

Effect of Quality of Work Life on Organizational Commitment amongst Nurses in Public Hospitals in Bungoma County

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Abstract

The quality of nursing care in health care settings is only achievable if nurses experience a better quality of their work life because nurses have a pivotal role in the delivery of care at all levels of health care facilities. However, a high turnover rate as a result of poor quality of work life of health care staff in Kenya has been observed. However, a number of studies that have explored the relationship between Quality of Work Life and Organization Commitment, majority comes from western countries and very limited in the hospital settings thus cannot be generalized to the Kenyan hospital setting. In this regard the study was designed to assess the effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County. The study was guided by the following specific objectives, to determine the effect of safe and healthy work condition, work life balance, reward system on Organizational Commitment amongst nurses in public hospitals in Bungoma County. The study adopted a causal research design with a target population of 926 nurses and sample size of 274 nurses drawn from the county and sub county hospitals in Bungoma County calculated by use of the Morgan table (1970). Data was collected by use of questionnaire and was analyzed by use of inferential statistics using SPSS version 25. From the findings, Safe and healthy work condition ($t = 9.519, P < .05$), work life balance ($t = 2.649, P < .05$), and Reward system ($t = 4.483, P < .05$) implying that all the quality of work life practices significantly affected organizational commitment. All the three quality of work life practices understudy (Safe and health work condition, work life balance and Reward system) jointly explained 69.4 percent variation on organizational commitment. In this regard there is need for public hospitals to create an environment which promotes diversity and inclusion for teamwork and reaction to the concerns of the nurses as a means of enhancing organizational commitment as an outcome of strengthening quality of work life.

Key Words: Quality of work life and organizational commitment

1. Introduction

behest of management of the potential sources of dissatisfaction amongst employees (Aslam, Ilyas & Imran, 2016). In this regard the dynamic changes in the work environment warrants a continuous improvement of physical and psychological well-being for quality of work life (QWL) to enhance a more satisfying work environment for organizational commitment. However, QWL has emerged as one of the most important issues facing modern employees and companies (Risla & Ithrees, 2018). Thus, a problem that affects practically all workers, regardless of position or status, is dissatisfaction with the quality of their work life. In consequence QWL has been found to influence the commitment and productivity of employees in all industries (Almalki, FitzGerald & Clark, 2012).

Therefore, to ensure sustainability, organizations are faced with the task of managing its employees' commitment over time by addressing QWL issues.

QWL is the quality of relationship between the staff with the total working environment (Daud, Yaakob & Ghazali, 2015). Quality of Work Life also focuses on the organization's ability in fulfilling individuals' important needs through experiences. QWL is what will differentiate good organizations from poor organizations. Sajjad and Abbasi (2014) defines QWL as an employee's reaction to their job, especially its personal consequences in satisfying the needs and mental health. The concept allows the company to value employees more than just internal customers and appreciate the concept of "employee first and the customer second" (Collins and Smith, 2006) as cited by (Arif & Ilyas, 2013). Paradigm of quality of work life (QWL) focuses on issues such as motivation, employee engagement and job satisfaction.

Walton (1973) proposed eight criteria for measuring quality of work life including: Adequate and fair

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compensation, work safety, growth and security, development of human capabilities, social integration, constitutionalism, work and total life space and social relevance (Farid, Izadi, Ismail & Alipour, 2015). Quality of Work Life is a multi-dimensional concept. It covers employees' feelings about the job content, the physical work environment, pay, benefits, promotions, autonomy, teamwork, participation in decision-making, occupational health and safety, job security, communication, colleagues and managers support and work-life balance (Adhikari & Gautam, 2010). These qualities of work life dimensions have the capacity to enhance cohesiveness for talents which magnifies mental peace and commitment among employees. Quality of work life is premised on humanization of dimensions of work as well as working conditions which are the drivers of employee's job satisfaction and organization commitment. Abdulaziz and Nazarmahd, (2011) opines that QWL is a comprehensive program that is influencing organizational commitment in the present technical, technological, economic, cultural and social complexity era. In this regard QWL has a significant relationship with organizational commitment (Farid, Izadi, Ismail & Alipour, 2015). Employees who were gratified with their QWL work with greater interest, are more devoted to the organization, and are more productive (Delgoshyji, Riahi & Motaghi, 2010; Almalki, FitzGerald & Clark, 2012). In fine quality of work life is a fundamental issue on fostering employees' commitment.

Organizational commitment can be defined simply as loyalties to the values and goals of the organization, sense of belonging, dependency, and moral obligation to stay in the organization (Asadi, 2009). Organizational commitment as a practical concept augments special behavior in the workplace as reduction of absenteeism and turnover intention. Employees evaluate the organization's capabilities to compensate for their participation and continuous efforts through enhanced quality of work life. A positive evaluation would increase the employees' interest and motivation for their meaningful participation (Mohammad, Sayyed & Reza, 2013). Based on the principle of reciprocity, adoption of strategies in increasing QWL will enhance employee's commitment, and effectiveness in their job performance. Thus, the quality movement in health care has recognized better Quality of Work Life (QWL) of employees as an important rubric for a health care organization's performance (Nayak & Sahoo, 2015). Suaib, Syahrul and Takdir (2019) adds that the increase in QWL in the hospital can improve the professionalism of nurses and influence their organizational commitment. Professional nurses provided with QWL, are more likely to stay in their positions and provide better nursing care. However, reliable information on the QWL of primary health care (PHC) nurses is limited (Almalki, FitzGerald & Clark, 2012).

The poor Quality of Work Life of nurses and their low organizational commitment affirms the shortages of

health care staff in low and middle income countries which is dramatic. In America 24.8 health care workers per 1000 population are available, whereas, in Africa, where the burden of disease is higher, there are only 2.3 health care workers per 1000 population (Naicker, Plange-Rhule, Tutt, & Eastwood, 2009). Effective human resource strategies which support working condition of health care staff in low and middle income countries are necessary and should focus on different levels of the health system (macro level), health facility (micro level) and health workers (individual level) (Dieleman & Harnmeijer, 2006). However, reliable information on the effect of QWL on organizational commitment in the context of developing countries is limited (Almalki, FitzGerald & Clark, 2012; Farid, Izadi, Ismail & Alipour, 2015). By the same token there is a dearth of information on the moderating role of organizational culture on the effect of QWL on organizational commitment amongst Nurses in the Kenyan context. According to Normala (2010), Daud, (2010), Bashir and Ramay, (2008), Hyde, Gill, Agrawal, Gupta and Sethi, (2012) there is a positive and significant relationship between quality of work life and organizational commitment. Daud (2012) posits that the levels of quality of work life had a moderate effect on organizational commitment among staff. This implies an inconsistency which was filled by the current study. Besides the positive and significant relationship between QWL and Organizational Commitment (OC) have been moderated by other variables other than Organizational culture (Ojedokun, Idemudia, & Desouza, 2015; Gnanayudam & Ajantha, 2008). This provides a variable gap for testing the moderating effect of organizational culture on the relationship between QWL and OC. Finally, a majority of studies that have explored the relationship between QWL and OC comes from western countries and are very limited in the hospital settings thus cannot be generalized to the Kenyan setting (Asgari & Dadashi, 2011; Addison, Mohtar, & David, 2006; Ojedokun, Idemudia, & Desouza, 2015). In this regard there is real need to conduct further studies of QWL and Organizational Commitment in a health setting in the Kenyan context to fill the existing gap in literature.

1.2 Statement of the Problem

Global and national efforts to meet the health Millennium Development Goals (MDGs) depends on organizational commitment of the nurses among other health personnel. This is because the nurses constitute about 80% of health work force and the pivot of patient care (PAT & Ekpemiro, 2012). In this regard the health-care providers should ensure that the QWL of nurses is well managed to enhance their organizational commitment owing to their association with quality of care received by patients. This is corroborated by Fantahun, Demessie, Gebrekirstos, Zemene and Yetayeh, (2014) who also opines that the quality of nursing care in health care settings is only achievable if nurses experience a better

quality of their work life because nurses have a pivotal role in the delivery of care at all levels of health care facilities. In the converse, when nurses perceive poor quality of worklife there will be poor organizational commitment amongst them.

