Comparing Organization Commitment, Life Expectancy and Mental Health among Nurses and Ordinary People in Zabol

[1]Maryam Noorzehi and [2]Hossein Jenaabadi
[1]Department of Psychology, Islamic Azad University, Zahedan Branch, Zahedan, Iran
[2]Department of Education, University of Sistan and Baluchestan, Zahedan, Iran

Abstract: This descriptive-correlational study was conducted to compare organizational commitment, life expectancy and mental health of nurses and ordinary people in Zabol. To this end, 168 nurses (105 females and 63 males) and 168 ordinary individuals (68 females and 100 males) were selected through applying random sampling method. In the current study, three questionnaires including General Health Questionnaire (GHO-28), Life Expectancy Scale and Organizational Commitment Questionnaire were used to collect data. Moreover, subjects' demographic information was also obtained. The collected data was statistically analyzed using Pearson correlation coefficient and independent t-test. Results of the present study indicated that there was a diverse significant relationship between scores on mental health and life expectancy. However, no significant relationship was found between mental health and organizational commitment of nurses in Zabol. Moreover, no significant correlation was observed among mental health, life expectancy and organizational commitment of ordinary people in Zabol. There was a significant difference between nurses and ordinary people considering their organizational commitment, i.e., mean score of ordinary people on organizational commitment was higher than that of nurses, demonstrating that ordinary people were more committed to their work. Additionally, there was a significant difference between nurses and ordinary people with regard to their mental health, i.e., ordinary people's mean score on mental health was lower than that of nurses, indicating that nurses had higher levels of mental health. However, no significant difference was found considering mean scores of nurses and ordinary people in Zabol on life expectancy.

Key words: Organizational commitment, life expectancy, mental health, nurses, Zabol

INTRODUCTION

One of the most significant spheres of sustainable development of health in human societies is the healthcare sector that is directly associated with human health and plays a key role in maintaining and restoring health in human societies. Health issues, since the dawn of mankind have been discussed in various centuries and ages. However, whenever, it was mentioned, its physical dimension was generally considered and its mental dimension was less noted (Hervabadi and Marbaghi, 1996).

Mental health is the prevention of mental disorders. Prevention in its broadest sense, entails the creation of factors and conditions that complement a healthy and normal life and therefore mental disorders treatment can be considered as a part of these conditions (Jayasvasti, 2005).

Job burnout is a three-dimensional psychological syndrome and includes emotional exhaustion (i.e., a general feeling that one has lost his/her emotional power and is unable to interact with patients), depersonalization (i.e., conducting cruel and heartless behaviors towards colleagues and patients, having a negative attitude toward them and perceiving people as non-human objects) and lack of personal success (i.e., having a negative perception of his/her occupational efforts and considering that he/she had no progress in his/her career) (Lambert and Lambert, 2001).

Nurses as health care providers, are required to meet patients' needs and this will be possible when they work 24/7 (Madide, 2003). Mental and physical health of nurses are decisive factors in decreasing or increasing the quality and quantity of work efficiency and nurses' shifts are directly associated with their performance in taking care of patients. Moreover, nurses' irregular sleep schedule and reduced sleep duration are related to a decrease in their job performance (Kolgry, 1997).

According to the findings, occupational accidents and errors and job burnout are higher among nurses who work at night, compared to those who work morning and afternoon shifts (Potter and Perry, 2005). Certainly, nurses

Corresponding Author: Maryam Noorzehi, Department of Psychology, Islamic Azad University, Zahedan Branch, Zahedan, Iran

who do not have a good general health are not able to properly take care of patients and provide healthcare services such as supporting patients physically and psychologically. This increases the risk of occupational accidents and errors and has various consequences for patients and nurses (Soleimany *et al.*, 2008).

Applying human resources committed to an organization, besides reducing absences, delays and displacements, manifests transcendental organizational goals and aids people to achieve their personal goals (Taejo, 2010). In this regard, organizational commitment in hospital staff, attempting to produce a product known as protection, restoration and promotion of human health is of great importance (Han *et al.*, 2009).

In a study conducted by Abbaszadeh *et al.* (2013), examining organizational commitment and its dimensions among nurses working in hospitals of Shiraz University of Medical Sciences, results indicated that nurses' organizational commitment was at an average level.

