



## WORKPLACE COMMITMENT AMONG NURSES IN EDO STATE NIGERIA: A CROSS-SECTIONAL STUDY

Ndubuisi Sunday F.<sup>1</sup> and Makata Ngozi E.<sup>2</sup>

<sup>1</sup>Department Of Nursing Services, Irrua Specialist Teaching Hospital Irrua Edo State Nigeria.

Email: optimist143@hotmail.com

<sup>2</sup>Department Of Nursing Sciences Nnamdi Azikiwe University Awka Anambra State Nigeria.

Email: ngmakata@gmail.com

### Cite this article:

Ndubuisi S.F., Makata N.E. (2022), Workplace Commitment Among Nurses in Edo State Nigeria: A Cross-Sectional Study. African Journal of Health, Nursing and Midwifery 5(4), 155-167. DOI: 10.52589/AJHNM-SCLVDSGU

### Manuscript History

Received: 24 Nov 2022

Accepted: 19 Dec 2022

Published: 29 Dec 2022

### Copyright © 2022 The Author(s).

This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author and source are credited.

**ABSTRACT:** ***Aim:** To assess the level of workplace commitment among Nurses in Edo state tertiary health institutions. **Design:** A cross-sectional study. **Method:** An adapted self-administered questionnaire was utilised for data collection, 326 nurses were administered a questionnaire between October 4th to November 12th, 2021 to assess workplace commitment among nurses working in Edo state and to identify the relationship between the categorical variable (gender, age and length of service). Statistical Package for Social Science (SPSS) version 25 and the Chi-Square test were used for the analysis. The result was presented in tables. **Result:** Ninety-five per cent (310) of the participants filled and returned their questionnaire, among the respondent was 66.8% female. Regarding the workplace commitment sub-construct, the affective and continuance saw 44.13% and 42.64% disagreement respectively while 42.57% agreed on normative. The participants, (41.81%) expressed low levels of workplace commitment and there was no significant relationship between the categorical variables and workplace commitment. **Conclusion:** The low level of workplace commitment among nurses is not a good phenomenon for health institutions as this may reduce nurses' output and necessitate intent to leave for another health care facility either within or outside the shores of Nigeria adding to the stress of the remaining healthcare worker. Therefore, it is expedient to improve nurses' rewards accordingly, ensure a good leadership style, and involve them in policy-making in the hospital to improve their attachment and identification with their place of work.*

**KEYWORDS:** Workplace, Commitment, Nurses, Tertiary health institutions



## INTRODUCTION

The indisputable role of nurses in the healthcare system and the increasing shortage of nurses in many countries (Onyishi *et al.*, 2019) may have led to an increase in the demand for nurses, especially globally. The increased demand could possibly lead to an increase in the number of nurses leaving the shores of many developing countries. Unequivocally, nurses are the most populated and readily accessible personnel in the health sector (Njaka, *et-al*, 2020), and their shortage could be detrimental to the healthcare system of any country. However, their indispensability and input to their work could be related to their commitment to the healthcare system they find themselves.

### Background (Literature/Theoretical Underpinning)

Organisational commitment is a psychological concept that has an important bearing on turnover and retention (Leodoro *et al.*, 2018). Isreal, Kifle, Tigest and Fantahu (2017) described the organisational commitment as identification with an institution. It is the association and department of an individual to his or her workplace (Chinomona 2017; BinSalahudin, BintiBaharuddin, Abdullah & Osman, 2016). It is also the fascination that exists between an individual and his or her job. Workplace commitment is the conviction an employee has towards the institutional goal, value system, and his or her inclination to work extensively for the establishment (Jung, & Yoon, 2016). Based on another perspective, it is defined as affective (psychology emotional attachment to the establishment), continuance (perceived reward or punishment associated with intent to leave), and normative (feeling obliged to remain with the establishment) dispositions an employee developed over time in a given organisation ( Leodoro *et al.*, 2018; Engeda, Birhanu, & Alene, 2014).

