

Employee Commitment and Retention among Medical Doctors and Nurses in University Teaching Hospitals in North-Western Nigeria

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Abstract

Employee commitment and retention are two axioms associated with productivity and stability of employment in organizations. This concept is much more important in the health sector. This study investigates the relationships between each dimension of employee commitment and retention as well as determines their combined influence on retention among doctors and nurses in University Teaching Hospitals in North-Western Nigeria. The study uses cross sectional survey data collected in 2015 from 441 respondents drawn through multi-stage sampling technique. The data was analysed using correlation and regression techniques. The results, in line with multidimensional theory of commitment, indicate that employee commitment dimensions (affective, continuance and normative) are significantly related to retention. Contrary to findings of some previous studies, however, normative commitment is more prevalent in affecting retention than affective commitment. The study, therefore, recommends that management should foster and sustain high levels of affective and normative commitments among employees. Critical working tools should also be made readily available and the overall working environment be made conducive in order to enhance their commitment and retention.

Key Words: Employee Commitment, Retention, Management, Teaching Hospitals, Nigeria.

1.0 Introduction

The late 1980s and early 1990s saw increased advocacy of new management philosophy proposing a shift from control to commitment as a focal concern of management policy and the role of commitment in the retention of scarce and critical human resource (Gallie, Felstead & Green, 2001; Van Dyk, Coetzee & Tebele, 2013a). Employee commitment as a central theme in management discourse continues to be a topical issue that draws the attention of managers. As a consequence, academics, business operators and administrators are increasingly acknowledging workers' commitment as an important factor in attaining organizational goals (Ahiauzu & Asawo, 2012).

No organization in today's competitive world can optimize its performance unless employees are committed to organization's objectives and work as effective team members (Dixit & Bhati, 2012). However, how to deepen employee commitment as well as enhance their retention and productivity is one of the major challenges of most organizations across the globe in recent times (Akinbode & Oni, 2012; Coetzee & Botha, 2012). The challenge is however more prevalent in emerging markets and developing countries including Nigeria considering the hydra-headed problems of human resource gap, ineffective leadership and corruption. Consequently, researchers in Nigeria began to explore the issues of commitment at workplace including hospitals (Igbeneghu & Popoola 2011; Ahiauzu et al., 2012).

However, despite the enormous challenges posed by low level of employee commitment to organizations arising from cases of theft, low productivity, absenteeism and lateness among others, studies on employee commitment among doctors and nurses are not yet common in Nigeria. While studies on their job satisfaction continue to receive attention in Nigeria, few studies, if any, have concurrently examined how the level of commitment to an organization influences doctors and nurses retention. In general, extensive literature search revealed paucity of researches on the relationships between employee commitment and retention among medical doctors and nurses in Nigeria, and the present study intends to address this gap. Therefore, this study investigates the relationships between each dimension of employee commitment and retention as well as determines their combined influence on retention among doctors and nurses in University Teaching Hospitals in North-Western Nigeria.

The paper is divided into five sections. Section one is the preceding introduction. Section two presents the literature review and theoretical framework. Section three details the research methodology, while section four

analyses the empirical results along with discussion of findings. Finally, section five rounds-up the study with conclusion and policy recommendations.

2.0 Literature Review and Theoretical Framework

This section explores the concepts of employee commitment and retention so as to provide insight into the working definition of the concepts. This facilitates our understanding of the concepts, hence serve as a guide to the study. Followed by the theoretical framework upon which the methodology is built and ends with the review of empirical literature.

2.1 Theoretical Framework

This sub-section examines the specific view point that guides the conduct of the study. The relationships between commitment and retention are in some cases, theoretically justified either on the basis of the side-bet theory of commitment propounded by Becker (1960) or attitudinal theory of commitment developed by Mowday et al. (1979) or the most recent multidimensional theory of commitment initially popularised by O'Reilly and Chatman (1986) and later modified by Meyer and Allen (1991). This study adopts the theoretical construct of Mayer and Allen. (1991) multidimensional theory based on the three-component model of organizational commitment. The multidimensional view holds that there are three dimensions of commitment – continuance, affective and normative.

Affective commitment: This dimension of commitment simply refers to employees' emotional attachment to, identification with, and involvement in the organization (Coetsee et al., 2012).

