

Professional Commitment and Work Life Quality Levels of Nurses

Hemşirelerin Mesleğe Bağlılık ve İş Yaşamı Kalitesi Düzeyleri

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ÖZ

Amaç: Bu araştırma hemşirelerin mesleğe bağlılık ile iş yaşamı kalitesi düzeylerini ve mesleğe bağlılık ile iş yaşamı kalitesi arasındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Yöntem: Araştırmaya bir üniversite hastanesinde görev yapan ve araştırmaya katılmayı kabul eden 270 hemşire dâhil edilmiştir. Veriler tanıttıcı özellikler formu, Hemşirelik İş Yaşamı Kalitesi Ölçeği ve Hemşirelikte Mesleğe Bağlılık Ölçeği ile Eylül-Aralık 2017 tarihinde toplanmıştır. Verilerin değerlendirilmesinde; tanımlayıcı istatistikler, Independent t, Mann-Whitney U, Tek yönlü ANOVA, Kruskal-Wallis testleri ve Pearson korelasyon analizi kullanılmıştır.

Bulgular: Hemşirelerin Mesleğe Bağlılık Ölçeği toplam puan ortalamalarının 69.93±12.54, İş Yaşamı Kalitesi Ölçeği toplam puan ortalamalarının 104.53±17.38 olduğu bulunmuştur. Mesleğe Bağlılık Ölçeği alt ölçek ve toplam ölçek puanı ile İş Yaşamı Kalitesi Ölçeği alt ölçek ve toplam ölçek puanları arasında pozitif yönde ilişki olduğu saptanmıştır (p<0.05).

Sonuç: Çalışmaya katılan hemşirelerin mesleğe bağlılığının iyi, iş yaşamı kalitesinin ise orta düzeyde olduğu belirlenmiştir. Hemşirelerin mesleğe bağlılık düzeyleri arttıkça iş yaşamı kalitesi düzeyinin de arttığı saptanmıştır. Bu sonuçlar doğrultusunda hemşirelerin mesleğe bağlılık ve iş yaşamı kalitesi düzeylerini artırmaya yönelik programların planlanması ve uygulanması önerilebilir.

Anahtar kelimeler: Hemşirelik, mesleğe bağlılık, iş yaşamı kalitesi.

ABSTRACT

Objective: This study was carried out to determine the levels of and relationship between professional commitment and quality of work life of the nurses.

Method: 270 nurses, who worked at a university hospital and accepted to participate, were recruited to the study. The data were collected using the Introductory Characteristics Form, the Quality of Nursing Work Life Scale (QNWLS) and the Nursing Professional Commitment Scale (NPCS) during September-December 2017. Descriptive statistics, Independent t, Mann-Whitney U, One Way ANOVA, Kruskal-Wallis tests and Pearson Correlation analysis were used for the data analysis.

Results: It was found that total mean score of the Nursing Professional Commitment Scale was 69.93±12.54, and total mean score of the Quality of Nursing Work Life Scale was 104.53±17.38. It was determined that there was a positive correlation between the Nursing Professional Commitment Scale subscale and total scale scores and the Quality of Nursing Work Life Scale subscale and total scale scores (p<0.05).

Conclusions: It was determined that the professional commitment of the nurses participating in the study was good and the quality of work life was moderate. It has been determined that as the level of professional commitment of nurses increased, quality of work life level also increased. In line with these results, it may be recommended to plan and implement programs to increase professional commitment and quality of work life of the nurses.

Key words: Nursing, professional commitment, work life quality.

