The factors related to health administration with mediating role of organizational commitment

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Background: A large company is a complex organization, in which the process of work and attention to users depends on the combination of knowledge from different professional categories. The purpose of this study was to examine administrative health in a company based on organizational variables with respect to the mediating role of organizational commitment.

Method: This was a mixed method study including qualitative and quantitative methods. The statistical population consisted of two groups, namely experts (including 24 professors) and managers including deputies and employees (n = 820). The sample size was determined to be 262 people selected using the stratified simple random sampling method. In the first stage, collecting qualitative research data, meta-synthesis method was used to develop a model. To pursue the research purpose, four-step method was used: arrange the research questions, systematic search of texts, select the right articles, text Information Extractor. Data were analyzed using path analysis by AMOS software.

Results: The results showed a significant predictive effect of factors related to administrative and mental health on administrative health with respect to the mediating role of organizational commitment (P-value <0.05).

Conclusion: There is a relationship between factors related to administrative health with respect to the mediating role of organizational commitment in the selected company.

Introduction

One of the foundations of development in any society is the administrative system and its management. Obviously, a desirable and efficient administrative system facilitates and paves the way for achieving the goals of development programs because the administrative system of each country is the system that regulates all activities to achieve pre-determined goals (1).

Without a healthy administrative system, society will fail to meet its needs and goals, that is, to develop administrative system policies to promote organizational commitment/spirituality. By observing the prevailing administrative principles and rules and according to the pre-designed administrative order, an administrative system can perform its duties well to achieve a healthy organization (2).

The general policies of an administrative system cover a variety of topics, including the institutionalization of organizational culture, justice-oriented, meritocracy, organizational commitment, workplace spirituality, knowledge-oriented in various organizational and individual areas, organizational agility, flexibility, effectiveness and efficiency of processes, development electronic administrative

system, superior service delivery, transparency and awareness-raising about people's rights through the transmission of correct information, law-abiding and dissemination of administrative/social responsibility culture, the institutionalization of work conscience, efficiency and coordination of structures and methods of monitoring and controlling the administrative system, supporting innovation and Initiative and dissemination of the culture of continuous improvement, promotion of administrative system health and growth of ethical values have been emphasized (3, 4).

According to the latest statistics from the International Organization for Administrative and Mental Health, Iranian administrative organizations saw a significant decline in the components of administrative and mental health in 2002-2013, including indicators of responsibility and accountability, office hours, compliance, a large number of laws, bribery, and Respect for the clients, ranked 143rd in the world (5). These statistics and information and the shortcomings of the administrative system show that administrative and mental health, along with accountability and commitment, have been neglected in our country. (6, 7).

Economic causes also refer to the infrastructure of a country's economic system and administrative flow, which facilitate the transparency and health of the administrative system as much as possible, both at the macro and micro levels. Finally, social and personal causes have always been among the most important underlying causes of corruption or administrative and mental health. In this regard, an important factor is to alleviate individual and social problems in society. Nevertheless, problems such as psychological, cultural, and educational causes can be considered in this regard (8).

A study showed that the component of "observance of organizational justice", a subset of "structural/managerial" factors, had the greatest impact on organizational commitment. They also found that compliance with organizational justice has significantly impacted the organizational commitment of specialized staff in petrochemical companies located in the Asaluyeh region (9). Also, organizational trust has a significant positive effect on organizational commitment through variable organizational participation (10).

In study examined the relationship between some ethical and administrative variables and mental health. According to the results, organizational planning can be facilitated to increase administrative and mental health by using ethical indicators (including moral intelligence, ethical leadership, work ethic) effective in creating an ethical atmosphere (11). In other study, the results showed that contentious personality has the greatest effect on the occurrence of organizational suspicion and reduces administrative and mental health and interactional justice has the greatest effect on reducing suspicion and increasing administrative and mental health (12). Transparency should be maintained at all stages of the work, including documentation and decision-making, and that all decisions and documentation should be transparent and informed at various levels (13).