Despite the low numbers of health care personnel affecting the attainment of healthcare goals in Kenya nursing staff included, they still suffer high attrition rates and job dissatisfaction (Koon, Smith, Ndetei, Mutiso, & Mendenhall, 2016). In Kenya there are incessant nurse's strikes, bitter disputes between representative of nurses such as National Nurses Association of Kenya and Kenya National Union of Nurses with both the central and county government over issues revolving around their QWL (Onsarigo, 2014; Masika, 2017). These strikes and disputes often paralyze entire health care system for months on end country wide. In general, low organizational commitment as a result of poor quality of work life of health care staff in Kenya can be observed (van der Doef, Mbazzi, & Verhoeven, 2012). This is further explained by poor QWL indexed by unattractive working conditions, limited career opportunities, and weak health care systems produce dissatisfaction and demotivation with work thus leaving the country (Mbindyo, Gilson, Blaauw & English, 2009; Gross, Rogers, Teplinskiy, Oywer, Wambua, Kamenju, Kiriinya, 2011). Bungoma County is not an exception, with a high neonatal mortality rate (NMR) of 32 per 1000 live births which is 45% above the national NMR of 22 per 1000 live births (KNBS., 2015). Thus, if the Quality of Work Life issues remains unaddressed amongst nurse's poor health service delivery in public hospitals and over exploitation in the private hospital will be the consequence negating the attainment of universal and affordable health as articulated in agenda 2063.

Based on the foregoing there is need to enhance the quality of work life of the nurses in public hospitals. However, a number of studies that have explored the relationship between QWL and OC, majority comes from western countries and very limited in the hospital settings thus cannot be generalized to the Kenyan public hospital setting (Oreyo, Kalei and Onyango, 2021;Asgari & Dadashi, 2011; Addison, Mohtar, & David, 2006;Ojedokun, Idemudia, & Desouza, 2015). The aforementioned studies did not focus on the public health sector limiting their generalization to the public health sector. Owuor, Chontawan and Akkadechanunt (2014) Otiende,(2013) studied the effects of quality work life on the performance of public health workers in Kenya though without organizational commitment as the outcome. In this regard the current study has been designed to assess the effect of Quality of Work Life on organizational commitment amongst nurses in public hospitals in Bungoma County to fill the existing gap in literature.

1.3 Objectives of the study

1.3.1 General Objective

The study assessed the effect of Quality of Work Life on organizational commitment amongst nurses in public hospitals in Bungoma County.

1.3.2 Specific Objectives

The study was guided by the following specific objectives

- 1) To determine the effect of safe and healthy work condition on organizational commitment amongst nurses in public hospitals in Bungoma County.
- 2) To establish the effect of work life balance on organizational commitment amongst nurses in public hospitals in Bungoma County.
- 3) To examine the effect of reward system on organizational commitment amongst nurses in public hospitals in Bungoma County

2.Literature Review

The empirical literature review covered quality of work life and its dimensions which included safe and healthy work condition, work life balance and reward system and how they relate with organizational commitment.

Quality of work life and organizational commitment

Despite understanding the relationship between quality of work life and organizational commitment, not much attention has been paid towards the moderating role of organizational culture on the effect of quality of work life on organizational commitment amongst nurses, which is the foundation for service inclined employees. Improving quality of work life of nurses remains a difficult challenge to managers since the bureaucratic cultural norm of hospitals, with its hierarchical structures, rules, and regulations, and heavy emphasis on measurement of outcomes and costs which may not be the culture most conducive to enhancing nurses' job satisfaction and commitment (Gifford, Zammuto, Goodman & Hill, 2002; Anoosheh, Ahmadi, Faghihzadeh & Vaismoradi, 2008). Lack of attention to nurses' problems and difficulties may lead to an increase in patient dissatisfaction and a decrease in the quality of nursing care (Farsi, Dehghan-Nayeri, Negarandeh & Broomand, 2010). This calls to question the effect of quality of worklife of nurses on their organizational commitment. However, there are still limited studies on quality of working life and organizational commitment (Ahmadi, Salavati & Rajabzadeh, 2012). Besides prior literature of the QWL of nurses highlighted a dearth of QWL studies among nurses, despite their important role in providing preventive and curative health care (Almalki, FitzGerald, & Clark, 2012).

Most studies confirm that there is a positive relationship between QWL and OC (Ahmadi, Salavati &

Rajabzadeh, 2012, Eren & Hisar (2016), Ahmadi, Salavati and Rajabzadeh, (2012), Varma, Patil and Ulle (2018), Afşar, (2015). However, the strength of the relationship depends on the QWL dimensions that are being used in the study and bundled in the study. The aforementioned studies did not use the dimensions of QWL together as safe and healthy work condition, work life balance and reward system and how they affect organizational commitment providing a gap for the current study. Besides the studies were not conducted in the Kenyan contexts thus limiting their generalization. In Kenya Mbui (2014) studied the relationship between quality of work life and employee commitment among unionized employees in Kenya Commercial Bank (KCB). However, there was a positive and significant relationship but the study was not conducted in the health sectors besides it did not look at safe and healthy work condition, work life balance and reward system as moderated by organization culture. Okemwa, Atambo and Muturi (2019) and Otiende, (2013) studied the influence of leave arrangements, quality of work life in public hospitals in Kenya and reported it was low in public hospitals though their variables were different from the variables of the current study. These altogether provided a gap for the current study.

Safe and Healthy Work Condition and Organizational Commitment

A safe work environment is essential for both employees and employers alike. It is the right of all employees to have safety in the workplace (Kohun, 2016). The feeling of assurance that one has, knowing that he will return safely from work, is more significant than anything else. Also, continuous improvement in workplace health, and safety has seen substantial reductions overtime in work-related disease, including injuries and illnesses, in developing economies and globally (Health and Safety Professionals Alliance, 2017). According to Akparorue, Omotayo and Ajala (2021) there is significant effect of health and safety policy on commitment of employees. Costs of work-related illness and injury involve lost wages; medical treatment; compensation for pain and suffering; legal fees; fines and penalties; lost productivity; poor morale; and expenditures associated with retraining, recruitment and the hazard mitigation to prevent recurrence (Ajala, 2012). Linguli (2013) adds that in order to increase work effectiveness and performance, it is important to address a number of issues, including providing good work environment for the employees, making them feel satisfied with their job, and increase their well-being, quality of work life and commitment. However, the success of occupational health and safety practices is dependent on the level of commitment and the support all employees have towards the programme (Akparorue, Omotayo & Ajala, 2021).

The design and layout of an organization's physical environment can affect an employees' behaviour in the workplace. Brill (1992) estimates that improvements in the physical design of the workplace may result in a 5-10 percent increase in employee productivity (McGuire & McLaren, 2009). Innovative workplaces can be developed to encourage the sharing of information and networking without regard to job boundaries and to allow networked and spontaneous communication across departmental groups (McGuire & McLaren, 2009). There is a growing body of literature that suggests that workplace design can affect organizational and employee outcomes, such as better communication, collaboration, creativity, and higher employee engagement, satisfaction, well-being, performance, and employee retention (Kegel, 2018). Peschl and Fundneider (2012) suggest that occupational health and safety (OHS) can be orchestrated to create 'enabling spaces' which support, encourage, and facilitate the innovation process, especially radical, game-changing innovation.

