

Professional Commitment of Indian Nursing Employees With Reference to Geographic Diversity

Mrinali Tikare

This study focuses on the professional commitment of the nursing professionals with reference to the four zones in India. The study uses a multi-stage sampling method in which 376 nursing staff from 32 hospitals responded. The nursing staff revealed a higher mean for all the variables of professional commitment. However, there is the significant difference in the mean professional attitude, professional involvement and total professional commitment level among the four zones of India. Factors like career opportunities, pay packages, foreign jobs, patient counseling, role of a trade-union, socio-economic conditions of the regions and the likes may affect the professional commitment of the nursing staff. The HR managers should understand the diversity of the four zones and develop HR policies accordingly.

Mrinali Tikare is from GNVS Institute of Management, Sion, Mumbai. E-mail: mrinalit@yahoo.com

Introduction

Nursing staff plays a major role in the healthcare industry. They are the first ones to be thought about when we consider healthcare. Dedication towards needy patients' good health is set to be the core of an efficient healthcare delivery system (Tikare, 2015). Thus, it is necessary that their needs have to be taken care, and a congenial atmosphere is created for them to work with utmost job satisfaction and content the result of which would be a high-quality nursing care. To sustain the brand image of the hospital organization nursing staff has to be well motivated intrinsically as well as extrinsically and totally committed towards the profession and the organization.

Nursing is a humanistic profession. It is recognized as a profession because it has a unique scientific body and needs theoretical education, practical skill, and professional autonomy (Jafaragae et al., 2012). This profession has specific criteria, including a strong commitment to offering services to the society, belief in each individual's respect and value,

commitment to education and autonomy (Jafaragae . et al., 2012). Highly committed nurses are more responsible for delivering health care for the patients. Strong commitment to a profession is related to job satisfaction and intention to remain. The professional commitment constructs are important because it contributes to our understanding of how people develop, make sense of, and integrate their multiple work-related commitments, including those that go beyond organizational boundaries.

Commitment to the job or profession is one of the most important factors affecting the development and reputation of the organization. However, professional commitment is influenced by diversity based on socioeconomic factors, culture, qualification, age, experience, marital status, co-workers and supervisory relationship and the likes, available to the employees of the organization (Farooq et al., 2011).

Review of Literature

Cohen (2003) explained that there are different types of commitment in organizational life - commitment to the job, workgroup (union), team and leader, organization, and profession. An individual holds multiple commitments in the workplace, and these various foci of commitment have different consequences on workplace behaviors.

Professional Commitment (PC): Professionalism constructs were developed from sociology (Hall, 1968), whereas the concept of PC came from

psychology (Porter et al., 1974). The construct of PC was developed from the more established construct of organizational commitment (OC). Cohen (2003) explained the concept of professionalism as the extent to which individual members identify with their profession and endorse its values. Lobna & Ahlam (2013) explained that PC is a concept that attracted a great deal of attention in the workplace for a better understanding of employees' attitudes and performance. The terms occupation, profession, and career were used somewhat interchangeably in the commitment literature (Meyer et al., 1993), all seem to capture a similar notion, namely the importance of one's occupation (Morrow, 1993).

Nursing Profession & Professional Commitment

Unlike individuals in other fields who might not have the opportunity to use their professional skills regularly, clinical staff are constantly and actively engaged in the very behaviors that define their professional role. Lacking of professional commitment has been found to be associated with intention to leave the nursing profession and also with an intention to leave the organization. Jafaragae et al. (2012) made an operational definition of professional commitment in nursing as a

Lacking of professional commitment has been found to be associated with intention to leave the nursing profession and also with an intention to leave the organization.

complex phenomenon comprising intention to stay and work as a nurse, feeling responsibility for the profession, participating in professional workgroups, and tendency to career promotion. Jafaragae et al. (2012) conducted a qualitative study and extracted loyalty and tendency to remain in the profession and responsibility to the professional issues from the theoretical phase. Commitment to promoting caring abilities, satisfying of being a nurse, and belonging to the nursing profession was identified in the fieldwork phase. Finally, two main themes emerged – ‘commitment to offering the best nursing care’ and ‘commitment to the promotion of the nursing profession’. The cross-sectional study conducted by Teng et al. (2009) in Taiwan, indicates that nurse’s professional commitment can enhance patient safety and patient-perceived care quality.

