

Moderating Effect of Organizational Culture on the Relationship between Quality of Work Life and Organizational Commitment Amongst Nurses in Public Hospitals in Bungoma County

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ABSTRACT

Healthcare organisations are in dire need of a culture in which nursing employees are dedicated, motivated, and strongly associated with their sacred profession. This calls for strengthening the quality of the work life of nurses, which is an antecedent of organisational commitment. However, a number of studies that have explored the relationship between quality of work life and organisational commitment as moderated by organisational culture have been conducted in western countries and are very limited in hospital settings, so they cannot be generalised to the Kenyan hospital setting. Thus, the current study focused on the moderating effect of organisation culture on the relationship between quality of work life and organisational commitment of the nurses in the public hospitals in Bungoma County, Kenya. The study adopted a causal research design with a target population of 926 nurses and a sample size of 274 nurses drawn from the county and subcounty hospitals in Bungoma County, calculated by using the Morgan table (1970). Data was collected through a questionnaire and analysed using inferential statistics using SPSS version 25. From the findings, the beta values for safe and healthy working conditions (0.033), work-life balance (0.015), and reward system (0.01) There is a significant moderating effect of organisational culture on the relationship between quality of work life and organisational commitment amongst nurses in public hospitals in Bungoma County. Therefore, amidst the strengthening of quality of work life practices, public hospitals should strive to have their vision, mission, and objectives understood by all employees. Besides, there is a need to create an environment that promotes diversity and inclusion for teamwork and reactions to the concerns of the nurses as a means of enhancing organisational commitment as an outcome of quality of work life.

Keywords: Organizational Commitment, Organizational Culture, Quality of Work Life

I. INTRODUCTION

The level of organizational commitment of nurses, is closely connected to their productivity and quality of care provided by healthcare institutions (Al-Haroon & Al-Qahtani, 2020). Therefore, the wellbeing of the society courtesy of the patients' safety is a function of extent of the nurses' organizational commitment. In this regard nurse's organization commitment and its drivers remains a global concern. Accordingly, Salem, Baddar, and AL-Mugatti (2016) notes that Healthcare organizations are in dire need of a culture in which the nursing employees are dedicated, motivated and strongly associated with their sacred profession. This calls for strengthening of the quality of work life of nurses which is an antecedent of organizational commitment. Quality of work life (QWL) is a dimension that is the main factor related to employees' occupational and organizational commitment (Abebe & Assemie, 2023).

QWL is a process by which the organizations' employees and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously (Daubermann & Tonete, 2012). Kelbiso, Belay and Woldie (2017) notes that QWL is a process by which the organizations' employees and stakeholders get an insight into how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. Brooks defined QWL from the nurse's perspective as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals (Raeissi et al., 2019). QWL practices are positively associated with Job Satisfaction

Organizational Commitment (Aruldoss et al., 2021). Organizational commitment refers to the extent to which an individual's identification with involvement in a particular organization (Pien, 2011).

Organizational commitment is extensively important for retention of nurses. Additionally, nurses' commitment is very important for health care institutions, not only for the quality of care, but also for patients' satisfaction. Therefore, the health organizations should set an organizational culture which warrants the nurses an opportunity to achieve their interests in life as they achieve the goals of the health institutions. Organizational Culture is a pattern of shared values and beliefs that gives meaning to the members of the organization and provide commands for their behaviour in the organization (Moshabbaki, 1998). Organizational culture creates improvement in all component's quality of work life (Valizadeh & Ghahremani, 2012). However, improving the work life quality of nurses has become a challenging issue in health care organizations since the 1970s (Vagharseyyedin et al., 2011). Moradi, Maghaminejad, and Azizi-Fini, (2014) showed that nurses' quality of work life is at the moderate level.

Akter et al. (2018) reported that the QWL as perceived by nurses in Bangladesh was at moderate level. In Saudi Arabia indicated that 52.4% of nurses, particularly primary health care unit (PHCU) nurses, are dissatisfied with their quality of work life (Almalki et al., 2012). This was as high as 70.8% among Iranian nurses (Nayeri & Noghabi, 2011). A recent study in Ethiopia showed that 67.2% of the nurses were dissatisfied with the quality of their work life (Kelbiso, Belay, & Woldie, 2017). Tanzania is experiencing a severe shortage of human resources for health, which poses a serious threat to the quality of health care services particularly in rural areas (Tarimo, et al, 2018). In Uganda poor organizational environment was a key factor leading to low Quality of Work Life and high frustration among Ugandan nurses compromising on their organizational commitment (Opollo, Gray & Spies, 2014). In Kenya there has been inadequate efforts towards evaluating and improving working environment for health care workers thus compromising on their QWL and organizational commitment (Goetz et al., 2015).

