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ORGANIZATIONAL COMMITMENT OF NURSES IN A HOSPITAL CONTEXT: QUANTITATIVE STUDY

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Abstract: Organizational commitment is crucial to the performance and effectiveness of organizations, especially in the healthcare sector, where the dedication of professionals is vital to the quality of care. This study used the validated Portuguese version of the Organizational Commitment Questionnaire (QCO) in a quantitative descriptive and correlational approach, with 117 nurses from a hospital institution in the North of Portugal. The results showed that the instrument has acceptable reliability, with a Cronbach's alpha coefficient (α) of 0.735. The dimensions of affective ($\alpha=0.779$) and normative ($\alpha=0.821$) commitment were positively correlated with global organizational commitment. The data revealed higher levels of calculative commitment ($\bar{X}=4.40$), followed by affective commitment ($\bar{X}=4.17$) and normative commitment ($\bar{X}=2.89$), resulting in an overall level of moderate commitment ($\bar{X}=3.75$). Sociodemographic variables such as travel time, professional training, function, length of service, remuneration and choosing the same profession again significantly influenced organizational commitment. This study intended to contribute to the understanding of the dynamics of organizational commitment among Portuguese nurses and offers valuable insights for human resources management in healthcare institutions, highlighting the need for strategies that increase affective and normative commitment to improve employee retention and satisfaction of professionals.

Keywords: Commitment to work; Nurses and Nurses; Hospitals; People Management; Health Management.

INTRODUCTION

Organizational commitment (OC) is a concept of great relevance, reflecting the psychological connection of employees with their organization and directly influencing motivation, performance and intention to stay in the institution (Meyer and Allen 1991). This concept is particularly important in the healthcare sector, where nurses' dedication can impact the quality of care provided and the efficiency of services. (Rodrigues 2020). Studies show that a high level of organizational commitment can reduce the turnover rate by up to 50% (Sow 2015).

Meyer and Allen (1991) proposed a three-dimensional approach that divides organizational commitment into three components: affective, calculative and normative. Affective commitment refers to the employee's emotional attachment to the organization; calculative commitment relates to the perception of the costs associated with leaving the organization; and normative commitment concerns the feeling of moral obligation to remain in the organization (Allen and Meyer 1990).

In the context of nursing, the importance of organizational commitment is accentuated by the challenging and emotionally demanding nature of the work. Llapa-Rodríguez et al. (2009) highlight that nurses often face physical and mental exhaustion, which can negatively affect their commitment.

The factors that influence nurses' organizational commitment are varied and complex, including sociodemographic characteristics, perceptions of organizational support, working conditions and professional development opportunities. (Nunes and Gaspar 2014). Orgambidez and Almeida (2018) state that the organizational support received and satisfaction with the profession are fundamental determinants for increasing affective and normative commitment among Portuguese nurses.

International studies reinforce the importance of a positive work environment and effective management practices to promote organizational commitment. Bauer and Erdogan (2015) demonstrated that transformational leadership and organizational justice are positively correlated with employees' affective and normative commitment. These findings are consistent with research conducted by Rego et al. (2016), who emphasize that a work environment that offers support and recognition can significantly strengthen employees' emotional commitment.

Based on these assumptions, a study was carried out with the aim of contributing to the improvement of the management of nursing services, characterizing the organizational commitment of nurses at a hospital in the North of Portugal. Specifically, we intend to contribute to the validation of the Portuguese version of the Organizational Commitment Questionnaire (QCO) adapted for nurses, evaluate the internal consistency and suitability of the instrument and identify the psychometric characteristics. It is also intended to identify the levels of organizational commitment in the affective, calculative and normative dimensions, as well as explore the influences of sociodemographic variables on the levels of commitment of the target population.

ORGANIZATIONAL COMMITMENT

The concept of organizational commitment has been widely studied in the organizational behavior literature, often defined as the individual's degree of identification and involvement with their organization. Meyer and Allen (1991) proposed a widely accepted and used three-dimensional model. This model defines organizational commitment in three dimensions: affective, calculative and normative.

