

# ORGANISATIONAL COMMITMENT AMONG NURSES: A QUALITATIVE STUDY

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## ABSTRACT

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### OBJECTIVE:

To describe the perceptions and experiences related to the organisational commitment of nurses working in healthcare institutions across different regions of Brazil.

### DESIGN:

Descriptive qualitative study.

### SETTING:

Registered nurses working in Brazilian healthcare institutions.

### METHODS:

An online data collection tool was used. A total of 55 registered nurses participated in the study. Data were collected from July 15, 2023, to September 20, 2023. A thematic analysis was conducted.

### RESULTS:

Data were organised into four themes: reasons to stay in the organisation, feelings towards the organisation, factors that promote organisational commitment, and factors that hinder organisational commitment. A total of 14 subthemes were identified.

### CONCLUSIONS:

The study sheds light on the indispensable significance of leadership styles and strategic formulations in improving working conditions, thus driving organisational commitment among nurses. Healthcare institutions could implement pilot projects to strengthen the leadership skills of nurse managers, systematically assessing their influence on workplace satisfaction and commitment.

### KEYWORDS

Brazilian nurses, health facilities, job satisfaction, qualitative research, nurses, work engagement, workplace

## INTRODUCTION

Organisational commitment is a widely debated topic across various sectors, including private companies, non-profit organisations, and governmental institutions. It plays a crucial role in boosting productivity and retaining talent. This aspect proves to be crucial for boosting productivity and retaining talent within organisations. Committed employees not only show greater dedication to their tasks but also contribute innovative ideas. They build a valuable connection with the company's goals. In addition, commitment helps inspire colleagues and supports the effective communication of the organisation's vision and mission. [1-3].

Organisational commitment becomes even more relevant for healthcare institutions, which rely on professionals with different levels of education and expertise in various fields [4, 5]. The focus on Brazil is particularly significant due to its diverse healthcare system and regional disparities. These factors provide a comprehensive and representative context for examining organisational commitment among healthcare workers. Brazil's healthcare system comprises the public and private sectors, with significant variations in resources, infrastructure, and management practices across different regions [6]. Moreover, the country is undergoing an economic crisis and has high unemployment rates [7]. These factors may influence employees' organisational commitment.

Promoting organisational commitment involves transparent communication, continuous professional development, and performance recognition. Regardless of the sector, these strategies are crucial for increasing efficiency and effectiveness in service delivery. They also help establish a solid foundation for lasting organisational commitment [3, 8].

Organisational commitment refers to employees' dedication toward the organisation itself, including its mission, values, and goals. This can encompass factors such as employee loyalty, willingness to contribute to the organisation's objectives, and alignment with the organisational culture. In essence, organisational commitment focuses on the relationship between the worker and the organisation as a whole [8, 9]. Thus, emotional commitment contributes to general organisational commitment. Emotional commitment refers to the affective bond an employee feels toward the organisation. In contrast, organisational commitment encompasses the employee's overall dedication to the organisation's goals and objectives [3].

According to Meyer and Allen [9], three types of bonds can exist in the worker-organisation relationship. The first is the emotional bond, where workers remain in the institution because they want to. The second bond pertains to the awareness of the costs associated with leaving the organisation, so workers stay because they need to. The third bond relates to the obligation to stay with the company, meaning workers remain because they feel obligated to do so. Therefore, organisational commitment can be influenced by a variety of factors, reflecting the complexity of the relationships between workers and organisations.

### ORGANISATIONAL COMMITMENT IN THE HEALTHCARE SECTOR

As the average life expectancy of the global population increases, so do the healthcare needs and the urgency to address the shortage of healthcare workers in various countries [10]. In this context, organisational commitment in the healthcare sector is gaining prominence and is widely discussed within the scientific community [10, 11].

In the healthcare sector, organisational commitment is crucial for optimal performance and quality service delivery [1, 2, 4]. Effective communication, continuous professional development, and recognition of staff efforts contribute to a positive work environment. Inspiring a shared commitment to the institution's mission enhances employee motivation. These strategies not only benefit healthcare workers but also directly impact patient outcomes by promoting compassionate patient-centred care [4, 12].

