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Organizational Commitment and Performance of Health Centres IV workers in Greater Mbarara, South western Uganda

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The rationale of this paper is to study association between Organizational commitment, and performance of Health Centres IV workers in greater Mbarara District, South Western Uganda. The elements of organizational commitment include; affective, continuance and normative. This study used prevalence study designs, explanatory and correlational methods, and it uses health centres IV workers data that were selected in the means of administering a questionnaire survey from a sample of 200 health workers from 11 health centres from the region. Structural equation modelling was used to test hypotheses. Findings recommended that affective and continuance organizational commitments, were significantly associated with health workers performances ($r=.384$, $p=.000$).Normative organizational commitment, elements do not significantly envisage health workers performance. Therefore, health centres IV should have suitable practices of ensuring attachment of health workers to their health facilities, so as to accomplish activities that enhance on their task/job performance.

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Key wards:Organizational Commitment;Performance of Health Center IV Workers

1. Introduction

The study reports the findings of the research carried out to examine the relationship between Organizational commitment and employee performance in health centres IV in greater Mbarara district. This study stresses on organizational commitment on the accepting that an individual with a strong commitment to an institution might be willing to go an extra mile in performing his/ her tasks, and to realize institutional objectives and goals compared to one whose commitment is built primarily on a sense of obligation to the institution or a recognition of lack of substitutes or the costs of leaving the institution (Nazir

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and Islam, 2017).The reasonable selection of affective commitment is also got from the fact that continuance commitment and normative commitment have a weaker effect on employee behaviours than affective commitment (Nkhukhu-Orlando et al., 2019).Following literature review of journal articles,(Mercurio, 2015) noted that although many conceptualizations since the 1960 and 1970,1980 and 1990s have noticed affective and normative antecedents of commitment has remained central and constant through a widespread diversity of the postulating and multidimensional conceptualizations of organizational commitment.

Emotional and attitudinal attachment to an institution was obviously an important core of the organizational commitment elements (Grasser, 2018). It was the most dominant, enduring, crucial, and central features of organizational commitment that seems to serve as an historical and theoretical base for organizational commitment theories (Mercurio, 2015). It is the central core that most strongly affects employee behaviours, feelings and shapes individual perceptions (Meyer and Maltin, 2010)

However, based on other investigations, affective commitment displayed no ultimate differences on workers' performance (Tang and Vandenberghe, 2020). Other researchers underscored conducting more studies on contrasting contexts to examine the effects of culture, the gap is also obvious in exploring the effect of contextual variations in the nature, understanding the effect of organizational commitment on job performance (Helmreich and Merritt, 2019). On applied base, the findings of this research would hopefully provide health experts with greater understandings into some organizational commitment practices that would increase health workers performance. It would also offer an opportunity for health centres to eliminate practices that are obsolete. To achieve these objectives, we established the relationship between affective, continuance, and normative organizational commitment and performance of health centre IV workers in Greater Mbarara District. An investigation of these organisational commitment elements that affect health workers' performance is likely to contribute to the currently available knowledge, as the role of organizational commitment in affecting health workers' performance which is not adequately addressed (Yousef, 2017).

2. *Theoretical Background and Literature review*

The study was premised on Equity Theory (Adams, 2005). Equity theory places value on fair treatment, which is understood to be the major motivational factor among employees. Workers regulate what their reasonable return should be after matching their inputs and outcomes with those of their workmates . Workers who recognize themselves as

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being in an unequal situation would seek to decrease the inequity either by falsifying inputs and/or outcomes in their minds, by directly modifying inputs and/or outputs, or by abandoning the institutions they are working for. The faith in equity theory is that workers place importance on rational conduct by management team which causes them to be committed and get inspired to keep fairness within the relationship of their workmates and the institution. However, employee awareness of their contributions and results and those of their workmates may not be right, thus perceptions need to be conceptualized effectively. Commitment of employees is a significant tool for successful performance of institutions (Chughtai and Zafar 2006), but they are silent about the welfare of employees especially health workers in health institutions. In a situation where they have no materials to use in health facilities such as gloves, and other protective gears, and they are committed to perform their duties, this a times hamper their productivity and responsiveness to emergencies that always brought to health facilities especially at night.

