



Impact of Organisational Climate on Nurses' Commitment at Public Hospitals in Saudi Arabia

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Nurses represent most healthcare professionals. They work in different healthcare organisations and play a vital role in improving the quality of healthcare. Consequently, it is essential to study the factors that influence nurses' organisational commitments. The purpose of this study is to explore the impact of organisational climate and nurses' commitment in Saudi Arabian public hospitals and to explore the correlation between hospital climate and nurses' commitment.

Methods: a quantitative cross-sectional method conducted at the Al-Zulfi General Hospital, Riyadh; King Abdul-Aziz Hospital, Makkah; and King Fahd Central Hospital, Jazan. The Data was collected from 343 participants by using electronic questionnaire in English distributed for the period between 01/03/2021 to 01/04/2021. The questionnaire is composed of three parts: demographic data, a three-component model (TCM) of employee commitment, and an organisational climate questionnaire (OCQ). The sample size was calculated based on the Steven K. Thompson equation. The data were analysed using analysis of variance (ANOVA) and t-tests to identify the differences in organisational commitment and organisational climate among participants' characteristics. Correlation analysis was used to identify the relationship between organisational commitment and organisational climate.

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Results: The results demonstrated a significant positive moderate correlation between nurses' commitment and hospital climate, where $r = 0.580$ and $P < 0.001$. We found that organisational commitment was observed as significantly correlated with gender, nationalities and hospital; also, organisational climate was perceived as significantly correlated with gender, nationalities, marital status, years of experience and hospitals with a p -value < 0.05 . It is evident that improving organisational climate leads to an increase in nurses' commitment.

Conclusion: Improving the organisational climate could help to promote nurse retention and enhance nursing commitment. The current study recommends that nurse managers pay careful attention to the organisational environment to increase organisational commitment, which can contribute to positive attitudes and appreciation for the organisation.

Keywords: Organisational commitments; organisational climate; nurses' commitments.

1. INTRODUCTION

Nurses represent many healthcare professionals and play a vital role in improving the quality of healthcare. Consequently, it is essential to study the factors that influence nurses' organisational commitment [1]. Since the 1930s, there has been growing interest in the relationship between organisational aspects, such as management and staff [2]. Some factors influence nurses' commitment to different health organisations. Some of these factors, such as motivation and workplace standards, play an essential role in ensuring the commitment of nurses in health organisations. The organisational environment is an essential component of the health system. It relates to proper social behavior and the management of conflicts, ambiguities, and difficulties that the hospital faces [3].

Indeed, the organisational climate has many definitions. One of these definitions indicates that it is the repeated patterns of behaviour, attitudes, and feelings that characterize the work environment in an organisation [1]. The climate of a healthcare organisation is defined as a group of measurable characteristics that nurses can perceive directly or indirectly in an organisation [4]. Generally, nurses are eager to have a healthy workplace climate that provides them with a sense of worth. Several factors contribute to a favourable climate that positively affects nurses' performance and incentives [2]. However, an unfavourable organisational environment may lead to several negative work-related outcomes, including burnout and job stress [5].

According to a Saudi study, nurses who perceive their organisational climate as supportive exhibit positive behaviors and productivity. A friendly workplace climate promotes innovation and inspiration, helping the organisation reach its goals [6]. Furthermore, a healthy workplace

environment contributes to positive cooperation between an organisation's members, resulting in staff's willingness to take on more responsibilities to achieve their organisation's goals [1]. A standard indicator of an organisation's success is its employees' feelings towards the organisation's goals and their intent to remain with the organisation [7]. An excellent organisational environment can improve staff motivation, enhancing employees' spirituality, improving people's participation in decision-making, and increasing creativity as an essential source of mental well-being [5].