The commitment of healthcare workers influences productivity, thus impacting the efficiency of healthcare institutions, which in turn is a significant indicator of a country's level of development [1, 2]. When it comes to productivity in the

healthcare sector, particularly the organisational commitment of nursing staff plays a crucial role, as the way the members of the nursing team carry out their functions directly affects the sector's performance [13].

## ORGANISATIONAL COMMITMENT AMONG NURSES

The organisational commitment of nursing team members is vital for ensuring high-quality patient care and a positive work environment. At the helm of the nursing team is the registered nurse, whose various roles are essential for the quality of care. It is understood, therefore, that the organisational commitment of nurses is vital for the success of healthcare institutions. Studies conducted to assess the organisational commitment of nurses indicate medium to high levels [5, 14]. These facts are important since it was identified a negative correlation between organisational commitment and turnover among nurses [14].

Various factors such as organisational order, fair salary, job security, and learning environment, among others, are seen to exert influence on the levels of organisational commitment demonstrated by nurses in their workplace [15, 16]. While this array of factors is comprehensive, the prominent role played by health administrators and nurse managers in establishing conducive contexts for consolidating organisational commitment among nurses is undeniable [16, 17].

Nurses' organisational commitment was not discussed enough in the Brazilian scenario [18]. By exploring nurses' organisational commitment within a complex healthcare system like Brazil's, which encompasses both the public and private sectors and faces the challenge of serving a vast territory with significant regional disparities, insights can be gained into how these factors may influence commitment levels and how strategies can be tailored to meet specific needs. Additionally, the growing importance of improving healthcare delivery in Brazil, coupled with the need to retain skilled nursing professionals, underscores the relevance of this study in contributing to the broader discourse on healthcare management and policy [6]. The current economic crisis in Brazil and the high unemployment rates experienced by Brazilians also affect the nursing field [7]. This may lead nurses to remain in organisations out of reluctance—not out of personal desire or a sense of obligation, but due to financial necessity and fear of not finding other employment.

Although the organisational commitment of Brazilian nurses has been explored to a limited extent in the scientific literature, issues such as professional devaluation and the need for multiple jobs have been widely discussed [18, 19], and these factors can influence nurses' organisational commitment. Furthermore, one of the few studies that addressed the topic in the Brazilian context was limited to the public sector in a specific region, emphasising the need for a broader exploration of the topic, covering other regions and the private sector [18]. The current study aimed to describe the perceptions and experiences related to the organisational commitment of nurses working in healthcare institutions across different regions of Brazil.

## METHODS

### DESIGN

This is a descriptive, qualitative study guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist [20]. The study used a phenomenological approach to explore participants' experiences and perceptions.

### SAMPLE

The participants were recruited through social networks among those who identified themselves as registered nurses in their profiles. Efforts were made to invite nurses from various regions of Brazil, both from public and private institutions. Additionally, the recruitment was not directed toward specific nursing organisations or groups, aiming to ensure a broader and more representative sample. Only registered nurses who have worked at their current institution for at least one year were included. The recruitment process took place between July 15, 2023, and September 20, 2023, through individual messages that included an invitation to participate, general information about the study, the Informed Consent Form (ICF), and the data collection instrument. A total of 55 registered nurses working in healthcare institutions from different regions of Brazil took part in the study. Data were continuously analysed as participants' responses were received, which allowed for the evaluation that theoretical sufficiency was achieved with 55 participants.

## DATA COLLECTION

The collection of data was overseen by a female individual holding the titles of Registered Nurse and Assistant Professor, possessing a Doctorate in Nursing Management. While the author holds a cultural background comparable to that of the participants, no association exists between her and the participants recruited via social media channels. The researcher has completed a course on qualitative research methodologies and has extensive experience applying qualitative approaches.

