

# Study of the Factors that influence the commitment and engagement of healthcare workers at Kenyatta National Hospital

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## LIST OF FIGURES

Fig. 4.1 Gender Distribution .....	Error! Bookmark not defined.
Fig. 4.2 Professional Categories .....	Error! Bookmark not defined.
Fig. 4.3: Working experience in Kenyatta National Hospital .....	<b>17</b>

**LIST OF TABLES**

Table 3.1: Population of the study .....	12
Table 3.2: Sampling .....	12
Table 4.1: Distribution by department .....	15
Table 4.2: Distribution by Unit .....	16
Table 4.3: Nature of employment .....	17
Table 4.4: Current position .....	18
Table 4.5: Number of years in current position .....	18
Table 4.6: Distribution by the highest level of education .....	19
Table 4.7: Age distribution .....	19
Table 4.8: Affective Organizational Commitment.....	20
Table 4.9: Respondents score on continuance organizational commitment.....	21
Table 4.10: Normative organizational commitment .....	22
Table 4.11: Employee Engagement .....	23

**ACRONYMS AND ABBREVIATIONS**

KNH                      Kenyatta National Hospital

## TABLE OF CONTENTS

Copyright and Trademarks .....	ii
Authors .....	iii
ACKNOWLEDGEMENT.....	iv
LIST OF FIGURES .....	v
ACRONYMS AND ABBREVIATIONS .....	vii
PREFACE .....	xi
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.1 Background of the Study .....	1
1.1.2 Concept of Employee Engagement .....	2
1.1.3 Concept of Employee Commitment .....	2
1.1.4 Kenyatta National Hospital Healthcare Workers .....	3
1.2 Research Problem.....	3
1.3 Objective of the Study .....	4
1.4 Value of the Study .....	4
CHAPTER TWO .....	6
LITERATURE REVIEW .....	6
2.1 Introduction .....	6
2.2 Theoretical Foundation.....	6
2.2.1 Tri-Dimensional Organizational Commitment Theory .....	6
2.2.2 Needs Satisfying Theory .....	6
2.3 Dimensions of Organizational Commitment.....	7
2.3.1 Affective Commitment Dimension .....	7
2.3.2 Continuance Commitment Dimension.....	7
2.3.3 Normative Commitment Dimension .....	8
2.4 Factors Influencing Organizational Commitment.....	8

<b>2.5</b>	<b>Factors Influencing Engagement</b> .....	<b>9</b>
<b>2.6</b>	<b>Organizational Commitment &amp; Engagement</b> .....	<b>10</b>
	<b>CHAPTER THREE</b> .....	<b>12</b>
	<b>RESEARCH METHODOLOGY</b> .....	<b>12</b>
<b>3.1</b>	<b>Introduction</b> .....	<b>12</b>
<b>3.2</b>	<b>Research Design</b> .....	<b>12</b>
<b>3.3</b>	<b>Population of the study</b> .....	<b>12</b>
	<b>Table 3.1: Population of the study</b> .....	<b>12</b>
<b>3.4</b>	<b>Sample Design</b> .....	<b>12</b>
	<b>Table 3.2: Sampling</b> .....	<b>12</b>
<b>3.5</b>	<b>Data Collection</b> .....	<b>12</b>
<b>3.6</b>	<b>Data Analysis</b> .....	<b>13</b>
	<b>CHAPTER FOUR</b> .....	<b>14</b>
	<b>DATA ANALYSIS, RESULTS AND DISCUSSION</b> .....	<b>14</b>
<b>4.1</b>	<b>Introduction</b> .....	<b>14</b>
<b>4.2</b>	<b>Response Rate</b> .....	<b>14</b>
<b>4.3</b>	<b>Demographic Characteristics of the Respondents</b> .....	<b>14</b>
<b>4.3.1.</b>	<b>Gender of the Respondents</b> .....	<b>14</b>
<b>4.3.2</b>	<b>Professional Categories in the Organization</b> .....	<b>15</b>
<b>4.3.3.</b>	<b>Respondents Department</b> .....	<b>15</b>
	<b>Table 4.1: Distribution by department</b> .....	<b>15</b>
<b>4.3.4.</b>	<b>Respondents Distribution by Unit</b> .....	<b>16</b>
	<b>Table 4.2: Distribution by Unit</b> .....	<b>16</b>
<b>4.3.5</b>	<b>Nature of Employment</b> .....	<b>16</b>
	<b>Table 4.3: Nature of employment</b> .....	<b>17</b>
<b>4.3.6</b>	<b>Number of Years Worked in the Organization</b> .....	<b>17</b>
	<b>Fig. 4.3: Working experience in Kenyatta National Hospital</b> .....	<b>17</b>
<b>4.3.7</b>	<b>Respondents current position</b> .....	<b>17</b>
	<b>Table 4.4: Current position</b> .....	<b>18</b>
<b>4.3.8</b>	<b>Number of Years in Current Position</b> .....	<b>18</b>
	<b>Table 4.5: Number of years in current position</b> .....	<b>18</b>

<b>4.3.9 Distribution by the highest level of education .....</b>	<b>19</b>
<b>Table 4.6: Distribution by the highest level of education .....</b>	<b>19</b>
<b>4.4 Age of the Respondents .....</b>	<b>19</b>
<b>Table 4.7: Age distribution.....</b>	<b>19</b>
<b>4.5 Employee Commitment .....</b>	<b>20</b>
<b>4.5.1 Affective Organizational Commitment .....</b>	<b>20</b>
<b>Table 4.8: Affective Organizational Commitment .....</b>	<b>20</b>
<b>4.5.2 Continuance Organizational Commitment.....</b>	<b>21</b>
<b>Table 4.9 Respondents score on continuance organizational commitment.....</b>	<b>21</b>
<b>4.5.3 Normative Organizational Commitment .....</b>	<b>22</b>
<b>Table 4.10 Normative organizational commitment.....</b>	<b>22</b>
<b>4.6 Employee Engagement .....</b>	<b>23</b>
<b>Table 4.11: Employee Engagement .....</b>	<b>23</b>
<b>4.7 Discussion .....</b>	<b>25</b>
<b>CHAPTER FIVE .....</b>	<b>28</b>
<b>SUMMARY, CONCLUSION, RECOMMENDATIONS AND .....</b>	<b>28</b>
<b>5.1 Introduction .....</b>	<b>28</b>
<b>5.2 Summary of the Findings.....</b>	<b>28</b>
<b>5.3 Conclusions .....</b>	<b>29</b>
<b>5.4 Policy Implications and Recommendations.....</b>	<b>30</b>
<b>5.5 Implications and Recommendations for Practitioners.....</b>	<b>30</b>
<b>5.6 Limitations of the Study.....</b>	<b>30</b>
<b>5.7 Suggestions for Further Research.....</b>	<b>31</b>
<b>REFERENCES.....</b>	<b>32</b>

## **PREFACE**

The objective of this study was to investigate factors that influence the commitment and engagement of healthcare workers at Kenyatta National Hospital. The study explored factors that influence affective, continuance and normative dimensions of commitment and engagement of healthcare workers. The study first explored the factors that influence affective commitment before exploring factors that influence continuance commitment. Additionally, normative commitment and the factors that influence it in the organization was explored as well and finally the study sought to explore factors that influence engagement of healthcare workers in the organization. The study population comprised of healthcare workers in Kenyatta National Hospital. A sample of 260 respondents was selected from the population using random sampling method. A descriptive survey was used. Primary data was collected using semi-structured questionnaires. Data was analyzed using descriptive statistics. The study revealed that employees' ability to have a strong sense of belonging to the organization, willingness to remain in the organization and ability to perceive them as part of the organization are factors that strongly influence affective organizational commitment. On Continuance commitment, the study revealed that employees' perception of joblessness upon quitting their current jobs was a strong factor that influences this dimension of commitment. Additionally, the study revealed that normative commitment is influenced by employees' ability to perceive a strong sense of moral loyalty and obligation towards the organization. The study has made contribution to theory, policy and practice in relation to factors that influence commitment and engagement. The limitations of this study included limitations arising from the use of subjective commitment and engagement measures, and the use of descriptive research design. Future research should seek to address these limitations by inclusion of additional factors and objective commitment and engagement measures. Replication of the study and examining the factors that influence commitment and engagement of healthcare workers in private hospitals and other business settings could serve as a useful reference for future research.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

In order to compete effectively, employers need to go beyond satisfaction – employers must do their best to inspire their employees to apply their full potential and capabilities to their work, if they do not, part of the valuable employees' resources remain unavailable for the organization (Bakker and Leiter, 2010). Therefore, organizations need their employees to be engaged by being full of enthusiasm and show initiative at work, they want them to take responsibility for their own development, strive for high quality and performance, be energetic and dedicated to what they do (Bakker and Leiter, 2010). Engagement creates the prospect for employees to attach closely with managers, co-workers and organizations in general and the engaging environment is the environment where the employees have positive attitude toward their job and are willing to do high-quality job.

