Tendências entre Comprometimento Organizacional e Competências Profissionais de enfermeiros, jovens e experientes, durante a pandemia de Covid-19 em Manaus (AM)

Correlations between Organizational Commitment and Professional Competences of nurses, young and experienced, during the Covid-19 pandemic in Manaus (AM)

Tendencias entre Compromiso Organizacional y Competencias Profesionales de enfermeros, jóvenes y mayores, durante la pandemia de la Covid-19 en Manaus (AM)

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PALAVRAS-CHAVE
Competências Profissionais.
Comprometimento.
Enfermeiros.

Resumo: O presente artigo teve por objetivo analisar as correlações entre comprometimento organizacional e as dimensões das competências profissionais de enfermeiros, considerando-se as diferenças geracionais. Para tanto, uma pesquisa de campo descritiva, quantitativa, nos moldes de estudo de caso foi conduzida. Os dados coletados, por meio de questionário, foram submetidos à análise estatística descritiva uni e bivariada para verificar as tendências nas percepções dos enfermeiros Jovens (com 29 anos ou menos) e Experientes (com 30 anos ou mais) sobre comprometimento organizacional e competências profissionais. Os resultados evidenciaram que para os enfermeiros mais experientes todas as correlações foram significativas e positivas. No entanto, para os jovens enfermeiros, as correlações entre comprometimento e as dimensões ética e política das competências profissionais não foram estatisticamente significativas, indicando, portanto, relações mais frágeis entre o comprometimento e as referidas dimensões para esse grupo de profissionais.

Abstract: This article aims to analyze the correlations between organizational commitment and the dimensions of the professional competencies of nurses, considering the generational differences. For this, a descriptive, quantitative field research, based on a case study, was conducted. The data were collected by questionnaire and submitted to univariate and bivariate descriptive statistical analysis to verify the trends in the perceptions of Young (29 years old or less) and Experienced (30 years or older) nurses regarding their organizational commitment and professional competencies. The results suggest that for the more experienced nurses all the correlations are significant and positive. However, for young nurses, the correlations between commitment and the ethical and political dimensions of professional competencies are not statistically significant, indicating weaker relationships between commitment and the referred dimensions for this group of professionals.

Resumen: Este artículo tuvo como objetivo analizar las correlaciones entre el compromiso organizacional y las dimensiones de las competencias profesionales de los enfermeros, considerando las diferencias generacionales. Para ello, se realizó una investigación de campo, cuantitativa y descriptiva, siguiendo los lineamientos de un estudio de caso. Los datos fueron colectados a través de un cuestionario y sometidos a análisis estadístico descriptivo univariado y bivariado para verificar tendencias en las percepciones de enfermeros jóvenes (29 años o menos) y mayores (30 años o más) sobre compromiso organizacional y competencias profesionales. Los resultados mostraron que para los enfermeros más experimentados, todas las correlaciones fueron significativas y positivas. Sin embargo, para los enfermeros jóvenes, las correlaciones entre el compromiso y las dimensiones éticas y políticas de las competencias profesionales no fueron estadísticamente significativas, indicando relaciones más débiles entre el compromiso y esas dimensiones para este grupo de profesionales.

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Introduction

Contemporary times witness the influx and permanence of young individuals into the workforce, driven by their personal aspirations and desires (Leccardi, 2005). This phenomenon prompts them to actively seek employment that can promptly fulfill both their personal and consumer needs (Leccardi, 2005). The rationale behind this decision lies in their pursuit of autonomy and a reliable income source, as elucidated by Souza, Helal, and Paiva (2017).

Amidst this scenario, it becomes imperative to ponder upon the evolving dynamics of the labor market. The prevailing trend underscores the implementation of stringent criteria in personnel selection processes, emphasizing competitiveness (Silva, 2004). Even in the face of these contemporary directives and the challenges associated with workforce integration, young individuals aspire not only to secure a place in the productive market but also to garner recognition in their professional pursuits. Consequently, adhering to these modern paradigms necessitates a perpetual commitment to enhancing skills and competencies and cultivating new aptitudes among these aspiring professionals (Costa et al., 2021).

A noteworthy context deserving attention is that of young and seasoned nurses within the professional landscape. Particularly within the public sector, the working reality of these healthcare professionals is influenced by historical facets of nursing activity, encompassing working conditions, double working hours, occupational and salary frameworks, and the perception of the profession in society at large (Costa et al., 2021). The reduction in public nursing positions has resulted in an upswing of adverse health events, amplifying the physical, mental, and social toll on these dedicated workers. The

constrictions on competitive examinations for civil servants and employment opportunities in hospital settings further compound the challenges, instigating apprehension due to the potential exclusion from the workforce or job loss (Costa et al., 2021). Additionally, the prevailing sentiments of anxiety and vulnerability stem from the inability to fulfill the social mission inherent in their chosen profession (Baixinho & Ferreira, 2021).

