

Assessment of Organizational Commitment Among Nurses: A Cross-Sectional Study

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ABSTRACT

The recruitment and retention of qualified nurses are essential goals for healthcare institutions. However, various challenges can compromise nurses' commitment. The study is a cross-sectional study conducted with 218 nurses using a sociodemographic questionnaire and an organizational commitment questionnaire and conducted through an online form. Data were analyzed using PSPP version 1.6.2-g78a33a. The sample consisted of 83.5% female participants and 43.1% were between the ages of 26-35. The proportion of singles in the sample was 46.8% and the proportion of those with postgraduate (specialist) degrees was 83.5%. Most participants had only one job (72.9%) and worked in private institutions (62.4%) in São Paulo (45.4%). The majority worked in wards (23.4%), had 1-5 years of professional experience (45.0%), and had been at their current institution for 1-5 years (61.0%). Most participants work daytime shifts (67.0%) with a weekly workload of 40-48 hours (58.7%). The majority of nurses (38.5%) had no intention of leaving their jobs in the past 12 months. Most nurses showed moderate (39.4%) or high (33.9%) levels of organizational commitment. Nurses, who had only one job, worked during the day and had no intention of leaving their job in the past 12 months, had higher organizational commitment scores. Although nurses maintain good levels of commitment even during crises, inadequate working conditions negatively affect this commitment. Healthcare institution administrators and nurse managers should aim to support nurses to strengthen their organizational commitment.

Keywords: Health management, nurse administrators, organizational commitment, workplace

ÖZ

Hemşirelerde Örgütsel Bağlılığın Değerlendirilmesi: Kesitsel Bir Çalışma

Nitelikli hemşirelerin işe alımı ve işte tutulması, sağlık kurumları için temel hedefler arasındadır. Ancak çeşitli zorluklar hemşirelerin bağlılığını zayıflatabilir. Bu çalışmanın amacı, Brezilya'nın güneydoğu bölgesinde farklı sağlık kurumlarında çalışan hemşirelerin örgütsel bağlılık düzeylerini belirlemektir. Araştırma, 218 hemşire ile çevrim içi bir form aracılığıyla gerçekleştirilen, sosyodemografik bir anket ve örgütsel bağlılık anketinin kullanıldığı kesitsel bir çalışmadır. Veriler, PSPP'nin 1.6.2-g78a33a sürümü kullanılarak analiz edilmiştir. Örneklem, ağırlıklı olarak kadın katılımcılardan (%83,5), 26-35 yaş aralığındaki kişilerden (%43,1), bekâr olanlardan (%46,8) ve lisansüstü (uzmanlık) derecesine sahip olanlardan (%83,5) oluşmuştur. Katılımcıların çoğunluğu yalnızca bir iş yerinde çalışmaktaydı (%72,9) ve São Paulo eyaletinde (%45,4) özel kurumlarda (%62,4) görev yapmaktaydı. Çoğunluk serviste çalışmakta (%23,4), 1-5 yıl arasında mesleki deneyime sahip (%45,0) olup mevcut kurumlarında 1-5 yıldır çalışmaktaydı (%61,0). Çoğu katılımcı gündüz vardiyasında (%67,0) haftalık 40-48 saatlik (%58,7) görev yapmaktaydı. Hemşirelerin çoğu (%38,5) son 12 ay içinde işlerinden ayrılmayı düşünmediğini belirtmiştir. Hemşirelerin çoğunluğu orta (%39,4) ve yüksek (%33,9) düzeyde örgütsel bağlılık sergilemiştir. Yalnızca bir iş yerinde çalışan, gündüz vardiyasında çalışan ve son 12 ayda işten ayrılma niyeti olmayan hemşireler daha yüksek örgütsel bağlılık puanlarına sahip olmuştur. Hemşireler, kriz anları dahi yüksek düzeyde bağlılık gösterebilir de uygun olmayan çalışma koşulları bu bağlılığı olumsuz yönde etkilemiştir. Bu nedenle, sağlık kurumu yöneticileri ve yönetici hemşirelerin, hemşirelerin örgütsel bağlılıklarını güçlendirmek amacıyla destek sağlamaya yönelik adımlar atmaları gerekmektedir.