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Introduction

Nursing is one of the occupational groups that provides care and meets all of the needs of an individual within the healthcare system by considering all aspects of the individual (Erdemir, 1998). In this context, the nursing profession requires a deep professional commitment (PC) which goes beyond the desire to earn money (Cihangiroğlu et al., 2015). PC, for a nurse, is to believe and accept the values of the profession that the nurse has or has chosen, to make an effort to achieve these values, to be willing to develop him/herself in professional field and to be decisive on pursuing this profession (Çetinkaya et al., 2015; Duygulu and Korkmaz, 2008). Although PC is very important in nurses, it is stated in the studies that PC of the nurses is in low-to-moderate levels (Çetinkaya et al., 2015; Demirel et al., 2014; Derin and Demirel, 2012; Durukan et al., 2010; Duygulu and Korkmaz, 2008; Intepeler et al., 2014).

Quality of work life (QNWL) plays a key role in increasing the level of PC (Bostan and Köse, 2011; Çatak and Bahçecik, 2015; Türkay, 2015). Nursing is considered as a stressful profession with intensive workload due to many negative factors arising from the work environment (Yeşiltaş and Gül, 2016). In addition, nurses face many difficulties due to working conditions such as lack of interdisciplinary communication, role complexity in the team, heavy workload, lack of tools/equipment, failure to prioritize individual initiatives and creativities, and lack of communication with the family/individual suffering from tension due to diseases (Karahana et al., 2007). Besides, nurses experience many negativities such as standing for a long time, insomnia in the shifts, malnutrition and violence even though they vary depending on the service intensity (Kırılmaz et al., 2016). In the literature, it is stated that the QNWL of the nurses is in moderate or good levels (Ayaz and Beydağ, 2014; Çatak and Bahçecik, 2015; Eren and Hisar, 2016) and the factors impairing the QNWL are social/environmental, professional and managerial. In addition, it is known that QNWL of the nurses also reflects on the quality of patient care (Mollaoğlu et al., 2010). It is stated in the literature that the nurses with good QNWL level provide a more qualified care, with increased work satisfactions, which then increases patient satisfaction levels, as well (Bostan and Köse, 2011; Mollaoğlu et al., 2010; Vural et al., 2012; Yeşiltaş and Gül, 2016).

PC and QNWL levels of the nurses are important in terms of providing the nursing services in a best way and thus solving the quality and cost problems. Although there are studies on PC and QNWL in the literature, there is a limited number of studies conducted with nurses (Demirel et al., 2014; Duygulu and Abaan, 2007). This study was carried out in order to determine the professional commitment and quality of work life of the nurses.

Method

The population of the study was composed of nurses (N=460) working at a university hospital. The sample of the study was calculated as 217 nurses with 95% confidence interval and 5% error probability. Nurses with at least 1 year of professional experience and who accepted to participate were included and the study was completed with 270 nurses. The data were collected between the dates of September and December in 2017.

Data Collection Tools

Introductory Characteristics Form, Quality of Nursing Work Life Scale (QNWLS), and Nursing Professional Commitment Scale (NPCS) were used as data collection tools. Introductory Characteristics Form was composed of 26 questions about the descriptive and professional characteristics, unit, PC and QNWL of the nurses.

Nursing Professional Commitment Scale (NPCS) was developed by Lu et al., in 2007. The scale has 26 items and three subscales (desire to effort, maintaining professional membership, devotion to the goals and values) (Lu et al., 2007). Turkish validity and reliability of the scale was conducted by Cetinkaya et al., in 2015 (Cronbach's alpha value 0.90) (Çetinkaya et al., 2015). The total scale score is between 26-104 and the increase in total score indicates that the PC level of the nurse is better. In this study, the Cronbach's alpha value of the scale was calculated as 0.87 in this study.

Quality of Nursing Work Life Scale (QNWLS) was developed by Brooks in 2001 to measure QNWL of the nurses (Brooks and Anderson, 2005). Turkish validity and reliability of the scale was conducted by Sirin et al., in 2015 (Cronbach's alpha value 0.89) (Şirin and Sökmen, 2015). The scale has 5 subscales (work environment, relations with managers, working conditions, profession perception, support services) (Şirin and Sökmen, 2015). Total scale score is between 35-175 and the increase in the total score indicates that the QNWL

of the nurses is better. The Cronbach's alpha value of the scale was calculated as 0.88 in this study.

