



Original research article

The relationship between happiness at work and organizational commitment: a study of medical secretaries

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Abstract

Objective: This study aimed to examine the relationship between happiness at work and organizational commitment among medical secretaries and to determine the extent to which happiness at work influences organizational commitment.

Methods: This cross-sectional study was conducted between January and May 2025. The research included 394 medical secretaries employed in public and private sector institutions in Mersin, Turkiye, who voluntarily agreed to participate. Data were collected using the Descriptive Information Form, the Happiness at Work Scale (HWS), and the Organizational Commitment Scale (OCS).

Results: The mean HWS score of the participants was 53.41 ± 13.74 , indicating a moderate level of happiness at work. The mean OCS score was 66.19 ± 17.87 , similarly reflecting a moderate level of organizational commitment. A significant and positive correlation was identified between HWS and OCS scores ($r = 0.479$; $p < 0.01$). Additionally, several demographic and occupational variables were found to significantly influence both HWS and OCS scores ($p < 0.05$). According to the hierarchical regression analysis, HWS ($\beta = 0.462$; $p < 0.01$) and age ($\beta = 0.162$; $p < 0.01$) were significant predictors of OCS scores, together explaining 24.2% of the total variance in organizational commitment.

Conclusion: Happiness at work is an important predictor of organizational commitment among medical secretaries. Enhancing employees' happiness at work may contribute to stronger organizational commitment and support more sustainable engagement within healthcare institutions.

Keywords: Continuance commitment; Emotional commitment; Happiness at work; Normative commitment; Organizational commitment

Introduction

The healthcare sector involves intensive and demanding work processes, and medical secretaries play a critical role in ensuring the continuity and coordination of healthcare services by facilitating communication between patients and healthcare professionals (Tutar, 2002). Their professional responsibilities require diplomatic, patient, and attentive attitudes, making them essential actors in healthcare institutions (Sur and Palteki, 2013). In this context, examining medical secretaries' happiness at work and organizational commitment is important for both employee well-being and service quality.

Happiness is a multidimensional construct associated with pleasure, meaning, and effective functioning in daily life (Bonniwell, 2012). It has been conceptualized as a response to life purpose and creative expression (Fromm, 1995), overall quality of life (Veenhoven, 1984), and personal traits such as optimism and self-esteem (Myers and Deiner, 1996). Beyond personal life, happiness also shapes work-related experiences.

In this regard, happiness at work is described as a psychological state that enables employees to realize their potential, motivates them, and enhances their performance (Pryce-Jones, 2010). Fisher (2010) emphasizes that positive emotions, high job satisfaction, and organizational commitment are fundamental indicators of happiness at work. Thus, employees' experience of happiness in the workplace serves as a crucial determinant of the emotional bond they establish with the organization.

Organizational commitment refers to employees' emotional attachment to their organization, their sense of loyalty, and their willingness to contribute to organizational goals (Karabetyan, 2020; Luthans, 1992). This connection supports institutional efficiency by fostering mutual synergy between the organization and its employees (Karadaş and Akin, 2023). Organizational commitment is commonly examined through three dimensions (Davis, 2014; Oza, 2015; Tugade and Arcinas, 2023): affective commitment, which reflects emotional attachment and a sense of belonging; continuance commitment, which is based on the perceived costs of leaving the

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<http://doi.org/10.32725/kont.2026.004>

Submitted: 2025-09-19 • Accepted: 2026-01-20 • Prepublished online: 2026-01-21

KONTAKT 28/1: 79–87 • EISSN 1804-7122 • ISSN 1212-4117

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organization; and normative commitment, which reflects feelings of loyalty and obligation. Brewer (1996) frames organizational commitment as the willingness of individuals to act collectively toward shared objectives.

Previous research has examined the relationship between happiness at work and organizational commitment from different perspectives. Meyer and Maltin (2010) emphasized a bidirectional relationship between employee well-being and organizational commitment, whereas Mehdad and Iranpour (2014) reported a low but positive association between happiness at work and affective commitment in healthcare settings. Broader organizational studies indicate that happier employees tend to show stronger involvement in their work and greater organizational attachment (Harter et al., 2003). In public-sector contexts, emotional and normative commitment have been shown to contribute to job satisfaction (Dewi and Abadi, 2023). Studies in other occupational groups reported positive relationships between happiness and affective and normative commitment (Aksoy and Yilmaz, 2018; Widarto and Anindita, 2018).

Given the central role of medical secretaries in the Turkish healthcare system – where workflow intensity, patient load, digital transformation, and hierarchical structures uniquely shape the work environment – understanding how happiness at work relates to commitment is especially important. Exploring these dynamics can contribute to efforts to improve workforce stability, enhance service quality, and promote sustainable organizational performance. Accordingly, the present study aims to determine medical secretaries' levels of happiness at work and organizational commitment, to examine the relationship between these variables, and to analyze whether perceived happiness at work predicts organizational commitment. In line with this aim, the study seeks to answer the following research questions:

- What are the levels of happiness at work and organizational commitment among medical secretaries?
- Do demographic and professional characteristics lead to significant differences in happiness at work and organizational commitment?
- Is there a significant relationship between happiness at work level and organizational commitment?
- Does happiness at work significantly predict organizational commitment?

Materials and methods

Study design

This research was conducted in Mersin province between January and May 2025, based on a correlational survey model.

Sample and setting

The population of this study comprised medical secretaries working in public and private healthcare institutions in the province of Mersin, Türkiye, between January and May 2025. Despite formal requests for information directed to the relevant institutions and the Communication Centre of the Presidency of the Republic of Türkiye, the exact numerical size of the target population could not be obtained due to confidentiality restrictions. In cases where the population size is unknown, a minimum sample size of 384 individuals is considered sufficient to achieve a 95% confidence level with a 5% margin of error (Büyüköztürk et al., 2018; Cochran, 1977). Accordingly, convenience sampling was used. A total of 410 medical secretaries were invited to participate, and

394 completed the questionnaire, resulting in a response rate of 96.1%. The inclusion criteria were active employment as a medical secretary, willingness to participate in the study, and the ability to complete the questionnaire. Individuals who did not meet these criteria or submitted incomplete forms were excluded.

