

The Influence of Organizational Factors on Registered Nurses' Work Attitudes in Nigeria

Benjamin Akinyemi^{1,2}, Alice I. Ogundele³, Samuel Olutuase⁴ & Babu George⁵

¹ Department of Management, Swiss Management Center University, Switzerland

² Department of Management, Central University of Nicaragua, Managua, Nicaragua

³ Ondo State Ministry of Health, Akure, Nigeria

⁴ Department of Business Administration, University of Jos, Jos, Nigeria

⁵ Christian Brothers University, Memphis, Tennessee, USA

Correspondence: Benjamin Akinyemi, Bahnhofstrasse 20, 6300 Zug, Switzerland. E-mail: akinyemi.ben@gmail.com

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Abstract

This study examined the influence of competence development, work-life balance, perceived organizational support and organization's commitment to employees on job satisfaction, affective commitment and turnover intention among registered nurses in Nigeria's Ondo State. The sample consisted of 220 registered nurses from six public hospitals in Ondo State. Data analysis was conducted using multivariate regressions, Pearson's product-moment correlation and descriptive statistics to determine the influence of organizational factors on nurses' job satisfaction, affective commitment and turnover intention. The results indicated that competence development practices, work-life balance policies and practices, perceived organizational support and the organization's commitment to employees were positively correlated to job satisfaction and affective commitment but negatively correlated to registered nurses' turnover intention. This study identified the importance of organizational factors in promoting nurses' job satisfaction, affective organizational commitment and intention to stay which may inform hospital administration, health care institutions and the Ondo State Government about the significant role of organizational factors in improving nurses' job satisfaction, affective commitment and turnover intention.

Keywords: competence development, registered nurses, commitment, job satisfaction, work-life balance, public hospitals

1. Introduction

The World Health Organization (WHO, 2020) states that nurses form the largest health workforce with approximately 59% of the health professions and they are critical to meeting universal health coverage and sustainable development goals. There are 27.9 million nurses globally including professional nurses 19.3 million (69%) professional nurses, 6.0 million (22%) associate professional nurses and 2.6 million (9%) who are not classified either way (WHO, 2020). Though the total stock has increased by 4.7 million over the period 2013-2018, a global shortage of 5.9 million nurses was estimated for 2018, and 5.7 million has been estimated to occur by 2030 in countries (including Bangladesh, India Indonesia, Nigeria and Pakistan) with a density below a benchmark of 4.45 physicians, nurses and midwives per 1000 population (WHO, 2020). For Nigeria in particular, an estimated shortage range of 500 000 to 600 000 nurses is projected for the year 2030 (WHO, 2020).

The complex challenges that have bedevilled Nigeria's healthcare sector have directly affected health workers. Persistent labor crisis, workforce shortages and migrations are experienced by registered nurses who are also members of the National Association of Nigeria Nurses and Midwives (NANNM), a professional/trade union organization recognized by the Trade Unions (Amendment) Act of 2005. Ondo State, the study's location, is one of the 36 states in Nigeria and has a total population of 3,440,024 (National Population Commission, 2006). Statistics from the Ondo State Ministry of Health show that 1,102 nurses are working in 4 State Specialist and 14 General Hospitals. It further shows that a total of 299 nurses work at the 575 Primary Health Care Centres in the 18 Local Governments of the State. The Federal Medical Centre, Owo (FMC) which serves as the only tertiary

institution in the State has 320 nurses instead of 600 nurses that are needed to cover all the shifts conveniently. Hence, the total number of nurses in all the 3 tiers of Government is 1,621 serving a total population of 3,440,044. This indicates that there is a severe shortage of nurses in Ondo State.

2. Literature Review

2.1 Competence Development

According to the Nursing and Midwifery Board of Ireland (NMBI, 2015) “Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice.” It is “the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife” (NMBI, 2015, p. 15). The Australian Nursing and Midwifery Council (ANMC, 2006) describe competence as a combination of skills, knowledge, attitudes, values and abilities that contribute to effective performance (Gillespie, Harbeck, Falk-Brynhildsen, Nilsson, & Jaensson, 2018). Competence “involves both the ability to perform in a given context and the capacity to transfer knowledge and skills to new tasks and situations” (Brunt, 2014). It is “an expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association (ANA) & National Nursing Staff Development Organization (NNSDO), as cited in Brunt, 2014).

In their concept analysis of nursing competency, Takase, Teraoka, Miyakoshi & Kawada (as cited in Fukada, 2018) divide nursing competency into three theoretical perspectives, viz: behaviorism, trait and holism. The behavioristic approach emphasizes the performance of individual core skills and to evaluate this, there must be a demonstration of those individual core skills. The trait perspective views competency as individual traits such as knowledge, critical thinking skills, etc., that are required for effective performance of duties. The behavioral and trait approaches to defining nursing competency do not seem to encompass all the key or essential elements that describe the concept adequately. A holistic view of competence could be seen as a more acceptable description. Holism views competency as a bundle or broad cluster of abilities that include knowledge, skills, attitudes, thinking ability and values which are needed in certain contexts (Takase, Teraoka, Miyakoshi, & Kawada, as cited in Fukada, 2018). The holism approach seems to be widely accepted because nursing competency is commonly considered as a complex integration of knowledge including professional judgment, skills, values and attitude (Fukada, 2018). Competence is significant for the nursing profession and for practising nurses themselves. This is because the perception of Nurses about their competence not only contributes to their professional self-image (Hedenskog, Nilsson, & Jaensson, 2017) but could also have some impact on their performance, job satisfaction, recruitment and retention (Gillespie et al., 2018).

