The Relationship between Human Resources Practices and the Intent to Leave the Organization and the Occupation

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ABSTRACT : This study analyzed the relationship between the intent to leave the organization and occupation with commitment to organizational and occupation, job satisfaction, organizational support and justice perceptions, and human resources practices. The study subjects were university and private hospital nurses. The study results showed that human resources management practices affected the intent to leave the organization and the profession through nurses' perceptions of organizational support and organizational commitment.
KEYWORDS -commitment, human resource management, job satisfaction, organizational support, organizational justice, turnover.

I.   INTRODUCTION

The cost of workforce turnover in organizations such as those in the health sector is high, both for the organization and for the patients waiting for assistance. This cost must be covered as it is in other sectors, but the cost of a decline in the number of nurses is high. A high rate of worker change might by accompanied by many negative results: it is difficult to replace workers who leave with new workers, making both the direct and indirect costs to an organization of worker change quite high.

Human resource management (HRM) practices are structured competitively to increase the performance of an organization; [1,2] they can boost the performance of an organization, especially in businesses with low levels of commitment and satisfaction.[3] Job satisfaction and organizational commitment are consistent predictors of individual turnover attitudes and decisions:[4] they play a key role in involving more qualified nurses for hospitals and maintaining a high level of motivation.[5]

Some studies on the effects of HRM practices have analyzed them by direct turnover and intent to turnover. Other studies assessed the relationship through moderating variables (commitment, job satisfaction, organizational support perception, organizational justice perception, organizational citizenship behavior). The human resources practices of organizations have an important effect on workers' intention to leave their job, their job satisfaction, and their commitment to the organization.[6] Wright et al. found a significant correlation between HRM practices and worker commitment.[7] A study by Kehoe and Wright (2013) found that affective commitment to an organization was related in part to the correlation between HRM practices and organizational citizenship behavior, and that the correlation between perception of HRM practices and the intent to stay in the organization was a moderating variable.[8] Another study found that procedural justice, affective commitment and continuance, and citizenship behaviors are partial moderators that affect the turnover intents of workers with high performance of HRM practices.[9] A study by Ribeiro and Semedo (2014) showed that organizational justice is a full moderator for the correlation between HRM practices and intent to turnover. To this end, workers tended to perceive justice and just treatment in the organization in distributed results when they were satisfied with HRM practices; therefore, they intended to stay with the organization. [10]

Researchers have found a significant correlation between HRM practices and workers' perception and attitudes in multivariable models that correlated HRM practices and workers' reactions.[11] Perceptions of HRM perceptions was a variable for the correlation between both satisfaction and performance and the correlation between HRM practices perceived by manager and the worker when the quality of the communication is high.[12] A study by Buck and Watson (2002) found that HRM affected affective commitment and had a potential effect on workforce circulation. [13] A study by Duarte et al. (2015) found low intent to leave the job in workers who were satisfied with HRM practices. Workers' perception of career opportunities, salary, training, and performance practices help them to determine their intent to leave the organization.[14] A study by Santhanam et al. (2017) found that selection, training, and salary affected workers' intent to leave their job; conversely, intent to leave their job increased when there was a violation in psychological agreement although HRM practices were implemented. [15]

Previous studies found that HRM practices were effective for commitment and workforce circulation because these practices directly affected perceived organizational support [16]. Some studies found that the perception of HRM practices predicts perception of organizational support.[17] In Filipova's 2011 study, commitment correlates perceived organizational support and intent to leave a job.[18] The more organizational support perception is affected by HRM practices, the correlation between HRM and workforce circulation is strengthened.[19] Yet another study found a negative correlation between HRM practices and intent to leave a job; it was significant in terms of explaining the correlation between organizational support, HRM practices' intent to leave a job, and workforce circulation.[20]

In Meyer and Smith's study (2000) in which they assessed organizational justice and perceived organization support as a variable of the correlation between HRM practices and commitment, the most signification correlation was found for organizational support. Although evidence showed that procedural justice served as a variable, organizational support acted as a moderating variable for the correlation between procedural justice and commitment. [21] Finally, several studies have found that HRM practices affected perceived organizational support and workers' commitment or that HRM practices caused a direct commitment. [11,19,22,23,24,25,26,27]

Various studies revealed that perceptions of candidates who applied for a job influenced organizational perceptions after being hired.[28] Studies also found that perceived justice regarding selection process affected candidates' attitudes (for instance, commitment, and intent to leave job) when they were hired.[29] A study by Altarawneh and Al-Kilani stated that HRM work analysis played a key role on workers' intent to leave their work, but no statistical evidence was found for other HRM practices.[30]

