The Role of Organizational Rumination Perception in Employee Commitment on the Axis of Response Styles Theory: A Field Study

Tepki Biçimleri Kuramı Ekseninde Çalışan Bağlılığında Örgütsel Ruminasyon Algısının Rolü: Bir Saha Çalışması

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Abstract

The main theme of this study is to investigate the possible relationship between the perception of organizational rumination and the concept of organizational commitment in the context of response styles theory. According to the reaction styles theory, the negative and repetitive thought process is called rumination; It is considered as a combination of sadness and depression. In the context of the theory, organizational rumination is defined as the individual's thinking over and over again about his/her emotional state and possible causes and consequences, without taking action to solve the problem. Corporate commitment, on the other hand, is the driving force behind corporate success, defined as the loyalty and loyalty of the employee to his institution. What makes it so important is the concept's close relationship with outcomes such as participation, performance, workforce turnover and organizational rumination. In this study, a field research was conducted with employees working as nurses in private hospitals operating in Kayseri; The relationship between employees' ruminative perceptions and their organizational commitment was examined in the context of corporate commitment and its sub-dimensions. In the research, it was determined that employees' ruminative perceptions negatively affected their corporate commitment, and the sub-dimensions of corporate commitment showed significant differences at the level of ruminative perception.

Keywords: *Organizational Rumination, Organizational Commitment, Response Styles Theory, Organizational Commitment Sub-dimensions, Organizational Behavior*

Öz

Bu çalışmanın ana teması tepki biçimleri kuramı bağlamında örgütsel ruminasyon algısı ile kurumsal bağlılık kavramının muhtemel ilişkisini araştırmaktır. Tepki biçimleri kuramına göre negatif ve yineleyen düşünce süreci ruminasyon olarak adlandırılmakta; stres ve depresyonun kombinasyonu olarak kabul edilmektedir. Kuram, örgütsel ruminasyon kavramını, kişinin sorununu çözmek için gayret etmeksizin, mevcut duygu durumunu ve muhtemel sebep ve sonuçları sürekli olarak düşünmesi olarak tanımlamaktadır. Kurumsal bağlılık ise, çalışanın kurumuna olan sadakati ve vefası olarak tanımlanan; kurumsal başarının arkasındaki sürükleyici güçtür. Onu bu denli önemli yapan olgu ise kavramın katılım, performans, iş gücü devri ve örgütsel ruminasyon gibi çıktılarla olan yakın ilişkisidir. Bu çalışmada, Kayseri ilinde faaliyet gösteren özel hastanelerde, hemşire olarak görev yapan işgörenler ile bir saha araştırması gerçekleştirilmiş; çalışanların ruminatif algılarının örgütsel bağlılıkları ile ilişkisi kurumsal bağlılık ve alt boyutları bağlamında irdelenmiştir. Araştırmada çalışanların ruminatif algılarının kurumsal bağlılıklarını negatif yönde etkilediği, kurumsal bağlılık alt boyutlarının da ruminatif algı düzeyinde anlamlı farklılık gösterdiği sonucuna ulaşılmıştır.

Anahtar Kelimeler: *Örgütsel Ruminasyon, Kurumsal Bağlılık, Tepki Biçimleri Kuramı, Kurumsal Bağlılık Alt Boyutları, Örgütsel Davranış*

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Introduction

 Organizations consist of systems that produce goods and services, market them, and try to make a profit in line with their goals. The biggest factor that will contribute to the functioning of this system is qualified manpower. Under changing dynamics within the organization cause outcomes that directly affect the functioning of the organization. One of these outputs is the concept of rumination and corporate commitment, developed in the context of reaction theory.

According to the Response Styles Theory developed by Nolen-Hoeksema, rumination is defined as a repetitive and inactive way of thinking focused on possible symptoms that cause depression in the individual (Butler, 1994).

People may have problems focusing because they tend to constantly think about the problems they have experienced or may experience. These problems can become increasingly intractable and negatively affect employees' corporate commitment. So much so that the concept of organizational commitment is one of the important points of the institution-employee relationship. Especially if we take into account that the one of the important problem encountered in workplace is employees' dissatisfaction with the workplace, we can state that individuals with high corporate commitment will be positioned as individuals who are both successful in employee relations, aiming for quality production for customer satisfaction, have high job satisfaction and have a low desire to leave their job (Boselie & Wiele, 2001).

At this point, corporate communication has a crucial role. Because one of the basic functions of corporate communication is to keep all factors affecting employee performance under control and to turn these factors into positive ones in the context of communication with employees (Solmaz, 2007). Effective communication builds financially organizational success, and socially high level of teamwork, high job satisfaction and high corporate loyalty (Güllüoğlu, 2012). On the other hand, corporate communication that does not function properly can cause burnout syndrome, cynicism, stress and organizational rumination in employees.

In the ligths of all this informations the main purpose of these studies is to explain the concept of rumination more clearly and to examine the relationship of the concept with institutional commitment and its sub-dimensions in the context of response styles theory. In this context, in the first part of the study, an attempt was made to create a theoretical infrastructure by considering the theory of response styles. In the second part of the research, the concept of organizational rumination was discussed and an evaluation was made on its importance in organizational life and its organizational outcomes. In the other part of the study, the concept of organizational commitment was examined with its sub-dimensions and its relationship with the concept of organizational rumination was included. In the field research of the study, a field survey was conducted with nurses working in private hospitals operating in Kayseri, and the possible relationship between the concept of organizational rumination and organizational commitment and its sub-dimensions was examined in the context of survey data.