The context of nursing professionals faced an unprecedented challenge during the COVID-19 pandemic, acknowledged by the World Health Organization (WHO) as the most severe public health crisis in the last century. The exigency of nurses' efforts in combating the coronavirus, being at the forefront of the battle against COVID-19, triggered swift transformations among these professionals. In turn, these changes encompassed the organizational dynamics of nurses' workplaces, the interplay between professional duties and familial responsibilities, experiences of social isolation, and the emergent circumstances induced by the pandemic (Borges et al., 2021).

Consequently, the COVID-19 pandemic presented intricate challenges to health systems, laying bare a worsening landscape of vulnerability that underscored fears, insecurities, and psychological distress among nursing professionals. Beyond the tangible risks of exposure to the virus, these professionals grappled with psycho-emotional shifts stemming from these circumstances (Baixinho & Ferreira, 2021). Therefore, this multifaceted impact manifested in adverse effects on the physical, mental, emotional, and behavioral well-being of nursing professionals, inevitably influencing their organizational commitment (Souza et al., 2021).

In exploring this perspective, organizational commitment denotes the connection between workers and the

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organizations they serve, delineating how their engagement with organizational processes shapes their behaviors, choices, and contributions (Bastos, 1993).

Professional competence is delineated as the aptitude to act responsibly and garner recognition from external entities and encompasses the ability to mobilize, integrate, and transfer knowledge, resources, and skills. This proficiency, in turn, requires a command of specific concepts, methods, and tools tailored for executing tasks within a distinct professional domain. In a similar vein, competency management is comprehended as a collective endeavor spanning individual, group, organizational, and social dimensions, all directed toward the cultivation and advancement of competencies. The outcomes of these efforts manifest in diverse forms, observable both by the individual and third parties (Paiva & Junior, 2012).

Emphasizing the significance of commitment, it plays a pivotal role in enhancing productivity and refining activities, encapsulating sustainable conduct, habits, and behaviors (Paillé et al., 2013; Stritch & Christensen, 2014). Consequently, scholarly investigations posit a plausible positive correlation between organizational commitment and sustainable behavior. Individuals exhibiting heightened commitment to their employing organization are inclined towards adopting more productive behaviors in their professional endeavors (Tilleman, 2012).

Delving into the realm of generational disparities, the organizational milieu comprises heterogeneous groups with distinct characteristics and unique perceptions of reality. Accordingly, existing research underscores that the coexistence of diverse generations within the same work environment can present managerial challenges, including the emergence of conflicts and the necessity to adapt to evolving work values (Batista-dos-Santos et al., 2017; Brown, 2012; Cogin, 2012). Commonly classified generations, including Traditionalists, Baby Boomers, Generation X, Generation Y, and Generation Z, underscore the diverse tapestry of the contemporary workforce (Colet, Beck, & Oliveira, 2015; Veloso, Dutra, & Nakata, 2016).

Recognizing the pivotal role of organizational commitment and professional competencies in the work domain across various professions and generations, including nurses facing exceptional circumstances like the COVID-19 pandemic, the research question emerges: "What correlations exist between organizational commitment and the diverse dimensions of nurses' professional competencies, considering generational distinctions?" Consequently, the overarching objective of this study is to scrutinize the connections between organizational commitment and the multifaceted dimensions of nurses' professional competencies while acknowledging the impact of generational differences.

The rationale behind this research is underpinned by the importance attributed to studies on organizational commitment and professional competencies (Bastos, 1993; Paiva & Junior, 2012; Geraldi et al., 2022), particularly within the realm of health, with a specific emphasis on nursing (Faria et al., 2019; Souza et al., 2021).

Moreover, there exists a compelling need to delve deeper into the intricacies of how commitment influences work performance and the cultivation of professional competencies. This imperative is reinforced by the evolution of novel approaches that delineate commitment (Scheible & Bastos, 2013). Additionally, scientific gaps persist concerning the link between organizational commitment and the target audience of this research – nurses – within the backdrop of generational differences encompassing both

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young and seasoned professionals. These gaps necessitate exploration. Notably, the uniqueness of this manuscript is underscored by the absence of identified studies involving the investigated variables – organizational commitment and professional competencies – within the specific professional category during the unprecedented circumstances of the COVID-19 pandemic.

To fulfill the research objective, this article is structured into five integral sections. Commencing with this introduction, the subsequent segment provides essential theoretical references indispensable for comprehending the intricacies of organizational commitment and professional competencies. Following this, the methodology employed in the field research is outlined, succeeded by the presentation and analysis of the gathered data. Concluding the article, the study offers final remarks, accompanied by a list of references employed throughout the text.

