

# Performance and Commitment of Healthcare Workers in a Brazilian Emergency Unit: a cross-sectional study

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## ABSTRACT

**Background:** Emergency units are critical environments for patient safety, where surface cleaning plays an essential role in preventing healthcare-associated infections.

**Objectives:** To analyze performance levels and organizational commitment among healthcare workers involved in the cleaning and disinfection of surfaces in an emergency service.

**Method:** An observational, descriptive, cross-sectional study conducted with 69 healthcare workers. Data collection took place between April and May 2022, using a sociodemographic questionnaire, the Work Motivation Scale, and the Organizational Commitment Scale. Descriptive statistical analysis included frequencies, medians, and interquartile ranges, with nonparametric tests for group comparisons.

**Results:** The sample was predominantly composed of nursing staff (82.4%). A predominance of continuance commitment was observed, to the detriment of affective commitment, suggesting that remaining in the institution was driven by necessity rather than emotional attachment. Self-perceived performance was high. A statistically significant difference was found between sexes, with women showing a higher sense of normative obligation.

**Conclusion:** Professionals demonstrate a high perception of performance but a low affective bond with the organization, characterizing a profile of continuance-based retention. Management strategies are needed to strengthen emotional attachment, recognize the professionals involved, and improve working conditions and their impact on the care provided.

**Descritores:** Employee Performance Appraisal; Health Personnel; Nursing.

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## INTRODUCTION

Urgent Care Units (UPAs) are strategic components of the Urgent and Emergency Care Network (RUE) within the Unified Health System (SUS) and represent an important link between Primary Care and the hospital network.<sup>(1,2)</sup> Due to the high flow of acute and complex patients, as well as the performance of invasive procedures, these services are classified as critical environments, where the risk of Healthcare-Associated Infections (HAIs) is significant.<sup>(3,4)</sup>

In these settings, the spread of pathogenic microorganisms may occur through routes that include contact with contaminated surfaces, frequently touched by patients, companions, and healthcare workers.<sup>(5)</sup> Studies demonstrate that microorganisms, including *Staphylococcus aureus*, *Clostridium difficile*, *Acinetobacter baumannii*, and respiratory viruses, can remain viable for extended periods on dry surfaces, particularly on furniture, hospital beds, bed rails, monitors, and infusion pumps.<sup>(6)</sup> When these surfaces are not adequately cleaned, they become reservoirs for cross-transmission and contribute to the emergence and persistence of outbreaks in healthcare services.<sup>(7)</sup>

In this context, surface cleaning plays a central role in interrupting the transmission chain of multidrug-resistant microorganisms and in ensuring patient safety.<sup>(5,6)</sup> Despite this, the execution of these activities, often shared between cleaning and nursing teams, is undervalued and requires greater institutional visibility and recognition.<sup>(7,8)</sup> The literature indicates that occupational undervaluation directly impacts workers' psychosocial aspects, such as motivation and organizational commitment.<sup>(9)</sup>

These professionals constantly work under conditions that involve low wages, high workloads, lack of incentives, and limited supervision.<sup>(9)</sup> Such factors contribute to physical and mental illness and directly affect their motivation, engagement, and job performance.<sup>(8)</sup> Thus, organizational commitment, according to Meyer and Allen's three-component model,<sup>10</sup> is not limited to job retention but encompasses affective, continuance (instrumental), and normative components.

Understanding how these domains interact with self-perceived performance is essential for human resource management in healthcare, for strengthening policies aimed at valuing and training cleaning and nursing professionals, as well as for improving the quality of care and promoting healthy and collaborative work environments.<sup>(11,12)</sup> Furthermore, recognizing the strategic value of cleaning and disinfection work and integrating these workers into continuing education, supervision, and performance evaluation processes may positively impact patient safety and organizational culture.<sup>(13)</sup>

Despite its relevance, there is a scarcity of studies that correlate performance and organizational commitment in hybrid teams (clinical and support staff) in urgent and emergency care settings. Existing research is predominantly focused on estimating objective indicators, such as the presence or absence of visible dirt, microbiological results, and the use of environmental monitoring technologies.<sup>6,8</sup> Given this gap, this study aimed to analyze the levels of performance and organizational commitment among healthcare workers involved in surface cleaning and disinfection in an emergency service.

