RESEARCH ARTICLE   **Open Access**

Construction and Validation of Dimensions and Components of the Organizational Anomie Scale in order to provide a Native Model in Government Hospitals

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Abstract
Organizational anomie (OA) is defined as the lack of law, as well as violations or weaknesses in the implementation of laws and norms in the organization, which can have detrimental effects on the performance of the organization and its members. The main focus of this study is to establish and validate an organizational anomie scale that can be employed to implement and operate this tool in field studies. The present research is applied-exploratory in terms of purpose and descriptive-survey in terms of method. To conduct this research, issues related to organizational anomie using factor analysis approach and content analysis method of scientific texts as well as from the perspective of qualified and experienced thinkers and experts and a researcher-made questionnaire on organizational anomie in COVID-19 pandemic are analyzed. It placed. Completed by experts and managers. The reliability coefficient of the test was calculated to be 0.85 using Cronbach's alpha test. Exploratory factor analysis of organizational questions revealed that the components of this questionnaire may explain more than 78.512 % of the desired variance. After one rotation of Varimax factors, the correlation between each item with each component was determined in the best situation and accordingly, twelve components were selected and extracted with the most weight: conflicting goals of the individual and organization, weakness in communication, standard selection ,ambiguity in goals, level of trustworthiness, negative attitude of employees towards themselves, feeling useless, understanding justice, weak control, common norms, organizational indifference, lack of socialization. According to the research findings, it can be concluded that organizational anomie is a multidimensional concept with many dimensions and components and cannot be studied with limited dimensions and components.
Keywords: Organizational Anomie, Validity, Reliability, Hospital, COVID-19, Factor Analysis

Introduction

Changes in the workplace according to various postmodern theories, undermine the effectiveness of older regulatory systems and are replaced by a normative system appropriate to the changing environment. Any disturbance in the normative system creates a worrying atmosphere in which the organization and its members are denied access to a behavioral guidance framework. Sefidchian and Mazloumi (2017) use the concept of anomie to describe this disorder in sociology and management.

The sociological concept of anomie was first introduced by Emile Durkheim, 1893). If they do not, they will suffer from anemia (Sefidchian, Mazloumi, 2016). Anomie is one of the conditions in the organization, in the long term, causes a sudden change in social values and will create a kind of confusion among people in the community (Richards, 2004).

Anthony Powell (2021) argues that in these circumstances it is the loss or lack of ethical principles, norms, or conventions that leads to

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deviant behavior. Do not have criteria in their decision-making (Elahyan, 1395). However, it seems that managers, by recognizing the psychological capacity of individuals and creating a positive organizational environment and creating an appropriate culture in them, identify employees' capacities and their adherence to norms, and thus identify desirable organizational behaviors (sabet ,. et al., 2021). By identifying the components of anomie in organizations, solutions can be found to create interest in work among employees of the organization (Mousavi et al., 2016). Various elements of human resources such as attitudes, competencies, experiences and skills, tacit knowledge and innovation, tacit knowledge and talent in the minds of employees in organizations are considered as an important resource(Jaafari et al.,2021).

2020In general, anomie can be examined from two main perspectives: Individual anomie, because it is measured based on the individual feelings of each employee and disrupts at the individual level, destroys order in the workplace (florist and Nadi, 1389). Another type of anomie is group anomie, which results in abnormal behaviors and expulsion from the group or organization as a result of multiple conflicts between individual desires and group expectations. (Kowsari, 1385) Abnormal behavior in the workplace is a voluntary behavior that violates organizational norms and leads to organizational anomalies and causes abnormal work behaviors. These behaviors reduce the productivity of individuals and organizations (Hadizadeh et al., 2014). Kaplan (1975) also believed that the attitude of employees towards the organization and managers is one of the important potentials of organizational disorder (quoted by Wardy and Wits, 2004). The Covid-19 crisis has been one of the causes of anomalies in society. The situation is much more dangerous if it starts with behaviors that threaten social order and values and behaviors that can increase the prevalence of the disease. The theory of anomie has been demonstrated by the experiences, behaviors, and

practices observed in many countries with increasing disease prevalence. Gently in critical situations as well as in times of internal turmoil, its norms must be observed, because in such cases antisocial behavior is always more obvious (Motyka et al, 2020).