The work environment factors have not been focused enough upon by previous research (Linguli, 2013;McGuire & McLaren, 2009). Safety and Health is not only related to job performance; they are also one of the major factors of stress. The work place environment in a majority of industry is unsafe and unhealthy (Chandrasekar, 2011). Kaynak, Toklu, Elci and Toklu (2016); Suárez-Albanchez, Blazquez-Resino, Gutierrez-Broncano and Jimenez-Estevez (2021) investigated the effect of OHS practices on work alienation, organizational commitment, and job performance as a throughput of and found a significant relationship with work alienation, organizational commitment, and job performance. However, the studies were not conducted in the Kenya Health sector. Physical aspects of work environment did not have a significant effect on employee performance (Gitahi, Maina & Koima ,2015). However Chandrasekar, (2011) physical layout of an office is extremely important when it comes to maximizing productivity. This posits an inconsistency in findings. Butt, Khan, Rasli and Iqbal (2012), Vanaki and Vagharseyyedin (2009) found a significant relationship between physical environment (quality of patient areas, safety and quality of work spaces) and organizational commitment of nurses. However, the two studies were limited in terms of context thus compromising their generalization to the Kenyan context. Besides there are limited studies in Kenya interrogating the relationship between physical work environment and organizational commitment of nurses Goetz, Marx and Marx (2015) the study only looked at functionality of work equipment but not work environment, work place design and how they affect organizational commitment. Nzuve and Ndolo (2020) Organizational safety support practices and employee performance in the Department of Health Services in Makueni County, Kenya. However the study focused on employee performance as the outcome of organizational safety support practices a dispatch from

the current study focusing on organizational commitment. All these together provides a gap for the current study in assessing the effect of safety and health on organizational commitment.

Work Life Balance and Organizational Commitment

Work life balance is a major component of quality of work life. It is the relationship between work and home life and remains so important for both the employees and the employers. Work life balance refers to the equal engagement in and satisfaction with both occupational roles and personal responsibilities (Fattahi, Kazemian, Damirchi, Kani & Hafezian, 2014). In an enhancing competitive environment, it is difficult to separate home and work life. Work life balance is about having a good fit between professional roles and other personal activities that are crucial to people like leisure and personal activities, family responsibilities, community roles and recreation (Chimote & Srivastava, 2013). Maintaining a balance between job demands and family responsibilities remains a challenge for many employees. Organizational commitment and work-family balance both are crucial because, they affect the organizational effectiveness and family well-being. Increased strain at job place negatively affects job satisfaction, organizational commitment and work life balance (Akter, Hossen & Islam, 2019).

From literature review studies across the world have shown that both public and private organizations are implementing work and total life space (work-life balance initiative). Work life balance initiatives play a phenomenal role in combining work and non-work demands to enhance organizational commitment. In this regard work life balance positively and significantly affect organizational commitment Yumei and Deway (2020) Akter, Hossen & Islam, (2019), Cem and Gundogmus (2018) which is contrary to the findings of Rasheed, Tinuke and Foluso, (2017) Kandiah (2019) who found a positive but not statistically significant relationship between work life balance and organizational commitment. This posits inconsistencies in findings calling for further investigations to fill the gap in literature. In Africa, the concept of work life balance initiatives uptake and development compared to other continents has received lower attention (Okemwa, Atambo, & Muturi, 2019). With very limited studies in the health sector. Okemwa (2016), Okemwa, Atambo and Muturi, (2019) who found a positive link between work life balance initiatives and organizational commitment amongst nurses. However, the studies focused on one aspect of work life balance which is a dispatch of the current study. Beside the studies used only quantitative data and did not triangulate the research instruments providing a gap for the current study.

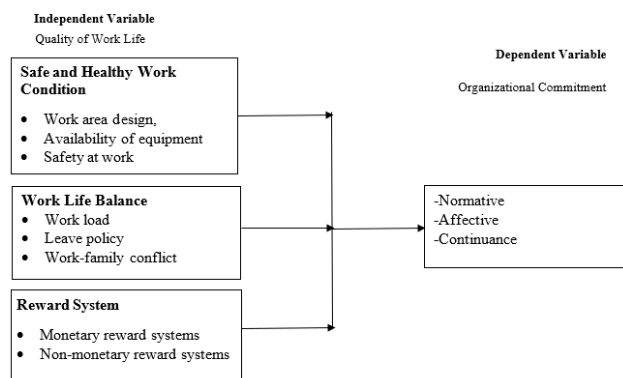
Reward system and Organizational Commitment

Reward system is concerned with the formulation and implementation of strategies and policies that aim to reward people fairly, equitably, and consistently in accordance with their value to the organization (Armstrong, 2010). Rewards entail a return for rendered services to strengthen approved behavior and equates it to achievements. Anttila (2014) observed that employees with higher levels of psychological fulfillment of fairness in administration of rewards are less likely to leave an organization. The reward system offered in different companies may come in various and concrete forms. These may either be monetary or non-monetary, tangible or intangible, physical or psychological and are offered to the employees as compensation for the productive work they execute (Koskey & Sakataka, 2015). Non-financial rewards are the tangible rewards, social practices or job-related factors that are used in an organization to commit and motivate employees without direct payment of cash. Financial rewards are monetary incentives that an employee earns as a result of good performance. Financial reward, incentives and bonus structures can motivate employees to higher performance levels (Myint & War, 2020).

Saqib, Abrar, Muhammad, Bashir and Ahmad (2015) explored the relationship between tangible rewards, intangible rewards and organizational commitment. The studies found a significant link between rewards and organizational commitment however the studies were conducted in a non-Kenyan context. Myint and War (2020); Okoli, Okoli and Nuel-Okoli (2020). However, it never focused on organizational commitment as an outcome of reward systems. Besides the studies were not conducted in the health sector. Chelangat and Gachunga (2016) Koskey and Sakataka (2015) investigated the effect of reward management practices on organizational commitment and found a significant effect. But the studies were not conducted in the health sector.

2.7 Conceptual framework

According to Maxwell (2012) a conceptual framework is a visual or written product that explains, either graphically or in narrative form, the main concepts, or variables to be studied and their presumed relationships. This study conceptualized the relationship between quality of work life and organizational commitment. Organizational commitment is a positive outcome of quality of work life (Daud, 2010). Quality of work life is a multi-dimensional concept. The current study focused on quality of work life dimensions such as safe and healthy work condition, work life balance and reward system adopted from (Adhikari & Gautam, 2010).



3. Research Methodology

Research Design: A Research Design is a methodical, well-organized procedure utilized by a researcher, or a scientist to carry out a scientific study (Elo *et al*, 2014). It is the The current study employed causal research design. Causal research is actually a type of research design that focuses on explaining the aspects of the study (Wang *et al*, 2012). The causal research design appropriate for this study because it seeks to explain the subject matter being researched and tries to answer the question of what, how, and why.

Target Population: A target population is the entire group of people or objects to which the researcher wishes to generalize the study findings (Polgar & Thomas, 2011). In this study the target population was all the 926 nurses working in county and subcounty public hospitals in Bungoma County (<http://kmhfl.health.go.ke;>). The nurses were the target because the nursing workforce plays a vital role in health service delivery, providing the bulk of direct patient care.

Sampling Technique and Sample Size

Sampling technique: A two-stage sampling technique was used to narrow down to the employees. Stratified random sampling technique was used to select the sub counties. Stratified random sampling is a method of sampling from a population which can be partitioned into sub populations (Wang, Stein, Gao & Ge, 2012). To reduce selection bias, simple random sampling was used to select the nurses within the public health facilities in the sub counties.

Sample size : Sample size refers to the number of participants or observations included in a study (Brysbaert, 2019). The study used Krejcie & Morgan table (1970) to calculate the sample size which was 274 as per the table. The sample size was distributed proportionally to each sub county according to Neyman's allocation formula (Carfagna & Arti, 2007). With Neyman's allocation, the best sample size for strata h would be:

$$n_h = \left(\frac{N_h}{N} \right) n$$

Where,

n_h - The sample size for strata h,

n - Total sample size,
 N_h -The population size for strata h,
 N - The total population

Table 3.1 Sample Size

Sub Counties	Number of Nurses	Sample Size
Kanduyi	226	67
Webuye East	56	17
Webuye West	204	60
Bumula	64	19
Kabuchai	52	15
Kimilili	89	26
Mt Elgon	90	27
Sirisia	44	13
Tongaren	101	30
Total	926	274

Data Collection Instruments: Collis and Hussey (2014) noted that research instruments are measurement tools (for example, questionnaires or scales) designed to obtain data on a topic of interest from research subjects. Primary data was collected through questionnaires, while secondary data was obtained from published materials as reports and reviewing existing literature from other scholars. The main research instruments were questionnaires and each item of the questionnaire addressed a specific objective and research question of the study.