The data was collected using online Google Forms; thus, the study consists of written responses from 55 registered nurses to eight open-ended questions. This method, widely used in quantitative studies, is increasingly being employed in qualitative research as well, as this approach possesses adaptable characteristics, allowing participants to complete the data collection instrument at their convenience and location. Furthermore, it effectively captures unfiltered written reactions, uninfluenced by the interplay between interviewer and interviewee dynamics [21]. The data collection process was conducted in Portuguese. Before responding, participants were informed about the study and agreed to participate by indicating their acceptance through the ICF.

## DATA COLLECTION TOOL

The first part of the research instrument consisted of questions regarding participants' personal characteristics, such as age, gender, marital status, and education level, and professional characteristics, such as work shifts, working hours, and work sector, among others. The second part consisted of eight open-ended questions related to organisational commitment. These questions were formulated based on the findings from previous studies [5, 14, 22-24]: (1) What is the main reason for you to continue working at your current healthcare institution? (2) In what ways do you consider yourself an essential part of the organisation where you work? Please justify your response. (3) Which feelings best define your relationship with the institution you currently work for? (4) What would change in your life if you resigned or were dismissed today? (5) How do you feel about your emotional connection to the institution you work for? Please explain your response in detail. (6) What are the positive aspects of working at your current institution? (7) What are the negative aspects of working at your current institution? (8) In what ways does your current institution deserve your loyalty? Please explain your response. The data collection tool also included a section at the end where participants could provide additional comments or insights not covered in the previous questions. In addition, the tool included a closed-ended question asking participants about their intention to leave their current job.

It is estimated that the time required to complete the research instrument varied between 15 and 20 minutes. A pilot test was conducted with five participants to evaluate the data collection instrument's effectiveness. No modifications were made following these tests. The data from these five participants were included in the final analysis.

## DATA ANALYSIS

A thematic analysis approach was utilized in the data analysis, following the method outlined by Braun and Clarke [25]. The researcher conducted data transcription and coding to ensure accuracy and consistency, drawing on her experience in qualitative data analysis. Written responses from all participants were compiled into a single Word document, which was reviewed meticulously. The researcher identified themes and organised related codes into subthemes. The evaluation of the chosen codes focused on identifying connections among them. In the familiarization with the data phase, the written responses were read multiple times, and initial notes were taken. Coding was performed manually, and the approach to generating codes phase was inductive (data-driven). The codes were grouped into potential themes based on their scope during the search for themes phase. In the fourth phase, the themes were reviewed to ensure coherence. In the fifth phase, the final themes were defined and named, with examples of participant quotes provided to illustrate the themes. The report was produced based on a thematic narrative, with the participant quotes integrated and the themes contextualized according to existing literature. The collected data were presented using the assigned codes and verbatim quotations reflecting the participants' opinions. Rigorous checks were performed, and adjustments were made when necessary. Special attention was given to ensuring that the quotations used to enhance internal validity were directly relevant to the established codes and themes.

To enhance the reliability of this qualitative study, various strategies were implemented, encompassing aspects such as credibility, dependability, confirmability, and transferability, as proposed by Lincoln and Guba [26]. The researcher applied reflexivity throughout the data analysis process, aiming to minimize her own experiences' influence on the data interpretation. The subthemes and themes were reviewed multiple times based on the participants' narratives to ensure consistency in coding. The step-by-step process of data collection and analysis was thoroughly documented. The participants' quotes were included in the results section without any alterations.

## ETHICAL CONSIDERATIONS

Before the study was conducted, 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 approved it through the Brazil Platform (approval date: July 11, 2023; decision number: 6.175.563). The study's purposes and methodology were explained to the participants, and their informed consent was obtained before their involvement. The participants' anonymity was maintained, safeguarding their identities and personal information. The ethical principles established by the Declaration of Helsinki were followed.

## RESULTS

Out of the total participating nurses, 43 (78.2%) were female. A total of 25 (45.5%) participants fell in the age group of 26 to 35 years; 23 (41.8%) were single, and 44 (80%) were specialist nurses. In terms of location, 15 (27.3%) participants worked in the Northeastern region. Regarding work settings, 41 (74.5%) participants had a single job, 27 (49.1%) participants exclusively worked in private institutions, 15 (23.4%) nurses worked in wards, 30 (54.6%) worked between 40 and 48 hours per week, the same number (54.6 %) were on day shifts, and 27 participants (49.1%) had 1-5 years of experience. Furthermore, 23 participants (41.8%) expressed they had intentions to leave their current institutions 1 to 3 times in the last year (Table 1).