In the healthcare system, an efficient nursing staff cannot succeed without managing organizational behaviors. Organizational behavior is one of the most important factors in improving the quality of nursing services in hospitals and any disorder or abnormal organizational behaviors can be effective in the efficiency and quality of staff services in hospitals (Samadi Miarkalaei, 1396). Therefore, the aim was to develop a tool for measuring organizational anomie in the hospital, which eventually acquired twelve general components. Each of these components includes indicators that are all important in organizational anomie .Indicators such as mismatch of tasks and expectations, differences in strategies, individual decisions, differences in values and delays in the implementation of approvals are the first component, which is referred to as inconsistency in individual and organizational goals. Findings showed that one of the key and important factors in the occurrence of anomie in organizations is the conflict between the goals of individuals and organizations (Anthony Powell, 2021; Elahyan, 2016; Javadin and Poor Vali, 2009; and Neil and Bennett, 2000; Yankee et al., 2006; Rahimnia and Alizadeh, 2009). Ambiguous design of organizational missions and goals causes employees to use their personal interpretations to gain a different understanding of goals, and this can lead to anomie in the organization (Wassentham, Salnsik, 2014; Fefer, 1987; Rini and Jung, 2014; Norderraff ,2003.Also Shafiee Sarvestani et al. (1397) and Danaeifard, Akhundi and Nairi (1399)believed that.

These researchers believe that common organizational values can control the mind, spirit and thoughts of employees and regulate employee behavior. What makes the need to study the subject of anomie more is the

emergence of a situation in the organization where employees due to inefficiency of organizational norms and customs, distrust of institutions and laws and regulations in organizations, distrust in constructive relations with each other and As a result, the organization is exposed to destruction (Talebi et al., 2015). In recent years, various studies have been conducted on the effect of anomie on organizational behaviors as well as on the creation of anomie patterns, which have been briefly discussed in the research background.

Most studies that deal with anomie in organizations, focus on one-dimensional anomie, while in this study, the presence of the main components of anomie in organizations as well as their role and interaction in a multidimensional way has been tried. Let's check. Therefore, based on what has been stated, the main subject of research in the conceptual and semantic space is "anomie" and determining its dimensions and components. Since there is no valid and acceptable scale for measuring this term, so the main subject of this study is the construction and validation of anomie dimensions and components in the management space of organizations in order to provide a native model in public hospitals in Mazandaran.

From a functional point of view, the necessity of this research can be explained in two parts: 1) Identifying the dimensions and components that cause anomie that can be helpful in investigating possible anomic damage and maintaining the cohesion of the organization. 2) Paying attention to the special place of sociology and social components in anomie theories in the organization. The present study tries to fill the gap in the organization and management literature in this area. Also, due to the importance of interdisciplinary discussions and the gap between domestic and foreign studies, its importance becomes more apparent, so that a clear gap is seen between the theoretical foundations of organizational anomie in the general sense and research and study methods in Iran. A brief look at previous studies and

research. In this regard, only the questionnaire of researchers from other countries has been used, which has been localized based on the conditions and environment of those countries. Previous studies have mentioned only some of the cultural components. It should be noted at the moment that no model is completely accurate. In fact, it is not a completely accurate model, but it is a simple way to understand and analyze reality (Pidd, 2003).

Some researchers in this field have designed a questionnaire. Like Sefidchian (2016), that designed a researcher-made three-part questionnaire and determined Cronbach's alpha coefficient in the academic elite group employing 27 general variables obtained from experts during the qualitative stage of the study. This questionnaire consists of 34 items that measure 12 components. He did not elaborate on how to determine the experimental validity of the instrument used, but reported that the Cronbach's alpha coefficient for study components utilizing various methodologies was 86 percent. .Although anomie is one of the priority socio-organizational issues in the country, but in government hospitals, limited questionnaires have been developed that their validity and reliability have not been properly reported. What makes the need to study the subject of anomie more is the emergence of a situation in the organization where employees due to inefficiency of organizational norms and customs, distrust of institutions and rules and regulations in organizations, distrust in interactions with each other in establishing dynamic interactions and the builder remains open and as a result the organization is exposed to destruction (Talebi et al., 2015). Various studies have attempted in recent years on the application of employee attitudes and the impact of anomie on organizational behaviors, as well as in the field of developing anomie patterns, which have been briefly addressed in the research background. In a study by Mousavi et al. (2016), the negative attitude of employees towards jobs and lack of job attractiveness were introduced as factors in creating organizational

anomie and emphasis was placed on creating interest in work among employees. It is possible to address strategies to create interest in work among employees of organizations by identifying the components that cause anomie in organizations. (Mousavi et al., 2016). Most studies addressing anomie in organizations focus on anomie in a one-dimensional manner, whereas in this study, we attempted to investigate the presence of the main components of anomie in organizations, as well as their role and interaction, in a multidimensional manner.