2.1. Affective commitment and workers' performance

Affective commitment occurs when workers observe to the moral standards, objectives and goals of an institution. They become passionately attached to their institutions; start feeling personally responsible for their institution's success (Meyer et al., 2002). These workers mostly display positive work perspectives, higher level of achievement, and a desire to remain in the institution (Wombacher and Felfe, 2017) Meyer et al. (1990), observed that affective commitment was higher among workers who have their needs and expectations met with their institutional experience when compared to workers who possess high competencies but not so satisfying to the institutional experience. Also established that organizational commitment is greatly related to worker's performance, but they have ignored the issue of ethics and attitude of workers. Some health workers may be committed to their responsibilities but they are involved in bribing patients, not respecting patients, stealing drugs, not protecting health institutions' properties and yet they swore a medical oath and this calls for creating poor relations with both health administrators and patients and this consequently effect the delivery of services.

Meyer et al. (2002) exhibited that affective commitment has proved to have positive and strong correlation with the individual performance. Other studies on commitment have established strong confirmation that emotional attachment and obligation to stay are positively associated. (Hackett et al., 1994); (Shore and Wayne, 1993).Equally, scholars demonstrated that both emotional attachment responsibility to stay were indicators of extra-role performance of workers (Al Zefeiti and Mohamad, 2017).In addition to that, (Kraimer and Wayne, 2004) point out how institutional hand in funding may affect emigrants' work/task schedules and their emotional attachments to the institution, which would enhance on job performance. The results revealed that affective commitment would

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help the institution to fulfil its strategic and financial goals, thereby promoting contextual performance with in an institution. (Takeuchi et al., 2009) examined role of specific aspects of institutional hand in funding related support through moving workers from job to job and its consequences on overall performance. The result shown a positive outcome of emotional attachment on overall job performance. They therefore failed to draw distinctions between new employees and experienced ones, when it comes to commitment; both employees are not committed at same time which may necessitate the management team to focus more attention on the new employees and intern doctors so as to enhance productivity and improve availability status of health workers in different health institutions.

2.2. Continuous commitment and workers' performance

Allen and Meyer (1990) described continuance commitment as a type of passionate relationship to the organization, which speaks for the degree of feeling trapped in place an individual experiences because of the high cost involved in leaving. In other words, it refers to employees' judgment on whether the expenditure of leaving the organization is greater than that of staying in an institution (Alkahtani 2015). These workers put in their best efforts only when their benefits meet their expectations. Suma and Lesha, (2013) and Meyer et al., (1993) say, affective commitment happens when workers wants to stay; continuance commitment happens when the workers urge to remain; and the normative commitment happens when the workers feel ought to remain in the institution. Strong evidence is found from studies on commitment which show a progressive relationship between affective and normative commitment and benefits accruing from an institution is negatively related to institutional consequences such as accomplishment of tasks and adhering to rights and duties as an employee in an institution (Hackett et al., 1994).

Workers are amongst the utmost significant and primary factors that govern the achievement of an institution in an economic setting. Fiorita et al., (2007) said that if they are dealt properly, their commitment can lead to organizational benefits like enhanced effectiveness, decreased absenteeism and turnover, increased performance and productivity, at both individual and organizational levels. Employees who are contented with their work perform their duties well and are committed to their job, and eventually to their institution. .

More so, Khan (2010) investigated the effect of organizational commitment on workers performance and the conclusions revealed a progressive relationship between organizational commitment and employees' job performance. He also found out that workers commitment arose as a major determinant of workers' performance and advised managers to pay special devotion to antecedents of organizational commitment to escalate workers' performance and consequently escalate employees' productivity. This is in agreement with the study because it looks at various elements of organizational

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commitment and its effect on health workers performance in health centres IV in Greater Mbarara District.

The study on organizational commitment and employee performance has attracted many researchers including Dex and Smith (2001) cited in (Irefin and Mechanic, 2014) who studied the determinants of employees' normative or affective commitment to their employer and recognized that the access to some family-friendly procedures such as childcare and working from home, increased workers' commitment and performance in the private sector but not in the public sector. Their conclusions show that institutions with a caring attitude had a significant factor in increasing employee commitment which could be determined by the organizational culture, particularly towards their family wellbeing, or the institution which they working for and not by the attitude of their employer or supervisor towards them. What remains unclear is whether the Uganda's Ministry of Health which is responsible for health workers has a caring attitude or not? And if it is not there, could it be having any link with the current status of health workers performance in health centres across the country?