Data Processing and Analysis: All the data collected was coded and entered into an SPSS sheet, organized and cleaned for any inconsistencies. The data was processed using Statistical Packages for Social Sciences software (SPSS 25.0). Data was then be analyzed using inferential statistics. Statistical analysis was performed using Statistical package of Social Sciences (SPSS 25.0). Inferential statistics are techniques that allow the use of samples to generalize the populations from which the samples were drawn. The study used correlation and regression analysis in inferential statistics was as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon \dots \dots \text{Equation 3.1}$$

Where Y is organizational commitment, dependent variable X represented quality of work life, β_1 - β_3 are the unstandardized regression coefficient.

β_0 Represents the y intercept

Y Represents organizational commitment

X_1 Represents safe and healthy work condition

X_2 Represents work life balance

X_3 Represents reward system

ϵ Represents error term

4. Data Analysis, Results Findings and Discussion

The study identified safe and healthy working conditions, work life balance, reward system, as the imperative

quality of work life practices that determined organizational commitment as highlighted in the reviewed literature. These independent variables were then subjected to multiple regression analysis (MRA) to establish their effect on organizational commitment which was the dependent variable.

4.1 The effect of quality of work life on organizational commitment of the nurses in the public hospitals in Bungoma County Kenya

The study conducted a multiple regression analysis to analyze the effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County. The results are presented in Table 4.1 below.

Table 4.1 Effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson	
1	.833 ^a	.694	.689	.288	1.949	
a. Predictors: (Constant), Safe and health work condition, work life balance, Reward system						
b. Dependent Variable: Organizational Commitment						
ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1(Without Moderator)	Regression	37.600	3	12.533	150.944	.000 ^b
	Residual	16.606	200	.083		
	Total	54.206	203			
a. Dependent Variable: Organizational Commitment						
b. Predictors: (Constant), Safe and health work condition, work life balance and Reward system						
Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
1	(Constant)	1.032	.162		6.352	.000
	Safe	.509	.056	.558	9.099	.000
	WLB	.103	.042	.121	2.446	.015
	Reward	.198	.038	.270	5.240	.000

a. Dependent Variable: Organizational Commitment

The model summary of multiple regressions showing that all the three predictors (Safe and health work condition, work life balance and Reward system) jointly explained 69.4 percent variation on organizational commitment. This showed that considering the three independent study variables, there is a probability of 69.4 percent ($R^2=0.694$) in predicting organizational commitment. This implies that when the public hospitals embrace quality of work life then organizational commitment is likely to improve. Whether the assumption of independent errors is tenable is informed by the Durbin Watson statistic. Values less than 1 or greater than 3 should raise alarm, but the closer to 2 the value is, the better. The study gave a value of 1.949. This value is very close to 2 and therefore the assumption has been met. F-value of 150.944 and a p-value of 0.00 significant at 5 percent level of confidence, indicating that the overall regression model was significant. Hence, the joint contribution of the independent variables was significant in predicting organizational commitment. Thus, it holds true that there is a significant moderating effect of organizational culture on the effect of quality of work life on organizational commitment amongst nurses in public hospitals in Bungoma County.

Results of the multiple regression coefficients presented in Table 4.1 show the estimates of beta values and give an individual contribution of each predictor to the model. The magnitude of the beta coefficients associated with the independent variables can be compared to determine the strongest independent variable in predicting the dependent variable (Zhao, *et al*, 2020). The beta value tells us about the relationship between organizational commitment with each predictor. The positive beta values indicate the positive relationship between the predictors and the outcome. Table 4.1 shows that the beta value for safe and healthy working condition (.509), work life balance (.103) and Reward system (.198) were all positive. The model can then be specified as:

$$Y = 1.032 + .509X_1 + .103X_2 + .198X_3 + \epsilon, \text{ 4.1 without the moderating variable}$$

Where:

X_1 = Safe and healthy work condition

X_2 = work life balance

X_3 = Reward system

ϵ , = Error term

T-test was then used to identify whether the predictors were making a significant contribution to the model. The t-values test the hypothesis that the coefficient is different from 0. To reject this one needs a t-value greater than 1.96 for 95 percent level of confidence. T-values also show the significance of a variable in the model. When the t-test associated with Beta value is significant, it implies the predictor is making a significant contribution to the model. The results show that Safe and healthy work condition ($T = 9.099, P < .05$), work life balance ($T = 2.446, P < .05$), and Reward system ($T = 5.240, P < .05$) also made significant contributions to the model. These findings indicate that all the quality of work life practices jointly significantly effect on organizational commitment amongst nurses in public hospitals in Bungoma County.

4.2 Discussion of results

From the results, quality of work life significantly affects organizational commitment amongst nurses in public hospitals in Bungoma County. In this regard it obligates public hospitals to strategically orientate their quality of work life practices such as safe and healthy work environment, work life balance, and reward system towards engendering job satisfaction of the nurses to the realization of maximal organizational commitment. Quality of work life can give employees the chance to grow personally, receive the welfare they need, and work in a secure and enjoyable atmosphere, all of which will drive organization commitment which is instrumental for organizational success.

More than only preventing accidents or the spread of disease, a safe workplace prioritizes the welfare of its workers. A safe and a healthy workplace is one where employees feel safe and promotes mutual respect, company values, and a safe area. A work environment free from injuries and accidents satisfies, attracts employees and makes them productive (Shah, 2022). This makes prioritization of safe and healthy working conditions in patient care settings as public hospitals. This argumentation is affirmed by the findings of the study that when a deliberate effort is put to ensure safe and healthy working conditions will certainly cause a variation on organizational commitment. A coefficient of .509 indicated that a unit change in safe and healthy working conditions leads to .509 units of positive change in organizational commitment of the nurses. Since the t-statistic is significant, the study rejected the null hypothesis and concluded safe and healthy working conditions was significant ($p\text{-value} = 0.000$) in positively influencing organizational commitment of the nurses in the public hospitals in Bungoma County Kenya. Therefore, safe and healthy working conditions significantly affects organizational commitment of the nurses in the public hospitals in Bungoma County Kenya.

These findings are supported by Butt, *et al.* (2012), Vanaki and Vagharseyyedin (2009) found a significant

relationship between physical environment (quality of patient areas, safety and quality of work spaces) and organizational commitment of nurses. Thus, the concrete benefits of safe and health working condition an employee receives from an organization makes them spend extra effort and not to leave their organizations. This implies that the management of public hospitals should make safe and health working conditions a priority in their decisions to enhance organizational commitment.

Work-life balance is an ideal situation in which an employee can split his or her time and energy between work and other important aspects of their life. According Heathfield (2021) It is tough to make time for family, friends, community participation, spirituality, personal growth, self-care, and other personal activities, in addition to the demands of the workplace. However, assisting employee achieve work life balance is motivating and gratifying to employees enhancing their organizational commitment, output and productivity. Increased strain at job place negatively affects job satisfaction, organizational commitment and work life balance (Akter, *et al.*, 2019). From the findings, Work Life Balance causes a variation on organizational commitment. A coefficient of .103 indicated that a unit change in work life balance leads to .103 units of positive change in organizational commitment of the nurses. The t-statistic is significant, the study Therefore rejected the null hypothesis and concluded that work life balance is significant ($p\text{-value} = 0.000$) in positively affecting organizational commitment of the nurses in the public hospitals in Bungoma County Kenya. These findings are supported by Yumei and Deway (2020) Akter, *et al.*, (2019), Cem and Gundogmus (2018) who also found that work life balance positively and significantly affect organizational commitment which is contrary to the findings of Rasheed, Tinuke and Foluso, (2017) Kandiah (2019) who found a positive but not statistically significant relationship between work life balance and organizational commitment. Thus, the greater the work life balance the greater the commitment of the individual. this implies that the employers should come in by reorientating their work life balance policies towards enabling employees achieve more balance lives for organizational commitment.