Continuance commitment: The continuance component refers to commitment based on the costs that employees associate with leaving the organization, for example, few employment alternatives, loss of benefits like pension fund (Becker, 1960).

Normative commitment: This reflects a feeling of obligation to continue employment as a result of one's belief about moral responsibility to the organization (Anis et al., 2011).

The theory proposed that each component of commitment is linked to specific work outcomes. Outcome variables include: employee retention and on-the-job behaviors (performance, absenteeism and citizenship). Based on the commitment theory and/or prior research findings, each facet of commitment is hypothesized to be related to employee retention (Somers, 1995). The choice of Mayer and Allen (1991) is not only because it is the most recent but also its clarity, wide spread acceptability and comprehensiveness compared to all other theories of commitment. This framework has also featured more stable and consistent results on organizational commitment in a plethora of empirical studies (Somers, 1995; Meyer, Stanley, Herscovitch & Topolnysky, 2002; Pongsettakul, 2008; Dixit et al., 2012) and has been found to withstand sampling and cultural differences (Gautam & Wagner, 2001).

2.2 Conceptual Overview

2.2.1 Employee Commitment

Employee commitment popularly refers to as organizational commitment in literature, focuses on employees' commitment to the organization. However, it is just one of the workplace commitments that include: career/professional commitment, supervisory commitment, job commitment and commitment to union among others. It is the most developed of all the work commitment constructs.

Several definitions of commitment abounds. One of the definitions views employee commitment as a feeling of devotion to one's organization, willingness to work hard for the employer and the intent to remain with the organization (Jeet & Sayeed, 2014). For the purpose of this study, however, the definition of Meyer and Allen (1991) which considers employees commitment from a multidimensional perspective is adopted. Mayer and Allen (1991) viewed organizational commitment as a psychological state that characterizes the employee's relationship with the organization and has implications for the decision to retain (or not) his/her membership in the organization. This view of commitment, does not only propose a definition of commitment, but also its measurement (Ahiauzu & Asawo, 2012).

The concept of employee commitment attracted considerable interest from practitioners, policy-makers and academics all in an attempt to understand the intensity of an employee's dedication to the organization (Lumley, Coetsee, Tladinyane & Ferreira, 2011). Hence, it is regarded as an important concept from the point of view of enhancing organizational effectiveness. It has been linked with such useful organizational outcomes such as increased job satisfaction (Anis, Kashif, Ijaz, Khan & Asad, 2011), productivity (Dixit et al., 2012), retention (Somers, 1995; Anis et al., 2011) and organizational citizenship behaviours such as assisting fellow co-workers with job-related problems; exhibiting high ethical standard in the organization; putting forth extra effort on the

job; volunteering for additional assignments without asking for overtime pay and staying with the organization even in difficult times (Meyer et al., 2002; Maluti, Warentho & Shiundu, 2012). All these qualities are important prerequisites to ensure provision of adequate quality of healthcare services. Hence, the importance of commitment in contemporary organizations especially hospitals cannot be over emphasized.

2.2.2 Employee Retention

One of the most critical issues facing contemporary organizations is how to attract, develop, utilize and retain competent and committed employees that will give them competitive advantage. The concept of retention emerged with regularity in 1970s and early 1980s because prior to this period, most people entered into organisations and remained for a very long time, sometimes for the duration of their working life. But as mobility of labour and voluntary job changes begun to increase dramatically, a matching management tool known as employee retention begun to be developed (Ng'ethe, Namusonge & Mike, 2012).

Retention has also being viewed as the extent to which an employee plans to continue membership with his or her employer (Kim, Price, Mueller & Watson, 1996), measured through an employee's intent, desire or willingness to stay with the organization and the reason for staying (Corporate Leadership Council Employee Engagement Survey, 2004). Put slightly differently, Chaminade (2006) sees retention as a voluntary move by an organization to create an environment which engages employees for a long-term by fostering durable relationships that link the employees to the organization by common values and by the way in which the organization responds to the needs of the employees. It is in line with this that Ibrahim and Abubakar (2015) opined that retention is the ability of organizations to maintain a stable workforce of employees that have the competence to make fruitful contribution to the achievements of organizational goals and objectives. Essentially, retention aims at promoting stable and long tenure among employees that are vital to the survival of organization. It therefore, mirrors measures employed by organizations to ensure that their core employees who demonstrate aptitude for competency, performance and engagement remain as well as employees' intent to remain with the organizations. In another instance, Van Dyk, Coetzee and Takawira (2013b) view retention as an organisation's efforts to keep hold of those employees of whom the organisation has a positive evaluation, who would normally only leave the organisation through voluntary resignation.