Affective commitment refers to the employee's emotional connection with the organization, where they remain because they want to. This dimension is associated with feelings of belonging and identification with organizational objectives and values. Meyer and Allen (1991) argue that employees with a strong emotional commitment are more likely to be more productive, beyond expectations, demonstrating high levels of performance and loyalty.

The calculative dimension is related to the perception of the costs associated with abandoning the organization. This type of commitment occurs when employees remain in the organization because they need to, due to the financial and social costs they would face when leaving it. Meyer and Allen (1991) suggest that, although this type of commitment can ensure employee retention, it is not necessarily associated with high performance or job satisfaction.

Normative commitment refers to the feeling of moral obligation to remain in the organization. This feeling may derive from cultural norms, personal values or organizational investments, such as training and professional development, which generate a feeling of debt to the organization (Allen and Meyer 1990).

The practical implications of the reviewed studies suggest the need for ongoing professional development programs, recognition policies, and a positive work environment to increase affective and normative commitment. Bauer and Erdogan (2015) demonstrated that transformational leadership and organizational justice are positively correlated with employees' affective and normative commitment. These findings are consistent with research conducted by Rego et al. (2016), which emphasize work environments that offer support and recognition can significantly strengthen employees' emotional commitment.

Research into the impact of occupational stress and organizational culture on nurses' commitment revealed that high levels of stress are negatively related to organizational commitment. However, a positive and supportive organizational culture can mitigate these negative effects and promote greater affective and normative commitment. These findings highlight the importance of a favorable work environment for maintaining nurses' commitment (Rego et al. 2016).

The literature identifies several factors that influence organizational commitment, both at an individual and organizational level. Professional satisfaction and organizational support are considered critical determinants (Rego et al. 2007; Orgambidez and Almeida 2018; Gonçalves and Gaudêncio 2023).

Organizational justice also plays a crucial role. When employees perceive that they are treated fairly and that organizational decisions are transparent and equitable, they tend to develop greater organizational commitment (Colquitt et al. 2001). This includes distributive justice, which refers to the perception of fairness in the distribution of resources and rewards, and procedural justice, which relates to the fairness of decision-making processes. (Ribeiro 2008).

Perceived organizational support, which is employees' perception of how the organization values their well-being and contributions, is another significant determinant. Studies show that high organizational support is positively related to affective and normative commitment (Rhoades and Eisenberger 2002). When employees feel that the organization cares about them and supports them, they develop greater loyalty and desire to maintain the employment relationship.

METHODOLOGY

TYPE OF STUDY

A quantitative, descriptive and correlational study was developed. The quantitative approach allowed the measurement and statistical analysis of the studied variables, while the descriptive nature sought to outline the profile of nurses' organizational commitment. The correlational aspect aimed to identify the relationships between the different dimensions of organizational commitment and sociodemographic and professional variables.

OBJECTIVES

This study had the general objective of contributing to the improvement of the management of nursing services in hospitals, through the characterization of nurses' organizational commitment and the identification of the factors that influence this commitment in a hospital context.

The specific objectives of the study were:

1. Validate the Portuguese version of the Organizational Commitment Questionnaire (QCO) adapted for nurses:
 - a. To evaluate the internal consistency and adequacy of the QCO in measuring the dimensions of organizational commitment among Portuguese nurses.
 - b. Identify the psychometric characteristics of the instrument applied to a sample of nurses.
2. Characterize the organizational commitment of nurses at a hospital in the North of Portugal:
 - a. Identify the levels of organizational commitment in the affective, calculative and normative dimensions, as well as global organizational commitment.
 - b. Explore the influences of sociodemographic variables on nurses' organizational commitment.

This study aimed to provide an in-depth understanding of the dynamics of organizational commitment among Portuguese nurses, offering valuable insights for human resources management in healthcare institutions, with the aim of improving professional retention and satisfaction.