1. Response Models Theory

Various theoretical perspectives have been put forward to date to explain the concept of rumination, which is considered a psychological problem. These perspectives include response styles theory, goal progression theory, rumination theory in response to stress, rumination

theory regarding sadness, self-regulatory functions theory, and multiple rumination model. Among these theories, the response styles theory developed by Hoeksema (Various theoretical perspectives have been put forward to date to explain the concept of rumination, which is considered a psychological problem. Response styles theory, is considered the first to address rumination and the most used approach in the field; It is defined as having repetitive thoughts about depressive symptoms and the possible causes and consequences of these symptoms.

In the theory of response styles, the functions of rumination are expressed as making the person feel depressed as a result of the intensification of the negative mood, keeping negative memories alive in the mind, preventing the person from realizing the sources of motivation that can help him by keeping him busy with them, and preventing the individual from taking action to solve the problem. In this theory, three mechanisms have been proposed for rumination to maintain depressive mood.

Firstly, rumination prevents the emergence of attention mechanisms and coping behaviors that help avoid depressive moods. Secondly, depressive mood affects the recall of memories stored in autobiographical memory, perception and learning of new information. Finally, the ruminative response style contributes to the explanation of current mood. Because people in a depressed mood prefer self-deprecating and belittling statements, their depressive mood levels increase (Luminet, 2008). At this point, individuals with ruminative personality traits frequently repeat thoughts such as "Why me?", "Why can't I move forward?", "What am I doing wrong?", "Why can't I overcome these?", which will push them into more depressive thoughts (Nolen-Hoeksema & Morrow, 1991). According to theory, all these emotional states exacerbate depression, hinder problem-solving skills, and weaken social support (Nolen-Hoeksema, 2008). In the other part of the study, the concept of rumination will be discussed in detail. So much so that shedding light on the concept of rumination in the context of response styles theory is also important for the main theme of our field research.

2. Organizational Rumination Concept

Rumination was first introduced to the literature in 1960 by I.M. Ingram and McAdam. Ingram and McAdam (1960), who conducted research in the field of psychology, associated rumination with the constant repetition of negative thoughts in the mind and depressive states; They have been examined in the literature in the sense of "mental rumination" (Nolen-Hoeksema, 1987; Smith & Alloy, 2009). At this point, the fact that individuals who adopt ruminative thinking exhibit ruminative thoughts within the organization draws attention to the necessity of examining the concept in the organizational behavior literature.

Individuals with a ruminative thinking style passively repeat their negative emotions, focus on symptoms of distress, and worry and constantly worry about the meaning of their distress (Nolen-Hoeksema, 2000).

An individual asking himself questions such as "Why can't I handle things better?", "Why do things always happen to me?" and "Why do I feel this way?" is an example of ruminative thinking. However, ruminative individuals are ineffective in initiating an action to get out of the situation they are in and change the conditions. Although they can produce some solutions, they cannot put them into practice. This situation causes ruminative individuals to focus on the negative sides of events and feel the of negative experiences for a longer time (Bugay & Baker, Erdur, 2015). At this point, the components of rumination are divided into 4:

a) Negative thought: A pessimistic structure occurs with negative thoughts and memories in individuals with ruminative thoughts, under the influence of a depressive mood.

b) Decrease in the ability to cope with the problem: Since individuals with ruminative thinking generally have a pessimistic mood about the continuity of events, they are also in a pessimistic mood about solving problems. This causes a decrease in the ability to cope with problems.

c) Decrease in behavioral attitudes: Individuals who focus on themselves and the problems have a reluctance towards events that require any activity.

d) Decrease in social support: People with rumination have visible problems in their interpersonal relationships (Nolen-Hoeksema, 2008).

Research shows that rumination is related to many psychological problems, especially depressive symptoms (Nolen-Hoeksema vd., 1994; Treynor vd., 2003), anxiety (Cox vd., 2001; Nolen-Hoeksema, 2000), anxiety (Segerstrom vd., 2000), eating disorder (Nolen-Hoeksema vd., 2007; Nolen-Hoeksema & Hsarrell, t.y.), self-harm (Nolen-Hoeksema vd., 2008) and post-traumatic stress disorder (Nolen-Hoeksema & Morrow, 1991).

There are very few studies on rumination in Turkey. Existing studies generally examine the relationship between rumination and psychological reactions after natural disasters peer bullying and depressive symptoms (Erdur-Baker, 2009) help-seeking and attachment models, and self-forgiveness. These studies conducted in Turkey are similar to other international studies on the relationship between rumination and psychological problems.

In the respect of organizations, rumination can also cause financial losses in organizations, even if unintentionally. Employees who are depleted of energy and cannot fully focus on their jobs will have difficulty meeting the expectations of their employers and therefore may become more vulnerable to being fired and having to change jobs over time.

At this point, the basic condition for developing healthy and productive relationships between the organization and the employee is to develop new relationships based on mutual cooperation and loyalty. One of these concepts is the concept of organizational commitment. Undoubtedly, business life is an important part of human life. Starting from this point, in the other part of the study, the concept of corporate commitment is discussed in the context of Allen and Meyer's classification; It will be tried to be explained by relating it to the concept of rumination.

3. The Concept of Organizational Commitment

Loyalty, in the sense of the loyalty of the slave to his/her master, the loyalty of the civil servant to his/her duty, and the loyalty of the soldier to his/her homeland, in the old way of saying loyalty, describes the state of faithful (Doğan & Kılıç, 2007) and requires a good understanding of human motivation based on intuition (O'Reilly, 1989). Although there is no consensus on the definition of institutional commitment, we can state that the common point of all definitions of the concept is that commitment is "the individual's establishment of identity with the institution"(Tutar, 2007).