It has factually been argued that institutions cannot function exquisitely except the employees are committed to the established goals and objectives of that institution (Njaka, *et-al*, 2020). Having the health consumer in mind, the former implies, that the extent of workplace commitment is crucial in determining the level at which individual functions at work (Akinawo, Akpunne, Ahmed, & Bello, 2019). The nurse's role in attaining the goals and objectives of the health institutions cannot be overemphasised as they play a vital role (Okpua, Orji-Ifeanyi, & Eriata, 2019) in assisting the patient in assessing their healthcare needs. Therefore, low levels of commitment among nurses may negate patient level of satisfaction and overall well-being (Akinawo, *et-al*, 2019). In contrast, literature documented a high level of organisational commitment associated with job effectiveness, increase work performance, and reduced absenteeism ( Leodoro *et al.*, 2018). Moreover, studies on nurses revealed that workplace commitment incidentally affects turnover by directly affecting turnover's precursors such as intent to leave (Israel, Kifle, Tigist, & Fantahun, 2017)

In recent times, the rate at which nurses are leaving the shore of Nigeria (Okafor & Chimereze, 2020) is alarming. Not less than 15 000 Nigerian nurses were licensed in nursing and midwifery in the United Kingdom between 2017 and 2021 (Tolu-Kolawole 2021) and there may be more than this proportion in other advanced regions. This could have a negative impact on the care received across Nigeria health care institutions, also increasing stress and burnout among the available nurses (Okpua, *et-al*, 2019). To determine the effectiveness and promptness of nurses in their job this study was carried out to assess workplace commitment among nurses in the tertiary health institution in Edo state Nigeria.



## **The study**

### **Aim**

The aim of the study was to

1. Ascertain the level of workplace commitment among nurses in Edo state tertiary health institutions.
2. Identify the relationship between the categorical data (Gender, Age and Length of service) on workplace commitment among nurses in Edo state tertiary health institutions.

### **Hypothesis**

1. There is no significant relationship between gender and workplace commitment among nurses in Edo state tertiary health institutions.
2. There is no significant relationship between Age and workplace commitment among nurses in Edo state tertiary health institutions.
3. There is no significant relationship between the length of service and workplace commitment among nurses in Edo state tertiary health institutions.

## **METHODOLOGY**

### **Study design**

A cross-sectional study design was used to survey nurses in Edo state tertiary health institutions and this study also uses an adapted self-administered questionnaire for data collection for six weeks ( 20th September to 29th October 2021).

### **Sample/ Participant**

The inclusion criteria for the participant of the study include:

- a. Must be duly registered with the Nursing and Midwifery Council of Nigeria.
- b. Must have worked more than a year in the selected health institutions.
- c. Must be mentally stable and willing to participate in the study.

Participants were recruited using proportionate and random sampling techniques to ensure proper representation of each cadre of nurses and to elude bias in the course of administering the questionnaire.



---

## **Data collection**

### **Questionnaire**

The instrument employed for data collection has two sections ( A and B). Section A represents the categorical data: Gender, Age, and Length of service. Section B was an adapted Mawday, Steer & Porter, (1979) Organisational Commitment Scale. It is a Likert 5-point scale (1 = Strongly disagree, 2 = Disagree, 3= Undecided 4= Agreed, 5= Strongly agreed.) with 18 items. This section measures organisational commitment based on three perspectives (Affective, Continuance and Normative) with six items each.

The questionnaire was administered to the nurses at their duty posts and offices across the three shifts by the researcher and the distribution and collection of questionnaires were within six weeks (October 4th to November 9th 2021)

### **Ethical considerations**

The two selected University teaching hospitals' research and ethical committee approved the study to be conducted. Questionnaires were given to nurses who consented to participate in the study while responses were handled with maximum stealthy.

### **Data analysis**

Descriptive and inferential statistics were used for analytical purposes. Statistical Package for Social Science (SPSS) version 25 was used to analyse the collated data. The result was presented in tables while the Chi-Square test was used to test all the hypotheses in this study using a statistically significant level of 0.05 (P-value).

### **Validity and reliability/Rigour**

The questionnaire used was made to pass through the face and content validity, and criterion-related validity. Face and content validity determined the clarity, accuracy and relevance of the content of the instrument to the objectives of the study. Criterion-related validity compared the instrument for this study with a standard organisational commitment scale which Cronbach's alpha was 0.82 (Mawday, Steer & Porter, (1979) and this was done to ensure the questionnaire was standard enough after some grammatical adjustments to suit the research objective and environment hence, Cronbach's alpha 0.7 was obtained for this study.



