Organizational Commitment and Job Performance among Critical Care Nurses at Zagazig University Hospitals, Egypt

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Abstract: organizational commitment great can support the employee to be slightly pleased by moving the job performance of critical care nurses' power as a result of loyalty to the institute. While it is Low, may cause leaves, conflicts and sobs which in return harms the institute itself, may result in the failure of trust of the clients. The aim of this study: To identify the relationship between organizational commitment and Job Performance of critical care nurses at Zagazig University Hospitals. Subjects and Methods: Research design: A descriptive correlation research design was used. Setting: Zagazig University Hospitals. Subjects: including 105 critical care nurses. Tools of data collection: Two tools were used for data collection: 1. organizational commitment questionnaire sheet, and 2. six-dimension scale to measure characteristics of nursing job performance. Results: The study indicated that the organizational commitment level reveals that, half (50%) of critical care nurses had a moderate level of commitment, while, 7.3% had a high level of commitment. Although, the job performance level was slightly more than half (54.5 %) had unsatisfactory job performance level. Conclusion: It is concluded that: there was a highly positive correlation between organizational commitment and job performance among critical care nurses at Zagazig University Hospitals. Recommendation: It is recommended that: in order to improve affective commitment, and nurse's performance the hospitals need to provide support to their nurses and take a strong action to progress a nurses' performance.

Keywords: Organizational Commitment, Affective, Continuance, Normative Commitment, Critical Care Nurse, and Job Performance.

I. INTRODUCTION

Organizational commitment is the psychological link that joins the employee to the organization and listed that there are three dimensions of organizational commitment; affective, continuance, and normative. Affective commitment is positive judgments and emotional state of an employer towards the organization working for which was designed as an outcome of a mixture of perceptions, personal traits, and experiences. Continuance commitment can be clarified by the investments made to the organization and the observed options for discovery of another job. A normative commitment occurs when an employee feels a responsibility towards the organization works for by rational that is obliged to the organization to show right job performance [1,2].

Organizational commitment is one of the essentials words that commitment of the nursing staff with the quality of care, even in high-stress conditions and work situations with insufficient human and organizational resources. It is essential to organizational success, and vitally interested in the health and safety of nursing staff, patients and visitors. Furthermore, motivated by the responsibility, Protection of staff is a major continuing objective and every reasonable effort is made to provide a safe, healthy work environment [3]. The organizational commitment plays an essential role in defining whether a staff member will stay with the administration for a longer period and work avidly to achieving the administrative goal. [4] Also, it is significant factors that impact on the success of the institutes. It is the link an employee has with the institute works with and the step to which can find self with the principles of the association [5'6'7'8'9'10].

Theory of Organizational Commitment, a prominent theory in organizational commitment is the 3-component model. The model says that organizational commitment has three distinct components. Affective commitment is the emotional connection to an organization. If it a high level of affective commitment, enjoy an employee relationship with the organization and are likely to stay. The employee stays because he desires to stay. Continuance commitment is the degree with which trust that separation the organization would be costly. If a worker has a high level of continuance obligation, will stay with an organization because of feel that must stay. Normative commitment is the degree employee feel obligated to the organization or believe that staying is the right thing to do. Here, employee considers must to stay. Moreover, a commitment profile is the interaction between these three components. Nurses will have an affective commitment because the enjoy labor and want to stay but will also have continuation commitment because nurses don't want to lose the salary and prestige linked with the work. Finally, given the nature of the work, nurses must feel to stay to help with the nursing research [3]. Organizational commitment theory, which recognizes that worker with high levels of normative and affective commitment are more possible to relate to administrative positive outputs. Consequently, we have advanced willing organizational commitment done the development of a formative concept involving of normative and affective commitment [11].

If achieve well worker commitment can lead to positive values such as increased success, performance, and efficiency, and decreased absenteeism and turnover at both the individual and administrative levels [12'13] added that a high-commitment atmosphere progresses employee retention rate, reduces budgets and encourages employee performance and effectiveness. However, affording to [14], the perception of the development of organizational commitment was mostly based on the value of social exchanges.