From this perspective, organizational commitment has three important elements. Accordingly, the individual's adoption of the purposes and values of the institution, making more sacrifices for the institution, and a definite intent to continue to stay in the institution are indicators of organizational commitment.

• Adopting the Goals and Values of the Organization: A relationship between the employee's personal values, purposes and expectations from life and what the institution can offer to its workers at this point is important for the formation of a high point of commitment. The difference between employee's expectations and what is gained is the basic criteria that will show us the level of organizational commitment (İnce & Gül, 2005).

• Ability to Make Sacrifices for the Organization: The fact that employees make more effort than what is considered normal for the success of the organization can only be explained by their commitment (Bülbül, t.y.)

• Desire for Continuation of Organizational Membership: Elements such as properly functioning communication channels within the institutional structure, efficient human resources policies, social activities, career planning, and organizational justice have a positive role on the employee's decision to be a member of the institution (Gündoğan, t.y.)

3.1 Classification of Organizational Commitment

Allen and Meyer state that, attitudinal commitment is a psychological situation that shows the relationship between employees and the institution and is divided into three categories: continuance, emotional and normative commitment (Meyer & Allen, 1991).

3.1.1. Continuance Commitment

Continuance commitment occurs if the employee values his investments such as seniority, career and other opportunities in an organization (İnce & Gül, 2005; Obeng & Ugboro, 2003). If workers think that there are some job positions for them, their commitment will be much higher (McGee & Ford, 1987). For this reason, the employee may be faced with the situation of continuing to work in the organization even if he/she doesn't want to.

Allen and Meyer listed the factors affecting continuance commitment as follows:

• Training: Whether the training the worker has is good to another institution

• Transfer of skills: The ability of the worker to transfer his/her skills and experiences to another organization.

• Self-investment: The worker has devoted a large portion of his effort and time to his/her current institution.

• Retirement premium: The employee's anxiety of losing kinds of benefits he deserves, especially the retirement premium, if he/she leaves the organization.

• Alternative job opportunities: The situation of finding a similar or better job in case the employee leaves the organization (Meyer & Allen, 1991).

3.1.2. Emotional Commitment

Affective commitment includes worker accepting organizational purposes and values and conducting much more efforts for the benefit of the institution (McGee & Ford, 1987). This type of commitment means emotional closeness the worker feels towards the institution; It includes identification and integration with the institution. An employee who stays in the organization with a strong emotional commitment continues to stay in the organization not because he/she needs it, but because he/she wants to (Meyer & Allen, 1991). Mowday and others (1982) expressed the basic component of organizational commitment as emotional commitment.

Allen and Meyer (1990) pointed the factors affecting emotional commitment as belows:

• Difficulty of the job: The job the employee does in the organization is difficult and requires struggle.

• Role clarity: clearly stating what the organization expects from the employee.

• Clarity of purpose: employees have a clear idea about the reasons for their duties and jobs in the organization.

• Management's openness to suggestions: people in top management are open to and value all kinds of suggestions from subordinates.

• Peer loyalty: having close and sincere relationships among employees in the organization.

• Equality and justice: fairness in the distribution of organizational tasks and resources.

• Personal importance: promoting the strengthening of the employee's sense that the work done contributes significantly to the goals of the organization.

• Participation: ensuring the participation of the employee in all matters and decisions related to the organization and work.

• Feedback: providing continuous information to the employee about his/her performance.

At this point, emotional commitment is the kind of commitment believed to be the most important for institutions. Employees with this type of commitment are devoted and loyal employees that every employer dreams of. Because these employees are eager to take on additional responsibilities and have a positive attitude towards work (Narimawati, 2007).

3.1.3. Normative Commitment

This type of commitment involve in element of "obligation". Workers' commitment comes not because they are asked to act this way for their indivitual benefit, but because they believe that what they do is right and ethic. Social pressures have an important place in the development of normative commitment (Powell & Meyer, t.y.).

Allen and Meyer pointed out that normative commitment is a feeling of obligation felt by the employee to stay in the institution. This component of commitment is also referred to as "moral" commitment and reflects the individual's perception of norms and behavior that he/she deems acceptable.

Normative commitment, investments and expenses made by the institution to the employee (payments related to individual development programs, training courses given before internship or recruitment, and other gratuitous payments) cause the employee to feel indebted to the institution. This situation forces the employee to stay in the institution and ties the employee morally to the organization. This type of commitment can only end when the employee pays his/her debt to the institution (Meyer & Allen, 1991).

In the other part of our study, a research on the possible relationship between the concepts of organizational commitment and organizational rumination will be discussed.

4. Methodology: A Field Study on the Relationship Between Organizational Rumination and Organizational Commitment

4.1. Subject and Purpose of the Research

The subject of this study is the possible relationship of the concept of rumination with the concept of institutional commitment in the context of reaction theory. Starting from this point, the aim of the study is to first measure the rumination perception levels and institutional commitment levels of the healthcare nurses taken as a sample, and then to reveal the possible relationship of the concept of rumination with the sub-dimensions of institutional commitment.

Another purpose of the study is to draw attention to the difficult processes in the workplace environment of the health sector in general and nurses in particular. In fact, most of the activities carried out in the health sector are urgent and cannot be postponed, require a high level of specialization, change and develop rapidly compared to other sectors, have difficult working conditions and are a difficult field trying to cope with the problem of violence in health. If it is assumed that the well-being of employees in this field and the institutional commitment that comes with it will affect the general well-being of those receiving service and the sector, addressing the possible problems of nurses working in the sector is among the main purposes of the study.

