

INVESTIGATING THE EFFECT OF OCCUPATIONAL COMMITMENT ON ORGANIZATIONAL COMMITMENT¹

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Abstract

In this study, it was investigated the relationship between occupational commitment and organizational commitment levels of healthcare professionals working in hospitals. The aim of this study, it was to determine the commitment levels to occupation and organization of the health professionals working in hospitals and to serve up data to the literature by applying them on health professionals based on previous research on nurses. The study was carried out at Bolu Abant İzzet Baysal University Training and Research Hospital in Bolu Province. The universe of the study composed of all health professionals. The questionnaires was applied to 247 employees. The data obtained from the questionnaires were analyzed with SPSS (Statistical Package for the Social Sciences) program. Besides, t-test, one-way ANOVA (LSD, Levene, Tamhane's T2, Tukey HSD) and simple linear regression and multiple regressions analyze were used. It was performed a confirmatory factor analysis (CFA) with the Lisrel program. According to t-test and one-way ANOVA results with demographic factors and total scores of the scales, gender, professional commitment and organizational commitment in terms of marital status variables did not differ significantly. According to regression analysis, occupational commitment affects organizational commitment ($p < 0.01$; $R^2 = 0.107$); organizational commitment affects occupational commitment ($p < 0.01$; $R^2 = 0.113$).

Keywords: Health Employees, Occupational Commitment, Organizational Commitment

Introduction

Occupational commitment can spell out as the attitudes of their towards peoples' professions. It can shape commitment by three factors in the professional experience and socialization process. These factors are effort and willingness, maintenance and protection, belief in goals and values (Çetinkaya et al., 2015). Organizational commitment can be explained as the efforts of people who work under the roof of an institution or organization to reach the targets and objectives of the organization and adopting the objectives of the group and showing loyalty to its organization (Ballı and Yanık, 2014).

¹ This article was presented as verbal presentation at the International Congress of Human Studies held on 6-9 December 2018.

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Occupational Commitment

As in organizational commitment, they also conceptualize occupational commitment as an emotional commitment to the occupation (Meyer et al., 1993). There is a relationship between the corporate atmosphere and corporate success. The corporate atmosphere that emerges in the workplace has a great meaning and importance in increasing of employee motivation and institutional efficiency. This atmosphere in the workplaces helps employees to develop and improve their organizational commitment. This spiritual sense encourages employees to understand workplace conditions and to tolerate, adapt, and take care of these conditions. It should be done all while employees should be able to stay at work in peace. Employees within the framework of this behavior focus on the workplace and remain at work. Thus, occupational commitment increases as both the individual and the institutional (Maheshwari, 2015). The quality of education provided to the students in universities shapes the placement and development of the occupation (Yorulmaz and Gedik, 2018).

The importance of this study is the emphasis of occupational and organizational commitment in the study of this issue and the fact it is one factor that keeps the individual and the organization alive because of the role of the individual in the work-life and the role of the organization in achieving institutional goals.

Organizational Commitment

In the literature review about the loyalty of the employees to the institutions they serve, we often find other studies based on the studies conducted by Meyer and Allen. Allen and Meyer (1996) see organizational commitment as a psychological process that connects the individual to the organization.

To provide corporate sustainability, efforts should be made to ensure that individuals stay in institute and increase their affiliation in the corporate, and precautions should be taken to increase the organizational commitment of clerks by taking into consideration the characteristics of the service provided in the health sector and against future risks (Somunoğlu et al. 2012).

It has concluded Meyer and Allen (1990, 1991), based on the conceptual and quantitative studies of the psychological relationship between laborers and company that there were three divergent forms. The first of them is an affective commitment. It is defined as involvement in management. Employees with high emotional relations continue to stay in the organization because of what they want. The second is the continuation commitment, which points to commitment based on the recognition and acceptance of the costs associated with the departure of the employee. Employees with strong engagement remain in the organization. The third commitment is normative commitment. Normative commitment refers to the commitment to the company based on a sense of obligation. Employees with normative commitment continue to stay in the organization because they feel they need to do it. Based on this information, these three components of the commitment affect the way employees who stay in or leave from the organization. Considering these differences, it would be more meaningful to test loyalty with these three components (Allen and Meyer, 1996).

Scientists emphasize that commitment has a very important role in predicting the behavior of employees at workplaces. Together with the change in the relationships between business life and the employees, the loyalty of individuals to their institutions and professions can change. There are many types of researches in the literature about organizational commitment, and researchers continue it on the scales prepared and studied by Meyer and Allen. In our study, we carried the scales out that were applied by Meyer and Allen on healthcare professionals. Similarly, in the previous scientific studies, it is said that there is a relationship between

organizational commitment and occupational commitment. Based on these studies, it was aimed to examine the relationship between organizational commitment and occupational commitment.

MATERIALS and METHODS

This study is a cross-sectional field study based on a survey. In this study, it was applied the questionnaires we prepared for the participants and designed the study at Bolu Izzet Baysal University Training and Research Hospital. It was applied to the questionnaire face to face by one-to-one by researchers. The questionnaire comprises 12 socio-demographic questions, 44 expressions, and two different scales. These scales are commitment to the profession in nursing and scale of the organizational commitment. The scales were standard and scale owners performed validity and reliability studies. Meyer, Allen, and Smith (1993) developed the Organizational Commitment Scale. Şahin performed the validity and reliability of the Turkish version (2007). The Scale of Commitment to Occupation in Nursing was developed by Lu et al. (2000) and the validity and reliability of the Turkish version were performed by Çetinkaya et al. (2015). Participation in our study was based on voluntariness. The study was planned and completed on 247 vocational members with a 5% margin of error in the 95% confidence interval under the random sampling of 684 personnel working in Izzet Baysal Training and Research Hospital as of 2017. There are no exclusion criteria for the study. All healthcare professionals were included in the sample in the study.

Before the surveys started, after got written permission from Bolu Izzet Baysal University Izzet Baysal Training and Research Hospital for the study, it was taken the approval of the survey from the ethics committee of Bolu Izzet Baysal University Faculty of Medicine. The scales of the study are organizational commitment and occupational commitment scale that have been used in many studies. However, our research is the first research conducted on all health professionals except for the nurse profession group in the health sector.

Tak and Çiftçioğlu (2009) based on the first investigation conducted in the Turkish literature, the call to conduct a new study on different occupational meets within the public health sector. Based on this requiring, it was planned a survey at a training and research hospital for all health professions. The universe of the study consisted of all health employees in the hospital. There are all occupational categories on the list of the Ministry of Health among health experts. These professions consist of the chief of medicine, head and doctor assistant, specialist, professional, physician, dentist, specialist dentist, biologist, psychologist, physiotherapist, pharmacist, dietitian, medical technologist, health physicist, child developer, nurse, midwife, health officer, health technician, laboratory technician, anthropologist, dental prosthesis technician, social worker, health technician, etc.

After the data obtained from the questionnaires were transferred to SPSS (Statistical Package for the Social Sciences) program, organizational commitment and professional commitment scores were calculated, and reliability, the t-test was used to analyze whether there were significant differences between healthcare professionals according to socio-demographic characteristics after descriptive statistics were made. Correlation and regression analysis were performed. To test the appropriateness of the distribution of variables was used Kolmogorov-Smirnov test.

It was fixed the lost data on the SPSS dataset before started the analysis. In the reliability analysis, Cronbach's alpha value was found to be 0.572 in the dimension of belief in targets and values that comprise five statements on the commitment to occupation. Because the reliability level was very low, confirmatory factor analysis was performed with Lisrel 8.80. It was found that the problem was caused by the statement "I have concerns about the

professionalization of my profession." Cronbach's alpha value was found to be 0.745 as a result of the reliability analysis. Therefore, the reliability of the scale was found to be high in the belief dimension of the targets and values.

