

Nursing Practice Environment and its Relationship to Organizational Commitment

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Abstract: Nurses' practice environment has a significant influence on staff nurses' loyalty toward the organization. The purpose of this study is to examine the nursing practice environment and its relationship to organizational commitment. **Methods:** A descriptive, correlational design was utilized. A convenience sampling technique was implemented. Data were collected with the Practice Environment Scale of the Nursing Work Index and the Organizational Commitment Questionnaire from 157 staff nurses at King AbdulAziz University Hospital. A descriptive statistical tests and an inferential statistical tests were used. **Results:** Staff nurse's practice environment was favorable while, organizational commitment level was moderate at King Abdul-Aziz University Hospital. The most important characteristics to the staff nurses was the nursing foundations for quality of care. The staff nurses may feel an obligation to remain at King Abdul-Aziz University Hospital due to the sense of duty. However, the nurses may not feel an identification with and attachment to King AbdulAziz University Hospital. Also, the current study found that, the staff nurses' organizational commitment could be promoted by improving the five nursing practice environments' characteristics. **Conclusion:** Favorable nursing practice environment may have a positive and significant relationship with the staff nurse's organizational commitment levels. Consequently, it is imperative for the nursing managers, educators as well as researchers to consider these two variables as factors to enhance nurses' retention in Saudi hospitals.

Keywords: nursing administration, nursing practice environment, nursing foundations for quality of care, staff development, organizational commitment, normative organizational commitment.

I. INTRODUCTION

Health care institutions are facing issues related to improving the practice environment and retention¹. World Health Organization (WHO) implies that a practice environment provides a significant factor in maintaining health professionals, and it affects the quality of care². As result, transforming the nurses' practice environment contribute to high quality of care, which has received great attention¹. Nursing Practice Environment (NPE) refer to "the organizational characteristics of a work setting that facilitates or constrains professional nursing practice"³. It composed of essential characteristics describes five key attributes of NPE: nursing participation in hospital affairs, nursing foundations for quality of care, nurse manager ability, leadership, and support of nurses, adequate staff and resources, and collaborative nurse-physician relationships⁴.

Moreover, several of pieces of evidence suggest that NPE characteristics were associated to major nurses' outcomes involving enhance nurses' organizational commitment, and retention^{3,4}. It has been concluded that NPE relates in a meaningful way to the domains of organizational commitment that staff nurses may experience⁵. Organizational Commitment (OC), defined as "the psychological state that has a strong impact on the likelihood that employees will remain with an organization"⁶. It described that employee practices three dimensions of OC which include Affective Organizational Commitment (AOC), Continuance Organizational Commitment (COC) and Normative Organizational Commitment (NOC)⁷. It is critical to understand the characteristics of the NPE that sustain a sense of OC, which results in reducing the turnover of nurses⁶. So, the aim of this study is to examine the nursing practice environment and its relationship to organizational commitment.

It is hoped from the current research to examine the various insights of the NPE and its relationship to the OC to help nursing managers understanding the issues that exist within these two variables which may enhance staff nurses' retention. In addition, a desired outcome of the study is to help healthcare leaders to evaluate the characteristics of the NPE that linked to nurses who have high commitment level to their organization.

Significance of the study

A number of studies have found that Saudi Arabia is encountering a chronic nursing shortage, accompanied with a high rate of turnover, so it is important to create a practice environment that encourages nursing staff commitment to their organization^{8,9}. Moreover, one of the Saudi Ministry of Health strategic goals in the national transformation program (2020) toward achieving 2030 vision is to increase the nursing retention and the number of Saudi nurses to meet regional and international standards¹⁰. As result, it is imperative for healthcare organizations to assess NPE to better understand what enhance their OC levels. Moreover, up to the researcher knowledge no studies have been found which examine the relationship between NPE and OC among nurses in Saudi Arabia. This area offers a fruitful ground for investigation.

II. SUBJECTS AND METHOD

Aim

To examine the nursing practice environment and its relationship to organizational commitment.

Research question

With the growing awareness regarding the significance of the NPE, the nursing managers as well as the leaders become in a critical position to give an attention to its characteristics that attribute for improving the current organizational commitment levels. As a result, the research question which focus on this specific area is:

What is the relationship between nursing practice environment and organizational commitment?

Design

A descriptive, correlational design utilized to address the research question.

Setting

This study was carried out at King Abdulaziz University Hospital (KAUH). This study included six critical units, (neonatal intensive care unit, pediatric cardiac intensive care, pediatric intensive care unit, adult cardiac intensive care unit, surgical intensive care unit and medical intensive care unit).