Training and development activities not only help workers to boost their knowledge and skills, but also increase their job satisfaction and their commitment to the organization. Moreover, these factors are negatively correlated with intent to leave a job.[21,26,31,32,33,34,35,36,37,38,39,40,41]

Performance assessment increased workers' commitment to an organization.[26] There were significant indirect relationships between workers' performance assessment practices and affective and normative commitment, and organizational support and procedural justice perceptions were moderating factors.[21] These factors also correlated negatively with turnover intent.[42,43] Fletchet and Williams (1996) found that performance management was more effective on organizational commitment than was work satisfaction.[44]

HRM practices had a positive effect on work satisfaction. [45,46] Workers stated that their general work satisfaction was positively affected when they were supported in their career. [45] Career satisfaction was found to be the best assurance of affective and normative commitment to career development practices; [21] it also increased workers' perception of organizational support and their commitment when they felt localization practices influenced their career.[47,48,49,50,51,52,53] Justice in promotion was an effective factor for workers' perception of commitment. Promotion possibilities, assessment criteria used for promotion, promotion speed, and a reward system affect workers' turnover tendencies.

When workers assess financial opportunities provided by an organization, this contributes affective and normative commitment. [21] It is better for workers to perceive their salaries as being fair than their actual amount. Trust for the management created by the fairness of organization to their workers will make workers more tolerant in terms of problems that arise. [55] Salary fairness, salary amount, and reward satisfaction are positively correlated with organizational commitment and negatively correlated with turnover intent. [33,41,43]

Having the right to speak about their work orders had a significant correlation with nurses' commitment to work [49] A negative correlation was found between work health and security and intent to leave a job. [56] Measures taken to provide for workers' health had positive effects on their perception of organizational support. Intra-organizational communication involves workers' participation in organizational decisions, is effective on psychological agreement, and helps to increase workers' commitment.[57,58,59] The way superiors perceive the communication style of their managers effects work performance, work satisfaction, and their intent to leave job.[60] Open communication has an impact on organizational commitment: it affects perception of justice, work satisfaction, and organizational support.[61] Effective supervisory communication also affects the intent to leave a job.[33]

II. METHOD

This study aims to find the effect of HRM practices on nurses' intent to leave the organization and their profession using a descriptive research model that was developed after consideration of previous studies (Figure 1). A survey form was used for data collection. The survey form consisted of 5 Likert-type and 8 basic scales to determine the nurses' organizational perceptions, including HRM practices, organizational justice, organization support, general job satisfaction, intent to leave the organization and job, and commitment to the organization and the profession. The Cronbach's alpha values calculated for these scales were found to be reliable.

Scales for HRM Practices: The researcher developed a scale for each HRM practice based on HRM practices effect on commitment—as described in previous studies—to measure the perceptions of HRM

practices of nurses in their hospitals. Seven scales were developed. High scores meant that HRM practices were positively perceived by nurses, whereas low scores meant a negative perception.

Organizational Justice Scales: The organizational justice perception of nurses assessed three dimensions of justice: distribution, procedure, and interaction. To this end, scales including 3 items for each dimension were developed using Moorman's (1991) organizational justice scale. [62] High scores showed that nurses perceived their organizations as just in the related dimension.

Perceived Organizational Support Scale: A shortened version of the Perceived Organizational Support scale developed by Eisenberg et. al. was used to measure nurses' perception of organizational support. [63] The scale comprised 12 items: 6 negative and 6 positive items, and 5 Likert type. High scores meant nurses had a high perception of organization support.

General Job Satisfaction Scale: The general job satisfaction scale developed by Currivian (1999) consisted of 4 items that were used to measure nurses' job satisfaction. [64] High scores showed that nurses were satisfied with their job in general.

Intent to Leave Organization and Occupation Scales: Nurses' intent to leave the organization and their occupation were analyzed under two main headings. To this end, the scale including three statements developed by Cohen (1998) was used. [65] High scores showed that nurses' intents to leave their organization or occupation were high.

Commitment to Organization and Job Scales: A scale developed by Meyer, Allen and Smith (1993)[66] and adapted for Turkish use by Baysal and Paksoy was used to measure the nurses' commitment to the organization and their occupation.[67] High scores showed that nurses' commitment to organization and occupation was high.

III. STUDY HYPOTHESES

H_1: A correlation exists between nurses' intent to leave the organization and occupation, and organization and occupation.