However, the adopted definition for the study is that which viewed retention as the extent to which an employee plans to continue membership with his or her employer (Kim, Price, Mueller & Watson, 1996), measured through an employee's intention to stay with the organization and the reason for staying. This perspective explores employees' intention to stay or remain with the organization to determine their retention and the view is adopted due to several reasons: The definition looks at retention from the perspective of employees rather than organizational perspective. It however, complements rather than contradict the organizational perspective as it provides the organizations the opportunity to gauge the effectiveness of their retention effort and techniques through periodic survey of employees' willingness to remain with them.

Furthermore, since employees with critical skills in most cases would normally only leave the organisation through voluntary resignation, these categories of workers thrives on independence and their high levels of employability has been presented as an opportunity for them to turn the tables and assert the power of the knowledge worker over the knowledge-hungry organization (Guest, 2004). Hence, decisions to retain organizational membership largely depend on their willingness to remain with the organization. In addition, studies that examine retention from the perspective of 'intent to stay' are relatively easier and faster comparatively to those that look at retention from the perspective of turnover (Mustapha, Ahmad, Uli & Idris, 2010).

Empirical studies (Kim et al. 1996; Van Dyk et al., 2013a) found that retention of valuable employees such as medical doctors and nurses, may become more challenging for healthcare administrators or managers, because this category of employees frequently move from one job to another, as they are being attracted by more than one organisation at a time. However, in Africa, and other developing countries it appears that employees are seen as liabilities rather than assets, consequently, little attention is given to subject of employee retention by employers in spite of its negative impact on organizational prestige and productivity (Ibrahim & Abubakar, 2015), prompting industrial unrests that could lead to the loss of valuable talents. Hence, the present study intends to address this gap by examining the relationship between doctors and nurses' organizational commitment and retention.

2.3 Review of Empirical Literature

Quite a number of empirical studies conducted in developed and developing countries have established significant relationships between organizational commitment and retention. For instance, Somers (1995) used logistic regression to examine the relationships between affective, continuance and normative commitments, and employee retention measured through job withdrawal intentions, absenteeism, and turnover using a sample of

422 staff nurses in the US. His findings indicate that, affective commitment is the most consistent predictor of retention. In contrast, normative commitment was related only to withdrawal intentions while no direct effects for continuance commitment were observed. In other words, while affective and normative commitment influences employee retention, continuance commitment did not.

In their study on the determinant of career intent among physicians at a US Air Force Hospital, Kim et al. (1996) sampled 244 doctors using questionnaires and records. They adopted regression analysis and found, among others that a significant and direct relationship between employee commitment and retention exist among doctors.

Moynihan et al. (2000) investigated the independent contributions of job satisfaction and the three dimensions of organizational commitment on retention-related variables and two dimensions of performance using a sample of 1,341 executives in US. Adopting correlation and regression analyses, the study found significant relationship between affective commitment and retention while continuance and normative commitment were not significantly related to retention. They conclude that the various commitment dimensions have very different (even opposite) relationship with important work outcomes such as employee retention and performance.

A study conducted in Nepal by Gautam et al. (2001) employed regression analysis to investigate the relationship between organizational commitment and retention measured through search intentions and turnover intentions. The study finds that it is affective commitment that accounted for variations in retention. Normative and continuance commitment were not significantly associated with retention. This suggests that employees who remain in the organization do so based on their emotional bond with the organization and not due to their moral responsibility toward the organizations or lack of alternative employment. In essence, affective commitment exerts major influence on employee retention while continuance and normative dimensions of commitment do not have any significant influence.

In a longitudinal study of U.S. Army Officers, Payne et al. (2002) investigated the influence of organizational commitment on retention, using pair-wise correlation analysis. The study found strong correlation between employee commitment and retention. In the same vein, Misra-Hebert, Kay, and Stolle (2004) investigated retention from the perspective of doctors' turnover by examining 1482 employed family doctors' satisfaction and commitment to their practice, work group and health care organization. The study found that while personal and financial issues may evolve as important factors in medical doctors' retention, a focus on organizational commitment will facilitate long-term retention. In addition, alignment of doctors and organization's philosophy, doctors' participation in policy-making and professional autonomy will foster their commitment to their organizations and increase retention.

