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Affective Commitment, Organizational Culture and Turnover Intention among Health Professionals in National Referral Hospitals in Kenya

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Abstract:

The study aimed to assess the influence of affective commitment on turnover intention among health professionals in public national referral hospitals in Kenya. It also examined whether organizational culture mediates the effect of affective commitment on the turnover intention of health professionals in public national referral hospitals in Kenya. Theories anchoring this study included Social exchange theory and Theory Z. Descriptive and correlational research designs were used in the study. The research designs were to assess:

- *The relationship, effect and mediation between variables.*
- *The influence of affective commitment on turnover intention and organizational culture mediation of affective commitment effect on turnover intention.*
- *The Target population was all health professionals in public national referral hospitals in Kenya.*

The study used SPSS version 25 for scale accuracy. The study findings showed that the relationship between affective commitment and turnover intention was significant, that of affective commitment and organizational culture was moderate and significant, and that the organizational culture turnover intention was significant. Further, the study found that organizational culture did not mediate the effect of affective commitment on turnover intention. Based on the study findings, the study concluded that affective commitment influences the turnover intention of health professionals in public national referral hospitals in Kenya and that affective commitment effect on turnover intention is not mediated by organizational culture. The study recommended that human resource practitioners use the study to come up with policies and guidelines that improve service delivery in referral hospitals. Board members of public national referral hospitals should borrow ideas from competing values frameworks to enhance a culture of high performance in their hospitals.

Keywords: *Affective commitment, organizational culture, turnover intention and mediation*

1. Introduction

The commitment of health professionals' importance was noted during the coronavirus infection in 2019 because the performance of help workers was highly affected by a reduced number of health professionals and the increased number of patients (Riou & Althaus, 2020; WHO, 2020). The affective commitment was considered to ease the pressure on health professionals in public national referral hospitals globally. The government of Kenya went ahead to increase public national referral hospitals from the initial 4 to 6. The Ministry of Health did not increase the number of health professionals, and boards of management turned to organizational commitment to improve service. The study looked at affective commitment as the desire to increase an individual's effort and appeal to remain a member of the organization Xuehu (2016); it looked at affective commitment as the one that explains an employee's determination to achieve set targets by the organization through a range of behaviors such as treatment of firm as the organization of choice and showing a sense of belonging (Bonds, 2017). Affective commitment was assumed to arise from socializing and interpersonal relationships (Mercurio, 2015). It also arises from its attributes of individual differences, work experiences, level of investment and demographic variations noted in organizations (Fabiene & Kachchhaphs, 2016). Affective commitment in Kenya was noted to diminish through reports of public national referral hospitals from the Government Auditor General (Ouko, 2017). It was noted that information on affective commitment is limited in the health sector in Kenya (Koon, 2021). This is worsened by the diminishing number of health professionals to population ratio of 13:10,000 compared to 41:10,000, set by ILO, according to Obiebi *et al.* (2020), which increases work pressure. Many hospital

boards, after witnessing reduced manpower and changing work environments, turned to organizational commitment and organizational culture to manage turnover intention (Owino & Kibera, 2019). Public national referral hospitals, being referral hospitals for all other hospitals in Kenya, are semi-autonomous government agencies (SAGAs) that operate as parastatals under the State Corporations Act. Affective commitment information in national referral hospitals in Kenya is limited because studies on it are limited (Koon, 2021).

1.1. Statement of the problem

Studies on affective commitment carried out in different parts of America, Asia and Europe were done in different cultural backgrounds and gave mixed results that could not be used in a third-world country like Kenya (Bonds, 2017; Sow, 2015). Several research studies in Kenya noted limited affective commitment in organizations (Kilungu et al., 2015; Mwangi, 2015; Obwoyere, 2016). Affective commitment lapses were noted from reports of the Government Auditor General in Kenyatta National Hospital, Moi Teaching and Referral Hospital and Mathari Teaching and Referral Hospital on delay of diagnosis and treatment of diseases and poor outsourced services (Ouko, 2012; Ouko, 2014; Ouko, 2017). Spinal Cord Injury and Referral Hospital and Mwai Kibaki Referral Hospitals reported high staff turnover. Several industrial actions taken by health professionals remained unresolved for a long time due to limited information on affective commitment (Kimanthi, 2017; Koon, 2021; Ouko, 2018).

The main objective of the study was to assess the influence of affective commitment on turnover intention among health professionals in public national referral hospitals in Kenya.

1.2. Objectives of the study

- To assess the influence of affective commitment on turnover intention among health professionals of public national referral hospitals in Kenya
- To examine the effect of organizational culture mediation of affective commitment on turnover intention among health professionals of public national referral hospitals in Kenya.

1.3. Hypotheses of the study

The study tested the following null hypotheses:

- H₀₁: Affective commitment does not significantly influence turnover intentions of health professionals in public national referral hospitals in Kenya.
- H₀₂: Organizational culture does not significantly mediate the effect of affective commitment on the turnover intentions of health professionals in public national referral hospitals in Kenya.

2. Literature Review

The study's theoretical framework consisted of two theories: the theory of social exchange and theory Z.