Organisational climate correlates to nursing commitment and performance, which are recognized as the fundamental components of healthcare quality and helps to promote nurse retention [8]. Commitment refers to "a force that binds an individual to a target and to a course of action of relevance to that target" [9]. Insufficient organisational commitment is one of the risk factors for employee turnover [10]. Negative feelings such as dissatisfaction at work could reduce organisational commitment among employees and raise the risk of staff turnover, whereas supportive work conditions could reduce turnover rates [11].

Nurse shortages and high nurse turnover in health organisations continue to be major challenges for health policymakers in Saudi Arabia. One of the Ministry of Health's objectives to achieve Vision 2030 in Saudi Arabia is to promote the image of nursing as a marketable career that many people can engage in [12]. This study explores the impact of organisational climate on nurses' commitment in public hospitals in Saudi Arabia. Furthermore, the current study may help achieve Vision 2030 by understanding the organisational climate in Saudi Arabia and making organisations attractive and healthy for nurses.

1.1 Research Objectives

The objectives of this study are as follows:

1. To investigate the impact of organisational climate and nurses' commitment in Saudi Arabian public hospitals.
2. To explore the correlation existing between hospital climate and nurses' commitment.

2. METHODS

2.1 Research Design

This study employed a quantitative cross-sectional design to explore the impact of organisational climate and nurses' commitment in Saudi Arabian public hospitals and to explore the correlation between hospital climate and nurses' commitment.

2.2 Research Setting

The study's data were collected from nurses who work in three major public hospitals from three different Saudi regions (central, western, southern) since these regions have different organisational climate criteria: Al-Zulfi General Hospital from the Riyadh Region, King Abdul-Aziz hospital from the Makkah Region and King Fahd Central Hospital from the Jazan Region.

2.3 Research Population and Sample

2.3.1 Targeted population

The target population consisted of all available nurses working during the period of this study in the Al-Zulfi General Hospital, Riyadh; King Abdul-Aziz Hospital, Makkah; and King Fahd Central Hospital, Jazan, by taking a sample of 506 participants.

2.3.2 Sample size

After the data source and population has been identified, the sample size must be calculated to ensure statistical relevance. Establishing a nonprobability convenience sample size requires an understanding of the standard margin of error and relative confidence interval. In this study, the confidence level used was 99% = 2.58 with 5% = 0.5 margin of error and a maximum variability of 0.5. Based on the selected values, the formula

for calculating the sample size was calculated based on the Steven K. Thompson equation (Thompson, 2012). The sample size calculation for this study is seen below:

$$n = \frac{N \times P(1 - P)}{[(N - 1) \times (d^2 \div z^2)] + p(1 - p)}$$

$$n = \frac{2100 \times 0.5(1 - 0.5)}{[(2100 - 1) \times (0.05^2 \div 2.58^2)] + 0.5(1 - 0.5)} = 505.6$$

N: Population Size, P: Population Proportion, d: Margin of Error, z: Confidence Level

2.3.3 Sampling method

The researchers in this study used convenience sampling.

2.4 Instrument of data collection

An electronic questionnaire in English was used in this study. It composed of three parts: demographic data, a TCM of commitment and an organisational climate questionnaire (OCQ).

2.4.1 Demographics questionnaire

The demographic data questionnaire was used to collect demographic data about the nurses. It included typical demographic questions such as age, gender, years of experience, job title, level of education, marital status, nationality and hospital.

2.4.2 Three-component model of commitment

The 18- items revised version of the three-faceted scale developed by Meyer and Allen [13] was used to measure affective, continuance, and normative commitment.

2.4.3 Organisational climate questionnaire

The OCQ, developed by Furnham and Goodstein [14], was adopted and used after taking permission to use the questionnaire from the author. The questionnaire consists of 108 items with a 7-point Likert-type scale to assess the 14 climate dimensions with $\alpha = .99$. To avoid overburdening participants with questions, the researchers selected only ten climate dimensions: role clarity, respect, communication, reward systems, career development, planning and decision-making, innovation, relationships, conflict management, and teamwork and support (making up a total of 74 items from 108).