4.2. Population and Sample of the Research

In the research, purposeful sampling method was preferred. This method; It is a method that allows the researcher to decide which sample to choose from the universe in line with the content and purpose of the research subject (Bernard, 2013), due to his/her mastery of the subject (Arıkan, 2021; Nakip & Yaraş, t.y.). Based on this, 100 nurses operating in private hospitals in Kayseri were included in the field research. The reason for choosing this professional group is; This is because it is a field that is challenging, requires expertise in more than one field, is easily affected by crises, and requires many personal resources to be implemented.

4.3. Research Limitations

This research have some limitations:

1. The research was conducted with 100 nurses working in a private hospital in Kayseri. The fact that the study was conducted in a single center can be evaluated within the limited scope of this study.

2. The study is limited to the concept of "institutional commitment" only, which is one of the work-related outcomes of organizational rumination perception.

3. The reliability of the research is limited to the objectivity of the answers given by the respondents.

4. The research results reflect the April-May 2024 views and opinions of the nurses who answered.

4.4. Research Method

As a data collection form in the research; Introductory Information Form, Ruminative Thought Forms Scale (RTFS) and Allen and Meyer's Organizational Commitment Scale (OCS) were used. The scale, whose original name is "Ruminative Thought Style Questionnaire (RTSQ)"; It was developed by Brinker and Dozois (2009) and is conducted to evaluate ruminative thinking

styles. Ruminative Thought Forms Scale (RTFS) was trenslated into Turkish by Karatepe (2010). RFTS, which is a 7-point Likert type, consists of 20 items. People rate themselves on a scale between 7 (describes me very well) and 1 (doesn't describe me at all). Increasing scores from the scale mean that ruminative thinking increases. (Karatepe, t.y.). The Corporate Commitment Scale is measured based on the "Three Component Model of Corporate Commitment" developed by Mowday, Porter and Steers (1979) and subsequently revised by Allen and Meyer (1990). The corporate commitment scale consists of three dimensions: (1) Affective commitment, (2) Continuance commitment, (3) Normative commitment. Independent variables of the study; socio-demographic characteristics and organizational commitment levels of nurses; The dependent variables are the nurses' ruminative thinking levels.

4.5. Research Questions and Hypotheses

Within the scope of the research, the following research questions and hypotheses were developed and tested.

R.Q.1: What are nurses' rumination perception levels in the context of demographic characteristics?

R.Q.2: What are the organizational commitment levels of nurses in the context of demographic characteristics?

R.Q.3: Do nurses' institutional commitment levels, in the context of demographic characteristics, differ in commitment sub-dimensions (Attendance, Emotional and Normative)?

R.Q.4: Do nurses' perceptions of rumination differ on the general institutional commitment level and institutional commitment sub-dimensions?

H1: There is a negative relationship between employees' perceptions of rumination and their general corporate commitment levels. As the level of rumination increases, employees' organizational commitment decreases.

H2: There is a negative relationship between employees' perceptions of rumination and continuance commitment. As the level of rumination increases, employees' continuance commitment decreases.

H3: There is a negative relationship between employees' perceptions of rumination and emotional commitment. As the level of rumination increases, the emotional commitment levels of employees decrease.

H4: There is a negative relationship between employees' perceptions of rumination and normative commitment. As the level of rumination increases, the normative commitment levels of employees decrease.

4.6. Research Findings

Table 1: Demographic Factors

Gender	Frequency %
Male	**22**
Female	**78**
Marital status	
Married	**80**

Single	20
Age	
21-25	15
26-30	30
31-35	38
36-40	17
Educational status	
Associate degree	21
Licence	39
Master's degree	17
Doctorate and above, including medical specialization	23
Position title	
Head Nurse or Assistant	22
Responsible Nurse-Midwife	36
Nurse-Midwife	42
Satisfaction with the institution where one works	
I'm satisfied	59
I am not satisfied	40
I'm undecided	1

As seen in the Table 1, among the participants in the research, 22% were males and 78% were females. It was stated that 80% were married and 20% were single of the participants. 15%(21-25), 30% (26-30), 38% (31-35) and 17% (36-40) of the participants in the research are in the age range. 21% have an associate degree, 39% have a bachelor's degree, 17% have a master's degree, 23% have a doctorate degree or higher education, including specialization in medicine of the participants in the research. 22% are head nurses or assistants, 36% are responsible nurses-midwives, and 42% are nurses-midwives of the participants in the research. 77% are permanent civil servants and 23% are contracted (4B) personnel of the participants. The participants in the research have 17% less than one year, 16% (1-5 years), 17% (6-10 years), and 50% (11-15 years) professional experience. Working styles: 17% are permanent day shifts, 43% are rotating shifts, 40% are day shifts and frequent shifts of the participants. While 59% of the participants stated that they were satisfied with the institution and unit they worked for, 40% stated that they weren't satisfied with the institution and unit they worked for, and 1% of the participants stated that they were undecided about their satisfaction.

Table 2: Nurses' Rumination Perception Levels in the Context of Demographic Characteristics

Variables	Marital status	N	X	SS	t test		
					t	df	p

Rumination average	Married	80	2,18	0,70	-5,647	98	0,01
	Single	20	3,20	0,78			
	Gender				-1,786	98	0,07
	Male	22	2,11	0,56			
	Female	78	2,47	0,87			
	Working Status				-4,595	98	0,01
	Civil Servant	77	2,20	0,69			
	Contractual	23	3,02	0,93			

As a result of the T Test, a significant difference was determined between "Rumination" and "Marital Status" (t[98]=-5.647; P<0.05). As a result of the analysis, while the X (average of answers) value of the married people was 2.18, the X (average of the answers) value of the singles was determined to be 3.20. As a result of the T Test, no significant difference was determined between "Rumination" and "Gender" (t[98]=-1.786; P>0.05). As a result of the analysis, while the X (average of answers) value of males was 2.11, the X (average of answers) value of females was determined to be 2.47.