H_2: A correlation exists between perceptions of HRM practice and nurses' commitment to organization and occupation.

H_3: A correlation exists between perceptions of HRM practice and nurses' job satisfaction.

H_4: A correlation exists between nurses' commitment to an organization and occupation, and job satisfaction.

H_5: A correlation exists between HRM practice and nurses' perception of organizational support.

H_6: A correlation exists between nurses' commitment to organization and occupation, and organizational support perceptions.

H_7: A correlation exists between perception of HRM practices and nurses' organizational support perceptions.

H_8: A correlation exists between nurses' commitment to an organization and their occupation, and perception of organizational justice.

The sample number was calculated using the equation, $n=N.t.^2p.q/d^2(N-1)+t^2.p.q=384$. The sample number was determined proportionally as 269 in a university hospital and 115 in a private hospital. Values for scales were presented with average and standard deviation values, and data for demographic variables were presented through frequency distribution. First, correlation analysis was conducted to test the proposed research model; then, the effects of variables on the intent to leave an organization and job were determined using regression analysis. The correlation between variables was ignored when correlation was lower than 0.40, even though the correlation coefficient was significant based on correlation analysis. The SPSS 11.5 statistical package program was used for data analysis. The confidence interval was calculated based on 95%.
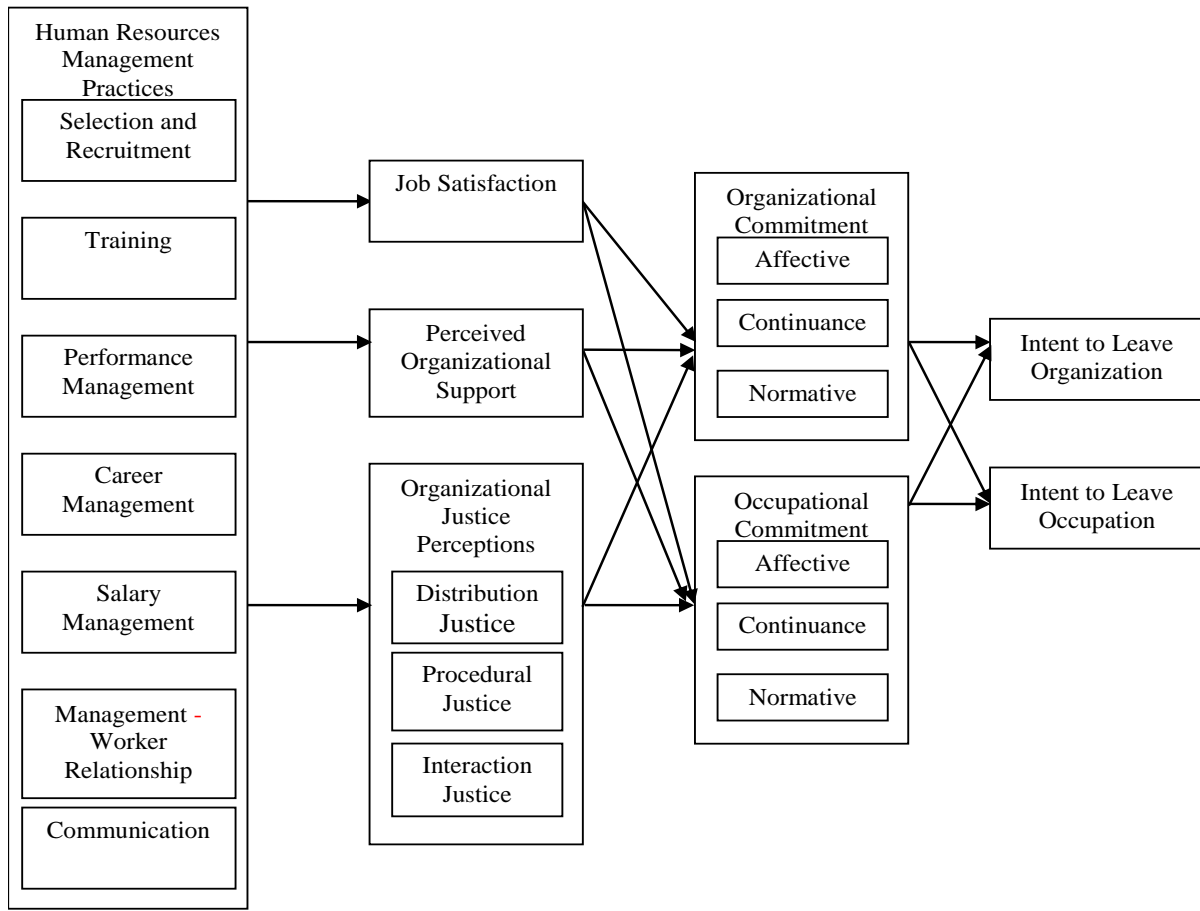
Figure 1. The Study Model