2.5 Data Analysis Method

The data were reviewed, coded and entered in an Excel file and transferred to Statistical Product and Service Solutions (SPSS) v.25. Descriptive statistics was used to describe different characteristics by using frequency analyses, percentages and mean analyses for the demographic data, including age, gender, years of experience, job title, level of education, marital status and nationality.

The correlation between organisational commitment and climate was determined by using inferential statistical analysis techniques. Furthermore, the relationship between the demographic data and the two variables was determined through the same technique. Analysis of variance (ANOVA) and t-tests were utilised to identify the differences in commitment and climate among participants' characteristics. A further correlation analysis was used in the identification of an existing relationship. Values of $p < 0.05$ was considered significant. Microsoft office professional plus 2019 (Word and Excel) were used to generate graphs and tables.

3. RESULTS

3.1 Descriptive Statistics

Descriptive statistics were performed to determine the mean, frequency and percentages of measurement variables of organisational commitment, organisational climate and participants' characteristics.

3.1.1 Participant demographics

The participants in this research were nurses of different ages, genders, nationalities, levels of education, marital status, job titles, and experiences who worked at three public hospitals in Saudi Arabia: Al-Zulfi General Hospital, Riyadh; King Abdul-Aziz Hospital, Makkah; and King Fahd Central Hospital, Jazan (see Table 1). The total resultant sample size (n) equalled 506 global respondents, of which 343 with a response rate of 67.8% completed the entire survey as requested.

3.1.2 Three-component model tcm of employee commitment

The reliability coefficient for TCM and its subscales have been calculated by using Cronbach's alpha, with good internal consistency scores demonstrated. Cronbach alpha for TCM

was 0.85 for the three subscales. The median Cronbach's alpha for the affective, continuance and normative scales were 0.75, 0.83, and 0.77, respectively.

Approximately 65.6% of the sample have an average score of affective commitment. The overall mean score was $M = 24.061$. In addition, less than half (43.4%) of the sample had an average score of continuance commitment, with an overall mean score of $M = 28.396$. In general, more than two-thirds (69.7%) of the total sample had an average score of TCM employee commitment, with a total mean score of $M = 78.396$ (see Table 2).

3.1.3 The organisational climate questionnaire

The median Cronbach's alpha for role clarity was (0.95), respect (0.94), communication (0.98), reward system (0.95), career development (0.97), planning and decision making (0.97), innovation (0.96), relationships (0.92), teamwork and support (0.94) and conflict management (0.93)

More than half of the sample had high scores for role clarity ($M = 38.8$), respect ($M = 19.7$) and communication ($M = 55.4$). More than one third of the sample had high scores for career development ($M = 42.5$), planning and decision-making ($M = 47.2$), innovation ($M = 21.04$) and conflict management ($M = 16.9$). Additionally, more than one-third of the sample had weak scores for the reward system ($M = 39.0$) and relationships ($M = 12.07$). In general, almost two-fifths (40.2%) of the total sample had an average score of organisational climates, with a total mean score of $M = 322.10$ (see Table 3).

3.2 Inferential Statistics

This section presents the study results associated with each of the research questions. Inferential statistical analyses techniques were used to assess the presence of correlations between organisational commitment and organisational climate. Moreover, to examine the relationship between demographic data included typical demographic questions such as age, gender, years of experience, job title, level of education, marital status, nationality and hospital with organisational commitment and organisational climate. ANOVA and t-tests were utilised to identify the differences in organisational commitment and organisational climate among participants' characteristics. Also,

correlation analysis was utilised to identify the relationship between organisational commitment and organisational climate.

3.2.1 Research question 1

The first research question is as follows: What are the effects of organisational climate and commitment on nurses in Saudi Arabian public hospitals? The results of the statistical analysis to answer this question are divided into two parts. The first part examines the effects of TCM employee commitment on participants' characteristics, and the second part examines the effects of organisational climate on participants' characteristics.