As a result of the T Test, a significant difference was determined between "Rumination Means" and "Working Status" (t[98]=-4.595; P<0.05). As a result of the analysis, while the X (average of answers) value of civil servants was 2.20, the X (average of answers) value of contract employees was determined to be 3.02.

Table 2a: Nurses' Rumination Perception Levels in the Context of Demographic Characteristics

Educational Status	N	X	SS	Assumption Source	KT	DF	KO	F	P
Associate Degree	21	2,35	0,90	Between groups	14,40	3	4,80	8,67	0,01
Bachelor's degree	39	2,27	0,74	In-group	53,14	96			
Master's Degree	17	3,19	0,79	Total			0,55		
Doctorate and higher education	23	2,03	0,51		67,55	99			

Age	N	X	SS	Assumption Source	KT	DF	KO	F	P
21-25	15	2,21	0,52	Between groups	5,38	3	1,79		
26-30	30	2,67	0,96	In-group	62,17	96		2,77	0,04
31-35	38	2,16	0,66	Total	67,55	99	0,64		
36-40	17	2,57	0,96						

As seen in the Table 2a, one-way analysis of variance was conducted to determine the relationship between "Rumination" and "Educational Status". As a result of the analysis, a significant relationship was determined between "Rumination Average" and "Educational Status" (F=8.67; P<0.05). When a complementary post-hoc analysis (Tukey) was conducted to determine the sources of the differences, a significant difference was determined between associate degree and master's degree, bachelor's degree and master's degree, and doctoral and master's degree groups.

One-way analysis of variance was conducted to determine the relationship between "Rumination" and "Age". As a result of the analysis, a significant relationship was determined between "Rumination" and "Age" (F=2.77; P<0.05). When complementary post-hoc analysis (Tukey) was conducted to determine the sources of the differences, a significant difference was observed between the 26-30 and 31-35 age groups.

In line with all these findings, RQ1 is answered.

Table 3: Organizational Commitment Levels of Nurses in the Context of Demographic Characteristics?

Variables	Marital status	N	X	SS	t test		
					t	df	p
Rumination average	Married	80	2,99	0,11	3,522	98	0,01
	Single	20	2,90	0,09			
	Gender						
	Male	22	3,01	0,12	1,626	98	0,10
	Female	78	2,96	0,10			
	Working Status						
	Civil Servant	77	2,99	0,11			
	Contractual	23	2,91	0,09	2,993	98	0,03

As a result of the T Test, no significant difference was determined between "Organizational Commitment" and "Gender" (t[98]=1.626; P>0.05). As a result of the analysis, while the X (average of answers) value of males was 3.01, while the X (average of answers) value of females was determined to be 2.96. As a result of the T Test, a significant difference was found between "Organizational Commitment" and "Marital Status" (t[98]=3.522; P<0.05). As a result of the analysis, while the X (average of answers) value of married people was 2.99, the X (average of answers) value of singles' was determined to be 2.90.

As a result of the T Test, a significant difference was determined between "Organizational Commitment" and "Employment Status" (t[98]=2.993; P<0.05). As a result of the analysis, while the X (average of answers) value of civil servants was 2,99, the X (average of answers) value of contract employees was determined to be 2,91.

Table 3a: Organizational Commitment Levels of Nurses in the Context of Demographic Characteristics?

Educational Status	N	X	SS	Assumption Source	KT	DF	KO	F	P
Associate Degree	21	2,96	0,10	Between groups	0,13	3	0,04		
Bachelor's degree	39	2,98	0,11	In-group	1,15	96		3,64	0,01
Master's Degree	17	2,90	0,09	Total	1,28	99	0,01		
Doctorate and higher education	23	3,01	0,11						
Age	N	X	SS	Assumption Source	KT	DF	KO	F	P
21-25	15	3,02	0,14	Between groups	0,12	3	0,04		
26-30	30	2,93	0,09	In-group	1,15	96		3,45	0,02
31-35	38	3,00	0,10	Total	1,28	99	0,01		
36-40	17	2,94	0,11						

One-way analysis of variance was conducted to determine the relationship between "Organizational Commitment" and "Educational Status". As a result of the analysis, a significant relationship was determined between "Organizational Commitment" and "Educational Status" (F=3.64; P<0.05). When a complementary post-hoc analysis (Tukey) was conducted to determine the sources of the differences, a significant difference was determined between master's degree and doctorate.

One-way analysis of variance was conducted to determine the relationship between "Organizational Commitment" and "Age". As a result of the analysis, a significant relationship was determined between "Organizational Commitment" and "Age" (F=3.45; P<0.05). When complementary post-hoc analysis (Games-Howell) was conducted to determine the sources of the differences, a significant difference was observed between the 26-30 age groups and the 31-35 age groups.

In line with all these findings, RQ2 is answered.

Table 4: Nurses' Organizational Commitment Levels, in the Context of Demographic Variables, According to Commitment Sub-Dimensions

					t test		
Variable	**Gender**	**N**	**X**	**SS**	**t**	**df**	**p**
Continuation commitment	Male	22	2,34	0,20	-2,327	98	0,02
	Female	78	2,64	0,60			
Variable	**Gender**	**N**	**X**	**SS**	**t**	**df**	**p**
Emotional Commitment	Male	22	3,49	0,25	2,574	98	0,01
	Female	78	3,22	0,46			
Variable	**Gender**	**N**	**X**	**SS**	**t**	**df**	**p**
Normative commitment	Male	22	3,30	0,21	2,139	98	0,03
	Female	78	3,07	0,47			

As a result of the T Test, a significant difference was determined between "Continuance Commitment" and "Gender" (t[98]=-2.327; P<0.05). As a result of the analysis, while the X (average of answers) value of males was 2.34, while the X (average of answers) value of females was determined to be 2.64. As a result of the T Test, a significant difference was determined between "Emotional Commitment" and "Gender" (t[98]=2.574; P<0.05). As a result of the analysis, while the X (average of answers) value of males was 3.49, the X (average of answers) value of females was determined as 3.22.