According to Kahn's (1990) model of engagement, employees can be engaged on a physical, emotional and cognitive level: these levels are significantly affected by three psychological domains: meaningfulness, safety and availability. In turn, these domains have significant influence on engagement of employees. Organizations also need employees to be committed to their employment by having an attachment to the organization, characterized by an intention to remain in it; an identification with the values and goals of the organization; and a willingness to exert extra effort on its behalf (Porter et al,1974). In modern times, employees commitment is threatened by the rash of corporate downsizing and restructuring that has seen tens of thousands of employees terminated in the last few years (Hirsch, 1987).

These activities have serious consequences for the concept of employee commitment and loyalty to the organization. If an organization is free to terminate employees and downsize at will, it can no longer expect the same level of commitment, involvement, and loyalty from its employees. In today's world of rapid change, managers cannot promise job security or even protect employees from anxiety and job stress. They can, however, commit themselves to helping employees succeed in their jobs by giving them the support and resources they need. In order to create an environment of commitment, workers must be given more control of their jobs, continuous learning, empowerment and a share of the value they produce' (Kanter,1989). 'Create a work environment where people can achieve, and you create a climate of greater commitment' (Pritchett, 1994). Employees want to know they make a difference. Meyer and Allen (1997) use the Tri-Dimensional Theory to conceptualize organizational commitment in three dimensions namely, affective, continuance and normative commitments. These dimensions describe the different ways of organizational commitment development and the implications for employees' behavior.

Engagement and Commitment of staff is necessary in Kenyatta National Hospital since staff would work harder, are more likely to go above the requirements and expectations of their work. Engaged and Committed employees also tend to feel that their work actually positively affects their physical and psychological well. Kenyatta National Hospital's strong linkage with employees is crucial. Organizations value commitment from

their employees, which helps in reducing withdrawal behaviours such as absenteeism and turnover. In addition committed employees are more likely to engage in extra-role behaviors, such as creativeness or innovativeness, which are often what keeps an organization competitive.

### **1.1.2 Concept of Employee Engagement**

More often than not, definitions of engagement include cognitive, emotional and behavioural components. The cognitive aspect of engagement includes employees' beliefs about the organization, management and working conditions. The emotional components (or beliefs) defines employees positive attitude, how they "feel" about their employer, company's values, leaders and working conditions (Robinson et al.2004). The behavioural components measure the willingness to act in certain ways, skills which employees offer (Towers Perrin, 2003) and willingness to go the 'extra mile'. According to Kahn (1990) Personal engagement is the harnessing of organizations members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performance. This definition emphasizes performance improvement of employees through employing and expressing themselves on physically, cognitively or emotionally (Kahn, 1990). In summary engagement means the employees' psychological presence at work.

Schauefeli et al (2002) define work engagement as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption. They also state that engagement is not a momentary and specific state, but it is a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behavior. Robinson et al (2004) defines employee engagement as a positive attitude held by the employee towards the organization and its value. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the organization. The organization must work to develop and nurture engagement, which requires a two-way relationship between employer and employee.

### **1.1.3 Concept of Employee Commitment**

Porter, Steers, Mowday, and Boulian (1974) have defined commitment in terms of the strength of an individual's identification with and involvement in a particular organization. Such commitment can generally be characterized by at least three factors: a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization and a definite desire to maintain organizational membership. Commitment occurs when individuals identify with and extend effort towards organizational goals and values. Mullins (2009) view employee commitment as encapsulating by giving all of one-self while at work. They also state that employee commitment entails using time constructively, attention to detail and making that extra effort.

Employees today are increasingly self-assured of their value to employers, and would consciously choose to work for those organizations that meet the above workplace expectations. Organizations that demonstrate commitment to employees will attract and retain the desired workforce and will ultimately win the battle for the workforce share (Madigan et al.,2009). Dordevic (2004) stated that the commitment of employees is an important issue because it may be used to predict employee's performance, absenteeism and other behavior.

#### **1.1.4 Kenyatta National Hospital Healthcare Workers**

Kenyatta National Hospital is a key player in the health sector in the country. KNH is the oldest hospital in the country having been founded in 1901. It is currently the largest national referral, teaching and research hospital. KNH mission is “To be a world class referral hospital in the provision of innovative and specialized healthcare”. KNH plays a major role in healthcare delivery system in the country, East Africa and the whole of Africa region as provided for in its mandate.

The hospital has an efficient and effective referral system and receives referral cases for specialized healthcare from other health institutions within and outside the country. The institution facilitates medical training for students of the College of Health Sciences of the University of Nairobi, The Kenya Medical Training College and other higher learning institutions. This is in addition to facilitating research and participating in national health policy planning. Kenyatta National Hospital total number of staff is 4498. KNH has 50 wards, 22 out-patient clinics, 24 theatres (16 specialized) and Accident & Emergency Department. Out of the total bed capacity of 1800, 209 beds are for the Private Wing. In addition, at any given day the Hospital hosts in its wards between 2500 and 3000 patients. On average the Hospital caters for over 80,000 in-patients and over 500,000 out-patients annually. The total of Healthcare Workers in the Hospital is 2623 with 202 Doctors, 1691 Nurses, 25 Dentists and 705 Paramedics. At KNH the quality of Customer Care is critical. Customer care training has helped the organization boost patient satisfaction from a previous index of 39% to 71% (Patient Satisfaction Survey Report, 2014). The key areas of concern with regard to patients satisfaction have been technical quality of care, patients waiting time, clinical services, admission and discharge processes.

#### **1.2 Research Problem**

Achieving organizational effectiveness is the ultimate purpose of any organization. It is therefore important to maximize employees’ task efficiency, commitment, engagement and sustain intrinsic motivation in order to improve organizational effectiveness (Welch, 2011). Certainly, organizational performance and effectiveness is a function of the collaborative efforts of engaged employees (Bakker, 2011). Khan (1990) notes that employees become emotionally and cognitively engaged when they know what is expected of them, have what they need to do their work, have opportunities to feel an impact and fulfillment in their work, perceive that they are part of something significant with co-workers whom they trust, and have chances to improve and develop. According to Kahn (1990,1992), engagement can also be attained from an occupational environment that is challenging, has variety, and enables the use of different skills, personal discretion, and the opportunity to make important contributions. The importance of commitment cannot be overlooked because it is a key factor influencing employee turnover, performance and productivity. According to Deeproose (2004), effective non financial reward system improves employee motivation and increases employee productivity which contributes to better enhanced commitment.

The commitment and engagement of healthcare workers at Kenyatta National Hospital is important because this has a direct influence on the quality of service delivery to patients in the Hospital. Health care workers

commitment and engagement just like employees elsewhere can be influenced by job related factors, employment opportunities, personal characteristics, work environment, positive relationships, organizational structure, and management style (Zeffanne 1994). Health care workers are exposed to a unique stressful work environment, much of the occupational stress experienced by these workers is related to the nature of their work: overcrowding of patients at inpatient wards and emergency patients receiving bay, working under rotating shifts, time pressures, prolonged heavy workloads, the emotional burden of caring for patients and high job demand that results from the burden of taking responsibility for other peoples' lives. Work conditions for healthcare workers in the Hospital just like in other public hospitals have been faced with challenges including inadequate staffing, lack of essential modern equipment and insufficient stocking of drugs and poor remuneration. The Hospital has in the recent past been faced with strikes from the healthcare workers demanding improved working conditions, supply of drugs, better equipment and reforms in the Hospital. The most recent call for a strike was in June 2012.

Local Studies done in the area of Commitment and Engagement of employees include: Wambugu (2010) who studied on the relationship between employees commitment and job performance at the Kenya Institute of Surveying and Mapping (K.I.S.M) established that most of the employees are highly committed and value their career, their job, organization and supervisor. There was a high correlation between employees commitment and job performance and organization, career, job and commitment to the supervisor. Otieno (2010) studied the influence of work-life balance on job satisfaction and commitment of women employees at the Commercial banks in Kisumu City, Kenya and established that there was a significant correlation between work-life balance and job satisfaction and also between work-life balance and commitment. Iro (2010) did a study on the components of commitment and their influence on employee turnover at Teachers Service Commission of Kenya. The findings were that work environment (inadequate space, congestion in some offices, and noisy open offices) affects the respondent's duty performance. Mandago, Lucy J (2014) did a study on effects of terms of employment on employee engagement and employee commitment at Coffee Board of Kenya. The findings revealed that terms of employment influence employees' commitment and engagement.

The studies above were done in Banking and Education sectors and therefore the researcher will examine the existing gap on employee commitment and engagement with a focus on the health industry which is a unique environment. This study will seek to identify the factors influencing employee commitment and engagement at Kenyatta National Hospital. No known similar study has been carried out before, and therefore this study will try to fill in the gap left by the previous researchers in this respect. The study will be guided by the question; what factors influence employees' commitment and engagement at Kenyatta National Hospital?

### **1.3 Objective of the Study**

To determine factors influencing commitment and engagement of Healthcare Workers at Kenyatta National Hospital.