In a study on Nigeria, Faloye (2014), explores the empirical link between different dimensions of employee organizational commitment (affective, continuance and normative) and retention measured through turnover intentions. The study adopted a survey research design. Data was collected through self-administered questionnaire from 144 respondents, were analyzed using both descriptive and inferential statistical techniques. The study revealed a weak positive relationship between organizational commitment dimensions and retention. All the relationships were statistically significant except the one between retention and normative commitment.

All the studies reviewed so far have some link with the present study in terms of examining employees' commitment to their organizations and the influence of commitment on retention or remaining with the organization. To date, however, most studies on employees' organizational commitments have been conducted mostly in the developed countries. While these studies are valuable in understanding commitment-retention relationships; their findings may not adequately reflect the peculiar nature of Nigerian employees.

In addition, most of the empirical studies reviewed here examine retention from the perspective of turnover because the theory regarding employee retention has focused either on actual turnover, turnover intention, or intention to quit or leave in the majority of the employee commitment literature (Payne et al., 2002; Pepe, 2010). This approach has some methodological challenges. One of such challenges is that it appears not to sufficiently differentiate between calibers of employees in determining retention and generally assume that lower turnover or lower turnover intentions equate higher retention (Somers, 1995; Moynihan et al., 2000; Meyer et al., 2002; Anis et al., 2011). The aim of these studies is mostly to reduce turnover. In this case, job performance is considered discretionary behaviour in the sense that performance above the minimum required for retention is not specified in the goal, nor included in the measures (Meyer & Allen, 2004). Thus, the predominant scales in use (Allen & Meyer, 1990, Meyer, Allen & Smith, 1993) do not factor employees' willingness to exert considerable efforts for the sake of the organization in determining retention but only strong desire to maintain membership in the organization (Meyer & Allen, 2004).

Hence a focus on commitment-turnover approach to determine retention may be shortsighted, as organizational effectiveness depends on more than simply maintaining a stable workforce. In today's more dynamic and complex business environments, employees are needed to perform assigned duties dependably and be willing to

exert discretionary efforts that will give their organizations a competitive advantage (Meyer & Allen, 1991). Therefore, the present study unlike prior studies on commitment that infer retention from turnover, explore retention from the perspective of employee's intention to stay with the organization for positive reasons because this approach provides more effective result for organizations that seek to retain valuable employees (Mayfield & Mayfield, 2007). It could also enable management understand employees' motivations to remain in the organization and proper ways to encourage it. Therefore, commitment and retention are measured separately (performance is included in retention instrument) and then their relationship is examined. To the best of our knowledge no study has used this approach in the past.

3. Research Methodology and Model Specification

The study examines the relationship between each dimension of employee commitment and retention as well as determines their combined influence on retention among doctors and nurses in University Teaching Hospitals in the North-Western Nigeria. The research adopted correlational and cross sectional survey designs. The population of the study constitutes the 945 doctors (excluding house officers) and 1723 nurses working in these Hospitals as at January 2015. The maximum sample size was determined using an appropriate statistical formula for estimating required sample size in a population less than 10,000 for descriptive studies given as:

$$N_f = \frac{n}{1} + \frac{n}{N} \quad (1)$$

$$n = Z^2 pq/d^2$$

Implementing equation (1) yields a maximum sample size of 272 for doctors and 315 for nurses. However, 10% upward adjustment were made for both doctors and nurses to cater for possibilities of non-response, incomplete responses and refusals, hence the sample sizes become 300 and 347 for doctors and nurses, respectively. Multi-stage sampling technique was used to draw the sample for the study from specialties subsisting in various departments in the hospitals base on their populations. The study employed correlation analysis and regression techniques to analyse the data using descriptive and inferential statistics with the aid of Statistical Package for the Social Sciences (SPSS) Version 21. The independent variables used in the study are: affective, continuance and normative commitment dimensions while retention is the dependent variable.