2.1. Social Exchange Theory

The social exchange theory was used to explain the relationship between affective commitment and turnover intention of workers that help build competitive advantage in organizations (Blau, 1964). The theory of social exchange explains how organization Management thrives in a give-and-take affective commitment environment that scores on turnover intention. It also explains the exchange between management and employees that improves the relationships, as well as acceptable social change, honour, respect, caring, and friendship that increase loyalty, sense of belonging, and their effect on turnover intention (Sow, 2016).

2.2. Theory Z

Theory Z discusses the organizational culture mediation aspect of affective commitment's effect on the turnover intention of workers in organizations that help improve service delivery (Ouchi, 1981). Theory Z explains the relationship between organizational culture, affective commitment and turnover intention (Islam & Kalumuthu, 2020). The theory helps employees identify their organization as the organization of choice through consensus decision-making that promotes affective commitment, influencing turnover intention (Putra, 2019). The theory explains the competing values framework culture typology of clan culture, explaining how employees' affective commitment influences organizational turnover intention (Owino & Kibera, 2019).

2.3. Conceptual Framework

The study conceptualizes affective commitment, turnover intention and organizational culture. The variables are related through theoretical assumptions, intuitions, and empirical observation in organizations (Mishra & Alok, 2017). Organizational culture is treated as an assumed mediating Variable. The conceptual framework is shown:

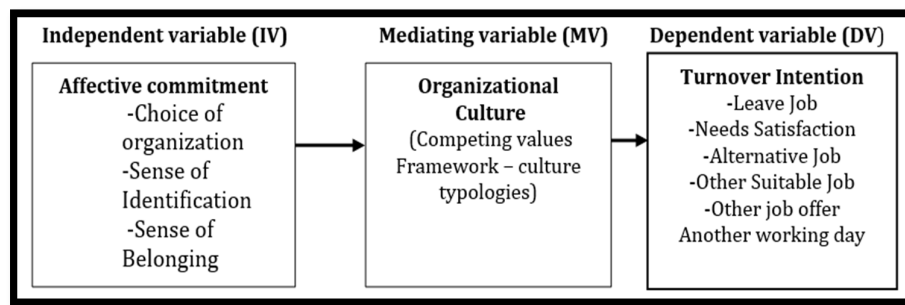


Figure 1: Conceptual Framework

2.4. Review of Literature on Study Variables

2.4.1. Affective Commitment and Turnover Intention

Affective commitment review is done under different models of organization commitment. Three-Component Model (TCM) is the main model with three dimensions of continuance, affective and normative commitments (Mugizi *et al.*, 2015). Affective commitment in this study followed a scale developed by Wong (2014). Affective commitment is employees' involvement, emotional attachment and identification with an organization. It is associated with individual enjoyment of being a member of an organization. Aspects of affective commitment include choosing your organization of choice when given choices in the job market, identification with an organization and a sense of belonging (Wong, 2014). The findings of a study on affective commitment in the Philippines by Labraque *et al.* (2018) indicated that affective commitment is inversely correlated with the turnover intention of employees in hospitals. Clinical Officers' in Ghana's health facilities (Mensah & Kosi, 2016) study assessed different dimensions of organizational commitment as predictors of turnover intention. The results showed that an insignificant relationship existed between employees' affective commitment and their turnover intention. The results of a study on employee commitment and turnover intention among healthcare-supporting staff by Sow (2015) showed that affective commitment relates significantly to employees' turnover intention in a health facility.

2.4.2. Organizational Culture Mediation on Affective Commitment and Turnover Intention

Organizational culture is studied in the context of competing values framework culture typologies comprising market culture, adhocracy, hierarchy culture and clan culture. Competing values framework is common in Kenya's public institutions and parastatals (Owino & Kibera, 2019). Culture differentiates an organization from the others, operating on the same policies and principles (Bosomtwe & Obeng, 2018). A study by Silaban and Syah (2018) showed that workers' identification with their leaders, communities, and teammates displayed local organizational culture. Clan culture reduces diversity and affects production due to affective commitment of the minority employees that influences their turnover intention to a large extent. The culture found in public national referral hospitals in Kenya, according to Karanja (2015), is employee and management-centered or work-centered and management-centered.

2.4.3. Turnover Intention

Turnover intentions is a conscious and deliberate need to leave an organization by an employee voluntarily or involuntarily (Weldeyohannes, 2016), which is influenced by prolonged work shifts, complex work relations, lack of opportunities for career progression and workload (Sow, 2015; Xuehu, 2016). Voluntary turnover intention is employees feeling that they need to request an alternative job opportunity with higher pay, more recognition or easier to access compared to the current position, which is realized when employees are technologically disadvantaged, qualifications knocked out of their jobs and change of site of the employer that is hard to accommodate. Forced turnover intention is due to family issues, retirement due to mandatory age limits or health reasons (Niguse, 2019). Employee turnover intention may be functional or dysfunctional. It is functional if it increases competitive advantage and dysfunctional if it results in brain drain in both low and high-cadre employees and results in indirect costs, reduced morale, increased work overload and loss of social capital (Bosomtwe & Obeng, 2018).

2.5. Critique of Relevant Existing Literature

The study literature critique includes a few journals on affective commitment in the health sector. Studies on affective commitment and its related outcome failed to show the mediation aspect of other factors (Xuehu, 2016). A study by Mercurio (2015) on affective commitment as a core essence of organizational commitment: an integrative literature review failed to explain how affective commitment was related to organizational commitment, raising the need to develop literature on affective commitment as an attribute of organizational commitment and its related outcome.