According to Normala (2010), Daud, (2010), Bashir and Ramay, (2008), Hyde, Gill, Agrawal, Gupta and Sethi, (2012) there is a positive and significant relationship between quality of work life and organizational commitment. Daud (2012) posits that the levels of quality of work life had a moderate effect on organizational commitment among staff. This implies an inconsistency which was filled by the current study. Besides the positive and significant relationship between QWL and Organizational Commitment (OC) have been moderated by other variables other than Organizational culture (Ojedokun et al., 2008). This provides a variable gap for testing the moderating effect of organizational culture on the relationship between QWL practices as safe and healthy working condition, work life balance and Reward system and OC amongst nurses in public hospitals in Bungoma County.

1.1 Objective

To examine the moderating effect of organization culture on the relationship between quality of work life and organizational commitment of the nurses in the public hospitals in Bungoma County Kenya

II. LITERATURE REVIEW

2.1 Moderating role of organizational culture on the effect of quality of work life on organizational commitment

Quality of work life refers to the influence of overall employment situation towards an individual (Jewell & Siegall, 1990). High QWL is essential for organizations to continue to attract and retain employees (Risla & Ithrees, 2018). Walton (1974) proposed the conceptual categories of quality of work life. He suggested eight aspects in which employee's perceptions towards their work organizations could determine their quality of work life. Walton (1974) suggested that the dimensions of QWL include adequate and fair compensation, safe and healthy environment, career development, growth and security, social integrative, constitutionalism, the total life space and social relevance. The aim of quality of work-life is to improve the efficiency of employees which leads to profit and savings for organization. These altogether calls for good working conditions as well as employees' integrating themselves with the organization (Afsar, Badir, & Khan, 2015). The basic objectives of an effective QWL program are improved working conditions (mainly from an employee's perspective) and greater organizational effectiveness (mainly from an employer's perspective) (Parvar et al., 2013).

Accordingly Radja et al. (2013) analysed the effect of quality of work life, organizational commitment towards work satisfaction in increasing public service performance at Spatial Planning and Building and Licensing Administration Office in Makassar City. It also analyzed the direct and indirect effect of quality of work life and organizational commitment towards public service performance. The research results indicated that quality of work life had insignificant effect towards public service performance and work satisfaction, but it had important correlation with organizational commitment. Organizational commitment had indirect effect on the performance of public service, but

influenced indirectly through work satisfaction. Quality of work life and organizational commitment had insignificant effect towards public service performance but both could give direct contribution towards thorough work performance.

Additionally Parvar et al. (2013) analyzed the effect of quality of work life (adequate and fair compensation, safe and healthy environment, growth and security, development of human capabilities, the total life space, social integration, constitutionalism, social relevance) on organizational commitment of employees of OICO company. The research results showed that there was a positive and significant effect of quality of work life on employee's organizational commitment. However, the study was conducted in an Oil Industries' Commissioning and Operation Company (OICO) which was incorporated to manage and execute commissioning and start-up, operation, maintenance and training courses for oil, gas and petrochemical industries.

In consonance Afsar (2015) examined the impact of the quality of work life on organizational commitment, A Comparative Study on Academicians Working for State and Foundation Universities in Turkey. The study findings revealed that quality of work-life had a positive impact on affective and normative commitment whereas it had a negative impact on the continuance commitment. An examination of all the variables on organizational commitment for both types of university showed that the highest impact on affective, normative and continuance commitment of the academicians working for state universities was by the quality of work life, while the highest impact on affective and normative commitment of the academicians working for foundation universities was by the quality of work life, yet years in, the organization had the highest impact on the continuance commitment for them.

Accordingly Varma et al. (2018) studied the influence of quality of work life on organization commitment at Hindustan Coca-Cola Beverages Pvt. Ltd. The study mainly focused on economic factors, social factors, training and development, career development and work-life balance of the employees. From the findings there was a significant and positive correlation between economic factors, social factors, training and development, career development and work-life balance of the employees and organizational commitment. Dominant predictors for Organizational Commitment were in the following order: Training and Development, Social Factor, Career development and WLB.