Data were categorized into four themes: (1) reasons to stay in the organisation, (2) feelings towards the organisation, (3) factors that promote organisational commitment, and (4) factors that hinder organisational commitment. A total of 14 subthemes were identified. Five subthemes were organised under the first theme: job security, opportunity for professional development, financial reasons, satisfaction with the management, and affection for the institution. The participants' quotes in these subthemes revealed emotional ties between the nurses and their institutions; however, they more strongly demonstrated a bond based on the need to remain in the current organisation due to financial and/or professional benefits. In the second theme, similar connections were presented, as some participants considered themselves essential parts of the organisation, while others reported that their ties were merely material. The third theme is divided into three subthemes: good working conditions, team spirit, and autonomy, indicating that work environment, interpersonal relationships, and independence in performing their duties as nurses are essential for strengthening organisational commitment. Contrarily, the fourth and final theme subthemes referred to factors undermining nurses' commitment to their organisations: workload overload, low wages, profession devaluation, and a toxic work environment. In the last two themes, with an emphasis on the final one, the influence of management on the organisational commitment of the participants could be clearly observed. The themes, subthemes, the frequency with which they were identified, and examples of participants' quotes are presented in Table 2.

TABLE 1. CHARACTERISTICS OF NURSE PARTICIPANTS (N = 55)

Variable		n	%
<b>Gender</b>	Female	43	78.2
	Male	12	21.8
<b>Age</b>	25 or less	2	3.6
	26-35	25	45.5
	36-45	23	41.8
	46-55	4	7.3
	56-65	1	1.8
<b>Marital Status</b>	Divorced	2	3.6
	Married	21	38.2
	Single	23	41.8
	Stable Union	9	16.4
<b>Highest Educational Level</b>	Bachelor's Degree	7	12.7
	Postgraduate (Specialization)	44	80
	Master's Degree	4	7.3
<b>Region of Working</b>	Central-Western	7	12.7
	Northern	12	21.8
	Northeastern	15	27.3
	Southern	8	14.6
	Southeastern	13	23.6
<b>Having more than one Job</b>	No	41	74.5
	Yes	14	25.5
<b>Type of Organisation</b>	Private	27	49.1
	Public	20	36.3
	Public and Private*	8	14.6
<b>Unity of Work*</b>	Administration	10	15.6
	Emergency Room	13	20.3
	Imaging Department	1	1.6
	Intensive Care Unit	9	14
	Laboratory	1	1.6
	Operation Room	1	1.6
	Outpatient	4	6.3
	Primary Health Care	10	15.6
	Ward	15	23.4
<b>Hours Worked per Week</b>	20-28	2	3.6
	30-36	14	25.5
	40-48	30	54.6
	50+	9	16.4
<b>Work shifts</b>	Day	30	54.6
	Night	7	12.7
	Mixed	18	32.7
<b>Work Experience</b>	1-5 years	27	49.1
	6-10 years	6	11
	11-15 years	14	25.5
	16-20 years	5	9.2
	21-25 years	1	1.6
	26+	2	3.6

<b>Intention to Leave the Current Job in the Last one Year</b>	None	17	31
	1-3 times	23	41.8
	Almost every day	13	23.6
	Every day	2	3.6

\*Some participants stated that they have more than one job.

