

## **EXPLORING GENDER DIFFERENCES IN ORGANISATIONAL COMMITMENT AMONG HEALTH WORKERS IN IBADAN, NIGERIA**

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**ABSTRACT:** Organisational commitment is a crucial factor in enhancing employee retention, performance, and stability within healthcare institutions. Despite numerous studies on organisational commitment, there is limited research on how gender influences commitment among healthcare workers, particularly in the Nigerian context. This study investigated the influence of gender on organisational commitment among healthcare workers in Ibadan. The study adopted a cross-sectional research design involving 397 healthcare professionals, comprising doctors, nurses, and administrative staff. The participants' gender distribution showed that there were 176 males and 219 females, with ages ranging from 25 to 64 years, and a mean age of 41.58 years ( $SD = 9.90$ ). Data was collected using structured questionnaires. Independent T-tests showed that there were significant gender differences in normative organisational commitment ( $t(395) = -3.89, p < 0.01$ ), with female health workers ( $M = 26.11$ ) showing higher commitment than male healthcare workers ( $M = 23.95$ ). However, there were no significant differences between male healthcare workers and female healthcare workers and affective commitment ( $t(395) = -1.37, p > 0.05$ ), continuance commitment ( $t(395) = -1.26, p > 0.05$ ) and overall organisational commitment ( $t(395) = 0.317, p > 0.05$ ). The findings indicate that gender does not significantly influence affective, continuance, or organisational commitment among healthcare workers. However, female healthcare workers exhibit higher normative commitment than their male counterparts. Healthcare organisations should foster a supportive environment and encourage loyalty through programs that focus on organisational values, leadership, and inclusivity.

**Keywords:** Gender Differences, Organisational Commitment, Healthcare Workers

### **INTRODUCTION**

Organisational commitment stands as a vital element that shapes the efficiency and overall operation of any organisation, holding particular significance within healthcare environments. Healthcare professionals, who form the core of healthcare service delivery, are expected to exhibit substantial dedication to ensure the standard and consistency of patient care (Aruoture & Adegbe, 2024; Omiyi et al., 2025). Organisational commitment describes the psychological connection an employee feels towards their employing organisations, which can be reflected in different forms, namely affective, continuance, and normative commitment (Meyer et al., 1990; Edet & Asuquo, 2025). Affective commitment refers to the emotional bond employees have with their organisation,

whereas continuance commitment involves the costs an employee perceives they would incur if they were to leave. Normative commitment mirrors an employee's feeling of duty to remain with the organisation (Allen & Meyer, 1990; Adebakin et al., 2025). These components are crucial for cultivating a positive work atmosphere, boosting job satisfaction, and improving performance within healthcare settings, where demands are frequently intense and the consequences are critical (Raji et al., 2021).

Within the healthcare sector, organisational commitment carries significant implications for both individual and organisational outcomes. Healthcare workers with a strong commitment to their organisation are more likely to exhibit behaviours that support patient care, experience greater job satisfaction, and contribute to achieving organisational objectives (Salako, T., & Akingbade, R., 2025; Abdullahi et al., 2023). The importance of organisational commitment in healthcare is further emphasised by the growing challenges facing the sector, including personnel shortages, high employee turnover, and increasing patient needs (Adebakin et al., 2025; Okunade et al., 2023). Therefore, understanding the factors that influence organisational commitment among healthcare professionals is crucial for enhancing employee retention, boosting productivity, and ensuring the long-term sustainability of healthcare systems worldwide.

Additionally, various organisational elements such as leadership style, organisational culture, job attributes, and work-life balance influence organisational commitment (Okokpele et al., 2025; Oyewobi et al., 2022). These elements shape employees' experiences and, in turn, their attachment to the organisation. Transformational leadership, for example, has been associated with higher levels of affective commitment since it instils inspiration and motivation in employees to align their values with those of the organisation (Sani & Adisa, 2024). A supportive culture that emphasises employee health and growth would similarly foster a sense of belonging and loyalty among health workers (Chaanine, 2025; Salako & Akingbade, 2025). Therefore, organisations investing in these resources are likely to generate a committed, motivated workforce that strives to provide quality care. Understanding how these components interact to shape organisational commitment is essential for developing strategies that improve retention and performance among health workers.