Ethical Issues

Before starting the study, ethics committee permission (21.04.2017-2017/228) and institutional permission (04.04.2017-55545571-302.10.01) were obtained. The participating nurses were informed about the study and they gave a written and signed informed consent.

Data Assessment

The IBM SPSS Statistics 22 (IBM Corp., Armonk, New York, USD) statistical package program was used to assess the data. Number, percentage, arithmetic mean, standard deviation, median, minimum and maximum values were given as descriptive statistics. Shapiro-Wilk normality test and Q-Q graphs were used to determine whether or not the data had normal distribution. Independent samples t test or Mann-Whitney U test were used in accordance with the distribution of the data, ANOVA or Kruskal-Wallis test were used in the comparison of more than two independent groups. Bonferroni test was performed as post-hoc test in multiple comparisons. In the correlation analysis, Pearson correlation analysis was performed according to the distribution of the data.

Results

It was determined that 46.3% of the nurses were 24 years old and younger, 73.3% were female, 43.7% were married, 53.3% had bachelor's/graduate degree, and 74.8% have been working for less than 5 years. 38.1% of the nurses were working in internal medicine services, 54.1% did not choose their unit willingly, 74.8% found the number of nurses in the unit inadequate, 77.0% did not receive any in-service training about their unit, and 17.8% attended a course/certificate program (Neonatal Resuscitation Program, Intensive Care Nursing Course, etc.). It was found that 18.5% of the nurses had an occupational disease; being mostly (85.7%) musculoskeletal disorders. 24.5% did not think about leaving the job, whereas 13.7% thought of it every day (Table 1).

It was found that the recommendations to increase PC of the nurses included eliminating the interpersonal communication problems (31.5%), organizing the work environment (29.4%), meeting nurse's needs and improving their rights (14.1%), adjusting the working hours and wages (12.5%), and training and branching (12.5%).

Table 1. Descriptive characteristics of the nurses

Descriptive characteristics	n	%
Age ($\bar{X} \pm Sd$: 25.94\pm4.77)		
24 years and younger	125	46.3
25-30 years	104	38.5
31 years and over	41	15.2
Gender		
Female	198	73.3
Male	72	26.7
Marital status		
Married	118	43.7
Single	152	56.3
Educational level		
MVHS	97	35.9
Associate	29	10.8
Bachelor/Graduate	144	53.3
Working duration		
Less than 5 years	202	74.8
5 years and more	68	25.2
Working unit		
Internal medicine services	103	38.1
Surgical services	75	27.8
Intensive care	92	34.1
Willingly selecting the unit		
Yes	124	45.9
No	146	54.1
Number of nurses in the unit		
Adequate	68	25.2
Inadequate	202	74.8
In-service training		
Yes	62	23.0
No	208	77.0
Participation in the course/certificate program		
Participated	48	17.8
Not participate	222	82.2
The presence of occupational disease		
Yes	50	18.5
No	220	81.5
Occupational disease (n=50)*		
Musculoskeletal disorders	48	85.7
Allergic disorders	3	5.4
Sleep and nutrition disorders	5	8.9
Thinking about leaving nursing profession		
Not thinking	66	24.5
Sometimes / once a year	65	24.1
Sometimes / once a month	63	23.3
Sometimes / once a week	39	14.4
Every day	37	13.7
Total	270	100.0

Table 2. Recommendations by nurses on professional commitment and quality of work life

Characteristics related to professional commitment and quality of work life	Number (n)	Percentage (%)
Recommendations to increase professional commitment (n=184)		
Organizing the work environment	54	29.4
Adjusting working hours and wages	23	12.5
Eliminating interpersonal communication problems	58	31.5
Training and branching	23	12.5
Meeting the needs of nurses and improving rights	26	14.1
Recommendations to increase quality of work life (n=146)		
Organizing the work environment	61	40.4
Knowing the duties/authorities and responsibilities by the team members	33	21.9
Eliminating interpersonal communication problems	31	20.5
Adjusting working hours and wages	26	17.2

