

Determinants and Dynamics of Organisational Commitment Among Female Oncology Nurses: A Comprehensive Review

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Abstract—Organizational commitment (OC) is a key factor that defines the stability of workforce, job satisfaction and quality of care among nurses. Nurses who work in oncology departments are subject to a high level of emotional and physical stress, so it is especially significant to understand what contributes to a high level of commitment. The review is a synthesis of empirical literature concerning determinants and dynamics of OC in oncology nurses based on both international and Indian scenery. Some of the primary determinants of lower levels of compassionate competence, burnout, psychological capital, leadership style, trust, perceived organizational support, and workplace environment and value congruence have been identified. The review states the significance of leadership building, resilience training, work-life balance support, and value-oriented recruitment strategies in order to maintain OC, especially among female oncology nurses working in culturally sensitive settings, such as South Tamil Nadu. In spite of the increased evidence, there is a lack of region-specific research, longitudinal studies, and intervention-based research in oncology nursing in India. Research in future must address these gaps by investigating commitment changes over time, its interaction with individual and organizational resources and the ultimate effects it has on patient care outcomes. Learning about the determinants and dynamics of OC, the healthcare administrators and nurse managers can engage in the creation of the specific strategies to create a committed, resilient, and high-performing oncology nursing workforce and, consequently, the well-being of nurses and the quality of provided cancer care.

I. INTRODUCTION

Organisational commitment (OC) has been considered as one of the cornerstones in organisational psychology and human resource management. In general terms, organizational commitment can be defined as a psychological attachment of an employee to his or her employer, and it greatly impacts the critical outcomes like employee retention, performance, job satisfaction and organizational effectiveness. OC is essential in healthcare, more particularly nursing as the turnover and burnout of nurses may have a direct effect on patient care, continuity and stability of the institution.

This is more critical especially in places like South Tamil Nadu where hospitals, human resource dynamics, and cultural backgrounds are not similar to western or better equipped places. Female nurses comprise significant part of the nursing workforce in India, and in South Tamil Nadu, gender roles, family roles, and work-life balance have socio-cultural expectations that can have a unique influence on organizational commitment. It is crucial to understand the factors that motivate commitment and its development in female oncology nurses in this particular context in order to create effective retention, supportive, and performance approaches.

1.1 Objections Oncology Nursing to Unique
Oncology nursing is both mentally and emotionally challenging. Nurses have to cope with complicated

therapy, safety regimens of chemotherapy, symptomatic load, and end of life care. Meanwhile, they establish intimate, long-term relationships with patients and families, and in many cases get deeply emotionally entrenched in their care experiences. Oncology nurses experience compassion fatigue and burnout. There has been low compassion satisfaction and high risk of burnout and compassion fatigue in oncology populations recorded in research (turn0search8). These negative emotional consequences do not only harm the wellbeing of the nurse but they may also compromise his/her organizational commitment.

1.2 Gender and Cultural Concept: South Tamil Nadu Oncology Nurses, Female

The interpretation of organizational commitment among the targeted group of South Tamil Nadu female oncology nurses will involve the sensitivity to sociocultural dynamics. Nursing as a profession continues to be a gendered occupation in India: most nurses are women and they have to combine heavy work demands at their workplace with demanding duties at home and in society. As part of the culture, female nurses can have the expectations of either attending to their families or children outside of work which puts a strain in their professional commitment. In South Tamil Nadu especially, these relations can be guided by state-provided structures of healthcare, nursing education standards, hierarchy in hospitals, and local culture. The qualitative study of Tamil Nadu indicates that leadership, team relationship, and the quality of patient care are highly attributed to job satisfaction among nurses in government hospitals. All these are likely to be complicated factors that are coupled with organizational commitment.

1.3 Importance of Organizational Commitment for Retention and Quality of Care

Organizational commitment is not just a theoretical construct; its practical implications in nursing are profound. High OC among nurses is associated with lower turnover, reduced absenteeism, greater job satisfaction, and better patient care. In oncology, where continuity of care, trust, and relational consistency matter deeply to patients and families, nurse retention is particularly critical. Frequent turnover disrupts care continuity, undermines team cohesion, and can negatively affect patient outcomes.

II. OBJECTIVES OF THE REVIEW

This review has four key objectives:

- i). Identify and synthesise the determinants of organisational commitment among oncology nurses, with a special lens on factors particularly relevant to female nurses and emotionally demanding clinical environments.
- ii). Examine the dynamics of OC — including mediators and moderators, such as psychological capital, value congruence, and trust — that explain how commitment is maintained, eroded, or reinforced.
- iii). Contextualize findings for South Tamil Nadu, considering the socio-cultural, institutional, and gender-specific factors that may influence how female oncology nurses experience, sustain, or lose commitment in this region.
- iv). Propose practical implications and recommendations for healthcare administrators, nurse leaders, and policymakers in South Tamil Nadu (and similar settings), and pinpoint areas for future research, especially longitudinal and intervention-based studies.