Sample/Participants

The population targeted for this study was staff nurses who work in critical care units at King Abdulaziz University Hospital (264) nurses. Using the Raosoft power analysis online program to calculate the size of the sample. It was identified that 157 the total nurses required to be surveyed with 5% margin of error and confidence level of 95%. A convenience sampling technique was applied.

Data collection

A structured self-report questionnaire was utilized as a tool to collect the data, two tools were applied in this study.

Nursing practice environment

Part I-Demographic questions:

The demographic questions developed by the researcher contain six questions to assess general demographic characteristics including: age, gender, nationality, the level of education, current working unit, and years of experience at King Abdulaziz University Hospital.

Part II-Nursing practice environment:

Practice Environment Scale of the Nursing Work Index (NWI-PES) structured questionnaire developed by Lake (2002) was assessing the nursing practice environment characteristics used in the present study¹¹. The NWI-PES included five dimensions includes 31 items. The dimensions were known as: Nurse participation in hospital affairs, Nursing foundation

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for quality of care, Nurse manager ability, leadership, and support for nurses, Staffing and resource adequacy, and Collegial nurse-physician relations. Participants respond using a five-point Likert type scale from 1= (strongly disagree) to 5= (strongly agree). The mean scores represented three categories as following:

- Favorable = four or more subscale means exceed 2.5.
- Mixed = two or three subscale means exceed 2.5.
- Unfavorable = zero or one subscales mean exceed 2.5.

Organizational Commitment

Organizational Commitment Questionnaire was developed by Meyer and Allen (2002) to measure the organizational commitment which used in the current study¹². The tool contains 18 items within three dimensions, affective organizational commitment, continuance organizational commitment, and Normative Organizational Commitment. Participants respond using a five-point Likert-type scale from 1= (strongly disagree) to 5= (strongly agree). Reversed coding to the negative items was used in analyzing the data from the Organizational Commitment Questionnaire. The item means represented levels of organizational commitment in three categories high, moderate and low, the higher scores indicate higher levels of organizational commitment as following:

- Means scores from 1 to 2.33 were considered low.
- Means scores from 2.34 to 3.66 were considered moderate.
- Means scores from 3.67 to five were considered high.

Affective commitment has three items which are (3, 4 and 5) and normative commitment contain one item which is number (1) were negative items. These items intended to control the compliance of the bias response.

Pilot study

The pilot study was conducted with 10% of the participants (n= 16) from mentioned units. It was done to examine the clarity, simplicity and assess the required time for answering the questionnaires. No changes or modifications done to the questionnaires. Moreover, the participants involved in the pilot study were excluded from the sample of the study.

Ethical considerations

The ethical approval of the study was secured from an ethical committee of the faculty of nursing at King Abdulaziz University in Jeddah for the application of the study. Official written permission was sent to the Ethical Committee at King Abdulaziz University Hospital in Jeddah to obtain the hospital approval.

Full information was provided to the participants and they had the withdrawal right from the participation in the study at any time. After reading the implied consent which explained the purpose of the study, the act of agreement and completing the questionnaire was indicating the agreement to be involved in the study. The data were collected anonymous, no personal identification data from the subjects were known and confidentiality was conducted. Ethical codes of research strictly adhered at all stages of the study.

Data analysis

Different statistical tests were applied in the study by the use of Statistical Package for the Social Science (SPSS) version 16. The reliability of the study tools was tested via Cronbach's alpha value which provide a measure of the internal consistency. A descriptive statistical tests were used (frequencies, percentage, means, and standard deviations) which concerned with the collection, organization, summarization of the data. In addition, an inferential statistical tests were used including the Person Correlations and multiple regression analysis.

Validity and reliability

The tools validity was assessed by five experts in the fields of administration before distribution to the participants. The total Cronbach's alpha value coefficient for the study tools was 0.88 which is very high and close to one. This means that the reliability of the tools was high.