Data collection tools

The research data were collected using the Descriptive Information Form, the Happiness at Work Scale (HWS), and the Organizational Commitment Scale (OCS). The Descriptive Information Form, developed by the researchers in line with the relevant literature, includes items addressing the sociodemographic and professional characteristics of medical secretaries. The HWS was originally developed by Singh and Aggarwal (2018), and its Turkish validity and reliability study was conducted by Sever et al. (2020). The scale consists of 12 items and four subscales, scored on a 7-point Likert format ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). Higher scores indicate greater levels of happiness at work, and the Cronbach's alpha reliability coefficient of the Turkish version was reported as 0.87. The OCS was developed by Allen and Meyer (1990), and its Turkish adaptation was performed by Wasti (2000). The scale includes 18 items across three subdimensions – emotional, normative, and continuance commitment – and is scored on a 5-point Likert scale, with higher scores reflecting stronger organizational commitment. The Cronbach's alpha reliability coefficient of the Turkish version was reported as 0.85 for the total scale.

Ethical considerations

The study received ethical approval from the Social and Human Sciences Ethics Committee of Suleyman Demirel University in Türkiye (dated 29/11/2024, reference no: 157/1). In addition, permission to use the Happiness at Work Scale and the Organizational Commitment Scale was obtained via email from the respective scale developers. All participants were informed about the purpose and significance of the study, and the voluntary nature of participation was emphasized in line with the principle of informed consent. Individuals who agreed to participate were included in the study, and all procedures were conducted in accordance with ethical standards.

Statistical analysis

Statistical analysis was performed using the IBM SPSS Statistics 26 software package. Numerical variables were summarized using minimum-maximum values and mean \pm standard deviation, while categorical variables were presented as frequencies and percentages. The normality of the data distribution was evaluated through skewness and kurtosis values, and the results indicated that the scale scores were suitable for parametric analysis. Accordingly, parametric statistical tests (including the independent samples *t*-test, one-way ANOVA, and Pearson's correlation analysis) were applied. Additionally, hierarchical multiple linear regression analysis was conducted to examine the extent to which happiness at work predicted organizational commitment after controlling for demographic and occupational variables (age, gender, length of service, income, sector, and institution type).

Results

The medical secretaries who participated in the study were predominantly female (63.2%, $n = 249$). Most participants

worked in the public sector sector (84.8%) and were employed in provincial centers (78.9%). The most common type of institution in which participants were employed was state hospitals (51.8%). Additional sociodemographic and occupational characteristics of the participants are presented in Table 1.

Variable and Category	N	%
Gender		
Female	249	63.2
Male	145	36.8
Age		
18–25 years old	140	35.5
26–35 years old	151	38.3
36 years old and above	103	26.1
Marital status		
Married	177	44.9
Single	217	55.1
Monthly income		
35,000 TRY and below	141	35.8
35,001–49,999 TRY	115	29.2
50,000 TRY and above	138	35.0
Sector of employment		
Public	334	84.8
Private	60	15.2
Employer		
State hospital	198	51.8
Private hospital	53	13.9
City hospital	76	19.9
University/Education research hospital	55	14.4
Institution location		
Province	306	78.9
District	82	21.1
Department		
Outpatient clinic secretariat	232	58.9
Clinical secretariat	78	19.8
Other	84	21.3
Total work experience		
0–1 year	46	11.7
2–5 years	152	38.6
6–10 years	80	20.3
11–15 years	74	18.8
16 years and above	42	10.7
Management experience		
Yes	59	15.0
No	335	85.0

Note: N – frequency; % – percentage; TRY – Turkish lira

The mean HWS score of the medical secretaries was 53.41 ± 13.74 , indicating a moderate level of happiness at work. The mean total OCS score was 66.19 ± 17.87 . Regarding the subdimensions of organizational commitment, the mean scores were 23.90 ± 8.58 for emotional commitment, 22.48 ± 6.93 for normative commitment, and 19.81 ± 6.90 for continuance commitment. These findings show that emotional commitment was the highest among the three subdimensions, followed by normative and continuance commitment. Detailed descriptive statistics related to the HWS and OCS scores are presented in Table 2.

When comparing the mean HWS and OCS subscale scores of medical secretaries by gender, a significant difference was identified only in organizational commitment, with men scoring higher than women ($p = 0.03$). Significant differences were also observed across age groups in HWS, OCS, emotional commitment, and normative commitment scores ($p < 0.05$), and the highest mean values were found among participants aged 36 years and above. Married participants demonstrated significantly higher OCS and emotional commitment scores than single participants ($p < 0.05$). Analyses based on monthly income level additionally revealed significant differences in HWS, OCS, emotional commitment, and continuance commitment scores ($p < 0.05$). No significant differences were detected in normative commitment scores according to gender, marital status, or income level ($p > 0.05$) (please check Table 3).

A significant difference was observed between sectors in terms of happiness at work and emotional commitment, with private sector employees scoring higher than those working in the public sector ($p = 0.043$ and $p = 0.050$, respectively). Regarding institution type, a significant difference was identified only in emotional commitment, and higher scores were observed among employees working in university, education, and research hospitals ($p = 0.024$). In relation to workplace location, significant differences were found in HWS ($p = 0.043$), OCS ($p = 0.007$), and normative commitment scores ($p = 0.010$), with higher mean scores reported by those employed in provincial centers. Emotional commitment was the only dimension that differed across work units, with higher scores recorded among employees working in other units ($p = 0.004$). Significant differences were also detected across total work experience categories for HWS ($p = 0.001$), OCS ($p = 0.001$), and normative commitment ($p = 0.010$); HWS was higher among those with shorter lengths of service, whereas OCS and normative commitment were higher among those with longer work experience. Additionally, managerial experience was associated with a significant difference in emotional commitment scores ($p = 0.032$). No significant differences were found for the remaining variables ($p > 0.05$). Detailed findings are presented in Table 4.