Therefore, based on what has been stated, the main issue is to research the conceptual and semantic space of anomie and to determine its dimensions and components. Since there is no valid and acceptable scale for measuring this term, so the main issue of this study is to construct and validate the dimensions and components of anomie in the management space of organizations in order to provide a local model in government hospitals in Mazandaran.

Background

In fact, the concept of anomie is a branch of sociological issues that originates from the paradigm of functionalism. This paradigm takes a sociological approach to the problem, attempting to depict the existing condition, social order, social integration, and solidarity. (Boyle and Morgan, 2011). Hence, the history of introducing and studying anomie dates back to the beginning of ancient philosophy and age, which in ancient philosophy and Greek religious texts has been interpreted from Plato's point of view as exaggeration and disorder. Jean-Marie Guillaume (1885) reintroduced the term anomie to the world of philosophy, and after Durkheim (1893) and Merton (1938) in psychiatric studies by McEver (1950) and later Sroll (1956), state anomie mentally introduced individuals living in conditions of normative disorder (Tisahorido, 2011).

According to Parsons (1930), anomie is exactly the state of disorganization that breaks the care of norms about personal behaviors (Sefidchian, 1396). Anomie also arises from the restriction of individuals in societies and organizations through bureaucracy. (Barnason, 2009). According to Parsons, anomie is a disorder in which a personal behavior deviates from social norms (Kowsari, 2006). Johnson and Dobrelli (2010) emphasize the management of organizations on the basis of order and through set norms, and based on their findings and organizational norms and patterns, determine the behavior of interaction between employees, so following these norms and organizational patterns. It causes balance and order. In organizations in this regard, Skiba et al. (2009) and Mazloumi and Sefidchian (2015) have considered the observance of norms as a factor of unity of procedure and order and non-observance of common norms of each group or organization as one of the causes.

The emergence of rapid changes in communities and organizations is the focus of Durkheim's (1893) view, which is a pioneer in the study of anomie (Sefidchian, 2016; Mark and Motika, 2021). Actually, the Emile Durkheim model has been used in the majority of studies in Iran. On the other hand, the presentation of negative images caused by the damage of the normative system (anomie) has increased the sensitivity of managers to this phenomenon. Given that organizational anomie is a damage to the soft and intangible dimensions of the organization, it may not be easily traceable and identifiable, so identifying tangible organizational variables as anomie consequences can be of great help in timely identification of organizational anomie (Sefidchian, 1395).

Feelings of useless versus feelings of worthlessness include voluntary non-participation in work, non-compliance with employee personal values, centralized decisions in the organization, and delegating authority to employees. Regarding participatory management practices, delegation is one of the ways that enables employees to strive to improve their skills and act independently (Legzian and Nouri, 2015; Kurdami and Jeremy, 2001).

In this view, the organization is also anonymized by the lack of coherence in the social structure and the general weakness in the integration of individuals and groups. (Manriquera Delara and Rodriguez, 2007). He proved that strong social relationships in any set may benefit individuals and groups to survive in periods of change (Friday, Okrie, 2018). Jean-Marie Guillaume (1885) reintroduced the term anomie to the world of philosophy, and after Durkheim (1893) and Merton (1938) in psychiatric studies by McIver (1950) and later Sroll (1956), state anomie mentally introduced individuals living in conditions of normative disorder (Tisahorido, 2011). According to Robert King Merton (1938), anomie emerges when an organization encourages the attainment of some goals but does not equally provide all members of society with the necessary tools and equipment to achieve these goals (Kivisto, 1390).

Momeni emphasizes the state of anomaly that employees are unable to communicate based on a single system of common rules. He considers the consequence of anomie to be an increase in the level of lawlessness and abusive behaviors, as a result of which what was a part of the common and accepted custom of the society is lost (Momeni, 2002).

In the present age, thinkers like Allport and Johnson have anomie as a result of personality dimensions such as cognitive factors, emotional factors and fundamental beliefs and tendencies (Golparvar and Nadi, 2008) and thinkers such as Rafael de Oliveira Reese (2020). The emergence of crises such as the pandemic COVID-19 and the resulting uncertainty and group seizures have been identified as components of anomie. Anomie by various thinkers (Kate Falex, 1975, Bass, 1971, Hudson, 1999, Dornvand, 1985, Ehsani, 2020, Susan Marcus, 2015, Sefidchian and Mazlumi, 2015, Holly Dregger, 2020, Mark A. Motika , 2020 and Grandy and Bucklett, 2020, Anthony Powell (2021) have been defined in various forms, in all of which the disorder of the normative system has been expressed as a major cause of anomie in each set.