2.3. Normative Commitment and workers' performance

Normative commitment occurs when individuals go on with an institution based expected code of conduct or social norms, prevailing in an institution and the individuals value obedience, foresight, and formality (Cherian et al., 2018). Studies suggest that similar behaviors and temperament are revealed by workers with normative commitment and those with affective commitment (Seibt and Hager, 2019). To sum up, as Sarin et al. (2017) say, affective commitment occurs when workers want to stay longer in an institution; continuance commitment happens when the workers need to stay in an institution; and the normative commitment happens when the workers feel ought to stay in the institution. Robust confirmation is established from other research findings on employees' emotional attachment on an institution that there is a progressive relationship between affective, normative and continuance commitment is negatively related to organizational outcomes such as performance and citizenship behavior of all employees in an institution (Al Zefeiti and Mohamad, 2017).

Bennett and Stanley (2019), defined normative commitment as the work behavior of individual employees, guided by a sense of duty, obligation, and loyalty towards an institution. Organizational employees continue committed based on moral reasons (Liu et al., 2018). The normative committed employee stays in an institution because it is perceived by him or her as morally up right to do so, regardless of how much status or satisfaction the institution provides over the years (Ben Mansour et al., 2017)

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The strength of obligation to stay is determined by the guidelines an individual employee accepts and the mutual association between the institution and its workers (Grego-Planer, 2019). The concept of mutuality is based upon social exchange theory, which advocates that a person getting a benefit is under a strong normative obligations or guidelines to repay the benefit in some way (Liu et al., 2018). This implies that individual employees who endure commitment to an institution from a supposed responsibility to repay the institution for investing in them, for example, through learning and development (Al-Jabari and Ghazzawi, 2019).

3. Hypothesis

To give the direction on the pathway towards realizing the desired findings and outcomes of this study as specified below as the aims and intentions of this research investigation. Within the context of the research topic, the broad objective is to find the relationship between organisational commitment and performance of health centres IV workers. The precise aims of this investigation are as follows;

•To establish the association between affective commitment and health workers' performance.
•To establish the association amongst normative commitment and health workers' performance.
•To establish the association between continuance commitment and health workers' performance.

Furthermore, in order to examine the relationship between the variables (organisational commitment and health workers' performance), the following hypotheses are postulated and specified in its null form:

H_0-1: There is a negative relationship between affective commitment and workers' performance.

H_0-2: There is a negative relationship between normative commitment and workers' performance.

H_0-3: There is a negative association between continuance commitment and workers' performance.

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4. Materials and Methods

The study investigation used a cross-sectional survey design, where descriptive, correlational and explanatory methods were used. In a prevalence study design, a particular occurrence is considered at a particular period of time. Prevalence study designs are suitable for studies aimed at discovering out the appearance of occurrence, situation, problem or attitude, by ascertaining a certain group of the population at a given period of time. Therefore, prevalence research design is a form of observational study that discovers data collected from a population, or a representative subset, while correlational research design is a quantitative approach of research in which there are two or more variables from similar group of subjects from which association can be determined if it happens or not (Mukyala, 2018).

The study population comprised of 11(Eleven) Health Centres IV in greater Mbarara District which include: Mbarara Municipal Health Centre IV, Bwizibwera Health Centre IV, Kinoni Health Centre IV, Bugamba Health Centre (Mbarara), Kabuyanda Health Centre IV, Nyamuyanja Health Centre IV, Rwekubo Health Centre IV, Rugaaga Health Centre IV (Isingiro), Ruhoko Health Centre IV (Ibanda), Kiruhura Health Centre IV and Kazo Health Centre IV.

The study focused on population of health workers from 11 health Centres IV in Greater Mbarara District. These health workers involved medical officers, clinical officers, nursing officers, laboratory attendants, non-medical staff and support staff. A sample size of 200 participants were acknowledged using both stratified and systematic sampling techniques.

Table 1. Sample Distribution by Category

Population Category	**Population size**	**Sample size**
Medical officers	71	35
Clinical officers	43	21
Nursing officers	162	79
Medical laboratory attendants	29	14
Non-medical staff	38	19
Support staff	66	32
Total	**409**	**200**

Source; (District Health Reports, 2019)

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4.1. Questionnaire and Measurement

A semi-structured questionnaire was established using item measures and scales developed and verified by previous researchers, Bhattacherjee (2012); Harris and Brown (2010); Churchill and Iacobucci (2004). The questionnaire comprised of mainly closed-ended questions and it were anchored on a 5 Likert scale ranging from strongly disagree (01) to strongly agree (05) to allow participants register the degree of agreement. A pre-test of the instrument undertaken to examine the consistency of research instrument and correctness of the instrument before the main survey. It was self-administered by the researcher and his researcher assistants through interview approach and the exercise was carried out with in a period of three months to provide sufficient period to the completion of the questionnaire by the participants. This was intended to achieve consistency and accuracy in responding diverse inquires. Table 2.shows variables and their measure reliability scale.