Following the social exchange theory, registered nurses’ competence development could enhance their job satisfaction, affective commitment and lower turnover intentions. Price and Reichert (2017) found that student and early-career nurses expect adequate training and education to facilitate workplace transitions, as well as continuing education opportunities throughout their careers for career growth and development. However, for mid- to late-career nurses, the importance of lifelong learning was understood within the context of maintaining competency, providing quality patient care and enhancing future career opportunities. Paré & Tremblay (2007) indicated that competence development and information sharing negatively affect turnover intention. A systematic review of the literature (Alshutwi, 2017) suggested that supervisor support could influence employee turnover intention. Ryu and Moon (2019) found that workplace learning had a positive impact on job satisfaction and organizational commitment.

2.2 Work-Life Balance

The concept of work-life balance (WLB) originated in America in 1986 (Lockwood, 2003) and was popularized by Schor (1991) whose book *The Overworked American: The Unexpected Decline of Leisure* described the negative impact of job demands on workers’ leisure time (Guest, 2002). Work-life balance, as described by Abercromby (2007) is to create and maintain supportive and healthy work environments that enable workers to balance between their work and personal responsibilities. Defined by Redmond, Valiulis and Drew (2006) WLB is “policies that strive to achieve a greater complementarity and balance between work and home responsibilities” (p. 15) while, according to Clark (2000) it has to do with “satisfaction and good functioning at work and at home, with a minimum of role conflict” (p. 751). Defining balance through the lens of family, Greenhaus & Allen (2011) posit that it is “the extent to which an individual’s effectiveness and satisfaction in work and family roles are compatible with the individual’s life role priorities at a given point in time” (p. 174) thus overlooking other interests outside work and family. In the same vein, the Health Education Board of Scotland (HEBS, 2002) refer to the construct as employment practices that considers and seeks to support the needs of

employees in striking a balance between family and job demands. Since the WLB concept is not about balancing work and family situations alone but includes all non-work-related activities that are of interest to employees, some authors have given broader and more robust definitions of the term. For instance, after reviewing the six most common definitions of the construct, Kalliath and Brough (2008), define WLB as the “perception that work and non-work activities are compatible and promote growth in accordance with an individual’s current life priorities” (p. 326). This broad and all-inclusive definition is more appropriate as an operational definition for this study. The ‘non-work activities’ in the said definition refer to those other engagements such as extra-curricular or leisure activities that are different from work and family are included.

The influence of work-life balance on nurses’ behavior and attitude has attracted the interest of researchers and practitioners, especially human resource management specialists. Some researchers have reported that work-life balance has a positive relationship with job satisfaction, retention (Nei, Snyder, & Litwiller, 2015; Aamir, Hamid, Haider, & Akhtar, 2016; Kaddourah, Abu-Shaheen, & Al-Tannir, 2018) and organizational commitment (Nurumal, Makabe, Jamaludin, Yusof, Aung, & Kowitlawakul, 2017) among hospital nurses. A study (Makabe, Takagai, Asanuma, Ohtomo, & Kimura, 2015) found work-life imbalance to decrease nurses’ job satisfaction and quality of life and suggest the likelihood of this phenomenon affecting care quality and overall health of nurses. However, Kowitlawakul, Yap, Makabe, Chan, Takagai, Tam, & Nurumal (2018) found no significant difference between work-life balance and job satisfaction among the four groups of nurses studied. Amir et al. (2016) report a partial mediation effect of job satisfaction on the relationship between work-life balance and retention of nurses and Kaddourah et al. (2018) report that there is a correlation between work-life related factors and turnover intentions of hospital nurses in Riyadh, Saudi Arabia while the findings of Daderman & Basinka (2016) indicate that work-family conflict does not intensify turnover intentions among nurses in Poland.

The Nigerian society is extremely patriarchal in nature, a system that is domineering, hostile and oppressive towards the female gender (Ugwu & de Kok, 2015; Adisa, Abdulraheem, & Isiaka, 2019; Onwutuebe, 2019). Patriarchy, as described by Walby “is a system of social structures, and practices in which men dominate, oppress and exploit women” (as cited in Hakim, 2016, p. 2). Under the patriarchal system gender inequality thrives which results in oppression and discrimination towards women in virtually all areas of life. Even though the nursing profession is female-dominated the paternalistic orientation of Nigerian society has a notable impact on women generally. This system constitutes a major hindrance to the Nigerian working woman’s work-life balance and female nurses are not exempted. Women’s domestic and other roles vis-a-vis huge workplace expectations demand that they are targeted with organizational policies and practices or interventions that enhance their work-life balance. The culturally ingrained patriarchal norms within the Nigerian society need to shift for working women to achieve work-life balance.