Scale and sub-scales	Mean	S.D.	Min.	Max.
• Happiness at Work Scale (HWS)	53.41	13.74	12.00	84.00
• Organizational Commitment Scale (OCS)	66.19	17.87	18.00	90.00
Emotional commitment	23.90	8.58	6.00	30.00
Normative commitment	22.48	6.93	6.00	30.00
Continuance commitment	19.81	6.90	6.00	30.00

Note: S.D. – Standard Deviation; Min. – minimum; Max. – maximum

Table 3. Comparison of HWS and OCS and their sub-dimensions according to demographic characteristics

Variable and Category	HWS	OCS	Emotional commitment	Normative commitment	Continuance commitment
	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.
Gender					
Female	52.48 ± 13.9	65 ± 18.3	23.74 ± 8.4	22.02 ± 7.2	19.24 ± 6.8
Male	55.01 ± 13.4	68.25 ± 17.0	24.18 ± 8.8	23.26 ± 6.5	20.81 ± 7.0
<i>t</i>	-1.766	-1.742	-0.492	-1.717	-2.18
<i>p</i>	0.078	0.082	0.623	0.087	0.03*
Age					
18–25 years old	54.14 ± 14.5 ^{AB}	62.77 ± 18.7 ^A	23.06 ± 8.7 ^A	20.57 ± 7.3 ^A	19.14 ± 7.1
26–35 years old	50.8 ± 12.3 ^A	66.27 ± 17.1 ^A	23.31 ± 8.2 ^A	23.39 ± 6.7 ^B	19.57 ± 6.7
36 years old and above	56.23 ± 14.1 ^B	70.77 ± 16.9 ^B	25.92 ± 8.7 ^B	23.75 ± 6.1 ^B	21.1 ± 6.8
<i>F</i>	5.202	6.071	3.915	8.643	2.556
<i>p</i>	0.006**	0.003**	0.021*	0.01**	0.079
Marital status					
Married	53.67 ± 14	68.22 ± 17.2	24.93 ± 8.3	22.99 ± 6.6	20.3 ± 6.7
Single	53.2 ± 13.5	64.54 ± 18.3	23.06 ± 8.7	22.06 ± 7.2	19.42 ± 7.0
<i>t</i>	0.336	2.038	2.159	1.32	1.264
<i>p</i>	0.737	0.042*	0.031*	0.187	0.207
Monthly income					
35,000 TRY and below	58.25 ± 13.6 ^B	68.62 ± 16.8 ^B	25.23 ± 7.9 ^B	22.18 ± 6.4	21.21 ± 6.6 ^B
35,001–49,999 TRY	52.31 ± 12.8 ^A	66.93 ± 16.8 ^{AB}	24.16 ± 8.2 ^{AB}	23.02 ± 7.0	19.75 ± 7.1 ^{AB}
50,000 TRY and above	49.38 ± 13.3 ^A	63.12 ± 19.5 ^A	22.34 ± 9.4 ^A	22.33 ± 7.4	18.44 ± 6.7 ^A
<i>F</i>	16.215	3.477	4.076	0.505	5.757
<i>p</i>	0.01**	0.032*	0.018*	0.604	0.003**

Note: N – frequency; S.D. – Standard Deviation; TRY – Turkish lira; *t* – Independent samples *t*-test; *F* – One-Way ANOVA Test; *p* – Significance value; * *p* < 0.05; ** *p* < 0.01; HWS – Happiness at Work Scale; OCS – Organizational Commitment Scale; ^{A, B, AB} – multiple comparison tests

The correlations between HWS, OCS, and their subdimensions are presented in Table 5. A moderate and statistically significant positive correlation was found between HWS and OCS ($r = 0.479$, $p < 0.01$). Similarly, moderate positive correlations were observed between HWS and emotional commitment ($r = 0.541$, $p < 0.01$) and between HWS and continuance commitment ($r = 0.470$, $p < 0.01$). The correlation between HWS and normative commitment was not statistically significant, although the value approached the significance threshold ($r = 0.098$, $p = 0.053$).

The results of the hierarchical regression analysis conducted to examine the extent to which medical secretaries' organizational commitment levels were predicted by their happiness at work and other independent variables are presented in Table 6. The VIF values remained below acceptable threshold levels (<2.5), indicating the absence of multicollinearity among the predictor variables, and the Durbin-Watson statistics (1.912–1.926) demonstrated that there was no autocorrelation in the model. These findings confirm that the regression model met the necessary assumptions and is statistically reliable. All six regression models were statistica-

lly significant ($p < 0.01$). In Model 1, HWS scores explained 22.2% of the variance in organizational commitment (Adjusted $R^2 = 0.222$), and happiness at work emerged as a strong positive predictor ($\beta = 0.473$, $p < 0.01$). When age was added to the model in Model 2, the explanatory power increased to 24.8% (Adjusted $R^2 = 0.248$), and age demonstrated a positive and significant predictive effect ($\beta = 0.168$, $p < 0.01$). With the removal of tenure from the model, the predictive effect of age became clearer and remained significant. The variables gender, monthly income, sector, and institution type, which were added hierarchically in Models 3 through 6, did not significantly predict organizational commitment ($p > 0.05$), nor did they meaningfully increase the model's explanatory power; in fact, slight decreases in Adjusted R^2 were observed. Examination of the final model (Model 6) showed that happiness at work ($\beta = 0.462$) was the strongest predictor of organizational commitment, followed by age ($\beta = 0.162$). The findings indicate that higher levels of happiness at work and older age are associated with higher levels of organizational commitment, independent of gender, income level, sector, or institution type.