IV. RESULTS

Table 1 shows the distribution according to sociodemographic characteristics of nurses participating in the study. Of the nurses, 51% (n=131) were working in surgical departments and 45% (n=115) were always working daytime. Of the nurses, 59% (n=152) had 6 or more years of experience and 45% (n=116) were 30 years of age or older.

Table 1. Distribution of Socio-Demographic Characteristics of Nurses

Sociodemographic Characteristics		Frequency	Percentage
Department where Nurse Employed	Surgical	131	51
	Internal Diseases	63	24
	Intensive Care	34	13
	Operation	30	12
Way of Work	Always Daytime	115	45
	Daytime and shift	94	36
	Shift change	49	19
Duties	Non-administrative	176	68
	Administrative	82	32
Seniority	Less than 1 year	29	11
	1 – 5 years	77	30
	6 – 10 years	74	29
	more than 10 years	78	30
Occupational Experience	Less than 1 year	11	4
	1 – 5 years	76	30
	6 – 10 years	106	41
	more than 10 years	65	25
Age of Nurses	Less than 25 years	57	22
	25 – 29 years	85	33
	30 – 34 years	46	18
	35 years and older	70	27
Marital Status of Nurses	Married	139	54
	Single	119	46
Educational Levels	Medical Vocational High School (MVHS)	45	17
	MVHS and Associate Degree/Undergraduate	64	25
	Nursing Associate Degree/Undergraduate	127	49
	Master's Degree/PhD	22	9
Income Level Perception	Adequate	42	16
	What's adequate/what's inadequate	95	37
	Inadequate	121	47
	Total	**258**	**100**

Table 2. Mean Values of Human Resources Management

Variables		Mean:	Standard Deviation
Human Resources Management	Selection and Recruitment,	3.23	0.78
	Education	3.36	0.79
	Career Management	2.75	0.79
	Performance Management	3.15	0.88
	Salary Management	2.47	0.79
	Communication	3.32	0.72
	Management-Worker Relationships	3.13	0.77
Organizational Justice Perceptions	Distribution	2.66	0.99
	Procedure	2.87	0.91
	Interaction	3.03	0.91
Commitment to Organization	Affective	3.25	0.85
	Continuance	3.14	0.8
	Normative	3.06	0.77
Commitment to Occupation	Affective	3.39	0.78
	Continuance	3.31	0.75
	Normative	3.04	0.64
Intention to Leave Organization		2.25	1.08
Intention to Leave Occupation		2.3	1.04

Mean and standard deviation values of nurses' HRM practices, their organizational justice perception, commitment to organization, commitment to occupation, and their intent to leave the occupation are shown in Table 2. Some variables considered as moderator variables in line with correlation analysis were found not to be

moderator variables. (Table 3). The research model was recreated considering the variables ($r > 0.40$) that have a significant and strong correlation. (Figure 2).

