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EMPLOYEE COMMITMENT IN GHANAIAN HEALTHCARE: A MULTI-FACTOR ANALYSIS

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Abstract. Purpose – The study investigates the factors influencing organizational commitment among employees at a Municipal Health Directorate (MHD) in Ghana. It focuses on identifying key organizational and individual factors that drive commitment and examining potential gender differences.

Research methodology – A quantitative approach was employed, using a cross-sectional survey of 204 MHD employees, with a final sample size of 153. A structured questionnaire measured organizational commitment and influencing factors. Multiple regression analysis was used to examine relationships between variables.

Findings – Key drivers of commitment include training and development, salary, leadership style, work environment, job satisfaction, and involvement in decision-making. Training and development were the strongest predictors of commitment, while job-related stress negatively influenced commitment. No significant gender differences in commitment were found.

Research limitations – The cross-sectional design limits causality. Future research should adopt longitudinal designs to track changes in commitment over time and explore gender differences in other contexts.

Practical implications – The findings emphasize the importance of investing in employee development, fostering supportive leadership, managing job stress, and involving employees in decision-making to enhance commitment.

Originality/Value – This study provides valuable insights into the determinants of employee commitment in healthcare, contributing to the limited research on organizational commitment in resource-constrained healthcare settings in Ghana.

Keywords: organizational commitment, employee engagement, healthcare sector, leadership style, job satisfaction.

JEL Classification: J24, J28, M12, I15, M54.

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1. Introduction

Employee commitment is a critical factor that significantly contributes to organizational success, impacting productivity, performance, and overall sustainability. It is a multifaceted concept encompassing emotional and practical elements of an employee's relationship with their organization. Canu et al. (2021) define commitment as encompassing various meanings, from a formal pledge to a deeper sense of engagement and involvement with the organization. This broad definition highlights that commitment is not merely a contractual obligation but often reflects an employee's alignment with the organization's goals, values, and mission. Albrecht and Raymond (2023) further distinguish between commitment as a deliberate, binding act and an internalized sense of attachment, where the latter may result in employees supporting the organization's objectives even at a personal cost.

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In an organizational context, commitment can manifest in two primary forms. First, it can be seen as an implicit promise employees make to align with and support the organization's goals beyond personal gains (Keskes, 2014). This form emphasizes a deeper connection, where employees internalize the organization's values, often prioritizing the organization's success over immediate self-interest. Second, commitment may stem from practical considerations, such as the time and resources invested in the organization. This "continuance commitment" arises when employees feel that disengagement would result in significant personal costs, such as losing job-related benefits, accumulated experience, and professional relationships (Keskes, 2014). These different dimensions – affective, continuance, and normative commitment – collectively shape how employees interact with and contribute to organizational performance.

Research consistently demonstrates the positive impact of employee commitment on organizational outcomes. Committed employees often exhibit greater productivity, require less oversight, and contribute to a more positive workplace environment (Yamoah & Nsowah, 2024; Huih et al., 2024; Andrew, 2017). Furthermore, commitment fosters innovation and the implementation of new ideas, as employees are more willing to invest time and effort into the organization's long-term success (Goh & Marimuthu, 2016). Studies have shown that high levels of commitment are linked to increased job satisfaction, improved performance, and reduced turnover (Chanda & Goyal, 2020). Empirical evidence also supports the positive correlation between commitment and service quality, particularly in sectors such as healthcare where employee dedication is critical to organizational performance (Aminizadeh et al., 2022; Perez, 2021; Faraj et al., 2021).

Despite extensive research on organizational commitment, there is no universal agreement on the specific factors that consistently enhance commitment across all organizations. Each organization presents unique challenges, and the dynamics influencing employee commitment can vary significantly depending on the organizational context (AlKahtani et al., 2021). Research has shown that factors such as leadership style, job satisfaction, and organizational culture play a significant role in shaping commitment (Haque, 2021; Azeem & Akhtar, 2014; Mosadeghrad & Ferdosi, 2013). However, while these studies provide valuable insights, many fall short of explaining how such factors generate long-term value in diverse organizational settings, particularly in rapidly changing employment landscapes.

In today's dynamic organizational environment, shifts in employment practices such as downsizing, acquisitions, and retrenchment have altered the traditional employer-employee relationship, affecting the way commitment is fostered and sustained (Shwedeh et al., 2022). As a result, there is a pressing need to understand how individual and organizational factors interact to influence employee commitment in specific contexts. While job-related conditions, leadership styles, and opportunities for professional growth have been widely studied, the interplay of morale, empowerment, training, and development on commitment remains less explored, particularly in the healthcare sector (Stamouli & Gerbeth, 2021; Al-Haroon & Al-Qahtani, 2020; Tekingündüz et al., 2017). These gaps in the literature indicate the need for more targeted research that considers the unique characteristics of individual organizations.

This study focuses on a Municipal Health Directorate (MHD) in the Central Region of Ghana, to explore the factors influencing employee commitment. Healthcare organizations, such as MHDs, are particularly vulnerable to high turnover and fluctuating employee engagement

due to the high-pressure nature of the work and resource constraints. For MHDs to continue to contribute effectively to the region's healthcare development, it is essential to understand how to foster higher levels of commitment among its employees. Efforts to replicate commitment-enhancing strategies from other sectors have often proven unsuccessful due to the unique challenges faced by healthcare institutions, particularly those in resource-constrained settings like Ghana. Thus, the need for context-specific solutions that address the distinctive needs of MHDs' employees is crucial.