Table 2. Variables and their Measurement.

Global Variable	Definition		Dimensions and Issues to examine	Measurement	Sample items
Organizational commitment	Degree of emotional adherence or allegiance to the institution (Allen & Meyer, 1997)		Affective commitment Degree of attachment-based on emotional ties the worker advances with the institution primarily via positive work experiences. (Allen & Meyer, 1997; Hayday, 2003)	Respondents' mean score of 8 items comprised in the questionnaire on a 5 scale. *1= Strongly disagree (SD) 2=Disagree (D) 3=Not Sure (NS) 4=Agree (A) 5=Strongly agree (SA)*	*"I would be very pleased to spend the rest of my career in this health facility."* *"I sense as if this health facility's problems are my own."*
			Continuance commitment Degree of attachment based on the perceived costs, both economic and social, of abandoning the institution (Allen & Meyer, 1997; Hayday, 2003; Zheng, 2010)	Respondents' mean score of 8 items comprised of questionnaire on a 5 scale. *1= Strongly disagree (SD) 2=Disagree (D) 3=Not Sure (NS) 4=Agree (A) 5=Strongly agree (SA)*	*"It would be very hard for me to abandon my health facility right now, even if I wanted to."* *"Right now, remaining with my health facility is a matter of necessity as much as desire."*
			Normative commitment Degree of adherence-based on perceived responsibility towards the institution, (Allen & Meyer, 1997; Hayday, 2003; Zheng, 2010)	Respondents' mean score of 8 items comprised in the questionnaire on a 5 scale. *1= Strongly disagree (SD) 2=Disagree (D) 3=Not Sure (NS) 4=Agree (A) 5=Strongly agree (SA)*	*"I think that people these days transfer their services from health facility to health facility too often."* *"I do not confide that a person must always be loyal to his or her health facility (R)"*

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Workers' performance		Job performance or in-task job performance (Motowidlo, 2003; Williams & Anderson, 1991)	Respondents' mean score on 16 items comprised in the questionnaire on a 5 scale. 1= Never (N) 2= Rarely (R) 3=undecided (U), 4= Often (O) 5= Always(A)	"How regularly do you …perform tasks that are expected of you?" How regularly do you …meet formal performance requirements of the job?

4.2. Data Processing and Analysis

After the fieldwork, the data were input into Statistical Package for Social Science (SPSS) version 21 and exposed to a systematic cleaning before hypothesis testing (Rovai et al., 2013).Two statistical software packages were applied for dissecting data collected. Specifically, SPSS version 21 was used for preliminary data analysis, while Analysis of Moments of Structures (AMOS) version 21 was used for Structural Equation Modelling (SEM) guided by confirmatory factor analysis (Blunch, 2012).

4.2.1. Convergent validity

Following Hair et al. (2013) guideline's three aspects were studied to test convergent correctness. First, the final items should be statistically significant, with a factor loading of .50 or greater and highly loaded on one factor. Secondly, the average variance extracted (AVE) of a latent construct should be a value of .50 or above signifying acceptable convergence. Thirdly, construct consistence should be .70 or above, although consistence between .60 and .70 is satisfactory if other elements in a model's construct validity are good. Adjustments were made for cases where the guideline requirements were not met by checking the factor loadings and then inspecting the normalized residual (standardized residual) and modification indices. The convergent validity results are presented as follows.

4.3.2. CFA Measurement model for Workers' Performance

Nineteen items remained and assessed a one-factor model of workers' performance. Thirteen (13) items with poor loadings were deleted ('wp1', 'wp2', 'wp3', 'wp4', 'wp6', wp7', 'wp10', 'wp11', 'wp12', 'wp13', 'wp14', 'wp5' and 'wp16'). The number of erased items did not change the content of the construct as it was conceptualized.

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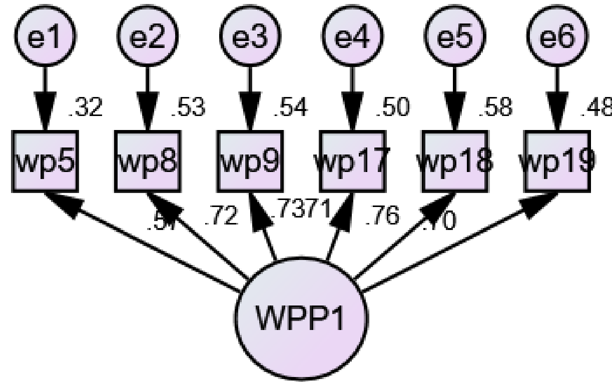

Chi-Square=32.244=32.244,DF=9,P=.000,RMSEA=.114,
GFI=.952,NFI=.930,IFI=.948,TLI=.913

Fig 1. Confirmatory Factor Analysis for Workers' performance

The findings in table 3 specify that the standardized parameter approximates for all the reserved indicators were statistically significant (p<.001) and loaded on this factor. In addition, the findings confirm the validity of the model with suitable model fit statistics for this construct measure. The composite reliability was. **0.81**, which is well above the acceptable level for scales tested in a new context (Nunnally and Bernstein, 1994); and the AVE is 0.810.