3.2.1.1 TCM employee and demographic data

The t-test showed that organisational commitment was observed as significantly correlated with gender (P= 0.037). It was also

identified that the mean commitment scores were higher in males than females. Furthermore, the t-test indicated that there were statistically significant differences between nationalities (P= 0.047) and that there were higher commitment scores for Saudi nurses (M = 80.7, SD = 21.48) than non-Saudi nurses (M = 76.7, SD = 15.9). The ANOVA test showed a significant difference among participants from the three hospitals regarding commitment (P= 0.004). It showed higher commitment scores at Al-Zulfi General Hospital, Riyadh, (M = 83.34, SD = 23.16) than the other hospitals.

However, the ANOVA test indicated that regarding age, level of education, years of experience, and job title, there were no statistically significant differences associated with nurses' commitment. Furthermore, the t-test showed that marital status was not statistically significant in correlation with nurses' commitment (see Table 4).

Table 1. Participant demographics data (N = 343)

	N	%
Age		
22–25	30	8.7
26–30	115	33.5
31–35	131	38.2
36–45	54	15.7
Above 45	13	3.8
Gender		
Male	56	16.3
Female	287	83.7
Nationality		
Saudi	143	41.7
Non-Saudi	200	58.3
Marital status		
Single	149	43.4
Married	194	56.6
Level of education		
Diploma	62	18.1
Bachelor's degree	266	77.6
Master's or doctorate degree	15	4.4
Years of experience		
Less than two years	35	10.2
2–5 years	84	24.5
5–10 years	115	33.5
10–15 years	83	24.2
More than 15 years	26	7.6
Job title		
Staff nurse	288	84.0
Head nurse	27	7.9
Nursing supervisor	24	7.0
Nursing director	4	1.2
Hospital		
King Abdul-Aziz Hospital, Makkah	107	31.2
Al-Zulfi General Hospital, Riyadh	79	23.0
King Fahd Central Hospital, Jazan	157	45.8

Table 2. TCM employee commitment score (N = 343)

Items		Score			Total Score	
		Weak	Average	High	Range	Mean ±SD
Affective Commitment Scale	N	74	225	44	6–42	24.061±6.466
	%	21.6%	65.6%	12.8%		
Continuance Commitment Scale	N	50	149	144	6–42	28.396±7.676
	%	14.6%	43.4%	42.0%		
Normative Commitment Scale	N	89	148	106	6–42	25.938±7.954
	%	25.9%	43.1%	30.9%		
TCM Employee	N	50	239	54	18–126	78.396±18.55
	%	14.6%	69.7%	15.7%		

Table 3. The organisational climate score (N = 343)

		Score			Total Score	
		Weak	Average	High	Range	Mean
Role Clarity	N	77	66	200	8–56	38.760±13.07
	%	22.4%	19.2%	58.3%		
Respect	N	71	69	203	4–28	19.714±6.912
	%	20.7%	20.1%	59.2%		
Communication	N	84	84	175	12–84	55.381±20.29
	%	24.5%	24.5%	51.0%		
Reward System	N	131	121	91	10–70	39.000±16.64
	%	38.2%	35.3%	26.5%		
Career Development	N	102	109	132	10–70	42.489±17.41
	%	29.7%	31.8%	38.5%		
Planning and Decision Making	N	96	122	125	11–77	47.212±17.85
	%	28.0%	35.6%	36.4%		
Innovation	N	107	110	126	5–35	21.049±8.761
	%	31.2%	32.1%	36.7%		
Relationships	N	126	104	113	3–21	12.072±5.402
	%	36.7%	30.3%	32.9%		
Teamwork and Support	N	186	149	8	7–49	29.457±11.28
	%	54.2%	43.4%	2.3%		
Conflict Management	N	99	121	123	4–28	16.965±6.831
	%	28.9%	35.3%	35.9%		
The Organisational Climate Questionnaire	N	83	138	122	74–518	322.10±113.4
	%	24.2%	40.2%	35.6%		

3.2.1.2 Organisational climate and demographic data

T-test showed that organisational climate was observed as significantly correlated with gender ($p= 0.003$). It was also identified that the mean organisational climate scores were higher in males than females. Also, the t-test indicated that there were statistically significant differences between nationalities ($p= 0.010$) and that there were higher organisational climate scores indicated for Saudi nurses ($M = 340.7, SD = 111.16$) than non-Saudi nurses ($M = 308.77, SD = 113.49$).