The study by Sonmez (2011) observed that the numbers and quality of nurses are insufficient in Turkey and across the world. It is obvious that job satisfaction, job continuation, occupational commitment and organizational commitment of nurses are important. While the occupational commitments of the nurses develop during their education, they also differ according to certain variables during their work-life. He also affirmed that occupational commitment of nurses will yield a lot of benefits for both organizations and individuals. These benefits can be obtained as the nurses are more willing to make efforts for their profession, accept their goals and values and stay in the profession. Therefore, it is important to know which variables

Older nurses and a high proportion of night shifts were related to low professional commitment.

make them feel or not feel committed to their occupation. Laine (2005) described that older nurses and a high proportion of night shifts were related to low professional commitment.

Geographical Location

Very few studies are available on the relationship of geographic location/region and employees’ organizational commitment level. Whatever studies undertaken in this regard have dealt with international geographies of culture as well as socioeconomic aspects.

Till date, the discussion related to organizational commitment and geographic region identified the following:

- Economic Status, Income, Employment Opportunities (Gelade & Dobson, 2006)
- Social & Cultural Aspects (Cohen, 2003)
- Organizational Structure & Strategies (Lincoln & Kalleberg, 1985)
- Immigration Status (Glazer et al., 2004)

There is not even a single study conducted on geographic location and professional commitment. In addition, all these studies have been conducted on an international level, but no study has been attempted on the professional commit-

ment level of employees in the context of diversities of Indian states. Thus the question arises: Do different Indian zones have different professional commitment levels? If yes, why?

Research Methodology

This research study has been designed to be deductive in nature and reflects an

objective inquiry. The study seeks to present an acceptable notion of the differences among professional commitment levels of the nursing staff with reference to four zones of India. The epistemology of the study has taken a positivist stance, and the phenomenon is explained with empirical and logical reasoning by using quantitative data. The study has undertaken processes given in Table 1.

Table 1 Research Process

Epistemology	Theoretical Perspective	Methodology	Methods	Analysis
Objectivism	Positivism	Survey Research	<ul style="list-style-type: none"> • Sampling • Questionnaire 	Statistical Analysis

Source: Primary

Significance of the Study

There are three ways in which this study added to the collective research literature: (a) it provides insight in to the professional commitment of nursing staff; (b) it may assist healthcare sectors in retaining, satisfying nursing staff by enhancing the professional commitment level; (c) and it generated data that may be used to develop a model to prompt further research.

Objectives of the Research

The study has three objectives:

1. To find out the professional commitment level of nursing staff.
2. To identify the differences in the professional commitment level of nursing staff across the four zones in India.
3. To make suggestions to hospitals to build a committed nursing staff workforce.

Hypotheses of the Study

Following related literature, there are two major variables in the study: 1) Professional Attitude Commitment and 2) Professional Involvement Commitment. This study proposes following null hypotheses:

- a) There is no significant difference in the mean Professional Attitude Commitment level scores of nursing staff with reference to four zones in India.
- b) There is no significant difference in the mean Professional Involvement Commitment level scores of nursing staff with reference to four zones in India.
- c) There is no significant difference in the mean Total Professional Commitment level scores of nursing staff with reference to four zones in India.

Scope of the Study

Data were collected from the four zones and eight cities of India representing 32 hospitals. All these hospitals are either trust hospitals or private hospitals and have more than 50 bed capacities each. The focus of the study is on nursing staff working in the hospitals. However, the discussion on demographic factors were kept out of the scope of the study.

According to the Indian Nursing Council, there are 20 lakhs registered nurses in India out of which 18 lakhs are in Kerala.

A nurse is defined as ‘a person formally educated and trained in the care of the sick or infirm’ (Dictionary.com). Nursing is defined by the International Council of Nurses, as, ‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people’. The Indian Nursing Council is the regulatory body for the profession of nursing. A person practising nursing must be registered with the Nursing Council. According to the Indian Nursing Council, there are 20 lakhs registered nurses in India out of which 18 lakhs are in Kerala.

