Demographic Diversity and Employee Commitment among Medical Doctors in University Teaching Hospitals in North-Western Nigeria

Ibrahim Abubakar, Yakubu Shaba and Baba N. Yaaba

Abstract: Sensitivity to demographic dynamics can help provide a context to understand the behaviours of employees in contemporary organizations. This study examines the implication of demographic diversity on employee commitment among medical doctors in University Teaching Hospitals in North Western Nigeria. It attempts to establish whether employee commitment dimensions differ significantly with regards to their demographic characteristics. Descriptive and inferential statistics were used to analyze data collected in 2015 from 240 respondents through cross-sectional survey design. The results indicate that demographic all factors (except Alma mater, states of origin and specializations) account for significant differences in the level of doctors' affective, continuance, and normative commitments to their respective organizations. The findings suggest the need for managers to consider the factors examined when designing strategies for increasing commitment of medical doctors. The study concludes that, employee demography is an important factor to consider in human resource management research because of its practical implications for managing workforce diversity and can be relied upon by managers to influence employees' commitment to their organizations. The study, therefore, recommends that management should take into account the implications of the different demographic factors on their diverse workforce by formulating policies that address their divergent needs.

Keywords: Organisational Commitment, Employee Diversity, Employee Demography, Medical Doctors, Teaching Hospitals, North-Western Nigeria.

I. INTRODUCTION

The 21st century organizations are diverse in terms of composition of labour workforce. Contemporary organizations have employees that differ in terms of age, tenure, gender, employment status, marital status, educational qualifications, race, tribe and religion among others. These differences could result to behavioural pattern that is unique to a particular group. Employees who are highly educated for example, may espouse certain attitudes and behaviours that are significantly different from those that are less educated. Therefore, when an organization has different categories of employees, their expectations from the management could be different: they are not likely to be motivated by the same factors, their performances can also vary significantly and this could bring about different set of challenges for management in managing the diverse workforce. Hence, it is reasonable to assume that differences in views and attitudes could influence staff attitudes and behaviours with significant consequences on their level of commitment to their organizations.

Extant literature indicates that demographic factors have significant influence on employee commitment. Thus, a good knowledge of demographic dynamics can help organizations understand how employee commitment can be fostered and sustained. Despite the important, sometimes critical role of demography in organizational research, few studies consider it in a comprehensive manner (Edgar & Geare, 2004). Moreover, how to deepen employee commitment as well as enhance their retention and productivity still remain a major challenge for most

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organizations across the globe in recent times (Ibrahim, Yaaba, & Shaba, 2016). In spite of these challenges, extensive literature search reveal paucity of researches on employee commitment among medical doctors in Nigeria. The present study intends to address these gaps by examining the implication of demographic diversity on employee commitment among medical doctors in University Teaching Hospitals in North Western Nigeria. Against the preceding background, differences in employee commitment among doctors on the basis of demographic variables are investigated. The paper is divided into five sections. Section one is the foregoing introduction. Section two presents the literature review and theoretical framework. Section three details the research methodology, while section four analyses the empirical results along with discussion of findings. Section five rounds-up the study with conclusion and recommendations.

Significance of the Study

This study addresses a gap in empirical literature. It extends research on employee commitment and demographic factors by considering Alma mater, states of origin and different employment status among doctors which are hitherto not considered by previous studies. Hence, the findings of this research will be of enormous benefits to the Federal Government of Nigeria, the management of the sampled hospitals, medical doctors and Nigerians in general by providing empirical evidence that contributes to addressing the problems of low levels of employee commitment and poor retention. It is therefore, imperative for researchers, managers and business analyst to continue to explore the issues of commitment at workplace including hospitals.

II. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This section explores the concepts of employee demography and commitment so as to provide insight into the working definition of the concepts. This facilitates our understanding of the concepts, hence serve as a guide to the study. The theoretical framework upon which the methodology is built is also here-in explained.

Employee Demographics

Employee demography in organizational setting refers to the study of the composition of a social entity in terms of its members’ attributes such as gender, age, ethnicity, occupation, seniority, salary level, marital and family status (Pfeffer, 1983). Although workforce has a degree of diversity in terms of its membership composition, this diversity has grown markedly over the last two decades. Hence, managing demographic diversity includes a variety of voluntary activities related to recruiting, hiring, and using the skills of people who differ based on their demographic attributes (Kirby & Orlando, 2000). From the management’s standpoint, the issue is not whether employees differ in terms of their demographic or biographic characteristics (they clearly do), it is knowing how people differ and using that knowledge to increase the likelihood that an employee will perform his or her job well regardless of the differences (Robbins & Judge, 2008). Therefore, sensitivity to demographic dynamics can help provide a context to understand organizational behaviour (Edgar & Geare, 2004). Managing workplace diversity presumably provides organizations with a competitive advantage through the benefits associated with organizational commitment (Kirby & Orlando, 2000).

However, the assumption often made in literature is that best practice models of Human Resource Management (HRM) have universal applicability (Edgar & Geare, 2004) which suggests that employees are homogenous, and hence, would have similar views. However, there is little evidence to support this view as growing number of studies continue to demonstrate the importance of employee demography and its implications in managing contemporary organizations (Kirby & Orlando, 2000; Edgar & Geare, 2004; Salami, 2008; Dogar, 2011; Van Dyk, Coetzee & Tebele, 2013).