An effective reward system management is instrumental in improving both motivation and performance in the workplace, as well as improving the commitment of employees. Therefore, the efficiency of a reward system stems from clearly communicated policies so that employees are aware of how everyone can be rewarded in a consistent and fair way (Sandra, 2022). This helps in ensuring organizational commitment for retaining talent to improving employee engagement. This argument is confirmed with the findings of this study that, there is a strong positive correlation between reward system and organizational commitment. A coefficient of .198 indicated that a unit change in reward system leads

to .198 units of positive change in organizational commitment of the nurses. Based on the significance of the *t* statistics reward system significantly affects organizational commitment of the nurses in the public hospitals in Bungoma County Kenya. These findings are supported by Saqib, *et al.* (2015) Chelangat and Gachunga (2016) Koskey and Sakataka (2015) explored the relationship between tangible rewards, intangible rewards and organizational commitment. The studies found a significant link between rewards and organizational commitment. Poor reward systems would reduce the extent of organizational commitment amongst the nurses. This implies that the public hospitals should ensure that their reward policies guarantee that employees are fairly rewarded consistently to sustain their organizational commitment. In this regard there should be a strategic reward system management with clear measurements and guidelines in place to reward employees when they reach certain targets or goals by the county governments.

Promoting QWL in an organization is an effective way that leads to the development of a committed workforce. From a nursing perspective, Brooks defined the QWL as the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals (Almalki, *et al.*, 2012). An individual's experiences in the workplace and his/her Quality of Work Life (QWL) influences his/her health and well-being, besides affecting organizational outcomes. From the study findings all the three predictors (Safe and health work condition, work life balance and Reward system) jointly explained 69.4 percent variation on organizational commitment. Besides *F*-value of 150.944 and a *p*-value of 0.00 significant at 5 percent level of confidence, indicating that the overall regression model was significant. Hence, the joint contribution of the independent variables was significant in predicting organizational commitment. In fine quality of work life significantly affect organizational commitment amongst nurses in Bungoma county public hospitals. These findings are supported by Ahmadi *et al.* (2012), Eren and Hisar (2016), Ahmadi *et al.*, (2012), Varma, *et al.* (2018), Afşar, (2015) who also found a positive relationship between QWL and OC. However, the strength of the relationship depends on the QWL dimensions that are being used in the study and bundled in the study.

Conclusion

From the findings, this study makes a number of conclusions. The study assessed the effect of quality of work life practices such as safe and healthy work conditions, work life balance, reward system on organizational commitment amongst nurses in the public hospitals in Bungoma County Kenya. The study concludes that quality of work life practices affects organizational commitment amongst nurses in the public hospitals in

Bungoma County Kenya. This is evidenced by the fact that safe and healthy work conditions, work life balance, reward system jointly and independently affect to some magnitude organizational commitment amongst nurses as per the study findings. From the findings it can be concluded that safe and healthy work condition is the greatest contributor to organizational commitment followed by reward system and work life balance. This asserts that the effectiveness of all the elements of quality of work life practices under study have different strength of relationship with organizational commitment. Though when combined they cause a higher variation on organizational commitment. This implies that the public hospitals should promote quality of work life enhancing practices to secure maximal organizational commitment.

Courtesy of the statistical verification, safe and healthy working conditions significantly affects organizational commitment of the nurses in the public hospitals in Bungoma County Kenya. The efficacy of safe and healthy working conditions in significantly affecting organizational commitment is premised on social exchange theory. Thus, the concrete benefits of safe and health working condition an employee receives from an organization makes them spend extra effort and not to leave their organizations. This implies that the management of public hospitals should make safe and health working conditions a priority in their decisions to enhance organizational commitment. The study also concludes that work life balance significantly affects organizational commitment of the nurses in the public hospitals in Bungoma County Kenya. Thus, the greater the work life balance the greater the commitment of the individual. This implies that the employers should come in by reorientating their work life balance policies towards enabling employees achieve more balance lives for organizational commitment. Reward system significantly affects organizational commitment of the nurses in the public hospitals in Bungoma County Kenya thus the rejection of the null hypothesis. Poor reward systems would reduce the extent of organizational commitment amongst the nurses. This implies that the public hospitals should ensure that their reward policies guarantee that employees are fairly rewarded consistently to sustain their organizational commitment.

Recommendations

In view of the findings of the study, it is apparent that strengthening the quality of work life practices in the public hospitals amongst nurses is important for purposes of securing maximal organizational commitment. While there are other factors crucial for organizational commitment is a work behavior occasioned by strategically orientated human resource practices. More than only preventing accidents or the spread of disease, a safe workplace prioritizes the welfare of its workers. This makes prioritization of safe and healthy working conditions in patient care settings as public hospitals. It

therefore implies that the management of public hospitals should make safe and health working conditions a priority in their decisions to enhance organizational commitment. The study recommends that all the nurses to receive compulsory health and safety training to be equipped with safety procedures. Besides the equipment used by the nurses be adequate and function satisfactorily. In fine there is need for inculcating a culture of safe and health working environment by being vigilant always and following the guidelines provided by OSHA and other administration to make this constantly variable environment safe for all.

The greater the work life balance the greater the commitment of the individual. Therefore, nurses should be encouraged to set appropriate goals and discern what is both important and urgent, versus important or urgent and assembling the appropriate tools to accomplish specific tasks. In this regard the management of public hospitals should also review allocation of duties for the nurses to ensure individuals have achievable workloads. This implies that the public hospitals should come in by reorientating their work life balance policies towards enabling employees achieve more balance lives for organizational commitment. The reward system policies should be clearly communicated so that employees are aware of how everyone can be rewarded in a consistent and fair way. This implies that the public hospitals should ensure that their reward policies guarantee that employees are fairly rewarded consistently to sustain their organizational commitment. In this regard there should be a strategic reward system management with clear measurements and guidelines in place to reward employees when they reach certain targets or goals by the county governments.

References

- Abdulaziz, R., & Nazarmahd, F. (2011). Quality of work Life of Librarians in government academic libraries in the KlangValley, Malaysia. *Journal home*, 43(1), 149-158.
- Addison, R., Mohtar, A. M., & David, D. (2006). Organisational Commitment and its Relationship with Organisation Citizenship Behaviour in a Malaysian organization.
- Adhikari, D., & Gautam, D. (2010). Labour legislations for improving quality of work life in Nepal. *International Journal of Law and Management*, 52(2),40–53.
- Afşar, S. T. (2015). Impact of the quality of work-life on organizational commitment: a comparative study on academicians working for state and foundation. In, Guç: . *The Journal of Industrial Relations & Human Resources*, 17(2),34-57.
- Agwu, M. O. (2014). Organizational Culture and Employees Performance in the National Agency for Food and Drugs Administration and Control (Nafdac), Nigeria. *Global Journal of Management and Business Research*, 7(2),44-58.
- Ahmadi, F., Salavati, A., & Rajabzadeh, E. (2012). Survey relationship between quality of work life and organizational commitment in public organization in Kurdistan province. *Interdisciplinary journal of contemporary research in business*, 4(1), 235-246.
- Ajala, E. M. (2012). The influence of workplace environment on workers' welfare, performance and productivity. *The African Symposium. An online journal of the African Educational Research Network*.
- Akdere, M. (2006). Improving quality of work-life implications for human resources.
- Akparorue, O. S., Omotayo, O. A., & Ajala, A. A. (2021). Occupational Health and Safety Practices and Public Sector Commitment of Lagos State Health Service Commission [LSHSC], Lagos State, Nigeria. *International Journal of Development and Management Review*, 16(1), 59-74.
- Akter, A., Hossen, M. A., & Islam, M. N. (2019). Impact of Work Life Balance on Organizational Commitment of University Teachers: Evidence from Jashore University of Science and Technology . *International Journal of Scientific Research and Management*, 7(04),45-69.
- Alexandra, G. (2014). Is qualitative research generalizable . *Journal of community positive practices*, XIV(3), 114-124.
- Al-Jabari, B., & Ghazzawi, I. (2019). Organizational Commitment: A Review of the Conceptual and Empirical Literature and a Research Agenda. *International Leadership Journal*, 11(1),67-89.
- Almalki, M. J., FitzGerald, G., & Clark, M. (2012). Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Human resources for health*, 10(1), 30-48.
- amaniclubs. (2020). *Bungoma county*. Retrieved from www.cohesion.or.ke retrieved on the 08/09/2020
- Amish, V. K., & Singh, A. P. (2019). The Importance Of Life Satisfaction: Role Of Demographic Variables And Quality Of Work Life Of College Teachers. *International Journal of Social Science and Economic Research*, 4(3), 2002-2019.
- An, J. Y., Yom, Y. H., & Ruggiero, J. S. (2011). Organizational culture, quality of work life, and organizational effectiveness in Korean university hospitals. *Journal of Transcultural Nursing*, 22(1), 22-30.
- Andriotis, N. (2018). *Employee Recognition in the Workplace: The Why and How*. Retrieved from www.efrontlearning.com retrieved on the 6/04/2020
- Anoosheh, M., Ahmadi, F., Faghizadeh, S., & Vaismoradi, M. (2008). Causes and management of nursing practice errors: a questionnaire survey of hospital nurses in Iran. *International Nursing Review*, 55, 288–295.
- Anttila, E. (2014). Components of Organizational Commitment a Case Study Consisting Line Managers from Finnish Industrial Company”, University of Tampere School of Education .
- Arif, S., & Ilyas, M. (2013). Quality of work-life model for teachers of private universities in Pakistan. *Quality Assurance in Education*, 21(3), 282-298.
- Armstrong, M. (2010). *Armstrong's handbook of reward management practice: Improving performance through reward*. Kogan Page Publishers.
- Asgari, M. H., & Dadashi, M. A. (2011). Determining the relationship between quality of work life (QWL) and organizational commitment of Melli Bank staff in west domain of Mazandaran in 2009-2010. *Australian Journal of Basic and Applied Sciences*, 5(8), 68.
- Ashley, C. (2020). *Understanding Social Exchange Theory*. Retrieved from www.thoughtco.com
- Aslam, U., Ilyas, M., & Imran, M. K. (2016). Detrimental effects of cynicism on organizational change . *Journal of Organizational Change Management*.
- Aslan, S. (2008). The investigation of relation between organizational citizenship behavior with organizational