Confirmatory Factor Analysis of the Scales

Confirmatory factor analysis is generally used in scale development and validity analyze and to determine the structural correctness of the scales in previous researches (Karagöz, 2016). According to the results of confirmatory factor analysis performed with Lisrel 8.80 for the Scales of Organizational Commitment and Occupational Commitment that was used in our study, it can be said that the scales is good, acceptable, and well-matched. However, three statements in willingness to effort sub-dimension in occupational commitment scale were modified and these statements are shown in Figure 1. According to the confirmatory factor analysis, it can be said that the scale adapted to the original scale. Figure 1 below shows the path diagram. According to Figure 2, CGI refers to willingness to effort, MUS refers continuance of occupational membership, and HDI refers that belief in targets and values.

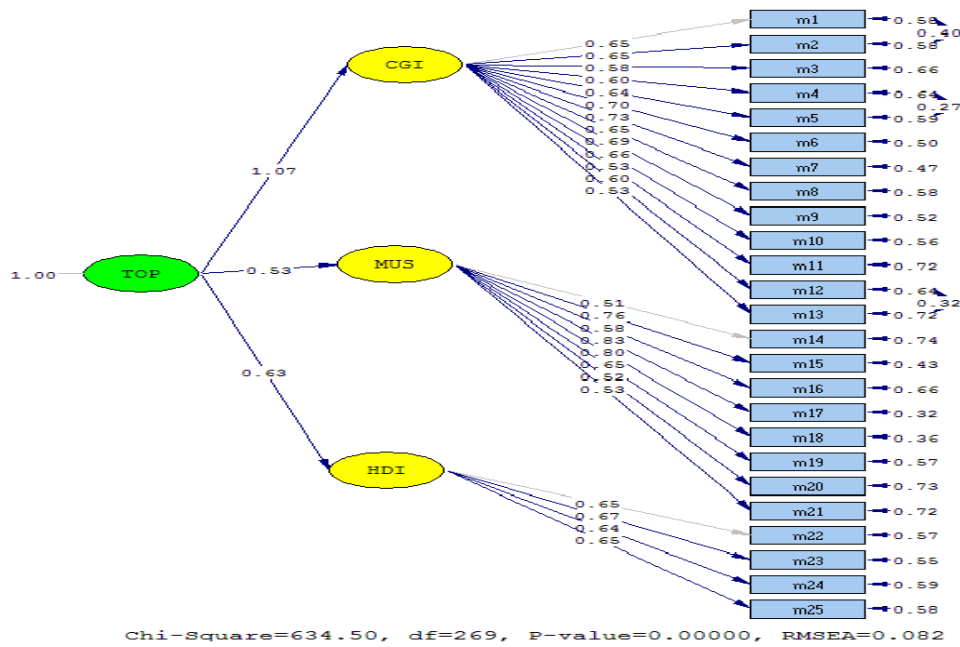


Figure 1. Path Diagram of Factor Analysis for Occupational Commitment Scale

Table 1. Estimates of Fit Index for Occupational Commitment Model

The Criterion of Model Fit	Good Fit	Acceptable Fit	Fit in This Study
CMIN/SD	$\chi^2 / sd \leq 3$	$\chi^2 / sd \leq 5$	<u>2.36</u>
Chi-square Fit Test (χ^2) (P = 0.0)	$0.05 < p \leq 1$	$0.01 < p \leq 0.05$	0.0
RMSEA	$RMSEA \leq 0.05$	$RMSEA \leq 0.08$	<u>0.082</u>
NFI	$0.95 \leq NFI$	$0.90 \leq NFI$	<u>0.91</u>
NNFI	$0.95 \leq NNFI$	$0.90 \leq NNFI$	<u>0.94</u>
CFI	$0.97 \leq CFI$	$0.95 \leq CFI$	<u>0.95</u>
IFI	$0.95 \leq IFI$	$0.90 \leq IFI$	<u>0.95</u>
RMR	$0 < RMR \leq 0.05$	$0 < RMR \leq 0.08$	<u>0.052</u>
SRMR	$0 < SRMR \leq 0.05$	$0 < SRMR \leq 0.08$	<u>0.068</u>
GFI	$0.90 \leq GFI$	$0.85 \leq GFI$	0.80
AGFI	$0.90 \leq AGFI$	$0.85 \leq AGFI$	0.76

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According to Figure 2 and Table 1, when the fit index values of the scale used in the study are examined;

Since the general fit index (χ^2 / sd) of the model is 2.36, it can be said that the model is compatible. Looking at the RMSEA index (0.082), it can be said acceptable. It is not a preferred index when the number of sampling is less than 250 but it can be stated that the study shows acceptable compliance. CFI value (0.95) can be said acceptable. It is estimated that if the number of sampling is increased, this value will be well-matched. The value of GFI fit index (0.80) appears as unacceptable. If the sample is large (over 250), this value is estimated to be within acceptable and good fit values. Since AGFI can be affected by the number of samples, in the same way, it is estimated that this value may be within the acceptable or good fit values if the number of sampling is greater than 250 (over 250). If the RMR value is close to zero (to 0), it is assumed that the compatibility of the model increases. In the study, it can be said that the scale is close to a good fit with fit index value that is 0.052. Similarly, if the SRMR value approaches zero (to 0), it is assumed that the fit of the model increases. In the study, it can be said that the scale was in acceptable fit with 0.068 value. According to the above information, it can be said that the fit index values of the occupational commitment scale used in the study are good and acceptable. It is recommended that the sample size must be at least 250. Therefore, there is no drawback in the scale's analysis both in the general dimension and in the sub-dimension (Karagöz, 2016).