Thus, in the literature, employee commitment has been recognized as a dependent variable for a variety of demographic factors believed to have a significant influence on their level of commitment to organizations. Age, sex, education, marital status, job level or rank, organizational tenure, salary, employment status, (permanent, part-time, temporary and so on) are some of the most frequently cited demographic factors associated with organizational commitment (Mathieu & Zajac, 1990; Van Dyk et al., 2013). This study extends the coverage on employee commitment and demographic factors by considering Alma Mater, states of origin and multiple employment status among doctors which are hitherto not given sufficient attention by researchers on organizational commitment.

Employee Commitment

The concept of commitment is gaining increased attention as managers and organizational researchers are continually seeking ways of increasing employees’ retention and productivity. Therefore, organizational commitment is of great importance to the service sector where human resources are heavily utilized. Employee commitment otherwise referred to as organizational commitment in literature, is the feeling of dedication to one’s employing organization, willingness to work hard for the employer, and the intent to remain with the organization (Jeet & Sayeed, 2014). Thus, when employees are enthused by certain factors such that they find themselves working effortlessly, loyally, consistently and harder for the ideals of the organization, at the same time, expressing
strong desire to retain membership in the organization, then such employees are said to be committed (Maluti, Warentho, & Shiundu, 2012).

Consequently, interest in organizational commitment has therefore been stimulated largely because evidence in literature has it that, commitment is linked to relevant organizational outcomes such as job satisfaction (Sharma & Bajpai, 2010), productivity (Dixit & Bhati, 2012) reduction in turnover (Meyer, Stanley, Herscovitch, Topolnytsky, 2002) and organizational effectiveness (Angle & Perry, 1981) among others.

**Meyer and Allen (1991) Three-Component Model of Organizational Commitment**

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

- **Affective Commitment**: This dimension of commitment simply refers to employees' emotional attachment to, identification with, and involvement in the organization (Coetzee & Botha, 2012).
- **Continuance Commitment**: The continuance component refers to commitment based on the costs that employees associate with leaving the organization. For example, few employment alternatives, loss of benefits like pension fund and seniority based privileges (Becker, 1960).
- **Normative Commitment**: This reflects a feeling of obligation to continue employment as a result of one’s belief about moral responsibility to the organization (Anis et al., 2011).

The theory proposed that each component of commitment is linked to specific work outcomes which include employee retention and on-the-job behaviours (performance, absenteeism and citizenship). While other theories of organizational commitment (Becker, 1960 side bet theory) and (Mowday et al., 1979 attitudinal theory) are one-dimensional in nature which limit their application in measuring wide range of organizational relevant behaviours among employees. Multidimensional theory of commitment argued that psychological attachment could result in other organizationally relevant behaviours other than the turnover emphasized by the previous theories. Thus, multidimensional theory of commitment permits researchers to examine wide range of issues such as performance, retention, organizational ethics, employee well being and organizational citizenship behaviour among others.

Therefore, this study adopts Meyer and Allen (1991) theoretical construct in order to examine the effect of demography on commitment. The choice of Meyer and Allen (1991) is not only because it is the most recent but also its clarity, wide spread acceptability and comprehensiveness compared to all other theories of commitment. This framework has also featured more stable and consistent results on organizational commitment in a plethora of empirical studies (Somers, 1995; Meyer, Stanley, Herscovitch & Topolnytsky, 2002; Pongsettakul, 2008; Dixit et al., 2012) and has been found to withstand sampling and cultural differences (Gautam and Wagner, 2001).

**Relationship of Demographic Factors with Employee Commitment**

Quite a number of studies have been conducted with a view to understanding the relationships between demographic factors and employees’ level of commitment to their organizations (Baba & Jamal, 1979; Mathieu & Zajac, 1990, Salami, 2008; Dogar, 2011; Van Dyk et al., 2013). Although researchers often associate demographic factors with commitment, with the exception of age and tenure, the relationship between commitment and demographic factors has not been consistent. For example, Baba and Jamal (1979) found that among demographic factors, age tends to be the only variable related significantly to organizational commitment. Respondent’s sex, education level, marital status, income and number of children living at home either show negligible or no relationship with commitment.

Chughtai and Zafar (2006) however found that demographic factors were not significant predictors of organizational commitment. However, Salami (2008) found that demographic factors especially age, marital status, job tenure, and educational level predicted organizational commitment among industrial workers in Nigeria. In a study conducted by Popoola (2007) on how work place, biographical, and motivational factors affect the organizational commitment of records officers in Federal Universities in Nigeria, the study revealed that there were significant differences in the organizational commitment of record officers based on their marital status, work motivation, and job tenure. On the other hand, there were no significant differences in the organizational commitment of records officers based on their places of work and religious affiliation. Cohen (1993) also found age and tenure to be significant predictors of organizational commitment, while Meyer et al. (2002) found positive but weak correlations between commitment and demographic factors. The reasons for the weak and inconsistent findings between organizational commitment and demographic factors have been attributed to having too many variables such as job status, work reward, and work-values moderating the relationship (Coetzee, 2005).
With regards to nature of appointment or employment status, theoretical literature holds that employees on fixed-term and temporary contracts have lower level of organizational commitment due to higher job insecurity, a sense of marginalization and loss of opportunity for development, for career and for organizational identification all of which could affect their commitment (Guest, 2004; De Cuyper, Notelaers and De Witte, 2009). More recent empirical studies (Jose, 2011; Moneke & Umeh, 2014) have offered a rather different picture. Evidence emanating from these studies indicates that workers on temporary, contingent or flexible employment contracts show either the same or slightly lower commitment to the organization where they work. Where differences between permanent and temporary workers are found, these might be explained, at least partly, in terms of their psychological contract (Guest, 2004). Thus, the mixed findings with respect to other demographic factors call for further investigations into the relationships between demographic factors and employee commitment.