Data Collection

To conduct this study, 500 questionnaires were distributed among the nursing staff. This study was conducted dur-

ing May 2010-March 2014. But after the completion of the survey, it was found that only 400 nursing staff gave their responses, out of which only 376 questionnaires were included in this study. Thus, the response rate was 75%. During this study, the multistage sampling techniques were used (Table 2).

Selection of Tool

Professional and occupational commitment focuses on the employee’s profession, occupation, and career. To analyze them as separate commitments increases concept redundancy among commitment foci (Cohen 2003: 24). Morrow’s (1983) suggestion to treat them as one commitment focus has been adopted in this study.

Different scholars have conceptualized occupation, profession and career constructs differently. A few measures were considered standard and had been used repetitively as follows:

- I. Career Commitment Scale developed by Blau (1993) considers the dimensions - attitude, beliefs & behavior intentions and career orientations toward profession or occupation.
- II. Career Commitment Scale developed by Carson and Bedein (1994) considers career identity, career planning and career resilience dimensions.
- III. Three-dimensional scale (ACS, CCS, NCS) developed by Meyer and Allen (1991, 1997) considers the affective, continuance and normative dimensions by the relevant occupation.

Table 2 Sampling Framework

SR. No.	Sampling Details	Application Details	Rationale
1	Population	All Indian nursing employees working in hospitals	Based on objectives of the study
2	Parameter (Characteristics of Population)	Trust & private hospital's nursing employees, nursing employees working in hospital with more than 50 bedded capacities	Need for globalization Present scenario of PPP models in healthcare.
3	Sampling Unit	All nursing employees	Need to focus on professional commitment
4	Statistic (Characteristics of Sample)	Nurse – As per the norm of Indian Nursing Council and registered as 'Nurse'.	To get the appropriate representation of nursing employees registered as 'Nurse'.
5	Sample Techniques	Probability Sampling Technique	To minimize sampling error
6	Multi-stage Probability Sampling Methods	Stage – 1: Selection of zones Stage – 2: Selection of eight cities Stage – 3: Selection of hospitals Stage – 4: Selection of employees	Nursing Employees - homogeneous population across the four zones of India Two cities from each Zone. Following references used to find out Tier I & Tier II cities in India -India Urbanization Econometric Model, McKinsey Report– 2010& CARTUS Report 2010 Based on criteria of inclusion- 1) Private and Trust hospitals, 2)More than 50 beds capacity, However, all government hospitals were excluded. Criteria: The inclusion of all nursing employees. Exclusion of trainee nurses
7	Sampling Error Occurrence	Frame Error Chance Error Response Error	Some groups are over-represented. However, it is avoided by the more number of sample units. Avoided by using standardized tools. However, possibility of mis interpretation due to linguistic diversity.
8	Non-sampling Error Occurrence	Some units not represented	Some hospital management did not allow to conduct the study. Some hospital heads did not allow to meet sample units and asked to drop 20-30 questionnaires.
9	Precision	Moderate level	As it is attitudinal survey
10	Sample Size Determination	Estimated by using the Confidence Interval Method	Sample estimation – 463 500 Questionnaire Distributed
	on Continuous Variable	$n = \frac{z^2 \cdot s^2}{D^2}$ SD = Range/ Six LevelsRange – 5 point Likert scale (5-1)Confidence Level – 95% (Z value - 1.96) Tolerable Error – 0.06 As Moderate Level Precision	400 Response Received 376 Used for study response Rate – 75%

Source: Primary

Amongst the three aforementioned scales, the researcher did not select II & III scales for reasons cited below:

- Carson and Bedein (1994): It has been observed that the study conducted by Carson and Carson in 1998 used only three items, each representing one dimension from an original scale developed by Carson and Bedein (1994). Carson and Carson scale being a modification of the earlier scale (consisting of nine items) with deletion of six items raised serious questions about the validity and reliability of the original scale, as pointed by Cohen (1993).
- Meyer and Allen (1997): To measure organizational commitment mostly researchers adopt a three-dimensional scale (ACS, CCS, NCS) developed by Meyer and Allen (1997). If a researcher has taken the same scale for professional commitment by replacing the word 'organization' to 'profession', it would have led to misunderstanding among respondents and would have adversely affected the generalization of the conclusion. There are potential problems associated with applying the Meyer and Allen typology realized by Vandenberghe et al. (2001) in their European Commission research study.