III. THEORETICAL FRAMEWORK

Organizational commitment (OC) is a complex psychological variable, which is influenced by the individual factor, interpersonal factor, and organizational factor. The determinants and dynamics of OC in the female oncology nurses needs to be understood based on a strong theoretical foundation that can explain both the motivational and contextual factors. This review is based on three main theoretical perspectives -Meyer and Allen Three-Component.

Model, Social Exchange Theory (SET), and Conservation of Resources (COR) Theory - complemented with the notions of person-organizational fit and value congruence. Together, these frameworks give a multifaceted perspective to look at the reasons behind the commitment of nurses to their organizations, the changes in the commitment among the years, and the mediating or moderating factors of this association.

3.1 Three-Component Model of Organizational commitment by Meyer and Allen

Conceptualization Meyer and Allen (1991) identified organizational commitment as having three dimensions which were interrelated but also distinct affective commitment, continuance commitment and normative commitment. Affective commitment is an emotional attachment to the organization and workers do not leave because they want. Affective commitment is highly applicable in the oncology nursing field, where a nurse that has found meaning and satisfaction in terms of patients care has a higher chance of developing a long lasting commitment with his institution. Continuance commitment is a perceived cost of quitting associated with economic, social, or professional aspects. Normative commitment depicts a feeling of duty or a sense of moral obligation to remain that can be enhanced among the care giving female nurses who uphold loyalty, professional responsibility and cultural demands of duty and accountability. This tripartite model enables the researcher to identify the motivational foundations of commitment and empowers the researcher to explore how these dimensions vary in their impact by personal, organizational as well as cultural factors.

3.2 Social Exchange Theory

The Social Exchange Theory (SET) is a theoretical model that explains the nature of relationships within an organization as resting on reciprocity: the employees work hard, become loyal and compliant because their organization provides them with resources, support and recognition. In nursing as a field of oncology, SET can also be used to describe the role of the perception of supportive leadership, availability of professional growth, equitable workload allocation, and recognition in influencing the affective and normative commitment. Nurses that feel that the organization supports them highly can have emotional rewards that translate into job satisfaction and further attachment to the workplace. On the contrary, encouragement, injustice or hostility may undermine commitment, amplify work pressure and enhance turnover intention.

3.3 Resource Conservation Theory

The Conservation Resources (COR) Theory focuses on how the psychological, social, and material resources influence employee behavior. COR says that

people aim to obtain, retain, and defend resources and when resources are threatened or exhausted, they experience stress. Organizational commitment may act as an independent resource that helps to counter the stressful factors at work, including burnout, emotional work, and patient-induced needs. High-OC oncology nurses tend to retain emotional stability, manage work-related difficulties, and perform at high levels even when under severe stress. Additionally, supportive leadership, collegiality, training opportunities, and recognition are aspects that constitute resource-rich environments that maintain the commitment by refilling the psychological and social resources of the nurses.

IV. Methods

A systematic narrative approach is followed in this review to review the available literature on the determinants and dynamics of organizational commitment (OC) among female oncology nurses, specifically in its implication to South Tamil Nadu. Since OC is a multifaceted concept and the research on the topic in the region is relatively sparse, narrative synthesis can be used to incorporate quantitative, qualitative, and mixed-method research results and point to the patterns, relationships, and gaps in the literature.

4.1 Review Design

The review was designed in a systematic manner with search strategy, selection criteria, data extraction and synthesis processes. Although the review is not a meta-analysis because the designs, sample characteristics, and measures of organizational commitment vary, the review shows the transparency of the methods and the rigor of the best methodology of a narrative systematic review (Greenhalgh et al., 2018).

4.2 Search Strategy

An extensive literature review was performed using various electronic databases and selected the related studies that were written in the English language. The main databases were PubMed, Scopus, CINAHL, Web of science, and Google scholar. Other searches were done in regional databases and grey literature sources to include studies that were done in India and South Asia.

To obtain an exhaustive search, keywords and Boolean operators were used. The search terms were combinations of:

- Terms of population: oncology nurse, cancer nurse, female nurse, staff nurse.
- Outcome terms: "organizational commitment," "affective commitment," "normative commitment," "continuance commitment," "job retention," "turnover intention"
- Contextual words- India, Tamil Nadu, South Asia, hospital, healthcare institution.
- Others: burnout, compassion competence, workplace environment, leadership, psychological capital, value congruence, social exchange, work-life balance.