### III. RESEARCH METHODOLOGY

A cross sectional survey design was used to collect data from a sample of a total population of 945 doctors (excluding house officers) working in Ahmadu Bello University Teaching Hospital, Zaria; Usmanu Danfodiyo University Teaching Hospital, Sokoto and Aminu Kano Teaching Hospital, Kano. The sample size was determined using an appropriate statistical formula for estimating required sample size in a population less than 10,000 for descriptive studies (Ibrahim, 2009)

The formula is given as:

$$n = \frac{Z^2 \sigma^2}{d^2} + \left( \frac{n}{N} \right)$$  \hspace{1cm} (1)

Implementing equation (1) yields minimum sample size of 272 doctors. However, 10% upward adjustment was made to cater for possibilities of non-response, incomplete responses and refusals; hence the sample size was adjusted to 300. Multi-stage sampling technique was used to draw the sample from specialties subsisting in various departments in these hospitals based on their populations.

The sample was skewed towards males (76%) between the ages of 36 and 49. The participants were mostly either married (84%) or single/divorced/widowed (16%). In terms of tenure, the average years for which doctors have been working at the three hospitals is 7. The mean tenure of 7 years and the standard deviation of 5, suggest that we have more respondents whose number of years in service is either above, or below the average of 7 years. In terms of highest level of education, of the final sample of 240 doctors, 179 (75%) had acquired MBBS, 20 (8%) had Master Degree, and 41 (16%) had acquired fellowships, 3 had PhD (1%). A closer look at the results indicates that most of the doctors have MBBS as their highest qualification. This may be attributed to the fact that most of the doctors are students and MBBS is the minimum entry requirement for residency training leading to fellowship. Doctors who acquired fellowship certificates are referred to as consultants.

Overall analysis suggests that in terms of rank, the majority, 170 (71%) of the doctors in the survey are of the ranks of registrar or senior registrar, 41 (17%) were consultants, 29 (12%) are of the rank of medical/senior medical/principal officers. Descriptive statistics on nature of appointment indicates that majority (143 out of 240) or 60% of the respondents fall under the residency status, 20 (8%) hold honorary appointment, 30 (13%) holds permanent appointment and 33 (14%) are of supernumerary status. It should be noted however, that with the exception of honorary doctors who work both in the university teaching hospitals and their affiliate universities, all the doctors work on full time regardless of the nature of appointment.

In terms of their Alma mater or the schools where they obtained their MBBS, 47(20%) obtained their MBBS from Ahmadu Bello University, Zaria (ABU) 28(17%) from Bayero University, Kano (BUK), 71(30%) are graduates of Usmanu Danfodiyo University, Sokoto (UDUS) 84 (35%) are from other Universities. This shows that out of the 240 doctors who responded to the survey, majority obtained their MBBS from the affiliate universities (61%) of the three teaching hospitals in North-Western Nigeria. Finally, with regards to states of origin of the respondents, majority of the doctors, 124 (52%) are from the north-western states of Nigeria while the remaining (116) or 48%, that were categorized as “others” are from state outside the North-West zone of the country.

#### Data Analysis Techniques and Instrument Used

The study employed t-tests, analysis of variance with post hock tests techniques to analyse the data using descriptive and inferential statistics with the aid of Statistical Package for the Social Sciences (SPSS) Version 21. The instruments used for data collection were adopted from earlier studies conducted by Meyer, Allen, and Smith (1993) to measure affective, continuance and normative commitment of the respondents using a 5-point Likert scale. Simple fill-in-the blank questions were used to obtain responses that measure demographic variables.

The validity and reliability test of the organizational commitment scale had long been established in literature (Meyer & Allen, 2004). However, the face and content validity of the instruments were examined and...
certified by two senior academics and one practitioner; a professor of medicine. The questionnaire was then pilot tested and necessary amendment made. Meyer et al. (1993) report the following Cronbach’s alpha coefficients: affective commitment (0.82), continuance commitment (0.74) and normative commitment (0.83). For the present study, acceptable internal consistency reliabilities were also obtained: affective commitment (0.71), continuance commitment (0.75) and normative commitment (0.77). It could be observed that Crobach Alpha values for all the scales are all above 0.7 reliability requirement (Pallant, 2008) indicating that the instruments are reliable for the study. Out of the sample of 300 respondents, only two hundred and fifty six (256) representing a response rate of eighty five percent (85%) completed and returned the questionnaires, two hundred and forty (240) of which were considered appropriate for analyses.

IV. RESULTS AND DISCUSSION

Inferential statistics was used to examine the relationships among the variables investigated by testing the hypothesis raised for the study.

The Coverage

The demographic factors considered include; Gender, Age, Marital Status, State of Origin, Nationality, Specialization, Highest Qualification, Alma Mata, Employment Status, Tenure and Rank.

Table 1 displays descriptive statistics in the form of arithmetic means, standard deviations, t-values as well as the p values for affective, continuance and normative commitments based on gender and states of origin.

Analysis Based on Gender

An independent-sample t-test on table 1 was conducted to compare employee commitment dimensions for male and female doctors. The results show that there is no significant difference in their attitudes towards affective commitment between male (M = 3.79, SD = 0.65) and female doctors (M = 3.71, SD = 0.74; t(250) = 0.80, p = 0.42) and also normative commitment between males (M = 3.50, SD = 0.76) and females (M = 3.35, SD = 0.88; t(250) = 1.26, p = 0.25) respectively. The reported t-values of (0.80 and 1.26) with degrees of freedom (df = 238) have p values greater than alpha.