Hamid and Dehghanizadeh (2012) carried out a study to investigate the relationship of spirituality, organizational commitment and general health with job performance in clinical nurses and concluded that spirituality, organizational and general health significantly predicted job performance (p<0.001). The most significant and positive correlations were respectively between spirituality and organizational commitment (r = 0.71), job performance and spirituality (r = 0.69) and job performance and organizational commitment (r = 0.68). Moreover, there were significant and positive relationships between spirituality and organizational commitment, spirituality and job performance and organizational commitment and job performance. To explain these results, it can be stated having spirituality in the workplace can lead to various advantages including increasing creativity, trust and sincerity, enhancing the sense of personal development and organizational commitment, improving staff's job attitudes, reducing desire to leave the workplace, enhancing morality, work ethic and motivation and ultimately increasing job performance which are all mentioned in the previously conducted studies.

Mohammadi *et al.* (2010) conducted a study to compare mental health and life expectancy of employed and unemployed women in West Azerbaijan. Results of t-test revealed that no significant relationship was observed among life expectancy, anxiety and somatic symptoms of employed and unemployed women. However, considering social function, the difference was significant.

In another study, Khaghanizadeh *et al.* (2006), examining the level of mental health of nurses working in hospitals affiliated to Tehran University, demonstrated that mental health of 43 and 57% of subjects was respectively symptomatic and asymptomatic. Moreover, results indicated that mental health was not related to demographic characteristics such as marital status, number of children and satisfaction with economic status. However, mental health was significantly correlated with years of experience, overtime and shift work.

In a study carried out by Ghahramani and Nadi (2012) on examining the relationship of religious-spiritual components with mental health and life expectancy in staff of Shiraz state hospitals, results revealed that components of existential well-being, motivation for worship, adjustment and mental health were significantly correlated with life expectancy (p<0.01). Additionally, all religious-spiritual components were significantly related to mental health. Results of stepwise regression analysis indicated that in the first step, motivation for worship with the coefficient of determination of 5% and in the second step, motivation for worship together with mental health with the coefficient of determination of 6.4% and in the third step, motivation for worship together with mental health and existential well-being with the coefficient of determination of 9.1% and in the fourth step, motivation for worship together with existential well-being with the coefficient of determination of 8.9% had multiple significant relations with life expectancy.

Findings of Nakao *et al.* (2003), entitled "relationships between work-related stress, depression symptoms and lifestyle of nurses" conducted in Japan (Yamaguchi) on 946 female nurses working morning shifts and rotating shifts in a state hospital, showed that the level of stress of nurses working rotating shifts was higher than that of nurses working morning shifts. In addition, depression symptoms and tendency towards smoking were higher among nurses who work rotating shifts, compared to the other group; however, nurses who worked constant morning shifts were more eager to exercise, especially those who were in the middle age group. On the other hand, there was a positive correlation between depression symptoms and life style of nurses who work rotating shifts.

In this regard, the present study aimed to examine and compare organizational commitment, life expectancy and mental health of nurses and ordinary people in Zabol. The main objective of the current study was to answer this question: is there any significant difference between nurses and ordinary individuals considering their organizational commitment, life expectancy and mental health?

Research questions:
- Is there any significant relationship among organizational commitment, life expectancy and mental health of nurses in Zabol?

- Is there any significant relationship among organizational commitment, life expectancy and mental health of ordinary people in Zabol?
- Is there any significant difference between nurses and ordinary people in Zabol considering their organizational commitment, life expectancy and mental health?

MATERIALS AND METHODS

This was a descriptive-correlational study. The statistical population included 300 nurses working in Imam Khomeini, Amir Al-Momenin and Social Security hospitals in Zabol, among whom 168 nurses were selected through using Cochran's method of determining the sample size and applying random sampling method. Since, the current study was a comparison research, 168 ordinary individuals working in Imam Khomeini Relief Committee, department of education, municipality, social security office and the like were also examined.

Data collection tools
The General Health Questionnaire (GHQ-28): This questionnaire was developed by Goldberg (1978) to identify non-discrete mental disorders. In normal population, the GHQ is used to detect minor mental disorders. Due to its widespread application, it has been translated into 36 different languages. It includes 28 items and 4 subscales, each including 7 items. These subscales are somatic symptoms, anxiety symptoms and sleep disorders, social dysfunctioning and depression symptoms. In a study, the GHQ-28 was conducted on 1083 high school students in Hong Kong. The mean age of the subjects was 15 years old. In this study, alpha coefficients of somatic symptoms, anxiety symptoms, social dysfunctioning and depression symptoms were 0.67, 0.71, 0.59 and 0.75, respectively (Cheung and Spears, 1994).