Table 3. Standardized weights for workers' performance

Code	**Items**	**Standardised regression estimates**	**C.R (t)**
	How often do you		
wp5	…participate in activities that will directly impact on your job evaluation?	0.567	
wp8	…aid others who have weighty loads?	0.725	7.334
wp9	…help your supervisor with his/her duties (when not asked)	0.732	7.377
wp17	…criticise about insignificant things at work. **(R)**	0.708	7.235
wp18	…preserve and protect institution's property?	0.76	7.534
wp19	…observe to informal rules established to preserve order?	0.696	7.162

Achieved Fit Indices

CMIN/DF	**RMSEA**	**GFI**	**CFI**	**TLI**	**NFI**
3.583 (32.244 / 9)	.114	.952	.948	913	.930

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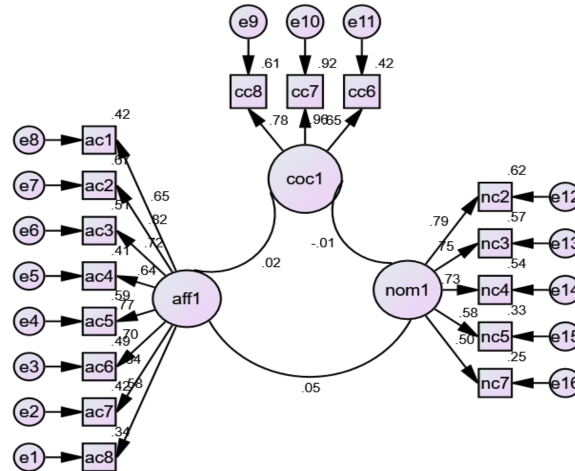
***CFA Measurement model for* Organizational Commitment**



Chi-square=126.799,df=101.P=.042,RMSEA=.036,GFI=.925,NFI=.903,IFI=.979,TLI=.974

Fig. 2 CFA for Organisation commitment

Organizational commitment was evaluated using emotional attachment, perceived costs and benefits and perceived obligation to stay. The initial CFA findings specified that although the standardized parameter estimates were all significant (p<.001), the fit-indices were below the satisfactory level signifying a poor measurement model fit. This required re-specification by iteratively eliminating items that did not meet the required criteria. The rationale of iterating the filtering process was to eliminate as few items as possible, taking into account the need to derive a more parsimonious model. Examination of the modification indices (MIs) discovered misspecifications affiliated with 'cc1', 'cc2', 'cc3', 'cc4' 'nc1', 'nc6' and 'cc5'. Seven out of twenty three items in total were iteratively removed in the final model prior to further analysis. While the number of deleted items was relatively high compared with the total, their removal did not modify the content of the construct as it was conceptualized. This is so because the reserved items were vital and had standardized factor loadings higher than the recommended level of .50 thus, the meanings of the factors were preserved.

Table 4. Standardised weights for Organizational Commitment

Code	Items	Standardised regression estimates	C.R (t)
	Affective Commitment		
ac1	I would be very glad to devote the rest of my career in this health facility	0.646	7.161
ac2	I appreciate deliberating my health facility with people outside it.	0.818	8.322