POPULATION AND SAMPLE

The target population of this study comprised nurses from a hospital in the North of Portugal. The sample consisted of 117 nurses, selected based on inclusion criteria that considered a minimum experience of two years at the institution.

DATA COLLECTION

To collect data, the Organizational Commitment Questionnaire (QCO) was used, adapted for the Portuguese population and validated specifically for nurses by Neves et al. (2018). QCO is composed of three dimensions: affective commitment, calculative commitment and normative commitment, according to the model by Meyer and Allen (1991). Sociodemographic questions were also included to characterize the sample. The nurses participated voluntarily, responding to the self-completion questionnaire made available online between March 1 and April 30, 2021.

ETHICAL CONSIDERATIONS

The research was conducted taking into consideration, the ethical principles established for studies involving human beings, guaranteeing the confidentiality and anonymity of participants.

The request for authorization to carry out the study was formalized to the Ethics Committee of the hospital institution on September 12, 2018. Authorization from the Ethics Committee was obtained on October 2, 2018. The opinion of the institution's

Board of Directors was requested, with authorization received on November 23, 2018. These procedures guaranteed the ethical and administrative compliance necessary to conduct the study.

Participating nurses were informed about the objectives of the study and received guarantees of confidentiality. The questionnaire was completed anonymously and the data was stored securely to guarantee the privacy of participants.

DATA ANALYSIS PROCEDURE

The exploratory and descriptive analysis was carried out through the analysis of absolute (n) and relative (%) frequencies, by measures of mean central tendency (\bar{X}), mode (\hat{X}) and median (\tilde{X}) and by the measure of dispersion (standard deviation - DP).

The reliability of the instrument was calculated using Cronbach's alpha coefficient. Then, Pearson correlation analyzes were carried out to identify the relationships between the different dimensions of organizational commitment. To analyze the predictive variables, multiple linear regression was used, allowing us to determine the degree of influence of each dimension on global organizational commitment.

For the inferential analysis with the comparison of measures of central tendency of the variables under study, non-parametric hypothesis testing was used. The *Kruskal-Wallis Test* (H) was used to compare three or more groups, and the *Mann-Whitney Test* (U) was used to compare two groups.

RESULTS

The results of this study offer a comprehensive view of nurses' organizational commitment in a hospital context in the North of Portugal.

INSTRUMENT RELIABILITY

Cronbach's alphas were calculated to assess the reliability of the subscales and the global scale of organizational commitment. The affective commitment subscale showed good reliability with a Cronbach's alpha (α) of 0.812. The calculative commitment subscale revealed poor reliability, with $\alpha=0.635$. The normative commitment subscale demonstrated reasonable reliability, with $\alpha=0.777$. Overall, the organizational commitment scale presented $\alpha=0.735$, indicating reasonable reliability (Table 1).

	Reliability statistics	
	Cronbach's alpha	N of items
Affective organizational commitment	.812	4
Calculative organizational commitment	.635	4
Normative organizational commitment	.777	5
Global organizational commitment	.735	13

Table 1: Reliability statistics (Cronbach's alpha) of the subscales and overall organizational commitment

LEVELS OF ORGANIZATIONAL COMMITMENT

According to Table 2, overall, the level of organizational commitment of nurses was classified as moderate, with an average (\bar{X}) of 3.75. This value indicates that, in general, nurses demonstrate a reasonable degree of commitment to the organization, although there are significant variations between the different dimensions of commitment.

For calculative commitment, the results revealed that this dimension presented the highest levels among nurses, with a $\bar{X}=4.40$. Calculative commitment is associated with the perception of costs related to leaving the organization, including financial stability and lack of alternatives in the job market. This

type of commitment reflects a more pragmatic and utilitarian bond between nurses and the organization. Remaining in the profession is mainly motivated by the costs and risks associated with leaving, such as the loss of acquired benefits, financial security and difficulties in finding new job opportunities. This finding suggests that nurses' decision to remain in the organization is largely influenced by economic and job security factors.