Organizational commitment questionnaire: This questionnaire was developed by Allen and Meyer (1990) and has two main parts. The first part includes demographic characteristics and the second part includes 24 items used to assess three dimensions of organizational commitment. Items evaluating each dimensions are separated from the items related to the other two dimensions. Sabbaghian (2005) evaluated reliability coefficients of this questionnaire and reported that reliability coefficients of emotional, normative and continuous dimensions were respectively, 0.85, 0.79 and 0.83. Items of each subscale:

Table 1: Frequency distribution of respondents

| Groups | Gender (%) | | Total |
	Male	Female	
Nurses	63 (48)	105 (51)	168
Ordinary people	68 (52)	100 (49)	168
Total	131 (100)	205 (100)	336

Table 2: Frequency distribution of respondents' level of education

| Groups | Level of education (%) | | | Total |
	Associate degree	BA	MA	
Nurses	0 (0)	150 (54)	18 (66.7)	168
Ordinary people	29 (100)	130 (46)	9 (33.3)	168
Total	29 (100)	280 (100)	27 (100.0)	336

Table 3: Descriptive indicators related to respondents' age

Groups	N	Min.	Max.	Mean	SD
Nurses	168	24	49	32.93	5.511
Ordinary people	168	23	59	31.77	6.154

- Emotional subscale: 1-4-7-10-13-16-19-22
- Continuous subscale: 2-5-11-14-17-20-23
- Normative subscale: 3-6-9-10-11-17-20 (Allen and Meyer, 1990)

Life expectancy scale: This scale entails 33 items designed based on a Likert-type scale (always, sometimes, never). The maximum score is 99. Higher scores represent high levels of life expectancy. Cut-off points of life expectancy are as follows:

Scores lower than 49.5 indicate low life expectancy, scores from 49.5-65 indicate average life expectancy and scores from 65-99 indicate high life expectancy (Hallajian, 2009). Reliability correlation of this scale was obtained 0.88.

Descriptive indicators of research variables: Table 1 indicates the frequency distribution of both groups, nurses and ordinary people. As demonstrated, 131 respondents were male including 63 nurses (48%) and 68 ordinary people (52%). Moreover, 205 respondents were female, including 105 nurses (51%) and 100 ordinary individuals (49%).

Table 2 indicates the frequency distribution of level of education of both groups, nurses and ordinary people. As demonstrated in this table, 29 respondents had associate degrees. All of these 29 individuals (100%) were in the group of ordinary people. Additionally, 280 respondents had BA degrees, including 150 nurses (54%) and 130 ordinary people (46%). Moreover, 27 respondents had MA degrees, including 18 nurses (66.7%) and 9 ordinary individuals (33.3%).

Table 3 presents the descriptive indicators related to respondents' age placed in groups of nurses and ordinary people. The minimum and maximum age in the group of

Table 4: Descriptive indicators related to subscales of mental health and organizational commitment

Variables	Subscales	Groups	N	Mean	SD
Mental health	Somatic symptoms	Nurses	168	10.91	5.358
		Ordinary people	168	8.06	3.890
	Anxiety symptoms	Nurses	168	9.51	5.564
		Ordinary people	168	7.68	4.914
	Social dysfunctioning	Nurses	168	10.83	4.080
		Ordinary people	168	10.54	3.927
	Depression symptoms	Nurses	168	11.24	3.837
		Ordinary people	168	11.30	3.950
Organizational commitment	Emotional	Nurses	168	25.21	4.726
		Ordinary people	168	27.70	5.219
	Continuous	Nurses	168	25.58	4.904
		Ordinary people	168	25.54	4.059
	Normative	Nurses	168	25.43	3.741
		Ordinary people	168	26.04	3.772

Table 5: Descriptive indicators, examining the normality of main variables of the current study

Variables	Groups	N	Mean	SD	K-S	Significance of K-S
Mental health	Nurses	168	42.49	10.506	1.320	0.061
	Ordinary people	168	37.57	9.114	1.132	0.154
Life expectancy	Nurses	168	62.83	4.486	1.312	0.072
	Ordinary people	168	62.79	4.430	1.145	0.128
Organizational	Nurses	168	76.21	10.891	0.903	0.389
commitment	Ordinary people	168	79.27	11.222	1.042	0.227

nurses were 24 and 49 years old, respectively and for the group of ordinary people, they were respectively, 23 and 59 years old. In addition, the mean age of respondents in both groups were almost alike.