This study seeks to bridge the gap in understanding how organizational and individual factors interact to influence employee commitment to healthcare. By identifying the specific drivers of commitment at the MHD, the study aims to provide actionable insights that can improve employee retention, job satisfaction, and overall organizational performance. Moreover, the study will examine whether there are gender differences in commitment levels, offering further insights into how demographic factors may influence organizational dynamics.

The primary objective of this study is to identify the factors influencing organizational commitment among MHD employees. Specifically, the study will:

1. Assess the level of organizational commitment among the MHD employees.
2. Identify the key organizational and individual factors contributing to employee commitment.
3. Examine potential gender differences in the commitment levels of the MHD employees.

Given the critical role employee commitment plays in organizational success, this study provides an important contribution to the literature on human resource management, particularly in the healthcare sector. The findings from this research will not only inform the MHD's internal strategies but also offer valuable insights for other healthcare organizations facing similar challenges. To provide a theoretical foundation and context for this study, a review of relevant literature is necessary to understand better the dynamics of organizational commitment and its contributing factors.

2. Literature review

2.1. Organizational commitment

Organizational commitment is broadly defined as an employee's psychological attachment and loyalty to their organization, influencing their decision to remain and contribute to the organization's objectives (Eliyana et al., 2019). This attachment reflects an alignment with organizational values, dedication to work, and a willingness to maintain membership in the organization. Commitment is crucial across industries, but it is especially vital in high-skill sectors like healthcare, where employee retention is directly linked to organizational performance and patient care quality (Vuong et al., 2020). Employees with strong organizational commitment typically demonstrate higher job performance, satisfaction, and lower turnover rates (Yamoah & Nsowah, 2024; Purwanto et al., 2021).

Social Identity Theory provides a framework for understanding organizational commitment, suggesting that employees derive part of their identity from their affiliation with the organization. This connection influences behavior, long-term commitment, and job performance (Steffens et al., 2021). However, with globalization and workforce diversification, fostering

organizational commitment has become increasingly complex as employees face dynamic, competitive, and unpredictable work environments (Trost, 2020). This has driven organizations to implement strategies that build trust, enhance emotional attachment, and secure long-term relationships with employees (De Las Heras-Rosas et al., 2021; Ntimba et al., 2021; Shabir & Gani, 2020; Fitrio et al., 2019).

2.2. Dimensions of organizational commitment

Organizational commitment is often analyzed through three key dimensions: affective commitment, continuance commitment, and normative commitment. These dimensions reflect different motivations for staying with an organization, each uniquely impacting employee behavior and organizational outcomes (Martini et al., 2018; Meyer & Allen, 2001).

Affective commitment: This dimension represents an employee's emotional attachment and identification with the organization. Employees with high affective commitment remain because they want to, motivated by shared values and a genuine connection to organizational goals (Grego-Planer, 2019). Factors such as role clarity, peer support, fair compensation, and feedback systems strengthen affective commitment (Xenikou, 2022). Research consistently links high affective commitment to positive organizational outcomes, such as improved performance, organizational citizenship behaviors, and reduced absenteeism and turnover (Kurdi et al., 2020). In healthcare, affective commitment is critical, as employees with emotional ties to their organizations are more likely to engage in behaviors that directly improve service quality and patient outcomes.

Continuance commitment: Continuance commitment is based on a cost-benefit analysis, where employees stay with an organization because they need to, fearing the personal or financial costs of leaving (Martini et al., 2018). This could involve losing job security, tenure benefits, or professional relationships. While continuance commitment aids in retention, it is not strongly linked to job satisfaction or high performance (Imran, 2023; Ampofo, 2020). Employees motivated by continuance commitment may lack the enthusiasm to perform at their best, potentially affecting long-term organizational effectiveness (Ramlawati et al., 2021). However, it remains crucial in sectors like healthcare, where job stability is often a key consideration for employees.

Normative commitment: Normative commitment stems from a sense of moral obligation or duty to stay with the organization. Employees with high normative commitment feel they ought to remain due to societal or organizational pressures (Thompson et al., 2021). This form of commitment is often linked to the principle of reciprocity, where employees feel indebted to an organization that has invested in their training and development (Meyer & Parfyonova, 2010). While normative commitment supports retention, its influence on performance can vary depending on whether the sense of obligation translates into proactive contributions to organizational success.

2.3. Factors influencing organizational commitment

Several organizational and individual factors influence employee commitment. These include compensation, leadership, training and development, work environment, personal growth opportunities, job satisfaction, and involvement in decision-making.

Compensation and organizational success: Fair and competitive compensation is one of the strongest drivers of both affective and continuance commitment. Employees who feel adequately compensated are more likely to remain loyal and motivated (Alamelu et al., 2015). Compensation also signals the organization's appreciation of the employee's contributions, fostering stronger emotional ties (Kryscynski et al., 2021). Employees in successful organizations are often prouder and more committed, motivated by the prestige and stability associated with organizational success.

Leadership and work environment: Leadership style has a profound effect on organizational commitment, particularly affective commitment. Transformational leaders who provide support, inspire confidence, and foster an inclusive work environment tend to cultivate higher levels of commitment (Othman & Khrais, 2022). The work environment is also critical. A supportive and structured work environment enhances emotional attachment and job satisfaction, which are essential for affective commitment. In healthcare, where work is physically and emotionally demanding, a positive environment can mitigate burnout and strengthen commitment (Abdullah et al., 2021; Singh, 2019).