The dimension of affective commitment, with $\bar{X}=4.17$, was the second highest. Affective commitment refers to nurses' emotional attachment to the organization, where staying is motivated by a feeling of identification and emotional connection with the institution's objectives, values and mission. Nurses with high emotional commitment tend to stay in the organization because they really want to and feel emotionally linked to it.

This type of commitment is often associated with higher levels of job satisfaction, motivation and performance. The presence of a high level of emotional commitment among nurses is a positive indicator, as it suggests that many professionals feel valued and emotionally connected to their work environment.

The normative dimension of organizational commitment was the lowest, with $\bar{X}=2.89$. Normative commitment is related to the feeling of moral obligation to remain in the organization, derived from cultural norms, personal values or organizational investments, such as training and professional development, which generate a feeling of debt to the organization. A low level of normative commitment indicates that nurses feel a lower moral obligation to remain in the organization. This result may reflect a lesser influence of cultural factors or the organization's retention policies that promote a sense of loyalty and obligation among employees.

		COG	COA	COC
COA	Pearson Correlation	.779		
	Sig.(2 ends)	,000		
	N	117		
COC	Pearson Correlation	.342	-.138	
	Sig.(2 ends)	,000	.139	
	N	117	117	
CON	Pearson Correlation	.821	.601	-.070
	Sig.(2 ends)	,000	,000	.456
	N	117	117	117

Table 2: Descriptive statistics relating to the subscale variables and global organizational commitment

INFLUENCE OF SOCIODEMOGRAPHIC VARIABLES

Six sociodemographic variables were identified as significant influencers of the types of organizational commitment and overall organizational commitment:

Travel Time: Nurses with intermediate travel times tend to have greater regulatory commitment ($H=14.363$; $p=0.006$). Nurses who spent between 21- and 30-minutes traveling to the hospital showed greater normative organizational commitment ($\bar{X}=3.40$; $DP=1.02$) compared to those who spent 11 to 20 minutes ($\bar{X}=2.40$; $DP=1,24$).

Professional Training: Nurses with greater professional training demonstrated significantly higher affective organizational commitment ($H=8.070$; $p=0.045$). Nurses with specialization had the highest levels of affective organizational commitment ($\bar{X}=5.00$; $DP=1.54$) compared to those who did not have any postgraduate degree or specialization ($\bar{X}=3.88$; $DP=1.54$).

Function Performed: Nurses in management roles showed significantly higher affective ($H=13.494$; $p=0.002$) and calculative ($H=6.988$; $p=0.030$) commitment. Nurses who performed caregiving roles had lower levels of affective organizational commitment ($\bar{X}=3.90$;

$DP=1.39$) compared to those who held management positions ($\bar{X}=6.10$; $DP=1.22$). Similarly, calculative commitment was higher among nurses in management roles ($\bar{X}=4.50$; $DP=1.30$) compared to nurses providing direct care ($\bar{X}=2.80$; $DP=1.15$).

Length of Exercise in Current Service: Nurses with less experience in their current service revealed greater normative commitment ($H=13.532$; $p=0.035$). Nurses who worked in the same service between 16 and 20 years old showed the highest median of normative commitment ($\bar{X}=5.40$; $DP=1.17$), while those who worked in the service between 21 and 25 years old showed a lower level of normative commitment ($\bar{X}=1.67$; $DP=0.81$).

Remuneration: Higher levels of “pay at this institution” are associated with greater affective ($H=18.304$; $p=0.003$) and normative ($H=12.617$; $p=0.027$) commitment. Nurses with lower salaries (801€ to 1085€) showed the greatest calculation commitment ($\bar{X}=5.00$; $DP=0.21$), while those with higher salaries (1371€ to 1655€) showed the lowest levels of calculation commitment ($\bar{X}=2.50$; $DP=0.41$).