Hence, the study has adapted Blau's scale (1993) of career commitment with certain modifications which were appropriate to the context of healthcare professionals. Blau (1988) defined career commitment as "one's attitude, including affect, belief, and behavioral intention towards his/her occupation." The construct

and the measure of Blau (1993) are in tandem with each other. He revised his original scale (seven items) in 1993 by incorporating items from four other scales viz. Blau (1985); Sekran (1982); Greenhaus (1971, 1973); and Good (1979) and made it 11-items with six reverse edge items. However, the present study adopted a similar scale (further modified in to 7-items) which was used by the study conducted by Tikare (2016).

Cohen (1996) conducted factor analysis and found that Blau's scale is distinct from the factors like affective commitment, continuance commitment and normative commitment towards the organization. The study conducted by Cohen in 1999 showed that it is empirically distinct from a measure of the job involvement and a measure of the Protestant work ethics. Fields (2002) indicated construct validity of the scale in his book. In 2003 Cohen advocated that Blau's scale seems to be one of the better approaches to defining and measuring occupational commitment and has good psychometric properties.

However, Carson & Bedian (1994) found that Blau's scale is contaminated with concept redundancy (career salience) and has issues of content validity. The measures of occupational commitment proposed by Blau (1985), Parasuraman and Nachman (1987) and Sheldon (1971) have been criticized by Vandenbergand and Scarpello (1994) on the ground that their items confounded conceptually distinct constructs and none reflected the operational definition of occupational commitment, i.e., a person's

identification with the goals and values of the occupation (Morrow, 1983). In 2003, Cohen indicated ‘withdrawal cognition’ for some items of the scale.

Reliability & Validity

To find out the reliability of the tool Cronbach Alpha test was conducted. If Cronbach Alpha coefficient is more than

0.65 then there is ‘acceptable internal consistency’ of the scale. Then, factor analysis was conducted. After factor analysis, it was whittled down to 7 items under two components, namely, Professional Attitude and Professional Involvement. Table 3 indicates the results of factor analysis.

Table 3 Validity of Instrument - Factor Analysis

Variables -N=376	Cronbach Alpha	KMO Measures of Sampling Adequacy With P Value	No. New Compon- ents	The Total of Factor Loading	Eigen Values	Total Variance Explained	New Factors
Professional Commitment	0.724	0.710P = 0.000	1	2.985	2.244	56.094	Professional Attitude (4 Items)
	0.651	0.654P = 0.000	1	2.312	1.781	59.381	Professional Involvement (3 Items)

Source: Primary, Principal Component Analysis.

Based on the generally accepted rules of selecting a factor solution with Eigen values greater than 1 and incremental variance, a two-factor solution was accepted. Further step of data analysis is conducted on three variables viz. Professional Attitude Commitment, Professional Involvement Commitment and Total Professional Commitment.

Scoring Method & Interpretation

Respondents were asked to reply to each item using a five-point Likert scale format: strongly agree; agree; neutral; disagree and strongly disagree- as it applies to his/ her professional commitment level. Higher scores indicated a higher

level of commitment and lower scores indicated otherwise. The ranges in Table 4 provide a quick interpretation of the respondents’ scores.

Demographic Profile

Demographic profile of the respondents is as in Table 5.

Descriptive Analysis

Computation of total score, mean and standard deviation is obtained by using SPSS. Table 6 shows the division of commitment level in three parameters, i.e. high level, moderate level and low level.