Organisational commitment associated with gender has been studied extensively to understand the differences in attachment and loyalty exhibited by male and female employees toward the organisation. The findings indicate that gender influences how commitment is formed, experienced, and expressed (Ifegbesan & Azeez, 2024; Okafor et al., 2023). These differences can be traced back to the socialisation processes surrounding men and women. Typically, the socialisation of women emphasises relational, nurturing, and supportive traits; consequently, this fosters a more substantial affective commitment- an emotional attachment to the organisation (Olanipekun & Olanipekun, 2024; Balogun & Aruoture, 2025). In contrast, men are often socialised to prioritise independence and career development, leading them to develop higher levels of continuance commitment, where remaining in the organisation depends on evaluating the costs of leaving, such as loss of benefits or job security (Babatope, 2025; Yunos et al., 2023).

Research findings often indicate that women typically show greater affective commitment in comparison to men, primarily because they tend to form stronger emotional bonds with their

workplaces and coworkers (Ahmad et al., 2023; Rana & Singh, 2022). Furthermore, women frequently encounter specific difficulties in managing the demands of both work and family, which can strengthen their connection to organisations that provide flexibility and support (Olanipekun & Olanipekun, 2024). Conversely, men tend to place more emphasis on career progression, which can lead them to exhibit more continuance commitment, where their relationship with the organisation is more of an exchange. Nevertheless, these distinctions are not absolute and can differ based on the organisation's culture, the industry, and the broader societal framework. In organisations that champion gender equality and offer equal opportunities for career advancement, gender-related variations in organisational commitment may be lessened. Recognising these gender differences is crucial for organisations aiming to maintain a dedicated workforce and establish a fair environment for all employees, regardless of gender.

Despite the growing body of research, few studies have specifically addressed how gender influences employees' connection to their organisations. As gender diversity in the workplace continues to rise, understanding how men and women perceive their roles within organisations is critical for developing strategies to enhance organisational commitment and reduce turnover (Adam & Alfawaz, 2025; Ahmad et al., 2023; Mousa, 2021). Gendered expectations not only influence how employees relate to their workplace but also shape how they are socialised into organisational norms (Ely & Meyerson, 2000). Additionally, empirical evidence on how gender affects the components of organisational commitment—affffective, continuance, and normative commitment—is limited. Addressing this gap is crucial for fostering inclusive environments that reduce gender-based discrepancies in commitment and improve overall employee engagement. Despite the growing body of research on organisational commitment, few studies have specifically addressed how gender influences employees' connection to their organisations, particularly within the healthcare sector. While research has explored gender differences in various professions, limited attention has been given to the healthcare sector, especially in Ibadan, Nigeria. This study investigates whether gender influences organisational commitment among healthcare workers in Ibadan, Nigeria, with the hypothesis that female healthcare workers will exhibit higher levels of commitment than their male counterparts.

## **METHOD**

### **Design and Sampling**

The study employed a cross-sectional research design. The Independent variable is gender, and the Dependent variable is Organisational Commitment, which has three dimensions, i.e., Affective, Normative and Continuance. The population consisted of healthcare workers from four different hospitals in Ibadan, Nigeria, specifically focusing on the healthcare workers from Adeoyo Memorial Specialist Hospital, Adeoyo Yemetu Hospital, Jericho Nursing Home, Jericho Specialist Hospital, and the University College Hospital. A stratified random sampling method was utilised to ensure representation of the different institutions and demographic groups. The sample included 397 healthcare workers (176 males, 219 females, and 2 individuals who identified as other gender). The participants' ages ranged from 25 to 64 years, with an average age of 41.58 years (SD = 9.90). The sample also included a mix of healthcare specialisations to allow for generalizability across

various healthcare settings. The sample size was chosen based on power analysis, which indicated that this sample would provide a sufficient level of precision for detecting meaningful differences.