### **1.4 Value of the Study**

The findings from the study will provide Kenyatta National Hospital management with knowledge to formulate human resource policies that promote employee engagement and commitment and ultimately enhance their

performance hence making the organization achieve a competitive edge in the health industry. It is also hoped that the findings of the study will help create and sustain a culture of commitment and engagement among employees in the Hospital. Furthermore, the study can also be of great assistance to other organizations in the health sector by giving feedback on the implementation of human resource practices that impact positively on employee engagement and commitment.

In terms of policy and decision making, this study will also be beneficial not only to Human Resource practitioners but also to the other stakeholders such as the Government, employers associations and employees unions by using the findings to develop strategies that will facilitate the attraction, utilization and retention of competent employees in public hospitals. Lastly, this study aims to add to the existing body of knowledge that exists in the field of employee engagement and commitment. The findings will be a useful source of information for any future research on employee engagement and commitment.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter covers literature review related to the study. It includes a review of the various studies conducted by researchers on theoretical foundation, commitment and engagement of employees and the factors that influence commitment and engagement of employees.

#### 2.2 Theoretical Foundation

The study will be guided by Tri-Dimensional Organizational Commitment Theory and Needs Satisfying Theory.

##### 2.2.1 Tri-Dimensional Organizational Commitment Theory

Meyer and Allen (1997) use the Tri-Dimensional Theory to conceptualize organizational commitment in three dimensions namely, affective, continuance and normative commitments. These dimensions describe the different ways of organizational commitment development and the implications for employees' behavior. This theory of commitment has been used by researchers to predict important employee outcomes, including turnover and citizenship behaviours, job performance, absenteeism and tardiness (Meyer et al, 2002). Studies on Tri-Dimensional Organizational Commitment Theory have provided strong evidence that affective and normative commitment is positively related and continuance commitment is negatively connected with organizational outcomes such as performance and citizenship behavior (Hackett, Bycio, and Handsdoff, 1994; Shore and Wayne, 1993). Further research also provides evidence that employees with higher levels of affective commitment to their work, their job and career exhibit higher levels of continuance and normative commitments (Cohen, 1996). According to Ayeni&Phopoola (2007), Continuance commitment - costs associated with leaving the organization; and normative commitment – perceived obligation to remain with the organization have implications for the continuing participation of the individual in the organization. Kim (2005) found that “Public employees’ commitment is primarily based on their emotional attachment to, identification with, and involvement in their public organizations (p .248). Similarly, Romzek (1990) found that “employee commitment is based on affective attachment to the work organization (p.377).

##### 2.2.2 Needs Satisfying Theory

Khan (1990) found that there were three psychological conditions associated with engagement or disengagement at work: meaningfulness, psychological safety and availability. Khan defines meaningfulness as the positive “sense of return on investment of self in role of performance” (Kahn,1990,p.705). Furthermore, safety is defined as the ability to show one’s self “without fear or negative consequences to self image, status or career” (Kahn,1990,p.705). Finally, availability is defined as the “sense of possessing the physical, emotional

and psychological recourses” (Kahn,1990,p.705). May et al (2004) studied Kahn’s (1990) mediating effects of three psychological conditions — meaningfulness, safety and availability — on employees' engagement in their work. Results from the revised theoretical framework revealed that all three psychological conditions exhibited significant positive relations with engagement. Meaningfulness displayed the strongest relation. Job enrichment and work role fit were positively linked to psychological meaningfulness. Rewarding co-worker and supportive supervisor relations were positively associated with psychological safety, whereas adherence to co-worker norms and self-consciousness were negatively associated. Psychological availability was positively related to resources available and negatively related to participation in outside activities. Finally, the relations of job enrichment and work role fit with engagement were both fully mediated by the psychological condition of meaningfulness. The association between adherence to co-worker norms and engagement was partially mediated by psychological safety. May et al (2004) further propose that the Needs-Satisfying approach assumes that when the job is challenging and meaningful, the social environment at work is safe, and personal resources are available, the needs for meaningfulness, safety and availability are satisfied and thus engagement is likely to occur.

### **2.3 Dimensions of Organizational Commitment**

According to Meyer and Allen (1997) organizational commitment is conceptualized in three dimensions namely, affective, continuance and normative commitments. These dimensions describe the different ways of organizational commitment development and the implications for employees’ behavior.

#### **2.3.1 Affective Commitment Dimension**

The first dimension of organizational commitment in the theory is affective commitment, which represents the individual’s emotional attachment to the organization. According to Meyer and Allen (1997) affective commitment is “the employees’ emotional attachment to, identification with, and involvement in the organization”. Organizational members, who are committed to an organization on an affective basis, continue working for the organization because they want to (Meyer & Allen, 1991). Members who are committed on an affective level stay with the organization because they view their personal employment relationship as congruent to the goals and values of the organization (Beck & Wilson, 2000). Affective commitment is a work related attitude with positive feelings towards the organization (Morrow, 1993) also maintains that this type of attitude is “an orientation towards the organization, which links or attaches the identity of the person to the organization”. The organizational commitment model of Meyer and Allen (1997) indicates that affective commitment is influenced by factors such as job challenge, role clarity, goal clarity, and goal difficulty, receptiveness by management, peer cohesion, equity, personal importance, feedback, participation, and dependability. Affective commitment development involves identification and internalization (Beck & Wilson, 2000).

#### **2.3.2 Continuance Commitment Dimension**

The second dimension of the tri-dimensional theory of organizational commitment is continuance commitment. Meyer and Allen (1997) define continuance commitment as “awareness of the costs associated with leaving the organization”. It is calculative in nature because of the individual’s perception or weighing of costs and risks associated with leaving the current organization. Further, employees whose primary link to the organization is based on continuance commitment remain because they need to do so. Continuance commitment can be

regarded as an instrumental attachment to the organization, where the individual's association with the organization is based on an assessment of economic benefits gained (Beck & Wilson, 2000). Organizational members develop commitment to an organization because of the positive extrinsic rewards obtained through the effort-bargain without identifying with the organization's goals and values.

Meyer et al (1990) indicated that "continuance organizational commitment will therefore be the strongest when availability of alternatives are few and the number of investments are high". This argument supports the view that when given better alternatives, employees may leave the organization. Meyer et al (1990) also maintain that "accrued investments and poor employment alternatives tend to force individuals to maintain their line of action and are responsible for these individuals being committed because they need to". This implies that individuals stay in the organization, because they are lured by other accumulated investments which they could lose, such as pension plans, seniority or organization specific skills.

### **2.3.3 Normative Commitment Dimension**

Meyer and Allen (1997) define normative commitment as "a feeling of obligation to continue employment". Internalized normative beliefs of duty and obligation make individuals obliged to sustain membership in the organization (Allen & Meyer, 1990). According to Meyer and Allen (1991) "employees with normative commitment feel that they ought to remain with the organization". In terms of the normative dimension, the employees stay because they should do so or it is the proper thing to do. Wiener and Vardi (1980) describe normative commitment as "the work behavior of individuals, guided by a sense of duty, obligation and loyalty towards the organization". Organisational members are committed to an organization based on moral reasons (Iverson & Buttigieg, 1999).

The normative committed employee considers it morally right to stay in the organization, regardless of how much status enhancement or satisfaction the organization gives him or her over the years. The strength of normative organizational commitment is influenced by accepted rules about reciprocal obligation between the organization and its members (Suliman & Lles, 2000). The reciprocal obligation is based on the social exchange theory, which suggests that a person receiving a benefit is under a strong normative obligation or rule to repay the benefit in some way (McDonald & Makin, 2000).

## **2.4 Factors Influencing Organizational Commitment**

Studies have been done by different authors to show the influence of job related factors, employment opportunities, personal characteristics, work environment, positive relationships, management style and organizational structure on organizational commitment. The studies are from various sources including: Randall (1990) Curry et al., (2004), Meyer & Allen (1997) and Mathieu & Zajac (1990). Organisational commitment is an important job-related outcome at the individual level, which may have an impact on other job-related outcomes such as turnover, absenteeism, job effort, job role and performance or visa versa (Randall, 1990). The job role that is ambiguous may lead to lack of commitment to the organization and promotional opportunities can also enhance or diminish organizational commitment (Curry, Wakefield, Price & Mueller, 1996). Other job factors that could have an impact on commitment are the level of responsibility and autonomy. Baron and Greenberg (1990) state that "the higher the level of responsibility and autonomy connected with a given job, the lesser repetitive and more interesting it is, and the higher the level of commitment expressed by the person who fill it". The existence of employment opportunities can affect

organizational commitment (Curry et. Al.1996). Individuals who have a strong perception that they stand a chance of finding another job may become less committed to the organization as they ponder on such desirable alternatives. Where there is lack of other employment opportunities, there is a tendency of high level of organization commitment (Vandenberghe, 1996).

As a result, membership in the organization is based on continuance commitment, where employees are continuously calculating the risks of remaining and leaving (Meyer & Allen 1997). Organisational commitment can also be affected by the employee's personal characteristics such as age, years of service and gender (Meyer & Allen, 1997). Baron and Greenberg(1990) state that "older employees, those with tenure or seniority, and those who are satisfied with their own levels of work performance tend to report higher levels of organizational commitment than others". This implies that older people are seen to be more committed to the organization than other age groups.