Furthermore, the t-test specified that there were statistically significant differences in marital status ($p = 0.009$), and higher scores of organisational climates were indicated for married nurses ($M = 336.12, SD = 107.43$) than

single nurses ($M = 303.84, SD = 118.76$). Also, the ANOVA test showed a significant difference among years of experience ($p = 0.001$) and identified that the mean of organisational climate scores was higher in nurses who had worked for more than 15 years ($M = 375.88, SD = 111.9$) than other nurses with different years of experience.

Furthermore, there was a significant difference among participants from the three hospitals regarding organisational climate ($p= 0.000$), and higher organisational climate scores were recorded at Al-Zulfi General Hospital, Riyadh, ($M = 374.9, SD = 101.96$) than other hospitals. Nevertheless, the ANOVA test showed no significant differences in age, level of education, and job title associated with organisational climate (see Table 5).

Table 4. ANOVA and T-test between organisational commitment and demographic data (N = 343)

Demographic data	N	TCM Employee			F or T	ANOVA or T-test		
		Mean	±	SD		Test value	P-value	
Age	22–25	30	80.233	±	18.461	F	1.318	0.263
	26–30	115	77.183	±	19.230			
	31–35	131	80.275	±	14.624			
	36–45	54	77.556	±	20.589			
	Above 45	13	69.462	±	33.701			
Gender	Male	56	83.125	±	20.118	T	2.095	0.037*
	Female	287	77.474	±	18.128			
Nationality	Saudi	143	80.748	±	21.489	T	1.993	0.047*
	Non-Saudi	200	76.715	±	15.980			
Marital status	Single	149	77.980	±	17.286	T	-0.364	0.716
	Married	194	78.716	±	19.512			
Level of education	Diploma	62	79.823	±	21.587	F	0.450	0.638
	Bachelor’s degree	266	78.259	±	17.213			
	Master’s or doctorate degree	15	74.933	±	27.380			
Years of experience	Less than two years	35	78.571	±	24.015	F	0.979	0.419
	2–5 years	84	77.345	±	17.252			
	5–10 years	115	76.626	±	19.443			
	10–15 years	83	80.373	±	14.137			
	More than 15 years	26	83.077	±	22.452			
Job title	Staff nurse	288	78.677	±	17.764	F	0.590	0.622
	Head nurse	27	77.889	±	26.645			
	Nursing supervisor	24	77.583	±	13.154			
	Nursing director	4	66.500	±	37.108			
Hospital	King Abdul-Aziz Hospital, Makkah	107	74.262	±	15.949	F	5.636	0.004*
	Al-Zulfi General Hospital, Riyadh	79	83.342	±	23.168			
	King Fahd Central Hospital, Jazan	157	78.726	±	17.010			

Table 5. ANOVA and T-test between organisational climate and demographic data (N = 343)