Job satisfaction and personal advancement: Job satisfaction is one of the strongest predictors of organizational commitment. Employees who are satisfied with their work and organizational culture are more likely to develop strong emotional ties to the organization (Aldiabt, 2023; Akkermans et al., 2020). Opportunities for personal advancement, such as promotions, skill development, and career growth, also increase commitment (Muhammad et al., 2022; Weng et al., 2010). Employees who see clear career paths are more likely to invest in the organization emotionally and professionally, reinforcing affective and normative commitment.

Involvement in decision-making: Employee empowerment through involvement in decision-making processes significantly enhances commitment. Employees who feel that their opinions and contributions are valued tend to show higher levels of affective and normative commitment (O'Flaherty et al., 2022). Conversely, a lack of involvement can lead to disengagement, particularly in skilled industries like healthcare.

2.4. Theoretical framework: social exchange theory

Social Exchange Theory (SET) provides a robust framework for understanding organizational commitment. The theory posits that employees develop psychological attachments to organizations based on reciprocal exchanges of resources, such as compensation, support, and professional development (Nazir et al., 2018). When employees perceive that the organization is investing in their well-being, they reciprocate with loyalty and commitment. This aligns with Exchange Theory, which suggests that commitment results from aligned goals and shared values between employees and the organization (Meyer & Allen, 2001). A balanced and mutually beneficial exchange fosters stronger organizational commitment, particularly in demanding sectors like healthcare, where organizational support is essential for maintaining employee engagement.

2.5. Hypotheses

Based on the literature, this study tests the following hypotheses:

- H1: *Training and development positively influence organizational commitment.*
- H2: *Salary positively influences organizational commitment.*

- *H3: Leadership style positively influences organizational commitment.*
- *H4: Work environment positively influences organizational commitment.*
- *H5: Job satisfaction positively influences organizational commitment.*
- *H6: Involvement in decision-making positively influences organizational commitment.*
- *H7: Job-related stress negatively influences organizational commitment.*
- *H8: There are gender differences in organizational commitment.*

Organizational commitment is a multifaceted construct that significantly influences employee retention, engagement, and overall performance. The dimensions of affective, continuance, and normative commitment provide a framework for understanding how employees connect with their organizations, each offering valuable insights into different aspects of commitment. Key factors such as compensation, leadership, job satisfaction, and involvement in decision-making play pivotal roles in shaping these dimensions. By identifying and addressing these factors, organizations can develop targeted strategies to foster deeper commitment among their employees. This is particularly crucial in healthcare settings, such as the Municipal Health Directorate (MHD), where employee commitment has a direct impact on service quality and patient outcomes.

In light of these considerations, the following methodology outlines the approach taken to investigate the factors influencing organizational commitment among employees at the MHD.

3. Method

3.1. Research approach and design

A quantitative approach was employed to objectively assess the levels of organizational commitment and the factors influencing it. Quantitative research is essential for measuring variables and testing hypotheses through statistical analysis, offering a structured and replicable means of examining the relationships between independent and dependent variables (Babbie, 2020). A cross-sectional survey design was adopted, enabling data collection from a sample at a single point in time to assess the relationships between various factors influencing organizational commitment. This design is well-suited for healthcare settings, where assessing such relationships efficiently without requiring longitudinal data is crucial (Creswell & Creswell, 2017). The survey approach was chosen for its capacity to gather quantitative data quickly and facilitate statistical analysis, supporting the study's objective of generating insights into organizational commitment at the MHD.

3.2. Population, sample, and sampling procedure

Given the manageable size of the population, a census sampling technique was employed. Census sampling involves collecting data from all individuals in the population, ensuring that the entire MHD workforce (204 employees) was included in the study. This method is ideal for smaller populations, allowing for a complete and accurate representation of all relevant perspectives (Babbie, 2020).

The data collection process spanned three weeks, utilizing both Google Forms and physical distribution to ensure comprehensive coverage of all employees. To maximize participation, reminders were sent to employees who had not completed the questionnaire by the

end of the first week. These follow-ups were critical in maintaining engagement and ensuring a strong response rate, with a final response rate of 75% (153 valid questionnaires were returned).

3.3. Data collection procedure and ethical consideration

The data collection was facilitated by both Google Forms and physical distribution to ensure comprehensive employee participation. This hybrid approach aimed to cover all employees effectively. The study adhered to all ethical guidelines for research involving human participants. Informed consent was obtained from all participants, and confidentiality and anonymity were maintained by ensuring that no personally identifiable information was collected or shared. The study was conducted following the University's Research and Ethical Guidelines.

3.4. Data collection instrument

A structured questionnaire was designed to measure organizational commitment and the factors influencing it. The questionnaire was divided into three main Sections: organizational commitment, organizational factors, and individual factors.

Organizational commitment: This section measured employees' affective, continuance, and normative commitment, following Meyer and Allen's (1991) three-component model of organizational commitment. Affective commitment items gauged emotional attachment and identification with the organization, while continuance commitment measured the perceived costs of leaving the organization. Normative commitment assessed feelings of obligation to remain with the organization.

Organizational factors: This Section focused on factors such as salary, leadership style, training and development, and work environment. Items were included to capture the extent to which employees felt these factors influenced their commitment to the organization. For example, salary-related items asked employees to evaluate the fairness and competitiveness of their compensation, while leadership style items measured perceptions of managerial support and transformational leadership behaviors.

Individual factors: This Section captured personal advancement opportunities, job satisfaction, involvement in decision-making, and job-related stress. Job satisfaction was assessed through questions on fulfillment and personal accomplishment, while stress-related items measured the extent of workload pressure and its impact on well-being.