The working environment is also identified as another factor that affects organizational commitment. One of the common working environmental conditions that may affect organizational commitment positively is partial ownership of a company. Ownership of any kind gives employees a sense of importance and they feel part of the decision-making process (Klein,1987). This concept of ownership which includes participation in decision-making on new developments and changes in the working practices, creates a sense of belonging (Armstrong,1995).

According to Randall (1990) "the supervisory relationship can affect organizational commitment either positively or negatively". A positive supervisory relationship depends on how work-related practices such as performance management are being implemented in the organization (Randall, 1990). When individuals find the supervisory relationship to be fair its practices, they tend to be more committed to the organization. Other work relationships, such as teams or groups, which exist in the workplace, can affect organizational commitment. Organisational members can demonstrate commitment when they are able to find value through work relationships

Organizational structure plays an important role in organizational commitment. Bureaucratic structures tend to have a negative effect on organizational commitment. Zeffane (1994) indicates that the "the removal of bureaucratic barriers and the creation of more flexible structure are more likely to contribute to the enhancement of employee commitment both in terms of their loyalty and attachment to the organization". The management can increase the level of commitment by providing the employees with greater direction and influence.

## **2.5 Factors Influencing Engagement**

Studies have been done by different authors to show the influence of work environment, leadership, team and co-workers, training and career development, compensation, organization policies and workplace well-being on engagement. Effective leadership is a higher-order, multi-dimensional construct comprising self-awareness, balanced processing of information, relational transparency, and internalized moral standards (Gardner et al., 2005, Walumbwa et al., 2008). Research (Wildermuth and Pauken, 2008, Wallace and Trinko, 2009) shows that engagement occurs naturally when leaders are inspiring. Employees feel engaged when their work is considered important and meaningful. The task of leadership is therefore to ensure that employees see how their specific task contributes to the overall business success. Authentic and supportive leadership is theorized to

impact employee engagement of followers in the sense of increasing their involvement, satisfaction and enthusiasm for work (Gardner et al 2005, Schneider, Macey, and Barbera (2009). The leadership factor comprised indicators on effective leadership and perceived supervisor support.

Team and Co-worker relationship is another aspect that emphasises explicitly the interpersonal harmony aspect of employee engagement. Kahn (1990) found that supportive and trusting interpersonal relationships as well as supportive team promotes employee engagement. Organizational members felt safe in work environments that were characterized by openness and supportiveness. Supportive environments allow members to experiment and to try new things and even fail without fear of the consequences (Kahn, 1990). According to May et al., (2004) relationships in workplace was found to have an impact on meaningfulness, relates to engagement. Thus if the employee is having good relationship with his co-workers, his work engagement is expected to be high. Locke and Taylor (1990) recognized the relatedness needs individuals possess, arguing individuals who have rewarding interpersonal interactions with their co-workers also should experience greater meaning in their work.

Training and Career Development is another important dimension which is to be considered in the process of engaging employees that helps the employees in concentrating on focused work dimension. According to Paradise (2008), Training and development is an important factor for improving employee engagement. Training improves service inaccuracy and thereby impact service performance and employee engagement (Keaveney, 1995). When the employee undergoes training and learning development programmes, his confidence builds up on the area of training that motivates him to be more engaged in his job.

Compensation or Remuneration is an indispensable attribute to employee engagement that motivates an employee to achieve more and hence focus more on work and personal development. It involves both financial and non-financial rewards. Compensation is most impressively delivered through a combination of pay, bonuses and other financial rewards and also through non-financial rewards like extra holiday, voucher schemes. A study by Saks and Rotman (2006) revealed that recognition and rewards are significant antecedents of employee engagement. When employees receive rewards and recognition from their organisation, they will feel obliged to respond with higher levels of engagement (Saks and Rotman, 2006).

Organizational policies, procedures, structures and systems decide the extent to which employees are engaged in an organization. Most researchers agree that congenial organizational policies and procedures are extremely important for employee engagement and the ultimate achievement of the business goals. Important policies and procedures include fair recruitment and selection and flexible work life practices. Studies (Vance, 2006 and Schneider et al., 2009) show that the recruitment policy of an organisation conveys certain messages that attract future employees' engagement and commitment. According to Richman et al., (2008) an organisation's flexible work-life policies have a significant positive impact on employee engagement. Various other research (Pitt-Catsouphes and Matz-Costa, 2008, Woodruffe, 2005).

## **2.6 Organizational Commitment & Engagement**

Engagement is related to, but distinct from established organizational behavior constructs such as organizational commitment, organizational citizenship behavior, job satisfaction, or job involvement. Many researchers

suggest that engagement is related to employees' voluntary behavioral aspects (Bakker and Schaufeli, 2008; Saks, 2006), while organizational commitment is more attitudinal in nature including affective, continuance, and normative domains (Song and Kim, 2009). Saks (2006) also states that organizational commitment refers only to the employees' loyalty, attitudes and attachment to the organization and this in turn brings benefits to the organization. But engagement is not an attitude, it is a degree of how attentive and absorbed employees are in their roles (Saks, 2006). In addition, commitment focuses on the organization, while the engagement focuses on the tasks.

Previous Studies indicate that there is strong influence of engagement on affective Commitment. Engaged employees tend to develop an obligation to reciprocate favourably to their organization for the job resources provided, hence developing a strong commitment to their organization (Hakanen et al. 2008). Moreover, Brown and Leigh (1996) argue that an environment perceived as psychologically safe and meaningful by employees usually leads to increase in organizational commitment.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter covers the procedure and the methodology that will be used to carry out the research project. It gives the research design, population, sampling design, data collection method and data analysis techniques.

#### 3.2 Research Design

The research design adopted was a descriptive survey method. According to Cooper and Schindler (2000) a descriptive research design is concerned with finding out the; who, what, where, when and how much. This method provided quantitative data from a cross section of chosen population.

#### 3.3 Population of the study

The study consisted of all the healthcare personnel who are based at Kenyatta National Hospital. The population was 2598 (Source: Human Resource Records Compliment (2015)).

**Table 3.1: Population of the study**

Category	No.
Medical Staff (Physicians, Dentists & Pharmacists)	243
Nursing Staff	1691
Allied Health Professionals	664
<b>TOTALS</b>	<b>2598</b>

#### 3.4 Sample Design

The researcher used a sample of 10% of the total population which was 260. Mugenda and Mugenda (2003) propose that a sample size of 30 to 500 is appropriate for most academic researches. The researcher used stratified sampling to ensure that all the cadres of healthcare workers are represented. The population was stratified into three strata i.e. Medical Staff, Nursing Staff and Allied Health Professionals. Random sampling was then used to select 260 respondents from the organization.

**Table 3.2: Sampling**

Category	Population	Sample (10%)
Medical Staff (Physicians, Dentists & Pharmacists)	243	24
Nursing Staff	1691	170
Allied Health Professionals	664	66
<b>TOTAL</b>		<b>260</b>

#### 3.5 Data Collection

The study used primary data which was collected through self-administered questionnaires. The questionnaire consisted of three sections, namely; section one which will deal with personal information, section two which is

designed to measure employee commitment and section three employee engagements. The research used drop and pick method since the area of collecting data is centralized.

### **3.6 Data Analysis**

Once the data is collected, the questionnaires were edited for accuracy, consistency and completeness. Data was analyzed using descriptive statistics (measures of central tendency and measures of variations). Tables and graphs will be used for presentation of findings. Statistical Package for Social Sciences (SPSS) software will be used to facilitate the analysis.

## CHAPTER FOUR

### DATA ANALYSIS, RESULTS AND DISCUSSION

#### 4.1 Introduction

The objective of this study was to investigate the employee related factors that influence the commitment and engagement of healthcare workers at Kenyatta National Hospital. This chapter provides data analysis, findings and discussions of the results based on the objectives of the study. Primary data was used for this research and was collected from healthcare workers of Kenyatta National Hospital. Questionnaires were used to seek the respondents' views on factors that influence commitment and engagement of healthcare workers in the hospital.

#### 4.2 Response Rate

A total of 260 questionnaires were distributed in the hospital. Out of these, 256 questionnaires were returned duly completed. This represents a response rate of 98%.

From the study population target sample of 260 respondents, 256 respondents filled and returned their questionnaires, constituting a 98% response rate. According to Mugenda O,M & Mugenda A.G.(2003) a response rate of 70% and over is excellent and adequate for analysis and reporting. This was therefore considered a representative sample for further analysis.

#### 4.3 Demographic Characteristics of the Respondents

The study sought to find out the description of the respondents. It captured their general characteristics in a bid to establish if they were well suited for the study. The sought to identify the general characteristics of the respondent's gender, position in the organization, length the respondent had worked in the Hospital, Department in which they worked and their education qualifications. These characteristics are important because they are known to influence the variables in this study including commitment and engagement. According to Mathieu & Zajac (1990) argue that age is positively related to organizational commitment. Additionally, Meyer and Allen (1997) noted that there is a positive link between organizational commitment and an individual's length of service.