According to some sociologists and management theorists, social deprivation, anger, fear, and forced tensions in communities and organizations can create conditions to anomie that can lead to behaviors such as indifference to fellow humans, as well as violations of laws and norms. (Dedgaonkar, 2020; Ryall; Sharma, 2020). During the COVID-19 pandemic crisis, Ben Magni Kada (2021) highlighted the significance of strengthening socialization and working group cohesion in order to minimize anomie. According to Ehsani, the anomic organization shows no signs of life, its social whole shows poor solidarity, and it is easily prone to immorality. (Ehsani, 1399). concidering the structural model of human resourse architecture, it can be concluded that the HR component has the most impact on HR model (Mirpour et al.2010). Organizations that understand the importance of organizational anomie may use it to improve productivity and effectiveness. Interdisciplinary researchers seek to create a new discourse between research in different disciplines, especially the humanities, management, and social sciences, so that they can take steps to address societal and organizational issues.

Method

The purpose of this study was to develop, standardize, and validate the organizational anomie scale; the research method was descriptive-survey, and it was a development according to its purpose. Using the content of scientific texts, the research has been carried out in the field. This means that a large part of the information has been collected through interviews and completing a questionnaire by scientific experts and hospital management experts and senior managers. Based on this, 25 components were identified and selected following reviewing the research literature and conducting content analysis. Then, referring to the opinions of experts and statistical test, 10 components were deleted or merged due to their

overlap and proximity of their conceptual space and lack of relevance to the subject of study. Finally, 15 components were determined as follows: Contradictory goals of the individual and organization, poor communication, correct selection, trustworthiness, negative attitude of employees towards themselves, useless feeling, understanding of justice, weak control, common norms, organizational indifference, socialization. The next step was to identify and extract anomie indices in the hospital, based on the research and existing theoretical foundations. An initial questionnaire containing 90 questions was designed in order to meet the study purpose in the supplementary stage.121 acceptable indices have been obtained by studying the theories presented in the field of anomie. At this stage, experts were referred to experts for validation and reliability of anomie components and indicators. The target population of this study is university professors and managers of government hospitals. People who had a managerial background in hospital management and medical departments and had valuable experience in the profession. This means that in addition to having an academic education, they also had professional experience. It is also important to consider out what number is appropriate for the members. If there is homogeneity between the selected members for research at this stage, the number of members is considered to be about 10 to 20 (Mashayekhi et al., 2005). Therefore, the number of samples studied in the present study was 10 at the beginning of the study, most of whom had scientific and specialized degrees in the fields of management, sociology and hospital management. In the next step, for field assessment and case study, senior managers and officials of units, as well as experienced people from the administrative and medical departments of Mazandaran government hospitals, tested the tools of interviews and questionnaires with 400 people and found them to be valid and reliable.

In fact, to prepare the questionnaire in the first place, after studying the theoretical and content sources related to organizational anomie, and research on organization and management, the indicators were identified and content analysis was performed based on the obtained indicators. Then, according to the extraction of dimensions, components and indicators, two stages of interviews were conducted with 10 specialists and experts in the field of anomie who have been active in hospital settings. Following collecting and analyzing all of the indicators and measures, 128 components were selected, and after preliminary studies, close and overlapping components were merged, resulting in a total of 12 components. Considering that the present study has been done to develop, standardize and validate a tool to quantify "organizational anomie", a tool to measure organizational anomie among experts and specialists in the field of organizational management was designed and standardized. Respondents were asked to show their agreement with the determining role of each of the indicators for the study components using a likert scale from 1 to 5, with 1 being the most aligned with the component and 5 being the least aligned. To determine the validity of questionnaire, the researcher utilized fastive and construct validity. In order to estimate the fastive and content validity of the questionnaire, it was studied by professors and experts in the fields of hospital management, sociology and senior managers of hospital units, and their specialized opinions were used to adjust and complete the tool. This is the first time that this scale is constructed. To measure the validity of the structure, no correlation has been made between this scale and other scales and The validity of its structures was calculated using factor analysis by principal components method and varimax factor rotation.

Because the questions with CVR values less than 0.75 were excluded, factor analysis and factor load calculation revealed that the questions in each component had a factor load greater than 0.75. Therefore, it has the necessary credibility. Cronbach's alpha coefficient was applied to measure reliability in this study.

Cronbach's alpha is a reliable method that evaluates the internal consistency of a test and shows how well test questions are able to measure a single attribute. In this study, Cronbach's alpha coefficient was 0.838, and questions having alpha coefficients less than 0.7 were excluded.