Anahtar kelimeler: Sağlık yönetimi, yönetici hemşireler, örgütsel bağlılık, çalışma ortamı

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INTRODUCTION

Due to technological advances, globalization, changes in the demands of individuals' health, and increasing competition, especially among private healthcare institutions, productivity issues have become increasingly important in the healthcare sector (1,2). The need for healthcare workers to become more productive has gradually gained prominence, as organizations' success mainly depends on their employees' efficiency and effectiveness (3,4). In other words, hiring and retaining qualified healthcare workers is one of the main organizational goals in the healthcare sector. This is because only with qualified professionals can the quality of care and, consequently, organizational success be achieved (5). Among these healthcare workers are those who are part of the nursing team, which represents the largest group of professionals in terms of both quantity and hours worked (6,7). However, the shortage of nurses is a reality in many countries worldwide, and retaining these professionals in the workplace is one of the great challenges for healthcare institutions (6,8,9). Meanwhile, nurse turnover is gradually increasing worldwide, which may suggest a decrease in nurses' organizational commitment (9,10).

Organizational commitment can be defined as the engagement between employees and the organization where they work, which makes them proud of their workplace and strongly willing to continue performing their duties in such organizations (9,11). Nunes and Gaspar identify different dimensions of organizational commitment, which can be affective, calculative, or normative (5). Affective commitment refers to the employee's feelings towards the organization. This type of commitment arises from identification, where the employee and the organization share similar goals, missions, and visions. In the case of calculative commitment, the employees associate themselves with the organization due to material gains; leaving the organization would result in economic disadvantages. Normative commitment arises when the employee feels a moral obligation to be loyal to the organization (12).

The organizational commitment of nurses influences job satisfaction, turnover, productivity, and the quality of care (8,13-15). On the other hand, nurses' organizational commitment can be positively impacted by good working conditions, highlighting the fundamental importance of ethical nursing leaders who support their teams and collaborate to establish appropriate work environments (10,15,16). Lack of fairness in the workplace, stress, overwork, and role conflicts can decrease organizational commitment among nurses (17). Additionally, low salaries, exhausting

work hours, toxic leadership, understaffing, and overall lack of organizational support increase nurses' intentions to leave their jobs (18). This is important, as studies indicate a negative relationship between nurses' intentions to leave their jobs and organizational commitment (8,19).

Nurses' organizational commitment can also be threatened during healthcare sector crises (20,21). The coronavirus diseases-2019 (COVID-19) pandemic is a recent event that has challenged the nursing field in various dimensions. Nurses faced the fear of contracting the disease and infecting loved ones, witnessed colleagues and patients die, and encountered numerous ethical dilemmas due to lack of knowledge and training, as well as shortages of human and material resources (22-24). Brazil was one of the countries hit the hardest by COVID-19, with many people infected and dying due to disease, including numerous healthcare workers (25,26). It is understood that all these factors can negatively influence nurses' organizational commitment.

Both during their routine tasks and in crises, maintaining nurses' organizational commitment brings benefits for both professionals and patients and, consequently, for healthcare institutions (5). It is observed that the international scientific literature extensively addresses nurses' organizational commitment. A study conducted in Portugal has identified the presence of effective and calculative commitment among nurses (5). A study carried out in the United States has shown that nurses' psychological empowerment increases organizational commitment (10). Meanwhile, according to a study conducted in Iran, performance evaluation has been found as one of the factors influencing nurses' organizational commitment (14). Regarding previous research conducted in Brazil, the commitment of nursing team members to the profession is discussed; however, there has not been much research on organizational commitment, thus indicating the need to address the subject (27-29). Given the above, the objective of this study was to identify the levels of organizational commitment among nurses working in different healthcare settings in the southeastern region of Brazil.

MATERIALS AND METHOD

Research Question

What is the level of organizational commitment among nurses working in healthcare institutions in the southeastern region of Brazil?