- commitment and professional commitment. *Journal of Management and Economics*, 15(2), 163-178. .
- Braunscheidel, M. J., Suresh, N. C., & Boisnier, A. D. (2010). Investigating the impact of organizational culture on supply chain integration. *Human Resource Management*, 49(5), 883-911.
- Brough, P., Timms, C., O'Driscoll, M. P., Kalliath, T., Siu, O. L., Sit, C., & Lo, D. (2014). Work-life balance: A longitudinal evaluation of a new measure across Australia and New Zealand workers. *The International Journal of Human Resource Management*, 25(19), 2724-2744.
- Butt, H. S., Khan, F., Rasli, A. B., & Iqbal, M. J. (2012). Impact of work and physical environment on hospital nurses commitment. *Int J Eco Res*, 3, 33-43.
- Cem, B., & Gundogmus, F. (2018). The Effect of Work-Life Balance on Organizational Commitment of Accountants. *Management*, 13(2), 137-159.
- Chandrasekar, K. (2011). Workplace environment and its impact on organisational performance in public sector organisations. *International journal of enterprise computing and business systems*, 1(1), 1-19.
- Chelangat, Z. A., & Gachunga, H. (2016). Effect of Reward Management Practices on Organizational Commitment in State Corporation in Kenya: A Case Study of Kefri. . *The Strategic Journal of Business & Change Management*, 3(2), 325-346.
- Chimote, N. K., & Srivastava, V. N. (2013). Work-life balance benefits: From the perspective of organizations and employees. *IUP Journal of Management Research*, 12(1), 62-84.
- CIDP. (2018). *County Integrated Development Plan 2018-2022, Bungoma. Bungoma: County Government of Bungoma; 2018*. Retrieved from Available from: <https://www.bungoma.go.ke/download/cidp/>.
- Collis, J., & Hussey, R. (2014). *Business research: A practical guide for undergraduate and postgraduate students*. Palgrave Macmillan.
- Daud, N., Yaakob, Y., & Ghazali, S. N. (2015). Quality of work life and organizational commitment: Empirical investigation among academic in public institution of higher learning. *International Journal of Applied Business and Economic Research*, 13(7), 134-146.
- Dave, J. D., & Purohit, H. (2016). Dave, J. D., & Purohit, H. (2016). Work Life Balance and Perception: a conceptual framework. *The Clarion*, 5(1), 98-104. *The Clarion*, 5(1), 98-104.
- Daw, J. R., & Hatfield, L. A. (2018). Matching and regression to the mean in difference-in-differences analysis. *Health services research*, 53(6), 4138-4156.
- Dehghan, N., Salehi, T., & Ali, A. N. (2011). Quality of work life and productivity among Iranian nurses. *Contemporary nurse*, 39(1), 106-118.
- Delgoshyii, B., Riahi, L., & Motaghi, M. (2010). "Relationship of the quality of working life in Kashan teaching and nonteaching hospitals with knowledge management according to the top and middle manager's point of view," *Journal of Hospital*, 9(2), 67-74.
- DeVaus, D. (2002). *Social Sciences Research Methodology*. Allen & Unwin.
- Dhamija, P., Gupta, S., & Bag, S. (2019). Measuring of job satisfaction: the use of quality of work life factors. Benchmarking. *An International Journal*, 26 (3), 871-892.
- Dieleman, M., & Harnmeijer, J. W. (2006). Improving health worker performance: in search of promising practices. *Geneva: World Health Organization*, 5-34.
- Eren, H., & Hisar, F. (2016). Quality of work life perceived by nurses and their organizational commitment level. *International Journal of Human Sciences ISSN:2458-9489*, 13(1), 1123-1132.
- Farid, H., Izadi, Z., Ismail, I. A., & Alipour, F. (2015). Relationship between quality of work life and organizational commitment among lecturers in a Malaysian public research university. *The Social Science Journal*, 52(1), 54-61.
- Farsi, Z., Dehghan-Nayeri, N., Negarandeh, R., & Broomand, S. (2010). Nursing profession in Iran: an overview of opportunities and challenges. *Japan journal of nursing science*, 7(1), 9-18.
- Fattahi, F., Kazemian, M., Damirchi, Q. V., Kani, B. K., & Hafezian, M. (2014). Quality of work life and employee's organizational commitment in sari city health center. *Journal of Research and Development*, 1(9), 12-20.
- Fishbein, M., & Ajzen, I. (2011). *Predicting and changing behavior: The reasoned action approach*. Psychology press.
- Furnham, A. (2012). *The psychology of behaviour at work: The individual in the organization*. Psychology press.
- Garson, G. D. (2012). *Testing statistical assumptions*. Asheboro, NC: Statistical Associates Publishing.
- Ghoddooosi-Nejad, D., Baghestan, E. B., Janati, A. I., & Mansoorzadeh, Z. (2015). Investigation of relationship between quality of working life and organizational commitment of nurses in teaching hospitals in Tabriz in 2014. *Journal of medicine and life*, 8(4), 262.
- Gilbert, J. S., Nana, K. N., & Bright, D. (2019). *Occupational Health and Safety and Turnover Intention in the Ghanaian Power Industry: The Mediating Effect of Organizational Commitment*. Retrieved from <https://downloads.hindawi.com/journals>
- Graham, J. W. (1991). An essay on organizational citizenship behavior. *Employee Responsibilities and Rights Journal*, 4(4), 249-270.
- Gross, J. M., Rogers, M. F., Teplinskiy, I., Oywer, E., Wambua, D., Kamenju, A., & Kiriinya, R. (2011). The Impact of Out-Migration on the Nursing Workforce in Kenya. *Health services research*, 46(4), 1300-1318.
- Gulbahar, A., Ghulam, M., Qamar, A. Q., & Robina, A. (2014). Relationship between Work-Life Balance & Organizational Commitment. *Research on Humanities and Social Sciences*, 4(5), 1-7.
- Hasani, K., Boroujerdi, S. S., & Sheikhesmaeili, S. (2013). The effect of organizational citizenship behavior on organizational commitment. *Global Business Perspectives*, 1(4), 452-470.
- HealthandSafetyProfessionalsAlliance. (2017). (HaSPA) The core body of knowledge for generalist OHS professionals. Tullamarine, VIC., Safety Institute of Australia.
- Hooper, V., & Ophoff, J. (2017). The Influence of Organizational Commitment on Information Security Policy Compliance. *Proceedings of the Eleventh International Symposium on Human Aspects of Information Security & Assurance (HAISA 2017)*.
- Hosseini, M., & Musavi, Z. (2009). The relationship between quality of work life and organizational commitment. *Doctoral dissertation, Isfahan University, 2009*.
- Hughes, J., & Bozionelos, N. (2007). Worklife balance as source of job dissatisfaction and withdrawal attitudes. *Personnel Review*.
- Ismail, J., Ladisma, M., Mohd Amin, S. H., & Arapa, A. (2010). The Influence of physical workplace environment on the productivity of civil servants: The case of the Ministry of Youth and Sports, Putrajaya, Malaysia. *Voice of Academia*, 5(1), 78-98.