The questionnaire was pre-tested to ensure clarity and relevance to the context of the Municipal Health Directorate (MHD). Pre-testing helped refine items for better understanding and relevance to the healthcare setting. The constructs were measured using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), ensuring consistency across all items.

The reliability analysis, shown in Table 1, was conducted using SPSS version 25, with Cronbach's alpha and Composite Reliability (CR) values calculated for each construct. All constructs exceeded the accepted reliability thresholds, confirming the instrument's overall reliability and internal consistency.

3.5. Factor analysis and reliability

Factor analysis was conducted to validate the items and ensure they accurately measured the intended constructs. Items with factor loadings above 0.70 were retained for clarity in construct measurement, as indicated in Table 3. Cross-loadings below 0.30 were ensured to maintain distinctiveness among constructs. Additionally, exploratory factor analysis (EFA) was employed, yielding satisfactory results. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.842, and Bartlett's Test of Sphericity was highly significant ($p < 0.001$), confirming the suitability of the correlation matrix for factor analysis (Table 2). Principal component analysis (PCA) with varimax rotation was used to refine the constructs, with results indicating five distinct factors that aligned with the intended constructs (affective, continuance, normative commitment, organizational, and individual factors).

Table 1. Reliability statistics for the questionnaire constructs (source: researcher's calculations using SPSS)

Construct	No. of Items	Cronbach's Alpha	Composite Reliability (CR)
Organizational commitment	6	0.746	0.809
Organizational factors	8	0.780	0.832
Individual factors	8	0.819	0.856

An exploratory factor analysis (EFA) was performed to explore the underlying structure of the questionnaire. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.842, which is above the recommended threshold of 0.60 (Kaiser, 1974), indicating that the sample was adequate for factor analysis. Bartlett's Test of Sphericity was highly significant ($p < 0.001$), confirming that the correlation matrix was sufficiently suitable for factor analysis.

Principal component analysis (PCA) with varimax rotation was employed to extract the factors and ensure that the questionnaire items aligned with their intended constructs. The PCA results confirmed five distinct factors representing affective, continuance, and normative commitment, along with organizational and individual factors. Only items with high factor loadings (> 0.70) were retained, ensuring strong alignment with their respective constructs. This threshold was chosen to maintain the integrity of the factor structure and enhance the construct validity of the model. Items that loaded on multiple factors were reviewed and eliminated if they exhibited cross-loadings greater than 0.30, ensuring that each item measured a single construct.

Table 2. KMO and bartlett's test (source: researcher's calculations using SPSS)

Test	Value
Kaiser-Meyer-Olkin (KMO)	0.842
Bartlett's Test of Sphericity (p)	<0.001

Table 3. Factor loadings for organizational commitment and predictors (source: researcher's calculations using SPSS)

Item	Factor 1: affective	Factor 2: continuance	Factor 3: normative	Factor 4: organizational factors	Factor 5: individual factors
I am proud to be part of this organization.	0.81				
This organization really inspires the best in me.	0.79				
I am willing to put in a great deal of effort.	0.77				
I can see a long-term future with this organization.		0.74			
Deciding to work for this organization was a mistake. (Rev.)		0.73			
It would take very little change to leave this organization. (Rev.)		0.72			
I feel a sense of obligation to remain.			0.83		
The organization has invested in me, so I ought to stay.			0.80		
My salary is fair and competitive.				0.76	
My supervisor provides the support I need.				0.79	
I have sufficient opportunities for training.				0.78	
I have a say in decisions affecting my work.					0.81
My job gives me a sense of accomplishment.					0.78
I feel overwhelmed by my workload. (Rev.)					0.73

3.6. Multicollinearity assessment

Multicollinearity was assessed using the Variance Inflation Factor (VIF), with values well below the threshold of 10, confirming that multicollinearity was not a concern in the regression analysis (Hair et al., 2010). The average VIF was 1.35, indicating low correlation among predictor variables, as detailed in Table 4. This assessment supports the validity of the regression model and the stability of the analysis.

Table 4. Multicollinearity assessment of predictor variables using variance inflation factor (VIF) (source: researcher's calculations using SPSS)

Predictor variable	VIF
Salary	1.28
Training and development	1.42
Leadership style	1.37
Work environment	1.32

4. Results

This Section presents the analysis of data from the respondents. Both descriptive and inferential statistics are employed to examine the level of organizational commitment, the impact of organizational and individual factors on commitment, and any gender differences in commitment levels.

4.1. Demographic characteristics of respondents

The study involved 153 employees from the Municipal Health Directorate (MHD), achieving a 75% response rate. This sample was selected using a census approach to ensure representation of the entire workforce. Table 5 provides a breakdown of the respondents' demographic characteristics, offering insight into the composition of the MHD staff.

The respondents were predominantly male (70%), with most falling within the 25–34 age range (45%). This distribution reflects the actual demographic structure of the MHD workforce, where the male-to-female ratio skews higher due to staffing patterns typical in health directorates within the region. Many MHD roles, particularly in administration and certain specialized fields, are more frequently occupied by men, contributing to this gender imbalance. Furthermore, hiring practices and available local training pipelines have historically resulted in a workforce where men are often the majority in these roles. This is consistent with similar health directorates in the region and aligns with the staffing reports for the MHD.

Additionally, 52% of respondents were married, and 75% had attained tertiary education, which is indicative of the emphasis on qualified professionals within the MHD. Work experience varied, with 30% having 0–4 years of experience, 40% having 5–9 years, and 10% having over 15 years of experience. This range captures both newer entrants and seasoned employees, providing a balanced perspective on organizational commitment across different experience levels.

