A Strategic Study of Organisational Commitment of Public Sector Healthcare Workforce: Evidence from Ghana

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Abstract
The exodus of public sector healthcare professionals, for example nurses to most developed countries (e.g. the US and the UK) has been a source significant problem to the government of Ghana. However, in recent times, it is identified that the commitment of the nurses in Ghana seems to be improving. This study draws on the Meyer (1993) organisational commitment model following a review of literature informing the study. The study seeks to validate the model by using data from the nursing profession of Ghana. The overall objective is to ascertain which of the three dimensions of the Meyer and Allen's model is dominant among the nurses in Ghana. The sample for the study is based on a non-probability conveniencesample consisting of 193 respondents. A standard questionnaire based on Meyer (1993) organisational commitment measurement is adopted for the study. Using the mean rankings of the respondents' average scores the results indicate that of the three dimensions of organisational commitment from the model, normative commitment ranks the highest, whilst affective commitment ranks the second highest. The continuance commitment is the least ranked factor. Based on this, implications of the findings on practice and public policy are suggested.

Keywords: Organisational commitment, nurses, public sector, Ghana

Introduction

Retaining nursing staff in a healthcare facility holds enormous benefits to an organisation (Wilson, 2005; Kleinman, 2004). Jones (2005) posits that the turnover costs of nursing staff can be as high as 1.3 times the cost of salaries paid to them. In the recent past, Ghana, for example, had to battle with a high turnover cost in the health sector due to the migration of its nurses to the western world. Several studies (Dovlo, 2005; Dovlo, 2007; Agyepong *et al*. 2004; Antwi & Phillips, 2012) conducted to determine the cause of the high attrition rates of nursing staff revealed job dissatisfaction and low remuneration as the two main causes of the high attrition rates.

In view of these, several policies were put in place to curb the situation. These include the introduction of the Additional Duty Hours Allowance (ADHA) in 1998 (Kumar,2007), the distribution of vehicles on hire/purchase bases to health workers and the introduction of the Deprived Area Posting Allowance. All these policies were aimed at retaining health workers, especially medical doctors and nurses in Ghana to deprived areas. However it is argued that these did not yield much result (International Council of Nurses, 2006; WHO, 2006; Kumar, 2007; Bump, 2006).

The introduction of a bonding system for all publicly-trained nurses (Ministry of Health, 2007), the introduction of the single spine salary structure (a new public sector salary reform aimed at increasing public sector wages), and the ethical recruitment policies of the United Kingdom government (Department of Health, 2004) are in part the factors that have greatly stabilized the migration of nurses from Ghana to the western world (Antwi and Phillips, 2012). Although attrition rates have shown a continuous reduction in the recent past, Antwi and Phillips (2012), in a research on health and social workers in Ghana, report that majority of health care and social workers express their desire to continue working in the country only if work environments were safe and offered opportunities for career development, as well as recognition for individual efforts. This is also in line with studies (e.g. Antwi & Phillips, 2012; Abuosi & Abor, 2014) which indicate the intention of nursing staff to migrate to other countries considered to have better conditions of service. This is in connection with the announcement made by the deputy director of human resources at the Ministry of Health regarding the lifting of the bonding system imposed on nursing professionals in the country.

Theoretical, Empirical Literature and Hypotheses Development

McNeese-Smith and Crook (2003) and Nogueras (2006), have identified organisational commitment as the most important determinant of employee retention. Porter *et al*. (1974) also assert that highly committed employees possess strong beliefs in the objectives and values of their organisations and consequently, are less likely to vacate their post. Porter *et al*. (1974, p. 604) provide a practical definition of organisational commitment which says that organisational commitment is 'the strength of an individual's identification and involvement with a particular organisation evidenced by a strong belief in the acceptance of the organisation's goals and values; willingness to put significant strength on behalf of the organisation and

a definite desire to maintain organisational membership. However, in a much simpler form, Buchanan (1979) defines organisational commitment as the bond between an individual (employee) and the organisation (employer).