Design and Sample

A cross-sectional, descriptive study with a quantitative approach was carried out. It was reported according to the tool for Strengthening the Reporting of Observational Studies

in Epidemiology (30). A convenience sample was sought. The target population consisted of nurses working in the southeastern region of Brazil. The inclusion criteria for participation in the survey were; a) being a nurse, b) having worked as a nurse in any department of healthcare institutions localized in the southeastern region of Brazil for at least six months, and c) having accepted to participate in the survey. A sample size calculation was performed using G*Power software based on an estimated population of approximately 334.000 nurses working in the southeastern region of Brazil, as reported by the Federal Nursing Council. In G*Power, an effect size of 0.3 (indicating a medium effect), a significance level (alpha) of 0.05, and a statistical power of 0.80 were specified. With a confidence level of 85% and a margin of error of 0.05, it was determined that a sample size of 208 participants would be sufficient to detect significant effects with adequate statistical power. There were 302 responses to the survey; however, 84 participants did not meet the inclusion criteria or did not fill out the questionnaire correctly. Thus, a total of 218 participants were included in the study.

Data Collection

An online questionnaire was employed for data collection. Google Forms was utilized to formulate and distribute the questionnaire. Google Forms is practical for both researchers and participants, who can respond to the research instrument anytime and anywhere (31). This convenience of the research instrument presents a significant advantage, especially when reaching participants in different locations and participants who may not have much free time, as is the case with nurses. Recruitment was done through a professional social media application by sending instant messages to individuals residing in the southeastern region of Brazil who identified themselves as nurses on their profiles. Messages included information about the study, the link to the Informed Consent Form, and the Google Forms questionnaire. Data were collected between February 1, 2024, and May 31, 2024. The southeastern region was chosen for being the most populous, with the most significant number of healthcare institutions and, consequently, the highest number of nurses.

Ethical Considerations

The study was conducted according to the Helsinki Declaration. Participant anonymity was ensured. The study was approved by the Ethics Committee of the Anna Nery School of Nursing – São Francisco de Assis School Hospital of the Federal University of Rio de Janeiro through the Brazil Platform (approval date: 28.11.2023; decision number: 6.538.117). Participants were asked to read a consent form and indicate their consent. Permission was obtained to use the Organizational Commitment Questionnaire (OCQ).

Measures

The questionnaire consists of two sections. The first part contains questions aimed at characterizing the participants, such as age, sex, marital status, education level, type of institution where they work, number of job positions, position, state where they work, unit where they work, working hours, shift, total professional experience, length of time working in the current institution, and intention to leave the job. Participants with more than one job position were instructed to answer the questions according to their longest job position. The second part of the questionnaire involved the OCQ. The OCQ was translated by Gomes from the original work of Mowday, Steers and Porter (32,33). The questionnaire aims to assess the feelings, attitudes, and positive values assumed by professionals regarding the workplace. The scale used consists of nine items (the positive items from the original scale of 15). Responses are of the Likert type, where a five-point agreement scale is used, ranging from “1” for strongly disagree to “5” for strongly agree. The total score is obtained by summing up all item scores; thus, the minimum score that can be obtained is nine, and the maximum score is 45.

Data Analysis

SPSS version 1.6.2-g78a33a was used. Frequency, percentage, mean and standard deviations were used to present descriptive statistics. Scatter plots and the Kolmogorov-Smirnov test were used to assess the normality of the data distribution. The differences in organizational commitment among socio-demographic variables were examined through the Mann-Whitney U and Kruskal-Wallis tests. The statistical significance was set as $p < 0.05$.

RESULTS

Participants' Characteristics

The sample consisted mainly of female participants ($n = 182$, 83.5%), aged 26 to 35 ($n = 94$, 43.1%) years. A notable portion had post-graduate (specialization) degrees ($n = 182$, 83.5%) and identified as single ($n = 102$, 46.8%). Detailed demographic characteristics of the participants are shown in Table 1.