Table 4 indicates mean and standard deviation of both groups' scores on subscales of mental health and organizational commitment. As demonstrated in this table, considering somatic symptoms and anxiety symptoms, subscales of mental health and emotional commitment, a subscale of organizational commitment, mean scores of nurses and ordinary individuals are unequal. With regard to other subscales, mean scores of these two groups are almost equal.

Table 5 presents mean and standard deviation of mental health, life expectancy and organizational commitment in nurses and ordinary people. As demonstrated in this table, the normality of scores related to these three variables were examined. In all cases, the significance of Kolmogorov-Smirnov statistic is >0.05, indicating that scores on these three variables are normally distributed. Therefore, parametric statistical tests can be applied to test the research hypotheses.

RESULTS

First hypothesis: There is a significant relationship among organizational commitment, life expectancy and mental health of nurses in Zabol.

Table 6 indicates correlation coefficient among organizational commitment, life expectancy and mental health of nurses in Zabol. As demonstrated in this table, Pearson correlation coefficient between life expectancy and mental health is -0.269 that is significant at the $p<0.01$ level. Therefore, the null hypothesis, claiming that there is no significant relationship between these two variables,

Table 6: Correlation coefficient among organizational commitment, life expectancy and mental health of nurses in Zabol

Variables	Parameteres	Life expectancy	Organizational commitment
Mental health	Pearson correlation coefficient	-0.269	0.145
	Significance	0.0010	0.061
	N	168.00	168.0

Table 7: Correlation coefficient among organizational commitment, life expectancy and mental health of ordinary people in Zabol

Variables	Parameteres	Life expectancy	Organizational commitment
Mental health	Pearson correlation coefficient	-0.056	0.077
	Significance	0.4740	0.321
	N	168.00	168.0

is rejected and the research hypothesis is confirmed, i.e., there is a diverse significant relationship between mental health and life expectancy.

Moreover, results show that Pearson correlation coefficient between mental health and organizational commitment is 0.145 that is not significant at the $p<0.05$ level. Therefore, the null hypothesis, claiming that there is no significant relationship between mental health and organizational commitment, is accepted and the research hypothesis is rejected, i.e., there is no significant relationship between nurses' mental health and organizational commitment in Zabol.

Second hypothesis: There is a significant relationship among organizational commitment, life expectancy and mental health of ordinary people in Zabol.

Table 7 indicates correlation coefficient among organizational commitment, life expectancy and mental health of ordinary people in Zabol. As demonstrated in this table, Pearson correlation coefficients between mental health and variables of life expectancy and organizational

Table 8: Comparing mean scores of organizational commitment, life expectancy and mental health of nurses and ordinary people in Zabol

Variables	Groups	N	Mean	SD	F	Significance of F	T	df	Sig.
Organizational commitment	Nurses	168	76.21	10.891	1.074	0.301	-2.536	334.000	0.012
	Ordinary people	168	79.27	11.222					
Life expectancy	Nurses	168	62.83	4.486	0.026	0.872	0.086	334.000	0.932
	Ordinary people	168	62.79	4.430					
Mental health	Nurses	168	42.49	10.506	6.238	0.013	4.582	327.472	0.001
	Ordinary people	168	37.57	9.114					

commitment are respectively -0.056 and 0.077 which are not significant at the $p<0.05$ level. Therefore, the null hypothesis, claiming that there is no significant relationship between mental health and these two variables is accepted and the research hypothesis is rejected, i.e., there is no significant relationship among mental health, life expectancy and organizational commitment of ordinary people in Zabol.

Third hypothesis: There is a significant difference between nurses and ordinary people in Zabol considering their organizational commitment, life expectancy and mental health.

To compare mean scores of organizational commitment, life expectancy and mental health between nurses and ordinary people in Zabol, independent t-test was applied. To conduct this analysis, initially using Levene's test, it is revealed that variance of mental health of these two groups are unequal and variances of organizational commitment and life expectancy are equal at the 0.05 error level. Accordingly as shown in Table 8 (the degree of freedom of t-statistic is 327.472), values obtained from this test are used assuming unequal variances of these two groups.