Table 3. Correlation Matrix regarding the Variables in Research Model

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
HRM	(1) Selection- R.	1.00	0.73**	0.64**	0.65**	0.44**	0.64**	0.54**	0.33**	0.38**	0.37**	0.36**	0.14*	-0.10	-0.21**	0.22**	-0.02	0.25**	0.37**	0.07	0.37**
	(2) Training	0.73**	1.00	0.66**	0.72**	0.49**	0.70**	0.48**	0.32**	0.41**	0.39**	0.41**	0.26**	-0.16*	-0.22**	0.27**	0.07	0.20**	0.32**	0.15*	0.29**
	(3) Career M.	0.64**	0.66**	1.00	0.78**	0.40**	0.67**	0.53**	0.44**	0.54**	0.55**	0.46**	0.05	-0.10	-0.09	0.13*	-0.06	0.06	0.22**	0.04	0.16*
	(4) Performance	0.65**	0.72**	0.78**	1.00	0.49**	0.70**	0.54**	0.44**	0.53**	0.47**	0.51**	0.08	-0.15*	-0.18**	0.20**	0.03	0.18*	0.28**	0.15*	0.29**
	(5) Salary	0.44**	0.49**	0.40**	0.49**	1.00	0.50**	0.38**	0.46**	0.42**	0.39**	0.41**	0.16*	-0.11	-0.21**	0.15*	-0.08	0.12	0.16*	0.17*	0.28**
	(6) Communication	0.64**	0.70**	0.67**	0.70**	0.50**	1.00	0.70**	0.47**	0.62**	0.62**	0.52**	0.21**	-0.20**	-0.19**	0.30**	0.08	0.16*	0.36**	0.12	0.36**
	(7) Management-Workforce	0.54**	0.48**	0.53**	0.54**	0.38**	0.70**	1.00	0.51**	0.56**	0.61**	0.54**	0.13*	-0.21**	-0.28**	0.29**	0.06**	0.17*	0.39**	0.16*	0.37**
Organizatioanal Justice	(8) Distribution	0.33**	0.32**	0.44**	0.44**	0.46**	0.47**	0.51**	1.00	0.78**	0.67**	0.59**	0.05	-0.14*	0.16*	0.10	-0.05	0.07	0.22**	0.15*	0.29**
	(9) Procedural	0.38**	0.41**	0.54**	0.53**	0.42**	0.62**	0.56**	0.78**	1.00	0.81**	0.54**	0.12	-0.14	-0.14*	0.14*	-0.04	0.12	0.29**	0.19**	0.36**
	(10) Interactional	0.37**	0.39**	0.55**	0.47**	0.39**	0.62**	0.61**	0.67**	0.81**	1.00	0.54**	0.16*	-0.12*	-0.16*	0.12	0.00	0.14*	0.30**	0.16*	0.34**
(11) Perceptional Organization Support		0.36**	0.41**	0.46**	0.51**	0.41**	0.52**	0.54**	0.59**	0.54**	0.54**	1.00	0.25**	-0.35**	-0.37**	0.33**	0.02	0.06	0.40**	-0.01	0.31**
(12) General Job Satisfaction		0.14*	0.26**	0.05	0.08	0.16*	0.21**	0.13*	0.05	0.12	0.16*	0.25**	1.00	-0.43**	-0.30**	0.61**	0.02	0.20**	0.50**	0.09	0.32**
Turnover intention	(13) Occupation	-0.10	-0.16*	-0.10	-0.15*	-0.11	-0.20**	-0.21**	-0.14*	-0.14*	-0.12	-0.35**	-0.43**	1.00	0.52**	-0.58**	-0.06	-0.07	-0.38**	0.01	-0.14*
	(14) Organization	-0.21**	-0.22**	-0.09	-0.18**	-0.21**	-0.19**	-0.28**	-0.16*	-0.14*	-0.16*	-0.37**	-0.30**	0.52**	1.00	-0.41**	-0.09	-0.10	-0.39**	-0.11	-0.28**
Occupational Commitment	(15) Affective	0.22**	0.27**	0.13*	0.20**	0.15*	0.30**	0.29**	0.10	0.14*	0.12	0.33**	0.61**	-0.58**	-0.41**	1.00	0.04	0.16*	0.50**	0.05	0.27**
	(16) Continuance	-0.02	0.07	-0.06	0.03	-0.08	0.08	0.06	-0.05	-0.04	0.00	-0.02	0.02	-0.06	-0.09	0.04	1.00	0.37**	0.09	0.43**	0.17*
	(17) Normative	0.25**	0.20**	0.06	0.18*	0.12	0.16*	0.17*	0.07	0.12	0.14*	0.06	0.20**	-0.00	-0.10	0.16*	0.37**	1.00	0.36**	0.39**	0.47**
Organizational Commitment	(18) Affective	0.37**	0.32**	0.22**	0.28**	0.16*	0.36**	0.39**	0.22**	0.29**	0.30**	0.40**	0.50**	-0.38**	-0.39**	0.50**	0.09	0.36**	1.00	0.16*	0.70**
	(19) Continuance	0.07	0.15*	0.04	0.15*	0.17*	0.12	0.16*	0.15*	0.19**	0.16*	-0.01	0.09	0.01	-0.11	0.05	0.43**	0.39**	0.16*	1.00	0.33**
	(20) Normative	0.37**	0.29**	0.16*	0.29**	0.28**	0.36**	0.37**	0.29**	0.36**	0.34**	0.31**	0.32**	-0.14*	-0.28**	0.27**	0.17*	0.47**	0.70**	0.33**	1.00