However, there is a significant difference between males (M = 2.71, SD = 0.75) and females (M = 3.01, SD = 0.89; t(250) = -2.49, p = 0.01) in terms of continuance commitment. Female doctors have higher levels of continuance commitment with higher mean (3.01) than male doctors whose mean score is 2.71.

Analysis Based on States of Origin

In order to examine whether States of Origin has any effect on doctors' organizational commitment, an independent-sample t-test was conducted to compare those from states in the North-West and those from other states outside the North-West. The t-test results on Table 1, indicates that there is no significant difference in doctors' attitudes towards affective commitment between doctors who are from states in the north-west (M = 3.81, SD = 0.68) and those that are from other states with regards to their affective commitment (M = 3.74, SD = 0.79; t(250) = 0.79, p = 0.43). Moreover, no significant difference is reported between doctors who are from states in the north-west (M = 2.78, SD = 0.81) and those from other states (M = 2.77, SD = 0.76; t(250) = 0.02, p = 0.98) in terms of continuance commitment as well as normative commitment between doctors who are from states in the north-west (M = 3.49, SD = 0.81) and those that are from other states (M = 3.44, SD = 0.81; t(250) = 0.42, p = 0.68) respectively. The reported p values are all above the alpha value of 0.05.

Analysis Based on Age

Doctors were categorized into three age groups, namely: 27-36, 37-46 and 47 and above. The grouping is determined by minimum-maximum age of the doctors. While the minimum age of the doctors is 27, the maximum is 58. With the band of 9 and the minimum age of 27, the study arrives at three age groups. However, the last group (47 and above) has a class width of eleven. The reason is that only about 6% of the respondents fall within the age bracket of 57 and 58 which is not sufficient to stand as an independent group.

The results of the analysis of variance based on age as contained in Table 2, indicate that there is a statistically significant difference in doctors' attitude towards affective (F = 3.70; p = 0.03 < 0.05) and continuance...
commitment \((F = 3.55; p = 0.03 < 0.05)\) respectively. However no significant difference was observed \((F = 0.64; p = 0.53 > 0.05)\) in their attitudes towards normative commitment. Post-hoc comparisons using the Fische’s Least Significant Difference (LSD) test indicates that, the mean score for Group 1, \((27-36\) years) is 3.73 and Group 2, \((37-46\) years) is 3.76 differ significantly with employees of Group 3; \((47\) years and above) which has a mean score of 4.22. Comparison of their mean scores show that employees that are of 47 years and above have higher levels of affective commitment compared to those who are below 47 years of age \((27-36\) and \(37-46\) years). This suggests that older doctors feel more emotionally attached to their hospitals than younger doctors.

Table 2: Results of ANOVA Comparing Employee Commitment among Doctors Based on Age, Tenure, Marital Status, Ed. Qual., Employment Status, Alma Mater, Rank and Specializations

<table>
<thead>
<tr>
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<th>AC</th>
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<th>NC</th>
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<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>F-value</td>
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<tr>
<td>Ages</td>
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<tr>
<td>27-36</td>
<td>2.89</td>
<td>0.79</td>
<td>(F=3.55; p=0.03 &lt; 0.05)</td>
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<tr>
<td>37-46</td>
<td>2.64</td>
<td>0.8</td>
<td>(F=1.55; p=0.22 &gt;0.05)</td>
</tr>
<tr>
<td>47 and above</td>
<td>2.51</td>
<td>0.77</td>
<td>(F=3.39; p=0.04 &lt; 0.05)</td>
</tr>
<tr>
<td>Tenure</td>
<td></td>
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<tr>
<td>1-7 Years</td>
<td>2.84</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>8-15 years</td>
<td>2.68</td>
<td>0.82</td>
<td>(F=1.55; p=0.22 &gt;0.05)</td>
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<tr>
<td>16 and above</td>
<td>2.58</td>
<td>0.85</td>
<td>(F=0.54; p=0.66 &gt;0.05)</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Single</td>
<td>2.93</td>
<td>0.93</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2.76</td>
<td>0.77</td>
<td>(F=2.28; p=0.08 &gt;0.05)</td>
</tr>
<tr>
<td>Widow</td>
<td>3.00</td>
<td>1.41</td>
<td>(F=0.54; p=0.66 &gt;0.05)</td>
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<tr>
<td>Divorced</td>
<td>2.50</td>
<td>0.0</td>
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<td>Ed. Qualification</td>
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<tr>
<td>MBBS</td>
<td>2.81</td>
<td>0.80</td>
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<tr>
<td>Masters</td>
<td>3.11</td>
<td>0.83</td>
<td>(F=3.78; p=0.01 &lt;0.05)</td>
</tr>
<tr>
<td>PhD</td>
<td>2.06</td>
<td>0.1</td>
<td>(F=2.69; p=0.04 &lt;0.05)</td>
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<tr>
<td>Fellowship</td>
<td>2.5</td>
<td>0.68</td>
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<td>Employment Status</td>
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<tr>
<td>Permanent</td>
<td>2.76</td>
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<tr>
<td>Contract</td>
<td>3.17</td>
<td>0.71</td>
<td>(F=2.00; p=0.10 &gt;0.05)</td>
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<td>Honorary</td>
<td>2.41</td>
<td>0.62</td>
<td>(F=2.99; p=0.02 &lt;0.05)</td>
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<td>Residency</td>
<td>2.84</td>
<td>0.84</td>
<td>(F=3.78; p=0.01 &lt;0.05)</td>
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<tr>
<td>Super Numerary</td>
<td>2.84</td>
<td>0.74</td>
<td>(F=2.00; p=0.10 &gt;0.05)</td>
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<td>Alma Mater</td>
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<tr>
<td>ABU</td>
<td>2.90</td>
<td>0.83</td>
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<tr>
<td>BUK</td>
<td>2.67</td>
<td>0.86</td>
<td>(F=0.17; p=0.92 &gt;0.05)</td>
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<td>UDUS</td>
<td>2.66</td>
<td>0.73</td>
<td>(F=0.79; p=0.5 &gt;0.05)</td>
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<td>Others</td>
<td>2.88</td>
<td>0.82</td>
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<tr>
<td>Rank</td>
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<td></td>
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<tr>
<td>Med/Snr/Prf. Officer</td>
<td>2.77</td>
<td>0.79</td>
<td>(F=0.88; p=0.42 &gt;0.05)</td>
</tr>
<tr>
<td>Registrar/Snr Reg.</td>
<td>2.69</td>
<td>0.82</td>
<td>(F=1.19; p=0.31 &gt;0.05)</td>
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<td>Consultants</td>
<td>2.49</td>
<td>0.66</td>
<td>(F=1.19; p=0.31 &gt;0.05)</td>
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<td>Specialization</td>
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<tr>
<td>O &amp; G</td>
<td>2.86</td>
<td>1.11</td>
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<tr>
<td>Radiologists</td>
<td>2.82</td>
<td>0.82</td>
<td>(F=1.81; p=0.08 &gt;0.05)</td>
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<td>Peadiatricians</td>
<td>2.92</td>
<td>0.70</td>
<td>(F=0.17; p=0.92 &gt;0.05)</td>
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<tr>
<td>Rhinologists</td>
<td>2.59</td>
<td>0.51</td>
<td>(F=0.48; p=0.70 &gt;0.05)</td>
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<tr>
<td>General Practitioners</td>
<td>2.67</td>
<td>0.84</td>
<td>(F=0.54 &gt;0.05)</td>
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<tr>
<td>Nephrologist</td>
<td>2.95</td>
<td>0.78</td>
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<tr>
<td>Community Physician</td>
<td>3.16</td>
<td>0.83</td>
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<tr>
<td>Surgeons</td>
<td>2.74</td>
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</tr>
<tr>
<td>Others</td>
<td>2.76</td>
<td>0.89</td>
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</table>