##### 4.3.1. Gender of the Respondents

The study sought to find out the gender of the respondents because some studies have shown a relationship between gender and work engagement (Schaufeli et al.,2006). While the research did not focus precisely on gender equity, the findings reflect that the sample is biased towards males. As shown in Figure 4.1, majority of the respondents 66% were female and 33% were male.

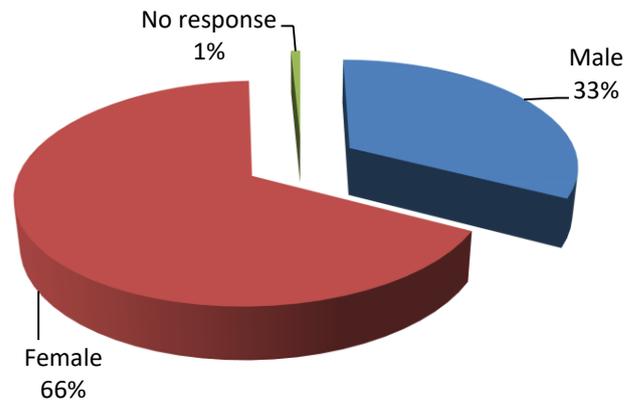


Fig. 4.1 Gender Distribution

Source: Author, 2015

#### 4.3.2 Professional Categories in the Organization

The study sought to find out the various professions of the respondents in the Institution. This is because studies have shown that an individual maybe committed to his profession, but not to the organization (Ceylan and Byyram, 2006). Table 4.2 shows that most (66%) of the respondents were nurses by profession while 25% were from allied professions and 9% doctors. According to the study findings, it is evident that most of the respondents were nurses in the organization. This is in line with the population distribution of the study which showed that nurses were the majority.

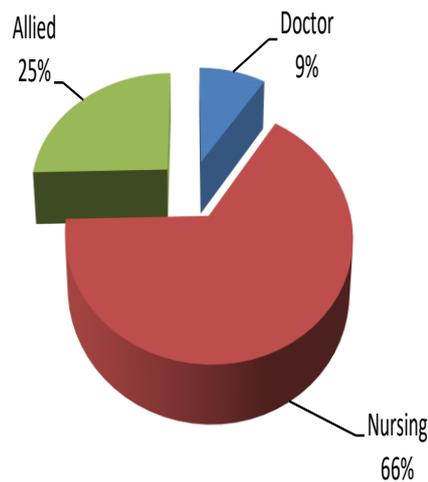


Fig. 4.2 Professional Categories

Source: Author, 2015

#### 4.3.3. Respondents Department

The study sought to find out the Department in which the respondents worked in at the Institution which is captured in Table 4.3.

Table 4.1: Distribution by department

No of respondents	Percent
-------------------	---------

Surgery	57	21.9
Reproductive Health	39	15.0
Medicine	33	12.7
Health Information Services	22	8.5
Paediatrics	20	7.7
Anaesthesia	18	6.9
Orthopaedics	17	6.5
Others	50	19.2
No response	4	1.5
Total	260	100

**Source: Author, 2015**

Table 4.1 shows that 21.9% of the respondents were drawn from the department of surgery while 15.0% were from the Reproductive Health Department. Medicine Department accounted for 12.7% of the respondents, Health Information Services (8.7%), Paediatrics (7.7%), Anaesthesia (6.9%), Orthopaedics (6.5%) among other departments. The findings indicate that the study included and collected responses from all the institution's departments and was important to get responses across the organization so that the findings can be applied to the whole organization.

**4.3.4. Respondents Distribution by Unit**

**Table 4.2: Distribution by Unit**

	No of respondents	Percent
Labour Ward	29	11.2
Accident & Emergency	23	8.8
Main Theatres	21	8.1
Paediatric Emergency Unit	12	4.6
Dental	10	3.8
Others	155	59.6
No response	10	3.90
Total	260	100

According to Table 4.2, Labour Ward contributed the majority (11.2%) of respondents compared to other units. Accident & Emergency accounted for 8.8% and 8.1% came from the Main Theatres. 4.6% and 3.8% were from Paediatrics Emergency Unit and Dental respectively.

**4.3.5 Nature of Employment**

This study sought to establish the employment terms of the respondents. According to Jenings (1998) Employment terms are closely related to job satisfaction which influences organizational commitment and engagement of workers. As Figure 4.5 shows, 229 were on permanent terms of employment (88.1%) while 31

were on contract (11.9%). This means that majority of healthcare workers are on Permanent and Pensionable terms of employment and hence feel quite secure in their jobs.

**Table 4.3: Nature of employment**

	No of respondents	Percent
Permanent & Pensionable	229	88.1
Contract	31	11.9
Total	260	100

#### 4.3.6 Number of Years Worked in the Organization

Working experience has a positive relationship on organizational commitment (Kushman, 1992; Mathieu & Zajac, 1990). Working experience would be an indication of their level of appreciation and application of the variables of the study in the organization. The longer they have been, the more they are able to appreciate questions regarding organizational commitment and engagement. Table 4.6 shows the distribution of the respondents in terms of length of service in the profession.

**Fig. 4.3: Working experience in Kenyatta National Hospital**



According to the study, findings shows that majority (20.8%) of the respondents had 15-19 years working experience in Kenyatta National Hospital. 18.1% had worked for 0-4 years, 17.3% 10-14 years, 11.5% 5-9 years and 30.8% had more than 20 years working experience. On the other hand, few employees (4.6%) had worked as healthcare workers for over 30 years.

#### 4.3.7 Respondents current position

The study sought to establish the position held by the respondents. This is because studies have shown that there is a relationship between the position and organizational commitment Meyer and Allen (1997). Table 4.7 shows the distribution of the respondents in terms of positions held.

**Table 4.4: Current position**

	<b>No of respondents</b>	<b>Percent</b>
Nursing Officer I	54	20.8
Senior Nursing Officer	37	14.2
Nursing Officer	22	8.5
Medical Specialist	17	6.5
Nursing Officer III	15	5.8
Senior Enrolled Nurse	15	5.8
Assistant Chief Nurse	10	3.8
Others	84	32.8
No response	6	2.3
Total	260	100

According to the study findings, 20.8% of the respondents held the position of Nursing Officer I at the time the study was being carried out. 14.2% were Senior Nursing Officers and 8.5% Nursing Officers among others.

#### **4.3.8 Number of Years in Current Position**

The study sought the experience of the respondents in the current position since the extent of upward since the extent of upward mobility of staff has influence on organizational commitment and engagement (Gaetner and Nollen,1989). Table 4.8 shows the distribution of the respondents in terms of experience in the current position.

**Table 4.5: Number of years in current position**

	<b>No of respondents</b>	<b>Percent</b>
0-4 years	198	76.2
5-9 years	39	15.0
10-14 years	10	3.8
15-19 years	10	3.8
20-24 years	2	0.8
25-29 years	1	0.4
Total	260	100

Table 4.8 shows that most (76.2%) of the respondents had worked in their current position for 0-4 years while 15.0% had worked for 5-9 years and 8.8% had worked for more than 10 years. The analysis shows that most of the employees had been in same position for 4 years or less. A small number of employees have been in the same position for over 9 years. This analysis implies that there is a moderate degree of upward mobility of healthcare workers in the organization which may improve their level of organizational commitment and engagement.

#### 4.3.9 Distribution by the highest level of education

The study sought to establish the highest level of education of the respondents. Glisson and Durick (1988) reported that level of education has a negative relationship with organizational commitment. Table 4.9 shows the distribution of the respondents' levels of education.

**Table 4.6: Distribution by the highest level of education**

	No of respondents	Percent
Certificate	21	8.1
Diploma	103	39.6
Higher Diploma	70	26.9
1 <sup>st</sup> Degree	31	11.9
Masters Degree	33	12.7
PhD	1	0.4
No response	1	0.4
Total	260	100

Table 4.9 shows that majority (39.6%) of the respondents had attained and ordinary Diploma while 26.9% had Higher Diploma. 12.7% had Masters Degree, 11.9% 1<sup>st</sup> Degree, 8.1% Certificate and 0.4% had a PhD.

#### 4.4 Age of the Respondents

This study sought to establish the age of the respondents as age has been associated with organizational commitment and engagement (Mowday et al.,1982)

**Table 4.7: Age distribution**

	No of respondents	Percent
18-25 years	10	3.8
26-33 years	45	17.3
34-41 years	71	27.3
42-49 years	72	27.7
50-60 years	57	21.9
No response	5	1.9
Total	260	100

As shown in Table 5.0 Age group 42-49 accounted for 27.7% of the respondents while 27.3% were aged 34-41 years 21.9% of them were in the 50-60 years age bracket, 17.3% were 26-33 years old, 3.8% 18-25 years and 1.9% did not respond to this question. This indicates that majority of healthcare workers in the organization are middle aged.