## RESULTS/FINDING

**Table 1: Demographic Data of the Nurses.**

**n = 310**

Item		Frequency	Percentage
Institution	ISTH	144	46.5
	UBTH	166	53.5
Gender	Male	41	13.2
	Female	269	66.8
Age in years	Less than 30	58	18.7
	31 - 40	146	47.1
	41 - 50	69	22.3
	Above 50	37	11.9
Length of Service in Years	1 – 5	100	32.3
	6 – 10	62	20.0
	11 – 15	87	28.1
	16 – 20	28	9.0
	Above 20 years	33	10.0

Out of 326 participants given a questionnaire, 310 (95%) filled and returned their questionnaire. UBTH had 166 (53.5%) of the respondents, while 144 (46.5%) were from ISTH. Regarding gender, 269 (66.8%) were female and 41 (13.2%) were males. In regard to age 58 (18.7%) were less than 30 years, 146 (47.1%) were 31 - 40 years, 69 (22.3%) were 41- 50 years and 37 (11.9%) were above 50 years. Concerning the respondent length of service, 100 (32.3) were 1- 5 years in service, 62 (20%) 6-10, 87 (28.1%) 11-15, 28 (9%) 16-20, and 33 (10%) above 20 years of service.

The participants expressed a low level of workplace commitment.

**Research Questions 1:** What is the level of organisational commitment among nurses working in tertiary health institutions in Edo state?

**Table 2a: Extent of organisational commitment ( Affective) among nurses**

S/ N	Affective ( Psychological / emotional attachment to the hospital)	SA Freq(%)	A Freq(%)	UD Freq(%)	D Freq(%)	SD Freq(%)	
1	I will be happy to work with my present hospital till I retire	27(8.7)	84(27.1)	107(34.5)	34(11)	58(18.7)	
2	I enjoy discussing my hospital with people	15(4.8)	118(38.1)	68(21.9)	77(24.8)	23(10.3)	
3	I do not feel any sense of belonging	16(5.2)	60(19.4)	70(22.6)	117(37.7)	47(15.2)	
4	I do not feel emotionally attached to my hospital	13(4.2)	65(21)	44(14.2)	146(47.1)	42(13.5)	
5	I do not feel like "part of the family" at my hospital	26(8.4)	48(15.5)	51(16.5)	138(44.5)	47(15.2)	
6	This hospital has a great deal of personal meaning for me.	37 (11.9)	117 (37.7)	65(21)	54(17.4)	37(11.9)	
		22.33 (7.2)	82 (26.47)		94.33 (30.3)	42.33 (14.13)	
	Grand Total	104.33(33.67)			68(21.78)	136.66 (44.43)	

**Table 2b: Continuance**

S/ N	Continuance (compliance or conformity as a result of punishment or reward)	SA Freq(%)	A Freq(%)	UD Freq(%)	D Freq(%)	SD Freq(%)	
1	I am afraid another hospital may not benefit me as my present institution	26(8.4)	64(20.6)	48(15.5)	81(26.1)	91(29.4)	
2	With my present status in nursing leaving my hospital is never an option	17(5.5)	50(16.1)	88(28.4)	74(23.9)	81(26.1)	
3	I will rather stay considering the stress of transfer from my hospital to another hospital/ institution	19(6.1)	74(23.9)	63(20.3)	83(26.8)	71(22.9)	
4	Scarcity of institutions ready to take me at my present level	27(8.7)	61(19.7)	73(23.5)	85(27.4)	64(20.6)	
5	we all have equal opportunity to further our education	56(18.1)	100(32.3)	55(17.7)	53(17.1)	46(14.8)	
6	My inputs and decisions are required by the department/hospital	45(14.5)	138(44.5)	63(20.3)	39(12.6)	25(8.1)	
		31.67 (10.2)	81.17 (26.18)		69.17 (22.32)	63(20.3 2)	
	Grand Total	122.84 (36.4)			65 (20.95)	132.17(42.64)	