Table 4. Comparison of HWS and OCS and their sub-dimensions according to professional characteristics

Variable and Category	HWS	OCS	Emotional commitment	Normative commitment	Continuance commitment
	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.	Mean ± S.D.
Sector of employment					
Public	52.81 ± 13.8	65.81 ± 17.9	23.55 ± 8.5	22.5 ± 6.9	19.77 ± 7.0
Private	56.72 ± 13.3	68.28 ± 17.7	25.87 ± 9.0	22.37 ± 7.1	20.05 ± 6.4
<i>t</i>	-2.033	-0.985	-1.937	0.134	-0.288
<i>p</i>	0.043*	0.325	0.05*	0.894	0.774
Employer					
State hospital	52.9 ± 14.3	65.52 ± 18.1	22.44 ± 8.7 ^A	23.25 ± 6.9	19.83 ± 7.2
Private hospital	55.87 ± 13.1	66.77 ± 17.5	24.96 ± 8.9 ^{AB}	22.45 ± 7.2	19.36 ± 6.2
City hospital	53.01 ± 14.8	64.97 ± 17.3	24.63 ± 8.0 ^{AB}	21.01 ± 6.5	19.33 ± 5.9
University/Educational research hospital	52.8 ± 10.5	67.56 ± 18.7	25.74 ± 7.9 ^B	21.61 ± 6.9	20.2 ± 8.0
<i>F</i>	0.707	0.291	3.179	2.265	0.232
<i>p</i>	0.548	0.832	0.024*	0.081	0.874
Institution location					
Province	54.24 ± 13.0	67.39 ± 16.5	24.04 ± 8.3	23.22 ± 6.7	20.13 ± 6.8
District	50.78 ± 16.2	61.34 ± 22.1	23.06 ± 9.8	19.71 ± 7.2	18.57 ± 7.4
<i>t</i>	2.026	2.732	0.918	4.145	1.809
<i>p</i>	0.043*	0.007**	0.359	0.01**	0.071
Department where medical secretaries worked					
Outpatient clinic secretariat	52.5 ± 13.1	64.76 ± 17.0	23.24 ± 8.4 ^A	22.33 ± 6.8	19.19 ± 6.4
Clinical secretariat	54.26 ± 13.7	66.53 ± 17.4	22.92 ± 8.3 ^A	23.0 ± 6.8	20.6 ± 7.1
Other	55.12 ± 15.4	69.81 ± 20.3	26.62 ± 8.8 ^B	22.4 ± 7.5	20.79 ± 7.8
<i>F</i>	1.303	2.495	5.537	0.28	2.296
<i>p</i>	0.273	0.084	0.004*	0.756	0.102
Total work experience					
0-1 year	59.8 ± 11.4 ^C	66.04 ± 16.5 ^{AB}	24.91 ± 8.0	20.87 ± 6.3 ^A	20.26 ± 6.6
2-5 years	51.01 ± 14.5 ^A	61.7 ± 19.1 ^A	22.8 ± 8.7	20.29 ± 7.3 ^A	18.6 ± 7.0
6-10 years	51.43 ± 13 ^A	69.99 ± 15.9 ^B	24.2 ± 8.4	25.65 ± 6.0 ^B	20.14 ± 6.6
11-15 years	54.5 ± 11.4 ^{AB}	68.51 ± 17.3 ^B	24.3 ± 8.9	23.46 ± 6.3 ^B	20.76 ± 6.6
16 years and above	56.95 ± 15.5 ^{BC}	71.29 ± 16.3 ^B	25.48 ± 8.2	24.4 ± 5.7 ^B	21.4 ± 7.3
<i>F</i>	5.087	4.609	1.202	10.64	2.187
<i>p</i>	0.001**	0.001**	0.31	0.01**	0.07
Management experience					
Yes	52.59 ± 19.2	68.42 ± 23.7	26.1 ± 10.0	21.24 ± 7.8	21.08 ± 8.3
No	53.55 ± 12.6	65.8 ± 16.7	23.51 ± 8.3	22.7 ± 6.8	19.59 ± 6.6
<i>t</i>	-0.494	1.041	2.149	1.493	1.539
<i>p</i>	0.622	0.299	0.032*	0.136	0.125

Note: *N* – frequency; S.D. – Standard Deviation; *t* – Independent samples *t*-test, *F* – One-Way ANOVA Test; *p* – Significance value; * *p* < 0.05; ** *p* < 0.01; HWS – Happiness at Work Scale; OCS – Organizational Commitment Scale; ^{A, B, AB} – multiple comparison tests; ^{C, BC} – indicate statistically significant differences between groups according to *post hoc* multiple comparison tests

Table 5. Level of relationship between HWS and OCS and its sub-dimensions

Organizational Commitment Scale (OCS) and its sub-dimensions	Coefficient	Happiness at Work Scale (HWS)
Organizational Commitment Scale (OCS)	<i>r</i>	0.479**
	<i>p</i>	0.01
Emotional commitment	<i>r</i>	0.541**
	<i>p</i>	0.01
Normative commitment	<i>r</i>	0.098
	<i>p</i>	0.053
Continuance commitment	<i>r</i>	0.470**
	<i>p</i>	0.01

Note: Pearson correlation coefficient; ** *p* < 0.01

Table 6. Hierarchical regression analysis for predicting participants' perceptions of organizational commitment