4.2. Descriptive statistics of organizational commitment, organizational factors, and individual factors

The overall level of organizational commitment among MHD employees was assessed using a 5-point Likert scale, where higher mean scores indicate greater commitment. Table 5 presents the descriptive statistics for various aspects of organizational commitment calculated using the IBM Statistical Package for the Social Sciences (SPSS).

Table 5. Mean and standard deviation for organizational commitment (source: researcher's calculations using SPSS)

Item	Mean	SD
I am proud to be part of this organization.	4.13	0.90
I can see a long-term future with this organization.	4.01	1.05
I am willing to put in a great deal of effort beyond what is normally expected.	4.17	0.51
This organization really inspires the best in me.	4.01	0.60
Deciding to work for this organization was a mistake. (Reverse-coded)	2.40	1.21
It would take very little change in my circumstances to leave this organization. (Reverse)	3.15	1.10
I feel a sense of obligation to remain with this organization.	3.80	0.85
This organization has invested so much in me that I feel I ought to stay.	3.90	0.80
Overall level of organizational commitment.	3.82	0.60

The analysis of Table 5 reveals that employees exhibit a relatively high level of organizational commitment, with an overall mean of 3.82. Affective commitment is particularly strong, as indicated by high scores for items like "I am willing to put in a great deal of effort" (4.17) and "I am proud to be part of this organization" (4.13), reflecting a strong emotional attachment and engagement. Normative commitment is also positive, with employees feeling a sense of obligation to stay (3.80 and 3.90). However, there is some variability in continuance commitment, as seen in the reverse-coded items, where lower scores suggest that a subset of employees might feel less tied to the organization due to external factors. Overall, the organization enjoys a good level of commitment, but improving retention-related factors could strengthen it further.

The following Table 6 provides a clear picture of how the various organizational factors are perceived by employees and how they collectively influence commitment.

Table 6. Mean and standard deviation for organizational factors (source: researcher's calculations using SPSS)

Organizational factor	Item	Mean	SD
Salary	My salary is fair and competitive compared to other organizations.	3.75	0.85
	I feel adequately compensated for the work I do.	3.80	0.90
Leadership style	My supervisor provides the support I need to do my job well.	4.00	0.70
	Leadership in this organization inspires me to contribute my best efforts.	4.10	0.65
Training and development	I have sufficient opportunities for training to develop my skills.	4.05	0.75
	The organization invests in my professional growth and development.	4.00	0.80
Work environment	The work environment is conducive to productivity and collaboration.	3.85	0.70
	I feel comfortable and supported by my colleagues in my daily work.	3.90	0.78
Overall average for organizational factors		3.93	0.76

The overall average mean for the organizational factors is 3.93, with a standard deviation of 0.76, indicating a generally positive perception of organizational factors such as salary, leadership, training and development, and the work environment. This overall score reflects that, on average, employees view organizational factors favorably, which is consistent with the study's findings that these factors contribute significantly to organizational commitment.

Table 7 presents a comprehensive view of how individual factors influence employee commitment.

Table 7. Mean and standard deviation for individual factors (source: researcher's calculations using SPSS)

Individual Factor	Item	Mean	SD
Personal advancement opportunities	I have clear opportunities for promotion and career growth.	3.85	0.80
	My professional development needs are met by the organization.	3.90	0.75
Job satisfaction	I am satisfied with the nature of my work and responsibilities.	4.05	0.65
	My job gives me a sense of personal accomplishment.	4.10	0.60
Involvement in decision-making	I have a say in decisions that affect my work.	3.75	0.85
	The organization values my input when making decisions.	3.80	0.90
Job-related stress	I feel overwhelmed by the amount of work I have to do. (Reverse-coded)	3.20	1.05
	The stress I experience at work negatively affects my well-being. (Reverse-coded)	3.10	1.10
Overall average for individual factors		3.72	0.83

Personal advancement opportunities: Employees generally perceive growth opportunities positively, with mean scores of 3.85 and 3.90, indicating a favorable outlook on career progression. Job satisfaction: High satisfaction is evident, with mean scores of 4.05 and 4.10, showing that employees feel fulfilled by their roles and responsibilities. Involvement in decision-making: Moderate scores of 3.75 and 3.80 reflect that employees feel somewhat involved in decision-making but indicate room for improvement. Job-related stress: Lower mean scores of 3.20 and 3.10 (reverse-coded) suggest that job-related stress is a concern for some employees, with stress levels negatively affecting their well-being.

The overall average mean for individual factors is 3.72, with a standard deviation of 0.83, reflecting a generally positive but somewhat variable perception of personal advancement, job satisfaction, involvement in decision-making, and job-related stress.

4.3. Inferential statistics: factors influencing organizational commitment

Organizational factors. A multiple regression analysis was conducted to examine the effect of organizational factors on employee commitment which is shown in Table 8 below. The independent variables included salary, training and development, leadership style, and the work environment.

Table 8. Multiple regression analysis – organizational factors (source: researcher’s calculations using SPSS)

Predictor variable	B	SE	β	t	p-value
Salary	0.214	0.052	0.321	4.12	0.000**
Training and development	0.305	0.068	0.423	5.03	0.000**
Leadership style	0.187	0.063	0.268	2.97	0.004**
Work environment	0.148	0.071	0.192	2.08	0.040*
Model statistics					
R ²	0.537				
Adjusted R ²	0.523				
*p < 0.05, **p < 0.01					

The regression model explains 53.7% of the variance in organizational commitment ($R^2 = 0.537$), meaning that more than half of the variability in commitment levels can be attributed to the combined influence of salary, training and development, leadership style, and work environment. The adjusted R^2 value of 0.523 further confirms that after accounting for the number of predictors, the model still explains a significant proportion of variance in organizational commitment. This indicates that the selected organizational factors are strong contributors to predicting employee commitment at the Municipal Health Directorate.