4.3 Inclusion and Exclusion Criteria

Predefined inclusion and exclusion criteria were used to select studies to ensure that only relevant studies were used, and to ensure rigour and consistency.

Inclusion Criteria:

- Empirical research on organisational commitment by nurses in general or oncology nurses in particular.
- Articles that involve female nurses or report gender-stratified findings.
- Studies on factors or processes of OC (e.g., leadership, burnout, psychological resources, value congruence, workplace environment).
- Quantitative, qualitative or mixed-methods designs.
- Articles published in English between 2000 and 2025.

Exclusion Criteria:

- Nursing professionals not involved in studies.
- Articles that lacked specific measures or results on organization commitment.
- Opinions, editorials, commentaries or anecdotal reports.
- Reports of the same population of the study.

4.4 Study Selection

There were three stages of the selection process including identification, screening, and eligibility assessment.

- Identification: All the records obtained after the search of databases were saved in a reference management software (e.g., EndNote or Zotero). Duplications of records have been eliminated.
- Screening: Two reviewers screened titles and abstracts independently to determine relevance. The cases of discrepancy would be addressed either by dialogue or by consultation with a third reviewer.
- Eligibility: Full-text articles of potentially eligible studies were used to search and assess them per the inclusion criteria. The data was extracted on studies that were in the criteria.

The process of selection was based on the PRISMA principles to become transparent and replicable. To record the number of identified studies, screened, excluded and included studies, a PRISMA flow diagram was created.

4.5 Data Extraction

The data extraction form was a standardized one and was applied to each study to extract the necessary information. Extracted data included:

- The author(s) and the date of publication.
- Setting (hospital, oncology ward, public vs private institution) and country.
- Demographics (sample size, gender, age, years of experience, education).
- Study design and research (cross-sectional, longitudinal, qualitative, mixed-methods)
- Organizational commitment measures (e.g. the Meyer Allen scale, tailor-made measures)
- OC (leadership style, burnout, psychological capital, work environment, value congruence, work-life balance, etc.) determinants.
- Important findings and statistical outcomes (correlations, regression coefficients, thematic codes, qualitative themes).
- Mediated and moderated variables investigated.
- Practice or policy implications.

The obtained data were tabulated in order to synthesise, compare, and detect patterns across studies.

4.6 Data Synthesis

Because of the heterogeneity of the study designs and measures a narrative synthesis method was used. Results were gave out as themes based on:

1. Personal (e.g., personal values, psychological capital, resilience, compassion competence) determinants.
2. Organisational factors (e.g. leadership style, perceived organizational support, workplace environment, staffing levels)
3. Relational factors (e.g., teamwork, trust, interpersonal incivility, bullying)
4. OC dynamics (e.g., moderators, feedback loops, mediators, time)

Descriptive statistics, correlation coefficients, and regression results were used in the summarisation of quantitative findings, where appropriate, whereas qualitative research was summarised to determine recurring themes, patterns and insights insofar as the commitment process is concerned.

V. LITERATURE REVIEW

Organisational commitment (OC) in nursing has been widely discussed in scholarly literature due to its direct consequence on staff retention, job satisfaction, and quality care provision. The determinants and dynamics of OC are of specific importance in oncology nursing wherein emotional, cognitive, and physical needs are paramount. The review summarises the evidence of international and Indian settings, key determinants, dynamic process, and aspects that female oncology nurses in South Tamil Nadu need to consider. The purpose of this study is to identify the determinants of organisational commitment among Oncology Nurses.

Discussion, Implications, and Conclusion

Organisational commitment (OC) is a multidimensional construct that is used to describe the psychological attachment, loyalties, and moral obligation of the nurses towards their institution. The literature review provided above has identified several determinants such as compassionate competence, burnout, leadership, work environment, psychological capital, and work-life balance and the dynamic processes that these determinants are involved in. These findings are synthesised through this discussion

and put into perspective within the context of South Tamil Nadu, and implications to nursing practice, organisational management and future research are presented.

5.1 Synthesis of Key Findings

As established in the review, organisational commitment among oncology nurses is a complex issue that is dependent on individual, relational, and organisational factors.

5.1.1 The individual-level determinants include Compassionate competence comes out as a virtue of commitment at the individual level. When nurses have high empathic, relational and emotional skills, they feel purpose and moral satisfaction, which enhances affective commitment and normative commitment. This finding is consistent with the international literature, which demonstrates that nurses who find meaning in providing care to patients are less prone to burnout and turnover (Park & Ahn, 2015; Zhi et al., 2021).