Meyer and Allen (1997) argue that there are three types of commitments namely, affective, continuance and normative commitment. Meyer and Allen's three dimensional model, as it is widely known, is used and affirmed with regard to the validity of its constructs (Hackett *et al.*, 1994; Meyer *et al.*, 1993). argues that the three dimensional model is a reflection of the psychological state of an employee, which reveals the extent to which the employee will remain with an organisation. Organisational commitment studies actually dates back to the works of Etzioni (1961) and Kanter (1968). Among the other studies on organisational commitment that have attracted attention are those of Mowday *et al*. (1979) and Porter *et al*., (1974). Mowday *et al*, (1979) and Porter *et al*. (1974) developed an organisational commitment questionnaire using motivation, intention to remain, and identification as variables to measure the commitment of employees. This measure is viewed as an attitudinal approach in assessing employee commitment to their organisations (MaslicSersic, 1999). It must be stated, however, that the focus of this study is on the three dimensional model by Meyer and Allen (1991, 1993 and 1997).

Of Meyer and Allen's (1991, 1993 and 1997) three dimensional model, first, the affective commitment reflects an employee's desire to remain in an organisation because of a strong emotional attachment and identification with the organisation (Mowday *et al*. 1982; Meyer *et al*., 2013 and van Dick, 2001). Affective commitment constitutes a robust belief in the goals and the aspiration of the organisation and an acceptance of these by the employee, including a readiness to lend support to the organisation and a strong need for the employee to maintain membership of the organisation (Mowday, Porter & Steers, 1982). Affective commitment also involves loyalty to an organisation on voluntary basis (Meyers & Allen, 1997). Second, the continuance commitment reflects a desire to remain in an organisation because of the perceived costs and benefits associated with leaving or staying with the organisation (Meyer *et al*., 2013). This commitment is largely as a result of non-transferable investments in the form of relationship with coworkers, monetary benefits and/or years of service (Reichers, 1985). Continuance commitment is thus an objective assessment made by the employee considering all the negative and positive possibilities of leaving or remaining with the organisation. Third, the normative commitment reflects an obligation to stay with an organisation because it is deemed politically right to do so (Weiner, 1982; Bolon, 1997). Thus, an employee chooses to remain with an organisation because it is considered an appropriate thing to do (Meyer *et al*., 2013). This could be based on the belief system which operates in the organisation (Wiener, 1982).

Rezvaniamin *et al*. (2013) reports that affective commitment is the most effective measure of organisational commitment. Other studies (Dello Russo *et al*, 2013; Vecina *et al*, 2013; Davila & Garcia, 2012; Gutierrez *et al*, 2012; Huang, *et al*., 2012; Friedoon & Masrin, 2009) have also found positive relationship between affective

commitment and organisational citizenship, job satisfaction, motivation and productivity . There appear to be a negative correlation between affective commitment and intention to leave the organisation (Lee, 2005).

A study conducted by Nogueras (2006) reveals that there is negative correlation between nurses' continuance commitment and their intention to leave. Thus the more continuance commitment nurses felt, the less likely the nurse will leave their job. Schacklock and Brunetto (2012), however, maintain that nursing staff are less committed to a specific health facility, but rather seek environments where an optimal meaning of work is experienced. Loi *et al* (2006) argues that organisational commitment is dependent on the extent to which nurses perceive some level of mutual benefits. Government employees or public sector workers have been found to display high levels of continuance commitment (Perry, 1997; Meyer & Allen, 1997). Lio (1995) attributes this commitment to the job security enjoyed by government workers. Moneke and Umeh (2014) argue that employees who felt cared for by the organisations in which they worked, display higher levels of commitment, greater involvement in the organisation and are highly innovative.

Meyers *et al*. (2002) in a meta-analysis study (in North America and outside) based on organisational commitment factors used turnover, absenteeism, job performance, organisational citizenship behaviour, stress and work-family conflicts to establish a relationship with the three types of organisational commitment according to the Meyer and Allen's organisational commitment model. In descending order, affective, normative and continuance commitment correlated negatively with turnover. In relation to absenteeism, a negative was established between affective commitment and absenteeism. However normative and continuance commitment correlated positively. Affective and normative commitment correlated positively with job performance and organisational citizenship, but continuance commitment correlated negatively with job performance and did not correlate with organisational citizenship. Affective commitment correlated negatively with stress and work-family conflict, whilst continuance commitment correlated positively with the two variables.