Model	Independent variable	B	Std. H.	β	<i>t</i>	Sig.	<i>p</i>	<i>R</i> ²	VIF
1	(Constant)	33.029	3.249		10.166	<0.01**		0.222	1
	HWS	0.616	0.059	0.473	10.440	<0.01**	<0.01**		
2	(Constant)	26.178	3.677		7.120	<0.01**		0.248	1.003
	HWS	0.605	0.058	0.464	10.411	<0.01**	<0.01**		
	Age	3.879	1.031	0.168	3.761	<0.01**			
3	(Constant)	27.620	3.974		6.951	<0.01**		0.248	1.011
	HWS	0.600	0.058	0.460	10.277	<0.01**	<0.01**		
	Age	3.792	1.036	0.164	3.662	<0.01**			
	Gender = Female (Ref = Male)	-1.592	1.662	-0.043	-0.958	0.339			
4	(Constant)	27.427	5.283		5.191	<0.01**		0.246	1.012
	HWS	0.601	0.061	0.461	9.785	<0.01**	<0.01**		
	Age	3.794	1.038	0.164	3.656	<0.01**			
	Gender = Female (Ref = Male)	-1.564	1.736	-0.042	-0.901	0.368			
	Monthly income	0.057	1.035	0.003	0.055	0.956			
5	(Constant)	27.304	5.448		5.012	<0.01**		0.244	1.117
	HWS	0.601	0.061	0.461	9.770	<0.01**	<0.01**		
	Age	3.789	1.040	0.164	3.642	<0.01**			
	Gender = Female (Ref = Male)	-1.566	1.739	-0.042	-0.900	0.368	<0.01**		
	Monthly income	0.027	1.086	0.001	0.025	0.980			
	Institution = Private hospital (Ref = State hospital)	0.230	2.433	0.004	0.095	0.925			
6	(Constant)	27.254	5.463		4.989	<0.01**		0.242	1.118
	HWS	0.602	0.062	0.462	9.775	<0.01**	<0.01**		
	Age	3.748	1.043	0.162	3.594	<0.01**			
	Gender = Female (Ref = Male)	-1.691	1.771	-0.046	-0.955	0.340			
	Monthly income	0.128	1.092	0.006	0.117	0.907			
	Sector = Public (Ref = Private)	-0.191	2.562	-0.004	-0.074	0.941	<0.01**		
	Institution = Private hospital (Ref = State hospital)	-0.58	2.459	-0.011	-0.236	0.814			
	Institution = City hospital	-0.124	2.137	-0.003	-0.058	0.954			
Institution = University/ Education & research hospital	2.228	2.437	0.043	0.915	0.41				

Note: B – unstandardized regression coefficient; SE – standard error; β – standardized regression coefficient; *t* – *t*-value; *p* – significance value; VIF – variance inflation factor; HWS – Happiness at Work Scale; OCS – Organizational Commitment Scale; Ref – reference category. Models 4–6 represent hierarchical multiple regression models

Discussion

In this study, happiness at work and organizational commitment levels among medical secretaries were found to be moderate. This pattern is consistent with previous research on healthcare workers, indicating that workplace well-being and commitment are shaped by factors such as workload, managerial support, digitalization, and organizational culture (Al-rashidi et al., 2024; Qvarfordt et al., 2024; Rafi'i et al., 2025).

Regarding sociodemographic characteristics, organizational commitment was higher among men, consistent with studies suggesting stronger work-role commitment among males (Islam et al., 2021; Zoe Talent Solutions, 2024). Married employees also demonstrated higher organizational and emotional commitment, aligning with previous findings (Çankır,

2019; Kalfa et al., 2016; Öztürk et al., 2024; Tüysüz et al., 2020), although some evidence indicates that marital status may not be a consistent predictor across contexts (Demirtaş et al., 2015; Gündoğan, 2009).

Employees aged 36 years and above reported higher levels of happiness at work and organizational commitment. This is consistent with evidence that commitment increases with age and tenure (Angle and Perry, 1981; Kasimoğlu, 2021; Özkaya et al., 2006; Papisabet et al., 2024; Peña-Sánchez et al., 2014). Interestingly, lower-income employees demonstrated higher happiness and commitment levels. While income is typically associated with well-being (Diener et al., 2013; Javanmardnejad et al., 2021; Yanık and Ediz, 2024), intrinsic meaning and purpose may play a stronger role when financial rewards are limited (Allan et al., 2019; Hu and Hirsh, 2017).

Private-sector employees demonstrated higher happiness at work and emotional commitment, which is consistent with evidence highlighting the role of flexible and performance-oriented environments (Todorović et al., 2024). Employees working in provincial centers also reported higher happiness and commitment levels; however, contextual factors such as institutional culture and resources may produce different outcomes across settings (Wang et al., 2017). Within the Turkish healthcare system, standardized procedures and hierarchical structures may shape how medical secretaries experience happiness and commitment. Rather than reflecting positive or negative conditions, these institutional characteristics simply highlight the specific organizational environment within which medical secretaries perform their duties.

Regarding work units, significant differences were observed only in emotional commitment, with higher scores among employees working in administrative or “other” units compared to those working in outpatient or clinical secretariat departments. The more intense workload, emotional labor, and stress experienced in clinical settings may negatively influence commitment. This interpretation aligns with the findings of Kalkan (2024), who also reported lower emotional commitment among employees working in high-demand clinical environments.

Length of service produced a distinct pattern: organizational commitment—especially normative commitment—tended to increase among employees with longer tenure. This finding supports earlier studies (Çağatay and Kızılkaya, 2020; Järvinen Presley, 2024) emphasizing that commitment naturally strengthens over time as employees internalize organizational norms and expectations. Conversely, the highest happiness at work scores were observed among employees with 0–1 year of service, suggesting that early-career enthusiasm may boost workplace happiness, while longer-term commitment develops gradually. Furthermore, participants with managerial experience exhibited higher emotional commitment. This is consistent with previous research indicating that involvement in decision-making processes enhances employees’ sense of attachment to their organizations (Fazal and Siddiqui, 2020; Jiatong et al., 2022).