2.6. Research Gaps

A few health professional types were covered in studies, making it hard to generalize, as evidenced by nursing professionals' studies (Abuga *et al.*, 2015; Israel *et al.*, 2017; Labraque *et al.*, 2018) and Clinical laboratory scientists study (Mensah & Kosi, 2016). This made it hard to apply the findings to other professionals. Limited sites/areas were covered, for example, research by Obwoyere (2016), which covered Nakuru County out of 47 counties in Kenya. Mwangi's (2015)

study on Kenyatta National Hospital in Kenya and Mulango National Hospital study by Abuga *et al.* (2015) did not spread a phenomenon for generalization. Therefore, this study solves the information gap on affective commitment and its outcome on turnover intention.

3. Methodology

Positivism research philosophy supported the study where descriptive and correlational research designs were adopted. A target population of 3,641 and a sample of 360 health professionals from five public national referral hospitals in Kenya in 2023 were studied. The sample frame consisted of health professional groups such as Nurses, Clinical Officers, Medical Doctors and Dentists, Pharmacists, Medical Laboratory Technicians and Technologists, Radiographers, Public Health Officers, Dieticians and Nutritionists (Ministry of Health (MOH), 2015). The frame excludes subordinate staff in all public national referral hospitals studied

A multistage sampling technique incorporating proportionate stratified sampling was used (Saunders et al., 2019). The sample size is shown below:

	Name of Hospital	Population Size	Sample Size
1.	Kenyatta National Hospital	2,104	208
2.	Moi Teaching and Referral Hospital	1,295	128
3.	Mathari National Teaching and Referral Hospital	111	11
4.	Mwai Kibaki Othaya Referral Hospital	70	7
5.	National Spinal Injury Referral Hospital	61	6
	Total	3,641	360

Table 1: Population and Sample Size

Source: MOH (2014) Workforce mapping, MOH (2015) Ouko (2017), Mugo (2018) and Kenya National Bureau of Statistics KNBS (2017)

The instrument for data collection was the questionnaire. The authority to collect data was sought from the University School of Post Graduate Studies, ethics research committees such as University Ethics Research Committee (ERC) and the National Commission for Science, Technology and Innovation-NACOSTI. The research site's ethical committee's clearance was sought. Research assistants helped the researcher distribute and collect questionnaires for the pilot and actual data collection of the study.

4. Research Findings and Discussion

4.1. Diagnostic Tests

Analysis of data used SPSS program version 25. The normality of data was found with the help of the linearity test, homoscedasticity test, Shapiro-Wilk test, boxplot test, and QQ plot test. Descriptive, correlation, and regression analyses generated inferential statistics (Saunders & Blume, 2018).

4.2. Reliability Test

The reliability of the data was calculated, and Cronbach alpha recorded affective commitment at .769, organizational culture at .804, and turnover intention at .847. The Cronbach alpha for the three constructs was .732.

4.3. Validity Test

The validity of the research tool was calculated using component factor analysis of a fixed number of factors, which recorded initial data Eigenvalues % of the variance of affective commitment of 50.529, organizational culture 33.162 and turnover intention of 16.308, which showed values greater than 1 that indicated the instrument was valid.

4.4. Demographic Characteristics Results

Demographic data results showed:

Characteristics	Classes	Frequency	Percent
Gender	Male	104	33.8
	Female	204	66.2
Age of Respondents	25-30	17	5.5
	30-40	107	34.7
	40-50	120	39.0
	50-60	64	20.8
Marital Status	Married	230	74.7
	Single	78	25.3
Education Level	Diploma	120	39.0
Professional Affiliation	Bachelor's Degree	188	61.0
	Doctors and Dentists	19	6.2
	Nurses	222	72.1

Characteristics	Classes	Frequency	Percent
	Clinical Officers	12	3.9
	Pharmacists	14	4.5
	Laboratory Technicians	19	6.2
	Public Health Officers	6	1.9
	Dietician or Nutritionists	9	2.9
	Radiographers	7	2.3

Table 2: Demographic Characteristics of the Data

4.5. Descriptive Statistics

Descriptive statistics used to measure whether affective commitment influenced the turnover intention of health professionals in the hospital they were working in showed that a majority of the health professionals, to a too great extent, agreed with the three items of affective commitment with a mean score of 4.8474. The study determined how organizational culture influenced health professionals' turnover intention in the hospitals they were working in by recording a mean score of 3.8163. The study examined how the turnover intention of health professionals scored, and the results indicated that the majority of the respondents, to a great extent, agreed with an overall mean of 4.0097.

Statements	N	M	σ
Employees feel extremely glad that they chose this hospital to work for over others they were considering at the time they joined	308	4.8994	.30135
Staff enjoy discussing this hospital with people outside it	308	4.7987	.40162
Employees are proud to tell others that they are part of this hospital.	308	4.8442	.36330
Valid N (listwise)	308		

Table 3: Affective Commitment Perception Results

N = Sample size, *M* = Mean, σ = Standard Deviation.