Theoretical Elements of the Research Organizational Commitment

As posited by Bastos (1998), the inception of the study on organizational commitment dates back to Chester Barnard in 1938, a concept later validated by scholars such as March and Simon (1958) and Becker (1960). These researchers underscored the significance of fostering meaningful relationships within companies by recognizing and accommodating the needs and demands of workers. Howard Becker, in particular, defined commitment as an individual's willingness to exhibit performance in assigned activities, with the worker's persistence in the organization attributed to the associated high costs and benefits of leaving the job. Becker termed this bond "instrumental commitment." However, it was in the early 1980s that the construct of organizational commitment

gained validation (Bastos, 1998). Subsequently, commitment became the focus of investigations exploring various aspects of the work context, including unions, jobs, careers, work, and institutions (Allen & Meyer, 2000). Additionally, Mowday, Porter, and Steers (1979) emphasized commitment as the affective condition in the process of aligning an individual's values with the organization's objectives and principles (Bastos, 1993; Simon & Coltre, 2012).

Organizational commitment is commonly conceptualized as a form of engagement, connection, bond, or consideration between the worker and the organization (Maia, Bastos, & Solinger, 2016). It also emerges as a plausible mechanism for organizations to instill sustainable practices and habits among employees since achieving outstanding performance in companies, enhanced efficiency and effectiveness of public entities in service provision, and constant capacity improvement on the part of workers hinges on aligning and articulating this bond with the organization's goals. Finally, this alignment increases the likelihood of achieving satisfactory results. Moreover, a proactive professional typically excels in task performance, contributing to greater institutional benefits for companies (Reis Neto, Marques, & Paiva, 2017).

In the three-dimensional model crafted by Meyer and Allen (1991), commitment is comprehended through three psychosocial factors explaining an individual's continued affiliation with a particular organization (Rodrigues & Bastos, 2013). The first factor, termed affective commitment, refers to the individual's identification with the organization, their desire to remain, and the emotional connection between the individual and the organization (Meyer & Allen, 1991). This basis is considered less theoretically contestable and more strongly linked to desirable workplace behavior (Pinho, Bastos,

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& Rowe, 2015). Tamayo's (2005) research aimed to verify the organizational values confirming affective commitment, concluding that this dimension is perceived as the organization's demonstration of care for its employees through the promotion of attitudes directly associated with incentives, goals, and the worker's desires (Tamayo, 2005).

The second component, identified as normative commitment, entails a sense of obligation to adhere to established norms, compelling individuals to stay within the organization and align themselves with the company's goals, purposes, and interests (Meyer & Allen, 1991). Concerning the third factor – continuance commitment – workers, guided by instrumental rationality, evaluate the impact of departure costs (Assunção et al., 2014) on the calculation of gains and losses for both themselves and the organization. This assessment extends to the resources and time invested in the institution, as well as the constraints on opportunities to transition to other companies (Lizote, Verdinelli, & Nascimento, 2017).

While the three-dimensional commitment model has dominated national and international research in recent years, Meyer and Allen's perspective has encountered scrutiny and criticism regarding the concept's development for this model, which points to inherent ambiguity and inaccuracy in the construct's definition (Balsan et al., 2017). The challenge lies in the conceptual and empirical focus on the subject, revealing that the affective bond significantly differs from the instrumental and normative bonds (Bastos & Aguiar, 2015; Pinho et al., 2015).

Along these lines, as discussions about the commitment concept unfold, they incorporate parameters such as whether an individual stays due to necessity, obligation, or financial repercussions in the event of departure and limited job alternatives into the construct's definition. A comprehensive understanding of

bonds, both conceptually and experientially, requires a reflection on what constitutes a commitment. Rodrigues and Bastos (2009) scrutinized the distinguishing aspects between passive bonds (instrumental and normative) and active bonds (affective commitment). Consequently, these authors assert that the term commitment should exclusively refer to the affective bond. This underscores the imperative to recognize instrumental and normative bonds as distinct facets of commitment, leading to the emergence of new constructs explored by Rodrigues and Bastos (2015) and Silva and Bastos (2015).

The initial endeavor to gauge affective organizational commitment in Brazil involved a scale developed and validated by Borges-Andrade and Afanasieff e Silva (1989). Subsequent to this publication, numerous studies utilized this instrument, with Bastos (1994) further bolstering the legitimacy of the affective dimension through an analysis of the instrument in samples observed in his research. Several years later, Bastos and Aguiar (2015) introduced a novel scale for measuring the affective dimension, defining the construct as unidimensional, labeled the "Organizational Commitment Measure." In this revision, the authors proposed modifications to the three-dimensional model, as the construct's measurement now exclusively incorporates the affective dimension. The normative and continuance facets were replaced by new constructs— organizational consent and entrenchment, respectively. Therefore, the measure proposed by Bastos and Aguiar (2015) portrays organizational commitment as unidimensional and exclusively affective.

