991) concluded that an employeeís commitment reflected a desire, need and obligation to maintain membership in an organization. Consequently, commitment manifests itself in three relatively distinct manners. Affective commitment refers to the degree to which a person identifies with, is involved in, and enjoys membership in an organization. Employees with affective commitment want to remain with an organization. Continuance commitment involves a personís bond to an organization based on what it would cost that person to leave the company. Continuance commitment echoes Beckerís (1960) side-bet theory, and employees with continuance commitment remain with an organization out of need or to avoid the perceived cost of leaving. Normative commitment involves a feeling of moral
obligation to continue working for a particular organization. For any number of reasons, such as a feeling of indebtedness, need for reciprocity or organizational socialization, normatively committed employees feel that they ought to remain with the organization (Meyer & Allen, 1991).

The main purpose of this paper is surveying the relationship between quality of work life and organizational commitment in Sari city health center. According to man purpose we have eight sub-goals:

1. Determining the relationship between adequate and fair compensation and organizational commitment.
2. Determining the relationship between safe and healthy environment and organizational commitment.
3. Determining the relationship between growth and security and organizational commitment.
4. Determining the relationship between constitutionalism and organizational commitment.
5. Determining the relationship between social integration and organizational commitment.
6. Determining the relationship between the total life space and organizational commitment.
7. Determining the relationship between social relevance and organizational commitment.
8. Determining the relationship between development of human capabilities and organizational commitment.

METHODOLOGY
This has done in Sari city health center and the population was 90 employees of this organization. We determined the amount of the sample size with the used of Cochran sampling method which the statistical sample is 73 of these employees which have been selected through the simple random sampling method.

To gathering of data, we used two questionnaires. The quality of work life questionnaire according to Walton (1974) with 30 items and organizational commitment questionnaire according to Steers & Porter (1991) model with 14 items. Questionnaires reliability was estimated by calculating Cronbach’s Alpha. Table 1 shows the number of question and Cronbach’s Alpha for each dimensions of research.

Table 1 shows the number of question and Cronbach’s Alpha for each dimensions:

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>No. of Items</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>quality of work life</td>
<td>30</td>
<td>0.86</td>
</tr>
<tr>
<td>organizational commitment</td>
<td>14</td>
<td>0.75</td>
</tr>
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In order to analyze the data resulted from collected questionnaires deductive and descriptive statistical methods are used. The results Kolmogorov-Smirnov Test shows the test distribution is Normal. So we can use Pearson Correlation coefficients to test the hypothesis of the research. In order to determine the relationship between the variables of the study, the SPSS tool has been used.

RESULTS
A) Demographic Results
The data gathered from questionnaires shows that, forty three percent are male and fifty seven percent are female. The responder’s degree is 11 percent PhD, 4.1 percent MA, 61.6 percent BA and 16.4 DA and 6.8 percent AD. It means that the most of the responder have university degree.

Table2- Responders degree
Responders’ age analysis shows that 8.5 percent have been between 26-30, 18.3 percent 31-35, 28.1 percent 36-40, 26.8 percent 41-45, 16.9 percent 46-50 and 1.4 percent 51-55. It shows that most the employees’ age were between 36-50.

Table 3- Age of the responders

<table>
<thead>
<tr>
<th>Valid</th>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26-30</td>
<td>8.5</td>
</tr>
<tr>
<td></td>
<td>31-35</td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td>36-40</td>
<td>28.1</td>
</tr>
<tr>
<td></td>
<td>41-45</td>
<td>26.8</td>
</tr>
<tr>
<td></td>
<td>46-50</td>
<td>16.9</td>
</tr>
<tr>
<td></td>
<td>51-55</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

B) Hypotheses Results

In this paper we have eight hypotheses. The statistical way of analysis of hypotheses is two ways, $H_1$ is acceptance of hypothesis and $H_0$ is rejecting of hypothesis. In other words, it means that $H_1$ has positive meaning and $H_0$ has no meaning.

1. There is relationship between adequate and fair compensation and organizational commitment.
2. There is relationship between safe and healthy environment and organizational commitment.
3. There is relationship between growth and security and organizational commitment.
4. There is relationship between constitutionalism and organizational commitment.
5. There is relationship between social integration and organizational commitment.
6. There is relationship between the total life space and organizational commitment.
7. There is relationship between social relevance and organizational commitment.
8. There is relationship between development of human capabilities and organizational commitment.

Multi correlation analysis has been done in order to determine the relationship between quality of work life dimensions as independent variable and organizational commitment as dependent variable. The correlation analysis result between these variables is shown in table 6.