A high employee commitment is creating by two factors are the organizational environment and personal factors. The first, organizational environment factors were related to people, work conditions and climate. They may be apparent and unapparent. Apparent factors are those that can be observed, discussed, assessed, e.g. relations with co-workers and leaders, formal procedures and rules of the organization. Unapparent factors would be inter-personal trust; feeling of community; intentions of cooperation; absence of fear of accidental mistakes and specific personal appearances; feeling of belonging to the group or organization; and self-expression. The second factors, the personal factors are also vital for the employees while developing their commitment to the organization. It is significant to highpoint that personal factors cannot be assessed. They are seen in a way how the individual himself understands and accepts them [15].

Job performance is the way employees do their duty. An employee's performance is set during the job performance survey, with a mastery apprehension into an explanatory element, such as leadership skills, time management, organizational skills, and productivity to psychoanalyze each employee on an individual base. Job performance retrospect is often done annually [16]. Worker job performance is very significant as it generates the total organizational performance [17].

According to, [18] illustrated that, the develop the six-dimension scale to measure characteristics of nursing job performance which are: 1. leadership, 2. critical care, 3. Planning and evaluation,4. Teaching and cooperation, 5. Interpersonal relationship and communication and 6. professional development. Nursing leadership is a significant dimension of job performance, the critical care dimension was apparent to be higher than the other dimensions of job performance among nurses, teaching and collaboration commonly have a low priority among nurses, compared with critical care. Nurses absence skills and the ability to successfully communicate with others but, interpersonal relationship and communication skills are vital to actual job performance.

Moreover, employees of the association perform several jobs to help it meet its goals. The achievement goals of any organization are closely joined with the employees' job performance. Apparently, employee performance must be appreciated as the achievement of tasks by an individual, as a set and measured by the association, to pre-defined suitable criteria. Employee performance communicates with work quantity, quality, timeliness, efficiency, and competence [19].

The factors influencing performance modified by [20] nurses' performance is influenced by the systems that support them. Effective managerial help their organizations and health services pay attention to the six types of factors influencing performance and they are divided into three categories as organizational factors (Systems, Incentives, Tools and Physical Environment), individuals' factors (Individual Knowledge, Skills and Attributes) and external environment (there are many variables external to organizations that affect the capability of the organization, staff, and individuals to do.

Regularly looking for ways to use them to tolerate the systems that will allow individuals and teams to perform as well as possible and eventually achieve organizational goals and provide high-quality services for their clients. While, the organization should be improving the nurse's performance by attractive nurses' knowledge, skills, motivation, and commitment by providing them with the data and decision required to exploit on these skills to excellently achieve their jobs [21].

Critical Care Nurses (CCN) specialties may work in several units as surgical, trauma, coronary, medical, pediatrics, burns, cardiothoracic and high risk ill. In addition, critical care nursing can be intellectually and physically required long hours of hard work, critical patient handling, and high-pressure illnesses. Critical care nurses must be able to make prevaricate judgments rapidly as patients in the intensive care unit are often unstable and can have sharp physiological depress [22]. According to the [23] of Critical-Care Nurses, about 37 % of all nurses who work in hospitals are considered critical care nurses. That means they work with patients who are deemed critically or acutely ill.

The Role of a CCN, while the quality of nursing care is important for all patients, it is especially vital for patients who are facing dangerous or potentially life-threatening issues. Nurses who work with acutely ill clients are careful important client's supporters at a time when a patient is very susceptible. Nurse must be able to help assess complex health issues and assist the patient in getting needed treatment. Occasionally critical care nursing contains educating patients or those who characterize critically ill patients about their changed healthcare choices in problematic situations. Nurses of acutely ill patients need to the attraction on vital skills and support patients and to well-being and care for families during difficult situations [24].

The significance of the Study:

At the Zagazig University Hospital, the development of health services and nursing services is essential, and the management is keen to provide high-quality health care, particularly in critical care units. Consequently, it is essential that the nurses get a distinguished job performance. Therefore, this study aims to describe the relationship between organizational commitment and job performance among the critical care nurses in Zagazig University Hospitals.

II. RESEARCH METHODOLOGY

The aims of the study

The aims of this study are:

1. To assess the organizational commitment of critical care nurses at Zagazig University Hospitals.

2. To examine the job performance of critical care nurses at Zagazig University Hospitals.

3. To identify the relationship between organizational commitment and Job Performance of critical care nurses at Zagazig University Hospitals.