#### 4.5 Employee Commitment

The general objective of the study was to establish the factors that influence commitment and engagement of healthcare workers at Kenyatta National Hospital. This section therefore deals with the factors that influence commitment of healthcare workers at KNH. The respondents were asked to rate the factors on a scale of 1 to 5; (1:Strongly disagree,2:Disagree3:Moderately agree,4:Agree,5:Strongly agree) the extent to which they agreed or disagreed with statements relating to employee commitment and employee engagement at Kenyatta National Hospital. Means for the factors were established in order to provide a generalized feeling of all the respondents.

Means greater than 1.5 and less than 2.5 implied that the activity influenced employee commitment to a little extent. Means greater than 2.5 and less than 3.5 implied that the activity influenced employee commitment to a moderate extent. Means greater than 3.5 and less than 4.5 implied that the activity influenced employee commitment to a great extent while means greater than 4.5 implied that the activity influenced employee commitment to a very great extent.

The standard deviation on the other hand describes the distribution of the responses in relation to the mean. It provides an indication of how far the individual responses to each factor vary from the mean. A standard deviation of 1 indicates that the responses are further spread out, greater than 0.5 and less than 1, indicates that the responses are moderately distributed, while less than 0.5 indicates that they are concentrated around the mean. A standard deviation of more than 1 indicates that there is no consensus on the responses obtained. There were 16 statements used to measure healthcare workers commitment in the institution. The statements were adopted from Meyer and Allen (1997) Scale of Organizational Commitment and measured Affective, Continuance and Normative Organizational Commitment. Respondents' perception relating to the variables under each of the factors in employee commitment is presented in the following sections.

##### 4.5.1 Affective Organizational Commitment

Affective organizational commitment is one of the dimensions of organizational commitment (Meyer & Allen, 1997). The respondents were asked to indicate the extent to which they agree with aspects of affective organization commitment in their work place. A set of six statements were used to measure the respondents' attitude towards affective organizational commitment in their work place as shown in Table 4.8

**Table 4.8: Affective Organizational Commitment**

	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
I would be happy to spend the rest of my career with this organization	258	3.8	1.1
I enjoy discussing my organization with people outside it	259	3.8	1.1
I really feel as if this organization's problems are my own	259	3.5	1.2
I do feel like 'part of the family' at this organization	252	3.9	1.1
I do feel 'emotionally attached' to this organization	255	3.7	1.1

I do feel a strong sense of belonging to this organization	245	4.0	1.0
<b>Average</b>	<b>255</b>	<b>3.8</b>	<b>1.1</b>

The results in Table 4.8 reveal that the mean score for affective organizational commitment was 3.8. This shows that the respondents to a great extent agree with the statements of affective organizational commitment. More specifically, the respondents felt a strong sense of belonging to the organization (M = 4.0, SD = 1.0) and felt like 'part of the family' at the organization (M = 3.9, SD = 1.1). The respondents would be happy to spend the rest of their career with this organization and enjoy discussing the organization with people outside it (M = 3.8, SD = 1.1) while on average, they felt 'emotionally attached' to this organization and felt as if the organization's problems were their own, (M = 3.7, SD 1.1) and (M = 3.5, SD = 1.2) respectively. This analysis implies that respondents agreed to a great extent on statements of affective organizational commitment dimension towards the organization. This is especially so with feeling a strong sense of belonging to the organization and feeling like 'part of the family' at the organization. It can be seen that in all the statements, the standard deviation was ranging from 1.0 to 1.2. This means that there was no consensus in the respondents' attitude about affective organizational commitment in the organization.

#### 4.5.2 Continuance Organizational Commitment

Continuance organizational commitment has been identified as a dimension of organizational commitment. Murray, Gregoire & Downey (1991) contend that in continuance organizational commitment individuals do not leave an organization for fear of losing their benefits, taking a pay cut, and not being able to find another job. Respondents were asked to indicate the extent to which they agree with various aspects of continuance organizational commitment. Questions asked related to fear of joblessness upon quitting a job, leaving the current job, disruption of one's life, staying with the organization and options relating to leaving the organization. Table 5.2 shows an analysis of the responses.

**Table 4.9 Respondents score on continuance organizational commitment**

	N	Mean	Std. Deviation
I am afraid of what might happen if I quit my job without having another one lined up	255	3.3	1.4
It would be very hard for me to leave this organization right now, even if I wanted to	257	3.1	1.4
Too much in my life would be disrupted if I decided I wanted to leave this organization	257	3.2	1.3
Right now, staying with this organization is a matter of necessity as much as desire	256	3.2	1.3
I feel that I have too few options to consider leaving this organization	253	3.0	1.3
<b>Average</b>	<b>256</b>	<b>3.2</b>	<b>1.3</b>

The results in Table 4.9 show an overall mean score of 3.2 on continuance organizational commitment. This means that the respondents were moderate on their attitude towards continuance organizational commitment. The respondents sampled moderately agreed they were committed to continue working for the organization (M = 3.2, SD = 1.3). The respondents were moderately afraid of what might happen if they quit their jobs without having another one lined up (M = 3.3, SD = 1.4), it would be very hard for them to leave this organization, even if they wanted to (M = 3.1, SD = 1.4), too much in their lives would be disrupted if they decided they wanted to leave this organization (M = 3.2, SD = 1.3), staying with this organization was a matter of necessity as much as desire (M = 3.2, SD = 1.3) and they felt that they have too few options to consider leaving this organization (M = 3.0, SD = 1.3). The respondents moderately agreed with the statements related to continuance organizational commitment. In conclusion, it can be stated that healthcare workers in the organization are indifferent on continuance organizational commitment especially in relation to being afraid of quitting their jobs without another one lined up for them. Worth noting also is that in all cases the standard deviation was greater than 1 indicating that there was no consensus about these aspects of continuance organization commitment among the respondents. This could be attributed to the diversity of job opportunities within the wider medical profession and hence joblessness is not a major concern for the healthcare workers in the organization.

#### 4.5.3 Normative Organizational Commitment

Normative organizational commitment influences employees' commitment in that employees with strong normative commitment will remain with an organization by virtue of their belief that it is the right and moral thing to do (Meyer and Allen, 1991). Respondents were asked to indicate the extent to which they agreed or disagreed with normative organizational commitment. The analysis of responses was as shown in Table 4.10

**Table 4.10 Normative organizational commitment**

	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice - another organization may not match the overall benefits I have here	252	3.3	1.4
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore I feel a sense of moral obligation to remain	254	3.7	1.3
If I got another offer for a better job elsewhere I would not feel it was right to leave the organization	258	2.8	1.3
I was taught to believe in the value of remaining loyal to one organization	252	2.9	1.3
	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
If I got another offer for a better job elsewhere I would not feel it was right to leave the organization. Things were better in the days when people stayed with one organization for most of their career	256	2.7	1.4
<b>Average</b>	<b>254</b>	<b>3.1</b>	<b>1.3</b>

As shown in Table 4.10 the respondents moderately agreed with the statements ( $M = 3.1, SD = 1.3$ ). Respondents agreed to a great extent that the reason they would continue to work for the organization was that they believe that loyalty was important and therefore felt a sense of moral obligation to remain ( $M = 3.7, SD = 1.3$ ) and agreed only to a moderate extent that one of the major reasons to continue to work for this organization was that leaving would require considerable personal sacrifice - another organization may not match the overall benefits found here ( $M = 3.3, SD = 1.4$ ). The respondents moderately agreed that they were taught to believe in the value of remaining loyal to one organization ( $M = 2.9, SD = 1.3$ ) and also moderately agreed that if they got another offer for a better job elsewhere they would feel it was right to leave the organization ( $M = 2.8, SD = 1.3$ ). They also moderately agreed that things were worse in the days when people stayed with one organization for most of their career ( $M = 2.7, SD = 1.4$ ). This analysis implies that overall healthcare workers in Kenyatta National Hospital continue to work for the organization because they have a strong sense of moral obligation to remain. However, the workers are indifferent to the other aspects of normative organizational commitment. There was generally no consensus in these aspects as shown in all the cases since the standard deviations were more than 1.

#### 4.6 Employee Engagement

Employee engagement was the other variable of this study. In order to determine the factors that influence the engagement of healthcare workers, it was important to establish the respondents' perception of employee engagement in their places of work. This section presents the analysis of the engagement of healthcare workers at KNH. Just like employee commitment, healthcare workers engagement was measured using a five (5) point likert scale from 1 to 5; (1:Strongly disagree,2:Disagree3:Moderately agree,4:Agree,5:Strongly agree) the extent to which they agreed or disagreed with statements relating to employee engagement at Kenyatta National Hospital. Means for the factors were established in order to provide a generalized feeling of all the respondents.

Means greater than 1.5 and less than 2.5 implied that the activity influenced employee commitment to a little extent. Means greater than 2.5 and less than 3.5 implied that the activity influenced employee commitment to a moderate extent. Means greater than 3.5 and less than 4.5 implied that the activity influenced employee commitment to a great extent while means greater than 4.5 implied that the activity influenced employee commitment to a very great extent.