Table 4 Range & Interpretation

Variables	No. of Questions	Rating Scale	Range	Interpretation For Measurement	
Professional Attitude	4	1 to 5	4 to 20	4.00 to 9.33	Lower Level
				9.33 to 14.66	Moderate Level
				14.67 to 20.00	High Level
Professional Involvement	3	1 to 5	3 to 15	3.00 to 7.00	Lower Level
				7.01 to 11.00	Moderate Level
				11.01 to 15.00	High Level
Total Professional Commitment	7	1 to 5	7 to 35	7.00 to 16.33	Lower Level
				16.34 to 25.66	Moderate Level
				25.67 to 35.00	High Level

Source: Primary

Table 5 Sample Distribution of Nursing Staff

Demographic Profile	Total N = 376	Groups	Frequencies	
			N	Percentage
Zone		East Zone	93	25
		North Zone	128	34
		South Zone	119	31
		West Zone	36	10

Source: Primary

Table 6 Score, Mean & Standard Deviation

Variables of Commitment	Score(Sum)	Mean	Standard Deviation	Measurement of Level
Total Professional Commitment	11072.00	29.4468	3.70691	High Level
Professional Attitude Commitment	6241.00	16.5984	2.63026	High Level
Professional Involvement Commitment	4831.00	12.8484	1.64468	High Level

Source: Primary

It is observed that all nursing staff showed a higher level of total professional commitment, professional attitude

commitment, and professional involvement commitment.

Testing of Hypotheses

Table 7 depicts descriptive statistics and ANOVA- One Way for professional commitment level in four zones. The significance level and retention or rejection of hypotheses also demonstrated with appropriate rationale.

All nursing staff showed a higher level of total professional commitment, professional attitude commitment, and professional involvement commitment.

Table 7 Descriptive Statistics & ANOVA – One Way of Professional Commitment in Four Zones

Zones	East Zone	North Zone	South Zone	West Zone	F Value	Sig.p value	Significant / Not Significant (S/NS)
N =376	93	128	119	36			
Variables	MeanSD	MeanSD	MeanSD	MeanSD			
Total Professional Commitment	30.48	29.42	28.83	28.88	3.879	0.009	Significant Difference
Professional Attitude Commitment	17.11	16.75	16.03	16.55	3.258	0.022	Significant Difference
Professional Involvement Commitment	13.36	12.66	12.79	12.33	4.968	0.002	Significant Difference
	2.52	2.60	2.66	2.63			
	1.45	1.63	1.52	2.16			

Source: Primary

The nursing staff revealed a higher mean for all the variables of professional commitment. However, there is the significant difference in the mean professional attitude, professional involvement and total professional commitment level among the four zones of India as ‘p’ value is less than 0.05. Hence, the null hypothesis

There is the significant difference in the mean professional attitude, professional involvement and total professional commitment level among the four zones.

es are rejected with reference to the zones (Table 8).

Table 8 Retention or Rejection of Hypotheses – Zones

SR.NO.	Hypotheses - Variables	Retained/Rejected
a	Professional Attitude Commitment	Rejected
b	Professional Involvement Commitment	Rejected
c	Total Professional Commitment	Rejected

Source: Primary Work

Discussion

In the one way - ANOVA, by using Post Hoc Tests, it is found that the East Zone of India indicated the highest level of professional attitude commitment, professional involvement commitment, and total professional commitment compared to the remaining three

zones in India. The Eastern Zone is significantly different from the Southern Zone in regard to the level of professional attitude commitment. In the case of professional involvement commitment too the East Zone is significantly different from the West Zone and North Zone of India. Eastern Zone’s total professional commitment is significantly

different from the South Zone. The following may be the reasons for such differentiation of commitment level between these two zones-

1. It is observed that most of the nursing staff hails from the South Zone and especially from the state of Kerala. They may feel that there will be more professional opportunities and exposure in other zones than in South (Times of India, 8th Oct. 2011).
2. The nursing staff prefers to work in the recognized hospitals in Mumbai. After a job tenure of two years and armed with an experience certificate from any recognized hospital institution from a metropolis like Mumbai is an easier way to secure a job abroad with a higher pay package (Kodoth, 2013).
3. In the West Zone, it is also observed that counseling of the patients by nursing staff is not allowed. Therefore, even after having sufficient knowledge and experience as nursing personnel, she cannot communicate with patients or give satisfactory answers to their queries (TOI, Jaipur 13 Feb.2013). The role of nursing staff is just to follow the orders of the treating doctors. Their participation and involvement in patients' healthcare are like robotic (programed behavior).
4. The interruption and interference by trade unions also happen to be the cause of the low levels of commitment by the nursing staff of South Zone.

