

Nurse Commitment: A Concept Analysis Using Walker and Avant's Method

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Abstract: *Nurse commitment is frequently linked to retention, quality of care, and patient safety, yet the concept is applied inconsistently across nursing and health services research. This concept analysis clarifies “nurse commitment” using Walker and Avant’s method by identifying defining attributes, antecedents, consequences, and empirical referents. A search was conducted in PubMed, CINAHL, Scopus, Web of Science, and Google Scholar for English-language, peer-reviewed sources published between 2021 and January 2026 addressing nurses’ professional commitment, organizational commitment, or commitment-related outcomes. Findings indicate that nurse commitment is a multidimensional psychological bond integrating professional and organizational orientations. Five defining attributes emerged: emotional attachment to nursing, sustained investment in professional development, alignment with nursing values, intention to remain in nursing practice, and dedication to patient-care excellence. Common antecedents included transformational leadership, perceived organizational support, adequate staffing and supportive work environments, professional values, autonomy, and effective socialization. Reported consequences encompassed lower turnover intention, reduced missed nursing care, improved patient safety and quality, and stronger organizational performance. Nurse commitment is distinct from job satisfaction or engagement and reflects an enduring professional–organizational bond shaped by leadership and work conditions and expressed in care excellence and intent to remain.*

Keywords: nurse commitment; organizational commitment; professional commitment; concept analysis; nurse retention; patient safety.

1. Introduction

Workforce instability remains one of the most damaging constraints on healthcare quality and sustainability. The World Health Organization continues to identify global nursing and midwifery shortages and uneven distribution as persistent threats to health-system capacity and universal coverage goals (World Health Organization, 2025). Empirical forecasts also indicate substantial workforce gaps by 2030, reinforcing the urgency of retention-focused strategies (Boniol et al., 2022).

Within this context, “commitment” is repeatedly invoked as a key psychological lever for retention and performance; however, the concept is often blurred with adjacent constructs such as job satisfaction, engagement, organizational loyalty, or intent to stay. This conceptual imprecision

undermines measurement validity, weakens evidence synthesis, and limits the design of targeted interventions.

Recent nursing evidence shows that perceived organizational support is associated with lower turnover intention and more favorable workforce outcomes, suggesting that commitment-related mechanisms matter (Galanis et al., 2024). At the practice level, professional commitment is also associated with clinically relevant indicators such as missed nursing care, which is directly related to patient safety and quality (Ahmadzadeh-Zeidi et al., 2024).

Leadership and work environment conditions further shape commitment. Synthesized evidence indicates that transformational leadership is associated with stronger organizational commitment and lower intention to leave among nurses (Xiong et al., 2023). Conversely, poor staffing and unfavorable work schedules contribute to turnover risk and erosion of workforce stability (Bae, 2024). Despite repeated use, the boundaries of nurse commitment remain inadequately specified, creating problems for both researchers and practitioners. A concept analysis offers a structured approach to clarifying meaning, identifying defining attributes, and connecting the concept to observable empirical referents.

2. Purpose of Analysis

This concept analysis examines nurse commitment to (1) delineate its defining attributes and clearly differentiate it from related constructs, (2) identify key antecedents that enable the development and maintenance of commitment, (3) specify the likely consequences of high versus low commitment for workforce and care outcomes, (4) construct model, borderline, and contrary cases that operationalize the concept in practice, and (5) identify empirical referents that support valid and reliable measurement in research and applied settings.

3. Methods

Walker and Avant's (2018) concept analysis method was selected because it provides a structured and replicable approach for clarifying complex concepts in nursing and health research. The method guided the identification and synthesis of the concept's uses, defining attributes, antecedents, consequences, and empirical referents.

3.1 Literature Search Strategy

A targeted literature search was conducted in PubMed, CINAHL, Scopus, Web of Science, and Google Scholar. Search strings combined controlled vocabulary and keywords with Boolean operators to capture relevant studies. The main search logic included: ("nurse*" OR "nursing") AND ("commitment" OR "organizational commitment" OR "professional commitment") AND ("retention" OR "turnover intention" OR "patient safety" OR "quality of care"). Eligibility criteria were: (1) peer-reviewed journal articles published in English; (2) publication dates from 2021 to January 2026; and (3) explicit relevance to nurse professional commitment, nurse organizational commitment, or outcomes conceptually linked to commitment. Exclusion criteria included non-peer-reviewed commentaries without conceptual or empirical contribution and studies focused exclusively on non-nursing professional groups.