Table 3. Distribution of the scores of Nurses' Professional Commitment and Quality of Nursing Work Life Scales

Scales and Subscales	$\bar{X} \pm Sd$	Med (Min-Max)
Nurses' Professional Commitment Scale		
Nurses' Professional Commitment Scale Total Score	69.93±12.54	70.00 (32-99)
Desire to Effort	31.71±7.65	31.50 (13-50)
Maintaining Professional Membership	23.70±5.80	24.50 (8-32)
Devotion to the Goals and Values	14.52±2.74	15.00 (5-20)
Quality of Nursing Work Life Scale		
Quality of Nursing Work Life Scale Total Score	104.53±17.38	105.00 (58-142)
Job/Work Environment	28.70±5.16	29.00 (12-40)
Relations with Managers	13.58±3.00	14.00 (5-21)
Working Conditions	27.95±5.93	28.50 (12-45)
Job Perception	22.27±4.60	22.00 (7-32)
Support Services	12.01±2.80	12.00 (4-20)

Recommendations to enhance the QNWL included regulating the work environment (40.4%), the team members know their duties/authorities and responsibilities (21.9%), eliminating the interpersonal communication problems (20.5%), and adjusting the working hours and wage (17.2%) (Table 2).

The overall mean QNWS and NPCS scores were 104.53±17.38 and 69.93±12.54, respectively. Subscale mean scores were 31.71±7.65 in desire to effort, 23.70±5.80 in maintaining professional membership, and 14.52±2.74 in devotion to the goals and values. Subscale mean scores of QNWS

were 28.70±5.16 in work environment, 13.58±3.00 in relations with managers, 27.95±5.93 in working conditions, 22.27±4.60 in job perception, and 12.01±2.80 in support services (Table 3).

Based on the NPCS score distribution of the nurses in terms of descriptive characteristics, it was determined that mean NPCS scores of the nurses who were female, voluntarily chose their unit and found the number of nurses in the unit adequate, had no occupational disease and did not think of leaving nursing were higher, being statistically significant ($p=0.003$, $p<0.001$, $p=0.005$, $p=0.012$, $p<0.001$, respectively).

Table 4. Distribution of Nurses' Professional Commitment Scale and Quality of Nursing Work Life Scale scores according to descriptive characteristics of the nurses

Descriptive characteristics	n	NPCS $\bar{X}\pm Sd$	Test*	QNWLS $\bar{X}\pm Sd$	Test*
Gender					
Female	198	71.28±12.81	t=3.196	105.56±17.37	t=1.623
Male	72	66.22±11.00	p=0.003	101.69±17.22	p=0.106
Educational level					
MVHS/Associate	126	70.65±12.25	t=0.884	107.89±17.12	t=3.018
Bachelor/Graduate	144	69.30±12.80	p=0.377	101.59±17.14	p=0.003
The presence of occupational disease					
Yes	50	65.92±12.75	t=-2.481	97.82±15.14	t=-3.268
No	220	70.85±12.34	p=0.012	106.05±17.53	p=0.002
Thinking of leaving nursing profession					
Not thinking	66	77.09±10.80 ^a	F=23.023 p=0.000	112.25±15.43 ^a	F=19.491 p=0.000
Sometimes / once a year	65	74.00±10.98 ^a		110.06±15.75 ^a	
Sometimes / once a month	63	68.25±11.14 ^b		103.87±15.20 ^b	
Sometimes / once a week	39	65.28±9.11 ^b		100.28±15.12 ^b	
Every day	37	57.81±12.06 ^c		86.64±15.30 ^c	
Working unit					
Internal medicine services	103	69.50±12.96	F=0.649	104.35±18.05 ^{ab}	F=5.087 p=0.007
Surgical services	75	71.33±11.11	p=0.523	109.32±13.37 ^a	
Intensive care	92	69.28±13.19		100.82±18.71 ^b	
Number of nurses in the unit					
Adequate	68	73.60±12.54	t=2.797	112.44±14.23	t=4.966
Inadequate	202	68.70±12.32	p=0.005	101.87±17.55	p=0.000
In-service training					
Yes	62	68.12±13.23	t=-1.295	100.19±16.65	U=5192.500 p=0.020
No	208	70.47±12.31	p=0.197	105.82±17.43	
Selecting willingly the unit					
Yes	124	73.46±11.85	t=4.421	110.37±16.37	t=5.346
No	146	66.93±12.37	p=0.000	99.57±16.71	p=0.000