Regarding professional characteristics, most participants had only one job ($n = 159$, 72.9%), primarily within private healthcare institutions ($n = 136$, 62.4%) and were mainly based in the state of São Paulo ($n = 99$, 45.4%). The majority worked in wards ($n = 51$, 23.4%), had work experience ranging from one to five years ($n = 98$, 45.0%), and had been working at their current institution for one to five years ($n = 133$, 61.0%). Most participants reported working daytime shifts ($n = 146$, 67.0%), with weekly hours between 40-48 hours ($n =$

Table 1. Demographic characteristics of the participants (n= 218)

	n	%
Sex		
Female	182	83.5
Male	36	16.5
Age		
25 or less	29	13.3
26-35	94	43.1
36-45	72	33.0
46 or more	23	10.6
Highest educational level		
Bachelors' degree	24	11.0
Post-graduate (Specialization)	182	83.5
Master's degree	10	4.6
Doctorate	2	0.9
Marital status		
Single	102	46.8
Married	82	37.6
Stable union	20	9.2
Separated	2	0.9
Divorced	12	5.5

128, 58.7%). Additionally, a significant portion (n= 84, 38.5%) had no intention of leaving their jobs in the past 12 months. The professional characteristics of the participants are detailed in Table 2.

Organizational Commitment Results

The questionnaire demonstrated excellent reliability. The Cronbach's alpha for the OCQ was 0.93. The average organizational commitment level among participants was (28.73 ± 9.14). Out of the total participants, 39.4% (n= 86) exhibited moderate and 33.9% (n= 74) high levels of organizational commitment (Table 3).

The comparisons between organizational commitment and socio-demographic variables were examined through Mann-Whitney U and Kruskal-Wallis tests. Statistically significant differences were observed in organizational commitment scores regarding the number of jobs ($U= 3827.00$, $p < 0.05$), the type of shift [$\chi^2 (2)= 7.35$, $p < 0.05$], and the intention to leave the job in the last 12 months [$\chi^2 (5)= 55.58$, $p < 0.001$]. The Bonferroni test was applied for pairwise comparisons through Post Hoc analysis to identify the groups that made differences. According to the results, nurses with only one job showed higher organizational commitment than those with more than one job. Participants who exclusively work during the day demonstrated higher organizational commitment compared to those working night shifts. Nurses who did not express any intention to leave their jobs in the last 12 months exhibited a more pronounced organizational

Table 2. Professional characteristics of the participants (n= 218)

	n	%
Having more than one job		
No	159	72.9
Yes	59	27.1
Type of organization		
Private	136	62.4
Public	82	37.6
Workplace state		
Espírito Santo	26	11.9
Minas Gerais	43	19.7
Rio de Janeiro	50	22.9
São Paulo	99	45.4
Work department		
Administration	43	19.7
Emergency room	27	12.4
Primary health	24	11.0
Intensive care unit	31	14.2
Operation room	12	5.5
Outpatient	30	13.8
Ward	51	23.4
Total work experience		
6-11 months	12	5.5
1-5 years	98	45.0
6-10 years	39	17.9
11-15 years	29	13.3
16 or more years	40	18.3
Work experience in the actual institution		
6-11 months	40	18.3
1-5 years	133	61.0
6-10 years	25	11.5
11-15 years	11	5.0
16 or more years	9	4.1
Type of shift		
Day	146	67.0
Night	29	13.3
Mixed	43	19.7
Working hours per week		
20-24	12	5.5
30-36	59	27.1
40-48	128	58.7
50-54	2	0.9
60-64	11	5.0
70 or more	6	2.8
Intention to leave in the last 12 months		
None	84	38.5
Once	21	9.6
Twice	27	12.4
Three times	35	16.1
Almost every day	45	20.6
Every day	6	2.8

commitment than those who expressed the intention to do so twice, three times, almost every day, or every day (Table 4).

Table 3. Descriptive statistics and levels of organizational commitment

	Min	Max	Mean	Standard Deviation (SD)	Skewness	Kurtosis	Cronbach alpha
OCQ	9.00	45.00	28.73	9.14	-0.08	-0.93	0.93
OCQ levels				n	%		
Low				58	26.6		
Moderate				86	39.4		
High				74	33.9		

Table 4. Comparison of organizational commitment scores according to the demographic characteristics of the participants