The study identified moderate positive correlations between happiness at work and affective and continuance commitment, consistent with previous findings across different occupational settings (Abou-Moghli, 2019; Algarni and Meshari, 2023; Hermania et al., 2023; Kustiawan et al., 2022; Oyelakin et al., 2021; Salako and Akingbade, 2025; Tugade and Arcinas, 2023). However, no significant relationship was found between happiness at work and normative commitment. Although some studies have reported positive associations (Polat, 2024; Salako and Akingbade, 2025), the present findings suggest that normative commitment may be shaped more by institutional expectations than by positive emotional experiences. For medical secretaries, limited career advancement, broad job roles, and relatively low professional recognition may weaken feelings of moral obligation toward the organization, thereby reducing the influence of workplace happiness on normative commitment.

Finally, the hierarchical regression analysis confirmed that happiness at work is the strongest predictor of organizational commitment among medical secretaries. Happiness at work alone explained more than 22% of the variance, increasing to 24.8% when age was added to the model. These findings indicate that organizational commitment rises as employees’ workplace happiness increases, with age acting as a secondary

but reinforcing predictor. In contrast, gender, income level, sector, and institution type did not make significant contributions to the model. These results parallel findings from other professional groups. For instance, Bahat and Işık (2023) reported that organizational commitment and self-efficacy significantly predicted workplace happiness among teachers, while demographic variables such as income did not show significant effects. Similarly, Abou-Moghli (2019) and Field and Buitendach (2011) demonstrated that positive psychological states—such as happiness, well-being, and engagement—serve as strong predictors of organizational commitment across different service sectors. Taken together, the present findings suggest that happiness at work is a primary determinant of organizational commitment among medical secretaries, and this relationship becomes stronger with increasing age.

Conclusion

This study demonstrated that happiness at work is a significant predictor of organizational commitment among medical secretaries. Happiness at work explained a substantial portion of the variance in overall organizational commitment, particularly influencing the affective and continuance dimensions, while no significant association was found with normative commitment. These results highlight the importance of workplace well-being in shaping employees’ organizational attachment. Future studies may benefit from examining different institutional contexts and incorporating qualitative approaches to better understand the mechanisms underlying normative commitment.

Limitations

This study is limited to medical secretaries working in public and private healthcare institutions in a single province in Turkey, which may affect the generalizability of the findings. The use of self-reported data may also introduce perception-based bias. Additionally, cross-sectional design prevents inferences about temporal or causal relationships. Future studies including multiple regions, longitudinal designs, and mixed-method approaches would provide a more comprehensive understanding of the relationships examined.

Contribution of authors

Concept/Idea: BS, HEK, HCA; Design: BS, HEK, HCA; Supervision/Consultancy: BS, HEK; Analysis and/or Interpretation: BS, HEK, HCA; Literature review: BS, HEK, HCA; Writing the Article: BS, HEK, HCA; Critical review: BS, HEK, HCA.

Acknowledgments

We thank all the medical secretaries who participated in this study.

Ethics approval

Ethics committee approval was obtained for this study from the Suleyman Demirel University Social and Human Sciences Ethics Committee, with the decision dated 29.11.2024 and numbered 157/1.

Conflict of interest

The authors have no conflict of interest to declare. This study was presented orally at the 19th International Congress on Social Sciences with Recent Research, held in Antalya between Nov 4–8, 2025.