Key: Scale of Means Calculated from Likert scale of 1-5 = Greater than, 1.0-1.5 = No Influence Above, 1.5-2.5 = Little Extent Above, 2.5-3.5 = Moderate Extent Above, 3.5 - 4.5 = Great Extent

Statements	N	M	σ
Top managers' service meets patient needs and competition with other competitors	308	3.8831	.64518
Departmental heads struggle to provide superior service to patients	308	3.9513	.63623
Employee rewards are pegged on customer satisfaction	308	3.7013	.71403
These hospitals' structural adjustments are made to adapt to changes in the healthcare	308	4.6201	.81627
Established effective systems, policies and guidelines exist in this hospital	308	4.0390	.76045
Avoidance of risks in health care practices is emphasized in this hospital	308	4.5909	.88868
Health professionals embrace teamwork	308	4.3669	.86092
Management creates a bonding section at least once a year	308	1.8994	1.24503
The input of each health professional is considered in decision-making	308	1.7240	1.05167
Hospital managers invest in research and innovation	308	4.0195	.73063
Hospital managers focus on the external environment more than prioritizing internal orientation	308	4.4286	.82987
Healthcare strategies reviewed from time to time respond effectively to environmental changes	308	4.5714	.84927
Valid N (listwise)	308		

Table 4: Organizational Culture Influence of Turnover Intention Results

N = Sample Size, *M* = Mean, σ = Standard Deviation

Statements	N	M	σ
Employees often consider leaving their current jobs	308	4.0130	.73078
Employees current job satisfies their personal needs	308	3.8864	.79703
Employees are frustrated by the lack of opportunities at work to achieve their personal work-related goals	308	4.0487	.77894
Employees always dream about getting another job that will better suit their personal needs	308	4.3799	.69562
Employees are likely to accept another job at the same compensation level should it be offered to them	308	4.3117	.74431
Employees always dream of having another day at work	308	4.3539	.79170
Valid N (listwise)	308		

Table 5: Turnover Intention Results
N= Sample size, M = Mean, σ = Standard Deviation

4.6. Factor Analysis

Factor analysis was carried out on an affective commitment, organizational culture and turnover intention, which recorded KMO and Bartlett's test results and total variance explaining results as shown in the table below:

Variable	A	B	C	E	F	G
Affective Commitment	.677	188.792	3	.000	1.942, .580, .479	1
Organizational culture	.844	1813.514	66	.000	5.224, 1.915, .758, .746, .692, .645, .505, .418, .382, .331, .210, .175	2
Turnover Intention	.815	425.787	15	.000	2.824, .892, .696, .651, .527, .410	1

Table 6: Summary of Factor Analysis Results
A= KMO measure of Sampling adequacy, B= Approx. chi-square, C=Df, E= Significant level, F= Total variance explained, G= Number of factors (items) removed.

4.7. Pearson Correlation Coefficient

Relationship between variables recorded product-moment correlation coefficients of affective commitment with turnover intention $r = .885$, $p = .000$. Affective commitment with organizational culture $r = .720$, $p = .000$. Organizational culture and turnover intention $r = .777$, $p = .000$, which were all significant in a sample response of 308 health professionals.

		TI	AC	OCUL
Turnover Intentions	Pearson Correlation	1	.885**	.777**
	Sig. (2-tailed)		.000	.000
	N	308	308	308
Affective Commitment	Pearson Correlation	.885**	1	.720**
	Sig. (2-tailed)	.000		.000
	N	308	308	308
Organizational culture	Pearson Correlation	.777**	.720**	1
	Sig. (2-tailed)	.000	.000	
	N	308	308	308

Table 7: Affective Commitment Organizational culture and Turnover Intention
** Correlation is significant at the 0.01 level (2-tailed). TI= Turnover Intention, OCUL= Organizational culture, N= Sample size and OCUL= Organizational culture

4.8. Regression Analysis

Affective commitment regression on turnover intention indicated affective commitment positive relationship with turnover intention of $R = .296$. The results of R Square of .087 suggested that 8.7% of turnover intention among health professionals in public national referral hospitals in Kenya was explained by affective commitment. The remaining 91.3% of turnover intention was explained by other factors which are not in the model summary. F scores ratio of 29.324 showed it was very unlikely that it happened by chance as it had a corresponding significance of $P = .000$. The regression coefficients constantly showed that other things remaining constant turnover intention was performing at positive 2.265, which was statistically significant at $P = .000$. It also indicated that a unit increase in affective commitment improved turnover intentions rate by 36.2% which was statistically significant at $p = .000$ (Field, 2017).

Affective commitment regression on organizational culture showed that the relationship between affective commitment and organizational culture was positive $R = .005$. The results of R Square of .000 suggested that no turnover intention among health professionals in public national referral hospitals in Kenya was explained by affective commitment and 100% percent of turnover intention was explained by other factors not in this model summary. F score ratio of .009

was insignificant, showing it was unlikely that it happened by chance as it had a corresponding insignificant $P = .324$. Regression coefficients constant showed that other things remaining constant organizational culture was performing at positive 3.889 and statistically significant at $P = .000$. A unit increase of affective commitment changed organizational culture by 0.5%, which was statistically insignificant at $p = .324$.