Organisational commitment appears critical to the survival of every organisation such that its benefits cannot be overemphasized. For instance, Naude and McCabe (2005) argue that when nurses leave a healthcare facility, it results in loss of knowledge, skills, and the expertise gained by such nurses on the job. According to them, it may take as long as six months for a replacement, and some more time before the new entrants would acquire the desired level of knowledge, skills and expertise. In line with the recent positive changes in public sector wages in Ghana, coupled with the empirical results of the extant studies above, the following hypotheses are posed for the study:

Hypothesis 1

Continuance commitment will rank highest among healthcare professionals in the Ghanaian public sector.

Hypothesis 2

Affective commitment will rank second highest after continuance commitment among healthcare professionals in the Ghanaian public sector.

Hypothesis 3

Normative commitment will rank least among healthcare professionals in the Ghanaian public sector.

Research Methodology, Analysis and Results

A total of 193 respondents were conveniently selected from eight (8) healthcare facilities in the Greater Accra region for the purposes of this study. Convenient sampling was used because of the shift systems as well as the busy nature of the nursing work. Korle-bu, Korle-bu Polyclinic, Mamprobi Polyclinic, Legon Hospital, Madina Polyclinic, Ridge Hospital, Achimota Hospital and La General Hospital were the healthcare facilities where the study took place. The study adopted Meyer's (1993) organisational commitment scale and a standard questionnaire consisting of 21 items. These items were put under sub-titles, namely affective, continuance and normative commitment. The choice of a standard questionnaire was informed by the need to generate findings that are valid and reliable. The questions were, however, rephrased to provide understanding in the Ghanaian context. This was measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly).

Description of the sample

From a sample of 193 nurses, there were a total of 36 males (18.7%) and 157 females (81.3%). The age of respondents ranged from a minimum of 20 years to 59 years with the average age being 31 years. A larger proportion of the respondents were aged between 26 and 35 years (39.4%). The average monthly salary was at 1500 Ghana Cedis. The sampled nurses had spent a minimum of one year and maximum of 39 years in the Ghana Health Service, with 7 years as the average number of years spent in the Service.

Preliminary analysis: confirmatory factor analysis of constructs

Before using the mean rankings of the respondents' average scores on the three dimensions of the model that informs the study, a confirmatory factor analysis is performed to ascertain the validity of the constructs in the Ghanaian context. The three constructs were subjected to a Confirmatory Factor Analysis (CFA) procedure using the Partial Least Square modelling technique. This was deemed necessary as the sample size for the data would not be enough for a covariance-based approach. Two issues were discussed in this procedure; the construct validity and the convergent validity tests.

The convergent validity was done to ensure that the items are good indicators for the constructs under study. This was assessed by examining the amount of variation within a construct that is explained by the items. This is termed as the Average Variance Extracted (AVE) scores. A valid construct is expected to have more than 50% of the variance explained by its indicator items, thus it is expected that

the AVE score for a construct must be 0.5 or more (Fornell & Larcker, 1981). In addition, convergent validity is also assessed by examining the construct reliability score which gives an indication of how internally consistent they are among each other. An acceptable score for this is a reliability score of 0.7 or above. The results are given in Table 1. For each construct, certain items were removed due to poor loadings. This indicates that within the context under study the items that were removed were not proper indicators for the various constructs within the Ghanaian context (see Apendix 1 for definition and loadings of items that were retained and removed).

Table 1: Convergent validity assessment of constructs

Construct	Number of items	Factors retained	AVE score	Composite reliability score	Items removed
Affective	8	3	0.55	0.79	Affect1 Affect2 Affect5 Affect7 Affect8
Normative	7	3	0.5	0.81	Norm4 Norm5 Norm6 Norm7
Continuance	8	6	0.59	0.86	Conti2 Conti5

Discriminant validity ensures that the items measuring a specific construct are unique measures of that particular construct and not any other construct. This was done using the method presented by Fornell and Larcker (1981) in assessing discriminant validity. The square root of the AVE scores is compared with the inter construct correlations as presented in Table 2. The diagonal elements are the square root of the AVE scores and they are seen to be greater than the various inter-construct correlations.