Having elucidated these conceptual nuances on the subject, we draw attention to studies analyzing organizational commitment within the work domain of the target audience of this research—both young and experienced nurses. Gradually, research has delved into the

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contentment of workers, highlighting the manifold advantages it brings to health organizations, particularly in mitigating layoffs and reducing absenteeism among professionals (Pereira et al., 2017). Despite not ranking as the profession with the highest job satisfaction, studies reveal that nurses, among health professionals, exhibit the highest satisfaction with the work environment and the utmost commitment to the organization (Rodríguez-Fernández et al., 2021). Notably, nurses, irrespective of experience, expressing motivation and job satisfaction, believe that their level of professional commitment could be elevated through additional opportunities for skill enhancement and development, with a focus on delivering superior patient care (Pereira et al., 2017). This underscores concerns surrounding professional competencies, a topic further analyzed below.

Professional Competencies

Historically, the concept of competencies has been intricately woven into the fabric of work organization, evolving from the terms qualification and/or profession (Paiva & Junior, 2012). In the 1970s and 1980s, competencies were initially confined to a set of skills aimed at enhancing human performance within a productive environment (Dutra, Hipólito, & Silva, 1998). Subsequently, the focus shifted, linking the term to individuals' experiences and deliverables since merely developing new qualifications without their practical application became insufficient (Dutra et al., 1998). Professional competence, therefore, extends beyond the realm of work skills, encompassing the potential for action. It denotes the professional's capacity to comprehend and navigate through constantly evolving circumstances (Zarifan, 2001) intricately tied to the context in which they operate. These competencies embody the mobilization of knowledge from various

facets, ultimately acknowledged by external parties (Le Boterf, 2003).

Presently, the concept of competence is widely deliberated within production contexts and extensively applied in diverse scientific studies. In the realm of health, the implementation of competencies proves to be a novel tool for training professionals, stimulating not only critical thinking but also shedding light on the demands of the current societal landscape and fostering the development of citizenship (Nascimento & Oliveira, 2010). It is evident that the term professional competence is crafted considering its constitutive elements— comprising instructions, skills, and attitudes. This holistic approach involves the integration of learning and personal principles adeptly applied in response to the intricacies of professional practice (Camelo & Angerami, 2013).

In this vein, Paiva, Rocha, and Fujihara (2018) formulated a professional competencies scale initially tested exclusively with young workers. The objective was to scrutinize the formation and development of competencies within the younger generation's work context. Evidently, this scale holds practical applicability by providing professionals with self-awareness regarding skills crucial to their professional journey. In turn, considering that the primary objective for most young individuals revolves around both professional and personal development, this scale assumes significance. It is worth noting that, in the study presented here, the scale utilized was an adapted version of the Professional Competence Development Scale for Young Workers (Paiva, Rocha, and Fujihara, 2018). This scale is rooted in the theory posited by Cheetham and Chivers (2005), which delineates professional competence into five distinct components or dimensions (Paiva & Melo, 2008), as depicted in Table 1, showcasing the defining

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knowledge associated with each dimension.

Table 1
Dimensions of Professional Competence

Dimensions	Characteristic knowledge
Cognitive	Theoretical knowledge, job-specific skills
Functional	Knowledge applied to the execution of tasks
Behavioral	Personal and relational knowledge
Ethics	Axiological knowledge
Politics	Political-relational knowledge

Source: Adapted from Paiva and Melo (2008).

In the realm of nursing, studies reveal that the profession is delineated by a mediation process impacting health/illness dynamics, social conduct, and service provision. This multifaceted role encompasses activities in health promotion, prevention, or restoration, entailing practical and technical dimensions along with administrative knowledge, all intricately linked to the care system (Paiva & Junior, 2012). However, certain personal attributes or abilities of nurses, such as self-control, responsiveness, tolerance, conviction, and curiosity, are elusive and not easily observable or measurable. Despite their indispensability, it falls upon professional competence management to consider three pivotal aspects: recognizing workers through their professional competence, coordinating educational systems to enable competence expansion, and ensuring continuous improvement throughout their careers, even during periods of unemployment (Paiva & Junior, 2012).

The coordination of professional competencies is intricately tied to a broader context, manifesting in the tangible attitudes and behaviors of individuals within the professional sphere. Nurses encounter specific challenges, given the context and nature of their responsibilities, often leading to dissatisfaction, frustration, and insecurity among them (Paiva & Melo, 2008).

Therefore, a reassessment of people

management activities, particularly towards competency management, is deemed imperative. It is noteworthy that the initial decisions in this realm must stem from both management and the employees themselves. This collaborative approach ensures that individual, collective, organizational, and social efforts are considered when contemplating competence formation and development, ultimately yielding diverse observable results recognized by individuals and third parties alike (Paiva & Junior, 2012).

Following this section, we transition to the next, detailing the methods employed in the field research conducted for the purposes of this study.