2.3 Perceived Organizational Support

The concept of Perceived Organizational Support (POS, Eisenberger, Huntington, Hutchison, & Sowa, 1986) is based on the employer-employee exchange relationship and defined as “an experience-based attribution concerning the benevolent or malevolent intent of the organization’s policies, norms, procedures and actions as they affect employees” (Eisenberger, Armeli, Rexwinkel, Linch, & Rhoades, 2001, p. 42). Thus, POS is a relational concept that hinges on the interaction between employees and employers. According to this concept, which is grounded in organizational support theory, “to meet socio-emotional needs and to assess the organization’s readiness to reward increased efforts, employees form general beliefs concerning how much the organization values their contributions and cares about their well-being” (Eisenberger et al., 1986; Shore & Shore, 1995; Rhoades, Eisenberger, & Armeli, 2001, p. 825). This reiterates the fact that an organization’s employees are its most valuable assets (Luksyte & Spitzmueller, 2016). Employees attribute organizations’ agent’s attitude, behavior and actions taken as a representation of the organization’s culture and practices rather than arising from the agent’s motive especially because of the legal, moral, and financial responsibility undertaken by the organization for the actions of its agents (Levinson, 1965). As a result of this personification of the organization, employees hold organizations responsible for the actions of their agents as they are deemed to act on behalf of their organizations. Perceived organizational support, therefore, implies that employees see their organizations through the actions or inactions of their representatives or agents who are understood to be acting on behalf of the organizations.

Registered nurses practice in challenging work environments with challenging nurse-physician and nurse-patient relationships (Adzakpah, Laar, & Fiadjoe, 2017; Varma, Kelling, & Goswami, 2016; Durosaie, Hadjri, & Liyanage 2016; Siedlecki & Hixson, 2015). This professional work environment is identified as one of the factors affecting nurses’ recruitment and retention (Siedlecki & Hixson, 2015; Galletta, Portoghese, Battistelli, & Leiter, 2013). However, research indicates that perceived organizational support could mediate between the

challenges faced by nurses and their consequences or outcomes (Malette, 2011; Khrais, Higazee, Khalil, & Wahab, 2018). However, other studies show that POS does not mediate the correlation between moral distress and turnover intention among oncology nurses (Maningo-Salinas, 2010; Robaee, Atashzadeh-Shoorideh, Ashktorab, Baghestani, & Barkhordari-Sharifabad, 2018). Nurses need to be highly engaged for effective healthcare delivery. Organizational support is essential for nurses' high performance, engagement and commitment in the discharge of their duties.

2.4 Organization's Commitment to Employees

Despite the significance of Organization's Commitment to Employees (OCE) as a pivotal and inseparable part of the Human Resource (HR) system, very little attention is directed to studying this concept by researchers and practitioners (Nguyen & Teo, 2018). From the perspective of social exchange theory which is regulated by the norm of reciprocity, organizations' commitment to their employees is required for employees' identification, engagement and performance. OCE refers to actions that an organization undertakes for the well-being improvement and satisfaction of its employee (Muse, Rutherford, Oswald, & Raymond, 2005). It is a reflection of an organization's focus on investment in employee's competence development (Roca-Puig, Beltrán-Martín, Escrig-Tena, & Bou-Llusar, 2007; Lee & Miller, 1999) evidenced by employee participation in decision making, information sharing, and voicing their ideas and opinions (Nguyen & Teo, 2018; Lee & Miller, 1999; Miller & Lee, 2001). When employees perceive a positive OCE, Shore and Wayne (1993) suggest that it fosters employee identification, encourages initiative and innovation, independent of rewards (Rodwell & Teo, 2004).

Though there is a plethora of research on employee commitment very few studies exist on OCE despite its significance to organizations' sustainable competitive advantage (Muse, Rutherford, Oswald, & Raymond, 2005; Lee & Miller, 1999; Miller & Lee, 2001). Prior studies have addressed the impact of OCE on return on assets (Lee & Miller, 1999) and financial performance (Miller & Lee, 2001), its impact on small business performance (Muse et al., 2005); relationship with labour productivity (Roca-Puig, Beltrán-Martín, Escrig-Tena, & Bou-Llusar, 2007); relationship with organizational performance in service firms (Roca-Puig, Beltrán-Martín, Escrig-Tena, & Bou-Llusar, 2005); association with SME's success (Georgiadis & Pitelis, 2012). Rodwell and Teo (2004) examined the adoption of strategic human resource management (SHRM) in knowledge-intensive health services (HS) organizations in Australia and found that OCE to be positively related to the HS organizations' SHRM adoption as it enabled the organizations to develop SHRM approach with human capital-enhancing human resource management practices. Concerning research on nurses, as previous studies have shown, OCE, with its focus on investment in competence development could mitigate the impact of work environment factors and enhance recruitment and retention.