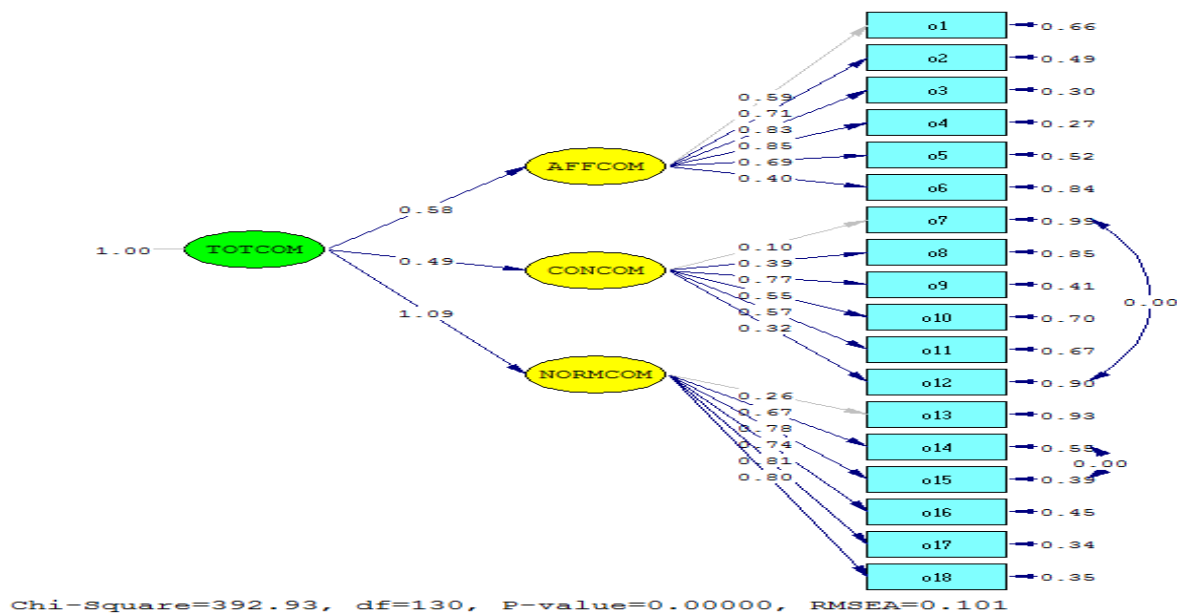


Figure 3. Confirmatory Factor Analysis for Organizational Commitment Scale

Table 2. Estimates of Fit Index for Organizational Commitment Model

The Criterion of Model Fit	Good Fit	Acceptable Fit	Fit in This Study
CMIN/SD	$\chi^2 / sd \leq 3$	$\chi^2 / sd \leq 5$	<u>3,02</u>
Chi-square Fit Test (χ^2) (P = 0.0)	0.05 < p ≤ 1	0.01 < p ≤ 0.05	0.0
RMSEA	RMSEA ≤ 0.05	RMSEA ≤ 0.08	0.10
NFI	0.95 ≤ NFI	0.90 ≤ NFI	0.88
NNFI	0.95 ≤ NNFI	0.90 ≤ NNFI	<u>0.91</u>
CFI	0.97 ≤ CFI	0.95 ≤ CFI	0.92
IFI	0.95 ≤ IFI	0.90 ≤ IFI	<u>0.92</u>
RMR	0 < RMR ≤ 0.05	0 < RMR ≤ 0.08	0.41
SRMR	0 < SRMR ≤ 0.05	0 < SRMR ≤ 0.08	0.11

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GFI	0.90≤GFI	0.85≤GFI	0.82
AGFI	0.90≤AGFI	0.85≤AGFI	0.76

According to Figure 4 and Table 2, when the fit index values of the scale used in the study are examined;

Since the general fit index (χ^2 / sd) of the model is 3.02, it can be said that the model is compatible. Looking at the RMSEA index (0.10), it cannot be said that it is acceptable. It is not a preferred index when the number of sampling is less than 250 but it can be stated that the study shows acceptable compliance. The CFI value (0.92) cannot be said that it is acceptable. It is estimated that if the number of sampling is increased, it will be well-matched. The GFI fit index value (0.82) appears to be unacceptable. If the sample size is large (over 250), this value is estimated to be acceptable and good fit values. Since AGFI can be affected by the number of samples, in the same way, it is estimated that this value may be within the acceptable or good fit values if the number of sampling is greater than 250 (over 250). If the RMR value is close to zero (to 0), it is assumed that the compatibility of the model increases. In the study, it can be said the scale is not close to a good fit with fit index value that is 0.41. Similarly, if the SRMR value approaches zero (to 0), it is assumed that the fit of the model increases. In the study, it can be said the scale has an unacceptable fit with 0.11 fit index value. In the above's light of information, it can be said that the fit index values of the organizational commitment scale used in the study are exactly good and acceptable. It is recommended that the sample size must be at least 250. Therefore, there is no drawback in the scale's analysis both in the general dimension and in the sub-dimension (Karagöz, 2016).

The Hypotheses

1. Organizational commitment varies according to gender, marital status, age, education, title, weekly working time, hospital working time, and the number of sentries.
2. Occupational commitment varies according to gender, marital status, age, education, title, weekly working time, hospital working time, and number of sentries.
3. The dimensions of occupational commitment affect organizational commitment.
4. The dimensions of organizational commitment affect occupational commitment.
5. The dimensions of occupational commitment affect affective commitment.
6. The dimensions of occupational commitment affect continuance commitment.
7. The dimensions of organizational commitment affect normative commitment.
8. The dimensions of organizational commitment affect willingness to effort.
9. The dimensions of organizational commitment affect continuance of occupational membership.
10. The dimensions of organizational commitment affect belief in targets and values.

RESULTS

Socio-demographic results obtained from the study are shown in Table 1.

Table 3. Demographic Characteristics of the Participants (n=201)

<i>1. Age</i>	<i>n</i>	<i>%</i>	<i>5. Title</i>	<i>n</i>	<i>%</i>
18-25	49	24.40	The Other Personnel	41	20.40
26-35	87	43.30	Practitioner- Health Practitioner-Academician	27	13.40
36-45	50	24.90	Nurses/Midwives	107	53.20
46 +	15	7.50	Health Officer	26	12.90
<i>2. Gender</i>	<i>n</i>	<i>%</i>	<i>6. Weekly Working Time</i>	<i>n</i>	<i>%</i>
Female	150	74.60	Less than 40 hours	12	6.00
Male	51	25.40	40 hours	60	29.90
<i>3. Marital Status</i>	<i>n</i>	<i>%</i>	Over 40 hours	129	64.20

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Married	128	63.70	7. Sentries Number	n	%
Single	73	36.30	0-5 years	108	53.70
4. Education level	n	%	6-10 years	78	38.80
High-school	17	8.50	11 years and above	15	7.50
Pre-Bachelor	38	18.90	8. Working Year at Hospital	n	%
Bachelor's	99	49.30	0-2 Year	88	43.80
Master Degree	23	11.40	3-5 Year	44	21.90
Doctorate	11	5.50	6-10 Year	37	18.40
Medical Specialty	13	6.50	11 and above	32	15.90

According to information in Table 3, 92.3% of the participants were under the age of 45, and 3/4 of them were approximately female. 36% of the participants were single. About half of the employees were bachelors' degrees. 12% of the participants had a doctorate/medical specialty. More than half of the participants comprised nurses/midwives. A large proportion of the participants stated that they worked 40 hours or higher. More than half of the participants had 0-5 sentries. 84.1% of them were serving in the hospital for less than 10 years.

Table 4. Normality Tests of Scale Dimension Points

Scales and Sub-Dimensions	Kolmogorov-Smirnov			Skewness Coefficient	Kurtosis Coefficient
	Statistic	n	p		
Affective Commitment	0.10	201	0.00	1.04	-0.79
Continuance Commitment	0.06	201	0.20	1.29	-1.03
Normative Commitment	0.06	201	0.07	1.85	-0.80
Willingness to Effort	0.07	201	0.03	-1.10	0.92
Continuance of Occupation Membership	0.08	201	0.01	-2.75	0.76
Belief on Targets and Values	0.09	201	0.00	-0.84	-0.44
Total Occupational Commitment	0.06	201	0.07	-0.90	0.37
Total Organizational Commitment	0.04	201	0.20	0.91	-0.29

To determine the test techniques to be used in the analysis was done the normality test. Skewness-Kurtosis values were examined in the analysis conducted for normality test. Since these values were not accepted as standards, it was expected to be between -3 and +3 (Karagöz, 2016). Both the organizational commitment scale and the occupational commitment scale, as well as the sub-dimensions of the normality test, it was analyzed according to the parametric test techniques as basing skewness-kurtosis values. Within affective commitment, normative commitment, willingness to effort, and belief on targets and values were evaluated skewness-kurtosis values for that the p-value was higher than 0.05. Only skewness-kurtosis values were found as high in the belief dimension. Excluding this dimension, since the distribution showed a normal distribution, we used parametric test techniques for analyzes.