Findings

Of the 400 employees who answered the questionnaires, 115 were male and the rest were female 20% of the respondents had a master's degree and the rest had a bachelor's degree. Table 1 presents the results of the Bartlett test on the adequacy of the sample for exploratory factor analysis. Adequacy size of the KMO sample that uses a partial correlation coefficient and is usually acceptable larger than 0.6, and the closer it is to a sufficient value, the better. According to the value of 0.795 related to KMO, the adequacy of the sample size with the sample number of 400 people, the adequacy of the sample size with the amount of KMO for the detection of anomic components has been confirmed.

Table 1.
Results of Kaiser, Meyer, Ulkin test and Bartlett sphericity test in factor analysis of anomic questions

0.795	(Kaiser, Meyer, Ulkin test) KMO
2882.619	Square kai
1711	Bartlett sphericity test with degree of freedom
0.000	The significance level

The Bartlett sphericity test examines the validity of the classification of common and rotational methods for discovering anomic components, so considering the significance level of chi-square statistics for Bartlett sphericity it justifies the discovery of components through questions. Exploratory factor analysis was performed based on the methods of the main primary components and then the number of factors was determined through pebble diagrams.
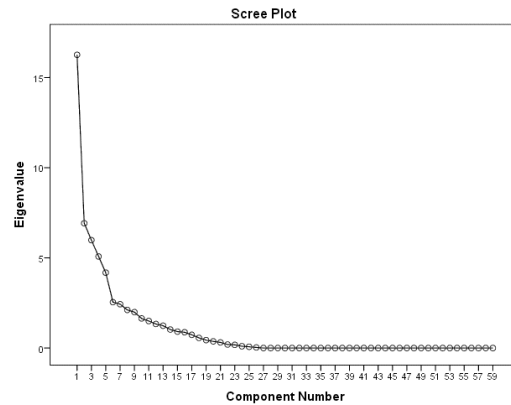

Figure 1. *Pebble diagram*

As shown in the pebble diagram, the eigenvalues on the diagram are dropping and decreasing. In fact, the first, second, third, and fourth components have a greater slope than the others, but by the twelfth component, these slopes are reduced, and in the end, they end with almost a very small slope.
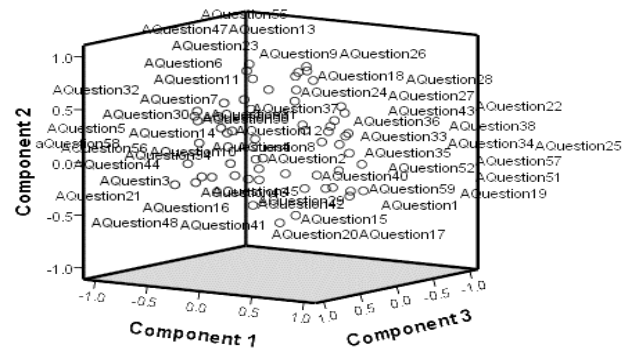
Figure 2 .*Summary of anomie components in three-dimensional rotated space*

Figure 2 shows the best factor structure of the test questions, which is the simplest form after rotating the components. There was a negative correlation between some questions and components before to the rotation. Nevertheless, in addition to the disappearance of the negative correlation coefficients, the rotation resulted in a significant coordination of the correlations. Table 3 listed the components and the corresponding questions for each component.

Table 2.

Eigenvalue and percentage of variance explained for the 11 primary components of anomie

Component	The sum of the quadratic power of the rotating factor loads			The sum of the second power of the extracted factor loads			Initial special amount		
	Total percentage of variance explained	Explanated variance	Total	Total percentage of variance explained	Explanated variance	Total	Total percentage of variance	Explanated variance	Total
1	25.367	25.367	14.966	27.564	27.564	16.26	27.564	27.564	16.263
2	36.157	10.790	6.366	39.292	11.728	6.919	39.292	11.728	6.199
3	46.767	10.611	6.260	49.434	10.142	5.984	49.434	10.142	5.984
4	55.180	8.413	4.963	58.037	8.603	5.070	58.037	8.603	5.070
5	61.975	6.795	l4.009	65.120	7.082	4.179	65.120	7.082	4.179
6	67.604	5.629	3.321	69.431	4.311	2.544	69.431	4.311	2.544
7	71.532	3.928	2.317	73.554	4.124	2.433	73.554	4.124	2.433
8	75.199	3.667	2.163	77.135	3.581	2.113	77.135	3.581	2.113
9	78.522	3.324	1.961	80.511	3.376	1.992	80.511	3.376	1.992
10	81.435	2.912	1.718	83.292	2.781	1.641	83.292	2.781	1.641
11	84.259	2.912	1.666	85.832	2.540	1.498	85.831	2.540	1.498
12	86.986	2.824	1.609	88.089	2.258	1.332	88.089	2.258	1.332