Comparison with organizational commitment	Mean	Standard Deviation (SD)	Statistic	p	Significant Comparisons (Bonferroni)
Type of shift			$\chi^2(2)= 7.35$	0.025	Day> Night
Day	29.68	9.13			
Night	24.62	8.50			
Mixed	28.30	8.98			
Intention to leave (in the last 12 months)			$\chi^2(5)= 55.58$	<0.001	None> Twice, three times, almost every day, every day
None	33.27	8.64			
Once	31.57	6.70			
Three times	26.40	9.70			
Almost everyday	23.13	8.10			
Everyday	14.33	4.76			
Having two jobs			U= 3827.00	0.037	Yes< No
Yes	26.71	8.36			
No	29.48	9.32			

DISCUSSION

The present study aimed to identify the levels of organizational commitment among nurses working in different healthcare settings in the southeastern region of Brazil. Most participants in this study were female, single, and between 26 and 35 years old. Although sex-related results are similar to those of previous studies conducted with Brazilian nurses, other sociodemographic characteristics, such as age and marital status, differ. Participants in other studies were generally older and married (34,35). The relatively young sample in this study explains the short period of experience among the participants, which mostly ranges from one to five years. Regarding educational level, it is notable that nurses are interested in improving their professional skills, as most have completed a postgraduate course. This may be attributed to the increasingly competitive nursing job market (36).

Regarding professional characteristics, most nurses were working in the private sector, in the state of São Paulo, in daytime shifts, with a weekly workload ranging from 40 to 48 hours. A study that analyzed the job market for Brazilian nursing professionals revealed that the private health sector

is on the rise, with around 60.000 establishments, mostly located in the state of São Paulo (37,38). According to Machado et al., 43.8% of nursing professionals working in these institutions work daytime shifts and 44.4% have weekly working hours exceeding 41 hours (37). All these findings align with the professional characteristics of the nurses participating in the present study.

It is important to emphasize that data collection was conducted after the advent of the COVID-19 pandemic, an event that widely impacted the healthcare sector and caused significant changes in the routine and demands of nursing, which could have negatively affected the organizational commitment of these healthcare workers. However, most participating nurses obtained organizational commitment scores ranging from moderate to high. These results are similar to the studies conducted in different countries both before and after the pandemic. In studies carried out with Iranian nurses and Filipino nurses before the pandemic, their organizational commitment scores were evaluated as moderate (19,39). In a study conducted in Portugal, also before the COVID-19 pandemic, nurses showed high levels of organizational commitment (40). Similar results were

obtained a few months before COVID-19 was declared a pandemic by the World Health Organization, with Portuguese nurses once again showing high levels of organizational commitment (8). In a study conducted in China during the pandemic, the organizational commitment levels of nurses also reached high levels (41). Meanwhile, Saudi Arabian nurses exhibited moderate levels of organizational commitment during the COVID-19 pandemic (42). There is a gap in the scientific literature regarding the topic in Brazil. Although the work and career commitment of nursing team members have been discussed, presenting high rates, studies specifically discussing organizational commitment are scarce (27-29,35).

Various factors may have contributed to reasonable levels of organizational commitment among the research participants. Studies show that amid outbreaks and other crises, nurses feel compelled by the ethical commitment to provide quality care to those in need (23,43). Nurses are trained healthcare workers equipped to act appropriately during crises (44,45). Additionally, it is important to consider that many nurses choose the profession out of passion, which can also positively influence organizational commitment (46). Another factor to consider is that Brazil faces an economic crisis that is leading to unemployment. In this scenario, young nurses struggle to find jobs, and experienced nurses are excluded from the job market during times of economic crisis (36,47). Thus, the difficulty in finding a new job may also justify the organizational commitment of the nurses participating in the present study.

Regarding sociodemographic data and their relation with levels of organizational commitment among nurses, the scientific literature presents highly varied results. In a study in Saudi Arabia, male nurses have exhibited higher organizational commitment scores (42). A study conducted in Portugal has pointed to higher organizational commitment among nurses with 10-18 years of working experience (8). Similarly, in a study carried out in Saudi Arabia, a higher organizational commitment has been identified among more experienced nurses (48). Meanwhile, a study from Türkiye has emphasized that nurses over 40 years old and working in public institutions showed higher organizational commitment (16). According to the study conducted in Portugal, nurses working in community care units and family health care units showed higher levels of organizational commitment compared to those working in personalized health care units (8). All these findings from previous studies carried out in varied countries before and after the COVID-19 pandemic differ from those of the present study, where there were no significant differences between the mentioned

socio-demographic variables of the nurses and their organizational commitment scores.