Demographic Data	N	The Organisational Climate Questionnaire			F or T	ANOVA or T-test		
		Mean	±	SD		Test value	P-value	
Age	22–25	30	331.300	±	82.174	F	0.827	0.509
	26–30	115	306.983	±	121.417			
	31–35	131	329.053	±	112.809			
	36–45	54	333.611	±	104.529			
	Above 45	13	316.846	±	144.528			
Gender	Male	56	363.054	±	99.414	T	2.986	0.003*
	Female	287	314.115	±	114.468			
Nationality	Saudi	143	340.755	±	111.164	T	2.596	0.010*
	Non-Saudi	200	308.770	±	113.491			
Marital status	Single	149	303.846	±	118.767	T	-2.634	0.009*
	Married	194	336.129	±	107.437			
Level of education	Diploma	62	351.742	±	107.446	F	2.628	0.074
	Bachelor's degree	266	315.902	±	114.196			
	Master's or doctorate degree	15	309.600	±	112.163			
Years of experience	Less than two years	35	339.943	±	97.358	F	5.113	0.001*
	2–5 years	84	312.381	±	116.998			
	5–10 years	115	292.661	±	120.770			
	10–15 years	83	348.373	±	93.553			
	More than 15 years	26	375.885	±	111.913			
Job title	Staff nurse	288	319.878	±	115.669	F	0.901	0.441
	Head nurse	27	339.963	±	105.586			
	Nursing supervisor	24	339.708	±	85.572			
	Nursing director	4	256.250	±	152.993			
Hospital	King Abdul-Aziz Hospital, Makkah	107	242.421	±	129.894	F	51.284	0.000*
	Al-Zulfi General Hospital, Riyadh	79	374.911	±	101.962			
	King Fahd Central Hospital, Jazan	157	349.841	±	70.863			

3.2.2 Research question 2

The second research question is as follows: What kind of correlation exists between hospital climate and nurses' commitment, and how does it affect them positively or negatively? The results demonstrated a significant positive moderate correlation between nurses' commitment and hospital climate, where $r = 0.580$ and $P\text{-value} < 0.001$ (see Table 6 and Fig. 1 below).

4. DISCUSSION

The main objective was to explore the correlation between hospital climate and nurses' commitment. A cross-sectional quantitative research method was employed to explore and assess the impact of organisational climate on nurses' commitment in Saudi Arabian public hospitals.

Discussions pertaining to the study and research findings are presented in two sections. The first section examines the effects of TCM employee commitment and organisational climate on demographic characteristics, and the second section examines the correlation existing

between hospital climate and nurses' commitment.

4.1 Demographic Factors Affecting Commitment and Organisational Climate

The primary concern of the research questions was to explore whether organisational climate and commitment influence nurses in Saudi Arabian public hospitals. As per the analysis conducted on variations in organisational commitment and climate, there is a strong correlation between gender, nationality, marital status, years of experience, and hospitals regarding these variables. The current study results indicated that males had higher organisational climate and commitment scores than females. This scenario is not different since males recorded a higher climate score when compared to their female counterparts. These results are inconsistent with findings of a previous study executed by Berberoglu [2], which addressed the links between organisational climate and participants' characteristics and found that employees' gender did not affect their perceptions of organisational climate.

Table 6. The correlation between employee commitment and organisational climate

Correlations		
		TCM Employee
The Organisational Climate Questionnaire	r	0.580
	P-value	<0.001*