According to the eigenvalues of the components, the twelve components with 91.924% of the total variance of the scores are higher than the eigenvalue of number 1 and explain the anomic variance, which indicates that the test is appropriate. Based on this, the highest variance explained is related to the first component, which is 27.564. The second component is 11.728 percent, the third component is 10.142 percent and the fourth component is 8.603, the fifth component is 7.082, the sixth to ninth values are between 3 to 4, the ninth and tenth components are 2.781, the eleventh component is 2.540 and the component. The twelfth has 2.258% of the total variance. Given that the power of explanation is attributed to the eleven components in the test, the most favorable correlation between the components and the questions has been investigated. Correlation with factor loads of at least 4.179 is shown.

Table 3.

Final extracted factors, content of questions related to each component and their naming

Component	Number of indicators (questions) related to each component	Component Name
1		**Contradiction in the goals of the individual and the organization**
2	1-2-3-4	**Selection based on standard**
3	5-6-7	**Ambiguity in goals**
4	8-9-10	**Distrust in the organization**
5	11-12-13	**Negative attitude of employees towards their job**
6	25-26-27-28	**Weak communication**
7	29-30-31-32	**Feeling useless**
8	33-34-35-36	**Common norms between the organization and employees**
9	42-43-44	**How employees perceive equality and justice**
10	45-46-47-48-49	**Weakness in social control**

Component		Component Name
11	50-51-52-53-54	**Defects in socialization**
12	56-57	**Social indifference**

Source: Researcher Findings

The Cronbach's alpha coefficients for each of the twelve components and the whole questionnaire were calculated separately. Cronbach's alpha coefficients for the component of contradiction in the goals of the individual and the organization 0.944, for the component of selection according to the standard 0.671, the component of ambiguity in the objectives 0.795, the component of distrust in the organization 0.614, negative attitude of employees towards their job 0.764, weakness In communication 0.871, sense of uselessness 0.740, common norms between organization and employees 0.841, how to understand justice 0.794, weakness in social control 0.670, defect in socialization 0.890, social indifference 0.750 Came. Table 4 shows the Cronbach, Guttman, and Spearman-Brown alpha coefficients (as halving coefficients).

Table 4.

Reliability coefficients for the components in the questionnaire and the whole questionnaire

component	Component Name	Spearman-Brown	Guttman	Cronbach's alpha
1	Contradiction in the goals of the individual and the organization	0.963	0.956	**0.944**
2	Selection based on standard	0.876	0.861	**0.671**
3	Ambiguity in goals	0.749	0.840	**0.795**
4	Distrust in the organization	0.791	0.754	**0.614**
5	Negative attitude of employees towards their job	0.847	0.825	**0.764**
6	Weak communication	0.742	0.681	**0.871**
7	Feeling useless	0.859	0.805	**0.740**
8	Common norms between the organization and employees	0.973	0.973	**0.841**
9	How employees perceive equality and justice	0.850	0.836	**0.794**
10	Weakness in social control	0.531	0.520	**0.670**
11	Defects in socialization	0.903	0.829	**0.890**
12	Social indifference	0.855	0.732	**0.750**

Table 5.
Indices of central tendency of anomie and its component

Average	component	Number of indicators	Maximum	Minimum	Mean standard error	Variance	Standard deviation
14.634	Contradiction in the goals of the individual and the organization	5	16	5	1.363	2.896	**1.702**
11.778	Selection based on standard	6	13	7	0.728	1.267	**1.126**

Average	component	Number of indicators	Maximum	Minimum	Mean standard error	Variance	Standard deviation
13.279	Ambiguity in goals	8	12	4	0.243	1.779	**1.334**
12.293	Distrust in the organization	5	11	5	0.738	1.411	**1.188**
16.267	Negative attitude of employees towards their job	4	16	6	0.3128	2.900	**1.7103**
16.478	Weak communication	5	16	6	0.3098	3.283	**1.812**
31.667	Feeling useless	7	18	9	0.3574	2.772	**1.665**
24.226	Common norms between the organization and employees	3	15	10	0.2086	1.3034	**1.1417**
20.143	How employees perceive equality and justice	6	25	20	0.2919	2.550	**1.5978**
12.356	Weakness in social control	3	28	7	0.504	7.639	**2.764**
8.135	Defects in socialization	4	8	2	0.222	1.473	**1.214**
8.33	Social indifference	6	8	3	0.225	1.525	**1.235**

The central index and scatter indices (mean, standard deviation, variance, mean standard error) for anomie and its components are listed in Table 5. It should be noted that the difference between the mean and standard deviation of the indicators is the difference between the items related to Each index. For the possibility of descriptive comparison of answers in the two groups of men and women, Table 6 is introduced.