**TABLE 2. THEMES, SUBTHEMES AND QUOTES OBTAINED FROM THE VIEWS OF NURSE PARTICIPANTS**

Themes	Subthemes	Participant	Frequency	Examples of Quotes
Reasons to stay in the organisation	Job security	P4, P5, P11, P17, P21, P22, P47, P48	8	"I am a government employee, which provides me with a certain level of stability." (Participant 17) "I still don't want to resign because I have municipal statutory status, and I value the stability it offers." (Participant 22)
	Opportunity for professional development	P1, P3, P5, P24, P28, P32, P43, P46	8	"The complexity level of patients requires continuous study; it is my motivation." (Participant 5) "I work in my field of specialization and I have opportunities for professional growth." (Participant 46)
	Financial reasons	P1, P3, P9, P10, P15, P17, P25, P30, P33, P34, P38, P40, P41, P49, P54	15	"If I left this institution, I wouldn't have the money to support myself until I found another job." (Participant 1) "What motivates me is paying the bills." (Participant 10)
	Satisfaction with the management	P6, P29, P33, P34, P41	5	"We have an efficient team management." (Participant 6) "I have access to nursing leaders and hospital administrators when I need it. I can switch shifts and departments if necessary." (Participant 29)
	Affection for the institution	P7, P9, P19, P26, P27, P33, P34, P45	8	"I work here because of its excellent structure and pleasant working environment." (Participant 19) "My connection with my job is 100%. I love my workplace, I love what I do, and how I do it." (Participant 34)
Feelings towards the organisation	I am an important piece of the organisation	P2, P3, P4, P6, P7, P9, P10, P11, P12, P13, P14, P15, P18, P19, P20, P21, P22, P26, P27, P28, P30, P32, P33, P34, P35, P36, P38, P39, P41, P42, P43, P44, P45, P46,	39	"There are strong bonds. I believe I contribute to problem-solving and the organisation's achievements." (Participant 3) "I perceive that my work makes a difference. I am very attached to the place, the type of work, and the teams I work with." (Participant 11) "My role is very important for achieving the intended outcomes." (Participant 20) "Without a doubt, I am extremely valuable in my work because of my professionalism and passion for what I do. I put my heart into it, and that makes me stand out." (Participant 34)

		P47, P48, P51, P52, P55		
	I am just a 'number' to the organisation	P5, P17, P25, P31, P37	5	"I can easily be replaced. I'm just a number! I'm just another employee among many others." (Participant 5) "I see my relationship with the institution purely as an exchange of work. It's only labour in exchange for money." (Participant 17)
Factors that promote organisational commitment	Good working conditions	P1, P12, P13, P19, P24, P25, P26, P27, P29, P31, P32, P33, P34, P38, P39, P43, P44, P47, P51	19	"Peace of mind and working hours are important in a workplace." (Participant 1) "We have quality materials and excellent infrastructure, which are positive aspects of the institution." (Participant 12)
	Team spirit	P7, P9, P13, P14, P18, P20, P23, P30, P32, P35, P41, P42, P46, P49	14	"Organisation, teamwork, and team responsibility favour commitment." (Participant 7) "The friendship and camaraderie I have in the institution are very significant." (Participant 9)
	Autonomy	P6, P24	2	"I believe that the freedom to practice my profession autonomously enhances commitment." (Participant 6) "Being able to apply my specific knowledge and provide care are important factors for commitment" (Participant 24)
Factors that hinder organisational commitment	Workload overload	P11, P20, P30, P36, P41, P47, P51	7	"Workload overload is a negative factor." (Participant 11) "There are many tasks for few nursing staff. We work with the minimum number of employees. So, commitment is difficult." (Participant 41)
	Low wages	P2, P9, P14, P21, P34, P49, P51, P52	8	"The salary does not value us for the way we work and what we do in our day-to-day." (Participant 34) "I feel drained and exploited due to the salary I earn and it is a negative factor for commitment." (Participant 51)
	Profession devaluation	P10, P27, P32, P36	4	"The devaluation of nursing by managers and some doctors hinders commitment." (Participant 10) "Professional devaluation and lack of autonomy make commitment difficult." (Participant 27)
	Toxic work environment	P1, P4, P18, P19, P22, P29, P31, P37, P51, P54	10	"Poor relationships with other healthcare workers. A toxic environment. These are very negative aspects." (Participant 1) "Abusive working relationships and a poor organisational climate are barriers to commitment." (Participant 31)