The results showed a positive correlation between job satisfaction and organizational commitment. Also, individual attitudes toward the job have been shown to help build commitment, satisfaction, and especially organizational citizenship behavior (14). A study analyzed the relationship between the risk of poverty and administrative and mental health in 31 European countries. The results showed that social crises led to a decline in administrative and mental health at various levels, such as economics, politics, and society. It was also found that public spending led to a decline in administrative and mental health. With the growth of powerful political groups in these countries

and public spending on development, administrative health has declined in favor of certain groups (15).

This study aimed to design an effective administrative health model based on spirituality and organizational commitment with the approach of administrative system policies in National Iranian oil products Distribution Company (NIOPDC).

Method

This was an applied research study in purpose, descriptive-correlation in nature, and mixed (qualitative and quantitative) in methodology. The statistical population consists of two groups: first, 224 experts, 14 academic experts and 10 human resources specialists of the oil company, selected as a sample by homogeneous purposive sampling. 6 women and 18 men participating in the quality department have a doctorate degree (public administration with an area of interests of transformation and human resources, media management, cultural management) with a work experience of 5-30 years. Second, Managers, including deputies and employees of NIOPDC (n = 820). The sample size was determined to be 262 according to the Cochran formula, selected using the stratified simple random sampling method. To pursue the research purpose, four-step method was used (16).

Step 1: Arrange the research questions

In the first step, meta-synthesis, the basic questions were first asked and answered to determine the scope of work. Therefore, only tasks should be included in the study that had mainly attempted to identify and examine the factors influencing administrative health and organizational commitment. Numerous studies have examined the effect of various personal, personality, and occupational factors affecting administrative health; Therefore, a more comprehensive study was naturally considered in this study (Table 1).

Table 1. Determining research questions

Component	Qualitative research questions of meta-synthesis
What (work)	Identifying the elements, components, indicators, and concepts in the occupational health and commitment literature
Who (studied population)	Various works, including books, articles, and chapters, which have mainly attempted to describe and identify the factors and components of administrative and mental health
When (time limit)	All work in 2000-2016 and 2008-2016 until the time of research
How (method)	Thematic review of tasks, identification and recording of key points, analysis of concepts, categorization of identified concepts and categories

Step 2: Systematic search of texts

This step included selecting eligible studies to undergo meta-synthesis and determining inclusion and exclusion criteria. In this step, the researchers focused their systematic search on articles published in various journals and identified keywords (Table 2).

Table 2. Keywords used in resource search

Keyword	Keyword
Organizational Commitment	Conflict Management
Administrative system policies	Employees Perceptions
Loyalty	Commitment
Emotional commitment	Administrative health
Organizational Trust	Quality of work
Honest leadership	Job Satisfaction

Step 3: Select the right articles

Of the 47 sources studied, 31 were in English and 16 were in Persian. The small number of Persian sources could be attributed to the lack of work in this field

according to the purpose of the present study. Many Persian and English research studies had quantified the issue of integrated administrative and mental health and individual commitment, which had diverted them from the goal of meta-synthesis, focusing on qualitative studies.

Step 4: Text Information Extractor

In this step, research studies were categorized in a checklist, and the components used by each researcher for administrative and mental health are determined. Then, 1 is placed in front of each component used by each researcher in their research. Then, the total points of each component were calculated. Components with a total score of 6-12 will be selected as the main components. Semi-structured interviews were compiled based on selected key components. (Note that other researchers have examined the variable in question using different or similar components. Then, a checklist of research components has been compiled and finalized based on the total scores obtained) (17). This had one advantage: it enhanced the value of the work by referring to various research studies and helped the researcher to a better and more focused analysis of the components in question. In this study, components of social and human caused, economic causes, information-technological causes, and structural causes were extracted from several research studies (Supplement 1, 2). In the quantitative part, data were collected by means of a questionnaire. The questionnaire of this section was developed based on the results obtained by the researcher in the qualitative section (Table 3).