*Independent samples t test, Mann Whitney U and one way ANOVA tests were applied.

a, b, and c superscripts show the intragroup differences in each group and the measurements with the same letters are similar.

NPCS: Nurses' Professional Commitment Scale QNWLS: Quality of Nursing Work Life Scale

When QNWLS score distribution of the nurses in terms of descriptive characteristics was examined, it was found that the QNWLS mean scores of the nurses who had bachelor's/graduate degree, were working in the intensive care unit, did not voluntarily choose their unit, found the number of nurses in their unit inadequate, received in-service training, had an occupational disease and were thinking of leaving the nursing every day were lower, being statistically significant ($p=0.024$, $p=0.003$, $p=0.007$, $p<0.001$, $p<0.001$, $p=0.020$, $p=0.002$, $p<0.001$, respectively) (Table 4).

Table 5 demonstrates the correlation between scores from the QNWLS and NPCS. It was determined that there was a positive correlation between the subscale and total scores of QNWLS

and the subscale and total scores of NPCS ($p<0.001$) (Table 5).

Discussion

It is undisputedly an accepted fact that nurses have an important and fundamental position in the delivery of health services. Therefore, an effective and efficient delivery of nursing services is indispensable in the protection and development of community health (Karahan et al., 2007). Therefore, nursing profession requires a deep PC that goes beyond the desire to earn money (Cihangiroğlu et al., 2015). QNWL is an important factor affecting the PC and these factors are thought to have a major effect on the quality of service.

Table 5. Correlation between the scores of Quality of Nursing Work Life and Nurses’ Professional Commitment Scale

Scales*		Quality of Nursing Work Life Scale					
		Work environment subscale	Relations with managers subscale	Working conditions subscale	Job perception subscale	Support services subscale	Quality of Work Life Scale Total
Professional Commitment Scale	Desire to effort subscale	r=0.497 p=0.000	r=0.443 p=0.000	r=0.488 p=0.000	r=0.488 p=0.000	r=0.489 p=0.000	r=0.599 p=0.000
	Maintaining the membership of the profession subscale	r=0.273 p=0.000	r=0.267 p=0.000	r=0.274 p=0.000	r=0.178 p=0.003	r=0.240 p=0.000	r=0.307 p=0.000
	Devotion to the goals and values subscale	r=0.389 p=0.000	r=0.248 p=0.000	r=0.278 p=0.000	r=0.350 p=0.000	r=0.371 p=0.000	r=0.406 p=0.000
	Professional Commitment Scale Total	r=0.515 p=0.000	r=0.448 p=0.000	r=0.485 p=0.000	r=0.457 p=0.000	r=0.491 p=0.000	r=0.596 p=0.000

*Pearson correlation analysis was conducted.