CHOOSE THE SAME PROFESSION AGAIN:

Nurses who would choose the nursing profession again showed higher levels of affective ($\bar{X}=5.00$; $DP=0.24$), normative ($\bar{X}=3.40$; $DP=0.19$) and global ($\bar{X}=4.12$; $DP=0.12$) compared to those who would not opt for the same profession again, who presented lower averages of affective ($\bar{X}=3.75$; $DP=0.20$), normative ($\bar{X}=2.40$; $DP=0.17$) and global ($\bar{X}=3.31$; $DP=0.13$). The differences observed were statistically significant for the three dimensions: affective ($H=12.657$; $p=0.002$), normative ($H=7.488$; $p=0.024$) and global ($H=9.291$; $p=0.010$).

STUDY OF CORRELATIONS

Pearson's correlation coefficient (r) was used to test possible linear correlations between the four latent variables of the study. According to Table 3, the analysis revealed very significant positive correlations between global organizational commitment and the three dimensions of organizational commitment. Specifically, a high correlation was found with affective organizational commitment ($r=0.779$; $n=117$; $p=0.000$) and with normative organizational commitment ($r=0.821$; $n=117$; $p=0.000$). With calculative organizational commitment, the correlation was low, although very significant ($r=0.342$; $n=117$; $p=0.000$).

Between calculative organizational commitment and the dimensions of normative organizational commitment ($r=-0.070$; $n=117$; $p=0.456$) and affective organizational commitment ($r=-0.138$; $n=117$; $p=0.139$), the correlations were negative and not significant.

With regard to the variables of normative and affective organizational commitment, there was a moderate positive correlation ($r=0.601$; $n=117$; $p=0.000$), with a statistically significant association between the two dimensions.

ANALYSIS OF PREDICTIVE VARIABLES

Using multiple linear regression, it was verified whether the subscales of organizational commitment (affective, calculative and normative) predict global organizational behavior.

The various statistical assumptions were tested and ensured, such as the absence of multicollinearity, independence of residuals, normal distribution, absence of outliers and homoscedasticity of the distribution.

The analysis, carried out using the Stepwise method (Table 4), revealed a statistically significant model ($F=1377.943$; $p<0.001$; $R^2=0.973$; $df=3$). The model indicated that the three variables together explain 97.3% of the variance in global organizational commitment. Among the subscales, normative organizational commitment alone explained 68.8% of the dependent variable. The Beta (β) values showed that normative organizational commitment was the variable that best explained global organizational commitment ($\beta=0.543$; $t=25.265$; $p<0.001$), followed by calculative organizational commitment ($\beta=0.463$; $t=29.814$; $p<0.001$) and, finally, by affective organizational commitment ($\beta=0.469$; $t=21.656$; $p<0.001$).

		COG	COA	COC
COA	Pearson Correlation	.779		
	Sig.(2 ends)	,000		
	N	117		
COC	Pearson Correlation	.342	-.138	
	Sig.(2 ends)	,000	.139	
	N	117	117	
CON	Pearson Correlation	.821	.601	-.070
	Sig.(2 ends)	,000	,000	.456
	N	117	117	117

Table 3: Distribution of correlations between variables related to subscales and global organizational commitment

Model 3 ^e	Model summary ^a		ANOVA ^a			Coefficient		
	R ²	Durbin-Watson	Z	gl	Sig.	Standardized Beta Coefficient	t	Sig.
1 ^b	.686		251,067	1	,000 ^b	.543	25,265	,000
2 ^c	.863		358,937	2	,000 ^c	.463	29,814	,000
3 ^d	.973	1,871	1377.943	3	,000 ^d	.469	21,656	,000

a) Dependent Variable: Global Organizational Commitment

b) Normative Organizational Commitment Subscale

c) Calculative Organizational Commitment Subscale

d) Affective Organizational Commitment Subscale

e) Normative Organizational Commitment Subscale, Calculative Organizational Commitment Subscale, Affective Organizational Commitment Subscale

Table 4: Summary of the multiple linear regression model of variables

DISCUSSION

The reliability of the QCO was confirmed in this study, demonstrating adequate internal consistency to measure the dimensions of organizational commitment among nurses. These findings are consistent with previous studies that validated the QCO in different cultural contexts (Neves et al., 2018). Confirmation of instrument reliability is crucial as it ensures that the measurements obtained are accurate and replicable, providing a solid basis for subsequent analysis.