Content validity ratio (CVR) was used to assess the validity of the questionnaire by seeking expert opinion on each item. Twenty people participated with the researcher as a rater. Validity is calculated

Table 3. Research questionnaires

Main component	Sub-component	Indices	Frequency
Administrative health	Structural causes	7	10.6
	Information-technological causes	9	13.63
	Economic causes	4	6.06
	Social-behavioral causes	4	6.06
	Content causes	4	6.06
	Adherence to ethical values	3	4.54
Commitment	Affective commitment	3	4.54
	Continuance commitment	4	6.06
	Social commitment	7	10.6
	Responsible commitment	3	4.54
	Normative commitment	3	4.54

as follows:

$$CVR = \frac{n_e - \frac{N}{2}}{\frac{N}{2}}$$

(1)

where n_e was the number of specialists who responded to the "necessary" option and N was the total number of specialists participating in this validity study. According to the calculations, the obtained coefficients were more than 0.42; therefore, the validity of the sub-components of the questionnaire was confirmed. Cronbach's alpha coefficient was used to evaluate the reliability of the quantitative questionnaire. Reliability was above 0.7 in all, indicating internal consistency of items and confirmation of reliability.

Data were analyzed using path analysis by AMOS software.

Results

The path analysis chart between factors related to administrative health and administrative health mediated by organizational commitment is shown in figure 1. Statistical analyses and the results of regression analysis and standardized coefficients showed that factors related to administrative and mental health have a significant predictive effect on administrative health due to the mediating role of organizational commitment, with an error rate of less than 5%. To explain this finding, the impact of structural causes, information-technological causes, economic causes, social-behavioral causes, content causes and ethics-based on administrative and mental health was examined. The development of any of these factors can help improve administrative health. These factors examine a set of dimensions, ranging from the structural dimensions to the content dimensions of the organization, such as justice and ethics.

Therefore, they can examine the complete set of process and structural functions of the oil company in administrative and mental health functions. Thus, a certain level of transparency and accountability can be explored in the form of administrative health. Based on this, the level of inner satisfaction of individuals is determined. This is confirmed by the empirical background and analysis of the studies of 9, 12. This is because administrative and mental health is defined by general dimensions, such as staff, structure, and organizational content (such as management style), and organizational processes (such as structures). These factors in themselves can lead to greater agility when ethical approaches are institutionalized in the form of organizational (behavior) commitment in the cultural layers and value-oriented of the organization and force people to pursue organizational goals. Under these conditions, the relationship between this set
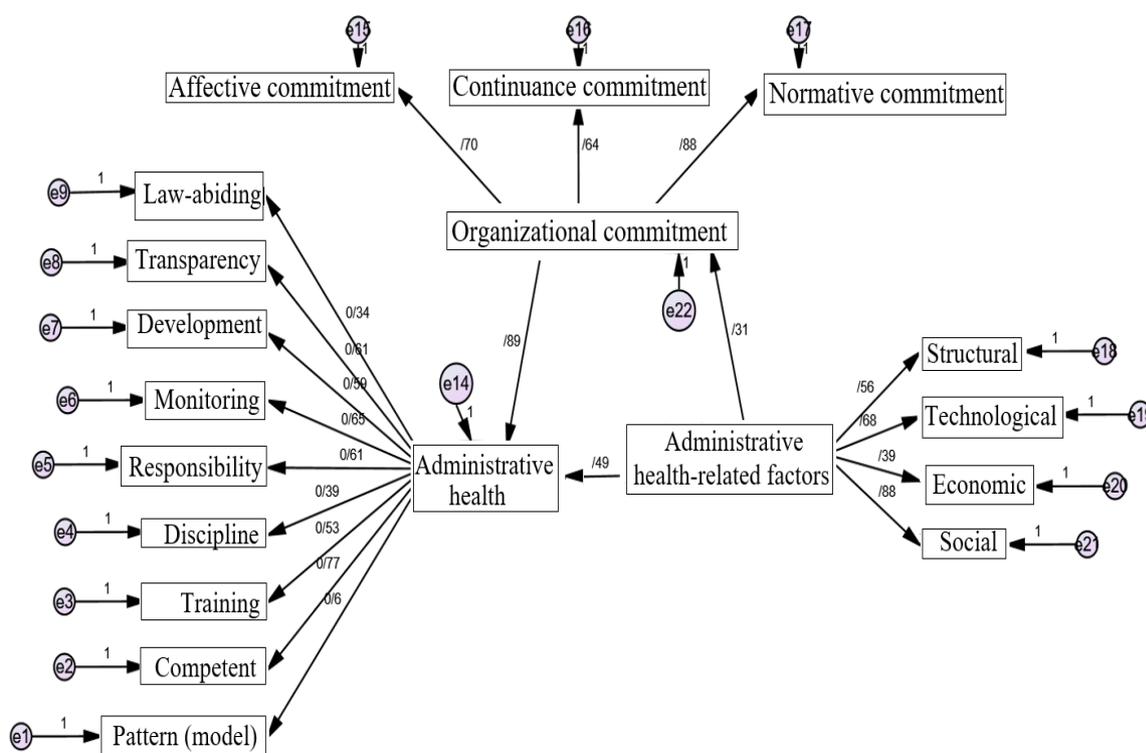