Table 2:Discriminant validity assessment of constructs

	Affective	Continuance	Normative
Affective	**0.74**		
Continuance	0.54	**0.77**	
Normative	0.44	0.54	**0.71**

The mean rankings of respondents' average scores

After confirming the items which define exactly the three constructs (Tables 1 & 2), the mean rankings of the respondents' average scores were examined using the descriptive statistics as the main diagnostic tool. Table 3 below presents the output of descriptive statistics for the means of the constructs generated from the retained items for the various constructs, i.e. Affective, Normative, and Continuance.

Table 3: Descriptive Statistics of the Means Constructs

	N	Mean	Std. Dev.
Affective commitment	189	2.8351	.96618
Normative commitment	190	3.3974	1.21141
Continuance commitment	188	2.6481	.69300

Source: Extracted from SPSS, version 20.

From Table 3, normative commitment accounted for 3.3974 of the means (the 1st highest) followed by the affective commitment, representing 2.8351of the means (2nd highest) whilst the continuance commitment ranked the least representing 2.6481 of the means. This is contrary to Hypothesis 1, because continuance commitment did not rank the highest among the dimensions.

Table 4: Results of Hypotheses

Hypotheses	Supported	Not Supported
H1	No	Yes
H2	YES	No
H3	No	Yes

Discussion

Hypothesis 1 is not supported. Continuance commitment in the Ghanaian context rather ranks least of the three types of commitment with a ranking of 2.6481. This indicates that Ghanaian nurses do not consider perceived costs or benefits with leaving a particular healthcare facility. This appears to contradict assertions by Darko *et al*. (2006) and Buchan *et al*. (2009) that the bonding of publicly-trained nurses in Ghana primarilly accounts for their inability to migrate to countries considered to have better conditions of service for nursing staff. This findings, however, lends credence to arguments by Lievens *et al*. (2011) that nurses in Ghana feel less compelled to leave their employment because of increased salaries which enables them save towards the acquisition of properties.

The findings show that public sector nurses in the public sector in the Greater Accra Region of Ghana appear to be committed to the healthcare facilities they work with because they think it is morally or

politically right to do so. This is because from the results, normative commitment ranked the highest. Normative commitment is exhibited by employees who consider it appropriate to be committed to an organisation not because they identify with the values of the organisation or perceive any loss from leaving the organisation (Weiner, 1982; Bolon, 1997; Meyers *et al*, 2013). This is reflective of the factors that loaded highly in the CFA: Norm1: I think people these days move from hospital to hospital too often; Norm2: I believe that a person must always be loyal to his/her hospital; and Norm3: Jumping from hospital to hospital seems unethical to me (Appendix 1, Table 1). Implications deduced from Meyers *et al*'s (2002) meta-analysis indicates that Ghanaian nurses are likely to be good organisational citizens and be productive on the upside, but on the downside, they are likely to absent themselves often from work. This result appears to contradict the findings of Schacklock and Brunetto (2012) that nursing staff are less committed to a specific health facility but are rather rational. It also contradicts assertions by Parry (1997) and Meyers and Allen (1997). Hypothesis 3 is thus not supported. Normative commitment in the Ghanaian context ranked highest and indicates that Ghanaian nurses feel obliged to remain with the healthcare facilities they find themselves.

Affective commitment which indicates high emotional attachment to an organisation is the second factor whose variables loaded highly, also confirming Hypothesis 2. The items that loaded in this specific study are: Affect3: I feel as if this hospital's problems are my own; Affect4: I do not think I will become as attached to another hospital as I am to this one and Affect6: I feel emotionally attached to this hospital (Appendix 1, Table 1).By extension from Meyer *et al*'s 2002 meta-analysis, public healthcare facility nurses are likely to perform highly on the job and be less stressed and have work-family conflicts. This commitment may be attributed to a feeling of emotional attachment, particularly 'a strong sense of belonging' which may be attributed to factors such as relationships established with co-workers (clinical and non-clinical), leadership style and perhaps the extent of autonomy in decision making on their job. Affective commitment is indicative according to the literature of good commitment and has many benefits to the organisation. The support for Hypothesis 2 confirms why some studies find that affective commitment affects organisational citizenship, job satisfaction, motivation and productivity among employees in a positive way (Dello Russo *et al*, 2013; Vecina *et al*, 2013; Davila & Garcia, 2012; Gutierrez *et al*, 2012; Huang, *et al*., 2012; Friedoon & Masrin, 2009).