2.5 Job Satisfaction

Employees' job satisfaction is a nexus concept in SHRM. While it strongly connects with providing high-quality services to customers (Gulsen & Ozmen, 2020), it also connects to employee retention and turnover intention (Kelly, Runge, & Spencer, 2015). On the other hand, job satisfaction is linked to perception (Samad, Memon, & Kumar, 2020; Waltz, Muñoz, Weber, Johnson, & Rodriguez, 2020). When placed on a continuum, employees' job satisfaction stems from their perception of workplace conditions, linking right up to their retention on a given job. The inter-connectedness job satisfaction to many concepts is therefore a probable reason for its increasing complexity and recurrence in research (Aziri, 2011). Conceptually, job satisfaction refers to the balance between expectations and values on one hand, and perception of workplace realities and conditions (Tripp & Fadlon, 2020; Wanous & Lawler, 1972). An imbalance arising from perception falling below employees' expectations result in job dissatisfaction.

From extant literature, empirical enquiries on employees' job satisfaction have focused on either its determinants (Alnuaimi, Ali, & Al-Younis, 2020; Kelly et al., 2015; Shaheen, Al-Hniti, Bani Salameh, Alkaid-Albqoor, & Ahmad, 2021); what it affects (Alnuaimi et al., 2020; Aziri, 2011; Tripp & Fadlon, 2020; Waltz et al., 2020) and how it is related to other concepts such as burnout, stress, workload, intention to quit or work-behavior (Acea-López, Pastor-Bravo, Rubinat-Arnaldo, Bellon, Blanco-Blanco, Gea-Sanchez, & Briones-Vozmediano, 2021; Alkahtani, 2015; Alnuaimi et al., 2020; Aziri, 2011; Chen, Brown, Bowers, & Chang, 2015). As evident from empirical research, most of these studies have explored job satisfaction with little consideration for its embeddedness, interconnectedness and complex nature. This gap implies that the outcomes of these studies may not offer robust insights to underscore Human Resource policy and practice especially in the post COVID-19 era. Therefore, more empirical studies that consider the embeddedness, interconnectedness and complex nature of job satisfaction are needed. Such empirical studies would provide more robust outcomes that more accurately reflect the reality of increasingly complex and changing workplaces.

2.6 Affective Commitment

Affective commitment (AC) is a reflection of the degree to which an employee is devoted to a cause or company (Bouraoui, Bensemmane, Ohana, & Russo, 2019). From the perspective of social exchange theory, affective commitment is employees' psycho-emotional response to some organizational factors (Chen, Chen, Chung, Cheng, & Wu, 2020). However, Bouraoui et al. (2019) underpinned an employee's affective commitment to their perception of moral obligation to reciprocate organizational justice and norms. This argument essentially links affective commitment to perceived organizational support (Bouraoui et al., 2019; Poon, 2012, 2013). Research interest in affective commitment is partly spurred by the assumption that employee's turnover intention (a close proxy off actual turnover) will be low with strong affective commitment. More importantly is the fact that greater affective commitment elicits greater investment in the organization from employees (Chen et al., 2020) in terms of creativity (Asif, Qing, Hwang, & Shi, 2019), energy and time (Chen et al., 2020). This is where nurse managers hope to maximize nurses' productivity and effectiveness for optimal nursing service care outcomes.

Recent studies have attempted to underscore the important factors that influence affective commitment, and some strategies managers could deploy to improve employees' affective commitment (Asif et al., 2019; Cafferkey, Heffernan, Harney, Dundon, & Townsend, 2019; Kampkötter, Petters, & Sliwka, 2021). However, no studies envisaged the potential effects of workplace disruptions, like COVID-19, could bear on employees' affective commitment, especially for nurses who are frontline workers. It is imperative to note that challenges that occur from workplace disruptions are different from those that occurred through deliberate changes in work process (DiPietro, Moreo, & Cain, 2020). To capture the challenges emanating from workplace disruptions, Mihalache and Mihalache (2021) in their study explored 295 employees in the United Kingdom. They aimed at determining how organizational support in response to workplace disruptions influence employees' affective commitment. From their finding, Mihalache and Mihalache (2021) argued that organizational support could help develop shared identity which would foster greater commitment in employees. From Mihalache and Mihalache (2021)'s argument, two things remain unclear. One, how would the contingency organizational support be structured to suit peculiar workplace challenges and disruptions? Two, how would these be effectively communicated or implemented to elicit an appropriate perception of organizational support, which in turn influence affective commitment? To answer this, more empirical inquiries would be needed.