Research questions:

1. What is the organizational commitment of critical care nurses?

2. What is the job performance of critical care nurses?

3. What is the relationship between organizational commitment and Job Performance of critical care nurses?

Research design

A descriptive correlational research design was used in the present study, and then a correlation study was conducted to test if a significant relationship presents between organizational commitment and job performance.

Setting:

The study was conducted at the critical care units at Zagazig University Hospitals including (ICU, CCU, Emergency, Neonates, and Dialysis)

Subjects

A convenient sample of 110 nurses was incorporated into the present study, representing available the staff nurses were selected the critical care units at Zagazig University Hospitals.

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Tools for Data Collection

Two tools were used to collect data

Tool- I: Consisted of two parts: Part (1) includes the personal characteristic; age, gender, level of education, marital status, position, years of experience, and area of work. Part (2) the commitment scales by Meyer, J. & Allen, N. (1991) [2] was developed and constructed by the researchers based on literature review. It has consisted of three forms of commitment were described as: Affective Commitment Scale (7 items), Continuance Commitment Scale (8 items), and Normative Commitment Scale (8 items). It was translated into the Arabic language for easy understanding for nurses.

Scoring system

Score for commitment tool was 5-point Likert scale (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and 5) strongly agree. An "(R)" denotes a negatively phrased and reverse-scored item.

Total score:

Low commitment < 60% of total score (less than 69 scores).

Moderate commitment 60-75% of total score (69-86 scores).

High commitment > 75% of total score (87-115 scores).

Tool-II:

Observational checklist to assess and observe Job performance of the critical care nurses on the previous mentioned setting by Schwirian, P.M. (1978) [25] was developed and constructed by the researchers based on literature review. Nursing job performance was described by six dimensions scale described as: 1- teaching/collaboration (11items), 2- Interpersonal Relations/Communications (12 items), 3- Critical Care (7items), 4- Planning/Evaluation (7items), 5- Leadership (5 items), and 6-Professional Development (10items). for each item responses of nurses to those items were ranged from (1-10 marks).

Scoring system:

Unsatisfactory performance < 70% of total score (less than 390 scores).

Satisfactory performance 70-85% of the total score (390-442 scores).

High satisfactory performance > 85% of total score (443-520).

Validity and reliability

The tool utilized as a part of the study was checked for its content validity by a judge of 3 specialists in the field from Faculties of Nursing at Universities of Ain Shams, Fayoum, and Cairo, recommended modifications and reconstruction of the tool were done. Regarding reliability; Cronbach's alpha coefficients of internal consistency were used to assess the internal reliability of organizational commitment and Job Performance of Nurses, they were: 0.85 and 0.78 respectively.

Pilot study

A pilot study was done on 10% of the total study samples (11 nurses) to determine the clarity, relevance, and applicability of the study tools as well as to evaluate the time needed to answer them, and those subjects were excluded from the study sample. The necessary modifications in form of changing few words were done according to comments made by nurses at Zagazig University Hospitals.

Fieldwork:

Data was collected through a period of one-month April 2018 two days/week from 10.00 Am to 12.00 Pm. Approvals to conduct the study were taken from participants after explaining the aim of the study and how to fill the questionnaire and obtaining their oral acceptance to participate in the study.

Administration and Ethical consideration:

Before starting the study, an official letter was obtained from the hospital's directors of Zagazig University Hospitals, for permission and cooperation to conduct the study. The investigator gave a verbal clarification of nature and the aim of the study to nurses to get their informed consent to contribute. They were informed about their rights to refuse or to pull back from the study at any time without giving any reason. Namelessness and privacy of the participants have assured trough coding all data. They were additionally reassured that the information would be confidential and used for the research reason only.

Statistical analysis:

Data analysis was performed using IBM SPSS statistical software version 22. The data were explored. Descriptive statistics with mean and standard deviation (SD) for continuous variables and frequency for categorical variables were analyzed. Qualitative variables were compared using a chi-square test (X2) as the test of significance, paired and independent (t) test and ANOVA test was used to compare mean score between two and more groups respectively. The correlation coefficient (r) was used to evaluate the association between studied variables, multi-regression test was used to predict the value of a variable. The p-value is the degree of significance. A significant level value was considered when p-value ≤ 0.05 and a highly significant level value was considered when p-value ≤ 0.001, while p-value > 0.05 indicates non-significant results.