Methodological Elements of the Research

To attain the outlined objective, we conducted descriptive research employing a quantitative approach, entailing the statistical treatment of data to delineate the specific characteristics of a population or investigate relationships between variables (Gil, 2008). In terms of procedures, the research adopted a field-type methodology aligned with a case study design. As delineated by Vergara (2009), a case study involves a detailed exploration of the characteristics of a specific unit of analysis, such as a company, product, group of people, or families. The specific case under examination pertains to the group of outsourced nurses operating in hospitals and public health units in Manaus (AM) during the COVID-19 pandemic.

The unit of analysis comprised the nurses working at ENFT (a pseudonym created to ensure confidentiality), and the unit of observation encompassed the nurses approached for the study. Participants were selected based on the accessibility criterion (Vergara, 2009), considering their interest and availability to respond to the questionnaire.

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Regarding inclusion criteria and in consideration of the themes at hand (commitment and competencies), the target audience was defined as nurses aged 18 or older with a minimum of six (6) months' tenure in their field and company. Conversely, the first exclusion criterion encompassed individuals not consenting to the Informed Consent Form (ICF), as well as those with serious or chronic conditions hindering their participation. Additionally, professionals not actively working at the time of data collection due to maternity leave, sick leave, or vacations were also excluded.

Taking into consideration the total number of professional nurses as per the organization's information, the sample calculation, considering a 95% reliability and a 5% margin of error, revealed that a minimum of 270 valid questionnaires would be required for the sample. After excluding questionnaires with missing data and errors, a total of 486 valid responses were counted, with 141 originating from the "Young Nurses" sub-sample (aged 29 or under) and 345 from the "Experienced Nurses" sub-sample (aged 30 or over). It is crucial to emphasize that, in accordance with Law No. 12.852/2013, individuals aged between 15 and 29 are considered young (Brasil, 2013), justifying the selection criteria adopted in this research.

The questionnaire employed for data collection comprised three parts: the first encompassed questions related to sociodemographic, personal, and professional data; the second featured the Organizational Commitment Measure, validated by Bastos and Aguiar (2015); finally, the third constituted an adaptation of the Professional Competence Development Scale for Young Workers, validated by Paiva, Rocha, and Fujihara (2018). This adaptation involved the removal of two statements pertaining to a dimension related to the work context of young individuals attending vocational courses. In this scale, respondents assessed the statements presented across five dimensions (cognitive, functional, behavioral, ethical, and political) concerning the observation of the configuration and development of these dimensions in their day-to-day work, utilizing a 5-point Likert scale, marking from "1 – Not formed or developed" to "5 – Largely formed or developed." The questionnaire was conducted online on a platform provided by ENFT. It is noteworthy that the questionnaire underwent a pre-test, and necessary adjustments were made. Subsequently, with the endorsement of ENFT managers, invitations were sent via institutional email and WhatsApp to all 900 nurses comprising the study population to participate in the survey. These stages transpired between July and August 2021 amidst the COVID-19 pandemic.

It is crucial to highlight that this research is part of a project submitted to and approved by the Research Ethics Committee of the Federal University of Amazonas (CAAE 46255521.1.0000.5020, Opinion 4.710.982). All ethical considerations were diligently observed during the field research, in alignment with Resolutions 466 (CNS, 2012) and 510 (CNS, 2016), governing research involving human subjects in Brazil. Consequently, access to the questionnaire was granted only after the respondent agreed to the Free and Informed Consent Form (FICF), ensuring the confidentiality and secrecy of data used exclusively for academic purposes.

Univariate descriptive statistics were employed to analyze the data, encompassing measures of position and dispersion alongside standard deviation calculated in relation to the midpoint for obtaining the minimum and maximum limits of confidence intervals. In the bivariate statistical stage, non-parametric Spearman correlation tests were executed, considering the characteristics of the scales utilized and the non-normality of the sample.

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Data tabulation was performed using Microsoft Excel, and statistical analysis was carried out using the Statistical Package for the Social Sciences (SPSS) software, version 23.

Presentation and Discussion of Results

In profiling the respondents, it was evident that the majority were female (60.3%), falling within the age range of 25 to 29 (27.6%), and were either married or living under a common-law marriage (59.1%). Educational qualifications were predominantly at the graduate specialization level (58.6%), and the majority identified themselves as mixed-race (52.5%), with no reported disabilities (100.0%). A more detailed examination of the samples comprising young nurses and their experienced counterparts revealed a predominance of females (64.5% and 58.6%, respectively), graduate degree (61.7% and 57.4%, respectively), mixed-race (58.6% and 50.1%, respectively), and a mix of single and married statuses (47.5% single for young nurses and 36.4% married for experienced ones). In terms of professional data, the majority of respondents had less than five (5) years of overall work experience (58.9% for young and 54.4% for experienced), less than five (5) years as nurses specifically (62.4% for young and 58% for experienced), and less than five (5) years at ENFT (63.1% for young

nurses and 58.8% for experienced ones). Moreover, the majority of the sample earned between two (2) and four (4) monthly minimum wages (78.4% for young nurses and 70.8% for experienced ones) and expressed high satisfaction levels with ENFT (48.2% for young nurses and 49.0% for experienced ones) and their current job (47.5% for young nurses and 49% for experienced ones). Most respondents were employed in hospital emergency departments (61.7% for young nurses and 56% for experienced ones).