This study conducted to determine the PC and QNWL levels as well as the relationship between the PC and QNWL of the nurses is aimed to guide for healthcare institutions

In this study, it was determined that while the professional commitment of the nurses were in good level, their QNWL was in moderate level. In parallel with the results of this study, the QNWL of the nurses was reported to be in moderate level in other studies QNWL(Ayaz and Beydağ, 2014; Çatak and Bahçecik, 2015; Nayeri et al., 2011). These results may be caused by the problems such as experiencing problems in interpersonal relations, insufficient number of nurses, heavy workload, lack of adequate work time, working hours, and not seeing the wages of nurses as sufficient. In the studies conducted on professional commitment, it was revealed that the PC of the nurses was in lower or moderate level (Demirel et al., 2014; Derin and Demirel, 2012; Durukan et al., 2010; Duygulu and Korkmaz, 2008; Intepeler et al., 2014). It is thought that the study results on this subject differ due to the facilities and operation procedures of the institutions where nurses work.

When examining the correlation between QNWLs and NPCCS scores, it was determined that QNWL levels of the nurses increased as their PC levels increased. No study has been found in the literature investigating the correlation between PC and QNWL in nursing studies. PC and QNWL have a critical impact on the delivery of quality of healthcare expected from nurses. Therefore, the recommendations about PC and QNWL of nurses

should be taken into consideration. The recommendations to increase the PC of the nurses were determined as eliminating the interpersonal communication problems, organizing the work environment, meeting nurses’ needs, improving their rights, adjusting the working hours and wages, and providing training and branching. The recommendations of the nurses about enhancing the QNWL are organizing the work environment, team members’ knowing their duties/authorities and responsibilities, eliminating the interpersonal communication problems, and adjusting the working hours and wages. In the study by Duygulu and Korkmaz, it was stated that nurses experienced problems that might cause them to leave their institutions, which were economical problems, lack of promoting possibilities and problems in workplace relations (Duygulu and Korkmaz, 2008). These results showed that there were problems that were waiting solution in the work life of the nurses.

When nurses’ PC level was examined in terms of gender, it was found that PC level of male nurses was lower. Besides there is no study evaluating the effect of gender on PC status of nurses, Al-Haroon and Al-Qahtani also did not find a correlation between gender and organizational commitment in the nurses (Al-Haroon and Al-Qahtani, 2020). Conversely, Küçüközkan found a significant correlation between gender and organizational commitment in the healthcare professionals working in a private hospital (Küçüközkan, 2015). Low PC level of male nurses may be associated with the

perception of nursing profession as a profession specific to women and being new in the profession.

The heavy workload causes various occupational diseases in nurses due to important risks carried by hospitals and accordingly negative factors related to work environment. This heavy work load causes various occupational diseases experienced by the nurses. In this study, PC level of the nurses with occupational disease was found to be lower. It was thought that factors such as heavy working conditions of hospitals, interpersonal communication problems, lack of a standardized nursing education, and lack of material satisfaction negatively affect PC level of the nurses and may even lead to leaving the profession. It was found in this study that PC level of the nurses who were thinking about leaving nursing every day was lower, however PC level of nurses who did not think about leaving nursing or who were thinking it sometimes/once a year was higher. Matsuo et al. found that mostly young nurses were considering leaving the nursing profession due to various factors (Matsuo et al., 2019). It was stated in another study that personal and work environment-related characteristics of the nurses caused differences in the level of organizational commitment and thought of leaving the nursing profession (Ingersoll et al., 2002). It was also anticipated in the studies that good PC provided job satisfaction and thus the nurses experienced less burnout related to work environment (Teng et al., 2007). In their study, Brooks and Anderson reported that nurses working in permanent night shift had lower PC (Brooks and Anderson, 2005). These results may be associated with lack of motivation of nurses, failure to organize the working conditions according to standards, and the presence of the differences in educational level.