**Table 2c: Normative**

S/ N	Normative ( feeling obliged to remain with your hospital)	SA Freq( %)	A Freq(%)	UD Freq(%)	D Freq(%)	SD Freq(%)
1	I do not feel any obligation to remain with my hospital	44 (14.2)	95(30.6)	68(21.9)	76(24.5)	27(8.7)
2	Even if it were to my advantage, I do not feel it would be right to leave my hospital now	31(10)	78(25.2)	68(21.9)	68(21.9)	65(21)
3	I would feel guilty if I leave my hospital now.	21(6.8)	61(19.7)	50(16.1)	93(30)	85(27.4)
4	This Hospital deserves my loyalty.	36 (11.6)	133 (42.9)	59(19)	41(13.2)	41(13.2)
5	I would not leave my hospital right now because I have a sense of obligation to the people in it	32 (10.3)	95(30.6)	58(18.7)	69(22.3)	56(18.1)
6	I owe a great deal to my place of work	40 (12.9)	126 (40.6)	46(14.8)	54(17.4)	44(14.2)
		34 (10.97)	98 (31.6)		66.83(21.5 5)	53(17.1)
	Grand Total	132 (42.57)		58(18.73)	119.83(38.65)	

Three perspectives were assessed to determine workplace commitment among nurses. Table 2a Evaluated nurses from an Affective standpoint. While 136.66 (44.43%) of the participant disagreed, having Psychological/emotional attachment to their hospital, 104.33 (33.67%) agreed, and 68 (21.78%) were undecided, hence, low level of affective perspective of organisational commitment.

Similarly, participant response on the second perspective, Continuance (Table 2b) shows that 132.17 (42.64%) of the respondent disagreed, having compliance or conformity as a result of punishment or reward from their health institution, 122.84 (36.4%) agreed, and 65 (20.95%) were undecided, hence, low level of continuance perspective of organisational commitment.

Regarding the normative standpoint (Table 2c), the majority 132 (42.57%) of the respondent agreed to have feelings to remain with their respective institutions, 119.83 (38.65%) disagreed and 58 (18.73%) were undecided, hence, a low-level of continuance perspective of organisational commitment.

Empirically, the three perspectives saw most of the participants agreeing to normative (42.57% with a mean score of 2.98), followed by continuance (36.4% (2.84) then the affective (33.67% (2.83), however, the responses were less than 50% and the criterion-mean (3), therefore the nurses showed a low level of workplace commitment in this study.



**Hypothesis 1:** There is no significant relationship between gender and organisational commitment among nurses working in tertiary health institutions in Edo state.

**Table 3.1: Gender versus workplace Commitment Cross Tabulation**

		Organisational Commitment					$\chi^2$	P-value	Remark	
		SD	D	UD	A	SA				Total
gender	Male	0 (0.0)	11 (3.5)	26 (8.4)	3 (1.0)	1 (0.3)	41 (13.2)	1.975	0.740	Accepted
		Female	1 (0.3)	65 (21.0)	169 (54.5)	32 (10.3)	2 (0.6)			
Total		1 0.3%	76 24.5%	195 62.9%	35 11.3%	3 1.0%	310 100.0%			

Table 3.1 illustrates that there is no significant relationship between gender and workplace commitment among nurses working in tertiary health institutions in Edo state. Therefore, the null hypothesis was accepted.

**Hypothesis 2:** There is no significant relationship between Age and organisational commitment among nurses working in tertiary health institutions in Edo state.

**Table 3.2: Age and Workplace Commitment Cross Tabulation**

		Organisational Commitment					$\chi^2$	P-value	Remark		
		SD	D	UD	A	SA				Total	
Age (Years)	Less than 30	0 (0.0)	12 (3.9)	40 (12.9)	5 (1.6)	1 (0.3)	58 (18.7)	8.00	0.785	accepted	
		31 – 40	1 (0.3)	43 (13.9)	83 (26.8)	17 (5.5)	2 (0.6)				146 (47.1)
		41 – 50	0 (0.0)	15 (4.8)	46 (14.8)	8 (2.6)	0 (0.0)				69 (22.3)
		Above 50	0 (0.0)	6 (1.9)	26 (8.4)	5 (1.6)	0 (0.0)				37 (11.9)
		Total	1 0.3%	76 24.5%	195 62.9%	35 11.3%	3 0.9%				310 100%

Table 3.2 Clarified that there is no significant relationship between age and organisational commitment among the nurses working in tertiary health institutions in Edo state.