- Kandiah, V. (2019). The Impact of Work-Life Balance on Organizational Commitment of Nurses in Hospitals in Dublin, Ireland . (Doctoral dissertation, Dublin, National College of Ireland).
- Kaynak, R., Toklu, A. T., Elci, M., & Toklu, I. T. (2016). Effects of occupational health and safety practices on organizational commitment, work alienation, and job performance: Using the PLS-SEM approach. *International Journal of Business and Management*, 11(5), 146-166.
- Kegel, P. (2018). The impact of the physical work environment on organizational outcomes: A structured review of the literature. *Journal of Facility Management Education and Research*.
- Kelbiso, L., Belay, A., & Woldie, M. (2017). Determinants of quality of work life among nurses working in Hawassa town public health facilities, South Ethiopia: A cross-sectional study . *Nursing Research and Practice*.
- KNBS. (2015). *Kenya demographic and health survey 2014 [internet]. Nairobi: Kenya National Bureau of Statistics; 2015*. Retrieved from Available from: <https://dhsprogram.com/>
- Kohun, S. (2016). Workplace environment and its impact on organizational performance in Public sector organizations. *International Journal of Enterprise Computing and Business System International Systems*, 1(1), 235-250.
- Koon, A. D., Smith, L., Ndeti, D., Mutiso, V., & Mendenhall, E. (2016). Nurses' perceptions of universal health coverage and its implications for the Kenyan health sector. *Critical public health*, 27(1), 28-38.
- Koskey, A. K., & Sakataka, W. (2015). Effect of reward on employee engagement and commitment at Rift Valley Bottlers Company. *International Academic Journal of Human Resource and Business Administration*, 1(5), 36-54.
- Kwesi, A., & Justice, M. (2016). Occupational Health and Safety and Organizational Commitment: Evidence from the Ghanaian Mining Industry. *Saf Health Work*, 7(3), 225-230.
- Leblebici, D. (2012). Impact of workplace quality on employee's productivity: case study of a bank in Turkey. *Journal of Business, Economics*, 1(1), 38-49.
- Linguli, L. M. (2013). Influence of work environment on employees' quality of worklife and commitment at Devki Steel Mills Limited-Ruiru. *Doctoral dissertation, University of Nairobi*.
- Masika, M. (2017). *Nurses strike shows poor management of health care in Kenya*. Retrieved from theconversation.com assessed on 7/02/2020
- Mbui, S. (2014). Relationship between quality of work life and employee commitment among unionized employees in Kenya Commercial Bank (KCB). *Unpublished thesis University of Nairobi*.
- Mbui, S. W. (2014). Relationship between quality of work life and employee commitment among unionized employees in Kenya commercial bank (kcb) . *Doctoral dissertation, University of Nairobi*.
- McGuire, D., & McLaren, L. (2009). The impact of physical environment on employee commitment in call centres. *Team Performance Management, An International Journal*, 4(2), 38-44
- Meyer, J. P., & Allen, N. J. (1990). The measurement and antecedents of effective continuance and normative commitment to the organization. *Journal of Occupational Psychology*, 63(1), 1-18.
- Mintzberg, H. (1979). *Structures in Fives, Designing Effective Organizations*. Prentice-Hall, Englewood Cliffs, NJ.
- Mohammad, R. F., Sayyed, M. A., & Reza, A. (2013). Effect of Quality of Work Life on Organizational Commitment by SEM (Case Study: OICO Company) . *International Journal of Academic Research in Business and Social Sciences*, 3(10), 35-57.
- Moradi, T., Maghaminejad, F., & Azizi-Fini, I. (2014). Quality of working life of nurses and its related factors. *Nursing and midwifery studies*, 3(2), 79-96.
- MUKE, D. W. (2019). Quality of Medical Care at The Emergency Departments of Bungoma County Public Hospitals, Kenya . *Doctoral dissertation, Maseno University*.
- Myint, O. M., & War, D. Y. (2020). The effect of reward system on employee performance of KBZ Bank in Yangon. *South East Asia Journal of Contemporary Business, Economics and Law*, 23(1), 338-350.
- Nayak, T., & Sahoo, C. K. (2015). Quality of Work Life and Organizational Performance: The Mediating Role of Employee Commitment . *Journal of Health Management*, 17(3), 263-273.
- Normala, D. (2010). Investigating the relationship between quality of work life and organizational commitment amongst employees in Malaysian firm. *International journal of business management*, 5(4), 10-26.
- Nowrouzi, B., Giddens, E., Gohar, B., Schoenenberger, S., Bautista, M. C., & Casole, J. (2016). The quality of work life of registered nurses in Canada and the United States: A comprehensive literature review. *International journal of occupational and environmental health*, 22(4), 341-358.
- Ojedokun, O., Idemudia, E. S., & Desouza, M. (2015). Perceived external prestige as a mediator between quality of work life and organisational commitment of public sector employees in Ghana. *SA Journal of Industrial Psychology*, 41(1), 01-10.
- Okemwa, D. O. (2016). Relationship between Flexible Work-Arrangement and Commitment of Nurses in Public Hospitals in Kenya. *International Journal of Academic Research in Accounting, Finance and Management Sciences*, 6(3), 255-262.
- Okemwa, D. O., Atambo, W. N., & Muturi, W. M. (2019). Influence of leave arrangements on commitment of nurses in public hospitals in Kenya. *International Journal of Social Sciences and Information Technology*, V (I)2019.
- Okemwa, D. O., Atambo, W. N., & Muturi, W. M. (2019). Influence of Employee Assistance Programs on Commitment of Nurses in Public Hospitals in Kenya. *International Journal of Academic Research in Business and Social Sciences*, 9(1), 151-164.
- Okoli, I. E., Okoli, D. I., & Nuel-Okoli, C. M. (2020). Reward Management Practices and Employee Performance of Public Universities in South-East, Nigeria. *European Journal of Business and Management Research*, 5(3), 34-56.
- Opollo, J., Gray, J., & Spies, L. (2014). Work-related quality of life of Ugandan healthcare workers. *Int Nurs Rev*, 61(1), 116-23.
- Oreyo, B. A., Kalei, A., & Onyango, R. (2021). Effect of quality of work life on organizational commitment in the banking sector in Uasin Gishu County, Kenya. *The Strategic Journal of Business & Change Management*, 8(1), 752 - 765.
- Otiende, G. O. (2013). Effects of Quality Work Life on The Performance of Public Health Workers In Kenya: A Case Study Of Kenyatta National Hospital, Kenya. *Unpublished MBA Thesis*.
- Owuor, R. A., Chontawan, R., & Akkadechanunt, T. (2014). Factors related to quality of work life among nurses in public