The instruments used for data collection were adapted from earlier studies conducted by Meyer et al. (1993) to measure employee commitment and Kim, Price, Mueller and Watson (1996), and Mowday et al. (1979) to measure retention using a 5-point Likert scale. The validity and reliability test of each scale had long been established in literature. The face and content validity of the instruments were examined by two senior academics and one practitioner. The study uses mainly primary data obtained through a structured questionnaire administered concurrently such that the employee commitment dimensions scale and employee retention scale (ERS) are retrieved simultaneously. Out of the total sample of 647 respondents, only four hundred and sixty eight (468) representing a response rate of seventy two percent (72%) completed and returned the questionnaires, four hundred and forty one (441) of which were considered appropriate for analyses. Thus, analyses in the study are based on four hundred and forty one (441) responses from the survey.

3.1 Model Specification

The correlation coefficient takes the following pattern:

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2] [n \sum y^2 - (\sum y)^2]}} \quad (2)$$

Where r represents correlation coefficient, x is the dependent variable, y is the independent variable and n is the sample size/frequency. Correlation coefficient returns a value between -1 and +1, such that a -1 implies strong negative correlation and a +1 means strong positive correlation. Pearson Product Moment correlation test can produce a correlation coefficient that shows: the relationship, the degree of relationship, and the direction of the relationship (positive or negative).

Multiple regression is used to determine the impact or the combined influence of the independent variables on the dependent variable. The model is stated as:

$$R = f(A, C, N) \quad (3)$$

Equation (3) is transformed as:

$$R = \alpha + \beta_1 A + \beta_2 C + \beta_3 N + \mu \quad (4)$$

Where R represents retention, A denotes Affective commitment, C is continuance commitment, N stands for normative commitment, α is a constant term, β_1 is the coefficient of affective commitment, otherwise refer to as the degree of influence of affective commitment on retention, β_2 is the coefficient of continuance commitment, otherwise refer to as the degree of influence of continuance commitment on retention. β_3 represents the coefficient of normative commitment also known as the degree of influence of normative commitment on

retention and μ is the error term.

4. Empirical Results

The empirical results, for ease of analysis are divided into descriptive and inferential results. While descriptive results explore the characteristics of the data collected and consolidated, the inferential results examine the relationships among the variables investigated.

4.1 Descriptive Results

4.1.1 Summary Statistics

Table 1 shows the summary statistics as well as Cronbach's alpha coefficients for both organizational commitment dimensions as well as retention. The affective commitment mean scores for doctors and nurses are 3.87 and 3.73, while the standard deviations are 0.74 and 0.75, respectively. Continuance commitment mean scores for both doctors and nurses stand at 2.82 and 3.18 with the respective standard deviations of 0.84 and 0.57. The normative commitment mean scores reported for doctors and nurses are 3.57 and 3.59, while their standard deviations are 0.85 and 0.70, respectively. The highest mean score obtained was on the affective commitment subscale, followed by the normative commitment subscale. The means scores for affective and normative commitment are well above average mean of 3.00 on a five point Likert scale. This suggests that employees' levels of commitment are satisfactory. The lowest mean score was obtained on the continuance commitment subscale; this implies that the respondents have lower level of continuance commitment compared to their affective and normative commitment. Since continuance commitment is a negative form of commitment that is detrimental to organizations, having a considerably lower commitment scores for both doctors and nurses suggest that the hospitals have optimal commitment profile. For the retention scale, the mean score for doctors and nurse are 3.33 and 3.83 with standard deviations of 0.92 and 0.72, respectively. The above average scores reflect the extent to which the employees voluntarily wish to remain with the hospitals. However, it is curious to note that nurses have stronger desire for retention than doctors possibly due to their lower level of education.

The last column on Table (1), reports the Cronbach's Alphas for the study. Meyer et al. (1993) reported internal consistency reliability estimates for affective commitment (0.82), continuance commitment (0.74) and normative commitment (0.83). Using Nigerian samples, Ahiauzu et al. (2012) obtained the following Cronbach's Alpha coefficients: affective commitment (0.77), continuance commitment (0.71) and normative commitment (0.73). In the present study, the Cronbach's Alpha for doctors obtained are: affective (0.720), continuance (0.714) normative (0.777) commitment and (0.711) for retention. The Cronbach's Alpha for nurses was found to be 0.740, 0.711, 0.792 and 0.846 for affective, continuance and normative commitment as well as retention respectively. It could be observed that Cronbach Alpha values for all the scales are above 0.7 reliability requirements (Pallant, 2005) indicating that the instruments are reliable for the study.