* $p < 0.05$; ** $p < 0.01$

Assessment of the results of hypothesis tests

Work satisfaction correlated with commitment to the organization and occupational dimensions (only affective dimensions). No significant correlation or only a weak correlation was found between work satisfaction and HRM practices, perceived organizational support, and organizational justice perceptions. Therefore, it was found that work satisfaction was not a moderator variable as was predicted. To this end, work satisfaction can be considered an effective independent variable related to affective commitment and intent to leave work. Analyses found that HRM practices correlated with perceived organizational support and were not correlated with commitment to organization and occupational dimensions. Nevertheless, perceived organizational support was correlated with commitment to the organization and occupational dimensions, and perceived support was a moderator between HRM practices and commitment to organization and occupation al dimensions. Organizational justice variables were expected to be a moderator variable between HRM practices and commitment to organization and occupation; however, it is not possible to be because it was not correlated with commitment to organization and occupational dimensions, despite being correlated with HRM practices. When correlation analysis was examined considering the possibility that organizational justice could be a moderator between organizational support and HRM practices, the correlation between variables and organizational support showed that HRM was not a moderator between HRM practices. To this end, organizational justice did not affect commitment to the organization and occupational dimensions, but it did contribute to perceived organizational support being affected by HRM practices.

Regression analysis was performed to determine the effects of independent and moderator variables in research model on nurses' intent to leave the organization and their job, which are the dependent variables. Based on regression analysis performed to determine the variables affecting intent to leave the organization (Table 4), variables in the research model could explain 39% of the variability of nurses about intent to leave their job. Two main variables affecting the intent to leave the organization were found: intent to leave the occupation, and perceived organizational support. To this end, nurses' intent to leave the organization increased, whereas their intent to leave the occupation and perceived organizational support decreased. Intent to leave their occupation was twice as effective on their intent to leave the organization than was the organizational support variable. Other variables did not have any significant effect on intent to leave the organization. Based on regression analysis performed to determine the variables affecting nurses' intent to leave the occupation (Table 5), variables in the research model could explain 39% of the variability of nurses with intent to leave their job. Three variables affecting intent to leave the organization were found: affective commitment to the occupation, intent to leave the organization, and organizational normative commitment. To this end, nurses' intent to leave the organization increased, affective commitment to the occupation decreased, and organizational normative

commitment increased, whereas their intent to leave the occupation increased. Among variables in question, affective commitment to the occupation and intent to leave the organization affected the intent to leave occupation. Other variables did not have any significant effect on the intent to leave the organization.

Regression analysis was performed to determine the effects of independent and moderator variables in the research model on nurses' intent to leave the organization and their job, which are the dependent variables. Based on the regression analysis performed to determine the variables affecting intent to leave organization (Table 4), variables in the research model could explain 39% of the variability of the nurses with an intent to leave their job. Two main variables affecting the intent to leave the organization were found: intent to leave the occupation, and perceived organizational support. To this end, nurses' intent to leave the organization increased, whereas their intent to leave the occupation and perceived organizational support decreased. An intent to leave their occupation was twice as effective on their intent to leave the organization than was the organizational support variable. Other variables did not have significant effect on their intent to leave the organization. Based on regression analysis performed to determine the variables affecting nurses' intent to leave the occupation (Table 5), variables in the research model could explain 48% of the variability of nurses with intent to leave occupation.
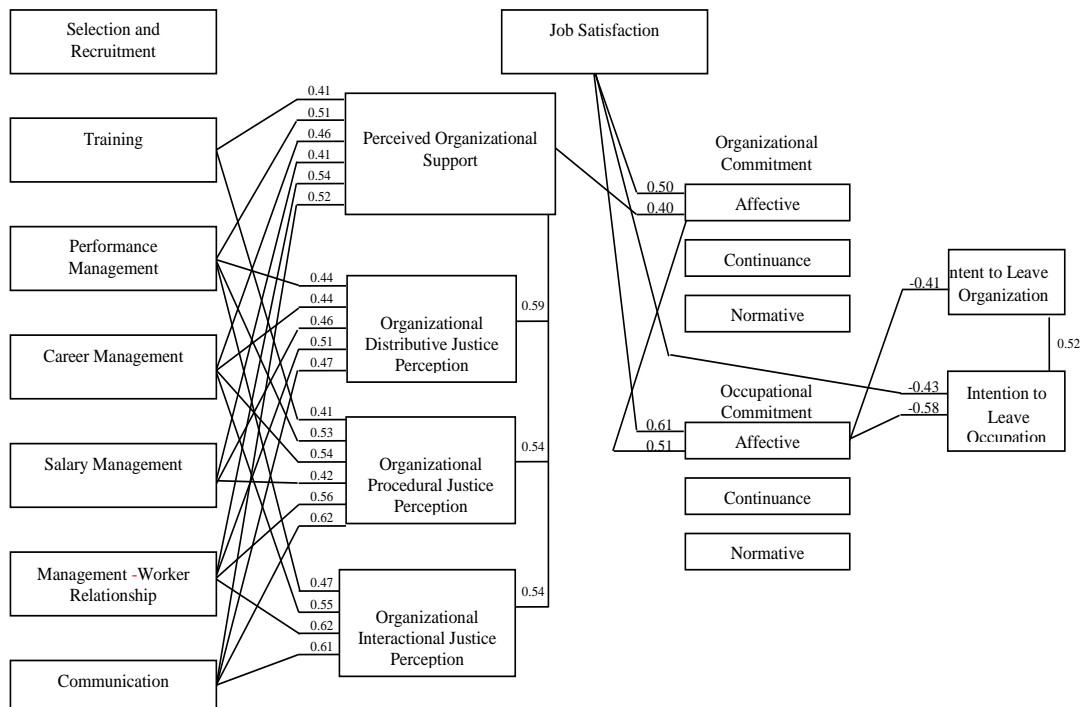