## METHODS

This is an observational, descriptive, and cross-sectional study, guided by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement. The research was conducted in a 24-hour Urgent Care Unit (UPA) located in the municipality of Três Lagoas, state of Mato Grosso do Sul, Brazil, which serves as a reference center for urgent and emergency care of intermediate complexity.

The eligible population consisted of 86 workers operating in clinical and support areas (emergency rooms, observation, medication, and stabilization areas). A non-probabilistic convenience sampling method was used. The inclusion criteria were: active employment status (civil servant or outsourced) and direct involvement in patient care or in terminal and/or concurrent cleaning for at least three months. Professionals on medical leave, vacation, or exclusively assigned to administrative duties during the data collection period were excluded. The final sample comprised 69 participants.

Data collection was conducted in person between April and May 2022. Three structured, self-administered instruments were used: (1) Sociodemographic and Occupational Questionnaire, developed by the authors, including variables such as age, gender, length of professional experience,

educational level, and work sector; (2) Organizational Commitment Scale (OCS), based on the three-component model proposed by Meyer and Allen (1991)<sup>10</sup> and validated for use in Brazil<sup>(14)</sup>; the scale includes 18 items distributed across the affective, continuance, and normative components. Responses were collected using a five-point Likert scale (1 = “strongly disagree” to 5 = “strongly agree”); (3) Work Performance Scale, based on the Motivation at Work Scale (MAWS) and adapted from Vandenberghe<sup>(12)</sup>; this scale measures self-perceived efficiency and contribution to the team using a five-point Likert scale ranging from “strongly agree” to “strongly disagree.”

For the self-assessment performance items, based on the Motivation at Work Scale (MAWS), mean scores above 4.0 were considered indicative of high perception, as this reflects agreement with positive statements about one’s own performance. This interpretation follows the parameters described by Gagné et al. <sup>(15)</sup> and respects the implicit cutoff points established in the theoretical model of the scale.

Data were organized and analyzed using IBM SPSS Statistics software, version 20.0. Considering the ordinal nature of Likert scales, descriptive analysis included absolute (n) and relative (%) frequencies, as well as median (Md) and interquartile range (IQR) as measures of central tendency and dispersion, respectively. Numerical variables were subjected to the Kolmogorov-Smirnov normality test. For comparisons between groups (sex and professional category), the non-parametric Mann-Whitney test was used. The level of significance adopted was 5% ( $p < 0.05$ ).

For the interpretation of OCS scores, cutoff points suggested in the literature<sup>12</sup> were adopted, based on the distribution of medians: 1.0–2.4 (Low perception/Disagreement); 2.5–3.4 (Indifference/Neutral); 3.5–5.0 (High perception/Agreement).

The study complied with the guidelines of Resolution No. 466/2012 of the National Health Council. The project was approved by the Research Ethics Committee (REC) under opinion number 4.317.394. All participants signed the Informed Consent Form (ICF).

## RESULTS

A total of 69 workers participated in the study. There was a predominance of females (80.9%;  $n = 56$ ) and of the age group between 41 and 50 years (47.1%;  $n = 32$ ). Regarding educational level, 58.8% ( $n = 40$ ) had 12 or more years of schooling. The nursing category (nurses, technicians, and assistants) represented 82.4% ( $n = 57$ ) of the sample, while the cleaning staff accounted for 17.6% ( $n = 12$ ). The majority (73.5%) had civil servant employment status and an income higher than five minimum wages (35.3%).

The analysis of organizational commitment domains revealed a predominant profile of “Indifference” (2.5 to 3.4) for most items. The scores of the Affective component were the lowest and indicated a weak emotional bond. In contrast, the Continuance component showed the highest medians, suggesting that remaining in the institution is related to necessity (cost of leaving) rather than desire (Table 01).