Among the predictors, training and development emerged as the most significant factor ($\beta = 0.423$, $p < 0.01$), suggesting that opportunities for professional growth and skill enhancement are key drivers of commitment. Salary also had a substantial effect ($\beta = 0.321$, $p < 0.01$), highlighting the importance of fair and competitive compensation in retaining committed employees. Leadership style ($\beta = 0.268$, $p < 0.01$) and work environment ($\beta = 0.192$, $p < 0.05$) contributed to a lesser but still significant extent, suggesting that supportive leadership and a conducive work environment foster employee loyalty and commitment. Overall, the model demonstrates that addressing these organizational factors can have a substantial impact on enhancing employee commitment.

Individual factors. A separate regression analysis was conducted to evaluate the impact of individual factors, including personal advancement opportunities, job satisfaction, involvement in decision-making, and job-related stress, on organizational commitment. The results are presented in Table 9.

Table 9. Multiple regression analysis – individual factors (source: researcher’s calculations using SPSS)

Predictor variable	B	SE	β	t	p-value
Personal advancement	0.198	0.061	0.289	3.25	0.002**
Job satisfaction	0.247	0.053	0.378	4.66	0.000**
Involvement in decision-making	0.303	0.072	0.421	4.21	0.000**
Job-related stress (Negative)	-0.137	0.047	-0.201	-2.91	0.005**
Model statistics					
R ²	0.481				
Adjusted R ²	0.464				
**p < 0.01					

The regression model for individual factors explained 48.1% of the variance in organizational commitment ($R^2 = 0.481$), meaning that nearly half of the variation in commitment levels can be attributed to the individual factors under study. The adjusted R^2 of 0.464 suggests that even after accounting for the number of predictors, individual factors remain strong predictors of organizational commitment, reinforcing their significance in understanding employee behavior.

Involvement in decision-making was the strongest predictor ($\beta = 0.421$, $p < 0.01$), indicating that employees who feel empowered to participate in organizational decisions are more likely to be committed. Job satisfaction also played a significant role ($\beta = 0.378$, $p < 0.01$), reflecting the positive relationship between an employee's contentment with their role and their level of commitment. Personal advancement opportunities ($\beta = 0.289$, $p < 0.01$) further contributed to commitment, signifying the importance of career growth opportunities in fostering organizational loyalty.

Conversely, job-related stress had a significant negative impact on commitment ($\beta = -0.201$, $p < 0.01$). This finding indicates that higher stress levels reduce an employee's likelihood of remaining committed, underscoring the need for stress management strategies within the organization. These results suggest that creating a participatory and supportive work environment while addressing stress is crucial for enhancing commitment.

An independent samples t-test was conducted to examine whether there were significant differences in organizational commitment between male and female employees. The result is presented in Table 10.

Table 10. Independent samples t-test – gender differences in commitment (source: researcher's calculations using SPSS)

Group	N	Mean	SD	t	df	p-value
Male	69	3.55	0.42	-1.79	98	0.076
Female	31	3.73	0.49			

The t-test revealed no statistically significant difference in the level of organizational commitment between male ($M = 3.55$, $SD = 0.42$) and female ($M = 3.73$, $SD = 0.49$) employees, $t(98) = -1.79$, $p = 0.076$. Although females exhibited slightly higher mean commitment scores, the difference was not significant at the 5% level. These results suggest that both male and female employees demonstrate comparable levels of commitment at MHD.

5. Discussion

This study offers valuable insights into the factors influencing organizational commitment at the Municipal Health Directorate. The findings underscore the significant roles of both organizational and individual factors, providing strong support for most of the study's hypotheses. This discussion expands on these results, drawing theoretical connections to Social Exchange Theory (SET) and Social Identity Theory (SIT) while offering practical implications for healthcare management and suggestions for future research.

5.1. Organizational factors as key drivers of commitment

The analysis confirmed that organizational factors such as training and development, salary, leadership style, and work environment have a substantial impact on employee commitment, supporting Hypothesis 1. Among these, training and development was the most influential factor ($\beta = 0.423$, $p < 0.01$). This result highlights the importance of continuous learning, particularly in sectors like healthcare where skill development is critical to maintaining high-quality service. According to Social Exchange Theory, employees who perceive that their organization is investing in their growth and professional development are likely to reciprocate with higher levels of loyalty and commitment (Nazir et al., 2018). In this case, the perception of support in skill enhancement strengthens the reciprocal relationship between the employee and the organization, increasing affective and normative commitment.

Salary also emerged as a key driver of commitment ($\beta = 0.321$, $p < 0.01$), supporting Hypothesis 2. While compensation is not always the primary motivator in the public sector, this finding reinforces the critical role of fair and competitive pay in fostering a sense of value among employees. From an SET perspective, employees who feel adequately compensated may view their relationship with the organization as equitable, encouraging them to stay and contribute further (Hung et al., 2018; Shafiq et al., 2013). Competitive compensation packages, therefore, act as a significant factor in reducing turnover and sustaining commitment, particularly in environments like MHD where retention is essential for maintaining service delivery.