Considering Table 8, t-value of organizational commitment is = 2.536 that is significant at the $p<0.05$ level. Therefore, the null hypothesis is rejected and the research hypothesis claiming that there is a significant difference between nurses and ordinary people considering their organizational commitment is accepted. Other words, mean of organizational commitment of these two groups are significantly different. Ordinary people's mean of organizational commitment is higher than that of nurses, i.e., ordinary people are more committed to their work compared to nurses.

Additionally, considering mental health, t = 4.582 that is significant at the $p<0.01$ level. Therefore, the null hypothesis is rejected and the research hypothesis claiming that there is a significant difference between nurses and ordinary people considering their mental health is accepted. Other words, mean of mental health of these two groups are significantly different. Ordinary people's mean of mental health is lower than that of nurses, i.e., ordinary people have better levels of mental health compared to nurses.

Moreover, considering life expectancy, t = 0.086 that is not significant at the $p<0.05$ level. Therefore, the

research hypothesis is rejected and the null hypothesis claiming that there is no significant difference between nurses and ordinary people considering their life expectancy is accepted. This means that there is no significant difference between nurses and ordinary people considering their life expectancy.

DISCUSSION

Is there any significant relationship among organizational commitment, life expectancy and mental health of nurses in Zabol? Results of the current study indicated that the Pearson correlation coefficient between life expectancy and mental health was -0.269 that is significant at the 0.01 level. Therefore, the null hypothesis, claiming that there was no significant relationship between these two variables was rejected and the research hypothesis was accepted, i.e., there was a diverse significant relationship between mental health and life expectancy (the more the scores on mental health, the less the scores on life expectancy). It is worth noting that obtaining high scores does not indicate having a mental disorder; however, it represents that, due to the stressful nature of nursing profession, nurses are highly prone to mental disorders. Accordingly, the necessity of paying more attention to nurses' mental health, considering their important role in promoting and maintaining patients' health, was indicated. These findings are consistent with the results of Naderi and Hosseini (2010), Pourmohammad *et al.* (2001), Sadrpooshan (2004) and Ghahremani and Nadi (2012).

Naderi and Hosseini (2010) examined the relationship between life expectancy and psychological tenacity among students of Islamic Azad University. The obtained results indicated that there was a positive and significant correlation between life expectancy and psychological tenacity. Pourmohammad *et al.* (2001), determining the level of despair and anxiety among adolescents with thalassemia and comparing them with healthy adolescents concluded that there was a significant difference between adolescents with thalassemia and healthy adolescents with regard to their level of despair and anxiety such that an increase in the level of despair lead to an increase in the level of anxiety. Sadrpooshan (2004) examined the effects of group reality therapy on reducing anxiety in female high school students and revealed that this

method was effective in reducing students' anxiety. In another study conducted by Ghahramani and Nadi (2012), results indicated that the level of life expectancy had the least significant correlation with mental health and had the most significant correlation with existential well-being. Moreover, results of Taheri and Amiri (2010) demonstrated that quality of life of patients with breast cancer was diversely and significantly correlated with levels of depression, anxiety and stress. In this regard, quality of life of patients who had high levels of depression, anxiety and stress was significantly lower than those whose level of depression, anxiety and stress was not high. However, this relationship does not only exist in patients with special diseases such as cancer but also in other cases, since the correlation between life expectancy and quality of life is reciprocal.

Is there any significant relationship among organizational commitment, life expectancy and mental health of ordinary people in Zabol?

The Pearson correlation coefficients between mental health and subscales of life expectancy and the overall score of organizational commitment were respectively, -0.056, 0.119, -0.022, 0.088 and 0.077 which were not significant at the 0.05 level. Therefore, the null hypothesis, claiming that there was no significant relationship between mental health and these two variables was accepted and the research hypothesis was rejected. This means that there was no significant relationship among mental health, life expectancy and organizational commitment of ordinary people in Zabol.

This finding is in line with the results of Aeinparast *et al.* (2012). In their study, the researchers studied the level of depression in the total population of the country and examined its relationship with various variables. Examining the level of being depressed indicated that 74.2% of the total population were not depressed at all or were slightly depressed; however, the level of severe and very severe depression was estimated about 8.3%. When the frequency of mild depression also be added to this number, the level of depression will increase to >25%, representing that the possibility of having a psychological disorder or its occurrence is about a quarter of the country's population.

Is there any significant difference between nurses and ordinary people in Zabol considering their organizational commitment, life expectancy and mental health?