Organizational culture regression on turnover intention showed that the relationship between organizational culture and turnover intention was moderate and positive ($R = .420$). The results of R Square of .176 suggested that 17.6% of turnover intention among health professionals in public national referral hospitals in Kenya was explained by organizational culture. The remaining 82.4% percent of turnover intention was explained by other factors not in the model. The F scores ratio of 65.374 showed that it was very unlikely that it happened by chance as it had a corresponding significance of $P = .000$. The Regression coefficient constant showed that other things remaining constant turnover intention was performing at positive 2.010 and statistically significant at $P = .000$. A unit increase of organizational culture increased turnover intention by 51.1%, which was statistically significant at $p = .000$ (Field, 2017). The regression variables result from information is summarized in the regression summary results in the table below:

Variables Regressed	Model Summary		ANOVA		Coefficients			
	R	R SQ.	F	SIG.	Cons.	B	Std Error	Sig
Affective Commitment on Turnover Intention	.296	.087	29.324	.000	2.265	.362	.067	Con=.000 AC=.000
Affective Commitment to Organizational culture	.005	.000	.009	.324	3.889	.005	.057	Con=.000 AC=.324
Organization Culture on Turnover Intention	.420	.176	65.374	.000	2.010	.511	.063	Con=.000 OCUL=.000

Table 8: Summary of Regression Tables

4.9. Organizational Culture Level of Mediation Using the SOBEL Test Mediation Calculator

Organizational culture mediation of affective commitment on turnover intention helped test hypothesis H_{02} to confirm hypothesis decision rule. The hypothesis stated that *organizational culture does not significantly mediate the effect of affective commitment on the turnover intention of health professionals in public national referral hospitals in Kenya*.

Sobel test for mediation calculator online helped calculate organizational culture mediation of affective commitment effect on turnover intention (Field, 2017; Kelly, 2011; Uedufy, 2023), explained in the attached figure:

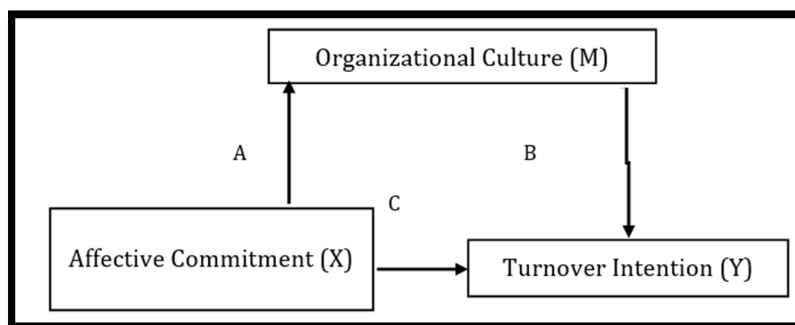


Figure 2: Sobel Test Mediation Diagram (Uedufy, 2023)

The organizational culture mediation effect is calculated from unstandardized Beta and Standard Error paths A and B to find P-value significance from the indirect effect in mediation. Path C shows a direct effect of affective commitment on turnover intention, which is supposed to be significant to allow mediation calculation. A Sobel test mediation calculator downloaded online is used to calculate mediation from the regression generated unstandardized coefficients Beta and Standard Error of paths A and B. Mediation output that shows $P\text{-value} \leq 0.05$ is said to be significant, while that which shows $P\text{-value} \geq 0.05$ is insignificant. An estimated point effect is obtained by multiplying beta generated from paths A and B, which is the value of the mediator within the mediation line. Affective commitment regression on turnover intention shows unstandardized coefficients generated from the linear regression demonstrated in the coefficients of affective commitment on turnover intention path C were Beta= .362, Standard Error=.067 and P-value= .000. The P-value was significant, indicating the mediation calculation was possible.

The indirect effect of affective commitment on organizational culture was found by regressing the two, as shown in the unstandardized coefficients of beta and standard error of Beta=.005, Standard Error= .057and P-value=.324. The

indirect effect of regressed affective commitment and organizational culture on turnover intentions results in unstandardized coefficients of beta and standard error (Uedufy, 2023).

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.286	.372		.767	.444
	AC	.359	.060	.293	5.966	.000
	OCUL	.509	.060	.418	8.498	.000

a. Dependent Variable: TI

Table 9: Effect of Affective Commitment, Organizational Culture on Turnover Intention. Results are: Coefficients^a

AC= Affective Commitment, OCUL= organizational culture, TI= Turnover Intention a= Coefficients

The study generated coefficients that estimated the indirect effect of affective commitment on turnover intention through organizational culture. The coefficients were used in the Sobel test Mediation Calculator online to calculate the indirect effect.

- Path A = .005 (.057)
- Path B = .509 (.060)
- Path C = .362 (.067) direct effect

The Sobel test mediation calculator calculated the indirect effect statistical significance of paths A and B by inputting unstandardized coefficients Beta and Standard Error values. The indirect effect analysis of affective commitment (X), organizational culture (M) and turnover intention (Y) Sobel test calculated mediation results were: Test Statistics=.08771461, Standard Error= .02901455 and P-value =.93010351

It was established that the P-value of .93010351 was greater than .05, which indicated that the effect of affective commitment on turnover intention through organizational culture was insignificant. The point estimate of the indirect effect was also calculated when unstandardized Beta values for path A of .005 were multiplied by path B value of .509. The calculation gave .002545 as the point estimate of the indirect effect of affective commitment influence on turnover intention through organizational culture when the insignificant p-value was .9301035. Therefore, the effect of organizational culture mediation of affective commitment on turnover intention was found to be insignificant. The study accepted hypothesis H02 that organizational culture does not significantly mediate the effect of affective commitment on the turnover intention of health professionals in public national referral hospitals in Kenya (Uedufy, 2023).