Table 6.
Descriptive indicators related to anomie components and their indicators based on gender

Components	Gender	Mean standard error	Standard deviation	Mean	Number
Contradiction in the goals of the individual and the organization	Female	0.433	2.364	14.65	**285**
	man	0.255	0.708	14.14	**115**
Selection based on standard	Female	0.478	0.989	23.77	**285**
	man	0.189	0.535	24	**115**
Ambiguity in goals	Female	0.261	1.017	12.43	**285**
	man	0.227	0.41	11.88	**115**
Distrust in the organization	Female	0.659	1.244	10.46	**285**
	man	1.250	0.354	12.13	**115**
Negative attitude of employees towards their job	Female	0.081	0.446	15.97	**285**
	man	1.199	3.387	16.38	**115**

Components	Gender	Mean standard error	Standard deviation	Mean	Number
Weak communication	Female	0.337	1.84	20.05	**285**
	man	0.439	1.243	16.01	**115**
Feeling useless	Female	0.476	2.605	31	**285**
	man	1.664	1.525	31.32	**115**
Common norms between the organization and employees	Female	0.208	1.141	24.26	**285**
	man	0.210	0.120	24	**115**
How employees perceive equality and justice	Female	0.271	1.485	40.49	**285**
	man	2.500	0.708	40.26	**115**
Weakness in social control	Female	0.490	2.682	24.34	**285**
	man	0.375	1.062	24.14	**115**
Defects in socialization	Female	0.222	1.214	8.20	**285**
	man	0.458	1.110	8	**115**
Social indifference	Female	0.149	0.815	8.14	**285**
	man	0.628	1.776	8.75	**115**

Table 6 showed descriptive indicators related to anomie components and their indicators based on gender. In this table, how employees perceived justice It had the highest Mean standard error of 2.500. The lowest standard deviation was related to common norms between the organization and employees, which is 0.120.

Qualitative Findings

Organizations that do not know where they are and what their current situation is often going astray. Successful organizations have a clear understanding of their goals and objectives, which allows them to define organizational goals, strategic goals, and draw the vision of the organization nowadays, some organizations have to change their mission, but in any case, there must be some alignment in the goals of employees and the organization. Another component of standard-based selection in the organization consists of the following criteria: involvement of employee personality and education in performing tasks, talent identification, purpose fulness in the arrangement and selection of human resources and screening of human resources in the organization. The other components of organizational anomie are ambiguity in organizational goals. Which has the characteristics of priority ambiguity, lack of distinction between long-term goals and performance goals, multiple or shifting goals in the organization, holding closed meetings, lack of transparency in expressing decision results, undefined employment conditions, lack of transparency in promotion and appointment conditions

Distrut is another component of anomie, which includes signs such as experience transfer, participatory management, emphasizing the system of suggestions and acceptance of ideas of employees, and valuing all employees equally.The fifth component is the negative attitude of employees towards their job and includes indicators of poor management in resolving conflicts, poor empathy of employees in the face of each other's problems in the organization and feelings of job alienation and low two-person and multi-person conversations in the organization.

The sixth component is organizational communication weakness that includes indicators of horizontal organizational communication between employees, non-verbal communication between employees, expression of emotions by employees, reduction of bureaucracy and paperwork, use of oral communication tools. The seventh component is the feeling of being useless versus feeling worthless and includes not participating in work voluntarily, not having or weakening the employee reward system, not respecting the employee's personal values, centralized decisions in the organization and delegating authority to employees.

The eighth component includes common norms between the organization and employees, which have the following characteristics: dealing with delinquent employees, holding holidays and work celebrations in the workplace, conducting work processes collectively. Durkheim defines anomie as errors and deficiencies that society as a whole suffers from, and these errors are related to the lack of moral and legal .The next component is how to understand justice, which has equality indicators in the payment system performance evaluation system, just work procedures, fair access of resources in the organization to employees and fair distribution of resources and fair use of the success of the organization for all employees. In fact, any ambiguity and confusion in the context of assessments related to organizational justice and weakness in the structures of this context can provide the conditions for the realization of injustice and the creation of abnormal behaviors in the organization.

Weakness in social control is another component that has the following characteristics: the availability of employee performance metrics for managers, determining work criteria for managers and employees, the system for measuring cases of work violations in the organization (2000).