III. RESULTS

Table 1: The distribution of the nurses according to the demographic characteristic

Demographic characteristics	Frequency	Percentage
Age		
20 years to < 30	42	26.7%
30 years to < 40	83	52.9%
40 years and more	32	20.4%
Gender		
Female	150	95.5%
Male	7	4.5%
Nationality		
Saudi	7	4.5%
Non- Saudi	150	95.5%
Education level		
Diploma degree	97	61.8%
Bachelor degree	60	38.2%
Working unit		
Neonatal Intensive Care Unit	44	28.0%
Pediatric Cardiac Intensive Care	22	14.0%
Pediatric Intensive Care	16	10.2%
Cardiac Intensive Care Unit	29	18.5%
Medical Intensive Care Unit	32	20.4%
Surgical Intensive Care Unit	14	8.9%
Years of experience at King Abdulaziz University Hospital		
1 year to < 12	126	80.3%
12 years to < 22	25	15.9%
22years or more	6	3.8%
Total	157	100.0

Table (1) presented the demographic characteristics the nurses where more than half of the nurses' age fall between 30 years to less than 40 (52.9%) while (20.4%) of them were 40 years old and more. Most of the nurses were female, and non-Saudi (95.5%). According to the education level (61.8%) of the nurses had a diploma degree while (38.2%) had a bachelor degree in nursing. In terms of the working unit, (28.0%) of the nurses were working in neonatal intensive care unit whilst (8.9%) were working in surgical intensive care unit. The majority of the nurses(80.3%) had from one year to less than 12 years of experience at King Abdulaziz University Hospital (KAUH).

Table 2: The weighted mean and Std. deviation of the nursing practice environment dimensions

Nursing practice environment dimensions	Weighted Mean	Std. Deviation
Nurse participation in hospital affairs	3.57	± 0.59
Nursing foundations for quality of care	4.01	±0.37
Nurse manager ability, leadership, and support of nurses	3.69	± 0.56
Staffing and resource adequacy	3.06	±0.77
Collegial nurse-physician relations	3.73	± 0.64

Table (2) illustrated the weighted mean, standard deviation and the overall response of the domains of nursing practice environment, the highest weighted mean was the nursing foundations for quality of care dimension (4.1 ± 0.37) while, staffing and resource adequacy dimension represents the lowest weighted mean (3.07 ± 0.77). The results, as shown in Table (2), indicated that four or more dimensions' means exceed (2.50), which means KAUH have a favorable nursing practice environment.

Table 3: The weighted mean and Std. deviation of the organizational commitment dimensions.

Organizational commitment dimensions	Weighted Mean	Std. Deviation
Affective organizational commitment	3.05	± 0.32
Continuance organizational commitment	3.15	± 0.16
Normative organizational commitment	3.19	± 0.49

Table (3) presented the weighted mean scores and standard deviation of the domains of the organizational commitment, where normative organizational commitment represented the highest weighted mean score (3.19 ± 0.48), while the affective organizational commitment represented the lowest weighted mean score (3.05 ± 0.32). This table showed that the weighted mean scores ranged between (2.34) to (3.66) which means that KAUH staff nurses' organizational commitment level was moderate.

Table 4: Correlation between nursing practice environment dimensions and organizational commitment dimensions.

Dimensions			Nursing Practice Environment				
			Nurse participation in hospital affairs	Nursing foundations for quality of care	Nurse manager ability, leadership, and support of nurses	Staffing and resource adequacy	Collegial nurse-physician relations
Organizational Commitment	Affective organizational commitment	Pearson correlation	0.198*	0.174*	0.144	0.208**	0.061
		Sig. (p-value)	0.013	0.029	0.071	0.009	0.445
	Continuance organizational commitment	Pearson correlation	0.098	-0.102	0.022	0.139	0.129
		Sig. (p-value)	0.224	0.201	0.786	0.041	0.108
	Normative organizational commitment	Pearson correlation	0.206**	0.226**	0.309**	0.347**	0.215**
		Sig. (p-value)	0.010	0.000	0.000	0.000	0.007

* significant at the 0.05 level (2-tailed)

** significant at the 0.01 level (2-tailed)

Table (4) presented the correlation between the study variables by using Pearson correlation coefficient. The table showed a significant positive correlation was between nurse participation in hospital affairs dimension and each of affective organizational commitment ($P= 0.013$) at the level of 0.05 and normative organizational commitment ($P= 0.010$) at 0.01 level. Another statistically positive and significant relationship was showed between nursing foundations for quality of care dimension and each of affective organizational commitment ($P= 0.029$) at 0.05 level and normative organizational commitment ($P= 0.000$) at the level of 0.01.

A positive and significant correlation was found between nurse manager ability, leadership, and support of nurses dimension and normative organizational commitment ($P= 0.000$) at the level of 0.01. Furthermore, A positive and significant correlation was found between staffing and resource adequacy dimension and each of affective organizational commitment ($P = 0.009$) and normative organizational commitment ($P = 0.000$) at the level of 0.01. In regard to the correlation between collegial nurse-physician relations dimension and normative organizational commitment the result showed a positive and significant relationship ($P= 0.007$) at the level of 0.01.