III. RESULTS

Table (1): Distribution of Personnel Characteristics of The Study Nurses N=110.

Variable	Frequency	%
Age in years		
20 <25	56	50.9
25-30	27	24.5
>30	27	24.5
Mean ±SD	**27.54±.49**	
Gender		
Female	101	91.8
Male	9	8.2
Marital		
Single	29	26.4
Married	81	73.6
Years of experience		
<1	31	28.2
1\5	21	19.1
5\10	18	16.3
10\15	10	9.1
>15	30	27.3
Mean ±SD	**8.65±3.89**	
Educational qualification		
Diploma	61	55.5
BSc	49	44.5
Clinical areas		
ICU	42	38.1
CCU	13	11.8
Emergency	12	10.9
Neonates	18	16.3
Dialysis	25	22.7

Table (1): Represents the distribution of the staff nurses in the study according to their personal characteristics. It was found that among the nurses in the study, 50.9% of them were 20 < 25 years old, while the 24.5% was recorded for those who have (25-30 yrs.), and 24.5% of them was at >30years old. 91.8 % of them female, 8.2% male and three forth of them are married. 55.5% of them had, diploma, while 44.5% of them had a bachelor's degree in nursing. 28.2% have less than <1 yr. and the same percentage have more than 15 yrs. while the others have (5-15 yrs.) of experience. 38.1% of study nurses working in ICU and 11.8% in CCU.

Table (2): Frequency of Affective Commitment for Study Nurses N =110.

Affective Commitment Scale Items	Highly disagree		Disagree		Uncertain		Agree		Highly agree	
	No	%	No	%	No	%	No	%	No	%
I would be very happy to spend the rest of my career with this organization.	25	22.7%	12	10.9%	27	24.5%	33	30.0%	13	11.8%
I enjoy discussing my organization with people outside it.	17	15.5%	19	17.3%	28	25.5%	40	36.4%	6	5.5%
I really feel as if this organization's problems are my own.	22	20.0%	24	21.8%	17	15.5%	39	35.5%	8	7.3%
This organization has a great deal of personal meaning for me.	17	15.5%	22	20.0%	27	24.5%	33	30.0%	11	10.0%
I do not feel like 'part of the family' at my organization.	21	19.1%	41	37.3%	18	16.4%	20	18.2%	10	9.1%
I do not feel 'emotionally attached' to this organization.	23	20.9%	31	28.2%	28	25.5%	21	19.1%	7	6.4%
I think that I could easily become as attached to another organization as I am to this one.	26	**23.6%**	26	23.6%	32	29.1%	19	17.3%	7	6.4%

Table (2): Show that the item (I think that I could easily become as attached to another organization as I am to this one) was the highly disagree percentage from all items measuring affective commitment with the percentage of (23.6%). While the item (I would be very happy to spend the rest of my career with this organization) was the highly agree percentage with the percentage of (11.8%).

Table (3): Frequency of Continuance Commitment for Study Nurses N=110

Continuance Commitment Scale Items	Highly disagree		Disagree		Uncertain		Agree		Highly agree	
	No	%	No	%	No	%	No	%	No	%
I am not afraid of what might happen if I quit my job without having another one lined up.	15	13.6%	28	25.5%	23	20.9%	24	21.8%	20	18.2%
It wouldn't be too costly for me to leave my organization now.	10	9.1%	31	28.2%	29	26.4%	24	21.8%	16	14.5%
I feel that I have too few options to consider leaving this organization.	10	9.1%	27	24.5%	24	21.8%	38	34.5%	11	10.0%
It would be very hard for me to leave my organization right now, even if I wanted to.	6	5.5%	17	15.5%	17	15.5%	45	40.9%	25	22.7%
Too much in my life would be disrupted if I decided I wanted to leave my organization now.	17	15.5%	20	18.2%	25	22.7%	26	23.6%	22	20.0%
Right now, staying with my organization is a matter of necessity as much as desire.	12	10.9%	12	10.9%	47	42.7%	23	20.9%	16	14.5%
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	11	10.0%	26	23.6%	31	28.2%	32	29.1%	10	9.1%
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have.	16	14.5%	14	12.7%	28	25.5%	37	33.6%	15	13.6%

Table (3): Show that the item (Too much in my life would be disrupted if I decided I wanted to leave my organization now). Was the highly disagree percentage from all items measuring Continuance Commitment with the percentage of (15.5%). While the item (It would be very hard for me to leave my organization right now, even if I wanted to.) was the highly agree percentage with the percentage of (22.7%).