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ac3	I really sense as if this health facility's problems are my own.	0.716	7.677
ac4	I think that I could easily become as attached to another health facility as I am to this one. **(R)**	0.641	7.124
ac5	I do not sense like 'part of the family' at my health facility. **(R)**	0.766	8.011
ac6	I do not sense 'emotionally attached' to this health facility. **(R)**	0.703	7.59
ac7	This health facility has a countless deal of personal meaning for me.	0.644	7.152
ac8	I do not sense a strong belonging to my health facility. **(R)**	0.582	
	Continuance Commitment		
cc6	I sense that I have too rare alternatives to consider leaving this health facility. **(R)**	0.648	9.491
cc7	One of the few serious consequences of departing this health facility would be the scarcity of available alternatives.	0.961	10.712
cc8	One of the major reasons I continue to work for this health facility is that departing would require considerable personal sacrifice—another health facility may not match the overall benefits I have.	0.781	
	Normative Commitment		
nc2	I do not believe that a person must always be loyal to his or her health facility **(R)**	0.787	6.491
nc3	Jumping from health facility to health facility does not seem at all unethical to me. **(R)**	0.755	6.401
nc4	One of the major reasons I continue to work for this health facility is that I believe that loyalty is significant and therefore feel a sense of moral responsibility to remain.	0.734	6.329
nc5	If I got another offer for a better job elsewhere I would not sense it was right to leave my health facility.	0.579	5.624
nc7	Things were better in the days when people remained with one institution for most of their careers.	0.498	

Achieved Fit Indices

CMIN/DF	RMSEA	GFI	CFI	TLI	NFI
1.255 (126.799 / 101)	.036	.925	.978	.974	.903

The findings established the correctness of the final model with excellent model fit statistics for this construct measure as reported in table 4, Given that the model fit the data well and the relationship between the underlying factors was less than .85, no further adjustments were required. The composite consistence for organisation commitment is .728, which is beyond the tolerable level as indicated by DeVellis (2003)

5. Results

5.1. Descriptive Statistics of the Study variables

The descriptive statistics generated in this study included means and standard deviations. On a 5-point scale, the means for organizational commitment and workers' performance are 3.916 and 3.361 with standard deviations of 0.437 and 0.999, respectively. According to Field (2005) when deviations are small compared to mean values, it is evident that the data points are close to the means, and hence, calculated means highly represent the

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observed data.

5.2. Correlation Analysis

The correlation results are presented in table 5, the findings specify a statistically strong significant association between organizational commitment and performance of health Centre IV workers in greater Mbarara District (r=.384, *p*=.000). This provides support to hypothesis 4 which underlines a substantial association between organizational commitment and workers' performance among health Centre IV workers in greater Mbarara District. This means that positive changes in organizational commitment are associated with positive changes in workers' performance. The findings further show that hypotheses 1, 2 and 3 which cover the relationship between the elements of organizational commitment and workers' performance appear to be reinforced as well a part from hypothesis 3 which indicated a negative but insignificant relationship between normative commitment and workers' performance; with affective commitment having a stronger association followed by continuance commitment.

Table 5.1 Correlation results and descriptive statistics

Variables	***1***	***2***	***3***	***4***	***5***
Affective Commitment(1)	1				
Continuance Commitment(2)	-.008	1			
Normative Commitment(3)	.057	-.008	1		
Organizational Commitment(4)	.584**	.666**	.485**	1	
Workers' Performance(5)	.350**	.261**	-.001	.373**	1

**. Correlation is significant at the 0.01 level (2-tailed). *n=198 health workers*

The motivation of this study was driven by the possibility of differences in contribution of organizational commitment in explaining workers' performance. To do this, first, we regress organizational commitment as a global variable with the control variables (Age and level of education of the health workers) on workers performance. This is followed by a hierarchical regression where we define the influence of each element of commitment in explaining workers' performance.

Regression analysis results for;

Regression involving organisational factors as a global variable

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Two models were specified as:

Model 1: $WP = b_0 + b_1A + b_2E + \varepsilon$
Model 2: $WP = b_0 + b_1A + b_2E + b_3OC + \varepsilon$
Where:
WP = workers performance
b_0 - is a constant
b_1A – is the unstandardised B coefficient of age of the health workers
b_2E – is the unstandardised B coefficient of level of education of the health workers
b_3OC – is the unstandardized B coefficient of organizational commitment
ε is the error term

Testing relationships between the elements of the Organization commitment and workers' performance

Organizational commitment was hypothesised with three (3) variables (affective commitment, continuance commitment and normative commitment), the confirmatory factor analysis reserved all the three elements. The three factors were exposed to a regression analysis and the results are presented in *table 4.2*

Table 5.2: Regression of Organizational commitment (standardized coefficients)

	Model 1	**Model 2**	**Tol**	**VIF**
Age of the employees	.015	-.021	.893	1.120
Level of education	.025	-.039	.878	1.139
Organizational Commitment		.384**	.954	1.049
Model summary				
R^2	0.001	0.142		
Adj R^2	-0.009	0.128		
R^2 change.	0.001	0.141		
F-stat	0.107	31.779		
Sig	0.898	.000		