### **Procedure**

Data was collected over a period of three months. Participants were informed about the purpose of the research, and those who voluntarily agreed to take part were asked to complete a questionnaire. The hospital's administration granted permission for the study to be conducted. Participation in the study was voluntary, and participants were assured of the confidentiality and anonymity of their responses. Written informed consent was obtained from each participant before their involvement in the study. To facilitate the data collection process, trained research assistants distributed and collected the survey questionnaires, ensuring that all participants understood the instructions before completing the survey.

### **Instrument**

The instrument used in this study was a questionnaire, designed to capture key demographic information such as gender, marital status, and institutional affiliation. The questionnaire utilised in this study was designed for ease of analysis. The institutions were coded as follows: 1 for Adeoyo Memorial Specialist Hospital, 2 for Adeoyo Yemetu Hospital, 3 for Jericho Nursing Home, 4 for Jericho Specialist Hospital, and 5 for University College Hospital, Ibadan. Gender was coded as 1 for Male, 2 for Female, and 3 for Other. Marital Status was coded as 1 for Single, 2 for Married, and 3 for Divorced. Area of Specialisation was coded according to the participant's professional role, with specific numeric codes assigned for various healthcare roles such as 1 for Nursing, 2 for Medicine, 3 for Laboratory Technician, and so on. These coding schemes ensured that the data could be efficiently analysed while maintaining clarity and consistency in the identification of each demographic variable. The responses were coded numerically for analysis, with each participant's answers linked to their respective institutions, gender, marital status, and specialisation.

### **Data Analysis**

The T-test for independent samples was used to examine gender differences in organisational commitment and its components among healthcare employees. The T-test was selected for its ability to compare mean scores between male and female employees across affective, continuance, and normative commitment (Elisabeth et al., 2021; Ahmad et al., 2023). Affective commitment was assessed to determine if women, who tend to have stronger emotional attachments to organisations, exhibit higher levels of emotional attachment compared to men (Elisabeth et al., 2021; Ahmad et al., 2023). Continuance commitment, reflecting perceived costs of leaving, was analysed to explore whether men place greater emphasis on job security and career advancement (Fantinelli et al., 2023). Lastly, normative commitment, which involves feelings of obligation to stay, was compared between genders to understand how gendered experiences influence perceptions of obligation (Elisabeth et al., 2021). This approach aligns with prior studies on organisational commitment across gender (Adam & Alfawaz, 2025; Mousa, 2021).

Organisational commitment was assessed using the Organisational Commitment (OC) Scale developed by Meyer and Allen (1997). This scale measures organisational commitment across

three dimensions: affective commitment, which reflects employees' emotional attachment to their organisation; continuance commitment, which assesses the perceived costs associated with leaving the organisation; and normative commitment, which captures employees' feelings of obligation to remain with the organisation. The OC Scale consists of 18 items, with six items assigned to each dimension, and responses are typically rated on a 7-point Likert scale. Research has demonstrated strong psychometric properties for this scale, with reported Cronbach's alpha reliability coefficients ranging from 0.77 to 0.89 across different studies, indicating high internal consistency (Meyer & Allen, 1997).

## RESULTS

Three hundred and ninety-seven respondents participated in the study. Participants' gender showed that there were 176 males (44.3%), 219 females (55.2%). Their ages ranged from 25 to 58 years (Mean = 41.58, SD = 8.90). Years spent on the job ranged from 2 to 37 years (Mean = 15.01, SD = 8.42). Approximately 6.3% (25) of the respondents work in Adeoyo Memorial Specialist Hospital, 7.8% (31) work in Adeoyo Yemetu Hospital, 5.5% (22) work in Jericho Nursing Home, 9.1% (36) work in Jericho Specialist Hospital and 71.3% (283) work in University College Hospital, Ibadan. Some 12.1% (48) of the respondents were single, 83.1% (330) of the respondents were married, and 4.8% (19) of the respondents were divorced. Area of specialisation shows that 37.3% (148) were Doctors, 10.3% (41) were Pharmacists, 26.2% (104) were Nurses, 6.3% (25) were Technicians, and 19.9% (79) were Administrators.