Table 5. Reliability Analysis

The Scales and Sub-Dimensions	Alpha Value (α)	Total Item
Organizational Commitment	0.844	18
Affective Commitment	0.823	6
Continuance Commitment	0.641	6
Continuance Commitment	0.819	6
Occupational Commitment	0.909	25
Willingness to Effort	0.898	13
Continuance of Occupation Membership	0.848	8
Belief on Targets and Values	0.745	4

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There are many models used to attain the reliability analysis of the scales. Cronbach's Alpha (α) value was used for reliability in the study (Karagöz 2016). Reliability analysis is explained by looking at this value (α). It provides information to the researcher on whether the responses to the questions are as at random or perceived. (Young et al., 2018). This value was obtained by dividing the sum of the variances of the expressions on a scale to the general variance. It is between 0 and 1 (Karagöz 2016).

If $0.00 < \alpha < 0.40$, the scale is not reliable.

If $0.40 < \alpha < 0.60$, the scale has a weak reliability.

If $0.60 < \alpha < 0.80$, the scale is reliable.

If $0.80 < \alpha < 1.00$, the scale is highly reliable (Karagöz, 2016).

According to the reliability analysis of the scales; the alpha value of the organizational commitment scale is highly reliable with .844, the alpha value of the affective commitment sub-dimension is highly reliable with .823, the continuance commitment is quite reliable with 0.641 and finally the alpha value of the normative sub-dimension found a high degree with 0.819. The occupational commitment scale is highly reliable with 0.909; the alpha value in the effort work sub-dimension is highly reliable with 0.898, the continuance of the occupational membership is highly reliable with .848 and finally, belief in targets and values found to be quite reliable with 0.745. This data proves to us a high-reliability coefficient for the scales. In the study conducted by Örucü ve Sezen-Kışlalıoğlu (2014) Cronbach's alpha values was found as 0.707 for affective commitment; 0.710 for continuance commitment; 0.545 for normative commitment, and 0.830 for organizational commitment.

Table 6. Organizational and Occupational Commitment Levels of Participants

Organizational Commitment	Frequency	%	Occupational Commitment	Frequency	%
Mild and moderate commitment	117	58.2	Mild and moderate commitment	30	14.9
High-level commitment	84	41.8	High-level commitment	171	85.1
Total	201	100.0	Total	201	100.0

In the above binary table, the results of the categorical separation of the total of the two scales used in the study are shown. While those scored between 18 and 71 for the organizational commitment scale were assessed as mild and moderate commitment, those who scored 72 or higher were assessed as high-level commitment. For the occupational commitment scale, the scores between 25 and 62 were considered as mild and moderate commitment, 63 and above scores were assessed as high-level commitment. According to these results, it can be said that the levels of occupational commitment of the participants were higher than the level of organizational commitment.

Table 7. Descriptive Statistics of Scale and Dimension Scores

The Scales and Sub-Dimensions	N	Min	Max	Mean	Median	sd
Organizational Commitment	201	21.00	120.00	67.68	67.00	18.01
Affective Commitment	201	6.00	42.00	23.93	23.99	8.07
Continuance Commitment	201	8.00	42.00	24.41	24.00	6.75
Continuance Commitment	201	6.00	42.00	20.34	20.00	8.16
Occupational Commitment	201	35.00	101.00	74.50	74.00	11.73
Willingness to Effort	201	13.00	52.00	36.21	36.00	7.31
Continuance of Occupation Membership	201	8.00	32.00	23.62	24.00	5.10
Belief on Targets and Values	201	8.00	20.00	14.53	14.00	2.47

Table 7 shows the scores of the healthcare employees who participated in the survey in two separate scales. In this context, the organizational commitment scores of the participants were found as 67.68 ± 18.01 . With this result, it can be said that the participants have mild and

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moderate organizational commitment. When looking at the commitment to the occupation of the participants, it was found that the score obtained was 74.50 ± 11.73 . According to this result, it can be said that the occupational commitment of the participants was high.

Table 8. Analysis of Related to Organizational and Occupational Commitment Levels according to Gender and Marital Status Variables

Scales	<i>Gender</i>	N	Mean	sd	t	p
Organizational Commitment	Female	150	67.31	17.64	-.509	.611
	Male	51	68.80	19.16		
Occupational Commitment	Female	150	73.74	11.79	-1.576	.117
	Male	51	76.72	11.39		
Scales	<i>Marital Status</i>	N	Mean	sd	t	p
Organizational Commitment	Female	128	67.65	18.83	-.033	.974
	Male	73	67.74	16.58		
Occupational Commitment	Female	128	73.88	11.16	-.984	.326
	Male	73	75.57	12.68		

Table 8 presents the outcomes of t-test analysis scores of health employees on the commitment to the profession and to the organization based on gender and marital status. When examined data in the table, there was no significant difference in the organizational commitment [(t₍₂₀₁₎ = -0.509, p>0.05)], according to the gender variable as well as in the occupational commitment [(t₍₂₀₁₎ = -1.576, p>0.05)]. Likewise, according to marital status, there is no significant difference in organizational commitment [(t₍₂₀₁₎ = -0.033, p>0.05)] and occupational commitment was found as [(t₍₂₀₁₎ = -0.984, p>0.05)]. In a comparable study conducted on municipal employees, it was commonly found that the level of affective commitment of employees was higher than the other dimensions, and gender and marital status variables were not significantly different in terms of the scale and sub-dimensions. According to age variable, it was found that it differed significantly in the normative commitment (Arslan and İlk, 2014). In this context, this research supports the results of gender and marital status variables.

Table 9. Analysis of Related to Organizational and Occupational Commitment Levels according to Age, Educational Status, and Title Variables

Organizational Commitment	<i>Age</i>					
	Source of Variance	Sum of squares	sd	Squares mean	F	p
	Between Groups	306.846	3	102.282	.312	.817
	Within Groups	64530.315	197	327.565		
Occupational Commitment	<i>Age</i>					
	Between Groups	127.717	3	42.572	.306	.821
	Within Groups	27399.511	197	139.084		
Organizational Commitment	<i>Educational Status</i>					
	Source of Variance	Sum of squares	sd	Squares mean	F	p
	Between Groups	2854.003	5	570.801	1.796	.115
	Within Groups	61983.158	195	317.862		
Occupational Commitment	<i>Educational Status</i>					
	Between Groups	1706.591	5	341.318	2.578	.028*
	Within Groups	25820.637	195	132.414		

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Continuance of Occupation Membership	<i>Educational Status</i>					
	Between Groups	426.661	5	85,332	3.485	.005**
	Within Groups	4774.459	195	24.484		
Organizational Commitment	<i>Title</i>					
	Source of Variance	Sum of squares	sd	Squares mean	F	p
	Between Groups	739.230	3	246.410	.757	.519
	Within Groups	64097.931	197	325.370		
Occupational Commitment	<i>Title</i>					
	Between Groups	505.782	3	168.594	1.229	.300
	Within Groups	27021.446	197	137.165		
Continuance of Occupation Membership	<i>Title</i>					
	Between Groups	226.302	3	75.434	2.987	.032*
	Within Groups	4974.818	197	25.253		

**p<0.01 (level of statistical significance)

*p<0.05 (level of statistical significance)

Table 9 shows one-way ANOVA results that were linked to the relationship between organizational commitment and occupational commitment, according to age, education status, and title variable of health employees.

By the age variable, there was no significant relationship between organizational commitment [$F_{(3,197)} = 0.312$; $p = 0.817$; $p > 0.05$] and occupational commitment [$F_{(3,197)} = 0.306$; $p = 0.821$; $p > 0.05$] both in average total scores of the scales and in sub-dimensions.