. In the case of employee empowerment, for example, individuals typically manage parts of the work, while top managers are satisfied with just macro and excellent control methods. Employee socialization is a component that can be effective in creating organizational anomie and the indicators of holding continuous tests of familiarity with the rules of the organizatio, explaining the values of the organization to job applicants before and for employees after entering the organization, holding an introductory session to introduce new employees to colleagues are intended to do so. They also found that organizational communication is a factor influencing the occurrence of organizational anomie. In order to create coordination between the material and human elements of the organization in the form of an efficient and effective network, it is necessary to establish the desired communication. Because as long as the communication is not established, the organization stops and in fact it can be said that the effective management of employees as well as organizational processes depends on effective organizational communication. Deficiency in the process of socialization is another component that is discussed that depends on factors such as adaptation to the culture, goals and organizational processes and the individual and also the characteristics of holding continuous tests of familiarity with organizational rules, continuous training of organizational rules, explaining organizational values to previous job applicants And for employees after entering the organization, an introductory session is planned for the new employee to get acquainted with colleagues.

Feelings of apathy and indifference in participating in social responsibilities from the perspective of researchers and feelings of powerlessness of employees, ineffectiveness (ineffectiveness) or inefficiency, is expressed in the sense of indifference, which is another effective component of organizational anomie. And the lack of participation of employees in public welfare, employees' despair of their future work, the desire to retire early, the feeling of powerlessness in employees, rejection of changes in the organization, reluctance to vote

in the organization, are its indicators, no matter how people in society The higher the level of feelings of ineffectiveness in work processes, the greater the likelihood of social indifference and alienation from social issues. Social indifference will cause frustration, despair and individualism in society and the organization.

Conclusion

In today's competitive and rapidly changing world, it is really important to understand the causes and consequences of organizational anomie. Individual disorders, as well as individual and group selfishness, are all characteristics of anomie, and ultimately contribute to abnormal behaviors. Some employees may be abusive or harsh with their co-workers, or others may be upset by the behavior of their subordinates, even when employees disagree with government plans, policies, strategies, or even government policies, then they manifest behaviors that in most cases are unconventional and illegitimate and deviant behaviors and cause psychological and physical harm to employees. In the long term, these behaviors cause irreparable damage to work processes in organizations. Organizational anomalies cause a feeling of weakening workplace norms and values, that leads to dissatisfaction some crises and threats, such as the Covid 19 pandemic that we are still struggling with, as well as organizational problems, can threaten values and norms and lead to abnormal behaviors. The improvement of staff competencies in hospitals is expected to have a significant impact on the quality of services they provide due to their interactions with various segments of society. Excessive work usually, Job insecurity, low wages and long working hours, lacks the motivation to engage in activities and take on effective responsibilities and this has doubled the importance of examining organizational behavior in hospitals for managers.

In fact, the effectiveness of organizational behaviors in hospitals needs to be strengthened through the normalization and cohesion of the social foundations of the workplace. Organizational anomie behaviors are studied, such as those that impair or intend to harm the organization, its employees, or its shareholders. The most important arm of healthcare providers is the Health Department, particularly hospitals. Because the public hospitals studied in this study, as a dynamic organization, have put change government transformation in various managerial and organizational dimensions on their agenda, recognizing the type of organizational behaviors among the personnel of this organization seemed to be a worthy and necessary step. Identifying the components that affect the occurrence of anomie in the organization helps managers to understand which factors to pay more attention to reduce the level of anomie at regular intervals and perform rapid reactions.

According to the findings, anomie with a component of conflict plays the most important role in the individual and organizational goals in the workplace. The fact is that individual interests are widely involved in the performance of organizational tasks in Iranian government organizations and hospitals, where roles and responsibilities are not clearly defined for all employees. Obviously, if the roles and tasks in organizations, especially hospital plans, are ambiguous, the division of tasks and the implementation of plans will be confusing. On the other hand, due to the nature of government jobs, from which hospital service jobs are no exception, non-working relationships and the involvement of friends affect the regulation of organizational roles, which can lead to abnormal organizational behaviors. In the present study, by constructing and using this questionnaire in the organizational environment, an important step can be taken to improve and develop this environment and the productivity of the hospital environment. Accordingly, the components, as well as the indicators of organizational anomie that were obtained through theoretical and field studies in this study, were employed to further deepen the culture in the field of organizational anomie. Lack of literature and research

background on the subject of organizational anomie in hospitals is one of the limitations of research that it is expected that this study can add to the richness of the existing literature in this field.

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