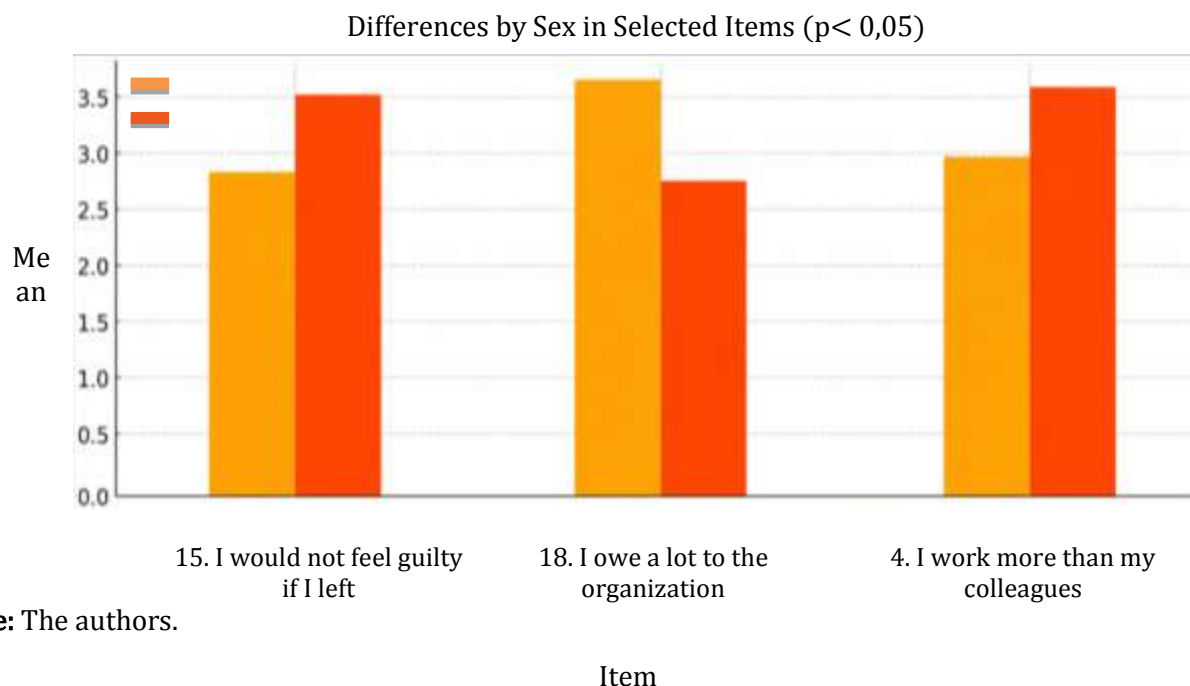
**Table 1.** Mean Scores, Median, and Interquartile Range of Organizational Commitment items. Midwest Region, Brazil, 2022 (n = 69).

Item	Item Description	Median	IQR	Classification
1	I would be very happy to spend the rest of my career in this organization	3	1	Indifference
2	I really feel the organization's problems as if they were my own	3	2	Indifference
3	I do not feel a strong sense of belonging to my organization	3	2	Disagreement
4	I do not feel emotionally attached to this organization	2	1.5	Disagreement
5	I do not feel like part of the family in my organization	2	1	Disagreement
6	This organization has great personal meaning for me	4	1	Indifference
7	Staying with my organization is both a necessity and a desire	4	1	Indifference
8	It would be very difficult to leave my organization right now	4	1.5	Indifference
9	Leaving the organization would disrupt my life	4	2	Indifference
10	I would have few alternatives if I left this organization	3	1	Indifference
11	If I had not invested so much, I would consider another job	3	2	Indifference
12	Leaving the organization would result in a lack of immediate alternatives	3	2	Indifference
13	I do not feel obligated to remain in my organization	3	2	Disagreement
14	Even if it were advantageous, it would not be right to leave the organization	3	2	Indifference
15	I would not feel guilty if I left now	3	2	Indifference
16	This organization deserves my loyalty	4	2	Indifference
17	I have a moral obligation to the people in this organization	3	2	Indifference
18	I owe a lot to my organization	4	1	Indifference
1	In my opinion, I contribute to the success of the organization	4	1	Agreement
2	I believe I perform well within this organization	4	1	Agreement
3	I believe I am a good employee	4	1	Agreement
4	On average, I work more than my colleagues	3	2	Indifference