** The mean difference is significant at the 0.05 level.
Source: Author’s Computation (2015) Using SPSS Version 21

The Post-hoc test further reveals that there is significant difference between employees of 27 - 36 years category that has a mean score of 3.76 and those within 37 - 46 years whose mean score is 2.89, in terms of their continuance commitment. Employees within the age bracket of 37 - 46 show more commitment for economic reasons or due to lack of alternative employment, than those who fall within 27-36 years of age. This also suggests that older doctors feel more compelled to remain with the hospitals, because of their awareness of the costs associated with leaving the organization and/or lack of alternative employment opportunities than the younger doctors.
Analysis Based on Tenure

The categorization of doctors based on tenure or length of service takes three different dimensions: 1-7 years, 8-15 years and 16 years and above. The results on Table 2 indicate that there is no significant difference among doctors in terms of their attitudes toward commitment (F = 1.55; p = 0.22 > 0.05) and normative commitment (F = 1.55; p = 0.22 > 0.05) on the basis of years spent with the organization. The p values of 0.22 for tenure and 0.93 for normative commitment are all above the alpha value of 0.05 set for the study. However, there is a significant difference in doctors attitudes toward affective commitment based on tenure (F = 3.39; p = 0.04 < 0.05). This supports the findings of Jena (2015) who found affective commitment to be related significantly with tenure, while continuance and normative commitment do not.

Post hoc test is also conducted to identify tenure group(s) with significant difference means and it reveals that doctors whose length of service falls within 1-7 years (mean = 3.76) and 8-15 years (mean = 3.71) differ significantly with doctors that have spent 16 years and above on the job (mean=4.20). A closer look at their mean scores show that doctors that have 16 years of service or more have higher levels of affective commitment compared to those whose length of service is below 16 years. This suggests that doctors with longer tenure have more emotional attachment to their hospitals than those with lesser years of service.

Analysis Based on Marital Status

The marital status of respondents is categorized into four groups, namely: single, married, widow and divorced. Table 2 depicts the analysis of variance. The results indicate that no significant difference exists in doctors' attitudes towards affective commitment (F = 2.28; p = 0.08 > 0.05), continuance commitment (F = 0.54; p = 0.66 > 0.05) and normative commitment (F = 1.20; p = 0.31 > 0.05) dimensions based on marital status. The two-tailed significance values are greater than alpha value of 0.05, which implies that marital status does not determine doctors' commitment in University Teaching Hospital in North-Western Nigeria.

Analysis Based on Educational Qualification

Educational qualifications of doctors are classified into four: MBBS, Masters, PhD and Fellowship. Table 2 revealed evidence of statistically significant differences in doctors’ affective commitment (F = 2.69; p = 0.04 < 0.05) and continuance commitment (F = 3.78; p = 0.01 < 0.05) based on their educational qualification. Post hoc analyses conducted shows statistically significant difference between doctors that have master degrees (Mean = 3.96) and those with fellowships (Mean = 3.47) with regard to the levels of their affective commitment, taking into consideration their respective mean scores, doctors that have fellowship as their highest qualification, have higher level of affective commitment than those with master degrees. Similarly, table 2 also reveals statistically significant differences in the employees’ continuance commitment and their level of education.