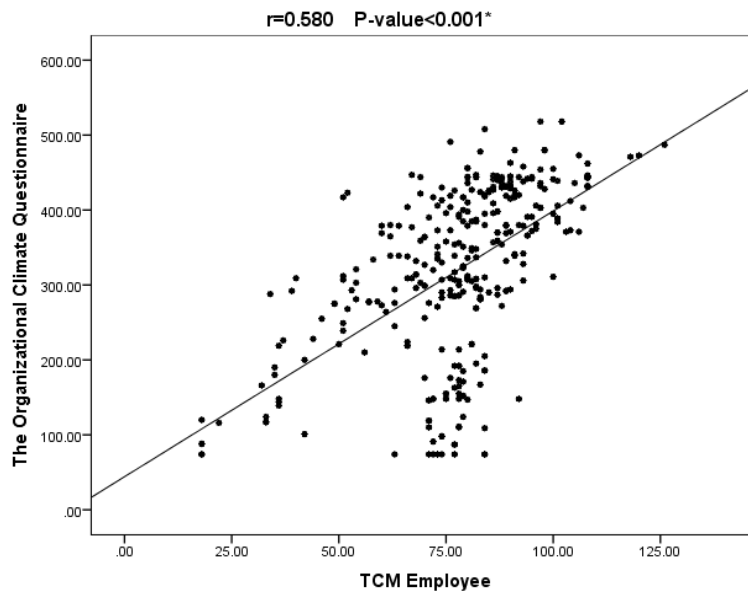


Fig. 1. The correlation between employee commitment and organisational climate

However, these results indicate that Saudi females have different perceptions than males and that each community has its own culture. The cultural beliefs that underpin this gender dimension are founded on Saudi norms. The norms dictate that the female work environment may not be gender-sensitive. Additionally, the interactions of males and females are limited, resulting in inadequate coordination and a lack of optimal guidance. Furthermore, the fact that women have more commitments than men is not highlighted. Also, women have other roles at home, including the raising of children and performing household chores, which are jobs and commitments men rarely engage in [15].

Based on years of experience, in our study, nursing practitioners who had more than 15 years of experience recorded a higher organisational climate score than others. These results are consistent with findings from other previous studies such as Moharrami et al. [5]. Also, numerous studies have shown that creating a conducive environment for nurses helps them to cope with high levels of stress in public hospitals and ensures that nurses remain dedicated to their jobs [1,8]. Furthermore, in the current study, there are no statistically significant differences associated with nurses' commitment regarding years of experience.

The study results indicate that Saudi nurses have more commitment and higher climate scores than other nationalities. Saudi Arabia nationals have an easy time adapting to the climate and environment, making it easier for them to clock high levels of commitment. An aspect that justifies a study by Asiri et al. [6], which revealed that commitment variations are consistent with nationality. A possible explanation could be that Saudi healthcare systems have different nationalities with different languages and cultures, which may lead to language barriers, cultural diversity, and, therefore, low commitment and low organisational climate scores.

Therefore, they are likely to record low commitment levels when beginning work. High commitment levels will be recorded regarding how an individual can adapt to the prevailing conditions [6].

The study findings illustrated that a married nurse was more committed than a single nurse. A married individual has more responsibility and may record higher levels of commitment because of the pressure mounted on them to make ends meet for the family. Married nurses are more

likely to improve their performance and have a high organisational commitment to getting more appreciation from their organisation. These results are inconsistent with another study by Mukhara Devi and Singh [16].

Hospitals play a role in providing a favorable climate for nurses to operate optimally. However, different hospitals provide different conditions for operation. The Commitment was recorded in Al-Zulfi General Hospital than in the other hospitals. Regarding organisational climate, King Fahd Central Hospital recorded a low mean score because of wars affecting the livelihood of the nurses. Also, King Abdul-Aziz Hospital recorded the lowest mean score, and that may be due to congested pilgrims and Umrah performers over the year.

4.2 Correlation Existing between Hospital Climate and Nurses' Commitment

To achieve the second objective of the study regarding the existence of a correlation between hospital climate and nursing commitment, findings of this study are in line with to Orgambidez et al. [17] that healthcare organisations should be mindful that a higher awareness of corporate beliefs in performance and job engagement improves affective commitment and is likely to lead to improvement of corporate image. Furthermore, to increase nurses' level of commitment, managers ought to increase job satisfaction factors such as the work itself, benefit programs, rewards, work conditions, and promotions [18]. According to Kalhor et al. [1], nurses are influenced by the continuance commitment component and impacted minimally by the normative commitment and affective commitment components.

The current study indicated that continuous commitment had the highest mean value for organisational commitment. However, the results are inconsistent when equated to another study that documented similar results, which indicated the most influencing components of organisational commitment on nurses to be normative commitment components [6]. Nevertheless, the study conducted by Bahrami et al. [19] is consistent with the current study results from those nurses who are less influenced by the affective commitment components.

Based on the findings obtained from this study, the overall organisational climate value ranged

between an average score of 40.2% and a high score of 35.6% among nurses as same as the study of Moharrami et al. [5].