Table 1: Summary Statistics and Cronbach Alpha

Research Variables	Profession	N	Mean	Std. Deviation	Cronbach Alpha
Affective Commitment	Doctors	240	3.87	0.74	0.720
	Nurses	201	3.73	0.75	0.740
Continuance Commitment	Doctors	240	2.82	0.84	0.714
	Nurses	201	3.18	0.58	0.711
Normative Commitment	Doctors	240	3.57	0.85	0.777
	Nurses	201	3.59	0.70	0.792
Retention	Doctors	240	3.33	0.92	0.711
	Nurses	201	3.82	0.72	0.846

Source: Author's Computation (2015) Using SPSS Version 21

4.2 Inferential Results

4.2.1 Correlation Coefficient of the Variables used for the Estimation

Table 2 reports the correlation coefficients between employee commitment dimensions and retention among doctors. The result indicates that there is a significant positive relationship between retention and two dimensions (Affective and Normative) of organizational commitment but no significant relationship between continuance commitment and retention. The Pearson correlation values obtained for affective and normative commitment for doctors were (0.51) and (0.62), respectively. So it can be said that there is strong positive

relationship between affective and normative and retention among doctors with normative commitment having strongest relationship. However, there is insignificant (0.10), negligible (0.11) positive relationship between continuance commitment and retention.

Table 2: Correlation Coefficients between Employee Commitment Dimensions and Retention among Doctors

		Average Retention Score	Average Affective Score	Average Continuance Score	Average Normative Score
Pearson Correlation	Average Retention Score	1.000			
	Average Affective Score	.514**	1.000		
	Average Continuance Score	.107	-.210**	1.000	
	Average Normative Score	.622**	.422**	.066	1.000
Sig. (2-tailed)	Average Retention Score		0.000	.000	.000
	Average Affective Score	.000			.000
	Average Continuance Score	.100	0.001	.001	.306
	Average Normative Score	.000	0.000	.000	
N	Average Retention Score	240	240	240	240
	Average Affective Score	240	240	240	240
	Average Continuance Score	240	240	240	240
	Average Normative Score	240	240	240	240

Source: Authors Computation using SPSS Version 21

Table 3 shows the relationships between employee commitment dimensions and retention among nurses. The result reveals that there is a moderate positive relationship between retention and affective commitment. The value of Spearman Coefficient (r) for retention and affective commitment is 0.34 and significant at 0.00 percent. The analysis further reveals a strong significant positive relationship between retention and normative commitment with the value of Pearson coefficient (r) of 0.47. However, there is negligible (almost no correlation) significant positive relationship between continuance commitment and retention with coefficient of 0.18.

Table 3: Correlation Coefficients between Employee Commitment Dimensions and Retention

		Average Retention Score	Average Affective Score	Average Continuance Score	Average Normative Score
Pearson Correlation	Average Retention Score	1.000			
	Average Affective Score	.340**	1.000		
	Average Continuance Score	.177*	.207**	1.000	
	Average Normative Score	.473**	.395*	.229**	1.000
Sig. (2-tailed)	Average Retention Score		.003	.000	.000
	Average Affective Score	.003		.001	.012
	Average Continuance Score	.000	.001		.000
	Average Normative Score	.000	.012	.000	
N	Average Retention Score	201	201	201	201
	Average Affective Score	201	201	201	201
	Average Continuance Score	201	201	201	201
	Average Normative Score	201	201	201	201

Source: Authors Computation using SPSS Version 21

Summary of estimated result of the regression analysis is presented in Table 4. The results show that the coefficient of determination (R-Squared) amounted to 0.49 for doctors and 0.25 for nurses. This implies that the explanatory variables (i.e. affective, continuance and normative commitment) explain about 48.0 and 25.0 percents variations in the dependent variable (retention). In other words, a variation in employee retention is 48.0 and 25.0 percents functions of employee commitments. This shows that retention of doctors in the studied area is determined to the tune of 48% and 25% by affective, continuance and normative commitment among doctors and nurses respectively.