Post hoc tests show that doctors with Masters as their highest qualification differ significantly with those that have MBBS degrees. Doctors with Master degrees reported higher level of continuance commitment with a mean score of 3.11 than those with MBBS having a mean score of 2.81. A significant difference is also established between doctors that have masters and those that have PhD and Fellowship as their highest educational qualifications. Doctors with master degrees exhibit higher levels of continuance commitment with a mean score of 3.11 than those with PhD and fellowship which reported mean scores of 2.06 and 2.50, respectively. In general, analysis based on continuance commitment suggest that doctors with lower level of education find it more difficult to leave their organizations for economic reasons or due to fewer alternative employment opportunities than those with higher level of education.

Analysis Based on Employment Status

Doctors were categorized into five groups based on their employment status or the nature of appointment with the teaching hospitals, namely: Permanent, Contract, Honorary, Residency and Supernumerary. The results of the analysis of variance on Table 2 portray significant differences among doctors based on their employment status in terms of affective commitment (F = 2.99; p = 0.02 < 0.05) with a p-value of 0.02. Post hoc tests reveal that there are significant differences among doctors that hold honorary, residency and supernumerary employment status in terms of affective commitment. Doctors with honorary employment status have higher level of affective commitment (mean = 4.03) followed by resident doctors (mean = 3.68) and supernumerary (3.48). However, no significant differences were observed between their attitudes toward continuance (F = 2.00; p = 0.10 > 0.05) and normative (F = 0.90; p = 0.46 > 0.05) commitments with p values greater than alpha. In other words, their attitudes toward continuance and normative commitments are the same regardless of their employment status.

Analysis Based on Alma Mater

In order to ascertain whether doctors' commitment is influenced by the schools where they obtained their MBBS, we classify these schools into four namely: ABU Zaria, BUK, UDUS and Others. The grouping was based on the fact that descriptive analysis based on Alma Mater reveals that out of the 240 doctors whose responses were analyzed, majority obtained their MBBS from the affiliate universities (61%) of the three teaching hospitals. Doctors
who obtained their MBBS from other institutions were few to permit meaningful analysis based on schools they obtained their MBBS. The Alma Mater is widely dispersed such that the grouping based on it becomes not only difficult but will make any inference drawn from the results obtained there from spurious and scientifically less useful, hence, they were categorized as others.

The results of the analysis reported in Table 2 signify that there is no significant difference in doctors’ attitude towards affective commitment (\( F = 0.17; p = 0.92 > 0.05 \)), continuance commitment (\( F = 0.79; p = 0.50 > 0.05 \)) and normative commitment (\( F = 1.44; p = 0.23 > 0.05 \)) based on Alma Mater. The p-values obtained are greater than alpha which implies that doctors in University Teaching Hospitals in North-Western Nigeria have the same attitude towards commitment regardless of where they obtained their MBBS.

Analysis Based on Rank

Respondents were categorized into three groups to permit meaningful analysis based on their ranks: Medical/senior medical/principal medical officers, Registrar/Senior registrar and Consultants. The analysis of variance presented in Table 2 shows that doctors’ attitudes towards employee commitment dimensions do not differ significantly on the basis of ranks The reported probability values of (\( F = 1.81; p = 0.42 > 0.05 \)) for affective commitment, (\( F = 1.19; p = 0.31 > 0.05 \)) for continuance commitment and (\( F = 1.40; p = 0.25 > 0.05 \)) for normative commitment are greater than alpha value of 0.05. This suggests that, doctors, based on their ranks, do not exhibit statistically significant differences in their attitudes towards employee commitment dimensions.

Analysis Based on Specialization

Doctors were categorized into nine groups based on their specializations as follows: Obstetrics and Gynaecology, Radiology, Paediatrics, Rhinologists, General Practitioners, Nephrologists, Community Physicians, Surgeons and others.

Table 2 indicates that doctors’ attitudes towards commitment dimensions do not differ significantly on the basis of specialization as the two-tailed significance values of the ANOVA conducted for affective commitment (\( F = 0.17; p = 0.92 > 0.05 \)), continuance commitment (\( F = 0.79; p = 0.5 > 0.50 \)), and normative commitment (\( F = 1.44; p = 0.23 > 0.50 \)) are greater than alpha value (0.05) for all the variables. The implication of this is that differences in specialization do not dictate doctors’ commitment in University Teaching Hospital in the North-Western Nigeria.

Discussion of Findings

The results indicate that demographic factors: age, marital status, job tenure, and educational level significantly predicted organizational commitment except Alma mater, specializations and states of origin.

Analysis of the study results based on gender shows that male and female doctors differ significantly only in terms of continuance commitment. Female doctors had significantly higher levels of continuance commitment than male doctors. This means that female doctors have relatively more precise idea of what to forego if they were to leave the hospitals in terms of losing attractive benefits, of giving up seniority-based privileges or of having to uproot family and disrupt family relationships and lack of alternative employment opportunities than the male doctors. The findings of the current study corroborate the findings of Gürses and Demiray (2009) who found that female employees have higher levels of continuance commitment than their male counterpart. However, this finding is at variance with the result of previous studies conducted in Nigeria. Specifically, it contradicts those reported by Akintayo (2010), Akinbode and Oni (2012) and Sola, Femi, and Kolapo (2012) which argued that male workers exhibit higher organizational commitment than female workers in Nigeria.