The indirect effect is shown in the figure below:

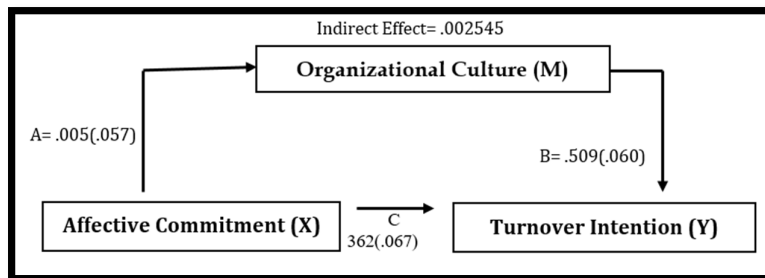


Figure 3: Mediation Analysis (Uedufy, 2023)

Hypothesis H₀₁ stated that affective commitment does not significantly influence the turnover intention of health professionals in public national referral hospitals in Kenya. Based on the findings on the correlation of affective commitment on turnover intention ($r=.866$, $P=.000$), null hypothesis H₀₁ was rejected. Therefore, it was confirmed that affective commitment influenced health professionals' turnover intention in the public national referral hospitals in Kenya. Therefore, the findings rejected the null hypothesis H01. The study accepted null hypothesis H02 as the Sobel test for mediation results was insignificant, as per the table attached:

Hypotheses	Findings		Status of Null Hypothesis
H ₀₁ : Affective commitment does not significantly influence the turnover intention of health professionals in public national referral hospitals in Kenya.	r= .846**	P=.000	Rejected
H ₀₆ : Organizational culture does not significantly mediate the effect of affective commitment on the turnover intention of health professionals in public national referral hospitals in Kenya.	Sobel test Calculated Mediation	P=.9301035	accepted

Table 10: Hypothesis Findings

Key

** means Correlation is significant at the 0.01 level (2-tailed).

r= is correlation level

P= significant level

4.10. Optimal Model

Hypotheses finding an optimum model that was of the independent and dependent variables as shown in the figure attached:

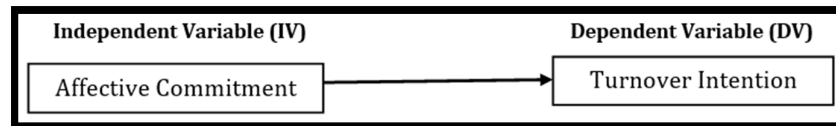


Figure 4: Showing Optimum Model

4.11. Study Discussion

The study discussed the perception of health professionals' affective commitment effect on turnover intention and confirmed that health professionals, to a great extent, agreed that affective commitment influenced turnover intention. The finding agreed with that of Faloye's (2014) study on Nigerian paramilitary organizations in the Akure area, which found that affective commitment influenced turnover intention. It disagreed with Bonds's (2017) finding that affective commitment does not influence employee turnover intention.

The perception of health professionals' organizational culture's influence on turnover intention showed that health professionals, to a great extent, agreed with the opinion. The finding is supported by the past study by Bosomtwe and Obeng (2018) on the link between organizational culture and turnover intention among employees in Ghana who disagreed that organizational culture influences turnover intention. It agreed with the findings of Althuwaihi and Shee's (2015) study on unionized employees in Banks in Saudi Arabia, finding that organizational culture influenced employees' turnover intention.

The effect of affective commitment on turnover intention indicated that there was a positive and significant effect of affective commitment on turnover intentions B=.362, p=.000. This finding disagrees with that of Mensah and Kosi (2016), that affective commitment did not have a significant effect on turnover intention. The findings agreed with the findings of the study by Silaban and Syah (2018), which showed that the improvement of affective commitment enhances turnover intention.

Organizational culture mediation of affective commitment effect on turnover intention confirmed null hypothesis H₀₂ that organizational culture does not significantly mediate affective commitment effect on turnover intention of health professionals in public national referral hospitals in Kenya. The Sobel test mediation calculator recorded an insignificant value of P= .9301035. The study findings agreed with the study findings of Niguse (2018) and Bosomtwe and Obeng (2018), which found an insignificant relationship between organizational culture and turnover intention.

5. Summary

The study findings showed that the affective commitment relationship with turnover intention was strong, positive and significant. The relationship between affective commitment and organizational culture was moderate, positive and significant, and the relationship between organizational culture turnover intention was strong, positive and significant. Further, the study found that organizational culture did not mediate the effect of affective commitment on turnover intention.

6. Conclusion

Based on the study findings, the study concluded that affective commitment influences the turnover intention of health professionals in public national referral hospitals in Kenya and that affective commitment effect on turnover intention is not mediated by organizational culture.

7. Recommendation

The study recommended that human resource practitioners use the study to come up with policies and guidelines that improve service delivery in referral hospitals. Human Resource Personnel should come up with new strategies developed from the literature of the study to draw practical service charters, missions and visions of public national referral hospitals in Kenya. The recommendations also included that managers in public national referral hospitals should improve service delivery through the evaluation of employees' perceptions, mainly affective and organizational culture. Board members of public national referral hospitals should borrow ideas from competing values frameworks to enhance a culture of high performance in their hospitals.