***. Significant at the 0.01 level (2-tailed). Dependent variable = Workers' Performance, n=198 health workers*

In model 1, we regress the control variables (Age of the employees and level of education of the employees) on workers' performance and the findings show that much as the variables explain 0.01% of the variance in workers performance, their contribution

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effect is insignificant. Organizational commitment was added to the equation in model 2, and the findings specified that organizational commitment explains 14.1% of the variance in workers performance. Overall, the model explains 12.8% of the variance in workers performance. We also establish the variance inflation factors (VIFs) in our models to test for multi Collinearity. The highest VIFs were well below the threshold value of 10 suggested by Field (2005) indicating that multi Collinearity does not pose a problem to the regressions. However, the findings do not tell us the particular element of organizational commitment that has a greater effect. If we are to develop training packages to improve organizational commitment and the consequent workers performance, there is need to dissect organizational commitment and identify the areas of emphasis. This led us to conduct a hierarchical regression analysis.

Regression involving the elements of organizational factors

Four models were specified as:

Model 1: $WP = b_0 + b_1A + b_2E + \varepsilon$

Model 2: $WP = b_0 + b_1A + b_2E + b_3AC + \varepsilon$

Model 3: $WP = b_0 + b_1A + b_2E + b_3AC + b_4CC\ \varepsilon + \varepsilon$

Model 4: $WP = b_0 + b_1A + b_2E + b_3AC + b_4CC\ \varepsilon + b_5NC\ \varepsilon + \varepsilon$

Where:

WP = workers performance

b_0 - is a constant

b_1A – is the unstandardised B coefficient of age of the health workers

b_2A – is the unstandardised B coefficient of level of education of the health workers

b_3AC – is the unstandardized B coefficient of affective commitment

b_4CC – is the unstandardized B coefficient of continuance commitment

b_5NC – is the unstandardized B coefficient of normative commitment

ε is the error termε is the error term

Table 5.3: Hierarchical Regression Results

	Model 1	Model 2	Model 3	Model 4	Tol	VIF
Age of the employees	.015	.014	-.003	-.002	.888	1.127
Level of education	.025	-.044	-.055	-.054	.866	1.155
Affective Commitment	-	.358**	.363**	.364**	.961	1.040
Continuance Commitment			.268**	.267**	.992	1.008

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Normative Commitment				-.014	.977	1.023
Model summary						
R^2	0.001	0.124	0.196	.196		
Adj R^2	-0.009	0.111	0.179	**.179**		
R^2 change	**-**	**0.123**	**0.071**	.000		
F-stat	0.107	27.336	17.069	.043		
Sig	0.898	.000	.000	0.837		

***. Significant at the 0.01 level (2-tailed). Dependent variable = Workers' performance, n=198 health workers*

The findings in model 1 show that the control variables do not make an important contribution in clarifying adoption of workers' performance. This suggests that our models are not sensitive to confounding factors and the models are highly plausible. The addition of affective commitment in model 2 reveals an extra contribution effect of 12.3% ($R^2\Delta$=.123) in the variance explained workers' performance and the findings specify that affective commitment is a significant predictor of workers' performance (β=.364, p=.000) implying that a unit increase in affective commitment will result in to 0.364 units increase in workers' performance. The addition of continuance commitment in model 3 accounts for the extra 7.1% ($R^2\Delta$=.071) of the variance explained in workers' performance. The model results also show that continuance commitment is a significant predictor of workers' performance (β=.267, p=.000). The findings in model 4 show that additional of normative commitment doesn't have any significant influence on workers' performance and it doesn't contribute any variation on workers' performance. When predictive power and strength of all the three elements are compared, affective commitment has a greater effect on workers' performance. The findings also validate hypotheses 1, 2 & 3. Overall, the model clarifies 17.9% of the variance in workers' performance. The remaining 80.1% is catered for by factors not covered in this study.

6. Discussions of Findings.

The findings show that emotional attachment is a significant predictor of workers' performance (β=.364, p=.000) implying that a unit increase in affective commitment will result in to 0.364 units increase in workers' performance. This implies that positive changes in affective commitment is associated with positive changes in health centre IV workers' performance in greater Mbarara district. This was in a arrangement with (Meyer et al. (2002) who revealed that affective commitment demonstrated to have positive and strong

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correlation with the individual performance. Other studies on commitment have established strong confirmation that affective and normative commitment are positively associated with employee performance.

The findings of this study also revealed that majority of health workers approved that they would devote the rest of their careers in different health facilities, they could enjoy deliberating the issues regarding their health facilities in the public. This displays that there was high level of emotional attachment by health workers towards their health facilities as it was reinforced by Meyer, Morin &Wasti, (2017) who say all ascend from good perception that come as a consequence of social exchanges between the workers and institution they are working for.