Conversely, statistically significant differences were observed in organizational commitment scores concerning the type of shift, the number of jobs, and the intention to leave the job in the last 12 months. According to the results, nurses who work daytime shifts, have only one job, and did not show any intention to leave their job in the past year are more committed to the institutions in which they work. A study conducted in Türkiye has also pointed out that nurses who work day shifts presented a higher level of organizational commitment (17). A systematic review conducted in 2022 identified that the working conditions of nurses on the night shift were more challenging. Despite the greater team spirit among night shift nurses, this is due to a negative factor, as group cohesion occurs because of the reduced number of nurses working at night. Insufficient sleep periods and social isolation are other problems faced by these professionals (49). These factors may explain why nurses working the night shifts showed lower organizational commitment levels than those working daytime shifts. However, the most negative factor observed in the systematic review previously mentioned was the lack of organizational support, which makes nurses feel undervalued and invisible (49). All these findings are consistent with one of the few studies conducted in Brazil on the topic, which identified a positive association between nursing professionals' commitment and organizational support, including training opportunities and the relationships between nurse leaders and their team members (29). Previous studies on working conditions have highlighted that many members of Brazilian nursing teams are compelled to take on two jobs due to low salaries (37,50). This uncomfortable reality may explain the lower levels of organizational commitment among nurses who work in more than one healthcare institution. Finally, the relationship between intention to leave and levels of organizational commitment was also observed in previous studies conducted in different countries. According to the studies carried out in Portugal and the Philippines, nurses who were more committed to their institutions have fewer intentions to leave their jobs (8,19).

High turnover rates in healthcare institutions, exacerbated by the COVID-19 pandemic, are significant challenges for the healthcare sector (10). Attitudes of healthcare institution administrators and nurse managers are crucial in driving nurses' organizational commitment (10,15,16). In their study, Akgerman and Sönmez have identified a positive relationship between trust in first-line nurse managers and the organizational commitment of

Turkish nurses (16). In a study conducted in Iran, a relationship has been observed between performance appraisal and nurses' organizational commitment (15). These factors highlight the crucial role of nurse managers in supporting their teams so that nurses have high levels of organizational commitment. Nurses committed to the organization will have their well-being preserved and be better able to provide quality patient care (39).

Limitations

Although the study provides important information regarding the organizational commitment of nurses working in the southeastern region of Brazil, it has some limitations. Using a convenience sample in which almost half of the participants were from the same state is one of these limitations. Additionally, only nurses who were part of a particular professional social media platform were recruited. The utilization of self-report questionnaires can also be considered a limitation of the study.

CONCLUSION

To the best of the author's knowledge, this is the first study to investigate the organizational commitment levels of Brazilian nurses working in different healthcare settings after the advent of the COVID-19 pandemic. Most nurses presented levels of organizational commitment that varied between moderate 39.4% (n= 86) and high 33.9% (n= 74). Statistically significant differences were observed in organizational commitment scores concerning the type of shift, the number of jobs, and the intention to leave the job in the last 12 months. According to the results, nurses who work daytime shifts, have only one job, and did not show any intention to leave their job in the past year are more committed to the institutions in which they work.

The results show that nurses remain committed to their institutions even after the COVID-19 pandemic. However, adverse working conditions, such as low salaries and an elevated number of night shifts, can negatively impact the organizational commitment of these professionals. This emphasizes the critical role of hospital administrators and nurse managers in supporting their team members, as nurse turnover negatively impacts care quality and consequently harms the healthcare institution.

It is believed that studies addressing the organizational commitment of Brazilian nursing staff should be more widely developed, and especially the use of differentiated methodologies, such as qualitative approaches, should be applied to better understand the process involving organizational commitment in nursing.

Ethics Committee Approval: Ethical approval was obtained from the Research Ethics Committee of the Anna Nery School of Nursing – São Francisco de Assis School Hospital of the Federal University of Rio de Janeiro through the Brazil Platform (Approval date: 28.11.2023, Decision number: 6.538.117).

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