## DISCUSSION

This study aimed to describe the perceptions and experiences related to the organisational commitment of nurses working in healthcare institutions across different regions of Brazil. Notably, organisational commitment, which refers to an employee's emotional attachment and loyalty to an organisation, enhances nurses' intention to stay in their jobs [11]. The nursing shortage is a significant issue faced by the healthcare sector in many countries. According to a report from the

Organisation for Economic Co-operation and Development (OECD), Brazil's average number of nurses is below the average for OECD member countries [27]. It is known that the productivity and efficiency of the nursing team influence the quality of care and, consequently, the success of healthcare institutions. Therefore, retaining nurses in their jobs is a goal for many healthcare administrators [13].

It is important to highlight that although 17 nurses who participated in this study reported not having the intention to leave their present jobs, 15 of them expressed having had strong intentions to leave their current organisations in the last year. Another relevant observation is that 14 nurses reported having more than one job. Therefore, it was expected that many nurses would work more than 40 hours per week and have mixed work shifts. Nurses holding multiple job positions due to low salaries are common in Brazil [19]. This situation hinders nurses' organisational commitment, and they may feel exhausted and undervalued.

On the other hand, elements such as stability, potential for professional growth, competitive salaries, competent administration, and a general empathy towards the institution are among nurse participants' reasons to remain in their current workplace. These findings are similar to previous studies conducted in different countries [22, 23]. A study conducted in China identified that job satisfaction and organisational support, such as superiors' approaches, adequate working conditions, fair salary, opportunities for promotion, and psychological support, play important roles in nurses' intention to stay [22]. A survey conducted in Taiwan observed that working conditions, the leadership style of superiors, and the safety climate influence nurses' intentions to remain in their jobs [23]. The results, therefore, highlight that nurses need to feel valued through good working conditions to motivate them to remain in their positions.

Participants also conveyed their feelings regarding the institution, with some nurses feeling like an integral part of the organisation, while others deemed themselves easily replaceable. These findings are highly relevant, as for organisational commitment to occur, employees need to achieve job satisfaction and feel valued within the institution [22]. When employees are emotionally connected to the organisation, they take pride in being a part of it and work towards achieving the organisation's objectives [5]. Thus, promoting a sense of value and belonging among nurses is important to enhance organisational commitment and job satisfaction.

Factors such as favourable working conditions, teamwork, and autonomy in practicing the profession were identified by participating nurses as important facilitators of organisational commitment. In contrast, workload burden, low salaries, professional devaluation, and a toxic work environment were presented as detrimental factors. These results align with previous studies [15, 16, 24]. According to an integrative literature review, factors such as job satisfaction, trust in management, organisational support, organisational trust, job security, monetary benefits, a learning workplace, and adequate working conditions determine nurses' organisational commitment [16]. One of the few Brazilian studies on the topic also emphasised the importance of organisational support and the relationship with nursing leaders for the organisational commitment of other nursing team members [18]. A study conducted in Iran identified that official rules and regulations, unfavourable working conditions such as workload burden and inflexible shifts, and administrators' attitudes significantly influence nurses' organisational commitment [15]. However, a study conducted in Saudi Arabia pointed out that although adequate working conditions significantly influenced nurses' organisational commitment, salary did not represent a significant influence among the participating nurses [5].

Feeling valued as professionals and having autonomy in performing their duties can increase nurses' job satisfaction, leading to greater motivation in their nursing practice and ultimately enhancing care quality. Nursing representation, self-fulfilment, nursing leadership, and positive interprofessional relationships were identified as important factors for increasing organisational commitment among Turkish nurses [24]. Similarly, a study conducted in Egypt emphasised that campaigns to enhance professional recognition can increase organisational commitment among nurses [28].

On the other hand, a toxic work environment represents a significant impediment to organisational commitment. A toxic workplace is characterized by the presence of behaviours, attitudes, and conditions that harm employees' emotional, mental, and even physical well-being. Among these factors are conflicts with colleagues and superiors [29]. Previous

studies have determined that the attitudes of nurse managers directly influence the level of organisational commitment among nurses [17, 24]. In addition, a survey conducted in the United States identified that interpersonal conflicts in the workplace are significant factors that undermine nurses' organisational commitment [30].