References

- Abou-Moghli AA (2019). Using self-determination theory (SDT) to investigate the relationship between organizational commitment, happiness and work engagement in service industry. *J Bus Adm Res* 8(1): 29–37. DOI: 10.5430/jbar.v8n1p29.
- Aksoy C, Yılmaz Y (2018). Examination of the relationship between job satisfaction levels and organizational commitments of tourism sector employees: A research in the Southeastern Anatolia Region of Turkey. *Eskişehir Osmangazi Üniversitesi Sosyal Bilimler Dergisi* 17(65): 356–365. DOI: 10.17755/esosder.343032.
- Algarni MA, Meshari A (2023). The role of employee engagement, job satisfaction and organizational commitment on happiness at work at a Saudi organization. *Int J Bus Manag* 18(2): 27. DOI: 10.5539/ijbm.v18n2p27.
- Allan BA, Batz-Barbarich C, Sterling HM, Tay L (2019). Outcomes of meaningful work: A meta-analysis. *J Manag Stud* 56(3): 500–528. DOI: 10.1111/joms.12406.
- Allen NJ, Meyer JP (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *J Occup Psychol* 63(1): 1–18. DOI: 10.1111/j.2044-8325.1990.tb00506.x.
- Alrashidi NT, Almohammed AMH, Alamri EH, AlRashidi AI, Ashlali AHA, Alaida MF (2024). Impact of workplace stress on medical secretaries' job satisfaction and well-being. *J Health Adm* 10(3): 45–56. DOI: 10.53555/AJBR.v27i4S.5101.
- Angle H, Perry J (1981). An empirical assessment of organizational commitment and organizational effectiveness. *Adm Sci Q* 26(1): 1–14. DOI: 10.2307/2392596.
- Bahat İ, Işık M (2023). The relationship between teachers' school happiness, organizational commitment, and self-efficacy. *J Human Soc Sci* 6(Education Special Issue): 279–308. DOI: 10.53048/johass.1354337.
- Boniwell I (2012). *Positive psychology in a nutshell: The science of happiness*. McGraw-Hill Education (UK), 202 p.
- Brewer AM (1996). Developing commitment between managers and employees. *J Manag Psychol* 11(4): 24–34. DOI: 10.1108/02683949610117599.
- Büyükoztürk Ş, Kılıç Çakmak E, Akgün ÖE, Karadeniz Ş, Demirel F (2018). Bilimsel araştırma yöntemleri. Pegem Akademi Yayıncılık. DOI: 10.14527/9789944919289.
- Çağatay A, Kızılkaya S (2020). Investigation of organizational commitment levels of employees in private healthcare institutions in the context of various variables: Case of Samsun. *Uluslararası Sağlık Yönetimi ve Stratejileri Araştırma Dergisi* 6(3): 578–593.
- Çankır B (2019). The relationship between effective commitment and performance in organizations. *İstanbul Gelişim Üniversitesi Sosyal Bilimler Dergisi* 6(Gelişim-UWE 2019 Özel Sayısı): 155–177. DOI: 10.17336/igusbd.620845.
- Cochran WG (1977). *Sampling techniques* (3rd ed.). John Wiley & Sons, New York, 448 p.
- Davis BJ (2014). *University Commitment: Test of a Three-Component Model* [Master's thesis, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. [online] [cit. 2025-01-22]. Available from: <https://cornerstone.lib.mnsu.edu/etds/342/>
- Demirtaş Ü, Çetin M, Öztürk G, Türk YZ, Fedai T (2015). A study on the relationships between burnout status and organizational commitment. *J Psychiatry* 18(4): 1–5. DOI: 10.4172/2378-5756.1000284.
- Dewi TS, Abadi F (2023). The effect of work systems, organizational behavior, psychological well-being, and organizational commitment on job satisfaction. *Mak J Manaj* 9(2): 179–195. DOI: 10.37403/mjm.v9i2.604.
- Diener E, Tay L, Oishi S (2013). Rising income and the subjective well-being of nations. *J Pers Soc Psychol* 104(2): 267–276. DOI: 10.1037/a0030487.
- Fazal SH, Siddiqui DA (2020). Participative decision making and organizational commitment: The mediatory role of influence and communication. SSRN. DOI: 10.2139/ssrn.3683327.
- Field LK, Buitendach JH (2011). Happiness, work engagement and organisational commitment of support staff at a tertiary education institution in South Africa. *SA Journal of Industrial Psychology* 37(1): 1–10. DOI: 10.4102/sajip.v37i1.946.
- Fisher CD (2010). Happiness at work. *Int J Manag Rev* 12(4): 384–412. DOI: 10.1111/j.1468-2370.2009.00270.x.
- Fromm E (1995). *Erdem ve mutluluk*. (Yörükhan A, Çev.) Türkiye İş Bankası Yayınları, İstanbul, 284 p.
- Gündoğan T (2009). *Organizational commitment: A study on employees of the Central Bank of the Republic of Turkey*. [Yüksek lisans tezi, Gazi Üniversitesi]. TCMB Kütüphanesi, Ankara, 139 p.
- Harter JK, Schmidt FL, Keyes CLM (2003). Well-being in the workplace and its relationship to business outcomes: A review of the Gallup studies. In: Keyes CLM, Haidt J (Eds). *Flourishing: Positive psychology and the life well-lived* (pp. 205–224). American Psychological Association. DOI: 10.1037/10594-009.
- Hermania P, Heriyadi H, Daud I, Ramadania R, Fauzan R (2023). The effect of happiness at work and organizational commitment on employee performance with organizational citizenship behavior as intervening variable. *J Eko* 12(4): 1880–1888.
- Hu J, Hirsh JB (2017). Accepting lower salaries for meaningful work. *Front Psychol* 8: 1649. DOI: 10.3389/fpsyg.2017.01649.
- Islam MN, Furuoka F, Aida I (2021). Influence of gender diversity on employee work engagement in the context of organizational change: evidence from Bangladeshi employees. *International Journal of Asian Business and Information Management* 12(3): 1–19. DOI: 10.4018/IJABIM.294099.
- Järvinen Presley HR (2024). Understanding commitment among different tenured employees. case: finnair. University of Vaasa, 92 p.
- Javanmardnejad S, Bandari R, Heravi-Karimooi M, Rejeh N, Sharif Nia H, Montazeri A (2021). Happiness, quality of working life, and job satisfaction among nurses working in emergency departments in Iran. *Health Qual Life Outcomes* 19(1): 112. DOI: 10.1186/s12955-021-01755-3.
- Jiatong W, Wang Z, Alam M, Murad M, Gul F, Gill SA (2022). The impact of transformational leadership on affective organizational commitment and job performance: the mediating role of employee engagement. *Front Psychol* 13: 831060. DOI: 10.3389/fpsyg.2022.831060.
- Kalfa M, Karaman M, Tufan D (2016). Organizational commitment of people working for Turkish sports management organizations in terms of some variables. *European Scientific Journal* 12(2): 159. DOI: 10.19044/esj.2016.v12n2p159.
- Kalkan M (2024). Evaluation of organizational commitment and performance perceptions of employees working through outsourcing in hospitals: A case study in Kahramanmaraş province (Ph.D. Thesis) Ankara Hacı Bayram Veli Üniversitesi, Lisansüstü Eğitim Enstitüsü.
- Karabetyan L (2020). Örgütsel güvenin örgütsel bağlılık üzerine etkisi: Sağlık sektörü örneği. *Journal of Biga Economics and Administrative Sciences Faculty* 1(1): 45–55.
- Karadaş H, Akın MA (2023). Examining teachers' organizational happiness and organizational commitment. *E-Int J Edu Res* 14(2): 289–309. DOI: 10.19160/e-ijer.1247022.
- Kasımoğlu M (2021). Investigations of organizational commitment of healthcare professionals in terms of personal and business factors. *Int J Soc Educ Sci* 3(2): 267–286. DOI: 10.46328/ijonses.143.
- Kustiawan U, Marpaung P, Lestari UD, Andiyana E (2022). The effect of affective organizational commitment, job satisfaction, and employee engagement on job happiness and job performance on manufacturing company in Indonesia. *WSEAS Transactions on Business and Economics* 19(52): 573–586. DOI: 10.37394/23207.2022.19.52.
- Luthans F (1992). *Organizational behavior*. McGraw-Hill, 656 p.
- Mehdad A, Iranpour M (2014). Relationship between religious beliefs, workplace happiness and organizational commitment. *Int J Sc Manag Dev* 2(10): 562–568.