**Hypothesis 3:** There is no significant relationship between the length of service and organisational commitment among nurses working in tertiary health institutions in Edo state

**Table 3.3: Length of service in years versus Workplace Commitment Cross Tabulation**

		Organisational Commitment					$\chi^2$	P-value	Remark	
		SD	D	N	A	SA				Total
Length of service in years	of 1-5	0 (0.0)	24 (7.7)	63 (20.3)	12 (3.9)	1 (0.3)	100 (32.3)	15.10	0.517	Accepted
	6-10	1 (0.3)	22 (7.1)	34 (11.0)	4 (1.3)	1 (0.3)	62 (20.0)			
	11-15	0 (0.0)	17 (5.5)	57 (18.4)	12 (3.9)	1 (0.3)	87 (28.1)			
	16-20	0 (0.0)	7 (2.3)	20 (6.5)	1 (0.3)	0 (0.0)	28 (9.0)			
	25 and above	0 (0.0)	6 (1.9)	21 (6.8)	6 (1.9)	0 (0.0)	33 (10.6)			
Total		1 0.3%	76 24.5%	195 63%	35 11.3%	3 0.9%	310 100%			

Table 3.3 showed that there was no significant relationship between the length of service and organisational commitment among nurses working in tertiary health institutions in Edo state.

## DISCUSSION

### The level of workplace commitment among nurses working in tertiary health institutions in Edo state?

This study was carried out to assess the level of workplace commitment and the relationship between the categorical data among nurses. The study clearly revealed a low level (37.55%) of workplace commitment among the participating nurses. This implies the respondent were rarely dedicated to their employer thus reflecting a weaker desire to remain in the hospital (organisation) which is inconsistent with Kali *et al.*,(2019); Leodoro *et al.*,(2018); and Ibrahim *et al.*,(2016) whose finding showed a moderate level of organisational commitment among nurses. The mean score of three sub-construct (affective continuance and normative) under organisational commitment was less than the decision mean (3) on a five-point Likert-like scale which was in contrast with Ibrahim *et al.*,(2016) survey, where all the perspectives were above 3.00 showing a strong desire to remain in the organisation. Despite the low level of commitment expressed in this study, the majority (42.9%) of nurses (like discussing their hospital with people because the hospital has a great deal of personal meaning to them).

Regarding the workplace commitment sub-construct of this study, the affective perspective recorded the lowest level (33.67%) which is inconsistent with Kali *et al.*,(2019); Leodoro *et al.*,(2018); and Ibrahim *et al.*,(2016) whose studies revealed the highest amongst the sub-construct.



Similarly, the sub-construct Continuance (compliance or conformity as a result of punishment or reward) was lower (36.4%) with a mean score of 2.84, even so, approximately half (50.4%) of the respondents attested they all have the same opportunity to further their education, while more than three-fifths (68%) accepted that their inputs and decisions are required by their health institutions. On the contrary, Akanbi, and Itiola's (2013) study in Ekiti Nigeria, pointed out that a reward system was significant for nurses' commitment to their workplace. Although burnout, workplace stress, low pay and reward could be reasons for low continuance seen in this study.

The normative (feeling obliged to remain with their hospital) character of the respondent came out low (42.57%) among the sub-constructs, however, this sub-construct witnessed the highest agreement showing how much nurses like to retain and remain in their employment and profession respectively. This study's findings corroborated Asuquo *et al.*, (2016) who found that the university of Portharcourt teaching hospital's nurses are motivated to work in their hospital because of their emotional attachment to the profession. In addition, just over half (53.5%) of the staff nurses showed that they owe a great deal to their place of work and More than half, approximately (54.5%) of the respondents acknowledged their health institutions deserve their loyalty. On the other hand, more than two-fifths (44.8%) of the participants in this study concurred they felt no obligation to remain with their respective health facility. These assertions could be related to low pay, incessant union deduction, and lack of motivation from the management and nurse leaders.