3.2 Analytic Approach

Included sources were reviewed to extract how nurse commitment was defined and applied across studies, focusing on recurring descriptors and conceptual boundaries. Evidence was synthesized across organizational, professional, and individual levels to derive defining attributes, antecedents, consequences, and empirical referents, consistent with Walker and Avant's (2018) method.

4. Results

4.1 Uses of the Concept

In general English usage, commitment refers to a state of dedication to a cause or activity, implying sustained involvement and obligation (Merriam-Webster, n.d.). In nursing scholarship, commitment is typically discussed in two intersecting forms: organizational commitment (attachment to the employing organization) and professional commitment (attachment to nursing as a profession). Professional commitment reflects identification with nursing values and long-term investment in the profession, including willingness to expend effort and maintain membership (Duran et al., 2021).

Organizational commitment reflects a psychological bond with the organization, shaped by leadership, support, fairness, and work environment. In nursing, organizational commitment is relevant because organizational conditions influence both retention and care processes (Galanis et al., 2024; Xiong et al., 2023). Nurse commitment, as used in this analysis, integrates these two orientations and emphasizes the profession's ethical and patient-centered foundations.

4.2 Defining Attributes

Five defining attributes of nurse commitment were identified. These attributes recur across nursing commitment literature and collectively distinguish nurse commitment from related constructs.

Table 1 : Defining Attributes of Nurse Commitment

| Attribute | Definition | Key indicators |
|---------------------------------------|--|--|
| Emotional attachment to nursing | Deep identification with nursing as a profession and pride in being a nurse. | Professional identity; pride; advocacy; sense of calling |
| Continuous investment in development | Active pursuit of learning and skill enhancement to sustain competence. | Continuing education; certification; quality-improvement participation |
| Alignment with nursing values | Congruence between personal values and professional ethics (caring, dignity, advocacy). | Ethical decision-making; patient advocacy; compassion under pressure |
| Intent to remain in nursing practice | Future-oriented intention to continue nursing and maintain membership in the profession. | Lower turnover intention; long-term career plans in nursing |
| Dedication to patient-care excellence | Consistent prioritization of high-quality, safe, patient-centered care. | Going beyond minimum standards; vigilance; therapeutic communication |

4.3 Model Case

Sarah, a registered nurse with eight years' experience in a cardiac intensive care unit, exemplifies nurse commitment. She identifies strongly with nursing, describing it as central to her professional identity (emotional attachment). She maintains specialty certification and routinely participates in

continuing education and clinical improvement projects (continuous investment). When organizational pressures threaten care quality, she advocates for safe staffing and evidence-based practice consistent with nursing's ethical obligations (value alignment). Despite external job offers, she intends to remain in nursing practice and prefers direct patient care (intent to remain). Her practice is consistently characterized by high standards, vigilant monitoring, and compassionate communication (dedication to patient-care excellence).

4.4 Borderline Case

Michael works as a nurse in an outpatient clinic and performs his tasks competently. He completes required training and maintains licensure (partial investment) and provides acceptable patient care during scheduled hours (partial dedication). However, he views nursing primarily as stable employment rather than a professional identity, and he frequently plans to transition out of nursing within a few years (limited emotional attachment and intent to remain).

4.5 Contrary Case

Jennifer has changed nursing jobs repeatedly in a short period, completes only minimum requirements, avoids professional development, and openly states an intention to leave nursing entirely. She shows minimal alignment with nursing values and demonstrates indifferent, rushed care. Her pattern lacks the defining attributes of nurse commitment.