2.7 Turnover Intention

World over, turnover intention among all categories of nurses remains a challenge to nursing management and practice. This is especially so because of its negative effect on health care outcomes (Huang, Xia, Zhao, Pan, & Zhou, 2021; Huang, Wong, Shyu, Ho, Yeh, & Teng, 2021) given that most valued nurses are not retained (Malyon, 2019). Moreover, the changing demography amongst nurses which is increasingly being dominated by younger-aged (i.e., millennial) nurses (Waltz et al., 2020) poses a greater challenge because these younger nurses exhibit a higher level of turnover intention (Xu, Zeng, & Wu, 2021). To tackle the challenge of turnover intention among nurses, empirical studies have enquired into predictors, correlates and mitigators (Özkan, 2021; Yuan et al., 2021). For example, Malyon (2019) found out that while turnover intention strongly interplays with the work environment and employees' perception, turnover intention can be significantly mitigated with a high level of positive affective commitment.

In their study, Cao, Jia, Zhu, Li, Liu, Li, and Li (2021) reported that turnover intention of nurses in China could be predicted from their proactive personality, sick family members, negative events at work, work stress, work-life imbalance. Cao et al. (2021) further reported that low turnover intention could be correlated with some occupation-related characteristics such as title, high salary, good fit with the organization, good team play, and good work-life balance practices/policies. Chen et al. (2015)'s study had posited similar claims. To further articulate an understanding of turnover intention predictors, Lee (2021) classified its predictors as individual and organizational factors. In a similar study conducted in South Korea, Lee & Kim (2020) reported that both individual and organizational factors significantly associate with nurses' turnover intention. While empirical studies offer useful outcomes for strategizing for greater nurse recruitment and retention, the need to understand new dimension of turnover intention as it is being shaped by a new phenomenon called "fear of COVID-19" (Labrague & de los Santos, 2021) persists.

3. Methodology

Using a cross-sectional survey design, a stratified sample of nurses (N=220) from six public hospitals in the Ondo State of Nigeria was obtained. A self-administered questionnaire comprising of five sections was used to obtain data from respondents. Data analysis was conducted using regression analysis, Pearson's correlation and descriptive statistics.

3.1 Conceptual Model

The literature suggests that competence development, work-life balance, organizational support are predictors of job satisfaction, affective commitment and intention to stay among employees generally and nurses in particular. However, there are a few studies that did not agree with these findings. No study is found focusing on the influence of organizational factors on nurses' attitude and/or behavior in Ondo State. The main aim of the present study was to test the model in Figure 1 below.

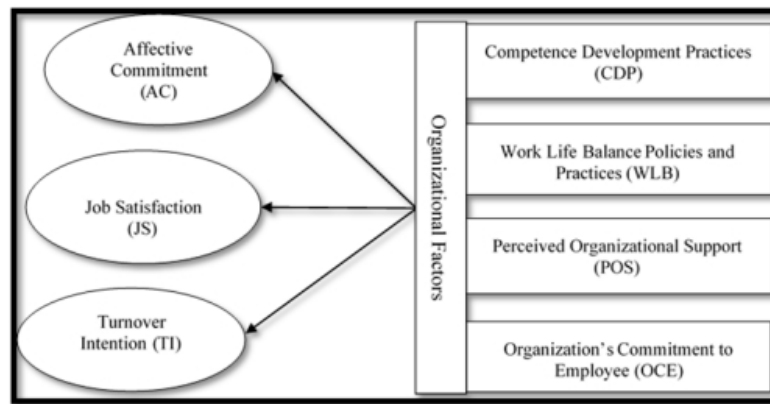


Figure 1. Conceptual Model

3.2 Hypotheses

The research model depicts the hypothesized relationships between organizational factors variables and nurses' attitudes variables leading to the formulation of the following hypotheses:

- 1) Registered nurses' perceptions of competence development practices will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention;
- 2) Registered nurses' perceptions of work-life balance will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention;
- 3) Registered nurses' perceptions of perceived organizational support will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention;
- 4) Registered nurses' perceptions of an organization's commitment to employees will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention.

3.3 Measuring Instruments

A structured questionnaire consisting of 34 items with 8 sections was administered to nurses. The sections comprised competence development practices (6 items), developed by Tremblay, Paré & Lalonde (2001); work-life balance (5 items), derived from studies on work overload and work-family conflict by Beehr & Newman (1976) and Kopelman, Greenhaus & Connolly (1983) respectively; perceived organizational support (4 items), developed by Pare and Tremblay (2007) similar to Eisenberger et al. (2002)'s perceived organizational support scale; organization's commitment to employees scale (4 items) is similar to Miller & Lee (2001)'s organizational commitment to employees' (OCE1) scale; overall job satisfaction (3 items) was developed by Cammann, Fichman, Jenkins, and Klesh (as cited in Fields, 2013), affective commitment (4 items) was adapted from Allen and Meyer's (1997) six original affective organizational commitment component scale, turnover intention (3 items) was adapted from Camman, Fichman, Jenkins and Klesh (as cited in O'Connor, 2018) and demographic variables (5 items). Responses were obtained on a seven-point Likert scale from 1 = *very strongly disagree* to 7 = *very strongly agree*. For each of the eight variables, coefficient alpha ranged from .62 to .90 exceeding the .60 acceptable standard for reliability (Hair, Black, Babin, Anderson, & Tatham, 2018) and signifying their internal consistency. In Table 1, the Cronbach Alpha reliability statistical results for the eight constructs used in the study are shown.