As a result of the T Test, a significant difference was determined between "Normative Commitment" and "Gender" (t[98]=2.139; P<0.05). As a result of the analysis, while the X (average of answers) value of males 3.30, while the X (average of answers) value of females determined to be 3.07

Table 4a: Nurses' Organizational Commitment Levels, in the Context of Demographic Variables, According to Commitment Sub-Dimensions

					t test

Variable	Marital status	N	X	SS	t	df	p
Continuation commitment	Married	80	2,43	0,40	-6,212	98	0,00
	Single	20	3,17	0,69			
Variable	**Marital status**	N	X	SS	t	df	p
Emotional Commitment	Married	80	3,40	0,35	6,618	98	0,00
	Single	20	2,79	0,43			
Variable	**Marital status**	N	X	SS	t	df	p
Normative commitment	Married	80	3,22	0,33	5,241	98	0,00
	Single	20	2,72	0,56			

As a result of the T Test, a significant difference was determined between "Continuance Commitment" and "Marital Status" (t[98]=-6.212; P<0.05). As a result of the analysis, while the X (average of answers) value of the married people was 2.43, The X (average of answers) value of singles was determined to be 3.17. As a result of the T Test, a significant difference was determined between "Emotional Commitment" and "Marital Status" (t[98]=6.618; P<0.05). As a result of the analysis, while the X (average of answers) value of the married people was 3,40, The X (average of answers) value of singles was determined to be 2.79.

As a result of the T Test, a significant difference was found between "Normative Commitment" and "Marital Status" (t[98]=5.241; P<0.05). As a result of the analysis, while the X (average of answers) value of the married people was 3,22, The X (average of answers) value of singles was determined to be 2.72.

Table 4b: Nurses' Organizational Commitment Levels, in the Context of Demographic Variables, According to Commitment Sub-Dimensions

					t test		
Variable	Working status	N	X	SS	t	df	p
Continuation commitment	Civil Servant	77	2,43	0,41	-5,323	98	0,00
	Contractual	23	3,06	0,70			
Variable	Working status	N	X	SS	t	df	p
Emotional Commitment	Civil Servant	77	3,40	0,41	5,876	98	0,00
	Contractual	23	2,87	0,70			
Variable	Working status	N	X	SS	t	df	p
Normative commitment	Civil Servant	77	3,22	0,33	4,320	98	0,00
	Contractual	23	2,80	0,57			

As a result of the T Test, a significant difference was observed between "Continuance Commitment" and "Work Status" (t[98]=-5.323; P<0.05). As a result of the analysis, while the X (average of answers) value of civil servants was 2.43, the X (average of answers) value of contract employees was determined to be 3.06. As a result of the T Test, a significant difference was observed between "Emotional Commitment" and "Working Status" (t[98]=5.876; P<0.05). As a result of the analysis, while the X (average of answers) value of civil servants was 3,40, the X (average of answers) value of contract employees was determined to be 2,87.

As a result of the T Test, a significant difference was observed between "Normative Commitment" and "Employment Status" (t[98]=5.876; P<0.05). As a result of the analysis, while the X (average of answers) value of civil servants was 3,22, the X (average of answers) value of contract employees was determined to be 2,80.

Table 4c: Nurses' Organizational Commitment Levels, in the Context of Demographic Variables, According to Commitment Sub-Dimensions

Variable

Normative commitment									
Educational Status	N	X	SS	Assumption Source	KT	DF	KO	F	P
Associate Degree	21	3,11	0,43	Between groups	3,87	3	1,29		
Bachelor's degree	39	3,19	0,35	In-group	15,04	96		8,24	0,00
Master's Degree	17	2,71	0,58	Total	18,91	99	0,15		
Doctorate and higher education	23	3,31	0,20						

Emotional Commitment									
Educational Status	N	X	SS	Assumption Source	KT	DF	KO	F	P
Associate Degree	21	3,25	0,48	Between groups	5,70	3	1,90		
Bachelor's degree	39	3,39	0,36	In-group	13,62	96		13,39	0,00
Master's Degree	17	2,78	0,42	Total	19,33	99	0,14		
Doctorate and higher education	23	3,49	0,20						

Continuation commitment									
Educational Status	N	X	SS	Assumption Source	KT	DF	KO	F	P
Associate Degree	21	2,58	0,56	Between groups	8,39	3	2,79		
Bachelor's degree	39	2,45	0,44	In-group	22,41	96		11,98	0,00
Master's Degree	17	3,19	0,68	Total	30,80	99	0,23		
Doctorate and higher education	23	2,33	0,20						

One-way analysis of variance was conducted to determine the relationship between "Normative Commitment" and "Educational Status". As a result of the analysis, a significant relationship was detected between "Normative Commitment" and "Educational Status" (F=8.24; P<0.05). When a complementary post-hoc analysis (Tukey) was performed to determine the sources of the differences, a significant difference was observed between associate degree and master's degree, bachelor's degree and master's degree, and master's degree and doctorate degree. One-way analysis of variance was conducted to determine the relationship between "Emotional Commitment" and "Educational Status". As a result of the analysis, a significant relationship was detected between "Emotional Commitment" and "Educational Status" (F=13.39; P<0.05). When a complementary post-hoc analysis (Tukey) was performed to determine the sources of the differences, a significant difference was observed between associate degree and master's degree, bachelor's degree and master's degree, and master's degree and doctorate degree.