According to education status variable, while there was no significant correlation in organizational commitment [$F_{(5,195)} = 1.796$; $p = 0.115$; $p > 0.05$], there were significant correlation both occupational commitment [$F_{(5,195)} = 2.578$; $p = 0.028$; $p < 0.05$] and in continuance of occupation membership which is the sub-dimension of occupational commitment. To describe the source of the difference, it is necessary to examine whether variances are homogeneous or non-homogeneous. Except for occupational commitment because of the homogeneous of variances only in occupational commitment (Levene=2.991; $p < 0.05$) it was applied Tamhane's T2 test that is one of PostHoc tests, it was used Tukey HSD test that is of PostHoc tests in the sub-dimension of the continuance of occupation membership (Levene=1.161; $p > 0.05$). As a result of the analysis, it was found that the difference in occupational commitment was derived from high school graduates (70.036) with doctorate graduates (83.818). In the sub-dimension of maintaining of occupation membership, it was found that it was originated from high school graduate = 20.705 and doctorate graduates = 27.636. There are surely many factors in reaching this result. One of the most important factors is that the coefficient varying according to the level of education in the sharing supplementary payment in the health sector is rather effective. As the level of education increases, the share that was taken from the supplementary payment also raises and it ought to be considered being building up occupational commitment and maintaining membership of occupation.

According to the title variable, while there were no significant correlations in both organizational commitment [$F_{(3,197)} = 0.757$; $p = 0.519$; $p > 0.05$] and occupational commitment [$F_{(3,197)} = 1.229$; $p = 0.300$; $p > 0.05$], there were significant correlations occupational commitment in maintaining of occupation membership which is the sub-dimension of occupational commitment [$F_{(3,197)} = 2.987$; $p = 0.032$; $p < 0.05$]. To describe the source of the difference because of the homogeneous of variances (Levene= 0.148; $p > 0.05$) Least

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Significant Difference (LSD) test that is of PostHoc tests was applied. As a result of the analysis, it was found that the difference in the sub-dimension of occupation membership maintaining was derived from other health personnel =25.024 with nurse-midwife=22.813 and from nurse-midwife=22.813 with physician-specialist physician-academician=25.208. It is observed that nurses and midwives have a lower mean score than other titles to maintain occupation membership. This result can be explained that nurses and midwives are more likely to fray and become more exposed to occupational burnout.

Table 10. Analysis of Related to Organizational and Occupational Commitment Levels According to Weekly Working Time, Working Year at Hospital, and Number of Sentries Variables

Organizational Commitment	<i>Weekly Working Time</i>					
	Source of variance	Sum of squares	sd	Squares mean	F	p
	Between Groups	2285.740	2	1142.870	3.618	.029*
	Within Groups	62551.420	198	315.916		
Normative Commitment	<i>Weekly Working Time</i>					
	Between Groups	711.548	2	355.774	5.591	.004**
	Within Groups	12600.155	198	63,637		
Occupational Commitment	<i>Weekly Working Time</i>					
	Source of variance	Sum of squares	sd	Squares mean	F	p
	Between Groups	1003.563	2	501.781	3.746	.025*
	Within Groups	26523.665	198	133.958		
Continuance of Occupation Membership	<i>Weekly Working Time</i>					
	Between Groups	298.967	2	149.484	6.038	.003**
	Within Groups	4902.153	198	24.758		
Organizational Commitment	<i>Working Year at Hospital</i>					
	Between Groups	16.143	3	5.381	.016	.997
	Within Groups	64821.018	197	329.041		
Occupational Commitment	<i>Working Year at Hospital</i>					
	Between Groups	102.323	3	34.108	.245	.865
	Within Groups	27424.904	197	139.213		
Organizational Commitment	<i>Number of Sentries</i>					
	Between Groups	969.358	2	484.679	1.503	.225
	Within Groups	63867.802	198	322.565		
Occupational Commitment	<i>Number of Sentries</i>					
	Between Groups	355.592	2	177.796	1.296	.276
	Within Groups	27171.636	198	137.230		
Continuance of Occupation Membership	<i>Number of Sentries</i>					
	Between Groups	221.335	2	110.667	4.400	.013
	Within Groups	4979.785	198	25.150		

**p<0.01 (level of statistical significance)

*p<0.05 (level of statistical significance)

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Table 10 shows One-Way ANOVA results that were linked to the relationship between organizational commitment and occupational commitment, according to weekly working time, hospital working time, and number of sentries' variables of health employees.

By age variable, there was no significant correlation between organizational commitment [$F_{(3,197)}= 0.016$; $p=0.997$; $p>0.05$] and occupational commitment [$F_{(3,197)}=0.245$; $p=0.865$; $p>0.05$] both in total score averages level of scales and in context sub-dimensions.

According to the weekly working time variable, in organizational commitment ($F_{(2,198)}= 3.618$; $p=.029$; $p<0.05$), normative commitment [$F_{(2,198)}= 5.591$; $p=0.004$; $p<0.05$], occupational commitment [$F_{(2,198)}= 3.746$; $p=0.025$; $p<0.05$], and sub-dimension maintaining of occupational membership ($F_{(2,198)}= 6.038$; $p=0.003$; $p<0.05$). We applied Levene test to describe the source of the difference and to detect whether variances are homogeneous or non-homogeneous. It was applied LSD test that of PostHoc tests because of the homogeneous of variances in organizational commitment (Levene= 0.847; $p>0.05$), occupational commitment (Levene=1.014; $p>0.05$), normative commitment sub-dimension (Levene= 1.538; $p>0.05$), and maintaining of occupation membership sub-dimension (Levene= 0.685; $p>0.05$).

As a result of the analysis conducted, it was determined that the difference in organizational commitment was by 40 hours = 71.383 and 40 hours = 65.252; 40 hours = 77.850 and 40 hours = 72.903; 40 hours = 25.300 and more than 40 hours = 22.710 and lastly less than 40 hours = 26.083 and 40 hours = 19.128 and 40 hours = 21.790 40 hours = 19.128 were found to originate. Therefore, this result shows that the levels of organizational commitment and professional commitment may decrease while the weekly working time increases.

Last, according to the variable of monthly seizure number, while no significant difference was found in organizational commitment [$F_{(2,198)} = 1.503$; $p = .225$; $p>0.05$] and professional commitment [$F_{(2,198)} = 1.296$; $p= 0.276$; $p>0.05$], in sub-dimension of maintaining the profession membership [$F_{(2,198)} = 4.400$; $p=.013$; $p<0.05$] was found to be significantly differentiated. The variance was distributed homogeneously (Levene=2.170; $p>0.05$). As a result of the analysis, it was found that 0-5 seizure numbers = 24.357 and 11 or more seizure count = 20.466 were found in the sub-dimension of maintaining of occupational membership. As in the study period, the increase in the number of seizures negatively affected the occupational commitment of the employees, especially in the sub-dimension of maintaining the profession. Particularly, over seizures and working-time can lead the employees to burnout and alienate the work they have done or even become an enemy of the organization and their profession from the next dimension. Also, this situation has repeatedly resulted in the individual's stress, some psychosocial problems, etc. will confront.

Correlation Analysis

Correlation analysis was conducted to determine whether there is any relationship between the variables in the research and to determine the direction and strength of this correlation if there is a relationship. It shows the importance of bilateral and multiple relations and helps to find the direction of these relationships. Table 11 shows the level of correlation between dimensions.