- hospitals, Nyanza province, Republic of Kenya. *Nursing Journal*, 41(3), 119-131.
- Parvar, M. R., Allameh, S. M., & Ansari, R. (2013). Effect of quality of work life on organizational commitment by SEM (case study: OICO company). *International Journal of Academic Research in Business and Social Sciences*, 3(10), 135-157.
- Pat, U. O., & Ekpemiro, J. N. (2012). The Role Of The Nurse In Achieving The Millenium Development Goal (MDGs) in Nigeria BY 2015. *West African Journal of Nursing*, 23(2).
- Pelin, K., Selahattin, K., Aylin, O., & Fatma, B. (2018). The effect of work life quality on emotional exhaustion and job embeddedness. *PressAcademia Procedia*, 7(5), 31-38.
- Polgar, S., & Thomas, S. A. (2011). Introduction to Research in the Health Sciences E-Book. *Elsevier Health Sciences*.
- Prabhashani, R. M., & Rathnayaka, R. M. (2017). Determinants of Work Life Balance among Nurses: Empirical Evidence from Monaragala District General Hospital, Sri Lanka. "Confronting Development Challenges through Promoting Innovative Management Thinking" *Proceedings of the 6th International Conference on Management and Economics*, (pp. 283-298).
- Pradhan, R. K., Jena, L. K., & Kumari, I. G. (2016). Effect of work-life balance on organizational citizenship behaviour: Role of organizational commitment. *Global Business Review*, 17(3), 155-295.
- Rasheed, A., Tinuke, F., & Foluso, I. J. (2017). Work-life Balance and Organisational Commitment: Perceptions of Working Postgraduate Students. *BVIMSR's Journal of Management Research*, 9(2), 178-188.
- Rathi, N. (2009). Relationship of Quality of Work Life with Employees' Psychological Well-Being. *International journal of business insights & transformation*, 3(1).
- Risla, M. K., & Ithrees, A. G. (2018). The impact of quality of work life on organizational commitment with special reference to Department of Community based Corrections. *Global Journal of Management and Business Research*, 18(1), 22-32.
- Rodgers, M. (2012). Kenya nursing workforce report. The status of nursing in Kenya.
- Sajjad, N. K., & Abbasi, B. (2014). Studying the Relationship between Quality of work life and Organizational Commitment. *Research Journal of Recent Sciences*, 3(2), 92-99.
- Sakthivel, D., & Jayakrishnan, J. (2012). Work life balance and Organizational commitment for Nurses. *Asian Journal of Business and Management Sciences*, 2(5), 01-06.
- Salem, O., Baddar, F., & AL-Mugatti, H. (2016). Relationship between nurses job satisfaction and organizational commitment. *J Nur Health Sci.*, 5(1):49-55.
- Salihi, S. K., & Abu, B. I. (2018). Relationship between Work-life Balance and Employee Commitment among professionals in Nigeria: A study on radio Journalists in Kano. *International Journal of Business and Tehnpreneurship*, 8(3), 257-268.
- Saqib, S., Abrar, M., Muhammad, S., Bashir, M., & Ahmad, B. S. (2015). Impact of Tangible and Intangible Rewards on Organizational Commitment: Evidence from the Textile Sector of Pakistan. *American Journal of Industrial and Business Management*, 5(2), 138-147.
- Saraih, U. N. (2015). The development of employees' career in relation to task performance and OCB. *International Journal of Humanities and Management Sciences (IJHMS)*, 3(3), 166-170.
- Satoh, M., Watanabe, I., & Asakura, K. (2017). Occupational commitment and job satisfaction mediate effort-reward imbalance and the intention to continue nursing. *Jpn J Nurs Sci.*, 14(1), 49-60.
- Seeladlao, P., & Kimkong, A. (2014). Factors Related to Being Good Membership Behavior in Organization of Personnel at Suan Sunandha Rajabhat University. *International Journal of Economics and Management Engineering*, 8(9), 2841-2844.
- Seppanen, O., Fisk, W. J., & Lei, Q. H. (2006). Effect of temperature on task performance in office environment.
- Singh, A. (2017). Common procedures for development, validity and reliability of a questionnaire. *International Journal of Economics, Commerce and Management*, 5(5), 790-801.
- Somoye, K., & Eyupoglu, S. (2020). The functionality of reward in influencing the reinforcement of performance evaluation criteria and organisational commitment among employees. *South African Journal of Business Management*, 51(1), a1848.
- Sprigg, C. A., Smith, P. R., & Jackson, P. R. (2003). Psychosocial risk factors in call centres: An evaluation of work design and well-being. *HSE*.
- Sreevidya, U., & Sunitha, K. (2011). Business research methods.
- Suaib, S., Syahrul, S., & Takdir, T. (2019). *Nurses' Quality of Work Life*. Retrieved from www.researchgate.net retrieved on 6/4/2020
- Tabassum, A., Rahman, T., & Jahan, K. (2011). A Comparative Analysis of Quality of Work Life among the Employees of Local Private and Foreign Commercial Banks in Bangladesh. *World Journal of Social Sciences*, 1(1), 17-33.
- Taylor, C., & Pillemer, K. (2009). Using affect to understand employee turnover: A context-specific application of a theory of social exchange. *Sociological Perspectives*, 52(4), 481-504.
- Thongpull, K. (2014). Causal model of job characteristics, transformational leadership, and perceived organizational support effects on organizational commitment and organizational citizenship behavior. (Doctoral dissertation, Rajamangala University of Technology Thanyaburi. Faculty of Business Administration. Program in Business Administration).
- Turinawe, H. (2011). Reward systems, job satisfaction, organizational commitment and employee performance in public higher institutions of learning in Uganda. *Doctoral dissertation, Makerere university*.
- Turner, R. J., & Brown, R. L. (2010). Social support and mental health. A handbook for the study of mental health: *Social contexts, theories, and systems*, 2(2), 200-212.
- Ugwu, K. E., Okoroji, L. I., & Chukwu, E. O. (2018). Participative decision making and employee performance in the hospitality industry: A Study of selected hotels in Owerri metropolis, Imo State. *Management Studies and Economic Systems (MSES)*, 4(1), 57-70.
- Umugwaneza, C., Nkechi, I. E., & Mugabe, J. B. (2019). Effect of Workplace Safety and Health Practices on Employee Commitment and Performance in Steel Manufacturing Companies in Rwanda. *European Journal of Business and Management Research*, 4(5), 49-63.
- Vagharseyyedin, S. A., Vanaki, Z., & Mohammadi, E. (2011). The nature nursing quality of work life: an integrative review of literature. *Western Journal of Nursing Research*, 33(6), 786-804.
- van der Doef, M., Mbazzi, F. B., & Verhoeven, C. (2012). Job conditions, job satisfaction, somatic complaints and burnout among East African nurses. *Journal of clinical nursing*, 21(11-12), 1763-1775.
- Vanaki, Z., & Vagharseyyedin, S. A. (2009). Organizational commitment, work environment conditions, and life satisfaction among Iranian nurses. *Nursing & health sciences*, 11(4), 404-409.

- Varma, A. J., Patil, K., & Ulle, R. S. (2018). Influence of Quality of Worklife on Organization Commitment A Study At Hindustan Coca-Cola Beverages Pvt.Ltd, Bengaluru. *Journal of Emerging Technologies and Innovative Research (JETIR)*, 5(8),834-842.
- Walton, R. (1973). Quality of working life: what is it. *Sloan Management Review*, 15(1), 11-21.
- Wambui, W. M., & Githui, N. (2019). Work Environment and Job Satisfaction among Nurses in an Urban Maternity Hospital in Kenya . *International Journal of Social Science and Technology* , 4 (3),47-69 .
- WeiBo, Z., Kaur, S., & Jun, W. (2010). New development of organizational commitment: A critical review (1960-2009). *African Journal of Business Management*, 4(1), 012-020.
- Xiaoping, L., & Jingsong, D. (2011). Development of Organizational Commitment Based on the Social Exchange Theory. *International Conference on Management and Service Science* (p. 10.1109/ICMSS.2011.5997998). Wuhan, China : IEEE.
- Yumei, Y., & Deway, M. (2020). Work-life Balance and Organizational Commitment: a Study of Field Level Administration in Bangladesh. *International Journal of Public Administration*.
- Zhang, X., & Bartol, K. M. (2010). Linking empowering leadership and employee creativity: The influence of psychological empowerment, intrinsic motivation, and creative process engagement. *Academy of management journal*, 53(1), 107-128.