The standard deviation on the other hand describes the distribution of the responses in relation to the mean. It provides an indication of how far the individual responses to each factor vary from the mean. A standard deviation of 1 indicates that the responses are further spread out, greater than 0.5 and less than 1, indicates that the responses are moderately distributed, while less than 0.5 indicates that they are concentrated around the mean. A standard deviation of more than 1 indicates that there is no consensus on the responses obtained. There were 17 statements used to measure healthcare workers engagement in the institution. The statements were adopted from Gallup Questionnaire (1998) used to measure employees engagement. Respondents' perception relating to the statements in employee engagement is presented in the following sections.

**Table 4.11: Employee Engagement**

	N	Mean	Std. Deviation
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	N	Mean	Std. Deviation
I know what is expected of me at work	258	4.5	1.0
I have the materials and equipment that I need in order to do my work right	257	3.4	1.1
At work, I have the opportunity to do what I do best every day	254	3.9	1.1
In the course of my employment, I have received recognition or praise for doing good work	258	3.5	1.3
My supervisor, or someone at work, seem to care about me as a person	254	3.6	1.2
There is someone at work who encourages my development	253	3.7	1.2
At work, my opinions seem to count	247	3.5	1.1
The mission or purpose of my organization makes me feel that my job is important	254	4.1	1.0
My coworkers are committed to doing quality work	254	3.8	1.0
I have a best friend at work	243	3.7	1.3
In the past six months, someone at work talked to me about my progress	253	3.4	1.3
This past year, I have had opportunities at work to learn and grow	250	3.9	1.1
At my job I feel strong and vigorous	249	3.9	1.0
When I get up in the morning, I feel like going to work	254	3.8	1.1
I will continue working for KNH for as long as I can	252	3.9	1.2
I am proud of the work I do	253	4.3	1.0
I can continue working for very long periods at a time	253	3.8	1.2
<b>Average</b>	<b>253</b>	<b>3.8</b>	<b>1.1</b>

Based on the analysis of engagement on Table 4.11, overall respondents rating of engagement was to a great extent good (Mean 3.8, SD1.1). The highest rating was recorded on knowing what is expected at work and being proud of work at a mean score of 4.5 and 4.3 respectively. This was followed by the mission or purpose of the organization and opportunities at work to learn and grow at a mean of 4.1 and 3.9 respectively. In addition, Working for the organization for as long as possible was also rated good (Mean 3.9, SD1.2). The rating for Ability to continue working for very long periods at a time was rated good (Mean 3.8,SD 1.2). The respondents rating for having someone at work who encouraged development and a best friend at work was rated to great extent good with a mean of 3.7 and standard deviation of 1.2 and 1.3 respectively. A caring supervisor was rated to a great extent (Mean 3.6 SD 1.2). Opinion at work was rated to a moderate extent (Mean

3.5 SD 1.2) while recognition or praise for doing good work was also rated moderate extent (Mean 3.5 SD 1.3). Materials and equipment in order to work right and someone talking to employees about their progress at work in the past six months rated to a moderate extent with mean score of 3.4 and standard deviation of 1.1 and 1.3 respectively.

This analysis implies that healthcare staff in Kenyatta National Hospital concur that they know what is expected of them at work, are proud of their work and that the mission of the organization makes them feel that their job is important. It is worth noting that healthcare workers agreed to a moderate extent on materials and equipment that they need to do their work and having someone who talked to them about their progress in the last six months. This could be attributed to lack of adequate modern equipment and existence of poor human resource practices in the organization.

#### **4.7 Discussion**

This section discusses the results in line with the objective of the study. The objective of the study was to determine factors influencing commitment and engagement of healthcare workers at Kenyatta National Hospital. Firstly, the study sought to establish the factors that influence affective organizational commitment. The findings revealed that affective organizational commitment is influenced by employees' personal characteristics that include emotional attachment, identification with, and involvement in the organization. Specifically, the study confirmed that strong sense of belonging to the organization and feelings of being part of the wider organization influenced affective organizational Commitment. These findings supported Beck & Wilson (2000) who concluded that individual's attachment and identification influences their desire to establish a rewarding relationship with an organization. Additionally, Sheldon (1971) also maintains that positive feelings towards the organization result to an orientation towards the organization which links or attaches the identity of the person to the organization. Allen & Meyer (1990) also found out that affective organizational commitment is influenced by the extent to which an individual identifies with the organization. Desire to spend the rest of their career with the organization and willingness to discuss the organization with people outside it were also a strong influence on affective organizational commitment. This is consistent with Randal (1990) who said that positive workplace relationships influence affective organizational commitment positively. Further this findings support Klein (1987) who found that ownership of an organization creates a sense of belonging and influences positively affective organizational commitment.

Secondly, the study sought to determine the factors that influence continuance organizational commitment and the results revealed that fear of losing one's job, the need to remain in a job and fear of disruption of one's life influenced continuance organizational commitment. These findings are in line with Yousef (1998) who argued that job security is positively related to continuance organizational commitment in that the existence of job security is likely to bolster employees' perceptions of organizational support which would help to foster organizational commitment. Further, the results of the study indicate that employment opportunities can affect continuance organizational commitment. These findings are consistent with those of Curry et al., (1996) who concluded that individuals who have a strong perception that they do stand a chance of finding another job may become more committed to the organization. The findings were also in agreement with that of Vandenberghe (1996) who identified lack of other employment opportunities as a booster of organizational commitment. Meyer & Allen (1997) concluded that membership in the organization is based on calculating the risks

associated with remaining and leaving the current organization. The findings in this study support Perry et al.,(1997) in a study on government employees and those from other sectors which indicated that public sector employees have high levels of continuance organizational commitment because of job security whereby many public employees appreciate the relatively secure job situation associated with public employment and consider it a major reason for their organizational commitment.

Thirdly, this study addressed the factors that influence normative organizational commitment. Perceived loyalty and moral obligation to remain in the organization and considered personal sacrifice required to leave the organization strongly influenced this dimension of organizational commitment. These findings are in support of a study conducted by Meyer & Allen (1997) which concluded that development of positive psychological contract between the employees and the organization strongly influences their sense of loyalty and obligation to the organization. Roussenu (1995) also concurs that normative organizational commitment develops because of psychological contract between an employee and the organization. Perception of appreciation of the overall benefits in the organization was revealed as another factor that influences normative organizational commitment. This is in agreement with study by Okpara (2004) in which he concluded that satisfaction with work itself is positively related to commitment. Furthermore, the findings also support Meyer et al., (1993) who concluded that normative commitment increases when an individual feels loyal to his employer or responsible to work for the benefits that he gets from the organization as a result of the desire to compensate the favors received from the institution.

Fourthly, the study sought to determine the factors that influence engagement of healthcare workers. The results of the study revealed that employees' knowledge of the employer's expectations, taking pride in one's work and the mission of the organization influenced the engagement of healthcare workers to a great extent. The findings are consistent with studies of Harter et al.,(2002) who found that employee engagement is something that is produced by aspects in the workplace. Additionally, according to Robinson (2006) employee engagement is achieved through the creation of an organizational environment where positive emotions such as involvement and pride are encouraged. Employees perceptions of opportunity to do their best at work, opportunities to learn, grow and develop influenced their engagement levels to a great extent. These findings are in line with Keaveney (1995), who asserted that development programmes at work boosts the confidence of workers and motivates them to be more engaged in their tasks. Employees interpersonal relationships, and positive feedback influenced engagement of healthcare workers in the organization. These results support Khan (1990) who found that supportive and trusting interpersonal relationships as well as supportive team promotes employee engagement. Furthermore, May et al., (2004) contend that positive relationships in workplace have an impact on meaningfulness which results to engagement. Additionally, Locke and Taylor (1990) asserted that individuals who have rewarding interpersonal interactions with their co-workers also experience greater meaning in their work and hence enhanced engagement. Performance Feedback from supervisors and supportive relationships with seniors is another factor that influences engagement. These findings support Wildermuth and Pauken (2008) who contend that engagement occurs naturally when leaders are inspiring and that employees feel engaged when their work is considered important and meaningful. Further, Gardner et al.,(2005) said that authentic and supportive leadership is theorized to impact employee engagement of followers in the sense of increasing their involvement, satisfaction and enthusiasm for work. The findings are also in line with Bakker and Demerouti (2007) who assert that supportive colleagues and proper feedback from supervisors increases the

likelihood of being successful in achieving work goals. Ologbo and Sauda (2011) also said that social support from colleagues and supervisors are positively associated with work engagement. Employees' ability to take pride in their work, and the desire to continue to work for the organization are also factors that influenced engagement among healthcare workers in the organization. These results are consistent with study by Hackman and Oldham (1980) who concluded that employees who believe that they can meet the demands of a job are able to satisfy their needs by participating in roles within the organization and believe they will experience good outcomes. These feelings result in an employee being more confident and proud of their work, seeing their work as meaningful and as a result more engaged. Additionally, Rhoades (2001) asserts that when employees feel that the organization takes care of them, the employees pay back by becoming more engaged and therefore the desire to continue working for the organization.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS**

#### **5.1 Introduction**

The purpose of this study was to examine the factors that influence the commitment and engagement of healthcare workers at Kenyatta National Hospital. This chapter provides a summary of the major findings of the study, conclusion, recommendations and conclusions. It also highlights the limitations of the study and outlines proposed areas of future research.