Table 5: Coefficients of the multiple regression model between nursing practice environment dimensions and organizational commitment dimensions.

Model parameter		Organizational Commitment								
		Affective organizational commitment			Continuance organizational commitment			Normative organizational commitment		
		Coefficients		Sig.(p-value)	Coefficients		Sig.(p-value)	Coefficients		Sig.(p-value)
		(B)	Std.E rror		(B)	Std.E rror		(B)	Std.E rror	
(Constant)		2.418	0.276	0.000	3.549	0.534	0.000	1.821	0.405	0.000
Nursing Practice	Nurse participation in hospital affairs dimension	0.044	0.057	0.437	0.134	0.108	0.214	-0.058	0.082	0.478
	Nursing foundations for quality of care dimension	0.082	0.082	0.316	-0.347	0.155	0.027	0.119	0.117	0.314
	Nurse manager ability, leadership, and support of nurses dimension	-0.008	0.058	0.888	-0.096	0.119	0.423	0.122	0.091	0.179
	Staffing and resource adequacy dimension	0.057	0.042	0.178	0.099	0.081	0.224	0.170	0.061	0.006
	Collegial nurse-physician relations dimension	-0.023	.047	0.621	0.151	0.089	0.092	0.026	0.068	0.706

Table (5) indicated the coefficients of the regression model. Nurse participation in hospital affairs had ($P > 0.05$) which means, there was a non-significant impact on organizational commitment. On the other hand, nursing foundations for quality of care had a significant impact on continuance organizational commitment ($P = 0.027$). Nurse manager ability, leadership, and support of nurses had ($P > 0.05$) which means, there was a non-significant impact on organizational commitment.

In addition, staffing and resource adequacy had a significant impact on normative organizational commitment ($P = 0.006$). Lastly, Collegial nurse-physician relations had ($P > 0.05$) which means, there was a non-significant impact on organizational commitment.

IV. DISCUSSION

Nursing practice environment dimensions

The findings of the study revealed that the nurses perception toward their practice environment was favorable, the finding is similar to the previous studies that focused on examining the nurses' perception regarding the practice environment in China and the United States^{13,14}. Furthermore, this study found that staffing and resource adequacy dimension was the least perceived dimension among the participants, that may due to the nursing shortage which is observed issue at organizational commitment. This finding further supports the finding of the study which found that health care institutions in Saudi Arabia are experiencing a nursing shortage as the most countries in the world¹.

Despite these deficiencies, the most dimension perceived by the nurses toward nursing practice environment was nursing foundations for quality of care. These results would be due to the impact of quality improvement projects and staff development courses that are provided to the participants. This finding supports previous research which concluded that staff nurses perceived their development and education as an important feature to assists them to enhance their performance¹⁵.

Organizational commitment dimensions

The nurses had a moderate level of organizational commitment, the present findings seem to be consistent with other research which found that staff nurses were perceiving a moderate level of organizational commitment¹⁶. However, this finding is in contrast with the study that found staff nurses had a strong organizational commitment¹⁷.

The current study found that affective organizational commitment represented the lowest weighted mean score. This result may be due to the nurses' weak sense of personal meaning to the hospital. The present finding seems to be consistent with other research which found that the nurses had low level of affective organizational commitment ¹⁸.

While, normative organizational commitment represented the highest weighted mean score. This finding could reflect the nurses' feeling of obligation to remain at KAUH due to the sense of loyalty. The present finding seems to be consistent with other study which found that nurses had high level of normative organizational commitment ¹⁹.

The correlation between nursing practice environment dimensions and organizational commitment dimensions

In the correlation analysis, the results showed that, nurses' participation in hospital affairs dimension were significantly and positively correlated with each of affective and normative organizational commitment. This result may be due to the career development and clinical ladder opportunities that provided by the hospital which would result in enhancing the nurse's affective attachment to the organization and influencing the normative beliefs of duty. This result is congruent with the study which found that staff nurses who contribute their ideas and have greater involvement in their hospital affairs activities would have higher levels of organizational commitment ¹⁷.

In addition, this study found that there was a positive and significant relationship between nursing foundations for quality of care dimension and each of affective and normative organizational commitment. It is possible that, the active staff development or continuing education programs for nurses provided by the hospital may have a positive influence on the nurses' both affective and normative organizational commitment. This result is similar to the study which found that the investment in the staff nurses may positively enhance the affective and normative organizational commitment ²⁰.