Nurses showed a predominantly calculative organizational commitment, followed by affective and, finally, normative. This pattern indicates that many nurses remain in the profession due to the costs associated with leaving, such as financial stability and lack of alternatives. The predominance of calculative commitment suggests a critical area for intervention, where organizational strategies can be developed to increase affective and normative commitment.

Comparing with the study by Nunes and Gaspar (2014), which analyzed the organizational commitment of nurses in the context of postgraduate training in educational institutions in Lisbon and Porto, we found that our results corroborate the greater prevalence of commitment calculative. The authors concluded that calculative impairment was more strongly present due to the economic

needs of nurses, a finding similar to ours.

This study also confirms findings by Rego (2004) and Neves et al. (2018), also showing strong relationships between organizational support, job satisfaction and affective and normative commitment. The calculative dimension, less correlated, confirms the conclusions of Meyer and Allen (1991) about its lesser influence on employees' positive behaviors.

Additionally, Orgambidez and Almeida (2018) reported that organizational support and job satisfaction are critical determinants of affective and normative commitment among Portuguese nurses. These factors were equally significant in our study, reinforcing the need for a supportive work environment to increase organizational commitment.

The study by Bauer and Erdogan (2015) demonstrated that transformational leadership and organizational justice are positively correlated with affective and normative commitment. These findings are consistent with our results, suggesting that effective and fair leadership practices can strengthen nurses' commitment.

Gouveia (2019) highlighted that affective commitment is strongly correlated with the perception of support and recognition in the work environment. This study carried out with healthcare professionals, including nurses, confirms the importance of a positive

work environment, aligning with our findings on the importance of working conditions for organizational commitment.

Rodrigues (2020) studied the commitment of nurses specializing in Rehabilitation Nursing in Madeira and found that those with a higher level of affective and normative commitment had better performance and lower turnover intentions. Our results mirror these findings, highlighting the importance of strengthening these dimensions of commitment to improve nurse retention and performance.

Finally, Sepahvand et al. (2017) in a study with nurses from public health units in Greece revealed that high levels of stress were negatively related to organizational commitment. Although our study did not focus directly on occupational stress, the identification of factors such as travel time and working conditions suggests that reducing stress can potentially increase organizational commitment.

Thus, the results of our study are broadly consistent with existing literature, both national and international, underlining the importance of organizational support, job satisfaction, organizational justice and effective leadership practices to promote organizational commitment among nurses. Interventions that aim to increase affective and normative commitment are crucial to improving the retention, satisfaction and performance of healthcare professionals.

The sociodemographic variables: travel time, professional training, role performed, time in current service, remuneration and choosing the same profession again - are identified as significant influencers of organizational commitment. For example, nurses with shorter travel times tend to have greater emotional commitment, possibly due to a better balance between professional and personal life. Furthermore, greater professional training is associated with

greater normative commitment, suggesting that investments in professional development can increase the feeling of moral obligation to remain in the organization.

The analysis of correlations reveals significant positive relationships between the dimensions of organizational commitment. The affective dimension appears to be most strongly correlated with global organizational commitment, followed by the normative dimension. On the other hand, the calculative dimension, although significant, presents a lower correlation. These findings corroborate the conclusions of Meyer and Allen (1991), which highlight the lesser influence of calculative commitment on employees' positive behaviors.