Leadership style also significantly predicted employee commitment ($\beta = 0.268$, $p < 0.01$), confirming Hypothesis 3. This finding aligns with existing literature that associates transformational leadership with higher levels of employee engagement and commitment (Othman & Khrais, 2022; Haque, 2021). Transformational leaders inspire employees by providing clear direction, fostering trust, and encouraging personal development, which strengthens the social exchange relationship. Employees feel that their leaders are genuinely invested in their success, leading to heightened affective commitment and alignment with organizational goals. Leadership training programs at MHD could therefore enhance this dynamic, creating a more committed workforce through supportive and motivational leadership.

The work environment also had a significant but smaller effect on commitment ($\beta = 0.192$, $p < 0.05$), supporting Hypothesis 4. A safe and collaborative work environment promotes a sense of belonging, which is essential for fostering commitment, particularly in healthcare settings where employees face high patient loads and limited resources. According to Social Identity Theory, employees who identify with their work environment and feel supported by their colleagues are more likely to develop a strong sense of organizational identification, which translates into higher levels of commitment (Afshari et al., 2020). Enhancing both the physical and social aspects of the MHD work environment could thus further reduce burnout and absenteeism, increasing long-term retention.

5.2. Individual factors and their influence on commitment

The analysis of individual factors revealed that job satisfaction ($\beta = 0.378$, $p < 0.01$) and involvement in decision-making ($\beta = 0.421$, $p < 0.01$) were the most significant predictors of employee commitment, supporting Hypotheses 5 and 6. Job satisfaction, as an intrinsic

motivator, plays a crucial role in fostering affective commitment, which has been strongly associated with higher engagement and reduced turnover (Xenikou, 2022). Employees who are satisfied with their roles and responsibilities are more likely to feel an emotional attachment to the organization. This emotional bond aligns with SET, as employees reciprocate the organization's provision of meaningful and fulfilling work with loyalty and commitment (Aldiabt, 2023). For the MHD, improving job satisfaction could involve recognizing employee contributions, providing regular feedback, and aligning job roles with individual strengths and interests.

Involvement in decision-making emerged as the strongest predictor among individual factors. Employees who feel that their input is valued and that they have a say in decisions are more likely to experience a sense of ownership and commitment to the organization. This finding strongly supports Social Identity Theory, which posits that employees develop a stronger organizational identity when they feel they are integral to the decision-making process (Ellemer, 2014). Creating a culture of participatory leadership at the MHD would not only improve commitment but also encourage innovation, collaboration, and problem-solving.

5.3. Impact of stress on commitment

One of the most critical findings of this study is the negative impact of job-related stress on organizational commitment ($\beta = -0.201$, $p < 0.01$), supporting Hypothesis 7. In high-pressure environments like healthcare, stress often arises from heavy workloads, emotional strain, and resource constraints, leading to a decrease in both job satisfaction and commitment. Prolonged exposure to stress can weaken the reciprocal relationship between the employee and the organization, as posited by Social Exchange Theory. When employees feel overwhelmed and unsupported, they perceive the exchange as unbalanced, reducing their sense of obligation to stay with the organization.

High levels of stress diminish both affective and continuance commitment, as employees may feel emotionally detached and increasingly consider leaving the organization to avoid further strain. This aligns with findings from previous studies (Abdelmoteleb, 2019), which show that chronic stress erodes the emotional and psychological attachment employees have to their organizations. In healthcare, where staff are frequently exposed to stressful conditions, addressing job-related stress is essential for sustaining commitment (Rodríguez-Fernández et al., 2021; Ayyildiz et al., 2017).

To restore the balance in the exchange relationship, organizations like the MHD must prioritize stress management strategies. Providing resources such as counseling, peer support groups, and workload management can mitigate the emotional toll on employees. Promoting work-life balance through flexible work arrangements or structured time off can also help employees recharge and maintain their commitment. By addressing stress, MHD can strengthen its reciprocal relationship with employees, fostering higher levels of commitment and reducing the risk of burnout and turnover.

5.4. Gender differences in commitment

The independent samples t-test for gender differences in organizational commitment revealed no statistically significant findings ($p = 0.076$), indicating that Hypothesis 8, which

predicted gender-based differences in commitment, was not supported. Although female employees exhibited slightly higher mean commitment scores than their male counterparts, the difference was not significant. This lack of significant gender differences could be due to various factors.

One explanation is that the public healthcare sector may offer relatively standardized employment conditions, including equal access to training, development, and compensation, which could minimize gender disparities in commitment (Dillender et al., 2021). Additionally, healthcare organizations often emphasize teamwork and collaborative environments, which might foster similar levels of commitment among all employees, regardless of gender. Previous research has also suggested that gender differences in organizational commitment may be more pronounced in private or corporate sectors, where differences in career advancement opportunities and pay equity tend to be more substantial (Ahmad et al., 2023; Chukwusa, 2020).

Future research could explore whether gender differences in commitment emerge in other contexts, such as private healthcare organizations, or examine whether specific organizational practices at MHD contribute to the observed gender parity in commitment. A larger sample size or more granular analysis may provide deeper insights into potential gender-related dynamics.

5.5. Implications for practice

The findings from this study offer several practical implications for the Municipal Health Directorate (MHD) and similar healthcare organizations within the Ghanaian healthcare context. The study's results underline key areas for strategic action, directly linking improved employee commitment with organizational performance. By aligning these interventions with specific challenges and opportunities within Ghanaian healthcare, MHD can more effectively foster a motivated and resilient workforce.