The findings of this study indicated that nurse manager ability, leadership, and support of nurse's dimension were significantly and positively influence their normative organizational commitment. There is a possibility that, the managers in the hospital were capable to provide appropriate support, and encouragement for the nurses which may positively increase their feeling of obligation to remain within the hospital. The present findings seem to be consistent with other studies which concluded that health care managers with participatory management style and offering psychological support. This could positively enhance staff nurses' normative organizational commitment ²¹.

Staffing and resource adequacy dimension was positively and significantly correlated with affective organizational commitment and normative organizational commitment. A likely explanation, is that when the staffing level and resources are adequate would result in improving the nurses' control over their environment and enhance their loyalty to the hospital. This finding consistent with a study which found that there is a direct relation between staffing level and resource adequacy and the staff nurses' organizational commitment ⁴.

Moreover, enhancing nurse physician collaboration may positively improve the nurses' normative organizational commitment. This finding could be due to, the team work and collaboration (joint practice) between nurses and physicians. That finding is similar to the study which noted the importance of fostering nurse-physician collaboration which may influence the staff nurses' OC ²².

The relationship between nursing practice environment dimensions and organizational commitment dimensions

Furthermore, the multiple regression model showed that, nursing foundations for quality of care dimension was found to have an impact on continuance organizational commitment. This result may be due to, quality improvement projects and staff development may impact the nurses' continuance organizational commitment. This finding supports previous research into this area which links nursing foundations for quality of care to the continuance organizational commitment as well as its importance in reducing the turnover risk ²³.

In addition, the finding of the current study showed that staffing and resource adequacy dimension had a significant impact on normative organizational commitment. A possible explanation having enough time and opportunity to discuss patient care problems with other nurses may impact the nurses' normative organizational commitment. The present findings seem to be consistent with other research which confirms the association between staffing and resource adequacy and the organizational commitment ²⁴.

V. CONCLUSION

The present study concluded that the staff nurse's practice environment was favorable while, organizational commitment level was moderate at KAUH. The most important characteristic agreed by the staff nurses was the nursing foundations for quality of care. Furthermore, the result of this study indicated that the nurses may felt an obligation to remain at KAUH. However, the nurses may not feel an identification with and attachment to KAUH. Also, the current study found that, the staff nurses' organizational commitment may promoted by improving the five nursing practice environments' characteristics.

The present study confirms previous findings and contributes additional evidence that suggests that the more staff nurses involved in the policy development, committees, and governance may result in enhancing the staff nurses' affective attachment to the organization. In addition, it would influence staff nurses internalized normative beliefs.

The results of this research support the idea that providing courses and projects may have a positive influence on the staff nurses' both affective and normative organizational commitment. Furthermore, the current findings add to a growing body of literature on nursing practice environment that, nurse manager ability, leadership, and support of nurses may have significant and positive influence on the staff nurses' normative organizational commitment.

Additionally, these findings increase our understanding of the relationship between the staffing levels and resources adequacy and the staff nurse's organizational commitment. Where the study concluded that improving staffing and resources may significantly and positively enhance staff nurse's affective commitment to the hospital. Moreover, the evidence from this study suggests that nurse-physician relation may positively improve the nurses' normative organizational commitment.

VI. RECOMMENDATIONS

This are some recommendations concluded from the study to be as suggestions for improving the nursing practice environment and staff nurses' organizational commitment:

Recommendation for nursing administration

- Enabling the most effective use of the resources to improve nurses practice environment through the assessment of resources, measure the work-load and improving the staffing levels as well as find solutions to resolve the nurses' shortage such as use of staff floating, studying of the staff absenteeism causes, provide an appropriate ratio and extra pay for the extra working hours.

Recommendations for nursing practice:

- Foster the daily discussions between the managers, nurses, and physicians in the development of patients care plans.
- Encourage the staff nurses to contribute their ideas and have greater involvement in the hospital affairs activities.

Recommendations for nursing education:

- Incorporating interprofessional collaboration concept in the undergraduate and post graduate nursing curriculum
- Hospital education department may provide a continuous interprofessional educational courses regarding the ways to enhance the nurse- physician collegial relationship.

Recommendation for future research:

- This study could be replicated in other settings which may have different environment affecting the staff nurses' organizational commitment.

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International Journal of Novel Research in Healthcare and Nursing

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