Besides Ahmadi, Salavati and Rajabzadeh (2012) surveyed the relationship between quality of work life and organizational commitment in public organization in Kurdistan province. To achieve the aims, 334 employees were selected as the sample. The questionnaire was used for data collection. The results of this study showed that the quality of working life and organizational commitment in Devices had been studied less than the average amount of time and it was low organizational commitment. In fact, meaningful and positive relationships between staff and the quality of working life, there were three dimensions of organizational commitment. It meant that the quality of working life in the organization was better, even higher levels of organizational commitment was high too.

Correspondingly An et al. (2011) analyzed the correlates and predictors of organizational effectiveness, focusing on organizational culture and quality of work life. Convenience sample of 145 nurses working in Korean university hospitals responded to a self-administered questionnaire. There were significant correlations between organizational culture, quality of work life, and organizational effectiveness. R^2 was 44.7% in the hierarchical multiple regression model, explaining and predicting organizational effectiveness. Intact organizational culture and quality of work life for nurses would undoubtedly lead to improved organizational effectiveness. Without efficient and effective nursing care, desired patient outcomes could not be achieved. In addition Eren and Hisar (2016) assessed Quality of work life perceived by nurses and their organizational commitment level. The study was conducted in a descriptive form for the purpose of determining nurses' work life quality and their organizational commitment levels. In the study, it was determined that the nurses' work life quality and their organizational commitment were at medium levels. It was also determined that there was a positive and statistically significant relation between work life quality and organizational commitment. It was suggested to implement applications that would enhance nurses work life quality. The sample size too small for purposes of generalization. Besides the study was conducted in a non-Kenyan context limiting its generalization.

Accordingly Almalki et al. (2012) assessed the QWL among PHC nurses in the Jazan region, Saudi Arabia. A descriptive research design, namely a cross-sectional survey, was used in this study. Findings suggested that the respondents were dissatisfied with their work life. The major influencing factors were unsuitable working hours, lack of facilities for nurses, inability to balance work with family needs, inadequacy of vacations time for nurses and their families, poor staffing, management and supervision practices, lack of professional development opportunities, and an inappropriate working environment in terms of the level of security, patient care supplies and equipment, and recreation facilities (break-area).

Additionally Kelbiso et al. (2017) assessed the level of quality of work life and its predictors among nurses working in Hawassa town public health facilities, South Ethiopia. The study adopted a cross-sectional study with a sample of 253 nurses of two hospitals and nine health centers. The study showed that 67.2% of the nurses were dissatisfied with the quality of their work life. The study found that educational status, monthly income, working unit,

and work environment were strong predictors of quality of work life among nurses. However, the study was conducted in the Ethiopian context besides the study did not utilize organizational culture as a moderator.

Besides Mbui (2014) studied the relationship between quality of work life and employee commitment among unionized employees in Kenya Commercial Bank (KCB). The research adopted descriptive census survey design. The design was preferred because of the cross-sectional nature of the data collected and the inherent comparative analysis. From the findings there was a significant relationship between QWL and employee commitment among the unionized employees of KCB branch network in Nairobi. However, the study was conducted in Kenya but did not focus on the health sector besides did not use organizational culture as a moderator. Otiende (2013) studied the effects of Quality Work Life on the performance of public health workers in Kenya: A Case Study of Kenyatta National Hospital, Kenya. From the findings quality of work life significantly affected the performance of public health workers. The study concluded that quality work life of public health workers was not favorable and therefore should be improved to ensure proper service delivery to the patients. However, the study did not look at organization commitment as an outcome of quality of work life but performance of health workers.

Okemwa, Atambo and Muturi, (2019) studied the influence of leave arrangements on commitment of nurses in public hospitals in Kenya. The results of descriptive analysis suggested that the staff leave arrangements for nurses in public hospitals in Kenya was inadequate. Correlation analysis reported a Pearson's correlation coefficient significant at 5% level of significance. The study further established a coefficient of determination (R square) = 0.391 suggesting that 39.1% of the variation in level of nurses' commitment for the sample of 309 nurses could be explained by the variations in the adequacy of staff leave arrangement. t-test and the f-test values for the adequacy of staff leave arrangements were; (t= 14.09, p<0.05); (f=198.524, p<0.05) respectively suggests that adequacy of leave arrangements could significantly predict the level of commitment of nurses in public hospitals. The results suggested that adequacy of staff leave arrangement had a statistically significant influence on the level of commitment of nurses. However, the study only focused on one aspect of QWL and which was a dispatch from the current study which focused on four aspects of QWL and their effect on organizational commitment.