5. The per capita income of the poor in Kolkata at Rs 27 a day (Times of India – Kolkata, 12th Sept. 2012) and Odisha's southern and northern regions continues to singe in chronic poverty (Times of India – Bhubaneswar, 19th Feb. 2013). Such socioeconomic conditions may be the reason for a higher level of professional commitment among nursing staff from the East Zone. On the other hand, Mumbai is the most expensive city compared to the other cities (Times of India, Mumbai – 18th June 2015) and the need for survival cost may affect professional commitment.

Socioeconomic conditions may be the reason for a higher level of professional commitment among nursing staff from the East Zone.

From the above discussion, it may be concluded that factors like career opportunities, pay packages, foreign jobs, patient counseling, role of a trade union, socioeconomic conditions of the regions etc may affect the professional commitment of nursing staff.

Table 9 depicts the backdrop findings related to organizational commitment. However, these factors may be related with professional commitment also.

However, more studies are required in the Indian context to understand the differences in commitment level based on geographical areas.

Table 9 Backdrop Findings

The findings of the study are consistent with the findings of the earlier studies-

Serap & Sonmez (2012)	•	Regional imbalance' and commitment level
Gelade & Dobson (2006)	•	Economic development of the country· Multiple jobs opportunities
Glazer et al. (2004)	•	Influence of culture
Cohen (2003)	•	Role of trade union

Source: Primary Work

Implications & Recommendations

Geographical location affects professional commitment levels of nursing employees. The following suggestions are offered to HR practitioners to build committed workforce in the hospital organization:

1. HR Heads should design compensation plans by considering factors such as performance and creativity. The approach of 'Competency Based Pay Plan' will be ideal for hospital organizations.
2. HR Heads can implement career planning practices like lateral moves, counseling sessions, upward appraisal and career workshops specifically for nursing staff.

This study has used self-report survey which could be a limiting factor. It is also important to consider that the samples used in this study are nursing staff. Therefore the results of the study cannot be generalized to other industries.

References

- Blau, G. (1985), "The Measurement and Prediction of Career Commitment", *Journal of Occupational Psychology*, 58: 277-88.
- Blau, G. (1993), "On Developing a General Index of Work Commitment", *Journal of Vocational Behavior*, 42: 298-314.
- Carson, K. D. & Bedeian, A. G. (1994), "Career Commitment: Construction of a Measure and Examination of Its Psychometric Properties", *Journal of Vocational Behavior*, 44: 237-62.
- Cohen, A. (2003), *Multiple Commitments in the Workplace: An Integrative Approach*, Mahwah, NJ: Lawrence Erlbaum.
- Farooq, N., Irfan, M. & Farooq, M. (2011), "Measurement of the Degree of Organizational Commitment among the Faculty Members of Private Sector Universities in Peshawar City", *Interdisciplinary Journal of Contemporary Research in Business*, 3:4.
- Fields, Dail L. (2002), *Taking the Measure of Work: A Guide to Validated Scales for Organizational Research and Diagnosis*, Sage Publication, Inc.
- Gelade, G. A. & Dobson P. (2006). "National Differences in Organizational Commitment Effect of Economy, Product of Personality, or Consequence of Culture"? *Journal of Cross-cultural Psychology*, 37 (5): 542-56.
- Glazer, S., Daniel, S.C. & Short, K.M. (2004), "A Study of the Relationship between Organizational Commitment and Human Values in Four Countries", *Human Relations*, 57(3): 323-45.
- Good, S. (1979) "Characteristics of Planners in Upwardly Mobile Occupations", *Academy of Management Journal*, 22: 539-50.