Table 1. Reliability statistics for study constructs

Variables	Number of items	Cronbach's α
Competence Development Practices (CPD)	6	.624
Work Life Balance (WLB)	5	.631
Perceived Organizational Support (POS)	4	.876
Organization's Commitment to Employees (OCE)	4	.833
Affective commitment (AC)	4	.824
Overall Job satisfaction (OJS)	3	.902
Turnover Intention (TI)	3	.684

3.4 Data Collection and Analysis

The questionnaires were self-administered to nurses in their units after a brief explanation of the purpose of the study to them and given about two weeks to complete them. Sample was selected among registered nurses from 6 hospitals in Ondo state. Out of 250 questionnaires administered, a total of 234 valid responses were returned but only 220 were valid for analysis. Five participants declined, 11 were not properly filled and 14 were discarded in the process of data cleaning. As inclusion criteria, participating nurses must be registered with the Nursing and Midwifery Council of Nigeria and must have spent at least one year in the service of the Ondo State Government. Prior to data collection, ethics approval (AD.4693 Vol. 11/17) was granted to the researchers by the Ondo State Health Research Ethics Committee (OSHREC).

3.5 Regression Analysis

The purpose of regression analysis was to obtain a model for the functional relationship between a response variable (often referred to as the dependent variable) and one or more explanatory variables (often referred to as the independent variables). Regression analysis was conducted to model the effect of predictor (independent/explanatory) variables on the outcome (dependent/response) variables (Ort & Longnecker, 2016). The four organizational factors were used as independent (predictor) variables and registered nurses' job satisfaction, affective commitment and turnover intention were the dependent (response) variables. Normality testing became unnecessary due to the large size of the sample used in the study (Schmidt and Finan, 2018). The data was considered suitable for regression analysis as the correlation values are not larger than $r > 0.9$ (Mafini and Dlodlo, 2014). Table 2 shows the effects of how nurses perceive their organization's support, commitment to them as employees, their work-life balance, competence development practices on their affective commitment, job satisfaction, and intention to leave the organization. With the tolerance and VIF values all greater than 0.05 and less than five, multicollinearity is not a serious issue in the datasets (Thompson, Kim, Aloe, & Becker, 2017).

Table 2. Results of regression analysis

Hypotheses	Independent Variables	Dependent variable: Job satisfaction				
		Beta	<i>t</i>	Sig.	Collinearity statistics	
					Tolerance	VIF
^a Organizational factors and Job satisfaction	Organizational Commitment to employees	0.326	4.864	0.000	0.581	1.721
	Work-Life Balance Policies and Practices	0.220	4.125	0.000	0.922	1.084
	Competence Development Practices	0.065	1.199	0.232	0.880	1.137
	Perceived Organizational Support	0.319	5.111	0.000	0.669	1.495
	Independent variables	Dependent variable: Affective commitment				
^b Organizational factors and Affective Commitment	Organizational Commitment to employees	0.546	8.583	0.000	0.581	1.721
	Work-Life Balance Policies and Practices	0.177	3.509	0.001	0.922	1.084
	Competence Development Practices	0.003	0.050	0.960	0.880	1.137
	Perceived Organizational Support	0.155	2.615	0.010	0.669	1.495
	Independent variables	Dependent variable: Turnover intention				

°Extracted organizational factors and turnover intention	Organizational Commitment to employees	-0.164	-2.086	0.038	0.581	1.721
	Work-Life Balance Policies and Practices	-0.067	-1.076	0.283	0.922	1.084
	Competence Development Practices	-0.120	-1.866	0.063	0.880	1.137
	Perceived Organizational Support	-0.310	-4.216	0.000	0.669	1.495

Sig.: Significance; VIF: variance inflation factor.

^a $R = 0.670$; $R^2 = 0.449$; $F = 42.991$

^b $R = 0.488$; $R^2 = 0.238$; $F = 16.491$

^c $R = 0.710$; $R^2 = 0.504$; $F = 53.549$

3.6 Correlation Analysis

To examine the hypotheses, we established the relationships between four organizational factors and how they influence registered nurses' affective commitment, job satisfaction, and turnover intention. The correlation between variables as computed using Spearman's coefficient (r_s) was presented in Table 3. Results from correlation analysis indicated that organizational commitment to employees, work-life balance policies and practices, competence development practices and perceived organizational support were significantly and positively correlated to job satisfaction and affective commitment but significantly and negatively correlated to registered nurses' turnover intention.