According to the results of this study, among the three types of bonds between workers and organisations proposed by Meyer and Allen [9], the emotional bond and the bond related to the costs of leaving the organisation were the most frequently mentioned, with an emphasis on the latter one. Several participants associated their decision to stay with financial needs, opportunities for professional growth, and job security. However, the third bond, which refers to the obligation to remain with the institution, was not identified in the narratives of the participating nurses. These findings align with studies conducted in various contexts [5, 16, 24]. A study in Saudi Arabia found that nurses' continuous and emotional organisational commitment scores were higher than their normative commitment scores [5]. Similarly, a survey of Turkish nurses highlighted the importance of emotional factors in organisational commitment, emphasising that strategies to enhance job satisfaction and create a positive work environment can strengthen this commitment [24]. These findings are further supported by an integrative literature review on the determinants of nurses' organisational commitment in hospital settings, which identified affective commitment as the most significant type, driven by emotional and psychological factors, workplace relationships, and engagement [16].

While the factors influencing nurses' organisational commitment are inherently varied, the unquestionable significance of management's impact, whether directly or indirectly, emerges as a fundamental element within this intricate process. Consequently, meticulous attention is imperative, particularly regarding the adopted leadership style in healthcare institutions and the strategic formulation designed to nurture aspects encompassing the dynamics of shift schedules, nurse-to-shift ratios, remuneration structures, and the broader landscape of professional prestige. Indeed, creating an environment where nurses not only seamlessly integrate into the organisational structure but also internalize this sense of belonging assumes paramount importance.

The attitudes of nursing managers are essential for fostering a positive work environment with adequate conditions. When nursing leaders empower their teams, nurses tend to demonstrate greater organisational commitment, which enhances the quality of care. Therefore, those responsible for managing nursing teams should have a solid education combined with experience in both nursing and management. These leaders must also have an active voice in advocating for the profession's rights, creating a work environment that promotes organisational commitment and nurses' well-being. Healthcare institutions could implement pilot projects to strengthen the leadership skills of nurse managers, systematically assessing their influence on workplace satisfaction and commitment.

## LIMITATIONS

The study has some limitations. Data was gathered through self-report instruments, which restricted the thoroughness of the investigation. The study involved 55 registered nurses from a population of approximately 700,000 registered nurses in the country. Another limitation that should be mentioned is that only one researcher conducted the data analysis.

## CONCLUSIONS

In this study, which delved into the intricate landscape of organisational commitment among nurses within healthcare institutions across diverse regions of Brazil, factors such as stability, professional growth opportunities, competitive compensation, competent management, and a sense of organisational empathy emerged as significant contributors to nurses' decision to remain in their current workplaces. Feeling themselves as an important part of the organisation was determined to be crucial for nurses. Factors such as adequate working conditions, teamwork, and autonomy in practicing the profession were identified by participating nurses as important facilitators of organisational commitment. At the same time, workload burden, low salaries, professional devaluation, and a toxic work environment were presented as detrimental factors.

A comprehensive analysis of nurses' perceptions and experiences made the multifaceted nature of factors influencing organisational commitment evident. Notably, the essential role of management, both directly and indirectly, in shaping nurses' commitment to their organisations was underscored. The study sheds light on the indispensable significance of leadership styles and strategic formulations in improving working conditions, thus driving nurses' organisational commitment. Institutions should prioritize the education and selection of nursing leaders based on their competencies, as participatory leadership—one that gives voice to the team, values its members through adequate working conditions, and fosters a non-toxic environment—is essential for nurses' commitment.

To enhance the practical applicability of these findings, future research could explore intervention strategies that reinforce organisational commitment among nurses. For instance, experimental or longitudinal studies could assess the impact of leadership training programs, mentorship initiatives, or policy adjustments in shift scheduling and workload distribution on nurses' sense of belonging and retention rates.

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