Table 11. Level of Correlation Coefficient

Coefficients of Correlation	Level of correlation
between 0-20	Very weak
between 21-40	Weak
between 41-60	Moderate
between 61-80	High

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between 81-100	Very High
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Table 12. Analysis of Pearson Correlation (n=201)

The scales and sub-dimensions (r= correlation coefficient; p= level of significance)		1	2	3	4	5	6	7	8		
Organizational Commitment	1. Affective Commitment	r	1	.139*	.549**	.278**	.285**	.197**	.304**	.750**	
		p	.	.049	.000	.000	.000	.005	.000	.000	
	2. Continuance Commitment	r	.	1	.247**	.131	-.012	.030	.075	.559**	
		p	.	.	.000	.063	.871	.668	.289	.000	
	3. Normative Commitment	r	.	.	1	.257**	.179*	.200**	.268**	.838**	
		p	.	.	.	.000	.011	.005	.000	.000
Occupational Commitment	4. Willingness to Effort	r	.	.	.	1	.448**	.492**	.861**	.315**	
		p	.	.	.	.	.000	.000	.000	.000
	5. Continuance of Occupation Membership	r	1	.330**	.742**	.230**
		p000	.000	.001
	6. Belief on Targets and Values	r	1	.658**	.218**
		p000	.002
7. Occupational Commitment		r	.	.	.	.	.	.	1	.314**
		p	.	.	.	.	.	.	.	.000
8. Organizational Commitment		r	.	.	.	.	.	.	.	1
		p	.	.	.	.	.	.	.	.

**p<0.01 (level of statistical significance) (two-tailed)

*p<0.05 (level of statistical significance) (two-tailed)

As seen in Table 12, according to results of Pearson Correlation Analysis

There was a positive, very weak, and significant relationship between affective commitment and continuance commitment ($r=0.139$; $p<0.01$). It was found a positive, moderate, and significant relationship between affective commitment and normative commitment ($r=0.549$; $p<0.01$). It was found a positive, weak, and significant relationship between affective commitment and willingness to effort ($r=0.278$; $p<0.01$). It was found a positive, weak, and significant relationship between affective commitment and continuance of occupational membership ($r=0.285$; $p<0.01$). It was found a positive, very weak, and significant relationship between affective commitment and belief on targets and values ($r=0.197$; $p<0.01$). It was found a positive, weak, and significant relationship between affective commitment and occupational commitment ($r=0.304$; $p<0.01$). It was found a positive, high, and significant relationship between affective commitment and organizational commitment ($r=0.780$; $p<0.01$).

It was found a positive, weak, and significant relationship between continuance commitment and normative commitment ($r=0.247$; $p<0.01$). It was found a positive, moderate, and significant relationship between continuance commitment and organizational commitment ($r=0.559$; $p<0.01$).

It was found a positive, weak, and significant relationship between normative commitment and willingness to effort ($r=0.257$; $p<0.01$). It was found a positive, very weak, and significant relationship between normative commitment and continuance of occupation membership ($r=0.257$; $p<0.01$). It was found a positive, very weak, and significant relationship between normative commitment and belief on targets and values ($r=0.200$; $p<0.01$). It was found a positive, weak, and significant relationship between normative commitment and occupational commitment ($r=0.268$; $p<0.01$). It was found a positive, very weak, and significant relationship between normative commitment and organizational commitment ($r=0.838$; $p<0.01$).

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It was found a positive, moderate, and significant relationship between willingness to effort and continuance of occupational membership ($r=0.448$, $p<0.01$). It was found a positive, moderate, and significant relationship between willingness to effort and belief on targets and values ($r=0.492$, $p<0.01$). It was found a positive, moderate, and significant relationship between willingness to effort and occupational commitment ($r=0.861$; $p<0.01$). It was found a positive, moderate, and significant relationship between willingness to effort and organizational commitment ($r=0.315$; $p<0.01$).

It was found a positive, weak, and significant relationship between continuance of occupational membership and belief on targets and values ($r=0.330$; $p<0.01$). It was found a positive, moderate, and significant relationship between continuance of occupational membership and belief on targets and values ($r=0.742$; $p<0.01$). It was found a positive, weak, and significant relationship between continuance of occupational membership and organizational commitment ($r=0.230$; $p<0.01$).

It was found a positive, weak and significant relationship between belief on targets and values and occupational commitment ($r=0.658$; $p<0.01$). It was found a positive, weak, and significant relationship between belief on targets and values and organizational commitment ($r=0.218$; $p<0.01$).

It was found a positive, weak and significant relationship between total occupational and organizational commitment ($r=0.314$; $p<0.01$).

Multiple Regression Analyzes

Table 13. Effects of Organizational Commitment Dimensions on Occupational Commitment

Dependent Variable	Independent Variables	B	t	p	R ²	F	p
Occupational Commitment	Constant	62.152	17.416	.000**	.107	7.860	.000**
	Affective Commitment	.326	2.784	.006**			
	Continuance Commitment	.016	.129	.898			
	Normative Commitment	.205	1.728	.086			

** $p<0.01$ (level of statistical significance)

As seen in Table 13, the regression model conducted in order to determine whether the dimensions of organizational commitment affect occupational commitment was found as significant ($F=7.860$; $p<0.01$). According to the results of the analysis, while affective commitment affects occupational commitment ($t=2.784$; $p<0.01$) continuance and normative commitment do not affect.

As reported by these results “*The dimensions of organizational commitment affect occupational commitment*” hypothesis was accepted. According to the regression model, 10.7% ($R^2=0.107$) of occupational commitment is explained by affective commitment. Affective commitment makes a change of 32.6% ($B= 0.326$) in occupational commitment.

Table 14. Effects of Occupational Commitment Dimensions on Organizational Commitment

Dependent Variable	Independent Variables	B	t	p	R ²	F	p
Organizational Commitment	Constant	30.915	3.778	.000**	.113	8.335	.000**
	Willingness to Effort	.579	2.862	.005**			
	Continuance of Occupation Membership	.360	1.345	.180			
	Belief on targets and values	.503	.886	.377			

** $p< 0.01$ (level of statistical significance)

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As seen in Table 14, the regression model conducted in order to determine whether the dimensions of occupational commitment affect organizational commitment was found as significant ($F=8.335$; $p<0.01$). As reported by the results of the analysis while willingness to effort affects organizational commitment ($t=2.862$; $p<0.01$) continuance of occupation membership and belief on targets and values do not affect.

As reported by these results “*The dimensions of occupational commitment affect organizational commitment*” hypothesis was accepted. According to the regression model, 11.3% ($R^2=0.113$) of occupational commitment is explained by willingness to effort. Willingness to effort makes a change of 57.9% ($B=0.579$) in organizational commitment.

Table 15. Effects of Occupational Commitment Dimensions on Affective Commitment

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Affective Commitment	Constant	7.596	2.069		.040*	1.899	.112	8.254	.000**
	Willingness to Effort	.183	2.020	1.501	.045*				
	Continuance of Occupation Membership	.306	2.549	1.277	.012*				
	Belief on targets and values	.170	.667	1.345	.505				

** $p<0.01$ (level of statistical significance)

* $p<0.05$ (level of statistical significance)

As seen in Table 15, the regression model conducted in order to determine whether the dimensions of occupational commitment affect affective commitment was found as significant ($F=8.254$; $p<0.01$). As reported by the results of the analysis, while willingness to effort ($t=2.020$) and continuance of occupation membership ($t=2.549$) affect affective commitment ($p<0.01$), belief on targets and values do not affect it. The Durbin-Watson coefficient (1.899) is between the normal values (1.5-2.5) (Karagöz, 2016), and the Variance Inflation Factor (VIF) coefficients of less than 10 have no multifaceted correlation among the independent variables (Yıldırım-Kaptanoğlu and İşci, 2013). According to this information, there was no auto-correlation and interaction among the dimensions of occupational commitment.

As reported by these results “*The dimensions of occupational commitment affect affective commitment*” hypothesis was accepted. According to the regression model, 11.2% ($R^2=0.112$) of occupational commitment is explained by willingness to effort and continuance of occupation membership. Willingness to effort makes a change of 18.3% ($B=0.183$) in affective commitment; continuance of occupation membership makes a change of 30.6% ($B=0.306$) in affective commitment.