However, the present study finds no significant difference in doctors’ attitudes towards affective and normative commitment dimensions do not differ significantly on the basis of specialization as the two-tailed significance values of the ANOVA conducted for affective commitment (\( F = 0.17; p = 0.92 > 0.05 \)), continuance commitment (\( F = 0.79; p = 0.5 > 0.50 \)), and normative commitment (\( F = 1.44; p = 0.23 > 0.50 \)) are greater than alpha value (0.05) for all the variables. The implication of this is that differences in specialization do not dictate doctors’ commitment in University Teaching Hospital in the North-Western Nigeria.

The study found that age is a significant predictor of organizational commitment. Older employees tend to show more of affective and continuance commitment than younger employees. This finding is consistent with some previous studies (Angle and Perry, 1981; Mathieu & Zajac, 1990; Salami, 2008; Sola et al., 2012). Older doctors are likely to show more affective and continuance commitment to an organization than younger ones for a variety of reasons, including greater satisfaction with their jobs, having received better positions, and having “cognitively justified” their remaining in the organization (Mathieu & Zajac, 1990) and because of the huge cost in terms of what they may have to forfeit should they choose to voluntarily leave their organizations such as of losing attractive benefits like gratuity, of giving up seniority-based privileges or of having to uproot family and disrupt family relationships. All these considerations can be perceived as side bet or potential cost of leaving the organization that can inspire affective and continuance commitments (Becker, 1960; Coetzee & Botha, 2012).
The study found that the employees do not differ significantly on the basis of continuance and normative commitment dimensions. This supports the findings of Jena (2015) who found that affective commitment relates significantly with tenure while continuance and normative commitment do not. However, significant difference among doctors exists on the basis of their tenure or length of service and affective commitment. Post hoc analysis and comparison of their mean scores show that doctors that have 16 years of service or more have higher levels of commitment compared to those whose length of service is below 16 years. This finding is consistent with previous studies (Chew, 2004; Salami, 2008; Sola et al., 2012). This finding is in line with conventional wisdom as employees length of service increases in an organization, so also is their network of friends and connections. Besides, their upward movement in organizational hierarchy based on experience is also tenure bound. The increase in salary, prestige and job satisfaction that is likely to result from their promotions and appointment into higher positions of authority can engender commitment. Hence, this study suggests that the longer the time doctors and nurses work in University Teaching Hospitals, the more committed they become.

The finding that there is no significant differences in doctors’ attitude towards employee commitment based on marital status contradicts the findings of Mathieu and Zajac (1990) and Jena (2015) who reported that married employees have higher levels of commitment than those who are single. Marriage is believed to impose increased responsibilities that may make a steady job more valuable and important. The findings of the current study, however, confirm those of Baba and Jamal (1979) and Chughtai and Zafar (2006) who found no relationship between marital status and organizational commitment.

The findings that doctors do not differ in their attitudes towards employee commitment dimensions on the basis of Alma mater, ranks, specializations and states of origin support the works of Baba and Jamal (1979) and Chughtai and Zafar (2006) who found that except for age, demographic factors generally have no effect on commitment. One possible explanation for the absence of significant differences in the levels of employee’ commitment based on Alma Mater could possibly result from the fact that North-Western Nigeria represents one geopolitical group in Nigeria and descriptive statistics revealed that (61%) of the doctors obtained their MBBS from three universities in North-Western Nigeria which makes the composition of the study sample largely homogeneous. With regards to specializations, it could be attributed to the similarities shared by these specializations. Although previous researches that examine differences in employee commitment among doctors based on their specializations are limited and this makes contextualizing this finding difficult. However, the study extended Meyer et al. (2002) findings by demonstrating that some demographic factors play a relatively minor role in the development of organizational commitment regardless of its form.

Findings in respect of educational qualification that produce evidence of statistically significant differences in doctors affective and continuance commitments is in line with what has been consistently reported in a number of empirical studies (Mathieu & Zajac, 1990; Akintayo, 2010; Coetzee & Botha, 2012). Hence, doctors with higher educational qualifications are likely to evince higher affective commitment because they occupy higher ranks and therefore have more responsibilities which invariably require more commitment to the organization. Affective commitment enhances feelings of devotion, belongingness and stability (Akintayo, 2010). Doctors with lower educational qualifications, on the other hand, are likely to demonstrate high continuance commitment because workers with low levels of education generally have more difficulty changing jobs and therefore show a greater commitment to their organizations due to lack of alternative employment opportunities. These results bear out the work of other researchers that found links between employees’ educational level and continuance commitment (Mathieu & Zajac, 1990; Cohen, 2003; Salami, 2008; Akintayo, 2010; Coetzee & Botha, 2012).

Analysis of the results based on employment status indicates that doctors that hold honorary, residency and supernumerary employment status differ significantly in terms of affective commitment. Doctors with honorary employment status have higher level of affective commitment, followed by resident doctors and supernumerary doctors.

The pattern of the result calls for clarifications in order to unravel the likely cause or causes of these variations in commitment and retention among these categories of doctors because of its managerial implications.

**Honorary Status**

Higher levels of affective commitment demonstrated by doctors holding honorary appointment over those with residency and supernumerary status may be attributed to the fact that doctors with residency and supernumerary status are students undergoing training, while those with honorary status are consultants who administer the training and therefore occupy higher positions of authority. Thus; their positions might have conferred on them certain rights and privileges that are not available to other groups and these increase their emotional attachment to these hospitals more than the residents and the supernumeraries. In addition, honorary doctors hold two secured appointments simultaneously. They have a permanent appointment at the university to which the teaching hospitals are affiliated and a semi-permanent appointment with the hospitals. Therefore, their
appointments with the hospitals do not only complement their income but also offer them the opportunity to occupy several leadership positions at the same time. For example, it was discovered that some of them are Deans of Faculties in their universities and at the same time heads of departments in the hospitals. It is therefore plausible to find these categories of doctors exhibiting higher levels of affective commitment.