In the current study, three dimensions (role clarity, respect, and communication) of nurses' positive perception concerning organisational climate were assessed. Bahrami et al. [19] also supported the same as in this study that, nurses receive a sense of satisfaction when their role is clarified, their work is recognized and excellent communication and respect is accorded between the nurses themselves and their supervisors. A further study by Berberoglu [2] stated that when employees take full responsibility for their jobs, they can take initiatives, which contributes to their commitment and perceptions. Studies have proved that a healthy work environment in the nursing workplace is achieved by effective communication and maintaining a respectful work environment that requires the participation of nurses in decision-making, which leads to improvement in professional autonomy in nurses [20,21].

Our second objective of the study was achieved as the significant positive moderate correlation between nurses' commitment and hospital climate, where $r = 0.580$ and $P < 0.001^*$. The significant correlation between organisational climate and commitment was consistent with the reported results from a study conducted by Moharrami et al. [5], which documented a discovery that revealed the existence of a direct and significant correlation between organisational environment and employee commitment to their organisation. Similarly, Kılıç and Altuntaş [22], as well as Kalhor et al. [1], stated that there was a significant relationship with organisational engagement when the overall effect of organisational environment on nurses was assessed. The research suggestions of Abou Hashish [23] are also in favor of research that perception of overall work climate was directly and significantly correlated with perceived organisational commitment.

It is well documented that nursing commitment and performance are related to the organisational environment, which is recognized as a critical component in providing high-quality healthcare [8]. Similarly, organisational commitment could be raised by managers by keeping engage in nursing more extensively. [19] In the same way, the motivation and well-being of nurses could be enhanced in the light of a positive organisational climate [5].

5. CONCLUSION

The current research was conducted to check the impact of organisational climate on nurses' commitment to the Saudi Arabian public from this study, it is evident that nurses are significantly influenced by the continuance commitment component and communication dimension. The correlation between commitment and climate is based on high commitment when the climate is favourable and comfortable, and low commitment when the climate is wanting and unfavourable. Therefore, for efficient nursing operations in a healthcare facility, the organisational climate must be optimized to match the needs of nursing practitioners. Improving organisational climate leads to an increase in nurses' commitment. Furthermore, it is essential to maintain good communication among seniors and juniors in the hospital staff. Thus, it is necessary for public hospitals to improve and enhance their infrastructure.

6. SUGGESTIONS AND RECOMMENDATIONS

Overall, the results suggest that hospital administrators and nurse managers should pay careful attention to the organisational environment to increase organisational commitment among nurses. Nurse managers can improve the nursing work climate by using effective leadership styles and promising strategies such as increasing nursing staff involvement in decision-making. There is suggested a free way of communication for nurses. It is suggested that providing professional learning programs that educate nurses on cultural diversity (gender and nationality) relevant to healthcare. The development of social skills to interact respectfully with people from various cultures is the aim of these programs. This would support the enhancement of the organisational commitment of non-Saudi nurses and female nurses in the Saudi health system.

7. RESEARCH LIMITATIONS

Through the fulfilment of this study, several limitations were identified related to study execution and data analysis. We faced difficulties in reaching an adequate number of participants due to the responsibilities of nurses regarding their field. Also, the considerable workload and stressful situation of the COVID-19 pandemic could affect participants' responses. Also, these results are limited to the selected cities.

CONSENT AND ETHICAL APPROVAL

Following the principles of ethical research from the Belmont Report (1979), respect for individuals, justice and beneficence occurred (Polit & Beck, 2017). Observing the Belmont Report and maintaining the privacy, respect and confidentiality of nurses are vital.

The study was obtained from Umm Al-Qura University Institutional Review Board (IRB) and the General Director for Research and Studies (GDRS) from the Ministry of Health, Makkah. Recruitment information and informed consent were sent electronically to all potential study participants through Google Forms.

The data that were collected during the study were stored in a secure file on a computer. During the research process, all computers were password protected and only authorised people were allowed access to the research data.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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