Table (4): Frequency of Normative Commitment for Study Nurses N=110.

Normative Commitment Scale Items	Highly disagree		Disagree		Uncertain		Agree		Highly agree	
	No	%	No	%	No	%	No	%	No	%
I think that people these days move from company to company too often.	6	5.5%	19	17.3%	22	20.0%	40	36.4%	23	20.9%
If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization.	14	12.7%	20	18.2%	28	25.5%	23	20.9%	25	22.7%
I was taught to believe in the value of remaining loyal to one organization.	11	10.0%	6	5.5%	36	32.7%	45	40.9%	12	10.9%
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.	9	8.2%	8	7.3%	38	34.5%	36	32.7%	19	17.3%
Things were better in the days when people stayed with one organization for most of their careers.	17	15.5%	9	8.2%	30	27.3%	34	30.9%	20	18.2%
I do not believe that a person must always be loyal to his or her organization.	37	33.6%	33	30.0%	26	23.6%	7	6.4%	7	6.4%
Jumping from organization to organization does not seem at all unethical to me.	20	18.2%	23	20.9%	27	24.5%	35	31.8%	5	4.5%
I do not think that wanting to be a "company man" or "company woman" is sensible anymore.	22	20.0%	14	12.7%	44	40.0%	25	22.7%	5	4.5%

Table (4): Show that the item (I do not believe that a person must always be loyal to his or her organization.). Was the highly disagree percentage from all items measuring of normative commitment with the percentage of (33.6%). While the item (If I got another offer for a better job elsewhere, I would not feel it was right to leave my organization) was the highly agree percentage with the percentage of (22.7%).

Table (5): Mean Scores of Total Commitment among the Studied Nurses N=110.

Variable of Commitment	Total score	Minimum	Maximum	Mean±SD.	% of mean score
Affective	35	7.00	35.00	19.6545±5.89579	54.28
Continuance	40	8.00	40.00	25.3636±5.11290	63.25
Normative	40	8.00	38.00	24.6636±5.41875	61.65
Total commitment	115	27.00	113.00	69.6818±12.76674	60.59

Table (5): Show that the continuance commitment was the highest mean score (25.3636±5.11290) of all dimension measuring commitment among the studied nurses with the percentage of (63.25%). While Affective Commitment was the lowest mean score (19.6545±5.89579) with the percentage of (54.28%).
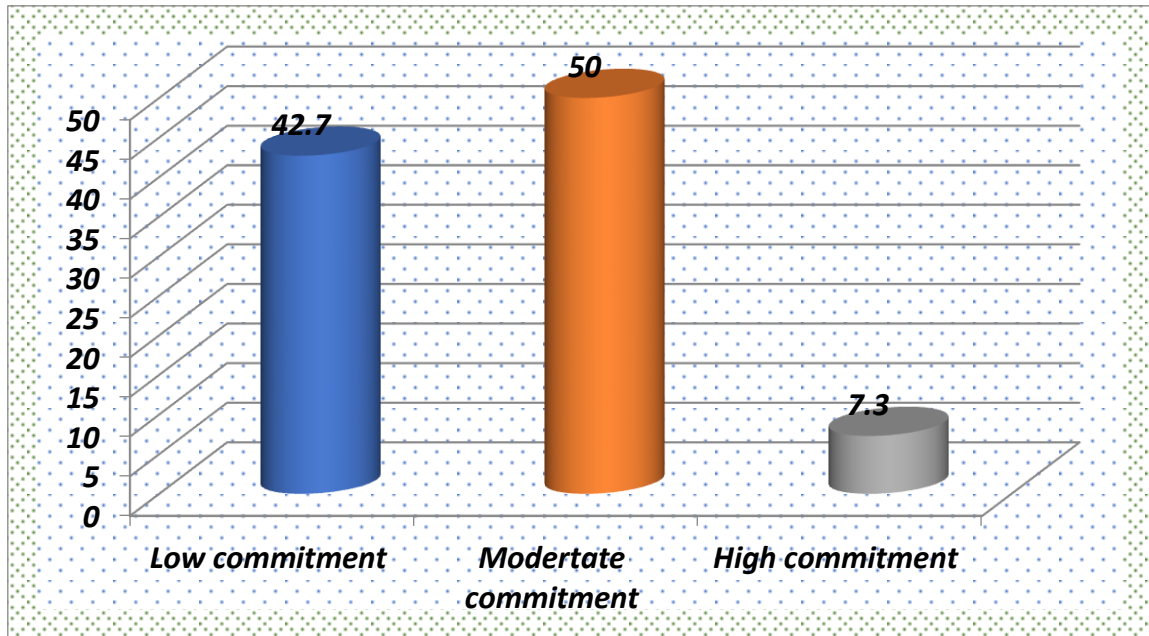
Figure (1): Mean scores of total commitments among the studied nurses reveal that 42.7% had the low scoring scale, while 7.3% had a high scoring scale.