To compare mean scores of organizational commitment, life expectancy and mental health between nurses and ordinary people in Zabol, independent t-test was applied. To conduct this analysis, initially using Levene's test, it was indicated that variance of mental health of these two groups were unequal and variances of organizational commitment and life expectancy were equal at the 0.05 error level. Accordingly as shown in Table 8 (the degree of freedom of t-statistic is 327.472), values obtained from this test were used assuming unequal variances of these two groups.

With regard to organizational commitment, t-value was equal to -2.536 that was significant at the p<0.05 level. Therefore, the null hypothesis was rejected and the research hypothesis claiming that there was a significant difference between nurses and ordinary people considering their organizational commitment was accepted. Other words, mean of organizational commitment of these two groups were significantly different. Ordinary people's mean of organizational commitment was higher than that of nurses, i.e., ordinary people were more committed to their work compared to nurses.

Considering the overall score of nurses' organizational commitment (76.21%), it can be concluded that their organizational commitment was at the average level. This finding is in line with the results of Bahrami *et al.* (2010), indicating that the level of nurses' organizational commitment was at the average level. In another study conducted in Golestan University, results demonstrated that the level of nurses organizational commitment was low (Shariati *et al.*, 2010); however in some other studies, the level of organizational commitment was reported higher than average (Lavasani *et al.*, 2008). Given the significance of organizational commitment among nurses, especially with regard to their attachment and commitment to continue working in hospitals, more attention should be paid to foster this commitment and provide required conditions for it, since lack of organizational commitment has various consequences including job turnover (Chang *et al.*, 2007). Other words, nurses who are not attached and committed to their workplace are more willing to leave their job and this is accompanied with serious detriments and disadvantages for hospitals' daily activities.

Additionally, considering mental health, t-value was equal to 4.582 that was significant at the p<0.01 level. Therefore, the null hypothesis was rejected and the research hypothesis claiming that there was a significant difference between nurses and ordinary people considering their mental health was accepted. Other words, mean of mental health of these two groups were significantly different. Ordinary people's mean of mental health was lower than that of nurses, i.e., ordinary people had better levels of mental health compared to nurses.

These findings are consistent with the results of Richard (2002), Mitchell (2001) and Ghahramani and Nadi (2012). Richard (2002) revealed that 34.8% of subjects under study experienced mental disorders. Mitchell (2001) reported that 43.6% of subjects under study experienced mental health disorders, stating that nurses due to the nature of their job are more exposed to multiple stressors among which prolonged and continuous relationship with critically ill and dying patients, numerous responsibilities, excessive job demands of patients and their relatives, lack of recreational facilities in the society, rapid advances in technology, confrontation with the reality of death and the like can be mentioned. These stressors pave the way to mental disorders including irritability, anxiety, depression, despair and fatigue (Simon, 2004).

Results of the current study are consistent with the results of Bigdeli and Karimzadeh (2006) conducted on nurses in Seman and Augusto-Landa and Montes-Berges (2008) carried out on nurses working in state hospitals in Spain, indicating the relationship between stress and nurses' health. Moreover, these findings are in line with the results of Wang *et al.* (2011) who conducted a study on mental health status and stated that occupational stress is a key factors in creating mental disorders. In this regard, Pahlavani suggested that the higher the level of stress, the more one's mental health is at risk and the more severe psychiatric symptoms will be (Khamse *et al.*, 2011).

Moreover, considering life expectancy, t-value was equal to 0.086 that was not significant at the $p < 0.05$ level. Therefore, the research hypothesis was rejected and the null hypothesis claiming that there was no significant difference between nurses and ordinary people considering their life expectancy was accepted. This means that there was no significant difference between nurses and ordinary people considering their life expectancy.

These findings are not consistent with the results of Naderi and Hosseini (2010), Pourmohammad *et al.* (2001) and Sadrpooshan (2004) who indicated that there was a significant statistical difference between sick and healthy groups considering their level of despair and anxiety such that an increase in the level of despair lead to an increase in the level of anxiety.

CONCLUSION

Although most epidemiologic studies have some limitations, the information obtained in this field implies that mental health and organizational commitment among nurses is lower than ordinary people. Results indicated that the issues of nurses' mental disorders is serious and can lead to a decrease in the quantity and quality of their nursing care received by patients. Given the significant role of patients in promoting patients' health and their precious role in health care teams, the relevant authorities are recommended to identify and solve these issues through conducting scientific research, increase the level of health as an important element of health care, through spreading social and familial supports and improving services provided to patients.