Figure 2. Correlation Matrix regarding the Variables in Research Model

Table 4. Factors Affecting Intent to Leave the Organization

	B	Std. Error	Std. Beta	t	p	VIF
(Stable)	3.46	0.60		5.74	0.00**	
Human Resources Practices						
Selection and R.	-0.15	0.12	-0.11	-1.27	0.20	2.97
Training	-0.11	0.13	-0.08	-0.86	0.39	3.45
Career Management	0.19	0.13	0.14	1.47	0.14	3.59
Performance M.	-0.02	0.12	-0.02	-0.15	0.89	3.92
Salary Management	-0.13	0.09	-0.10	-1.46	0.15	1.73
Communication	0.30	0.15	0.20	2.01	0.05	3.91
Management-Worker	-0.15	0.11	-0.11	-1.33	0.18	2.59
Job Satisfaction	0.06	0.09	0.05	0.66	0.51	2.04
Perceptional Organizational Support	-0.36	0.15	-0.19	-2.42	0.02*	2.28
Organizational Justice						
Distribution	0.07	0.10	0.06	0.68	0.50	3.14
Procedural	0.09	0.12	0.08	0.75	0.46	4.74
Interactional	-0.10	0.12	-0.08	-0.84	0.41	3.73
Organizational. Commitment						
Affective	-0.14	0.11	-0.11	-1.27	0.20	2.93
Continuance	-0.11	0.09	-0.08	-1.24	0.22	1.58
Normative	-0.10	0.12	-0.08	-0.89	0.38	2.73
Occupational Commitment						
Affective	-0.12	0.11	-0.09	-1.14	0.26	2.25
Continuance	-0.07	0.09	-0.05	-0.83	0.41	1.46
Normative	0.18	0.11	0.11	1.64	0.10	1.59
Intention to Leave Occupation	0.39	0.07	0.38	5.72	0.00**	1.69

R^2=0.39; F=7.87; p=0.00<0.01; * p<0.05; **p<0.01

Three variables were found to affect intent to leave the organization. Affective commitment to the occupation, intent to leave the organization, and organizational normative commitment. To this end, nurses' intent to leave the organization increased, their affective commitment to the occupation decreased, and their organizational normative commitment increased, whereas their intent to leave the occupation increased. Among these variables, affective commitment to the occupation and intent to leave the organization affected the intent to leave the occupation. Other variables did not have any significant effect on intent to leave the organization.