- Greenhaus, J. H. (1971), "An Investigation of the Role of Career Salience in Vocational Behavior", *Journal of Vocational Behavior*, 1: 209-16.
- Greenhaus, J.H. (1973), "A Factorial Investigation of Career Salience", *Journal of Vocational Behavior*, 3: 95-98.
- Hall, R. H. (1968), "Professionalization and Bureaucratization", *American Sociological Review*, 33(1): 92-104.
- Jafaragae, F., Mehrdad, N. & Rafii F. (2012), "Concept Analysis of Professional Commitment in Iranian Nurses", *Iran J Nurs Midwifery Res*, 17(7):472-79.
- Kodoth, P. (2013). International Mobility of Nurses from Kerala (India) to the EU: Prospects and Challenges with Special Reference to the Netherlands and Denmark, CARIM-India Research Report.
- Laine, M.(2005), Job Commitment in Nursing Profession, Organizational and Professional Commitment of Nurses. Occupational Health: 122-130, Finnish Institute of Occupational Health
- Lincoln, J. R. & Kalleberg, A. L. (1985), "Work Organization and Workforce Commitment: A Study of Plants and Employees in the United States and Japan", *American Sociological Review*, 50: 213-19.
- Lobna, K.M. & Ahlam, E.S. (2013), "Professional Commitment and Perceived Organizational Support Among Nursing Academic Staff: A Comparative Study". *Med. J. Cairo Univ.*, 81 (1): 235-43.
- Meyer, J. & Allen, N. (1997), *Commitment in the Workplace: Theory, Research, and Application*, Thousand Oaks, CA: Sage Publications
- Meyer, J. P. & Allen, N. J. (1991), "A Three-component Conceptualization of Organizational Commitment", *Human Resource Management Review*, 1: 61-89.
- Meyer, J. P., Allen, N. J. & Smith, C. A. (1993), "Commitment to Organizations and Occupations: Extension and Test of a Three-component Conceptualization", *Journal of Applied Psychology*, 78: 538-51.
- Morrow, P C. (1983), "Concept Redundancy in Organizational Research: The Case of Work Commitment", *Academy of Management Review*, 8: 486-500.
- Parasuraman, S. & Nachman, S. A. (1987), "Correlates of Organizational and Professional Commitment - The Case of Musicians in Symphony Orchestras", *Group & Organization Studies*, 12: 287-303.
- Porter, L. W., Steers, R. M., Mowday, R. T. & Boulian, P. V. (1974), "Organizational Commitment, Job Satisfaction and Turnover among Psychiatric Technicians", *Journal of Applied Psychology*, 59: 603-09.
- Sekaran, U. (1982), "An investigation of the Career Salience of Men and Women in Dual-career Families", *Journal of Vocational Behavior*, 20: 111-19.
- Serap, B. & Sonmez, H. (2012), "Analysis of Organizational Commitment and Work-family Conflict in View of Doctors and Nurses", *The International Journal of Human Resource Management*, 23(18): 3890-905.
- Sheldon, M. E. (1971), "Investments and Involvements as Mechanism Producing Commitment to the Organization", *Administrative Science Quarterly*, 16: 142-50.
- Sonmez, H. (2011), "The Analysis of Demographic and Work Life Variables which Affect the Occupational Commitment of Nurses", *Journal of Management Development*, 32: 419-34.
- Teng, C.-I., Dai, Y.T., Lotus Shyu, Y.I., Wong, M.K., Chu, T.L. & Tsai, Y.H. (2009), "Professional Commitment, Patient Safety, and Patient-Perceived Care Quality", *Journal of Nursing Scholarship*, 41: 301-09.
- Tikare, M (2016), *Managing Commitment of Hospital Employees in Healthcare Services* (Doctoral Dissertation), Retrieved from

- Shodhganga. URL: <http://hdl.handle.net/10603/78968>
- Tikare, M. (2015), "An Evaluation of Organizational Commitment of Indian Nursing Staff of Trust/Private Hospitals With Reference To Education", *Abhinav International Monthly Refereed Journal of Research in Management & Technology*, 4(6):1-13.
- Vandenberg, R. G. & Scarpello, V. (1994), "A Longitudinal Assessment of the Determinant Relationship between Employee Commitments to the Occupation and the Organization", *Journal of Organizational Behavior*, 15: 535-47.
- Vandenberghe, C., Stinglhamber, S., Bentein, K. & Delhaise, T. (2001), "An Examination of the Cross-cultural Validity of a Multidimensional Model of Commitment in Europe", *Journal of Cross-Cultural Psychology*, 32: 322-47.