Table 2 presents the measures of central tendency (means and medians) and variability (standard deviation, SD) for the two sub-samples under scrutiny. The findings indicate that the means and medians of both groups are comparable, with minimal variability in responses, as reflected by standard deviations below 1.00. Notably, commitment exhibited high averages, with scores of 4.88 for the young cohort and 4.82 for the experienced group. Within the dimensions of professional competencies, the functional dimension garnered the lowest scores (4.41 for the young and 4.44 for the experienced), while, interestingly, the cognitive dimension also recorded an average of 4.44 among experienced nurses. Conversely, the dimensions with the highest averages were cognitive for the young cohort (4.49) and behavioral and political for the experienced group (both scoring 4.46).

Table 2
Descriptive Measures of Organizational Commitment and Professional Competency Dimensions, by Sub-Samples

Sub-samples Measurements Dimensions	Total			Young Nurses			Experienced Nurses		
	Mean	**Median**	**SD**	**Mean**	**Median**	**SD**	**Mean**	**Median**	**SD**
Commitment	4.84	4.83	0.50	4.88	4.83	0.47	4.82	4.83	0.51
Cognitive	4.45	4.50	0.38	4.49	4.56	0.31	4.44	4.44	0.41
Functional	4.43	4.47	0.39	4.41	4.47	0.40	4.44	4.53	0.39
Behavioral	4.45	4.53	0.41	4.44	4.53	0.38	4.46	4.53	0.42
Ethics	4.45	4.44	0.37	4.45	4.44	0.32	4.45	4.44	0.39
Politics	4.46	4.50	0.44	4.48	4.50	0.34	4.46	4.50	0.47
Total	4.45	4.49	0.34	4.45	4.47	0.27	4.45	4.50	0.36

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Based on the means and standard deviations provided above (Table 1), the minimum and maximum thresholds were computed for the two sub-samples to assess the confidence intervals for each dimension. It is noteworthy that the minimum limit is determined by subtracting one standard deviation from the mean, while the maximum limit is derived by adding one standard deviation to the corresponding mean for each dimension. Consequently, averages falling below the minimum limit were deemed unsatisfactory, those surpassing the maximum limit were considered satisfactory, and those within these limits were categorized as median. Table 3 below illustrates the confidence intervals.

Table 3
Confidence Intervals for Sub-samples

Sub-samples Limits Dimensions	Total		Young Nurses		Experienced Nurses	
	Minimum Limit	Maximum Limit	Minimum Limit	Maximum Limit	Minimum Limit	Maximum Limit
Commitment	4.34	5.34	4.42	5.35	4.31	5.34
Cognitive	4.07	4.83	4.18	4.80	4.03	4.85
Functional	4.04	4.82	4.01	4.81	4.05	4.83
Behavioral	4.04	4.86	4.06	4.82	4.04	4.87
Ethics	4.08	4.82	4.13	4.77	4.05	4.84
Politics	4.03	4.90	4.14	4.81	3.98	4.93
Total	4.11	4.79	4.18	4.72	4.09	4.81

The position measures revealed similar indices for both sub-samples in all dimensions, indicating moderate levels of commitment and externalization of competencies through the mobilization of all considered dimensions.

Regarding commitment, Bastos and Aguiar (2015) emphasize that commitment pertains to professionals remaining in the organization due to their consideration and identification with its values and principles. This average commitment may stem from the unique characteristics of the nursing profession and the diverse work demands faced by these practitioners. The result could be influenced by the atypical context, anxieties, fears, and insecurities brought about by the COVID-19 pandemic, prompting these professionals to adopt new and more stringent approaches to emerging workplace challenges.

It can be inferred that the COVID-19 pandemic may have exacerbated the issues confronted by nursing professionals (Souza et al., 2021), which encompass poor working conditions, extended work hours, staff shortages, low remuneration, and the social perceptions associated with this profession. Other contributing factors mentioned by the authors include inadequate staffing levels, insufficient equipment and material resources, and a lack of appreciation for their professional contributions. Such circumstances could overload workloads and compromise task execution according to necessary quality and ergonomic standards (Carvalho et al., 2017).

Moreover, literature on generational differences often highlights perceptions of distinct behaviors between young and more experienced workers (Silva et al., 2014). However, the similar results between samples 1 and 2 in terms of organizational commitment and the dimensions of professional

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competencies (Table 1) warrant further investigation and the application of comparative tests.

Following the presentation of results obtained in univariate descriptive statistics, we proceed to illustrate the correlations between organizational commitment and the dimensions of professional competencies, as well as among the dimensions of competencies for the analyzed nurse groups.