**Table 1: Summary of t-test for independent sample showing the difference between males and females on organisational commitment**

Variable	Gender	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i> (393)	<i>p</i>	<i>d</i>
Affective Commitment	Male	176	23.44	6.33	-1.37	> .05	—
	Female	219	24.32	6.32			
Continuance Commitment	Male	176	23.70	6.74	-1.26	> .05	—
	Female	219	24.56	6.68			
Normative Commitment	Male	176	23.95	4.77	-3.89	< .01	-0.39
	Female	219	26.11	5.97			
Organisational Commitment	Male	176	71.20	14.24	0.32	> .05	—
	Female	219	70.78	12.26			

Table 1 presents the results of an independent samples t-test conducted to examine gender differences in organisational commitment (affective, continuance, and normative) among healthcare workers. There was no statistically significant difference between male (*M* = 23.44, *SD*



= 6.33) and female ( $M = 24.32$ ,  $SD = 6.32$ ) healthcare workers on affective commitment,  $t(393) = -1.37$ ,  $p > .05$ . Similarly, no significant difference was found between male ( $M = 23.70$ ,  $SD = 6.74$ ) and female ( $M = 24.56$ ,  $SD = 6.68$ ) healthcare workers on continuance commitment,  $t(393) = -1.26$ ,  $p > .05$ . However, a statistically significant gender difference was observed in normative commitment,  $t(393) = -3.89$ ,  $p < .01$ , with females ( $M = 26.11$ ,  $SD = 5.97$ ) scoring higher than males ( $M = 23.95$ ,  $SD = 4.77$ ). The effect size for this difference, calculated using Cohen's  $d$ , was  $-0.39$ , indicating a small to moderate effect. For overall organisational commitment, no significant difference was found between male ( $M = 71.20$ ,  $SD = 14.24$ ) and female ( $M = 70.78$ ,  $SD = 12.26$ ) healthcare workers,  $t(393) = 0.32$ ,  $p > .05$ . These results suggest that while gender does not significantly influence affective, continuance, or overall organisational commitment, females exhibit a higher level of normative commitment than males.

## DISCUSSION

The overall aim of the current study was to investigate whether there are significant differences in organisational commitment between male and female healthcare workers in Ibadan, Nigeria. Based on existing literature, the study posited that there would be significant gender differences in organisational commitment among healthcare workers. The hypothesis was tested using a t-test for independent samples to compare the levels of organisational commitment between male and female employees across its various components: affective, continuance, and normative commitment. The findings of this study provide valuable insights into the gender differences in organisational commitment among healthcare workers. The results show that, for the most part, gender does not significantly influence affective, continuance, or overall organisational commitment. Both male and female healthcare workers displayed similar levels of emotional attachment to their organisations, indicating that affective commitment is not significantly affected by gender, but perhaps by other factors such as job satisfaction and organisational support. These findings align with previous studies, such as those by Ahmad et al. (2023); Chukwusa (2020) and Mascarenhas et al. (2022), who noted that organisational support and job satisfaction have a greater impact on affective commitment than gender differences. Similarly, Renggi and Yudhistira (2024), Pathardikar et al. (2023), and Shin et al. (2020) emphasised the importance of perceived support in influencing affective commitment for all genders. This suggests that organisations aiming to improve emotional attachment and commitment should focus on creating supportive environments for all employees, irrespective of gender.

Furthermore, the study revealed no significant gender differences in continuance commitment, suggesting that both male and female healthcare workers perceive the costs of leaving the organisation similarly. This indicates that the factors influencing retention, such as job security and benefits, do not differ markedly between genders. These results are consistent with findings by Ebo and Oredein (2022), who observed no discernible effect of gender on continuance commitment. The implication is that healthcare organisations can develop retention strategies that cater to both genders equally, ensuring that benefits and job security are sufficiently addressed.