**Residency Status**

Doctors of residency status are those on training (having no permanent and pensionable appointment elsewhere) in order to become consultants in their respective chosen areas of specializations. Their appointments usually ends with the duration of their training which usually last for a period of 4-6 years or more for those granted extension of study period. The mere fact that the hospitals offer them the opportunity for residency training can create a sense of moral obligation on their part to reciprocate (Coetzee, 2005) and show commitment to these hospitals because they feel they ought to do so. They are equally likely to show high levels of commitment in order to increase their chances of securing permanent appointment at the hospitals at the end of the training. Moreover, they are entitled to salary and pension during this period. It is therefore unlikely that this category of doctors will not show higher level of affective commitment more than the supernumeraries who are not entitled to any monetary incentives.

**Supernumerary Status**

Supernumeraries are doctors with permanent and pensionable appointment elsewhere. They are therefore not entitled to any financial incentives at the teaching hospitals where they work be it salary, allowances or pension. Therefore, they are likely to have lower levels of emotional attachment to the teaching hospitals evidently because of their loyalty to their primary employers and also because of their exclusion from all forms of financial incentives. Meta-analysis of several studies (Meyer et al., 2002) on employee commitment have consistently shown that affective commitment developed when employees find the job rewarding and fulfilling and feel comfortable with their relationship with the organization. Their exclusion from all forms of financial incentives is the likely cause of lower levels of affective commitment compared to other doctors.

Further analysis with regards to employment status revealed that no significant difference exists between permanent and non-permanent (honorary, contract, resident, and supernumary) doctors regarding their attitudes towards commitment. Although, this is consistent with more recent studies (Jose, 2011; Monke & Umeh, 2014), it is, however, contrary to theoretical argument. Prominent among the literature reviewed (Guest, 2004; De Cuyper et al., 2009; Sharma & Bajpai, 2010) indicate that employees whose employment status is part-time or not permanent are presume to exhibit less or lower level of commitment compared to full time permanent employees. Employees whose employment status is not permanent have been associated with higher job insecurity, a sense of marginalization and loss of opportunity for development, for career and for organizational identification all of which could affect commitment.

Therefore, the findings of this study which reveals no significant difference between permanent and non-permanent doctors could be as a result of the fact that Teaching Hospitals offer doctors equal opportunity for professional development. It could also be attributed to the composition of non-permanent employees as about 68.8% are of residency status, and about 15.9% are of super numeracy status; a group, although largely considered non-permanent but have a secure source of income elsewhere. Thus, they exhibit similar attitudes towards affective, continuance, normative commitment and retention like the permanent doctors.

**V. CONCLUSION AND RECOMMENDATIONS**

There is a dearth of research on how demographic factors affect employees’ commitment in the health sector of Nigeria. In the light of the global decline in the level of employees’ commitment to their organizations, organizational commitment still remains an interesting area of study across the world as it has been recognized as an important determinant of organizational effectiveness. Thus, this study is an attempt to contribute to this effort. It aims at determining the relationship between demographic factors and the three most popular employee commitment dimensions.

The findings of this study indicate that demographic factors (except Alma mater, states of origin and specializations) account for significant differences in the levels of employee’s organizational commitment in University Teaching Hospitals in North-Western Nigeria. First, younger employees have been found to demonstrate lower level of commitment. Second, seniority in terms of rank significantly affects commitment. Employees with higher ranks have higher levels of affective and normative commitment than those with lower ranks. Employment status or nature of appointment influences doctors’ levels of commitment. Therefore, this study concludes that employee demography is an important factor to consider in human resource management research because of its practical implications for managing workforce diversity and can be relied upon by managers in order to increase organizational commitment of the workers.
The study recommends that management should take into account the implications of different demographic factors on their diverse workforce. The observed differences between the demographical groups and organizational commitments need to be considered when adopting strategies for retaining competent and highly motivated doctors. It is therefore necessary to pay special attention to these groups by formulating policies and human resource management strategies that can increase their organizational commitment as well as their level of job satisfaction. Satisfaction at work can be increased when the management continuously strive to provide challenging and stimulating jobs and also ensure proper supervisions, mentoring, and equitable remuneration.

Management should also pay attention to regular promotions to enhance positive commitment. Regular promotion should be provided to the deserving permanent employees while the resident doctors should be provided with financial assistance and other non-monetary incentives that will facilitate their study and enable them to rise through the ranks. Moreover, top management needs to review the existing Human Resource Management practices so as to accommodate the divergent needs of employees having different work status based on the nature of their appointment. For instance, Supernumerary doctors display the lowest level of affective and normative (positive) commitments and the highest level of continuance (negative) commitment among doctors in these hospitals. This might not be unconnected with their exclusion from all forms of financial incentives by the management. Therefore, management should consider giving them some allowances in order to give them a sense of belonging which can enhance their levels of positive commitments.

**Contribution to Knowledge**

This study contributes valuable insight and knowledge to better understanding of the dimensionality of employee commitment in the light of demographic factors. The knowledge gained can be applied when designing strategies for increasing the employee commitment of workers and therefore add value to the decision made by managers.

**VI. REFERENCES**