Table 3. Correlation Analysis

Variables	OCE	WLB	CDP	POS	AC	JS	TI
Organizational Commitment to employees (OCE)	1	-	-	-	-	-	-
Work-Life Balance Policies and Practices (WLB)	.217**	1	-	-	-	-	-
Competence Development Practices (CDP)	.319**	.022	1	-	-	-	-
Perceived Organizational Support (POS)	.570**	.013	.192**	1	-	-	-
Affective Commitment (AC)	.680**	.224**	.240**	.448**	1	-	-
Job Satisfaction (JS)	.542**	.188**	.259**	.536**	.511**	1	-
Turnover Intention (TI)	-.380**	-.136*	-.248**	-.401**	-.355**	-.457**	1

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

*Correlation is significant at the 0.05 level (2-tailed).

3.7 Results of Hypothesized Model

Based on the foregoing correlation and regression analysis and their results, this section is a presentation of hypothesized framework indicating decisions on acceptance or rejection of each hypothesis. Regression results showed that organizational factors have significant positive relationships with job satisfaction ($R = 0.670$; $R^2 = 0.449$; $p < 0.05$) and affective commitment ($R = 0.488$; $R^2 = 0.238$; $p < 0.05$). However, organizational factors have a significant but negative relationship turnover intention ($R = 0.710$; $R^2 = 0.504$; $p < 0.05$). Results of Spearman's correlation analysis leading to these decisions are indicated in each of the figures that depict hypothetical relationships. From the correlation and regression analyses, results indicate that competence development practices, work-life balance policies and practices, perceived organizational support and organization's commitment to employees were positively correlated to job satisfaction and affective commitment but negatively correlated to registered nurses' turnover intention. Given these regression analysis results and the results of Pearson correlation analysis decision to accept or reject the formulated hypotheses were made as indicated in Table 4 below.

Table 4. Decision on Formulated Hypotheses

	Hypotheses	Decision
H1	Nurses' perceptions of competence development practices will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention.	Supported
H2	Nurses' perceptions of work-life balance will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention.	Supported
H3	Nurses' perceptions of perceived organizational support will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention.	Supported
H4	Nurses' perceptions of the organization's commitment to employees will have a significant positive influence on job satisfaction and affective commitment but a significant negative influence on turnover intention.	Supported

4. Discussion

According to the results, organizational factors significantly and positively influenced registered nurses' job satisfaction and affective organizational commitment but negatively and significantly influenced their turnover intention. These results agreed with some past research findings relating to this study. Many studies have examined the antecedents of registered nurses' job satisfaction, affective commitment and turnover intention with findings corroborating the results of this study (Gragnano, Simbula, & Miglioretti, 2020; Coudounaris, Akuffo, & Nkulenu, 2020; Hariyati & Safril, 2018; Edwards-Dandridge, Simmons, & Campbell, 2020; Yürümezoğlu, Kocaman, & Haydarl, 2019; Osuji, Uzoka, Aladi, & El-Hussein, 2014; Lum, Kervin, Clark, Reid, & Sirola, 1998). In this study, the hypothesis is that organizational factors such as competence development practices, work-life balance, perceived organizational support, organization's commitment to employees have a significant positive influence on registered nurses' job satisfaction and affective commitment but a significant negative influence on turnover intention was accepted.

A Survey of 9,982 nurses in 156 Dutch organizations (Tummers, Groeneveld, & Lankhaar, 2013) identified insufficient development and career opportunities as the most important reasons for nurses' intention to leave. Hariyati and Safril (2018) examined the relationship between nurses' job satisfaction and professional development and found that there was a moderate, positive correlation ($R: 0.42, p= 0.0001$) between the continuing professional development and the nursing career ladder system implementation satisfaction. Osuji et al. (2014) investigated the determinants of turnover intention among Canadian registered nurses and found that growth opportunity and supervisor support have a very significant positive effect on job satisfaction, career satisfaction, and organizational commitment but, external career opportunities and organizational commitment do not seem to have a significant effect on turnover intention but career satisfaction had negative significant effects on turnover intention (Osuji et al., 2014). Accordingly, Maurits, de Veer, van der Hoek, & Francke (2015)'s finding indicated that lack of educational opportunities alone is not directly significant for staff turnover but has to be combined with other factors to increase an employee's likelihood of leaving employment. The aforementioned research findings contradict part of the results of this study which indicate that competence development directly and significantly influenced turnover intention among registered nurses. Other researchers have suggested there was a strong association between affective commitment and perceived organizational support (Choi, 2019; Bajwa, 2019). A significant and positive relationship was also reported between support for training, benefits of training and the affective component of commitment (Bashir & Long, 2015).

There were no significant correlations between perceived organizational support and variables such as organizational commitment and turnover intention among sampled nurses in the Philippines (Labrague, McEnroe-Petite, Leocadio, Bogaert, & Tsaras, 2018). A survey of hospital midwives and primary-care midwives in the Netherlands (Cronie, Perdok, Verhoeven, Jans, Hermus, Vries, & Rijnders, 2019) found that all midwives were satisfied with their work. However, working hours per week, workplace agreements, and total years of experience were more significant to hospital midwives' job satisfaction while social support at work, work demands, job autonomy, and the influence of work on their private life were most significant to primary care midwives' job satisfaction. In a study of nurses in Tigray, Ethiopia (Gebregziabher, Berhanie, Berihu, Belstie, & Teklay, 2020), results showed that job satisfaction level was significantly associated with the overall intention and nurses who were unsatisfied with training opportunities were 2.55 (95% CI: 1.167, 5.571) times more likely

to leave their job than nurses who reported to be satisfied. This finding suggests that job satisfaction and employee development are pivotal to retention.