Table 5. Factors Affecting Intent to Leave the Occupation

	B	Std. Error	Std. Beta	t	p	VIF
(Stable)	3.78	0.52		7.30	0.00**	
Human Resources Practices						
Selection and R.	0.12	0.11	0.09	1.06	0.29	2.97
Training	0.09	0.12	0.07	0.77	0.44	3.46
Career Management	-0.02	0.12	-0.01	-0.16	0.88	3.62
Performance M.	-0.05	0.11	-0.04	-0.44	0.66	3.91
Salary Management	0.01	0.08	0.01	0.13	0.90	1.75
Communication	-0.08	0.14	-0.05	-0.55	0.58	3.97
Management-Worker	0.03	0.10	0.02	0.28	0.78	2.60
Job Satisfaction	-0.12	0.08	-0.10	-1.51	0.13	2.03
Perceptional Organizational Support	-0.17	0.13	-0.09	-1.29	0.20	2.32
Organizational Justice						
Distribution	-0.05	0.09	-0.05	-0.60	0.55	3.14
Procedural	-0.05	0.11	-0.05	-0.51	0.61	4.74
Interactional	0.08	0.10	0.07	0.73	0.47	3.73
Organizational Commitment						
Affective	-0.18	0.10	-0.15	-1.83	0.07	2.91
Continuance	0.09	0.08	0.07	1.20	0.23	1.58
Normative	0.26	0.10	0.19	2.50	0.01*	2.67
Occupational Commitment						
Affective	-0.47	0.09	-0.35	-5.21	0.00**	2.03
Continuance	-0.08	0.08	-0.06	-1.04	0.30	1.47
Normative	-0.05	0.10	-0.03	-0.51	0.61	1.60
Intent to Leave from Organization	0.31	0.05	0.32	5.72	0.00**	1.43

R^2=0.48; F=11.50; p=0.00<0.01;* p<0.05; **p<0.01

V. CONCLUSION

Various research efforts to elucidate the effect of HRM practices on management performance found that HRM practice was important because of its effect on worker commitment affected financial condition of the business. The main reason for that is that protecting concurrence advantage provides the stability of qualified human resources, which is one of the main factors of keeping human resource a concurrence advantage of the business. As an effect, the nurses' commitment gradually gains in importance. Many nurses have not only quit their workplace, but also have left their occupation; reasons for this were analyzed. To this end, the present study aimed to analyze the correlation between nurses' intent to leave the organization and their occupation, and their commitment to their occupation and the organization itself, organizational support, and perception of organizational justice. Further, it aimed to determine the correlation of those variables with HRM practices.

When nurses' perception of HRM practices were analyzed, training, communication, selection and recruitment, performance management, management–worker. and career management practices were, respectively, the ones assessed as the most positive. On contrary, it was found that nurses did not sufficiently have a perception of those practices. Salary was ranked as the lowest among HRM practices. Accordingly, nurses perceived salary management regarding HRM practices negatively. Correlation analysis was conducted to test the proposed research model: the results showed that job satisfaction considered as moderator variable was correlated with commitment to the organization and occupation dimensions, whereas no significant correlation or low correlation was found with HRM practices, perceived organizational support, and perceptions of organizational justice. To this end, the study showed that job satisfaction was not a moderator variable and that it was one of the independent variables correlated with commitment and intent to leave. HRM practice was correlated with perceived organizational support but not correlated with commitment to organization and occupation when perceived organizational support was analyzed to determine whether it was a moderator variable. In addition, perceived organizational support was correlated with commitment to the organization and the occupation. Therefore, perceived organizational support was confirmed as a moderator variable with HRM practices and commitment to the organization and occupation dimensions, as hypothesized.

Organizational justice was correlated with HRM practices but had no correlation with commitment to the organization and the occupation when assessed as a moderator variable between HRM practices and commitment. Therefore, it was found that organizational justices were not a moderator variable, as hypothesized. Based on the analyses, organizational justice was not correlated with commitment to the organization and occupation, but it can be stipulated that it contributed to perceived organizational support, given its correlation with HRM practices. Hospitals have been recommended to develop HRM practices to decrease their turnover rate but with the limitation that the study results were based on only two hospitals. Each practice must be given importance to increase nurses' commitment to the organization and their occupation by HRM practices. As much as is possible, a sufficient number of nurses must apply for positions, and they must be chosen through variety of selection moderator variable. Nurses should be provided with orientation, trainings in line with their needs and in terms of the expected quality, in an environment supporting their participation in training. Also, policies should be developed that connect various intra-organizational benefits when nurses start their work. Nurses' career planning must be considered, and they should be provided with guidance and opportunities to consultant about their career. In terms of salary, other hospitals' practices, salaries, aid, and extra payments must be examined, and nurses' performances and responsibilities should be considered. Reciprocal communication should be ensured, and communication and information shared among nurses should be supported by organizational practices. Regulations on nurses' rights, work safety, and worker health should be given the necessary importance, and their work insurance and syndicate rights should be considered. Workers should be respected and treated equally while applying these practices, which will contribute to achieving the determined objective of low nurse turnover. Human resources managers who can work with executives in the organization with harmony are needed to conduct these practices continually and with regularity, because HRM departments are in an early phase of development.

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