**Hypothesis 1:** There is no significant relationship between gender and workplace commitment among nurses working in tertiary health institutions in Edo state.

The study indicated no significant relationship between gender and workplace commitment among nurses. This implies being male or female has nothing to do with nurses' dedication to their job, although approximately three-fifths (62.8%) of the nurses were indecisive about their level of allegiance; Aside from being dither, the participant also demonstrated a low level of organisational commitment which does not have anything to do with gender. This finding is similar to that of Khodadadei, Rezaei, and Salehi, (2016)

**Hypothesis 2:** There is no significant relationship between Age and workplace commitment among nurses working in tertiary health institutions in Edo state.

The study communicated no significant relationship between age and workplace commitment among the nurses. However, most (62.9%) of the respondents prefer remaining "undecided" about their level of commitment to their workplace which may be a result of being apathetic about the present state of activities in their institution, besides, with a quarter (24.8%) agreement, the nurses conveyed a low level of commitment which could be associated with the individual's workplace perspective. These findings are similar to that of Sepahvand, Atashzadeh-Shoorideh, Parvizy, and, Tafreshi (2017) although Jafari, *et al.*, (2015) reported the contrary.

**Hypothesis 3:** There is no significant relationship between the length of service and workplace commitment among nurses working in tertiary health institutions in Edo state

The study revealed no significant relationship between the length of service and workplace commitment among nurses. This implies irrespective of the years of service, nurses' inclination to work extensively for the establishment (Jung, & Yoon, 2016) has nothing to do with the



several years they have worked in their respective hospitals. This finding is in contrast to Jafari, Heidarian, Jamshidi, and Khorshidi,(2014) whose results indicated that nurses showed emotional attachment, increased conformity and were obliged to remain with their health facilities as the number of years of service rises. Regardless of nurses' attitudes and occupational character (63%, undecided) in this study, they presented a low workplace commitment which may be an indicator of intent to leave the hospital.

### **Implication to research and Practice**

This study was conducted in the federal teaching hospitals in Edo state located in the middle belt of Nigeria although a low level of workplace commitment was discovered by these institutions, hence, the difficulty in generalising the result of the study. Therefore, it is recommended the study be carried out in another region of Nigeria for appropriate comparison and generalisation of the findings.

### **CONCLUSION.**

The rate at which nurses are leaving one hospital to another, either within or on the shores of Nigeria calls for questioning their commitment to their respective health institutions, hence this study assesses participants' commitment to their workplace. This study revealed low workplace commitment among nurses in Edo state tertiary health institutions and the inferential statistics showed no significant relationship between the categorical data and nurses' commitment to their workplace.

### **Future Research**

Based on the outcome of this study, there is a need to improve the organisational climate, rewards and nurses-friendly policies that can increase nurses' attachment and identification with their respective hospitals.

Studies in this area should be repeated in future to note any changes in nurses' behaviour towards their health institution since one-fifths and two-fifths of the participants remained indecisive and disagreed with this study.

### **Conflict of Interest statement**

The authors of this paper declare that there had been no conflicts of interest.

### **REFERENCES**

- Akanbi, P. A., & Itiola, K. A. (2013). Exploring the relationship between job satisfaction and organizational commitment among health workers in Ekiti State, Nigeria. *Journal of Business and Management Sciences, 1*(2), 18-22.
- Akinawo, O. E., Akpunne, B. C., Ahmed, K. A., & Bello, I. B. (2019). Marital Satisfaction and Job Commitment of Nigerian Nurses: Implications for Family Value System. *Asian Journal of Research in Nursing and Health, 2*(2), 1-9.