However, the study did find a significant difference in normative commitment, with female healthcare workers displaying higher levels of commitment compared to their male counterparts. This result suggests that women may experience a stronger sense of obligation or loyalty to their

workplace, potentially due to societal or cultural expectations that encourage women to be more dedicated or responsible within organisational contexts. The effect size of  $-0.39$  indicates that this difference is of moderate significance, which further emphasises the need to explore the underlying reasons for such differences. The findings are consistent with previous studies such as those by Chanana (2021) and Amanze-Unagha (2023), who found that normative commitment tends to vary by gender, with women exhibiting higher levels of obligation to stay with their organisations. Despite the gender differences in normative commitment, results for overall organisational commitment showed no significant differences between male and female healthcare workers. This suggests that while specific aspects of organisational commitment, such as emotional attachment and perceived obligation, may differ by gender, the overall commitment to the organisation remains largely similar across both genders. These results are in line with findings by Ebo and Oredein (2022), who also reported no substantial differences in overall organisational commitment between male and female employees.

The findings have several important implications for healthcare management. First, they emphasise that gender does not significantly impact affective or continuance commitment, meaning that organisational efforts to improve employee commitment can focus on creating supportive environments that enhance job satisfaction and perceived organisational support for all employees, irrespective of gender. Providing a work environment where all employees feel valued, supported, and safe will likely enhance affective commitment among both male and female employees. Second, the significant difference observed in normative commitment highlights the importance of recognising and addressing gendered social expectations that may shape employees' sense of obligation. While this difference may not necessarily translate into negative outcomes, it suggests that organisations may need to consider gendered experiences when designing strategies to foster organisational loyalty.

Based on the findings of this study, several practical recommendations can be made to healthcare organisations aiming to improve organisational commitment with regard to gender. First, organisations should prioritise creating supportive and inclusive work environments that enhance both affective and normative commitment. Implementing policies that foster psychological safety and work-life balance can contribute to increasing emotional attachment to the organisation for both male and female healthcare workers. Second, as gender differences were observed in normative commitment, organisations should pay attention to the varying ways male and female employees perceive their obligation to the organisation. For female healthcare workers, enhancing recognition and professional development opportunities may strengthen their sense of loyalty. Organisations should also focus on leadership strategies that emphasise inclusivity and equal opportunities for both genders, thus encouraging a shared sense of responsibility and obligation towards the organisation's success. Third, the study found no gender differences in continuance commitment, which suggests that factors like job security, benefits, and opportunities for advancement are critical for both male and female employees. Healthcare organisations should ensure that these factors are adequately addressed for all employees, creating a retention strategy that considers both tangible and intangible aspects of the job that contribute to employees' decisions to remain within the organisation.

### **Limitations and Suggestions for Future Studies**

This study on gender differences in organisational commitment among healthcare workers has several limitations. First, the cross-sectional design only depicts commitment at one point in time; future longitudinal studies are needed to understand how commitment evolves. Additionally, the sample was limited to a specific region, which has implications for generalizability. Future studies should include more diverse samples from different regions and roles to enhance external validity. The reliance on self-reported data introduces potential biases, so incorporating objective measures like turnover and performance reviews would provide a more comprehensive understanding. The study also did not deeply explore cultural and social factors influencing gender differences in normative commitment. Future research should examine how societal norms and leadership styles impact commitment, and how intersectionality with other demographic factors like age and ethnicity affect organisational commitment. Addressing these limitations will help create more effective strategies for enhancing healthcare workers' engagement and retention.

### **Conclusion**

Conclusively, this study provides valuable insights into gender differences in organisational commitment among healthcare workers in Ibadan, Nigeria. The findings reveal that while there were no significant gender differences in affective and continuance commitment, female healthcare workers demonstrated higher normative commitment compared to their male counterparts. This suggests the influence of gendered expectations and social factors on how employees perceive their obligations to their organisations. While overall organisational commitment remained similar across genders, the significant difference in normative commitment suggests that cultural and societal factors may play a role in shaping employees' sense of loyalty and duty. These results contribute to an understanding of how gender influences organisational commitment in healthcare settings and emphasise the need for more inclusive strategies to enhance employee engagement.

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