Table (6): Mean Scores of Job Performance among Studied Nurses N=110.

Variable	Total score	Minimum	Maximum	Mean±SD.	% of mean score
Teaching/collaboration	110	15.00	100.00	54.6545±22.83504	49.68
Interpersonal Relations/Communications Items	120	25.00	111.00	66.5727±24.62693	55.47
Critical Care Items	70	14.00	70.00	42.7909±16.55688	61.12
Planning/Evaluation Items	70	13.00	67.00	38.6909±14.87917	55.27
Leadership Items	50	9.00	47.00	25.9636±10.29824	51.92
Professional Development Items	100	16.00	100.00	53.5545±21.91040	53.55
Total performance	520	110.00	474.00	282.2273±100.5945	54.27

Table (6): Show means scores of job performance among studied nurses, it is appearing that: Critical Care Items was the highest percent of mean scores 61.12%. While Teaching/collaboration was the lowest percentage of mean scores measuring job performance of 49.68%.
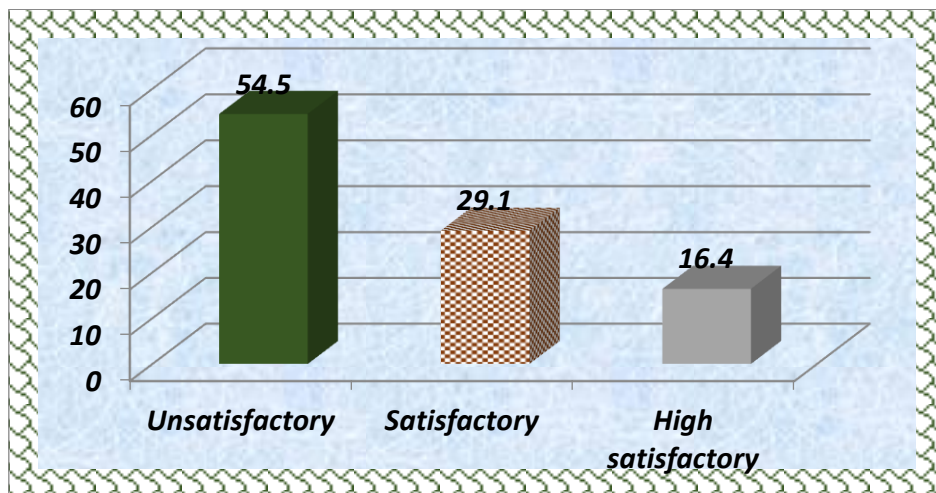

Figure (2): Percentage distribution of total performance score among the studied nurses reveals that 54.5 % had unsatisfactory performance, while 16.4% had high satisfactory performance.

Table (7): Correlation among Studied Nurses Total Performance Score and Different Types of Commitment.

Commitment types		Affective	Continuance	Normative	Total performance score
Affective	r	1	.876**	.746**	,312**
	P value		.000	.000	.000
Continuance	r		1	.761**	.501**
	P value			.000	.001
Normative	r			1	.458**
	P value				.000

Table (7): Show that, the correlation among studied nurse's total performance score and different types of commitment, were a highly positive association among studied nurses different three types of commitment and their total performance score.

Table (8): Multi Regression among Studied Nurses Total Performance Score and Different Types of Commitment.