Conclusion

The purpose of the research is to identify the factors that account for the organisational commitment of Ghanaian nurses in selected public health care facilities in the Greater Accra Region of Ghana. The application of CFA resulted in the reduction of the items measuring the three constructs of organisational commitment developed by Meyers and Allen in 1993. Mean rankings of the three types of commitment indicates that Ghanaian nurses are normatively committed to their organisations (1st highest ranked dimension). This commitment hinges mainly on the beliefs, moral and value systems of the in-

dividual nurses which could be investigated further. The second ranking commitment is the affective commitment which is believed to be the best commitment an individual could have towards an organisation. The least ranking commitment is the continuance, indicating that the average Ghanaian nurse is not considering the cost of leaving a healthcare facility or the country for that matter in terms of organisational commitment.

Implications of the Study

It appears that public healthcare nurses in Ghana have a compelling reason to remain with their current institutions attributable to their belief and value systems. Whilst this is good, the downside of increased absenteeism has implications for patient satisfaction and quality of healthcare. It may also appear that the nurses are satisfied with current wages and service conditions in the health sector and thus feel a moral duty to be committed to their healthcare facilities. Government could, through policy, emphasize this moral duty on nurses and ensure that wages reflect current living conditions to enable nurses remain committed to their current healthcare facilities. Whilst the results confirm some level of commitment among the nurses currently working in Ghana, government must not relax, but must keep monitoring and reviewing the trend so that any changes can quickly be spotted. In addition, the fact that affective commitment also became dominant after the continuance commitment implies that the various code of conduct of the public health professionals must continually be strengthened in order to enhance the emotional attachment of the workers to the public sector facility. Private healthcare facilities in the Greater Accra Region of Ghana could draw inspiration from the findings of this study. By noting that normative and affective commitment are very important among the nurses, they could take advantage of this to drive the productivity of the nurses. The study recommends further studies regarding the belief and value system of Ghanaian nurses accounting for their normative commitment to public healthcare facilities. A study into the organisational cultures of public healthcare facilities in Ghana could help ascertain why affective commitment ranked second and possibly what can be done to influence the organisational commitment level of public healthcare nurses in the country.

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Table 1: Items Retained

Construct/Item	Definition	Factor Loading
Affective		
Affect3	I feel as if this hospital's problems are my own	0.639
Affect4	I do not think I will become as attached to another hospital as I am to this one	0.592
Affect6	I feel emotionally attached to this hospital	0.724
Normative		
Norm1	I think people these days move from hospital to hospital too often	0.742
Norm2	I believe that a person must always be loyal to his/her hospital	0.748
Norm3	Jumping from hospital to hospital seems unethical to me	0.676
Continuance		
Conti1	It will be hard for me to leave the hospital now even if I want to	0.697
Conti3	I am afraid of what might happen if I quit my job without having another one lined up	0.701
Conti4	It will be costly for me to leave this hospital now	0.748
Conti6	I feel that I have few options to consider in leaving this hospital	0.609
Conti7	One of the serious consequences of leaving this hospital would be scarcity of available alternatives	0.714
Conti8	One of the major reasons I continue to work for this hospital is that leaving will require personal sacrifice- another hospital may not match the overall benefits I have here.	0.697

Table 2: Items Removed

Construct/Item	Definition	Factor Loading
Affective		
Affect1	I will like to spend the rest of my career with this hospital.	0.399
Affect2	I enjoy discussing this hospital with people outside it.	0.594
Affect5	I feel like 'part of the family' in my hospital.	0.376
Affect7	This hospital has personal meaning to me.	0.523
Affect8	I feel a strong sense of belonging to this hospital	0.562
Normative		
Norm4	I believe that loyalty is important and therefore I feel a strong sense of moral obligation to remain.	0.339
Norm5	I was taught to believe in the value of remaining loyal to one hospital.	0.264
Norm6	Things were better in those days when people stayed with one hospital for most of their careers.	0.563
Norm7	I think that wanting to be a 'company man' or a 'company woman' is sensible.	0.353
Continuance		
Conti2	My life will be disrupted if I decide I want to leave the hospital now	0.558
Conti5	Right now, staying with this hospital is a matter of necessity as much as a desire	0.531