Also participants approve that they recognised a strong sense of belonging to their health facilities, and endure attending to their respective health facilities, this means all health workers had a family where they belonged and this would increase on the levels of productivity and availability of staff at different health facilities to improve service delivery. This was in arrangement with (Awang et al., 2010) who say that employees who are satisfied with their jobs and institutions; and employers are aware of the challenges affecting employees when performing their specific tasks and theses challenges once identified early they are dealt with precisely. This alone in future boasts worker's productivity. Other participants say that their health facilities have a personal meaning to them, with the rampant unemployment in the country, they are still working in those health facilities and are getting a salary for their survival and other members of their family. This was also in arrangement with (Irefin &Mechanic, 2014) who researched about organizational commitment and established that access to some family procedures such as child care and working from home, access to good pay enhances workers commitment and performance among health workers.

Respondents also agreed that they had too few options of leaving their health facilities, this means the level of emotional attachments to their respective facilities is high and this would accelerate improved productivity and responsivess to service delivery in different health facilities. This was in agreement with (Foloruso et al., (2014) who investigated the effect of organizational commitment and employees' performance among academic staff of Oyo state owned tertiary institution and the findings showed that emotional attachments of employee's improves productivity at workplace .

The results in table 5.3, further reveal that normative commitment is a negative indicator of health centres IV workers' performance. This is an indication that health workers' performance is not about the degree of attachment-based on perceived obligation towards the organization, but rather employee emotional attachment and the benefits

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accruing from staying from an institution. Affective commitment is a stronger predictor with a beta value of .364***. This was rejected by Cohen (2007) who advised that normative commitment establishes a favourable association between work attitude and behaviours of employees. This was further reinforced by Meyer et al (2002) who favour the distinctive nature of affective and normative organizational commitments.

Similarly, the findings in table 5.3, indicate that normative commitment is not a noteworthy determinant of health centre IV workers' performance. This has led some researchers to question the usefulness of normative commitment as it is thought to result from early socialization experiences with one's value and membership (Meyer, Allen and Allen, 1997) This was not common among health workers in health centres iv, because they are always transferred from one health centre to another and maintaining a membership becomes a challenge consequently affecting their performance outcomes.

As regards to the dimension of organizational commitment, it was concluded according to the hypothesis which showed positive and statistically relationship (β=364, p=000), between organizational commitment and performance of health centre IV workers in greater Mbarara district. It was also noted that the ministry of health and other officers inspire health workers to recognize and involve themselves in health centre IV activities and be informed about the cost of leaving any health facility.

Also, the findings revealed a progressive association between continuance and affective organizational commitment and health workers performance. It was revealed that health workers knew the effect of withdrawing membership on any health centre IV. This always links workers with economic connections resulting in workplace stability, health workers satisfaction and observe rest periods.

Similarly, the findings specified no positive relationship between normative organizational and performance of health workers in greater Mbarara District. It also noted that health workers behaviour and work attitude be a centre of emphasis if performance is to be realized among other workers in different health centres in Greater Mbarara District.

7. Conclusion and Recommendations

The tenacity of this research investigation was to find out the relationship between organizational commitment and performance of health workers' in greater Mbarara district. This was accomplished through a questionnaire survey of 200 health workers in health centres IV representing 98% response rate. Findings indicate that commitment is significant predictor of health workers' performance (r=.384, *p*=.000).

Overall findings of this investigation have a significant implication to both academics, practioners and government. For academics, the results recommended affective and continuance commitments are strong predictors of health workers' performance in

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health centres IV in greater Mbarara district. For health practitioners, they should distinguish different strategies that influence employee emotional attachments at their health facilities like; recognition, instituting health welfare schemes for entire staff etc. The results further displayed that normative commitment had no effect on health workers performance in health centres iv, this is because health workers may create an obligation to stay in a society for a short period of time, this is always due to transfers of health workers from one health facility to another.

For government, the findings are important, when it comes to setting priorities, it should aim at meeting health workers' urgent needs, expectations and desires so as to reduce on labour turnover in health sector.

This study was limited to health centres IV in greater Mbarara district and it is possible that the results may only be generalized to health sector not only in Uganda but also in other communities of the world.

This investigation majorly focused on health centres IV workers and their performance, further investigations could be carried out in other levels of health care system in Uganda like; private health sector, health centres II, III and referral respectively using the same methodology or even using mixed methodology.

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