Firstly, correlation tests were conducted,

considering only the Young Nurses sub-sample (Table 4). In this case, two correlations exhibited a p-value above 0.05 and were not statistically significant: the correlation between commitment and the ethical dimension and the correlation between commitment and the political dimension. These findings suggest that the affective bond of these young nurses is not correlated with dimensions related to their values and the power dynamics within their workplace.

Table 4
Correlations between Organizational Commitment and Dimensions of Professional Competencies for the Young Nurses Sub-Sample

Correlations		Commitment	Cognitive	Functional	Behavioral	Ethics	Politics
Commitment	Correlation Coefficient	*	*	*	*	*	*
	p-value						
Cognitive	Correlation Coefficient	0.235	*	*	*	*	*
	p-value	0.005					
Functional	Correlation Coefficient	0.226	0.471	*	*	*	*
	p-value	0.007	0				
Behavioral	Correlation Coefficient	0.167	0.437	0.524	*	*	*
	p-value	0.048	0	0			
Ethics	Correlation Coefficient	0.148	0.47	0.294	0.495	*	*
	p-value	0.079	0	0	0		
Politics	Correlation Coefficient	0.132	0.408	0.364	0.419	0.422	*
	p-value	0.118	0	0	0	0	

Source: Research Data.

The analysis of Table 3 reveals a positive correlation between the functional and cognitive dimensions at the 99% confidence level, with a strong correlation of 0.471. These competency dimension values indicate a correspondence, demonstrating a correlation between all of them. Hence, an increase in the subject's perception of the development of their cognitive dimension corresponds to an increase in the functional dimension.

Similarly, when the behavioral dimension increases, both the cognitive and functional dimensions also increase.

Moreover, the correlations between commitment and the cognitive, functional, and behavioral dimensions are positive and significant, although not as strong as the correlations between the constructs themselves. It can be inferred that as competencies in these dimensions develop,

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commitment also increases. This underscores a conceptual interconnection, as a health institution is considered effective and efficient when its workforce demonstrates excellence and good performance (Ariyani et al., 2016). This is achieved through the appropriate and respectful conduct adopted by nurses. It is not merely the knowledge of performing tasks that ensures the quality of nursing work but also the attitudes and professional posture of nurses, directly impacting the quality of care (Leal et al., 2019).

However, the correlations between commitment and the ethical and political dimensions of competencies were not significant at the 5% level of significance. The lack of correlation between ethical and political aspects with commitment according to the perception of young nurses can be attributed to factors related to career length, punctuality, workload, commitment to the ethical guidelines of the profession, the complexity of responsibilities assigned to nurses, and skills in establishing priorities in patient care (Soares et al., 2019). It appears that among young nurses, these aspects, connected to the limited long-term experience in the professional sphere and the gradual development of their skills, contribute to the

non-significance of the observed correlations between commitment and the ethical and political dimensions.

Concluding the correlation tests, calculations were performed for the sub-sample of experienced nurses (Table 5). Notably, correlations within this group were stronger compared to the sub-sample of young nurses. Particularly, when examining commitment to the ethical and political dimensions, it becomes evident that these correlations were significant, a distinction not observed in the young nurses' sample. The significance of correlations between commitment and the ethical and political dimensions for experienced nurses, in contrast to their insignificance for young nurses, can be attributed to several factors. Concerning the ethical dimension, research indicates that the primary apprehension of young professionals is not necessarily linked to procedural or technical uncertainties but rather pertains to the administrative and ethical facets of nursing (Erzinger & Trentini, 2003). This underscores that young professionals often face challenges in adapting to their work environment and encounter difficulties in adhering to established rules.

Table 5
Correlations between Organizational Commitment and the Dimensions of Professional Competencies for the Experienced Nurses Sub-sample

Correlations		Commitment	Cognitive	Functional	Behavioral	Ethics	Politics
Commitment	Correlation Coefficient	*	*	*	*	*	*
	p-value						
Cognitive	Correlation Coefficient	0.210	*	*	*	*	*
	p-value	0.000					
Functional	Correlation Coefficient	0.201	0.367	*	*	*	*
	p-value	0.000	0.000				
Behavioral	Correlation	0.216	0.390	0.430	*	*	*

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	Coefficient						
	p-value	0.000	0.000	0.000			
Ethics	Correlation Coefficient	0.171	0.285	0.334	0.383	*	
	p-value	0.001	0.000	0.000	0.000		
Politics	Correlation Coefficient	0.193	0.309	0.323	0.366	0.392	*
	p-value	0.000	0.000	0.000	0.000	0.000	

Source: Research Data.

In general, young workers face challenges in establishing connections, effective communication, and generating influence. The context of the COVID-19 pandemic has accelerated the need for many young nurses to quickly adapt to complex and challenging demands stemming from a precarious scenario (Souza et al., 2021).