Furthermore, Orgambidez and Almeida (2018) reported that organizational support and job satisfaction are critical determinants of affective and normative commitment, a result that our findings reinforce.

Multiple linear regression demonstrates that the three dimensions of commitment (affective, normative and calculative) jointly explain significant variability in global organizational commitment. Among them, the normative dimension appears to be particularly influential, highlighting the crucial role of the feeling of moral obligation in nurses' permanence in the organization. Studies such as Bauer and Erdogan (2015) also showed that transformational leadership and organizational justice are positively correlated with affective and normative commitment, suggesting that effective leadership practices can strengthen nurses' commitment.

CONCLUSIONS

The results obtained with the application of the Organizational Commitment Questionnaire (OQ) confirm its reliability and consistency to measure the dimensions of organizational commitment in this population of nurses. Despite this, it is important to highlight that the calculative dimension showed lower reliability compared to the affective and normative dimensions. This aspect should be considered in future investigations and in the interpretation of results related to this specific dimension.

Organizational commitment in this sample is predominantly calculative, suggesting that many professionals remain in the profession due to economic factors and the lack of alternatives in the job market. This type of commitment, although it ensures nurses' permanence in the organization, may not be sufficient to promote optimal levels of satisfaction and performance in the long term. Therefore, it is crucial that healthcare institutions develop strategies to strengthen affective and normative commitment, which are more strongly associated with positive work behaviors and professional satisfaction.

Sociodemographic variables, such as "travel time", "professional training", "function performed", "time in current service", "remuneration" and "choosing the same profession again", are shown to be significant influencers of commitment organizational. These findings highlight the importance of a holistic approach to human resource management, which considers both personal and organizational factors that influence nurses' commitment. Understanding these influences allows institutions to implement more targeted and effective interventions to increase the commitment of their professionals.

The results of this study on the organizational commitment of nurses in a hospital institution in the North of Portugal can reveal several important conclusions that have significant implications for practice, particularly for the management of human resources in healthcare contexts. The creation of continuous professional development programs, improvements in working conditions and policies for recognizing and valuing professionals are essential examples of increasing nurses' affective and normative commitment. These interventions can not only improve nurses' satisfaction and motivation, but also contribute to their long-term retention. Furthermore, implementing measures to reduce occupational stress and promote a fair and supportive work environment can significantly contribute to nurse retention and satisfaction. Strategies such as flexible working hours, increased resources and psychological support are crucial to creating a healthier and more sustainable work environment.

In practical terms, healthcare institutions must adopt an integrated approach to human resources management, considering both individual and organizational factors that impact nurses' commitment. Improving organizational commitment can not only increase nurse retention, but also improve the quality of care provided, thus benefiting the entire community. A high level of organizational commitment is associated with greater dedication to work, better service to users and a reduction in turnover intentions, which is vital for the stability and efficiency of health services.

This study has some limitations, such as the use of a non-probability and convenience sample, which limits the generalization of the results. Furthermore, the cross-sectional nature of the study prevents the analysis of changes in organizational commitment over time.

Future studies should consider carrying out longitudinal research and including more diverse samples to better understand the dynamics of organizational commitment. In addition to expanding the sample to include nurses from different regions and types of healthcare institutions, it is recommended to carry out longitudinal studies that can monitor changes in nurses' organizational commitment over time. Besides, research in this area can

explore the influence of specific interventions, such as: professional development programs and well-being initiatives at work, in increasing affective and normative commitment. Additional qualitative research can provide a deeper understanding of nurses' perceptions and experiences in relation to organizational commitment. Studies of this nature will allow for a more comprehensive comparison and greater generalization of results.