**Source:** The authors.

In the comparison between sexes, the Mann–Whitney test showed a statistically significant difference ( $p < 0.05$ ). Women presented higher scores in the Normative component (sense of obligation), while men reported less guilt regarding the possibility of leaving the organization (Figure 1).

**Figure 1.** Differences by sex in statistically associated items between men and women regarding organizational commitment ( $p < 0.05$ ). Três Lagoas, Brazil, 2022 ( $n = 69$ ).

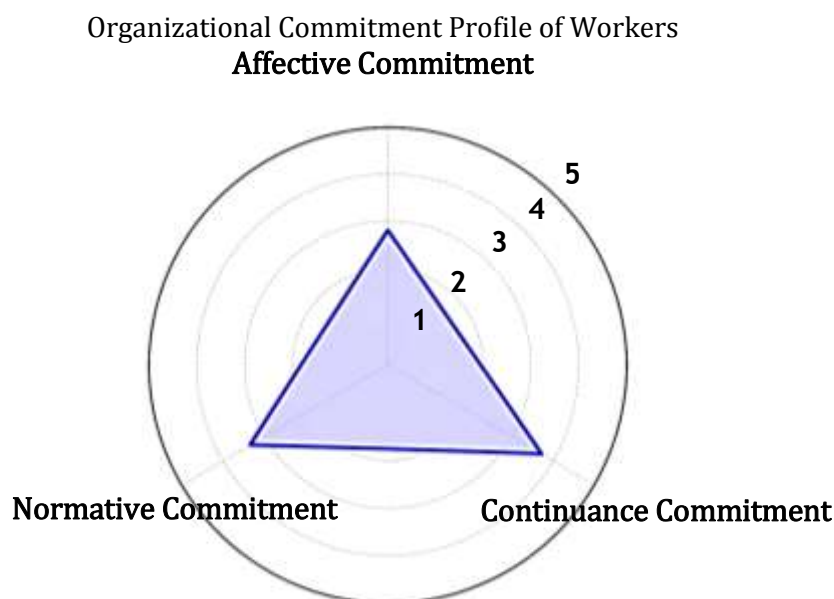


**Source:** The authors.

The overall level of job performance was considerably high for items related to positive self-assessment, including contribution, performance, and quality as an employee. The only dimension with a lower mean was “working more than colleagues,” indicating a neutral perception or variability in this self-comparison.

Figure 2 presents a visual synthesis of the medians of the three components of organizational commitment: affective (3), continuance (4), and normative (3), according to the theoretical components proposed by Meyer and Allen (1991). The findings reinforce that the quantitatively observed pattern reflects an organizational profile centered on continuance. The high self-assessment of performance, in contrast with the low level of affective commitment, may reflect individual resilience, a sense of professionalism, and personal responsibility, even under less favorable working conditions.

**Figure 2.** Organizational commitment profile among healthcare workers, according to the three theoretical components proposed by Meyer and Allen (1991). Três Lagoas, Brazil, 2022 (n = 69).



**Source:** The authors.

## DISCUSSION

The findings of the present study reveal a concerning pattern, yet one that is consistent with recent literature<sup>(16-17)</sup>: workers involved in surface cleaning exhibit lower levels of affective organizational commitment, while higher scores are concentrated in continuance commitment, indicating that these professionals remain in their positions more out of necessity than genuine institutional engagement.

The high frequency of responses categorized as indifference reinforces evidence of a fragile organizational bond among cleaning workers and corroborates a study describing the symbolic invisibility of this activity in healthcare services<sup>18</sup>. Previous research has shown that the absence of institutional valuation policies and systematic continuing education programs undermines the sense of belonging and hinders the consolidation of organizational commitment<sup>19</sup>. Furthermore, the historical devaluation attributed to cleaning work, socially associated with the domestic sphere, contributes to processes of affective distancing from the institution.