Figure 1. Path analysis chart between factors related to administrative health and administrative health mediated by organizational commitment

of factors and administrative and mental health will be significantly more effective, leading to more dynamic behavioral and responsible employee performance in the company's administrative and mental health.

According to (Table 4), in the above model (Figure 1), RMSEA, χ2/df, GFI, AGFI, CFI, NFI, TLI, and IFI are 0.046, 1.904, 0.918, 0.901, 0.973, 0.930, 0.928, and 0.963, respectively. According to the presented indicators, the model generally has a good fit.

Table 4. Path analysis model fit indices

Index	The optimum level of statistic	Reported value
RMSEA	≤ 0.08	0.046
χ2/df	<3	1.904
GFI	≥ 0.90	0.918
AGFI	≥ 0.90	0.901
CFI	≥ 0.90	0.973
NFI	≥ 0.90	0.930
TLI	≥ 0.90	0.928
IFI	≥ 0.90	0.963

Table 5. Summary of the Bootstrap model between factors related to administrative health and administrative health considering the mediating role of organizational commitment

Variable	Standardized coefficients	t-statistic	P-value
Factors related to administrative health and administrative health considering the mediating role of organizational commitment	0.31, 0.89	11.599	0.007

According to (Table 5), the results of bootstrap and standardized coefficients indicate the significant predictive effect of administrative health-related factors on administrative health with respect to the mediating role of organizational commitment (P-value <0.05). Therefore, H0 is rejected. It can be concluded that there is a relationship between factors related to administrative health and administrative health with respect to the mediating role of organizational commitment.

Discussion
According to statistical analyses, results of regression analysis, and obtained standard coefficients, organizational spirituality had a significant predictive effect on organizational commitment and there was a significant relationship between organizational spirituality and organizational commitment in the NIOPDC.
The obtained results indicated that work spirituality could include a set of mental, organizational, and cultural ethics that improve organizational commitments. Organizational commitment is indeed an orientation that links the employee's identity to the company. In organizational commitments, employees consider organizational objectives as their identity and are attached to these goals. According to these findings for NIOPDC, spiritual dimensions of the organization have promoted the function level of employees' organizational commitment based on the individual, organizational, and cultural values. In other words, the relationship between organizational spirituality and commitments stems from the spiritual approaches of employees, which can be individual/mental, group/organizational, and social/cultural approaches. This finding was consistent with the results of many relevant studies.
According to results obtained by Kumer, Malik, Weiner, and Karakas (18-21), an increase in spirituality led to an increase in

organizational commitment. Moreover, Rezaiemanesh et al. (22) proved the effectiveness of spirituality in the workplace in improving the organizational commitment of managers and employees. On the other hand, workplace spirituality affected the improvement of emotional commitment and normal commitment of managers and employees working in the airport. However, spirituality did not affect their permanent commitment, so there was not any significant relationship between these two variables.

It was found that organizational spirituality had a significant predictive impact on organizational health. Hence, there is a significant relationship between organizational spirituality and organizational health in NIOPDC.