III. RESEARCH METHODOLOGY

The current study employed causal research design. The target population was all the 926 nurses working in county and subcounty public hospitals in Bungoma County (<http://kmhfl.health.go.ke;>). The nurses were the target because the nursing workforce plays a vital role in health service delivery, providing the bulk of direct patient care. A two-stage sampling technique was used to narrow down to the employees. Stratified random sampling technique was used to select the sub counties. *Stratified random sampling* is a *method of sampling* from a population which can be partitioned into sub populations (Wang et al., 2012). The study used Krejcie and Morgan (1970) table to calculate the sample size which was 274 as per the table. The sample size was distributed proportionally to each sub county according to Neyman's allocation formula (Carfagna & Arti, 2007). With Neyman's allocation, the best sample size for strata h would be:

$$n_h = \left(\frac{N_h}{N} \right) n$$

Where:

n_h - The sample size for strata h, n - Total Sample Size, N_h -The Population Size for Strata h, N - The Total Population

Table 1
Sample Size

Sub Counties	Number of Nurses	Sample Size
Kanduyi	226	67
Webuye East	56	17
Webuye West	204	60
Bumula	64	19
Kabuchai	52	15
Kimilili	89	26
Mt Elgon	90	27
Sirisia	44	13
Tongaren	101	30
Total	926	274



Primary data was collected through questionnaires, while secondary data was obtained from published materials as reports and reviewing existing literature from other scholars. Data was then be analyzed using inferential statistics. Statistical analysis was performed using Statistical package of Social Sciences (SPSS 25.0). Inferential statistics are techniques that allow the use of samples to generalize the populations from which the samples were drawn. The study used correlation and regression analysis in inferential statistics was as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon \dots \dots \dots \text{Equation 3.1}$$

Where Y is organizational commitment, dependent variable X represented quality of work life, $\beta_1, \beta_2, \beta_3$ are the unstandardized regression coefficient.

- β_0 Represents the y intercept
- Y Represents organizational commitment
- X_1 Represents safe and healthy work condition
- X_2 Represents work life balance
- X_3 Represents reward system
- ϵ Represents error term

IV. FINDINGS & DISCUSSIONS

The study identified safe and healthy working conditions, work life balance, reward system, as the imperative quality of work life practices that determined organizational commitment as highlighted in the reviewed literature. The study conducted a multiple regression analysis to test hypothesis which stated that Organizational culture does not significantly moderate the relationship between quality of work life practices and organizational commitment amongst nurses in public hospitals in Bungoma County. The results are presented in Table 2 below.

Table 2
Hierarchical regression results for moderating effect of organization culture on the relationship between quality of work life and organizational commitment of the nurses in the public hospitals in Bungoma County Kenya

	Model 1	Model 2	Model 3	Model 4	Model 5
	B(SE)	B(SE)	B(SE)	B(SE)	B(SE)
(Constant)	1.032 (.162) **	1.247 (.155) **	1.331 (.162) **	1.332 (.162) **	1.322 (.163) **
Zscore: Safe	.509 (.056) **	0.493(.052) **	0.480(.052) **	0.480(.052) **	0.484(.053) **
Zscore: WLB	.103 (.042) **	0.104(.039) **	0.105(.039) **	0.105(.039) **	0.105(.039) **
Zscore: Reward	.198 (.038) **	0.159(.035) **	0.151(.036) **	0.151(.036)**	0.149(.036) **
Zscore(OCult)		0.116(.020)**	0.123(.020)**	0.123 (.020) **	.122(.020) **
Zscore(Safe* OCult)			0.033(.020) *	0.026(.023)	(0.38(.029)
Zscore(WLB* OCult)				0.015(.024) *	(-0.015(.024)
Zscore(Rew* OCult)					(0.018(.026) **
Model Summary					
R	0.833	0.860	0.862	0.862	0.863
R Square	0.694	0.739	0.743	0.744	0.744
Adjusted R Square	0.689	0.734	0.737	0.736	0.735
Std. Error of the Estimate	0.288	0.266	0.265	0.266	0.266
Change Statistics					
R Square Change	0.694	0.046	0.004	0.001	0.001
F Change	150.944	141.218	114.541	95.219	81.470
df1	3	4	5	6	7
df2	200	199	198	197	196
Sig. F Change	0.000	0.000	0.000	0.000	0.000

a Dependent Variable: Zscore (organizational commitment of the nurses)