One-way analysis of variance was conducted to determine the relationship between "Continuance Commitment" and "Educational Status". As a result of the analysis, a significant relationship was determined between "Continuance Commitment" and "Educational Status" (F=11.98; P<0.05). When a complementary post-hoc analysis (Tukey) was performed to determine the sources of the differences, a significant difference was observed between associate degree and master's degree, bachelor's degree and master's degree, and master's degree and doctorate degree.

Table 4d: Nurses' Organizational Commitment Levels, in the Context of Demographic Variables, According to Commitment Sub-Dimensions

Variable									
Normative commitment									
Age	**N**	**X**	**SS**	**Assumption Source**	**KT**	**DF**	**KO**	**F**	**P**
21-25	15	3,30	0,24	Between groups	1,84	3	0,61	3,46	0,01
26-30	30	2,98	0,51	In-group	17,07	96			
31-35	38	3,23	0,30	Total	18,91	99	0,17		
36-40	17	2,98	0,55						
Emotional Commitment									
Age	**N**	**X**	**SS**	**Assumption Source**	**KT**	**DF**	**KO**	**F**	**P**

Age	N	X	SS	Assumption Source	KT	DF	KO	F	P
21-25	15	3,51	0,30	Between groups	3,96	3	1,32	8,26	0,00
26-30	30	3,07	0,46	In-group	15,36	96	0,16		
31-35	38	3,45	0,30	Total	19,33	99			
36-40	17	3,07	0,51						
Continuation commitment									
Age	**N**	**X**	**SS**	**Assumption Source**	**KT**	**DF**	**KO**	**F**	**P**
21-25	15	2,36	0,20	Between groups	3,84	3	1,28	4,55	0,00
26-30	30	2,78	0,67	In-group	26,96	96	0,28		
31-35	38	2,41	0,36	Total	30,80	99			
36-40	17	2,80	0,70						

One-way analysis of variance was performed to determine the relationship between "Normative Commitment" and "Age". As a result of the analysis, a significant relationship was found between "Normative Commitment" and "Age" (F=3.46; P<0.05). When complementary post-hoc analysis (Games-Howell) was performed to determine the sources of the differences, a significant difference was observed between the ages of 21-25 and 26-30. One-way analysis of variance was conducted to determine the relationship between "Emotional Commitment" and "Age". As a result of the analysis, a significant relationship was detected between "Emotional Commitment" and "Age" (F=8.26; P<0.05). When complementary post-hoc analysis (Tukey) was performed to determine the sources of the differences, a significant difference was observed between the ages of 21-25 and 26-30 and 36-43, and between the ages of 26-30 and 31-35.

One-way analysis of variance was conducted to determine the relationship between "Continuance Commitment" and "Age". As a result of the analysis, a significant relationship was determined between "Continuance Commitment" and "Age" (F=4.55; P<0.05). When complementary post-hoc analysis (Tukey) was performed to determine the sources of the differences, a significant difference was observed between the ages of 26-30 and 31-35, and between the ages of 31-35 and 26-30.

In line with all these results, RQ3 is answered.

Table 5: Nurses' Rumination Perceptions on the General Institutional Commitment Level and Organizational Commitment Sub-Dimensions

Variable	B	Beta	R	R²	P
Organizational commitment	10,06	-0,35	0,35	0,12	0,01
Continuation commitment	-0,03	0,63	0,63	0,40	0,01
Emotional Commitment	6,24	-0,62	0,62	0,40	0,01
Normative Commitment	5,68	-0,55	0,55	0,31	0,01

As seen in the Table 5, the effect of the rumination scale on organizational commitment, continuance commitment, emotional commitment and normative commitment is shown in the table above. In this context, the value indicated by P in the table indicates whether the relevant model is significant or not, the value expressed by R is the correlational relationship between the variables, the value indicated by R² is the rate of variability explained by the regression equation, and the value B is the value that indicates how much the dependent variable will change when the independent variable increases by one unit. In this regard, it is possible to say the following about the table:

• Rumination has an effect on organizational commitment (P<0.05). However, it is not possible to say that this effect is high. Because the R² value shows that the model explains 10% of the relevant equation. It is stated in the literature that the closer this value is to 1, the better it will be for the model.

• Rumination has an effect on continuance commitment (P<0.05). The relevant equation explains 40% of the situation.

• Rumination was found to have an effect on emotional commitment (P<0.05). In this context, the relevant model explains 40% of the situation.

• Rumination was found to have an effect on normative commitment (P<0.05). In this context, the relevant model explains 30% of the situation.

Table 5a: Nurses' Rumination Perceptions on the General Institutional Commitment Level and Organizational Commitment Sub-Dimensions

Variable	Organizational commitment	
Rumination	Pearson	-0,35**
	P:	0,01
	N:	100
Variable	Continuation commitment	
Rumination	Pearson K.:	0,63**
	P:	0,01

		N:	100
Variable	**Emotional Commitment**		
Rumination	Pearson K.:		-0,62**
	P:		0,01
	N:		100
Variable	**Normative Commitment**		
Rumination	Pearson K.:		-0,55**
	P:		0,01
	N:		100

As seen in the Table 5a, the relationship between "rumination" and "organizational commitment" was measured with "pearson correlation". ıt was determined that there was a negative and moderately significant relationship at the 0.01 level (p<0.01) = there is a moderately negative relationship (I*= -355;p<05); between employees' rumination perceptions and corporate commitment.