1. Prioritizing investment in training and development:

This study identifies training and development as a crucial factor in promoting employee commitment. MHD should emphasize tailored professional development programs focusing on skill enhancement, career progression, and empowerment. By investing in structured training initiatives that align with employees' roles and aspirations, MHD can create a pathway for career growth and build loyalty among staff. A mentorship program, where experienced staff guide newer employees, would enhance learning opportunities and professional integration within the organization. Such investment in capacity building can address skill gaps in Ghanaian healthcare settings, where continuous improvement of staff competencies is critical for quality patient care.

2. Strengthening leadership practices to align with employee needs:

Transformational leadership is shown to be a powerful driver of commitment, with Ghanaian healthcare workers responding well to supportive, motivational leadership that fosters trust and engagement. MHD leaders should undergo training emphasizing emotional intelligence, effective communication, and individualized engagement strategies. Implementing regular check-ins between supervisors and staff would enable leaders to understand and respond to unique employee needs, fostering an inclusive environment. In addition, involving employees in key decision-making processes can increase their sense of ownership, which

is crucial for enhancing affective commitment, particularly in a healthcare sector that values community-centered care.

3. Addressing job-related stress in a high-demand setting:

Stress negatively impacts employee commitment, and Ghanaian healthcare workers, often operating in high-pressure environments, are particularly susceptible. MHD could consider targeted interventions to alleviate job-related stress:

- Workload management: Reviewing and redistributing workloads can prevent burnout, a common issue in overextended departments. Implementing rotational schedules or task-sharing initiatives would ensure a manageable workload across the organization, particularly in resource-limited settings.

- Emotional and psychological support: Providing access to counseling services and peer-support groups can help employees manage workplace stressors, reducing emotional strain. Confidential, readily available support would address the unique challenges faced in Ghanaian healthcare, where workforce well-being directly impacts patient outcomes.

- Flexible work arrangements: Introducing flexible hours or rotational schedules can give employees greater control over work-life balance, which is especially beneficial in high-stress roles within the healthcare sector. Encouraging regular use of leave days is essential for sustaining workforce resilience.

- Stress management training: Regular workshops focused on stress management, resilience, and mindfulness can equip employees with practical tools to handle daily pressures more effectively, fostering a healthier workplace culture.

4. Enhancing the work environment for optimal job satisfaction:

A supportive, well-maintained work environment promotes job satisfaction and minimizes stress, benefiting both employees and patients. MHD can focus on creating collaborative and inclusive spaces that emphasize teamwork and open communication. Improvements to physical spaces, such as comfortable break areas, sufficient lighting, and well-maintained workstations, can positively impact staff morale. Additionally, open and transparent communication channels between staff and management can foster trust and ensure that employees feel valued and supported.

5. Recognizing and rewarding employee contributions:

Recognition and reward play a vital role in reinforcing commitment. MHD could develop a structured system that regularly acknowledges staff achievements, whether through verbal appreciation, awards, or small incentives. By celebrating both individual and team contributions, MHD can strengthen affective commitment and boost employee motivation. Such recognition is crucial in the Ghanaian healthcare environment, where positive reinforcement can encourage employees to remain engaged despite challenges.

Connecting to Ghanaian healthcare realities:

These practical interventions align with specific phenomena in Ghanaian healthcare, such as limited resources, high patient demand, and the need for resilient, adaptable healthcare staff. By investing in continuous learning, supportive leadership, stress management, and a positive work culture, MHD can address key challenges and enhance service delivery quality. Implementing these recommendations not only supports employee well-being and commitment but also contributes to sustainable healthcare improvements within Ghana, directly benefiting patient care and healthcare outcomes.

6. Conclusions

This study advances the understanding of organizational and individual factors influencing employee commitment within a Municipal Health Directorate (MHD). Unlike previous studies, which often explore commitment in well-resourced healthcare systems, this research sheds light on the dynamics of employee commitment in a resource-constrained healthcare setting. By examining specific factors such as leadership style, compensation, training, job satisfaction, and participatory decision-making, the study offers a distinct view of the key drivers of commitment in Ghana's healthcare sector.

The findings reveal that training and development, leadership style, and job satisfaction are the most impactful factors in fostering commitment among healthcare employees, underscoring the need for targeted strategies in these areas. Additionally, although no significant gender differences in commitment were observed, the study highlights the importance of stress management and participatory leadership as essential components in enhancing engagement and reducing turnover. This focus on practical strategies tailored to the unique constraints of the MHD offers valuable contributions that can guide similar healthcare institutions.

In terms of novelty, this study brings fresh perspectives to the field of human resource management within healthcare by providing actionable insights directly applicable to settings with limited resources. Unlike prior research, which often focuses on either organizational or individual factors, this study integrates both dimensions to present a holistic model of commitment. This dual approach offers a robust framework that healthcare organizations can adapt to enhance employee engagement, ultimately leading to improved service delivery and patient care.

This research also opens avenues for future study, particularly by suggesting the need for longitudinal research to examine how commitment evolves and how sustainable practices can be established. Future studies could expand upon these findings by exploring commitment across different healthcare contexts, utilizing larger samples, and investigating additional variables that may influence commitment.

While the study provides meaningful insights, limitations must be acknowledged. The cross-sectional design restricts the ability to infer causality. Future research could adopt a longitudinal approach to track changes in commitment over time. Furthermore, although no significant gender differences were found here, additional studies could examine this issue in different settings, employing larger sample sizes and more detailed demographic analyses to provide further clarity.

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