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Result accepted or rejected
	B	Std. Error	Beta			
a. Total performance	168.034	80.426		2.089	.039	
Affective Commitment	7.909	5.890	.464	1.343	.182	Rejected
Continuance Commitment	-26.151	9.903	-1.329	-2.641	.010	accepted
Normative Commitment	17.823	7.675	.960	2.322	.022	Accepted
P value		12.13			<0.001**	
R square		0.316				
Adjusted R		0.290				

a. **Dependent Variable: total performance**

Table (8): Show that the multi-regression among studied nurse's total performance score and different types of commitment. Found that, the positive statistical relationship between the total performance and continuance and normative commitment. While the negative statistical relationship between the total performance and affective commitment.

Table (9): Correlation between Personnel Characteristics of the Study Nurses and Total Commitment Score.

Variable	Total commitment score	Statistical test	P value
	Mean ±SD	(F-independent t test)	
Age in years			
20 <25	11.12991±1.48730		
25-30	15.21470±2.92807	2.41(F)	>0.05
>30	12.65823±2.43608		
Gender			
Female	68.8812±12.28518	5.03(t)	<0.05*
Male	78.6667±15.33786		
Marital			
Single	72.6897±11.11981	2.21(t)	>0.05
Married	68.6049±13.20386		
Years of experience			
<1	75.3548±10.87979		
1\5	73.6190±7.03190		
5\10	67.8333±15.28263	4.71(F)	<0.05*
10\15	62.1000±7.95054		
>15	64.7000±14.36267		
Educational qualification			
Diploma	67.7377±14.15262	3.24(t)	>0.05
BSc	72.1020±10.43880		

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Clinical areas			
ICU	64.4222±14.86376		
CCU	69.2500±12.84199		
Emergency	75.0000±13.33095	3.72(F)	<0.05*
Neonates	74.1538±6.36195		
Dialysis	73.1250±9.62685		

Table (9): show that the correlation between personal characteristics of the study nurses and total commitment score found that no statistically significant difference between the total commitment score and nurse age, marital status, and level of education. while, statistically significant for gender, years of experience and work setting.

Table (10): Correlation between Personnel Characteristics of the Study Nurses and Total Performance Score.

Variable	Total performance score	Statistical test (F-independent t test)	P value
	Mean ±SD		
Age in years			
20 <25	289.8214±104.63862		
25-30	262.8889±102.91234	0.672(F)	>0.05
>30	285.8148±90.24583		
Gender			
Female	282.0396±98.54409	0.004 (t)	>0.05
Male	284.3333±128.38516		
Marital			
Single	299.3793±89.74385	1.14 (t)	>0.05
Married	276.0864±104.03740		
Years of experience			
<1	269.3871±95.55825		
1\5	299.1905±84.89501		
5\10	282.8333±125.56051	2.05 (F)	>0.05
10\15	211.2000±106.62895		
>15	306.9333±89.95284		
Educational qualification			
Diploma	272.5410±99.24038	1.27 (t)	>0.05
BSc	294.2857±101.98366		
Clinical areas			
ICU	305.2222±104.87328		
CCU	237.5000±72.21496		
Emergency	265.1250±93.65810	1.27 (F)	>0.05
Neonates	288.8462±77.29149		
Dialysis	262.1000±103.70367		

Table (10): show that the correlation between the personal characteristics of the study nurses and a total performance score reveals that, no statistically significant difference between the total performance score and personal characteristics of the study nurses.

IV. DISCUSSION

The organizational commitment elements will have a major result on retention, job performance, and employee well-being. there's a negative relationship between affective, normative, and continuance commitment and a member's intent to freely leave the organization. In alternative words, low affective, continuance, and normative commitment will increase the probability that an employee can leave the organization, whereas high levels of emotional, continuance, and normative commitment square measure associated with high retention rates. [26] affectional commitment has been joined to performance.

The present study was considered to assess the organizational commitment and job performance of critical care nurses at Zagazig University Hospitals to clarify the relationship between organizational commitment and Job Performance of nurses, and it was revealed that half of the staff nurses were ranged between (20-25 yrs.) and another half of them were (25- >30 yrs.). Also, most of them were female and the minority of them was male.

As regards the level of education, more than half of the study sample was either graduated from the School of Nursing or Technical Institute (nursing diploma), while the others half were holding a baccalaureate degree of nursing. According to the years of experience, slightly more than one-fourth of the study sample had less than one years of experience, while the others had (1->15 yrs.) of experience .