8. References

- i. Aldhuwaih, A. & Shee, H. (2015). Organizational culture and employee Turnover in Saudi Arabia Banks, *International Journal of Management* 4 (4) 1-9.
- ii. Blau, P. M. (1964). *Exchange and power in social life*. New York: John Wiley and Sons. Bonds, A. A. (2017). *Employee's Organizational Commitment and Turnover Intentions*. Walden University College of Management and Technology. Dissertations and Doctoral Studies Collection at Scholar Work at Work. Waldenu.edu/dissertations: <http://scholarworks.waldenu.edu/dissertation> Bosomtwe, T. E. & Obeng, B. (2018). The Link between Organizational Culture and Turnover Intentions among Employees in Ghana. *International Journal of Contemporary Research and Review* volume 09 issue 08, DOI: <https://doi.org/10.15520/ijcrr/2018/9/08/566>
- iii. Fabiene, E. & Kachchhpls, N. (2016). Determinants of Employee's Commitment among Healthcare Professionals. *International Journal of Academic Research in Accounting, Finance and Management Sciences* vol. 6 (2) DOI:10.6007/ijarafms/v6-12/2038
- iv. Faloye, O. D. (2014). Organizational Commitment and Turnover Intentions: Evidence from Nigerian Paramilitary Organization. *International Journal of Business and Economic Development (IJBED)* Vol. 2 Number 3.
- v. Field, A. (2017). *Discovering Statistics Using SPSS* (North American Edit.). New Delhi, India. Sage Publications ISBN0 9781526440303, 152644030x.
- vi. Islam, E. & Kalumuthu, K. R. (2020). Assumptions of Theory Z: A Tool for Managing People at Work. *The Asian Journal of Professional and Business Studies*, Volume 1(1) E-ISSN 2716-666X.
- vii. Karanja, W.G. (2016). *Effects of Organizational Justice on Organizational Commitment in Public Secondary Schools and Commercial Banks in Kenya*. Jomo Kenyatta University of Agriculture and Technology. Nairobi, Kenya.
- viii. Kenya Gazette (2019). *The Kenyatta University Teaching, Referral and Research Hospital Order, 2019* Special Issue of Kenya Gazette Supplement no. 2 of 25th January 2019, Legal Notice no. 4. The State Corporation Act cap 446. National Council for Law Reporting Library. Nairobi Kenya, Government Printer.
- ix. Kenya National Bureau of Statistics (2017). *Kenya Demographic Health Survey Report (DHS) 2013-2018: Key Findings*. Government Printer. Nairobi Kenya.
- x. Kilungu, M., Mukulu, E., Sakwa, M. (2015). *Determinants of Organizational Commitment of Part-Time Academic Staff in Institutions of Higher Education in Nairobi and Mombasa Counties in Kenya*. Doctoral Dissertation Jomo Kenyatta University of Agriculture and Technology: Kenya.
- xi. Kimathi, L. (2017). Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systematic Contradictions. *Journal African Development* volume XLII no 1. Council of Development of Social Science Research in Africa ISSN: 08503907.
- xii. Koon, A. D. (2021). When Doctors Strike: Making Sense of Professional Organizing in Kenya. *BMC Health Services Research Journal Health Policy Law* 46 (4): 653-676. <https://doi.org/10.1215/03616878-8970867>
- xiii. Labraque, L.J., McEnroe D.M., Petite B., Tsar K., Jonas P., Cruz D, Paolo C... and Gloe S. (2018). Organizational Commitment and Turnover Intention among Rural Nurses in the Philippines: Implications for Nursing Management. *International Journal of Nursing Sciences*. <https://doi.org/10.1016/j-ijnss.2018.09.001>
- xiv. Mensah, R. & Kosi, I. (2016). Organizational Commitment and Turnover Intentions of Clinical Laboratory Scientists in Ghana: *European Journal of Business Management* Volume 8 no 2 ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online).
- xv. Mercurio, Z. A. (2015). Affective Commitment as a Core Essence of Organizational Commitment: An Integrative Literature Review. *Human Resources Development Review*, 14, 389-414. Doi: 10.1177/1534484315603612
- xvi. Ministry of Health (2015). *Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya*. Nairobi Kenya, Ministry of Health. Email: ps@health.go.ke <http://www.health.go.ke>
- xvii. Mishra, S. B. & Alok, S. (2017). *Handbook of Research Methodology*. <https://www.researchgate.net/publication/319207471>.
- xviii. Mugizi, W., Bakkabulindi, F.E.K., Bisaso, R. (2015). Antecedents of Commitment of Academic Staff in Universities in Uganda. East African School of Higher Education Studies and Development, College of Education and External Studies, Makerere University. *Nkumba Business Journal*, Volume 14, pp. 218-241 Corpus ID 55929841.
- xix. Niguse, G. T. (2018). The Effects of Organizational Culture on Turnover Intentions: The Mediating Role of Job Satisfaction a Case of Oromia Forest and Wild Life Enterprise. *African Journal of Business Management* vol 13 issue 2 DOI: 10.5897/AJBM2018.8612
- xx. Obiebi, P. I., Moeteke, N. S., Eze, U. G. & Umuago, J.I. (2020). How Mindful of Their Own Health Are Healthcare Professionals? Perception and Practice of Personnel in a Tertiary Hospital in Nigeria. *Ghana Medical Journal V* 54(4) 215-224 Doi: 10.4314/gmj.v54i4.3