In the Nigerian context, there is a dearth of empirical investigations into registered nurses' cognitive responses to organizational factors and/or human resource management policies and practices. Akinwale and George (2020) examined the influence of work environment on government tertiary hospital nurses in Nigeria and found that while socio-political climate, administrative and managerial support, autonomy and responsibility, supervision and working condition, recognition and achievement, advancement and promotion, collectively exert positive relationship with nurses' job satisfaction. According to a study by Adegoke, Atiyaye, Abubakar, Auta, & Aboda (2015), when employees know that their organization values them, they reciprocate with a higher level of dedication and sense of ownership. These research findings focusing on the Nigerian environment agree with the results obtained from the current study.

The existing few studies on nurses' cognitive responses to some organizational factors have been limited to states and/regions different from Ondo State which is the focus of the present study. It is also pertinent to state that none of the existing studies has combined all the variables that this study has examined thus indicating the uniqueness of the study. Findings from this study served to reinforce the results from most existing studies and provide useful insight into the peculiar working environment and registered nurses' attitudinal and behavioral responses within the context of a developing and non-Western country.

4.1 Limitations of Study

The scope of this study is limited because only registered nurses from Ondo State-owned hospitals are sampled, excluding registered nurses from the Federal Government and privately owned hospitals within the State. This is due to time and financial constraints. A cross-sectional study of State, Federal and Private Hospitals would be more robust and generalizable to all types of hospitals. Another limitation is the use of the quantitative method only when a mixed method could generate better results. Using the mixed method that combines the strength of both quantitative and qualitative methods would require more time and finance which are not available for the study. Finally, the survey questions were closed-ended questions that provided limited options ranging from 1 – 7 only which may not reflect all the intrinsic feelings of the respondents (Spector, 2006). A close-ended survey questionnaire has a higher probability of being completed than an open-ended questionnaire which would require more time to complete by public hospital nurses with heavy workloads and long working hours.

5. Conclusion

This study examined the influence of organizational factors on nurses' job satisfaction, affective commitment and turnover intention. Findings from the study have supported the hypothesis that organizational factors significantly influence job satisfaction and affective commitment but have a significant negative influence on nurses' affective turnover intention. Given the results, it could be said that as the levels of job satisfaction reduce among nurses, so do their affective commitment to their organizations reduce which invariably reinforces their intention to quit. The need for registered nurses' retention is paramount because of their pivotal role in healthcare delivery, contribution to the success of universal health coverage and sustainable development goals, and the paucity of this stock of healthcare workforce locally and globally. According to a study by El-Jardali, Tchaghchagian, & Jamal (2009), the loss of a registered nurse extends the duration of hospitalization by approximately 80% and the risk of infection by approximately 20%. An increased nurse turnover may increase the patient to nurse ratio and lead to increased nursing workload unless further recruitment was possible.

This study did not claim to have identified all the key variables influencing Ondo State of Nigeria's nurses' job satisfaction, affective commitment and turnover intention. The study, however, suggests that organizational factors such as employee development, organizational support, organization's commitment to employees and work-life balance are critical success factors in promoting registered nurses' job satisfaction, affective commitment and decreasing turnover intention. Affective commitment is related to emotions and attachment whereas the predictor variables we considered and also the outcome variable, i.e. nurse affective commitment or lack of it, are functional. Researchers (Chamal & Dilina, 2018) have suggested that low job satisfaction formed the basis of employee turnover among healthcare workers. Findings have also indicated a direct association between healthcare employees' satisfaction and patients' satisfaction (Kever, Oyibo, Gana, Ukende, Damkor, & Danlandi, 2018). Dissatisfied nurses might transmit their negative emotions to their co-workers and patients; in stressful work situations such as during surgical procedures, this might also mean them making wrong decisions leading to greater chances of casualties. Keeping well trained and experienced nurses may influence lower patient mortality (Haegdorens, Van Bogaert, De Meester, & Monsieurs, 2019). These findings suggest that job

satisfaction among healthcare workers, especially nurses, is a critical issue that must be given top priority by the government and hospital administrators.

The results from this study are consistent with previous research findings on the antecedents of registered nurses' job satisfaction, affective commitment and turnover intention. There are few researchers, however, whose findings disagreed with this study's results (Maurits et al., 2015; Vandenberghe & Tremblay, 2008; Tzeng, 2002). More research is needed to understand nurses' attitudes and behavior concerning organizational factors. Based on the findings from this research, to reduce the persistent and prevalent industrial conflict and the resultant strike actions by registered nurses in Ondo State, it is essential to provide opportunities for employee development, support nurses' work-life balance to enhance affective commitment and job satisfaction with a positive impact on retention.

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