4.6 Antecedents

Antecedents refer to the conditions that typically occur before nurse commitment develops and becomes sustained. Across the nursing literature, leadership and the broader organizational context are consistently identified as primary drivers shaping commitment formation. Transformational leadership and supportive supervisory behaviors are associated with more favorable nurse and organizational outcomes and are commonly positioned as practical levers for strengthening commitment (Alkarabsheh et al., 2022; Xiong et al., 2023). Leaders who provide recognition, empowerment, and clear professional direction contribute to environments where nurses are more likely to develop durable attachment to both the organization and the profession. Perceived organizational support and fair organizational practices also function as key antecedents by strengthening nurses' psychological attachment and reducing turnover intention (Galanis et al., 2024). When nurses believe the organization values their contributions and well-being, commitment is more likely to emerge and persist over time.

In addition, the adequacy of the work environment—especially staffing sufficiency, manageable workloads, and stable scheduling—operates as a structural prerequisite for sustained commitment. Evidence indicates that deteriorating staffing conditions and unfavorable work schedules are linked to higher turnover risk, which reflects weakened attachment and reduced willingness to remain (Bae, 2024). Professional-level antecedents include the internalization of nursing values and effective professional socialization. These processes shape nurses' willingness to maintain membership in the profession and to exert effort consistent with professional standards, thereby reinforcing commitment as a stable and meaningful bond (Duran et al., 2021; Gassas & Salem, 2022). Finally, professional autonomy—operationalized as the ability to exercise independent clinical judgment—has been linked to stronger organizational commitment in nurses, including via mediated pathways through job satisfaction and organizational commitment mechanisms (Judi et al., 2025).

4.7 Concept Boundaries

To strengthen construct validity, nurse commitment should be distinguished from closely related constructs.

Table 2 : Distinguishing Nurse Commitment from Related Constructs

| Related construct | Typical meaning | How it differs from nurse commitment |
|------------------------|--|--|
| Job satisfaction | Affective evaluation of job conditions and experiences | Can fluctuate quickly; not necessarily future-oriented |
| Work engagement | Vigor, dedication, and absorption in work activities | Can be high even without long-term intent to remain |
| Retention/turnover | Behavioral continuation in a job/organization | An outcome; does not explain the underlying psychological bond |
| Organizational loyalty | Allegiance to an employer or institution | May conflict with professional values in nursing |
| Professional identity | Sense of self derived from nursing role | A component/driver; not sufficient alone |

Table 3 : Key Antecedents of Nurse Commitment and Representative Evidence

| Antecedent | Description | Practical examples | Representative sources |
|---------------------------------------|--|---|--|
| Transformational leadership | Leadership behaviors that inspire, develop, and empower nurses | Leadership development; coaching; recognition | Xiong et al. (2023); Alkarabsheh et al. (2022) |
| Perceived organizational support | Belief that the organization values nurses' contributions and well-being | Fair policies; wellbeing supports; career pathways | Galanis et al. (2024) |
| Work environment adequacy | Staffing, workload, and scheduling that enable safe care | Staffing plans; scheduling stability; workload management | Bae (2024) |
| Professional values and socialization | Internalization of nursing values through education and practice communities | Mentorship; professional development; values-based practice | Duran et al. (2021); Gassas & Salem (2022) |
| Autonomy | Ability to exercise clinical judgment and participate in care decisions | Autonomy-supportive policies; shared decision-making | Judi et al. (2025) |

4.8 Consequences

Consequences are outcomes associated with the presence of nurse commitment. Evidence suggests that commitment affects workforce outcomes and care processes. At the workforce level, stronger organizational support and commitment-related mechanisms are associated with lower turnover intention and improved retention indicators (Galanis et al., 2024). At the care-process level, professional commitment is associated with less missed nursing care, a mechanism closely tied to patient safety and quality (Ahmadzadeh-Zeidi et al., 2024). Organizational and leadership factors that increase commitment can also improve nurses' perceptions of the quality of nursing care, reinforcing the relevance of commitment for care performance (Al-Hussami et al., 2025). In contrast, chronic stress and burnout predict adverse patient and organizational outcomes and can erode commitment

over time, illustrating why commitment must be protected through supportive environments (Jun et al., 2021).