Results of the present study provided a valuable guidance for researchers and managers to attempt to enhance nurses' organizational commitment which eventually increases employees' attachment and dependency and promotes the quality of provided services. Since, organizational commitment aids staff to believe in organizational goals and values, it includes tendency to work hard for the organization and an intense desire to be involved in the organization. Accordingly, nursing managers should seek to identify factors that enhance organizational commitment. Since, individual's organizational commitment in the current study was low, it is necessary to pay attention to factors affecting organizational commitment including innovation, flexibility, broad vision, interpersonal communication, creating a sense of independence in staff and their well-being.

LIMITATIONS

Since, this study only included nurses and ordinary people in Zabol, great caution should be taken when generalizing these results.

RECOMMENDATIONS

Since, nursing profession is among stressful jobs, it is recommended that in future studies variables including organizational commitment, life expectancy and mental health be thoroughly examined in other groups of nurses.

Holding workshops and classes aiming at empowering nurses to cope better with stressors and gain better results with regard to organizational commitment, life expectancy and mental health are highly recommended.

It is recommended that the level of work pressure in various nursing shifts be accurately and appropriately monitored and controlled to decrease the level of stress, increase the level of mental health, life expectancy and organizational commitment among nurses and as a result obtain better results from treating patients.

REFERENCES

Abbaszadeh, A.S., F. Barahani, F. Seyed Gheibi and M. Shokohi, 2013. Organziational commitment and its dimensions among nurses working in Shiraz University of Medical Sciences hospitals. J. Med. Ethics, 23: 34-46.

Aeinparast, A., F. Farzedi and F. Mafton, 2012. How many people know you're depressed? Study public health perspective. Payesh J., 11 (2): 221-226.

Allen, N. and J. Meyer, 1990. Organizational socialization tactics: A longitudinal analysis of links to newcomer's commitment and role orientation. Academy Manage. J., 33: 847-58.

Augusto-Landa, J.M. and B. Montes-Berges, 2008. Perceived Emotional Intelligence, Health and Somatic Symptomatology in Nursing Students. Individual Differences Research, pp: 197-211.

Bahrami, M.A., A. Imam Rezaei, A. Satar, M. Ranjbar Ezat Abadi and A. Dehghani Tafti, 2010. Comparative investigating of organizational commitment based on personal characteristics: case study in nurses of educational hospitals of Shahid Sadoughi Shahid Rahnemoon in Yazd. Rise of Health Research Scientific Journal of Faculty of Health in Yazd University, 9 (29): 44-56.

Bigdeli, I.A. and S. Karimzadeh, 2006. Examining the effects of stressful factors on mental health of nurses in Semnan. J. Koomesh, 8 (2): 21-26.

Chang, H.T., N.W. Chi and M.C. Miao, 2007. Testing the relationship between three-component organizational/occupational commitment and organizational/occupational turnover intention using a non-recursive model. J. Vocational Behavior, 70 (2): 352-368.

Cheung, P. and G. Spears, 1994. Reliability and validity of the Cambodian version of the 28-item general health questionnaire. Social Psychiatry Psychiatric Epidemiol., 29: 95-99.

Ghahramani, N. and M.A. Nadi, 2012. The relationship between religious component of the spiritual and mental health and hope for the future, staff of government hospitals in Shiraz. J. Nursing, 25 (79): 1-11.

Goldberg, D.P., 1978. Manual of the General Health Questionnaire. Windsor, England: NFER Publishing.

Hallajian, Z., 2009. Studying the correlation between the rate of life expectancy and happiness and quality of life in thalassemia patients compared to the normal people of Ramsar. BA Thesis, Payame Noor University, Iran.

Hamid, N. and Z. Dehghanizadeh, 2012. The relationship of spirituality, organizational commitment and general health with job performance in clinical nurses. J. Nursing Manage., 2: 20-28.

Han, S.S., S.J. Moon and E.K. Yun, 2009. Empowerment, job satisfaction and organizational commitment: comparison of permanent and temporary nurses in Korea. Appl. Nur. Res., 22: 15-20.

Hervabadi, M. and R. Marbaghi, 1996. Comparison analysis of Nursing and Midwifery. 1st Edn., Tehran: Publication of Iran University of Medical Sciences and Health Services.