The effect of the work environment on the productivity of the person should not be neglected. In this study, it was determined that PC level of the nurses who willingly chose the unit and found the number of nurses in their unit adequate was higher. No study was found in the literature showing the effect of the number of nurses in the unit and the status of willingly choosing the unit on professional commitment. Besides, it was determined in the study by Özlük and Baykal, that nurses were not satisfied due to reasons such as appointment of non-nurses by profession, negative working conditions, number of nurses inadequate, excess workload and insufficient wage (Özlük and Baykal, 2020). The lack of adequate facilities at hospitals leads to a decreased job satisfaction and thus reduced PC in

nurses. In the study by Uslusoy et al., 41.3% of the nurses were reported to choose their unit by their own request (Uslusoy et al., 2016). In the study by Yesiltaş and Gül, 49% of the nurses chose their unit on their own (Yeşiltaş and Gül, 2016). In the study by Karahan et al., 28.6% of the nurses stated that they were assigned to the unit which they wanted (Karahan et al., 2007). When considering these studies, it may be asserted that it is the most correct approach to include preferences of the nurses at high level in line with the current needs. It should be noted that working in an undesired unit causes not only a decreased job efficiency, but also a decreased PC in nurses.

The fact that young nurses who start their working life at early ages know the working conditions of the profession and working fields and so select willingly makes it easier for them to adapt to difficult working conditions. It was determined in this study that quality of work life of the nurses who had MVHS/Associate degree, chose the profession willingly and had no occupational disease were higher. The status of thinking about leaving the profession affected quality of work life; QNWL of nurses who were thinking about leaving the nursing profession every day was lower, whereas, QNWL of the nurses who did not think of it or who thought of leaving the profession sometimes/once a year was higher. Coskun and Ugur reported that QNWL of the nurses who had graduate degree was higher than the nurses who had associate and lower education degree (Coşkun and Uğur, 2018). In a previous study, it was observed that healthcare professionals with graduate degree perceived QNWL level better than the other healthcare professionals (Saygılı et al., 2016). The studies conducted by Ince et al. on healthcare professionals and by Çatak and Bahçecik on nurses reported that the educational level was an important variable affecting QNWL level (Ince et al., 2015; Çatak and Bahçecik, 2015). Ayaz and Beydağ showed that the educational level of nurses did not cause a significant difference on QNWL level (Ayaz and Beydağ, 2014). These various results in the studies may be due to the participant nurses working in hospitals with different statuses. It was also thought that expanding the perspective of nurses with educational level and providing more qualified and holistic care increased the work load of the nurses and thus adversely affected QNWL. This may be due to the reasons such as giving more duties and responsibilities in the unit.

QNWL of the nurses who were working in the intensive care unit, thinking that sufficient number

of nurses are working in the unit, were not receiving the in-service training and chose their unit willingly was higher in this study. This result may be associated with the fact that intensive care units have a different structure than others, where patients are more critical, intensive care, work pressure, excessive mobility and noise are frequent and which is a very stressful and isolated environment. These natural properties of the intensive care unit affect QNWL of the nurses working negatively. Higher QNWL of the nurses not receiving the in-service training may be due to the fact that in-service trainings were not planned in accordance with quality and quantity aspects. Higher QNWL of the nurses who selected the unit willingly may be explained by the increase in their motivation level.

Conclusion

Nursing is one of the occupational groups that address the individual from all aspects and meet all needs of the individual in the healthcare system. PC and QNWL play an important role in the delivery of qualified nursing care. In this study QNWL, the professional commitment of the nurses was found to be good while QNWL was in moderate level. QNWL levels of the nurses increased as their PC level increased. In accordance with these results, it is recommended to assign the nurses to the units where they can show their abilities and the units where they want to work in parallel to their education (1); carry out in-service training programs aimed at fulfilling roles and responsibilities towards professional maturation and parallel to the technological changes (2); review the working conditions of institutions and make efforts to improve them (3); conduct studies on increasing the quality and level in nursing education (4) in order to increase PC and QNWL levels of the nurses.

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What did the study add to the literature?

- The nursing profession requires a deep professional commitment that goes beyond the desire to earn money.
- Quality of work life is an important factor affecting professional commitment and the factors are thought to have a major effect on the quality of service.
- Since there are few studies focusing on the relationship between professional commitment and quality of work life, findings in this study may shed light on the role of nursing managers.

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