Notably, a significant yet comparatively weaker positive correlation exists between commitment and the behavioral dimension of competencies among young nurses. In this context, for the first sub-sample, several reasons may contribute, such as difficulties in taking the initiative, lack of theoretical and practical support in hospital administration, learning failures during academic training with rigid limits, challenges in leadership and decision-making, insecurities in unconventional situations, teamwork challenges, and limited nursing experience (Souza & Paiano, 2011).

These factors likely contribute to the less pronounced correlation trends between commitment and the ethical, political, and behavioral dimensions for the young nurse sample, especially when compared to experienced nurses who navigate nursing challenges more adeptly due to their extensive careers and accumulated experience.

Among experienced nurses, all correlations are both significant and positive. When examining the correlation between the ethical and cognitive dimensions, it becomes evident that the intellectual development of experienced professionals has a somewhat reduced impact on their ethical behavior. In this context, the cognitive dimension signifies staying abreast of the dynamic landscape of social, political, technological, cultural, and epidemiological changes, which is crucial for nursing professionals to comprehend and navigate (Crivelaro et al., 2021). These changes influence how nursing professionals grasp and address individual and collective issues. Consequently, the ethical dimension holds particular importance for experienced nurses in terms of competencies, especially in decision-making processes rooted in human actions and behavioral considerations (Mendes, 2009).

Moreover, the correlation between the cognitive and functional dimensions among experienced nurses is relatively lower compared to their younger counterparts. Similarly, when considering the correlation between the functional and behavioral dimensions, there is a diminished strength of correlation among experienced nurses. This is evidenced by the limited impact of applying knowledge, behaviors, and communication and management skills specific to nursing work in unconventional circumstances, especially within the challenging context of the COVID-19 pandemic, which exposed a complex and uncertain environment, altering the dynamics of nursing teams and their routines (Souza et al., 2021). Furthermore, structural aspects of public hospitals, including the availability of equipment, resources, and staff training, appear to shape how experienced nurses execute their nursing responsibilities and adapt to the unique challenges of each setting.

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In summary, after analyzing the presented data and interpreting the correlations, the study's concluding remarks can be articulated as follows.

Concluding Remarks

This study aimed to scrutinize the correlations between organizational commitment and the dimensions of professional competencies among nurses, considering generational differences. To achieve this, a descriptive, quantitative field study, adopting a case study approach, was conducted. Data collection utilized a structured questionnaire featuring two scales, one of which gauged organizational commitment while the other measured professional competencies: the Organizational Commitment Measure (Bastos & Aguiar, 2015) and an adaptation of the Professional Competence Development Scale for Young Workers (Paiva et al., 2018). The collected data underwent univariate and bivariate statistical analyses.

The results from univariate descriptive statistical analysis revealed that the average responses of both young and experienced nurses were comparable in terms of organizational commitment and across all dimensions of professional competencies (cognitive, functional, behavioral, ethical, and political). Most respondents fell within the median range of commitment and competencies in both sub-samples.

In the bivariate statistical analysis results, it became evident that for the Young Nurses sub-sample, the correlations between commitment and the ethical and political dimensions were not statistically significant. This implies that, for this group, there is no discernible connection between the development of ethical and political competencies and commitment. Conversely, for the Experienced Nurses sub-sample, all correlations were significant.

From a conceptual perspective, this study contributes to the literature by elucidating a relationship between organizational commitment and professional competencies, emphasizing that as individuals perceive competency development, their inclination toward genuine commitment to work increases, and vice versa. Furthermore, it underscores the importance of analyzing nurses' perceptions within the distinctive context of the COVID-19 pandemic and considering the generational differences prevalent in their work environments.

In practical terms, managers of health units overseeing these professionals should be attentive to the varying competency perceptions of young and experienced nurses and how they impact commitment. This article seeks to prompt reflections on how people management can enhance competency development, particularly for those initiating their professional journeys, fostering greater commitment and, consequently, improvements in well-being and the working context of nurses. This, in turn, positively influences the quality of service they deliver. Such studies, focusing on professional nurses, can raise inquiries about well-being and quality of life at work, encompassing physical, social, emotional, and financial aspects, which can subsequently impact the healthcare provided to the population.

Limitations of the study include the challenges in data collection during the COVID-19 pandemic and its execution in a single Brazilian capital, one that exhibited contamination, contagion, and mortality rates above the national average. Therefore, it is recommended that future research expands the scope of investigation to other cities and states in Brazil, incorporating various demographic aspects beyond the considered age groups. The inclusion of three age groups is proposed such as young individuals (up to 29 years old),

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mature individuals (30 to 49 years old), and experienced individuals (over 50 years old). Additionally, we suggest the use of multivariate statistics, like structural equation modeling, to examine potential causal relationships between constructs and a qualitative approach to identify the underlying assumptions supporting nurses' work experiences, considering generational differences.

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