Table 16. Effects of Occupational Commitment Dimensions on Continuance Commitment

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Continuance Commitment	Constant	22.158	6.891		.000	1.822	.024	1.634	.183
	Willingness to Effort	.171	2.147	1.501	.033				
	Continuance of Occupation Membership	-.111	-1.052	1.277	.294				
	Belief on targets and values	-.090	-.404	1.345	.687				

As seen in Table 16, the regression model conducted in order to determine whether the dimensions of occupational commitment affect continuance commitment was not found as significant ($F=1.634$; $p>0.05$). As reported by the results of the analysis, while willingness to

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effort, continuance of occupation membership, and belief on targets and values affects continuance commitment ($p < 0.05$).

As reported by these results “*The dimensions of occupational commitment affect continuance commitment*” hypothesis was rejected.

Table 17. Effects of Occupational Commitment Dimensions on Normative Commitment

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Normative Commitment	Constant	6.179	1.634		.104	1.745	.077	5.457	.001**
	Willingness to Effort	.204	2.187	1.501	.030*				
	Continuance of Occupation Membership	.110	.887	1.277	.376				
	Belief on targets and values	.287	1.092	1.345	.276				

** $p < 0.01$ (level of statistical significance)

* $p < 0.05$ (level of statistical significance)

As seen in Table 17, the regression model conducted in order to determine whether the dimensions of occupational commitment affect normative commitment was found as significant ($F=5.457$; $p < 0.01$). As reported by the results of the analysis while willingness to effort ($t=2.187$; $p < 0.01$) affects normative commitment, continuance of occupation membership and belief on targets and values do not affect it ($p > 0.05$). The Durbin-Watson coefficient (1.745) is between the normal values (1.5-2.5) (Karagöz, 2016) and the Variance Inflation Factor (VIF) coefficients of less than 10 have no multifaceted correlation among the independent variables (Yıldırım-Kaptanoğlu and İşci, 2013). According to this, there was no auto-correlation and interaction among the dimensions of occupational commitment.

As reported by these results “*The dimensions of occupational commitment affect normative commitment*” hypothesis was accepted. According to the regression model, 7.7% ($R^2 = 0.077$) of occupational commitment is explained by willingness to effort and continuance of occupation membership. Willingness to effort makes a change of 20.4% ($B=0.183$) in normative commitment.

Table 18. Effects of Organizational Commitment Dimensions on Willingness to Effort

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Willingness to Effort	Constant	27.655	12.360		.000**	1.778	.098	7.119	.000**
	Affective Commitment	.178	2.425	1.432	.016*				
	Continuance Commitment	.078	1.027	1.065	.306				
	Normative Commitment	.118	1.585	1.496	.115				

** $p < 0.01$ (level of statistical significance)

* $p < 0.05$ (level of statistical significance)

As seen in Table 18, the regression model conducted in order to determine whether the dimensions of organizational commitment affect willingness to effort was found as significant ($F=7.119$; $p < 0.01$). As reported by the results of the analysis, while affective commitment ($t=2.425$) affects willingness to effort ($p < 0.01$), continuance and normative commitment do not affect it ($p > 0.05$). The Durbin-Watson coefficient (1.778) is between the normal values (1.5-2.5) (Karagöz, 2016) and the Variance Inflation Factor (VIF) coefficients of less than 10 have no multifaceted correlation among the independent variables (Yıldırım-Kaptanoğlu and

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İşci, 2013). According to this, there was no auto-correlation and interaction among the dimensions of organizational commitment.

As reported by these results “*The dimensions of organizational commitment affect willingness to effort*” hypothesis was accepted. According to the regression model, 9.8% ($R^2 = 0.098$) of willingness to effort is explained by affective commitment. Affective commitment makes a change of 17.8% ($B=0.178$) in willingness to effort.

Table 19. Effects of Organizational Commitment Dimensions on Continuance of Occupation Membership

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Continuance of Occupation Membership	Constant	20.088	12.797		.000**	1.953	.085	6.132	.001**
	Affective Commitment	.169	3.278	1.432	.001**				
	Continuance Commitment	-.046	-.858	1.065	.392				
	Normative Commitment	.030	.569	1.496	.590				

**p<0.01 (level of statistical significance)

As seen in Table 19, the regression model conducted in order to determine whether the dimensions of organizational commitment affect continuance of occupation membership was found as significant ($F=6.132$; $p<0.01$). As reported by the results of the analysis, while affective commitment ($t=3.278$) affects continuance of occupation membership ($p<0.01$), continuance and normative commitment do not affect it ($p>0.05$). The Durbin-Watson coefficient (1.953) is between the normal values (1.5-2.5) (Karagöz, 2016), and the Variance Inflation Factor (VIF) coefficients of less than 10 have no multifaceted correlation among the independent variables (Yıldırım-Kaptanoğlu and İşci, 2013). According to this, there was no auto-correlation and interaction among the dimensions of organizational commitment.

As reported by these results “*The dimensions of organizational commitment affect continuance of occupational membership*” hypothesis was accepted. According to the regression model, 8.5% ($R^2 = 0.085$) of willingness to effort is explained by affective commitment. Affective commitment makes a change of 16.9% ($B=0.169$) in continuance of occupation membership.

Table 20. Effects of Organizational Commitment Dimensions on Belief on Targets and Values

Dependent Variable	Independent Variables	B	t	VIF	p	Durbin-Watson	R ²	F	p
Belief on Targets and Values	Constant	12.953	16.731		.000**	2.002	.051	3.548	.016*
	Affective Commitment	.039	1.516	1.432	.131				
	Continuance Commitment	-.007	-.286	1.065	.776				
	Normative Commitment	.041	1.596	1.496	.112				

**p<0.01 (level of statistical significance)

*p<0.05 (level of statistical significance)

As seen in Table 20, the regression model conducted in order to determine whether the dimensions of organizational commitment affect belief on targets and values was found as significant ($F=3.548$; $p<0.05$). However, since the independent variables were greater than 0.05 value on the dependent variable, Stepwise method was used to determine the independent variable affecting the dependent variable. According to this, the dimension affecting the belief in the targets and values among the total organizational commitment

dimensions is normative commitment, and influence, the level of explanation and the change it has caused are presented in the table below. The Durbin-Watson coefficient (1.953) is between the normal values (1.5-2.5) (Karagöz, 2016), and the Variance Inflation Factor (VIF) coefficients of less than 10 have no multifaceted correlation among the independent variables (Yıldırım-Kaptanoğlu and İşçi, 2013). According to this, there were no auto-correlation and interaction among the dimensions of organizational commitment.

Table 21. Effects of Normative Commitment on Belief on Targets and Values

Dependent Variable	Independent Variable	B	t	p	R ²	F	p
Belief on Targets and Values	Constant	13.297	28.873	.000**	.040	8.254	.005**
	Normative Commitment	.060	2.873	.005**			

**p<0.01 (level of statistical significance)

As reported by these results “*The dimensions of organizational commitment affect belief in targets and values*” hypothesis was accepted. According to the regression model, 4% (R²=0.04) of belief on targets and values is because of normative commitment. Affective commitment makes a change of 6% (B=0.06) in belief on targets and values.

The Results of the Hypotheses

Hypotheses in the study were tested based on regression analysis and ANOVA tests. According to this;

Organizational commitment varies according to gender, marital status, age, education, title, weekly working time, hospital working time, and the number of sentries, the hypothesis was accepted.