Table 4 : Consequences of Nurse Commitment

| Level | Examples of consequences | Representative sources |
|--------------------|--|---|
| Workforce outcomes | Lower turnover intention and improved retention indicators | Galanis et al. (2024); Bae (2024) |
| Care processes | Less missed nursing care and improved care continuity | Ahmadzadeh-Zeidi et al. (2024) |
| Quality and safety | Improved perceived quality of nursing care and patient safety-related outcomes | Al-Hussami et al. (2025); Jun et al. (2021) |
| Well-being | Lower burnout and better coping/meaning at work | Jun et al. (2021) |

4.9 Empirical Referents

Empirical referents are observable indicators that demonstrate the concept in practice and enable measurement. Commitment is typically assessed using validated self-report scales and can be triangulated with behavioral and organizational indicators. Commonly used instruments include the Three-Component Model (TCM) measures of affective, continuance, and normative commitment (Meyer & Allen, 1997) and the Organizational Commitment Questionnaire (OCQ) assessing identification and involvement (Mowday et al., 1979). Nursing-specific measurement is often operationalized as professional commitment using the Nursing Professional Commitment Scale (Lu et al., 2000), which has been applied in contemporary nursing studies (Duran et al., 2021). Behavioral proxies may include turnover intention, retention duration, participation in professional development, engagement in shared decision-making, quality indicators, and missed-care metrics.

Table 5 : Empirical Referents and Common Measurement Approaches

| Measure / indicator | What it assesses | Key citation(s) |
|---|---|---|
| Three-Component Model (TCM) measures | Affective, continuance, normative commitment | Meyer & Allen, 1997 |
| Organizational Commitment Questionnaire (OCQ) | Identification, involvement, organizational attachment | Mowday et al., 1979 |
| Nursing Professional Commitment Scale (NPCS) | Belief in professional values, effort, and intent to maintain membership | Lu et al., 2000; Duran et al., 2021 |
| Behavioral/administrative indicators | Turnover intention, retention length, professional development participation, missed care metrics | Ahmadzadeh-Zeidi et al., 2024; Galanis et al., 2024 |

5. Discussion

This concept analysis clarifies nurse commitment as an enduring professional–organizational bond that goes beyond transient job satisfaction or short-term engagement. Its defining attributes capture both identity-based attachment and behaviorally expressed dedication to patient-care excellence. The antecedents identified in the nursing literature are actionable. Transformational leadership and perceived organizational support are modifiable organizational levers with evidence linking them to

stronger commitment and retention-related outcomes (Galanis et al., 2024; Xiong et al., 2023). Staffing and scheduling adequacy is equally critical because unstable work conditions predict turnover and undermine the sustainability of commitment (Bae, 2024). Autonomy-supportive practice environments also appear important, given evidence linking professional autonomy to organizational commitment among nurses (Judi et al., 2025).

The consequences in nursing are clinically meaningful. Commitment is associated with less missed care and improved perceptions of care quality, which connects the concept directly to patient safety and performance (Ahmadzadeh-Zeidi et al., 2024; Al-Hussami et al., 2025). Practically, healthcare organizations should treat nurse commitment as a strategic quality-and-safety asset. Interventions should prioritize leadership development, staffing and scheduling stability, fair recognition, support for professional development, and governance structures that protect autonomy and value alignment.

6. Limitations

This analysis drew primarily on English-language, peer-reviewed literature from 2021–January 2026 and may not capture all cultural uses of nurse commitment. Because concept analysis synthesizes meanings from available sources, conclusions depend on the scope and quality of the underlying literature. Foundational commitment theory and measurement instruments were referenced where necessary to support operationalization, even when original sources predate the search window.

7. Conclusions

Nurse commitment is a multidimensional construct integrating emotional attachment to nursing, continuous development, value alignment, intent to remain, and dedication to care excellence. Leadership, organizational support, work environment adequacy, and autonomy-supportive practice contexts are consistent antecedents, while reduced turnover intention, less missed care, and improved quality outcomes are key consequences. A clearer conceptual definition supports better measurement, stronger evidence synthesis, and more targeted interventions to retain nurses and protect patient safety.

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