Table 4: Summary of Estimated Regression for both Doctors and Nurses

	Unstandardized /Standardized Coefficients for Doctors		Unstandardized/ Standardized Coefficients for Nurses		Collinearity Statistics	
	B	Beta	B	Beta	VIF	
Constant	-0.58(0.054)		1.484(0.000)		Doctors	Nurses
Average Affective Score	0.44	0.349(0.000)	0.17	0.174(0.011)	1.307	1.205
Average Continuance Score	0.16	0.149(0.002)	0.07	0.051(0.043)	1.079	1.074
Average Normative Score	0.50	0.464(0.000)	0.40	0.393(0.000)	1.255	1.218
R ²	0.484		0.254			
Adj. R ²	0.477		0.243			
Std Error	0.612		0.573			
F- Statistics	2283.052(0.000)		22.360(0.000)			

Source: Authors Computation using SPSS Version 21

Note: Figures in parenthesis implies significant level

a. Dependent variable: Average Retention Score

The F- Statistics derived from the Analysis of variance of the regression results for both doctors and nurses, shows the joint significance of explanatory variables on the dependent variable. The Analysis of variance for both doctors and nurses also show a fit between the hypothesized model and the obtained data for doctors (F=2283.05, P=0.00) and nurses (F=22.36, P=0.00). The p-values of the estimated models (0.00) is less than the critical value (0.05) which means that the explanatory variables (affective, continuance and normative commitment dimensions) as a whole can jointly influence changes in the dependent variable (retention). The relative importance of the impact of each of the three commitment dimensions is obtained by the value of the unstandardized BETA regression coefficient given as 0.44 for affective commitment, 0.16 for continuance commitment, and 0.50 for normative commitment for doctors. The nurses reported regression coefficients of 0.17 for affective commitment, 0.07 for continuance commitment and 0.40 for normative commitment.

Finally, the collinearity statistics, measures the presence of multicollinearity in the model. Multicollinearity occurs when two or more predictors (independent variables) in a model are highly correlated so that they provide redundant information about the response (El Sagheir, 2014). With respect to the assumption of multicollinearity in the regression results, variance inflation factor (VIF) is computed for both doctors and nurses. Generally, a VIF value higher than ten indicates multicollinearity (Pallant, 2008). The VIF values for the independent variables in the present model are below 10, for all the independent variables, hence there is no evidence of the presence of multicollinearity. It should be noted that statistically significant relationship found in the study were modest, a pattern consistent with prior researches on organizational commitment (Somers 1995; Meyer et al., 2002; Anis et al., 2011).

4.3 Discussion of Findings

The study finds significant strong positive relationships between affective and normative commitments and retention among doctors. The correlation results also reveal a significant strong positive relationship between normative commitment and retention and a moderate positive significant relationship between affective commitment and retention among nurses. However, in terms of continuance commitment, analyses reveal insignificant relationship between continuance commitment and retention among doctors and negligible (almost no correlation) significant positive relationship between continuance commitment and retention among nurses. This implies that employees' retention in these hospitals is not related to the levels of their continuance commitment but to their affective and normative commitments. This finding is at variance with the findings of Maluti et al. (2012) who concluded that that there is no statistically significant relationship between employee commitment and employee retention in state corporations in Kenya. However it supports the findings of Somers (1995), Meyer et al. (2002) and Anis et al. (2011).

Moreover, the value of Pearson coefficient for affective commitment and retention for doctors is 0.51 and 0.34 for nurses. Normative commitment and retention reported coefficient values of 0.62 for doctors and 0.47 for nurses. A closer look at the magnitude of the coefficients of normative commitment for both doctors and nurses (0.62 and 0.47) reveals that it is higher compared to that of affective commitment (0.51 and 0.34) and continuance commitment (0.11 and 0.18) for doctors and nurses respectively. This suggests that for both doctors and nurses, normative commitment rank as the most important consideration for their decision to retain their organizational memberships as corroborated by the regression results.

The multiple regression results show that employee commitment has significant influence or impact on employee retention among doctors' and nurses in University Teaching Hospitals in the North-Western Nigeria. The results further reveal that in terms of the relative importance of the three independent variables in predicting retention, normative commitment appears to be the strongest determinant of retention followed by affective commitment. Continuance commitment makes the least contribution in predicting retention as it explains about

16% variation in retention for doctors and only 7% variation for nurses which corroborate the correlation results earlier reported.