Concerning the critical care nurses at Zagazig University Hospitals study findings revealed that there was a highly positive association among studied nurses' commitment and their total performance score. This result is in accordance with the study of [27] argues that there are the organizational commitment dimensions are positively correlated to employee performance. This indicates that all the organizational commitment developed as the causative factor and play significant roles in good performance. Moreover, [28] stated that a high organizational commitment increases employees 'performance. While, this results not agree with [29] show his results that a significant negative association between the score of organizational commitment and job performance .

According to the Mean scores of total commitments among the studied nurses reveals that 42.7% had a low scoring scale, while 7.3% had a high scoring scale. Additionally, the affective commitment the results revealed that the negative statistical relationship between the total performance and affective commitment. This results not agree with [30] his results revealed that employee positively influences employee performance and affective commitment. This finding supported by [13] given their significant influence on the advance of organizational commitment theory, which accepts that employees with high levels of normative and affective commitment are more expected to be related to organizational positive products .

Consequently, we have approached willing organizational commitment through the progress of an influential concept involving normative and affective commitment. In fact, employees who observe less funding from their organization express less affective commitment [31] Perceived organizational support is, therefore, a significant precursor of affective commitment [32] and in fact one of its reasons .

According to Schwirian six-dimension scale, performance was subdivided into six different subscales which are teaching/collaboration, interpersonal relations/communications, critical care planning/evaluation, leadership, and professional development items. It's also noted that the Percentage of total performance score among the studied nurses reveals that 54.5 % had unsatisfactory performance, while 16.4% had high satisfactory performance. These findings do not agree with [33]' his results were that nurses rated good performance scores .

As regards the correlation between personal characteristics of the study nurses and total commitment score, found that no statistically significant difference between the total commitment score and nurses' age, and level of education. These finding in the same line with [34] found that, no significant relationship between the nurses' age and educational grade and their levels of organizational commitment to the organization. while statistically significant for the nurse's experience and work setting. These findings contrast with him, labeled that, no significant difference in the levels of organizational commitment among nurse's total work experience and working in different specialties in Dubai Hospital.

As regards the correlation between personal characteristics of the study nurses and a total performance score, reveals that no statistically significant change between the total performance score and personal characteristics of the study nurses. These results vary with [35] as results are, the several aspects were created to have a positive relationship with job performance such as age, education level, nationality, experience work shifts, and work setting.

Finally, the consequences presented that there is a highly significant relationship between organizational commitment and job performance of critical care nurses at Zagazig University Hospitals.

V. CONCLUSION

Constructed on the study findings, it's concluded that there was the correlation among studied nurse's total performance score and different types of commitment, were a highly positive association among studied nurses different three types of commitment and their total performance score. While, show that the continuance commitment was the highest mean score (25.3636±5.11290) of all dimension measuring commitment among the studied nurses with the percentage of (63.25%). While Affective Commitment was the lowest mean score (19.6545±5.89579) with the percentage of (54.28%). Confirmation that the means scores of job performance among studied nurses, it is appearing that: Critical Care Items

was the highest percent of mean scores 61.12%. While Teaching/collaboration was the lowest percentage of mean scores measuring job performance of 49.68%. Also, show that the multi-regression among studied nurse's total performance score and different types of commitment. Found that, the positive statistical relationship between the total performance and continuance and normative commitment. While the negative statistical relationship between the total performance and affective commitment. But the correlation between personal characteristics of the study nurses and total commitment score found that no statistically significant difference between the total commitment score and nurse age, marital status, and level of education. while, statistically significant for gender, years of experience and work setting. While, illustration that the correlation between the personal characteristics of the study nurses and a total performance score reveals that, no statistically significant difference between the total performance score and personal characteristics of the study nurses.

VI. RECOMMENDATIONS

Based on study findings, the following recommendations were suggested:

1 .in order to enhance nurses' affective commitment, hospitals need to provide support to their nurses through participatory decision making ,training and development, team working, information sharing, job security, and rewards.

2. The organization takes a strong action to progress a nurses' performance, start with the evaluation of performance and following reaction to the nurses, and current overtraining and management of motives such as promotions and increases the salary.

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