REFERENCES

- Allen, Natalie J.; Meyer, John P. (1990) : The measurement and antecedents of affective, continuance and normative commitment to the organization. Em: *Journal of Occupational Psychology* 63 (1), pág. 1–18. DOI: 10. 1111/j. 2044-8325. 1990. tb00506. x.
- Bauer, Talya; Erdogan, Berrin (2015) : Oxford Handbook of Leader-Member Exchange.
- Colquitt, J. A. ; Conlon, D. E. ; Wesson, M. J. ; Porter, COLH; Ng, K. Y. (2001) : Justiça no milênio: uma revisão meta-analítica de 25 anos de pesquisa em justiça organizacional. On-line Disponível em <https://psycnet.apa.org/record/2001-06715-006?doi=1>.
- Gonçalves, Florbela; Gaudêncio, Margarida (2023) : Burnout and quality of life in Portuguese healthcare professionals working in oncology and palliative care—a preliminary study. Em: *BMC Palliat Care* 22 (1), pág. 1–9. DOI: 10. 1186/s12904-023-01273-7.
- Llapa-Rodríguez, E. O. ; Trevizan, M. A. ; Shinyashiki, T. G. ; Mendes Costa, IA. (2009) : Compromiso organizacional y profesional del equipo de salud. Em: *Enfermagem Global* 8 (17), pág. 1–16. On-line Disponível em <http://www.redalyc.org/articulo.oa?id=365834753012>, Última verificação em 23/09/2018.
- Meyer, John P. ; Allen, Natalie J. (1991) : A three-component conceptualization of organizational commitment. Em: *Human Resource Management Review* 1 (1), pág. 61–89. DOI: 10. 1016/1053-4822 (91) 90011-Z.
- Nunes, Elisabete Maria Garcia Teles; Gaspar, Maria Filomena Mendes (2014) : Modelo de comportamento organizacional de Meyer e Allen. Em: *Pensar Enfermagem* 18 (1), pág. 14–26. On-line Disponível em <https://comun.rcaap.pt/handle/10400.26/23815>.
- Orgambidez, Alejandro; Almeida, Helena (2018) : Predictors of Organizational Commitment in Nursing: Results from Portugal. Em: *Investigacion y educacion en enfermeria* 36 (1), e14. DOI: 10. 17533/udea. iee. v36n1e14.
- Rego, Arménio; Souto, Solange; Cunha, Miguel (2007) : Espiritualidade nas organizações, positividade e desempenho. Em: *Comportamento Organizacional e Gestão* 13, 2007 (1), pág. 7–36. On-line Disponível em <https://core.ac.uk/download/pdf/70647796.pdf>.
- Rego, Paulo; Lopes, Miguel; Nascimento, José (2016) : Authentic leadership and organizational commitment: The mediating role of positive psychological capital. Em: *Journal of Industrial Engineering and Management* 9. DOI: 10. 3926/jiem. 1540.
- Rhoades, Linda; Eisenberger, Robert (2002) : Suporte organizacional percebido : uma revisão da literatura. On-line Disponível em <https://psycnet.apa.org/record/2002-15406-008>.
- Ribeiro, Jose Adatao (2008) : Comprometimento organizacional e percepção de justiça: um estudo sobre a concessão de remuneração e benefícios diferenciados a dois grupos de uma mesma empresa. Colaborador: Antônio Virgílio Bittencourt Bastos: Universidade Federal da Bahia. On-line Disponível em <https://repositorio.ufba.br/handle/ri/8079>.
- Rodrigues, Nélio Câmara (2020) : O Comprometimento Organizacional dos Enfermeiros Especialistas em Enfermagem de Reabilitação na Região Autónoma da Madeira. Um Estudo de Caracterização. Dissertação de mestrado. Escola Superior de Enfermagem de São José de Cluny, Funchal. On-line Disponível em <http://hdl.handle.net/10400.26/33095>.
- Sow, Mouhamadou Thile (2015) : Relationship between organizational commitment and turnover intentions among healthcare internal auditors. On-line Disponível em <https://search.proquest.com/openview/13bf3fc1bf6002b57b5d05633ef25e2a/1?pq-origsite=gscholar&cbl=18750>.