39. Meyer JP, Maltin ER (2010). Employee commitment and well-being: A critical review, theoretical framework and research agenda. *J Vocat Behav* 77(2): 323–337. DOI: 10.1016/j.jvb.2010.04.007.
40. Myers DG, Deiner E (1996). The pursuit of happiness. *Sci Am* 274(5): 70–72. DOI: 10.1038/scientificamerican0596-70.
41. Oyelakin O, Shodeinde AD, Arandong IJ (2021). Value congruence and organizational commitment: Does work happiness matter? *Bus Perspect Rev* 3(2): 14–26. DOI: 10.38157/businessperspectivereview.v3i2.348.
42. Oza HS (2015). Does all dimensions of organizational commitment affect job satisfaction and job performance? (a case study of higher educational organizations). *CLEAR Int Res J Manag Commerce* 6(9): 21–24.
43. Özkaya MO, Kocakoç İD, Karaa E (2006). Examining the relations between demographic factors and managers' organizational commitment: A field study. *Yönetim ve Ekonomi: Celal Bayar Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi* 13(2): 77–96.
44. Öztürk F, Yinal A, Demir B (2024). The relationship between job satisfaction and organizational commitment: A study on Turkish teachers. *Online J New Horiz in Educ* 14(2): 342–352.
45. Papisabet M, Jalalpour AH, Farahi F, Gholami Z, Shaygani F, Jalili N, et al. (2024). Investigating the organizational commitment and its associated factors among the staff of the health sector: A cross-sectional research. *BMC Health Services* 24(1): 1373. DOI: 10.1186/s12913-024-11893-1.
46. Peña-Sánchez JN, Lepnurm R, Morales-Asencio JM, Delgado A, Domagała A, Górkiewicz M (2014). Factors identified with higher levels of career satisfaction of physicians in Andalusia, Spain. *Health Psychol Res* 2(2): 1527. DOI: 10.4081/hpr.2014.1527.
47. Polat M (2024). Happiness and fear of happiness as predictors of Organizational commitment in higher education: A PLS-SEM study. *Int J Educ Sci* 23(23): 50–69. DOI: 10.29228/INESJOURNAL.43601.
48. Pryce-Jones J (2010). *Happiness At Work: Maximizing Your Psychological Capital for Success*. Wiley Blackwell. DOI: 10.1002/9780470666845.
49. Qvarfordt M, Lagrosen S, Nilsson L (2024). Medical secretaries' fears and opportunities in an increasingly digitalised workplace. *J Health Organ Manag* 38(9): 175–194. DOI: 10.1108/JHOM-04-2023-0127.
50. Rafi'i MR, Hanif SM, Daud FB (2025). Exploring the link between healthcare organizational culture and employee satisfaction. *BMC Health Serv Res* 25(1): 129–140. DOI: 10.1186/s12913-025-12973-6.
51. Salako T, Akingbade R (2025). Influence of workplace happiness on organizational commitment among healthcare workers in Ibadan Metropolis, Oyo State, Nigeria. *Caritas Journal of Psychology and Behavioural Sciences* 3(1): 109–120. DOI: 10.1101/2025.02.27.25323070.
52. Sever M, Özdemir S, Acar OK (2020). Validity and reliability study of happiness at work scale. *J Manag Econ Res* 18(2): 1–10. DOI: 10.11611/yead.577326.
53. Singh S, Aggarwal Y (2018). Happiness at work scale: construction and psychometric validation of a measure using mixed method approach. *J Happiness Stud* 19(5): 1439–1463. DOI: 10.1007/s10902-017-9882-x.
54. Sur H, Paltteki T (2013). *Hospital management*. Nobel Kitapevi. Ankara.
55. Todorović D, Savić S, Dinić B (2024). Organizational commitment in the private and public sectors: A regression analysis based on personality traits, subjective wellbeing, organizational orientations, and perceived employment uncertainty in Serbia. *Front Psychol* 15: 1442990. DOI: 10.3389/fpsyg.2024.1442990.
56. Tugade GYG, Arcinas MM (2023). Employees work engagement: correlations with employee personal characteristics, organizational commitment and workplace happiness. *International Journal of Multidisciplinary Applied Business and Education Research* 4(1): 136–155. DOI: 10.11594/ijmaber.04.01.14.
57. Tutar H (2002). *Executive Secretariat Yönetici*. Nobel Dağıtım. Ankara, 384 p.
58. Tüysüz M, Doğan M, Tüysüz M (2020). The effect of organizational trust in municipalities and municipal companies on organizational commitment. *Strategic Public Management Journal* 6(12): 42–57. DOI: 10.25069/spmj.804355.
59. Veenhoven R (1984). *Conditions of Happiness*, Kluwer Academic. DOI: 10.1007/978-94-009-6432-7.
60. Wang CC, Lin HM, Liang TL (2017). A study on comparing the relationship among organizational commitment, teachers' job satisfaction and job involvement of schools with urban-rural discrepancy. *Educ Res Rev* 12(16): 762–771. DOI: 10.5897/ERR2017.3290.
61. Wasti SA (2000). Validity and reliability analysis of Meyer and Allen's three-dimensional organizational commitment scale. 8. *Ulusal Yönetim ve Organizasyon Kongresi Bildiriler Kitabı*, pp. 401–410. Erciyes Üniversitesi, Kayseri.
62. Widarto I, Anindita R (2018). Analysis of the effect of motivation, job satisfaction, and organizational commitment on performance. *Int Adv Res J Sci Eng Technol* 5(9): 21–29. DOI: 10.17148/IARJSET.2018.594.
63. Yanık D, Ediz Ç (2024). Determination of nurses' happiness, hope, future expectations and associated factors in Turkey. *BMC Nurs* 23(1): 204. DOI: 10.1186/s12912-024-01876-2.
64. Zoe Talent Solutions (2024). 2023 employee experience trends report: Breakdown of male vs female employee engagement statistics. [online] [cit. 2025-01-22]. Available from: <https://zoetalentsolutions.com/male-vs-female-employee-engagement-statistics/>