The higher the spirituality in the Oil Company, the higher the ethical functions and the higher the level of organizational health will be. The aforementioned improvements lead to promotion in transparencies and accountability in form of authorities, as well as individual and organizational responsibilities. It should be noted that the Oil Company has institutionalized the perceived spirituality in the organizational layers and structures. In this case, this company could improve organizational health, which is a key factor for the successful presentation of high-quality services. Organizational health not only includes the organization's ability to do tasks effectively but also covers its capability to boost and improve performance. Accordingly, higher spirituality leads to developed organizational health and increased pragmatic structures of the organization under the framework of institutionalized ethical values. This result was in line with findings obtained from studies conducted by Milliman, Huntington, Derafsh and Golshanpour, and Razi et al. (23-26).

According to statistical analyses, the organizational commitment had a significant predictive effect on organizational health. Therefore, there was a significant relationship between organizational commitment and organizational health in NIOPDC.

It must be explained that organizational health depends on the health of employees within the management literature. However, there has been a gradual variation in using words moving from individuals' health towards the health of managerial procedures, leadership, confidence, mutual support, social responsibility, effectiveness, etc. This finding was matched with results obtained by Newstrom, Rahimi et al. (27, 28).

The obtained statistical analyses indicated the significant predictive effect of organizational health-associated factors on organizational health regarding the mediating role of organizational spirituality.

It can be explained that qualitative analyses examined the effect of structural, technology, and information (IT), economic, social, behavioral, content, and ethical factors on organizational health. The factors mentioned above cover a full set of procedural, content, and structural functions of the Oil Company in the performance of organizational health. These factors examine various dimensions from structural properties to content features of the organization (e.g., justice and ethics). The mentioned factors expand the transparency and accountability by meeting some inter-organizational individual expectations to provide high-quality services for citizens and clients. In this case, the stability of the firm will be increased in the changing environment. Malik and Basharat (19) approved the positive association between organizational spirituality and organizational health. They introduced organizational spirituality as a factor associating with the factors affecting organizational health (justice and equality). Moreover, Daneshfard, Ravesh, Heyidari, Parnell et al. found a direct relationship between dimensions of organizational commitment, organizational health, and other factors such as job satisfaction. The

reviewed relevant studies indicated the theoretical adjustment between the results of the present study and other researches (29-32).

The statistical analyses showed the significant predictive effect of factors related to organizational health on this variable by considering the mediating role of organizational commitment.

It can be explained about this hypothesis based on the qualitative analyses and description of the previous hypothesis that the effect of some factors (e.g., structural, IT, economic, social and behavioral, content, and ethical factors) on organizational health was examined. The obtained results indicated the effectiveness of the aforementioned factors in developing organizational health. These factors cover a full collection of procedural and content-structural procedures in organizational health performances of Oil companies since these factors examine a set of factors from structural to content dimensions (e.g., justice and ethics). These factors investigate a certain level of transparency and accountabilities in the frame of organizational health to find whether the inner consent of individuals is optimal.

The previous studies conducted by Miles and Newstrom, (27, 33) approved this hypothesis because organizational health is defined by some factors, including employees, organizational structure, and content such as management style and organizational procedures like structures. The role of commitment can be assessed by evaluating the behavioral factors of the organization. However, commitment will play a more effective role if these commitments convert a certain level of ethical and commitment values to performance and behavioral health. In this way, commitments can improve the level of qualities and competencies. This result was consistent with findings obtained by Sohrabi, Donaldson, Poursoltani (14, 34, 5).

Note that a more specific level of health-oriented performance will be formed in the organization if individuals trust the organizational layers and structures and perceive justice and equality, guaranteeing organizational commitment. Organizational commitment is the individual's commitment to the job and the organization, whether affective, normative or behavioral continuity and his efforts to achieve it in the best possible way. The role of commitment can be measured in the form of behavioral evaluation of the organization. It will be more effective when these commitments translate a certain level of ethical and committed values into functional and behavioral health and help improve quality. The results obtained in this section are consistent with those who confirmed the results of this research study (17, 11). The findings showed that the dimensions of administrative and mental health, necessary for success in organizational areas, should be changed and modified by changing the process and content layers relying on strategic support to enhance effectiveness by ensuring transparency and transparent organizational functions. Based on the results obtained, organizational commitment was a facilitating function. The oil company can use it to help increase the level of administrative and mental health by implementing training programs and motivating employees to significantly improve their administrative and mental health.

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