Although there are different classifications in the literature, it is generally interpreted as (.00 -.30) weak, (.31 -.49) medium, (.50 -.69) strong, (.70 -.100) very strong relationship.

The relationship between "Rumination" and "Continuance Commitment" was measured with "Pearson Correlation", and it was determined that there was a positive and moderately significant relationship at the 0.01 level (P<0.01).

The relationship between "Rumination" and "Continuance Commitment" was measured with "Pearson Correlation", and it was determined that there was a positive and moderately significant relationship at the 0.01 level (P<0.01).

The relationship between "Rumination" and "Emotional Commitment" was measured with "Pearson Correlation", and it was determined that there was a negative and moderately significant relationship at the 0.01 level (P<0.01).

The relationship between "Rumination" and "Normative Commitment" was measured with "Pearson Correlation" and it was found that there was a negative and moderately significant relationship at the 0.01 level (P<0.01).

In line with all these findings, AS4 and H1/H2/H3 and H4 developed together are answered.

Conclusion

In this study, the relationship between the concept of rumination and corporate commitment was examined in the context of the Response Styles Theory, which was developed by Nolen-Hoeksama in 1991 and is the most widely used in research on rumination in the literature.

As a result of our research, the prominent results regarding the health sector in general and nurses in particular, and some suggestions to be made in line with these results are listed below.

- In the study, significant differences were observed in ruminative thinking according to the introductory characteristics of age, marital status, education level, seniority and working period. It was determined that the average ruminative thinking score was lower in nurses with more age and experience. This situation may be due to the change in the perspective of individuals towards events with their developmental periods and the development of a realistic perspective instead of repetitive thoughts. Similarly, lack of experience in nurses reduced resilience, while on the other hand, it caused the development of negative emotional reactions such as disappointment in nurses with less experience. Again, it is seen that as the level of education increases, the perception of rumination in nurses increases and commitment decreases. This situation can be explained by the parallel increase in expectations with the level of education. Similarly, the fact that married employees have higher ruminative perceptions compared to single employees can be attributed to the pressure and responsibility brought by their home-child-economic responsibilities.
- In the study, it was observed that being a permanent or contract employee affected the nurses' perception of rumination and commitment; contracted nurses had higher perception of rumination and lower commitment. At this point, the fact that permanent employees are more comfortable than contracted employees in terms of security and forward planning can be considered as a factor that reduces their ruminative perception and increases their commitment.
- One of the important outcomes of the study is that all dimensions of organizational commitment and perception of rumination have a moderately significant relationship. At this point, the starting point of the study is confirmed and the argument that employees' commitment to their institutions increases as their perception of rumination decreases is strengthened.

Perceived rumination can threaten mental health and increase negative mental problems including depression, and can cause psychopathologies such as anxiety, burnout syndrome, cynicism and self-harm, as well as low institutional commitment, high turnover and low job performance in an organizational sense. In the light of all these evaluations and literature information, the following recommendations can be listed for healthcare professionals, especially nurses.

- Developing and implementing preventive mental health practices to reduce ruminative thoughts and increase psychological resilience among healthcare professionals, specifically nurses.
- Improving working conditions to reduce rumination levels and increase institutional commitment among healthcare professionals, specifically nurses (developing tools/devices for current risks, reducing the number of patients, providing appropriate lighting and ventilation systems, defining hazardous areas with their general characteristics and classifying risks).
- Creating training programs to develop positive thinking skills among healthcare professionals, specifically nurses.
- Improving shift working conditions.

- Creating rest breaks.
- Organizing corporate public relations activities to increase institutional commitment of employees and make them feel valued.
- Maintaining the principle of attendance in all preventive and productive activities and measuring employee satisfaction at regular intervals can be recommended.

As a result of our research, a relationship was determined between the concept of rumination and corporate commitment and its sub-dimensions. Accordingly, repeated rumination in the work environment negatively affects commitment to the organization in all dimensions. In this sense, businesses should take these factors mentioned above into account and take measures to eliminate employees' anger and fear. Thus, employees' motivation will be ensured and their level of commitment will increase. Of course, when the sample of the study is evaluated, it should be emphasized that the rumination perceptions and organizational commitment levels of healthcare workers will differ compared to other sector workers. Because the healthcare sector is a field where employees feel more pressured due to reasons such as violence in healthcare, intensive working hours, and the fact that human health is a sensitive area. For example, if this study is conducted with different sector experts such as banking, teaching or media, the results will differ - in the context of the sector conditions included in the sample. In this context, the main suggestion of this study is to measure the rumination perception levels of people working in the above-mentioned fields.

Studies on the concept of rumination in the international literature have developed significantly. However, in the studies conducted in the national literature, it has been observed that the concept of rumination in general is limited to the field of psychology and that there isn't enough study especially in the field of organizational behavior. It is aimed to guide future research on rumination through the information provided in this study; In this context, we can state that longitudinal studies are needed to confirm the mediating role of rumination

Declarations

* Publication Ethics: This study has been prepared in accordance with the rules outlined in the

"Guidelines for Scientific Research and Publication Ethics of Higher Education Institutions."

Additionally, the article has been scanned using the Turnitin plagiarism detection software,

and no instances of plagiarism have been detected.

* Author Contribution Statement: The study is single-authored and does not adhere to the

guidelines regarding "author contribution statement."

* Conflict of Interest: There is no direct or indirect financial, commercial, legal, or professional

relationship or conflict of interest involved in the study.

* Author Disclosure: The study was neither produced from a thesis, nor presented at a congress, symposium, or conference.

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