Occupational commitment varies according to gender, marital status, age, education, title, weekly working time, hospital working time and number of sentries, the hypothesis was accepted.

The dimensions of organizational commitment affect occupational commitment, the hypothesis was accepted.

The dimensions of occupational commitment affect organizational commitment, the hypothesis was accepted.

The dimensions of occupational commitment affect affective commitment, the hypothesis was accepted.

The dimensions of occupational commitment affect continuance commitment, the hypothesis was rejected.

The dimensions of professional commitment affect normative commitment, the hypothesis was accepted.

The dimensions of organizational commitment affect willingness to effort, the hypothesis was accepted.

The dimensions of organizational commitment affect continuance of occupational membership, the hypothesis was accepted

The dimensions of organizational commitment affect belief in targets and values, the hypothesis was accepted.

DISCUSSION and CONCLUSION

In the study, it can be said that the occupational commitment of the participants was high and their occupational commitment levels were higher than the levels of organizational commitment.

According to gender, marital status and age, there was no significant difference in both organizational commitment and professional commitment. While there was no significant difference in organizational commitment according to the educational status variable, a significant difference was determined in occupational commitment and continuance of occupation membership which is the sub-dimension of occupational commitment. The difference in occupational commitment and the continuation of vocational membership stems from high school and doctorate. It can be said one factor causing this result is the coefficient that changes according to the level of education in the circulating capital distribution in the health sector.

As the level of education increases, besides because of the proportion taken from the revolving fund increases and it can be said that it may increase the occupational commitment and the continuance of the occupational membership. While no significant difference in organizational commitment and occupational commitment, it was found that was a significant difference in the continuance of occupational membership, which is one of the sub-dimensions of occupational commitment. The source of the difference is the other health personnel-nurses/midwives; the nurse/midwife and the physician-expert physician-academician group were found to be caused by. Nurses and midwives have lower average scores than other titles in continuance of occupation membership. According to this result, it can be said that nurses and midwives are wearing more and more exposed to occupational burnout. There was no significant relationship between organizational commitment and occupational commitment in terms of total scale point averages and sub-dimensions according to working time variable in the hospital. In the sub-dimension of organizational commitment and normative commitment according to the weekly working time variable; a significant difference was found in the sub-dimension of occupational commitment and continuance of occupation membership. The difference in organizational commitment, occupational engagement, and occupational membership sub-dimension is due to over 40 hours and 40 hours. In the normative commitment sub-dimension, it was found that it was between under 40 hours and 40 hours and between over 40 hours and 40 hours. According to these results, it can be said that while the weekly working time increases, the levels of organizational commitment and commitment to occupation will be able to decrease. According to the number of monthly sentries, while there was no significant difference in organizational commitment and occupational commitment, a significant difference was found in the continuance of occupation membership, which is one of the sub-dimensions of occupational commitment. The difference arises from the number of sentries 0-5 and the number of sentries at 11 and more in the sub-dimension continuance of occupation membership. According to this result, the increase in the number of sentries adversely affects the continuation of the occupational membership of the employees, especially the excessive sentry and working time can lead the workers to burnout and thus become alienated from the work they do and become hateful to both the organization and their occupation. This situation may expose the employee to extreme stress and some psychosocial problems, etc. As stated in the study conducted by Ballı and Yanık (2014), the dimensions of organizational commitment show differences according to title, gender, age, education status, job experience, hospital experience, working status, and department of employees. In the study conducted in Dokuz Eylül University to measure commitment to occupation and organizational commitment of academicians by Timurcanday-Özmen et al. (2005), it was observed that the affective commitment to the organization decreased with the academic advancement, but the affective commitment to the

occupation increased. Somunoğlu et al. (2012) were not able to find a statistically significant relationship between socio-demographic characteristics and organizational commitment dimension in a study conducted at the oral and dental health center in Denizli Province. In a similar study carried out by 370 nurses working in a training and research hospital in Ankara province by Cihangiroğlu et al. (2015), it was found that nurses' organizational commitment scores (2.96 ± 0.28) were moderate and their professional commitment was higher than organizational commitment ($3,96 \pm 0.66$). In another study carried out by Cihangiroğlu et al. (2015), it was concluded that nurses did not have a managerial position, their marital status and service time did not affect their professional adherence level. According to a study conducted by Örucü and Sezen-Kışlalıoğlu (2014) in Balıkesir province, no significant difference was found between the levels of affective, continuance and normative commitment of the employees according to their age. While there was a difference between the levels of affective commitment of the employees according to their working time and educational status, there was no difference in the levels of continuance and normative commitment. According to the positions of employees, there was a difference between the levels of affective and normative commitment, while there was no difference between the levels of continuance commitment. In another study conducted on academic and administrative staff in a university, while there was no significant difference between the organizational commitment of academics and administrative staff, it was found that faculty members had lower organizational commitment than lecturers (Aydemir & Eşan, 2011). In a study by Top (2012), it was found that the organizational commitment of physicians and nurses (including 3 dimensions of commitment) did not differ significantly according to the occupation. In a similar study conducted on municipal employees, it was found that the organizational commitment levels of the employees the emotional commitment sub-dimension were higher than other and that in total scale and sub-dimensions of the gender and marital status variable did not differ significantly was found (Arslan and İlk, 2014).

In the study, while there was no relationship between continuance commitment, which is the sub-dimensions of organizational commitment, and commitment to occupation and its sub-dimensions, there was a statistically significant positive correlation between both the general dimensions and the sub-dimensions. Cihangiroğlu et al. (2015) found that there was a weak correlation between occupational commitment and organizational commitment ($r= 0.121$, $p= 0.020$) in a similar study on 370 nurses serving in an education and research hospital in Ankara.

According to the research conducted to measure the organizational behavior of the employees of the physical education department in Iranian Universities as organizational and occupational commitment by Andam et al. (2014), it was found that there was a positive relationship between organizational and professional commitment. According to this, it was found that the level of occupational commitment increased as the level of organizational commitment raise and that there was a positive relationship between the organizational commitment and the sub-dimensions of professional commitment (affective, normative, and continuance commitment).

According to the results of the regression analysis while affective commitment influences occupational commitment ($t= 2.784$; $p<0.01$), continuance commitment and normative commitment do not affect occupational commitment. While willingness to effort effects on organizational commitment ($t= 2.862$; $p<0.01$), continuance of the occupational membership and belief in targets and values do not affect organizational commitment. Willingness to effort ($t= 2.020$) and continuance of the occupational membership ($t= 2.549$) affect affective commitment, while belief in targets and values does not affect affective commitment ($p<0.01$). Willingness to effort, continuance of the occupational membership, and belief in

targets and values do not affect the commitment to continue ($p>0.05$). While willingness to effort to influence continuance commitment ($p<0.01$), continuance of the occupational membership and belief in goals and values do not affect normative commitment ($p>0.05$). While affective commitment affects the continuation of an occupation membership, continuance and normative commitment do not affect the continuance of the occupational membership ($p>0.05$). While affective commitment and continuance commitment do not affect belief in targets and values ($p>0.05$), normative commitment affects belief in targets and values ($p<0.01$).

The results of the study and the comparisons show that there are positive relationships between the employees' organizational commitment and occupational commitment. The policies in the country should be in parallel with the actions that prioritize the connection of the employees not only for the organization but also for the occupation. With this study, it is concluded that the employees who related to the occupation are also partly dependent on their organization. Although it is desirable to include physicians in our study, it is observed that the physician group has very little participation in social sciences studies. Otherwise, the CFA results of organizational commitment scale show that it needs to be developed. In future studies, it is recommended to make a comparison analysis by the researchers by including the variables that are not in our research.

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