**p<.01, *p<.05



The model summary of multiple regressions showing that all the three predictors (Safe and health work condition, work life balance and Reward system) jointly explained 69.4 percent variation on organizational commitment. This showed that considering the three independent study variables, there is a probability of 69.4 percent ($R^2=0.694$) in predicting organizational commitment without the effect of the moderating variable. However, with the moderator, the variables jointly explained 74.4 percent ($R^2= 0.744$) variation in organizational commitment. The adjusted R^2 for the variables without a moderator was 0.687 while the inclusion of the effect of organizational culture as the moderator changed the outcome result to .73.5. This implies that when the public hospitals embrace quality of work life with consideration of organizational culture, then organizational commitment is likely to improve. F-value of 150.944 and a p-value of 0.00 significant at 5 percent level of confidence, indicating that the overall regression model was significant. Hence, the joint contribution of the independent variables was significant in predicting organizational commitment.

Model 3 the interaction of safe and healthy working condition and organizational culture has a positive and significant effect on organizational commitment. There was a R^2 change of 0.004 and an F-value of 114.541 and a p-value of 0.00 significant at 5 percent level of confidence is obtained, indicating that the overall regression model is significant. The B values were also significant. Therefore, organizational culture significantly moderates the effect of safe and healthy on organizational commitment. Model 4 the interaction of work life balance and organizational culture has a positive and significant effect on organizational commitment. There was a R^2 change of 0.001 and an F-value of 95.219 and a p-value of 0.00 significant at 5 percent level of confidence is obtained, indicating that the overall regression model is significant. The B values were also significant. Therefore, organizational culture significantly moderates the effect of work life balance on organizational commitment.

Model 5 the interaction of reward system and organizational culture has a positive and significant effect on organizational commitment. There was a R^2 change of 0.001 and an F-value of 81.470 and a p-value of 0.00 significant at 5 percent level of confidence is obtained, indicating that the overall regression model is significant. The B values were also significant. Therefore, organizational culture significantly moderates the effect of reward system on organizational commitment. On the other hand, basing on the fifth model when organizational culture is introduced to moderate the relationship between quality of work life and organizational commitment, an F-value of 81.470 and a p-value of 0.00 significant at 5 percent level of confidence is obtained, indicating that the overall regression model is significant. Hence, the joint contribution of the independent variables was also significant in predicting organizational commitment with organizational culture as a moderator. In this regard, we reject the null hypothesis stating that there is no significant moderating effect of organizational culture on the relationship between quality of work life and organizational commitment amongst nurses in the public hospital. Instead, the alternative hypothesis holds true stating that there is a significant moderating effect of organizational culture on the effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County.

Results of the multiple regression coefficients presented in Table 4.1 show the estimates of beta values and give an individual contribution of each predictor to the model. The magnitude of the beta coefficients associated with the independent variables can be compared to determine the strongest independent variable in predicting the dependent variable (Zhao et al., 2020). The beta value tells us about the relationship between organizational commitment with each predictor. The positive beta values indicate the positive relationship between the predictors and the outcome. Table 2 shows that the beta value for safe and healthy working condition (.509), work life balance (.103) and Reward system (.198) were all positive. The model can then be specified as: -

$$Y = 1.032 + .509X_1 + .103X_2 + .198X_3 + \varepsilon, \dots\dots\dots 4.1 \text{ without the moderating variable}$$

$$Y = 1.032 + .509X_1 + .103X_2 + .198X_3 + M + 0.033X_1 * M + 0.015X_2 * M + 0.01X_3 * M + \varepsilon, \dots\dots\dots 4.2 \text{ with a moderator}$$

Where:

X_1 = Safe and healthy work condition

X_2 = work life balance

X_3 = Reward system

M= Organization culture (moderator)