Table 6: Results of Multi Correlation coefficient of Hypotheses

<table>
<thead>
<tr>
<th>independent variables</th>
<th>dependent variable</th>
<th>n</th>
<th>r</th>
<th>P-value</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>adequate and fair compensation</td>
<td>OC</td>
<td>71</td>
<td>.247</td>
<td>.037</td>
<td>Confirm $H_1$</td>
</tr>
<tr>
<td>safe and healthy environment</td>
<td>OC</td>
<td>71</td>
<td>.164</td>
<td>.172</td>
<td>Confirm $H_0$</td>
</tr>
<tr>
<td>growth and security</td>
<td>OC</td>
<td>71</td>
<td>.468</td>
<td>.000</td>
<td>Confirm $H_1$</td>
</tr>
<tr>
<td>constitutionalism</td>
<td>OC</td>
<td>71</td>
<td>.310</td>
<td>.009</td>
<td>Confirm $H_1$</td>
</tr>
</tbody>
</table>
This paper has done to surveying the relationship between quality of work life and organizational commitment in Sari city health center. We have designed eight hypotheses according to Walton (1974) quality of work life model and Steers & Porter (1991) organizational commitment model. We have use Pearson Correlation coefficients to test the hypotheses of the research. In order to determine the relationship between the variables.

Findings show that:

According to hypothesis one results in table 1, the r was 0.247 and achieved significant level (.037) was little than 0.05. We have accepted H₁ hypothesis with 95% confidence. So, we can say that there is relationship between adequate and fair compensation and organizational commitment in Sari city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies.

According to hypothesis two results in table 1, the r was 0.164 and achieved significant level (.172) was little than 0.05. We have accepted H₀ hypothesis with 95% confidence. So, we can say that there is not relationship between safe and healthy environment and organizational commitment in Sari city health center. The findings of this hypothesis Is in contrast with Ghanbari (2008), Niruyi (2003), and Donyavi (2009) studies.

According to hypothesis three results in table 1, the r was 0.468 and achieved significant level (.000) was little than 0.05. We have accepted H₁ hypothesis with 95% confidence. So, we can say that there is relationship between growth and security and organizational commitment in Sari city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies.

According to hypothesis four results in table 1, the r was 0.310 and achieved significant level (.009) was little than 0.05. We have accepted H₁ hypothesis with 95% confidence. So, we can say that there is relationship between constitutionalism and organizational commitment in Sari city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies.

According to hypothesis five results in table 1, the r was 0.377 and achieved significant level (.001) was little than 0.05. We have accepted H₁ hypothesis with 95% confidence. So, we can say that there is relationship between social integration and organizational commitment in Sari city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies.

According to hypothesis six results in table 1, the r was 0.062 and achieved significant level (.608) was little than 0.05. We have accepted H₀ hypothesis with 95% confidence. So, we can say that there is not relationship between total life space and organizational commitment in Sari city health center. The findings of this hypothesis Is in contrast with Ghanbari (2008), Niruyi (2003), and Donyavi (2009) studies.

According to hypothesis seven results in table 1, the r was 0.404 and achieved significant level (.000) was little than 0.05. We have accepted H₁ hypothesis with 95% confidence. So, we can say that there is relationship between social relevance and organizational commitment in Sari city health center.

### DISCUSSION AND CONCLUSION

<table>
<thead>
<tr>
<th></th>
<th>OC</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>social integration</td>
<td>OC</td>
<td>71</td>
<td>.377</td>
<td>.001</td>
<td>Confirm H₁</td>
</tr>
<tr>
<td>total life space</td>
<td>OC</td>
<td>71</td>
<td>.062</td>
<td>.608</td>
<td>Confirm H₀</td>
</tr>
<tr>
<td>social relevance</td>
<td>OC</td>
<td>71</td>
<td>.404</td>
<td>.000</td>
<td>Confirm H₁</td>
</tr>
<tr>
<td>development of human capabilities</td>
<td>OC</td>
<td>71</td>
<td>.453</td>
<td>.000</td>
<td>Confirm H₁</td>
</tr>
</tbody>
</table>
city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies. According to hypothesis eight results in table 1, the r was 0.453 and achieved significant level (.000) was little than 0.05. We have accepted $H_1$ hypothesis with 95% confidence. So, we can say that there is relationship between development of human capabilities and organizational commitment in Sari city health center. The findings of this hypothesis are congruent with Eslampour (2008), Ghanbari (2008), Niruyi (2003), John Surd (2002), and Chung Valley (2006) studies.

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