#### **5.2 Summary of the Findings**

The study established that majority of healthcare workers are on permanent and pensionable terms of employment and hence feel quite secure in their jobs. Majority of the study respondents were nurses. This is in line with the population distribution of the study which showed that nurses were the majority. Most of the healthcare workers have been in the same position for 4 years or less. A small number of lecturers have been in the same position for over 15 years. This analysis implies that there is a moderate degree of upward mobility of healthcare workers in the organization. The majority of the healthcare workers have been in the organization for many years. The implication of this is that there is a sense of stability in the organization and hence able to appreciate the application of the variable in this study to their respective circumstance. Most of the healthcare workers have diploma and this is in line with the requirements that all healthcare staff must have a minimum of diploma while degree is the preferred. While the research did not focus precisely on gender equity, the findings reflect that the sample is biased towards females as they constituted a higher percentage of the respondents. In terms of age, most of the healthcare workers in the organization were middle aged at the time of the study.

With regard to dimensions of commitment, the levels of affective organizational commitment in the organization are generally high. Healthcare workers agreed to their perceived sense of belonging in the organization, desire to advance their careers and the need to discuss their organization with people outside it. On emotional attachment, the findings indicate that the workers are generally attached to the organization. However healthcare workers do not strongly perceive the organization's problems as their own.

This study revealed that continuance organizational commitment levels were low. Healthcare workers were generally unhappy with this dimension of commitment. Specifically, workers had a strong perception of leaving the organization for another job opportunity. The workers were generally not insecure even if they left their current jobs. The overall continuance organizational commitment was not good. Healthcare workers in the organization do not seem to be afraid of leaving the organization for fear of not being able to find another job. This implies that healthcare workers have competencies and skills that they can transfer to other organizations. The findings showed that healthcare workers had a strong sense of moral obligation to remain in the organization. This implies that workers generally had the value of loyalty and duty towards the organization. However the workers did not agree to the fact that they would not leave the organization even when they got opportunities to work in other organizations. Healthcare workers also disagreed with having been socialized to remain loyal to one organization. The findings therefore imply that normative organizational commitment was moderate in the organization.

With regard to work engagement, healthcare workers in the organization strongly agreed on perception of the employers expectations, opportunities to do their best; and ability to take pride in their work. Healthcare workers were generally happy with opportunities for growth and development and the mission of the organization. However, the workers are not happy with work materials and equipment provided by the institution. On desire to continue working for the organization, the findings indicate that whereas healthcare workers would desire to continue working for the institution, there was disagreement on performance feedback from the supervisors. An analysis of passion for work levels and intensity of desire to report to work stations revealed that healthcare workers are overall satisfied with their jobs especially in terms of willingness to work for long periods at a time. They are also satisfied with their co-workers ability to do quality work.

The overall cognitive and emotional availability of healthcare workers was good including ability to be strong and vigorous during role performance and their commitment to doing quality work. In terms of psychological safety, most healthcare workers in the organization are happy that their opinion counts at their work place without fear of negative consequences. They are also satisfied with the supervisors' ability to care for them as individuals.

### **5.3 Conclusions**

The study examined factors that influence the commitment and engagement of healthcare workers at Kenyatta National Hospital. The results indicated that healthcare workers agreed to a large extent on their perception of affective organizational commitment. However one factor of affective organizational commitment namely ability to be emotionally attached to organizational problems was scored to a moderate extent. This implies that the Hospital management should put systems in place which will ensure that healthcare workers are able to establish emotional attachment, identification and involvement in organizational goals. Further, enhancing positive management culture will ensure that healthcare workers are more conscious about their responsibilities, have greater involvement in the organization, and are more innovative. It should be noted that healthcare workers scored to a moderate extent the continuance organizational commitment. This implies that the Hospital management needs to consider this study's results to seek ways on enhancing the desire among healthcare workers to continue working for the Hospital. Normative organizational commitment was also scored moderately by healthcare workers. However, perception of moral obligation to remain in the organization was scored to a great extent. These findings indicate that healthcare workers have a generalized value of loyalty and duty to the organization. The Hospital management should therefore institute human resource practices that will enhance normative organizational commitment.

The study examined the engagement of healthcare workers and concluded that indeed, workers ability to perceive employers expectations had the greatest contribution towards engagement. Opportunities for workers to do their best and the mission of the organization also had great contribution towards engagement. This means that health workers are able to understand what is expected of them and are also provided with development opportunities will most likely have high levels of engagement.

The study further revealed that healthcare workers scored to a moderate extent the availability of materials and equipment that they require to do their work. This implies that the Hospital management should make adequate effort to ensure that healthcare workers have the necessary modern equipment in order to facilitate the execution of high quality job performance.

#### **5.4 Policy Implications and Recommendations**

The Board of Management of Kenyatta National Hospital is charged with the responsibility of overseeing provision of quality health care to patients. It is in the interest of the Board members that the healthcare workers of the institution perform well. Additionally, the performance of healthcare workers in the organization is important because this has direct influence on the quality of healthcare in the country.

From the current study, it is evident that there are factors that influence commitment and engagement of healthcare workers. It is also evident that workers who are committed and engaged are more likely to perform better. The Policy makers in the health sector can use the results of this study to address issues concerning commitment and engagement like continuance and normative organization (willingness to leave the organization) commitment dimensions. Policy makers can also use this study to guide on enhancement of commitment and engagement of healthcare workers. The policy on engagement and commitment should also address the issue of enhancing factors that continuance and normative organizational commitment in health sector which were found to be weak among healthcare workers.

#### **5.5 Implications and Recommendations for Practitioners**

Public hospitals just like other public institutions in the country have performance contracts and this means that the performance of each and every member of staff is important as the institutions are to achieve their performance targets under the performance contracts.

The findings of this study will help managers of public hospitals to understand the areas they need to emphasize on in order to improve performance of healthcare workers in their hospitals. From this study, it is evident that there is need for managers in public hospitals in Kenya as well as managers in other organizations to focus on certain aspects of commitment and engagement including willingness to stay in the organization and obligation to remain as an employee in order to enhance their job performance levels. The managers in public hospitals specifically need to focus on continuance and normative organizational commitment. The study found that while affective organizational commitment of healthcare workers was good, there was moderate agreement on factors influencing continuance and normative organizational commitment. Workers willingness to stay in the organization and positive feeling of obligation and duty towards the organization is critical in order to achieve organizational goals. Overall, there is need for public hospitals and organizations to focus on factors that influence commitment and engagement of employees in order to improve job performance.

#### **5.6 Limitations of the Study**

This study provided further insight into the factors that influence commitment and engagement of healthcare workers literature but it has some limitations. Firstly the selection of the study variables that influence commitment and engagement is not exhaustive. Only affective, continuous and normative aspects of commitment were used as dimensions of employee commitment. There may be other dimensions that may influence the level of commitment of workers which may provide further insight on factors that influence commitment and engagement of workers.

Secondly, the study used subject measure in data collection by asking healthcare workers to rate themselves on commitment and engagement. The results presented are therefore in the view of the healthcare workers and not in the view of their managers. Thirdly, the study included only a public hospital and left out private hospital.

This means that the results may not be generalized for healthcare workers in all hospitals in Kenya. The sample selection may also limit the generalization of results to the overall population.

Fourthly, the responses were based on self-reported data comprising the perceptions of the respondent, as opposed to absolute values. In addition, although the choices of each question adopted were from previous studies, all possible alternatives may not have been considered. The findings of a survey based on other sources of information and the use of absolute data could provide additional insights.

### **5.7 Suggestions for Further Research**

The findings add to the existing conceptual evidence that there are certain human resource practices that influence commitment and engagement of workers. The inclusion of additional factors not covered in this study could bring more insights into the academic field because these factors are not exhaustive. A further review of commitment and engagement literature would identify additional factors that could contribute to commitment and engagement of employees. The additional factors could enhance the robustness of the study models, generalizability and validity of the results. Future research could also consider a similar research in private hospitals in Kenya hence add knowledge of the factors that influence commitment and engagement of healthcare workers in the private hospitals. This would to scholars being able to compare private and public hospitals and establish if there is significant difference in these hospitals in terms of the variables and relationships in this study. It may also be useful for future studies to develop constructs that combine both subjective and objective commitment and engagement of healthcare workers.

The replication of this study in other contexts such as public hospitals, private sector and non-government organization can give a more detailed view of the nature of the relationship identified in this study. The replication of this study in other countries especially in the Sub-Saharan region would demonstrate the universality and significance of the factors that influence commitment and engagement in general and in public hospitals setting in particular.

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