In contrast to the low level of affective commitment, a high level of self-perceived job performance was observed, particularly in items related to individual contribution, quality of activities, and sense of duty. This dissociation suggests that reported performance may be more strongly associated with personal values, professionalism, and individual responsibility than with organizational culture. This finding is consistent with a study identifying the maintenance of intrinsic motivation even in contexts of low institutional valuation<sup>15</sup>. In this sense, work motivation emerges as a partial protective factor, although insufficient to sustain stronger organizational bonds<sup>(19-22)</sup>.

Differences according to sex were also analyzed and identified, with higher normative commitment among women. This condition may reflect sociocultural constructs that associate female work with greater institutional loyalty and the internalization of moral responsibilities, as described in the healthcare literature.<sup>(23)</sup>

It is also important to consider the impact of the COVID-19 pandemic, which intensified exposure to risks, increased workload, and heightened the perception of institutional neglect among cleaning workers. These factors have been associated with reduced organizational commitment, particularly in the affective and normative domains.<sup>(24)</sup> A national study also highlights that the precarization of employment relationships, the absence of career plans, and the exclusion of these

professionals from institutional decision-making processes constitute structural barriers to strengthening organizational bonds.<sup>(25)</sup>

Thus, the results point to relevant implications for human resource management in emergency services, indicating that strategies focused on symbolic recognition, continuing education, and strengthening institutional support may contribute to improving organizational commitment and institutional culture, as recommended in the literature<sup>(26)</sup>.

Furthermore, they reinforce the need for a broader perspective on cleaning work, which should be recognized as an essential part of the care and patient safety chain. Investing in the well-being, recognition, and qualification of these workers not only contributes to their individual performance but also to the consolidation of a more ethical, fair, and team-centered institutional culture.

This study has limitations that should be considered. Due to its cross-sectional design and convenience sampling, it is not possible to establish causal relationships or generalize the findings to other contexts, emergency or critical settings, or healthcare institutions in Brazil. In addition, the study was conducted in a single institution and included a limited number of participants, which restricted the comparison of outcomes between groups and professional categories. Longitudinal and intervention studies are recommended to enable the assessment of temporal relationships and causal associations, as well as the use of probabilistic sampling and multicenter settings to encompass different institutions, regions of the country, professional categories, and care contexts.

## CONCLUSION

It is concluded that healthcare workers in the analyzed emergency unit present high levels of self-assessed performance, although organizational commitment is weakened, predominantly of the instrumental (continuance) type. Remaining in the institution is primarily driven by necessity rather than by an affective bond. The implementation of human resource management policies that go beyond contractual stability is recommended, promoting symbolic recognition, integration between support and clinical teams, and improvement of the organizational climate in order to convert continuance commitment into affective commitment, an essential attribute for the quality of care and workers' health.

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### ARTICLE ORIGIN

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### AUTHOR CONTRIBUTIONS

Conception and design or analysis and interpretation of data: Isabella Bazan Faria, Larissa Lucia da Silva, Aires Garcia dos Santos Junior. Drafting the manuscript or critically revising it for important intellectual content: Isabella Bazan Faria, Larissa Lucia da Silva, Elaine Mazuqui Rigonato, Helder de Pádua Lima, Daniel de Macedo Rocha, Adriano Menis Ferreira, Aires Garcia dos Santos Junior. Final approval of the version to be published: Elaine Mazuqui Rigonato, Helder de Pádua Lima, Daniel de Macedo Rocha, Adriano Menis Ferreira, Aires Garcia dos Santos Junior.

### RESEARCH ETHICS COMMITTEE APPROVAL

Study approved by the Research Ethics Committee of the Federal University of Mato Grosso do Sul, Opinion: 4,317,394.

### CONFLICT OF INTERESTS

There are no conflicts of interest to declare.