- Asuquo O.E, Imaledo A.J, Thump-Oyekwelu .C., Abara L.N & Agugua C.C (2016) Job satisfaction among Nurses in the University of Port Harcourt, Port Harcourt, Nigeria. *International Journal of Current Research in Medical sciences*. 2(7), 59 - 70
- Bin Salahudin, S. N., Binti Baharuddin, S. S., Abdullah, M. S., & Osman, A. (2016). The effect of Islamic work ethics on organizational commitment. *Procedia Economics and Finance*, 35, 582-590.
- Chinomona, E ( 2017). The factors that influence ethical behaviour in universities: a case of South Africa. *The Journal of MacroTrends in Social Science* 3(1), 1-21.
- Engeda, E. H., Birhanu, A. M., & Alene, K. A. (2014). Intent to stay in the nursing profession and associated factors among nurses working in Amhara Regional State Referral Hospitals, Ethiopia. *BMC nursing*, 13(1), 1-8.
- Ibrahim, A., Yaaba, B. N., & Shaba, Y. (2016). Employee commitment and retention among medical doctors and nurses in university teaching hospitals in North-Western Nigeria. *European Journal of Business and Management*, 8(23), 122-132.
- Israel, B., Kifle, W., Tigist, D., & Fantahun, W. (2017). Organizational commitment and its predictors among nurses working in Jimma University specialized teaching hospital, Southwest Ethiopia. *Primary Health Care: Open Access*, 7(1), 1-8.
- Jafari, S., Afshin, T., Jafari, K., & Barzegar, M. (2015). Evaluation of organizational commitment among nurses in intensive care units. *مامایی مجله علوم پرستاری و* 2(3), 38-43.
- Jafari K. S. E., Heidarian, A. R., Jamshidi, R., & Khorshidi, M. (2014). Length of service and commitment of nurses in hospitals of Social Security Organization (SSO) in Tehran. *Caspian journal of internal medicine*, 5(2), 94–98
- Jung, H. S., & Yoon, H. H. (2016). What does work mean to hospitality employees? The effects of meaningful work on employees' organizational commitment: The mediating role of job engagement. *International Journal of Hospitality Management*, 53, 59-68.
- Kalil, S. I. M., Abd-Elrhaman, E. S. A., & Sliman, W. M. M. (2019). Relationship among Nurses' Locus of Control, Work Motivation Factors, and Their Organizational Commitment. *American Journal of Nursing Research*, 7(2), 167-178.
- Khodadadei N, Rezaei B, and Salehi S, (2016) Investigating the Relationship of Organizational Commitment and Clinical Competence. *International Journal of Medical Research & Health Sciences*, 5(5):308-316
- Leodoro J. L, Denise M.M, Konstantinos T, Jonas P.C, Paolo C.C & Dona S.G (2018). Organisational commitment and turnover intention among rural nurses in philippine: Implicatrion for nursing management. *International journal of sciences* 5(4), 403-408
- Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organizational commitment. *Journal of vocational behaviour*, 14(2), 224-247
- Njaka, S., Oko C. C., & Njaka C. (2020). Job Satisfaction and the Associated Factors Amongst Nurses In Southeastern Nigeria: Cross-Sectional Study. *International Journal of Healthcare and Medical Sciences*, 6(4), 57-63.
- Okafor, C. J., & Chimereze, C. (2020). Brain drain among Nigerian nurses: Implications to the migrating nurse and the home country. *International Journal of Research and Scientific Innovation*, 7(1), 15-21.
- Okpua N.C., Orji-Ifeanyi N.E., & Eriata I. L. (2019). Job Stress Among Nurses In A Nigerian University Teaching Hospital. *British Journal of Medical & Health Sciences (BJMHS)*, 1(2). 47-50



- Onyishi, I. E., Enwereuzor, I. K., Ogbonna, M. N., Ugwu, F. O., & Amazue, L. O. (2019). Role of career satisfaction in basic psychological needs satisfaction and career commitment of nurses in Nigeria: A self-determination theory perspective. *Journal of Nursing Scholarship*, 51(4), 470-479.
- Sepahvand F, Atashzadeh-Shoorideh F, Parvizy S, Tafreshi Z M (2017) The relationship between some demographic characteristics and organizational commitment of nurses working in the Social Security Hospital of Khorramabad. *Electronic physician* 9(6). 4503-4509 DOI:[10.19082/4503](https://doi.org/10.19082/4503)
- Tolu-Kolawole D (29th December, 2021). 15,049 nurses move to the UK in five years. accessed 25/5/22 from <https://punchng.com/15049-nigerian-nurses-move-to-uk-in-five-years/#:~:text=No%20fewer%20than%2015%2C049%20nurses,UK%20on%20Tuesday%20in%20Abuja.>