The result is consistent with previous findings of Meyer et al. (1993) and Somers (1995) who found that affective and normative commitments influence retention, while continuance commitment does not. Gautam et al., (2001) also found that continuance commitment measure is not significantly associated with retention. Similarly, it corroborates earlier studies (see Payne et al., 2002; Corporate Leadership Council, 2004; Anis et al., 2011) which show that employee commitment has significant positive impact on retention. The results, however contradicts the findings of Faloye (2014) that reports relationships between affective and continuance commitments and retention but no relationship between normative commitment and retention.

By and large, contrary to findings of previous studies, the results in both doctors and nurses' samples deviate from the pattern which normally shows that affective commitment predicts retention more than normative commitment. Thus, the finding is in contrast with those of Allen et al. (1990), Meyer et al. (1993) and Somers (1995) who found affective commitment to be the strongest predictor of retention. Apparently, doctors and nurses in University teaching hospitals in North-Western Nigeria have strong moral values which exert strong influence on their loyalty and willingness to remain with their hospitals. This sense of moral responsibilities is therefore the most important factors that influence their retention. Employees who experience a strong level of normative commitment theoretically feel the need to reciprocate favourable organizational treatment with attitudes and behaviours that in turn benefit the organization. Thus, higher level of influence exerted on retention by normative commitment dimension may be viewed as a positive outcome which management should cultivate. The predominance of normative commitment among doctors may be as a result of the fact that Teaching hospitals offer ample opportunities with respect to teaching, research, personal and career development as well as opportunities to deliver highly specialized care. These opportunities might have increased their perception of organizational support which invariably enhances their normative commitment to the organizations. This probably explains why some studies; particularly Pongsettakul (2008) found that dissatisfaction at work may be caused much more by the difficulties that prevent health workers from achieving their objectives of service delivery than by their own levels of financial reward.

Another plausible explanation could be that University teaching hospitals offer them ample opportunities during their critical time of need. The mere fact that the hospitals offer some doctors opportunity for residency training and some the opportunity to work in both the hospitals and the universities to which they are affiliated, can also spur normative commitment. For the nurses, working in University Teaching hospitals is like a dream come true, as they are unarguably among the best hospitals in Nigeria and only the privileged few could secure appointment in them. This rare opportunity could oblige nurses to demonstrate normative commitment to their organizations.

To sum it all, medical profession is embedded with ethical considerations, the need for doctors and nurses to strictly abide by code of conducts of their professions, to show empathy and sympathy to their clients and to promote the ideals of these hospitals is expected to rein high over and above any other consideration not only by the management but the society in general. Thus, deviating from these ideals could be seen as not only immoral but also criminal as it could lead to irreparable loss of lives. These combine forces could create moral obligation on doctors and nurses to exhibit high levels of normative commitment.

Therefore, the study challenges the notion that industrial actions in University Teaching Hospitals in Nigeria are motivated mainly by financial considerations. Doctors and nurses may experience some frustrations on the job as a result of unfavorable working environment that can affect their commitment, satisfaction and motivation which eventually culminates into industrial actions. These difficulties include not only inadequate infrastructure or lack of resources but also the speed and volume of changes in government policies and legislations that these hospitals may be required to implement, negative aspects of their organization's culture and lack of a framework for judicious mobilization of the meagre resources available to these hospitals resulting from inefficiency and ineffectiveness of the management.

5 Conclusion and Policy Recommendations

The increased advocacy for new management philosophy proposing a shift from control to commitment which serves as a focal point for both theoretical and empirical research has long attracted new policy initiatives. This is largely due to the role of commitment in the retention of scarce and critical human resources. Management discourse on employee commitment as a central theme is still a topical issue that draws the attention of managers, hence increasing research effort by academics, business analysts and administrative experts across the globe including Nigeria. This study is an attempt to contribute to this effort. It aims at determining the relationship between the three most popular employee commitment dimensions and retention. The study finds that normative and affective commitment could be strongly instrumental to retention; hence commitment can serve as a veritable tool for sustainable employee retention.

The study, therefore, recommends that management should foster and sustain high levels of affective and normative commitments among employees by recruiting applicants that share similar or have the same values with the organization, promote peer cohesion, encourage employee participation in decision making. Management should also cultivate strong organizational culture through induction, training, exemplary leadership and supervisory support. Critical working tools should also be made readily available and the overall working environment should be made conducive in order to enhance their commitment and retention.

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