Psychological capital, including self-efficacy, hope, optimism, and resilience, serves as a mediator and buffer, enhancing commitment by enabling nurses to effectively manage their work-related stress (Qiu et al., 2025; Lee et al., 2020). Positive coping styles enhance the protective power of OC in a positive cycle: nurses who are committed remain resilient, and as a result of their commitment, they become stronger over time.

5.1.2 Organizational-Level Determinants

The keys to maintaining commitment are leadership and organizational culture. Psychological empowerment, trust, and OC are improved with transformational and empowering leadership practices, which are defined by individualized consideration, vision, and support (Iqbal et al., 2019; Kang et al., 2025). On the other hand, the authoritarian or toxic leadership style discourages commitment and elevates turnover intention (MDPI).

Perceived organizational support (POS), structural adequacy and workplace culture are equally important. Lasting affective and normative commitment is observed in nurses who believe that their organization supports them through equitable policies, awards, professional growth, and protection in the workplace

(Rodriguez-Fernandez et al., 2021; Soheili et al., 2021). Incivility, bullying, and non-supportive work conditions at the workplace destroy commitment and augment turnover intention, pointing to the role of psychological safety and supportive work conditions (Xia et al., 2023; Zhang et al., 2022).

5.1.3 Relational and Interpersonal Determinants
OC is affected by interpersonal processes in the nursing team such as collegial support, mentorship, and trust. Research has proved that affective commitment can be boosted with positive team relationships and diminished with bullying and incivility (Xia et al., 2023; Kang et al., 2025). Such results indicate that it is essential to facilitate supportive, respectful, and collaborative teamwork, more so in emotionally stressful oncology, environments.

5.1.4 Culture and Gender-Specific Concerns
Work-life balance is a critical factor to female oncology nurses. Indian cultural beliefs about caregiving and domestic duties increase the pressure behind the long working hours and shift work, which directly influence OC (Ramesh and Kumar, 2021; Anusha et al., 2022). Value congruence, cultural alignment and acknowledgement of moral and spiritual contributions also prove to be salient factors. Nurses with personal and organizational values are more committed affectively and normatively, contributing to better retention and quality of patient care (Wei et al., 2021; Mojarrad et al., 2019). In South Tamil Nadu, where women are strongly defined by their families, society, and culture as an element of their professional identity, culturally competent, and empathetic leadership is what is needed. Leaders who recognize gender-related issues, offer flexible working hours and build trust may contribute greatly to commitment.

VI. RESEARCH IMPLICATIONS AND FUTURE DIRECTIONS

Although a lot of research has been done globally, there is very little context-specific research in South Tamil Nadu. Future research should:

- Carry out longitudinal research to trace patterns of commitment among the female oncology nurses

to define predictors of long-term OC at an early stage.

- Assess intervention effectiveness, such as resilience training, mentorship, leadership development, and flexibility in the workplace using mixed-methods methods.
- Research cultural and gender-specific factors, including social norms, family needs, and religious beliefs, to educate specific approaches.
- Research organizational culture and organizational structures of different hospital environments (public, private, urban, rural) to define systemic facilitators and obstacles of OC.

VII. LIMITATIONS

The review integrates the evidence in a wide context, and thus, this can restrict the extrapolation to South Tamil Nadu. Numerous works are cross-sectional, which limits the ability to make causal evidence. Measurement tools of OC, psychological capital and burnout are also variable and might impact comparability. Nevertheless, the review offers a solid base of the determinants and dynamics of OC among female oncology nurses by including international and regional results.

VIII. CONCLUSION

The interaction between individual, organizational, and relational factors on organizational commitment influences the development of female nurses working in oncology, and it depends on socio-cultural settings. Burnout, compassionate competence, leadership, work environment, psychological capital, work-life balance, and value congruence develop into some of the major determinants. The phenomenon of commitment itself is a dynamic mediator, moderator, and protective resource that has an impact on the retention of nurses, their professional satisfaction, and the quality of care they provide to the patient.

Interventions aimed at reinforcing OC in South Tamil Nadu must be multilevel, culturally sensitive, and gender informed, and they should include the adoption of flexible policies, transformational leadership, resilience and coping training, structural support and meaning-making opportunities. Future studies are

recommended to focus on longitudinal and intervention-based research to confirm the measures that can increase commitment levels, decrease turnover, and improve oncology care outcomes. Focusing on these determinants and dynamics, the healthcare institution will be able to develop a dedicated nursing workforce, which will be able to overcome all adversities to ensure the high quality, compassionate, and sustainable oncology care delivery in challenging settings.

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