ε , = Error term

4.1 Discussion

Promoting QWL in an organization is an effective way to lead to the development of a committed workforce. From a nursing perspective, Brooks defined the QWL as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals (Almalki et al., 2012). An individual's experiences in the workplace and his or her Quality of Work Life (QWL) influence his or her health and well-being, besides affecting organizational outcomes. From the study findings, all three

predictors (safe and healthy work conditions, work-life balance, and the reward system) jointly explained 69.4 percent of the variation in organizational commitment. Besides an F-value of 150.944 and a p-value of 0.00, this was significant at the 5 percent level of confidence, indicating that the overall regression model was significant. Hence, the joint contribution of the independent variables was significant in predicting organizational commitment. The quality of work life significantly affects organizational commitment amongst nurses in Bungoma County public hospitals. These findings are supported by Ahmadi et al. (2012), Eren and Hisar (2016), Ahmadi et al. (2012), Varma et al. (2018), and Afşar (2015), who also found a positive relationship between QWL and OC. However, the strength of the relationship depends on the QWL dimensions that are being used and bundled in the study.

Improving the quality of work life of nurses remains a difficult challenge for managers since the bureaucratic cultural norm of hospitals, with its hierarchical structures, rules, and regulations and heavy emphasis on measurement of outcomes and costs, may not be the culture most conducive to enhancing nurses' job satisfaction and commitment (Gifford et al., 2002; AnooSheh et al., 2008). This underscores the role of organizational culture in moderating the effect of QWL on organizational commitment. This is justified by the fact that organizational culture is a way to behave within the organization that consists of shared beliefs and values established by leaders and then communicated and reinforced through various methods, ultimately shaping employee perceptions, behaviours, and understandings (Demirtas & Akdogan, 2015). However, industries and situations vary significantly, and there is not a one-size-fits-all culture template that meets the needs of all organizations.

According to the study findings, with the moderator, the variables jointly explained 74.4 percent ($R^2 = 0.744$) of the variation in organizational commitment, which is an increment. On the other hand, when organizational culture is introduced to moderate the relationship between quality of work life and organizational commitment, an F-value of 81.470 and a p-value of 0.00 significant at a 5 percent level of confidence are obtained, indicating that the overall regression model is significant. Hence, the joint contribution of the independent variables was also significant in predicting organizational commitment, with organizational culture as a moderator. In this regard, we reject the null hypothesis, stating that there is no significant moderating effect of organizational culture on the relationship between quality of work life and organizational commitment amongst nurses in the public hospital. Instead, the alternative hypothesis will hold true, stating that there is a significant moderating effect of organizational culture on the effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County. These findings are supported by Radja et al. (2013), who found an indirect effect of quality of work life on organizational commitment. An et al. (2011) noted that an effective organizational culture and quality of work life for nurses would undoubtedly lead to improved organizational effectiveness. These findings are supported by social exchange theory, Schein's model, and Becker's side bets theory.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

A great organizational culture is symbolic of positive traits that improve employees' commitment to the organization and performance, while a dysfunctional organizational culture brings out qualities that bar organizational progress. The quality of work life significantly affects organizational commitment amongst nurses in Bungoma County public hospitals, as moderated by organizational culture. Thus, promoting QWL in an organization is an effective way to lead to the development of a committed workforce in a positive organizational culture. Therefore, the quality of work-life dimensions adopted should be socially supportive and create an environment that obligates the employee to express their commitment to the organization they are working for. Therefore, providing a quality work life to nurses and developing a positive organizational culture as a driver of their organizational commitment correlates with the transfer of resources between the nurse and the patient.

5.2 Recommendations

The study recommends that all nurses receive compulsory health and safety training to be equipped with safety procedures. Besides, the equipment used by the nurses must be adequate and function satisfactorily. Public hospitals should come in by reorienting their work-life balance policies towards enabling employees to achieve more balanced lives for organizational commitment. There should be strategic reward system management with clear measurements and guidelines in place to reward employees when they reach certain targets or goals by the county governments. Intact organizational culture and quality of work life for nurses would undoubtedly lead to improved organizational commitment. Therefore, amidst the strengthening of quality of work life practices, public hospitals should strive to have their vision, mission, and objectives understood by all employees. Besides, there is a need to create an environment that

promotes diversity and inclusion for teamwork and reactions to the concerns of the nurses as a means of enhancing organizational commitment as an outcome of quality of work life.

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