- xxi. Obwoyere, R.A. (2016). *Effect of Organizational Commitment on Employee Turnover Intention: A Case of County Government of Nakuru, Kenya*. Degree of Master of Human Resource Management of Egerton University: Kenya.
- xxii. Ouchi, W. (1981). "Going From A to Z: Thirteen Steps to a Theory Z Organization." *Management Review, Journal* 9-16.
- xxiii. Ouko, E.R.O. (2012). Office of the Auditor General, Performance Audit report of Auditor General specialized healthcare delivery at Kenyatta National Hospital waiting time for cancer, renal and heart patients. Nairobi, Kenya. Ministry of Health.
- xxiv. Ouko, E.R.O. (2014). Kenya National Audit Report of the Auditor General on the financial statement of Moi Teaching and Referral Hospital for the year ended 30 June 2014. Nairobi, Kenya, Government publishing press.
- xxv. Ouko, E.R.O. (2017). Ministry of Health Performance Audit Report on Provision of mental healthcare service in Kenya. Nairobi Kenya Government Publishing Press.
- xxvi. Ouko, E. R.O. (2018). *Performance Audit Report of Auditor General, Kenyatta National Hospital Annual Report and Financial Statement for the Year Ended June 30th 2017*. Nairobi, Kenya, Government Publishing Press.
- xxvii. Owino, O.J. & Kibera, F. (2019). Organizational Culture and Performance: Evidence from Microfinance Institutions in Kenya. *Journals Sagepub.com/home/sgo* 1/11. Doi: 10.1177/2158244019835934
- xxviii. Putra, T. R. I. (2019). The Model of Forming Employee Commitment in General Hospital Tgk Chiu Ditiro in Padie. *International Journal of Business and Economics, Science and Applied Research* 12 (1) 34-38.
- xxix. Riou, J. & Althaus, C.L. (2020). *Pattern of Early Human-to-Human Transmission of Wuhan 2019 Novel Coronavirus (2019-n CoV)*, December 2019 to January 2020. *Euro Surveill.* 2020; 25 (4). <https://doi.org/10.2807/1560-7917>.
- xxx. Saunders, T. C. (2018). *On Estimating Causal Mediation Effects from a Single Regression Equation*. Doctoral Degree in Biostatistics Vanderbilt University. Nashville, Tennessee, USA. Vanderbilt University.
- xxxi. Saunders, T. C. & Blume, D. J. (2018). *A Classical Regression Framework for Mediation Analysis: Fitting One Model to Estimate Mediation Effects*. Department of Biostatistics, Vanderbilt University. *Biostatistics* 19, 4, pp 514-528 Doi: 10.1093/biostatistics/kxx054. Oxford University Press (<http://creativecommons.org/licenses/by/4.0>)
- xxxii. Saunders, M.N.K., Lewis, P. & Thornhill, A. (2019). *Research Methods for Business Students*, (8th Edi.) Harlow, England: Pearson. <https://www.researchgate.net/publication/330760964>.
- xxxiii. Silaban, N. & Syah, T., Y. (2018). The Influence of Compensation and Organizational Commitment, on Employee Turnover Intentions: *Journal of Business and Management* vol 20 issue 3 DOI: 10.9790/487X-2003010106
- xxxiv. Sow, M.T. (2015). *Relationship between Organizational Commitment and Turnover Intentions among Healthcare, Internal Auditor of scholar works*, Walden University College of Management and Technology: <https://scholarworks.waldenu.edu/dissertations> Sow, M. (2016). Normative Organizational Commitment and its Effects on Employee Retention: *Business and Economic Research Journal*, Vol 6. No 1 doi: 10.5296/ber.v6i1.9018
- xxxv. Uedufy (2023). *How to Run Mediation Analysis in SPSS [2 Methods]*. Retrieved from: <https://uedufy.com/how-to-run-mediation-analysis-in-spss/>.
- xxxvi. Weldeyohanness, G. (2016). *Compensation practice and teachers' turnover intentions in Tigray*, Adigrat University College of Business and Economics. Addis Ababa, Ethiopia.
- xxxvii. Wong, A. (2014). Evaluation of Organizational Commitment Models and the Components in Asian cities. *An International Journal of Human Resource Studies* vol4no.2 <https://www.researchgate.net/publication/266675996>. DOI: 10.5296/ijhrs.v4i2.5601
- xxxviii. World Health Organization, (2020). *Corona Virus Disease Infection Prevention and Control during Healthcare*. Geneva Switzerland Extracted on January 4th 2020, at 10.00 pm WHO/MERS/IPC/15.1 Rev.
- xxxix. Xuehu, H. (2016). *The Influence of Job Satisfaction and Affective Commitment on Turnover Intentions among Senior Professionals in Public Hospitals*. An Empirical Study among Guangdong Province China. Thesis for Doctor of Management, ISCTE Business School, Instituto Universtaro de Lisbon, Portugal.