Jayasvasti, K., 2005. Happiness and related factors in pregnant women, Department of Psychiatry, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand. Journal of the Medical Association of Thailand, 4: 220-225.

Khaghanizadeh, M., M. Sirati Nir, F. Abdi and H. Kaviani, 2006. The level of mental health of nurses working in educational hospitals affiliated to Tehran University of Medical Sciences. J. Mental Health, 31: 141-148.

Khamse, F., H. Rohi, A. Ebadi, Z. Haji Amini, H. Salimi and S.H. Radfar, 2011. The relationship between demographic factors and the level of stress, anxiety and depression in nurses working in selected educational hospitals in Tehran. J. School of Nursing and Midwifery in Guilan, 21 (65): 13-21.

Kolgry, S.H., 1997. Prevalence of sleep of among nurses in the educational center of Shahid Beheshti. Ph.D Thesis, Shahid Beheshti University, Tehran.

Lambert, V.A. and C.E. Lambert, 2001. Literature review of role stress/strain on nurses: an international perspective. Nursing and Health Sciences, 3: 161-72.

Lavasani, M., M. Keyvanzade and N. Arjmand, 2008. Spirituality, job stress, organizational commitment and job satisfaction among nurses in Tehran. J. Contemporary Psychol., 3 (2): 61-73.

Madide, S., 2003. Effect of night shift schedules on nurses working in a private hospital in South Africa. MA thesis, Luleal University of Technology.

Mitchell, G.L., 2001. A qualitative study exploring how qualified mental health nurses deal with incident that conflict with their accountability. J. Psychiatric Mental Health Nursing, 8: 241.

Mohammadi, M., R. Yavarian and M. Arefi, 2010. A comparative study of mental health and life expectancy among employed and unemployed women in West Azarbaijan. J. Faculty of Nursing and Midwifery, 9 (1): 30-43.

Naderi, F. and S.M. Hosseini, 2010. Relationship between life expectancy and psychological tenacity of male and female students of Islamic Azad University, Gachsaran Branch (Persian)]. J. Women Soc., 1 (2): 123-141.

Nakao, H., T. Kobayashi and S. Shinagawa, 2003. Relationships between work-related stress, depression symptoms and lifestyle of nurses. Bulletin of the School of Nursing Yamaguchi Prefectural University, 7: 25-31.

Potter, P. and G. Perry, 2005. Fundamental of nursing concepts process and practice. 6th Edn. Philadelphia: Mosby.

Pourmohammad, Z., K.H. Dehghani and S.M. Yasini-ardakani, 2001. Investigating Despair and Anxiety in Major Thalassemic Adolescents. J. Med. Res., 5: 10-23.

Richard, D., 2002. Nursing at night: a professional approach. Philadelphia: Mosby.

Sabbaghian, R.L., 2005. Relationship of creativity with organizational commitment and job burnout among physical education professors at Islamic Azad Universities, Ph.D Thesis, research and Science Branch, Tehran.

Sadrpooshan, S., 2004. Examine the effectiveness of group reality therapy on increasing mental health of staff working in Iran Khodro Diesel Company in 2010-2011, MA Thesis, Islamic Azad University, Science and Research Branch.

Shariati, A.R., M. Mojerloo, M. Hesam, E. Mollae, A. Abbasi and H. Asayesh, 2010. Hemodialysis Efficacy in patients with End Stage Renal Disease (ESRD) in Gorgan, Northern Iran (2008). J. Gorgan Uni. Med. Sci., 12 (1): 80-84.

Simon, R.I., 2004. Assessing and managing suicide risk: Guidelines for clinically based risk management. Arlington, VA: American Psychiatric Publishing.

Soleimany, M., F. Nasiri Ziba, A. Kermani and F. Hosseini, 2008. Comparison of the general health and sleep quality of nurses in two groups of without shift and with shift working. Q Iran J. Nurs., 8: 20-29.

Taejo, L., 2010. Relationships among organizational commitment, job satisfaction and learning organization culture in one Korean private organization. Asia Pacific J. Educ., 11: 311-320.

Taheri, E. and M. Amiri, 2010. Relationship between depression and anxiety, stress with Quality of life breast cancer patient, 3rd Congress of Breast Cancer.

Wang, W., A. Kong and S. Chair, 2011. Relationship between job stress level and coping strategies used by Hong Kong nurses working in an acute surgical unit. Appl. Nursing Res., 24: 238-243.