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PSYCHOSOCIAL FACTORS PREDICTING ORGANISATIONAL COMMITMENT AMONG HEALTH EMPLOYEES IN IBADAN METROPOLIS

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ABSTRACT

Nigeria's healthcare sector faces high stress, emotional demands, and challenging conditions, impacting staff well-being and retention. Despite their crucial role, healthcare workers often exhibit high turnover and low job satisfaction. While organisational commitment is a known predictor of retention, how workplace happiness and psychological climate specifically influence it within this sector remains underexplored. This study explored the joint and independent influence of demographic variables, workplace happiness and psychological climate on organisational commitment among healthcare workers in Ibadan, Nigeria. A cross-sectional research design was employed, involving 397 healthcare professionals selected through a multi-stage sampling technique. Data were gathered using structured questionnaires that included socio-demographic variables, the Organisational Commitment (OC) Scale, and the Psychological Climate Scale. Hierarchical multiple regression analysis was used to test the research hypothesis at a .05 significance level. The results revealed a significant joint prediction of demographic variable (age and Years in service), workplace happiness and psychological climate on organizational commitment ($R = .197$, $R^2 = .013$, $F (4,392)$ 3.946, $p < .01$), independently only psychological climate ($\beta = 0.118$, $p < 0.05$) significantly predicted organisational commitment. Conclusively, this study revealed the importance of fostering a positive psychological environment to improve healthcare workers' organisational commitment and reduce turnover. This study recommends that healthcare administrators should implement strategies that prioritise improving the workplace psychological climate to strengthen commitment and improve job satisfaction among healthcare professionals.

Keywords: *Workplace happiness, Psychological climate, Organisational commitment, Healthcare workers*

INTRODUCTION

A functional healthcare system is fundamental to the success of any nation, as it supports citizens in maintaining good health, thereby enhancing their productivity and overall contribution to economic development (Elemuwa et al., 2024; Okunade et al., 2023). Healthy employees, including healthcare leaders and staff, are better positioned to fulfil their responsibilities efficiently. During health crises such as pandemics, the strength of a country's healthcare system—measured by its infrastructure, equipment, availability of drugs, and competent personnel—plays a crucial role in mitigating the impact of the outbreak (WHO, 2020; Onamusi et al., 2023). In this regard, healthcare workers are indispensable assets who require both short- and long-term developmental support from their organisations. Their commitment significantly influences healthcare delivery and patient outcomes. Organisational commitment, defined as the emotional and psychological attachment of employees to their workplace, reflects loyalty, alignment with institutional goals, and active engagement in achieving organisational objectives (Ndubuisi & Makata, 2022; Raji et al., 2021). In a sector where services are often life-saving, fostering such commitment is vital for building resilient and effective systems.

This commitment is closely linked to employee retention and performance. Scholars argue that no institution can function optimally without a genuinely committed workforce (Njaka et al., 2020). Supporting this, Aruoture and Adegbie (2024), as well as Salako and Akingbade (2025), emphasise the crucial role of nurses' commitment in achieving institutional goals.

Committed nurses serve as essential facilitators of patient access to quality care (Aruoture & Adegbie, 2024). Conversely, poor commitment levels can lead to suboptimal patient experiences and outcomes, particularly in Nigeria, where cases of underperformance and inefficiency in public hospitals have been reported (Akinnawo et al., 2019; Kuye & Akinwale, 2020). Organisational commitment provides healthcare institutions with a competitive advantage by increasing staff motivation, retention, and institutional performance. Fantahun et al. (2023) assert that committed employees exhibit a deeper sense of belonging and responsibility, which enhances service quality. In contrast, inadequate commitment may result in heightened medical errors, longer hospital stays, and increased readmission rates (Adeyemi et al., 2024; Arage et al., 2022). These consequences compromise the quality of care and reflect systemic gaps that demand immediate attention.

Workplace happiness, encompassing positive emotions, engagement, job satisfaction, and well-being, has emerged as a key factor in enhancing organisational performance (Kun & Gadanecz, 2022; Javanmardnejad et al., 2021). It is shaped by factors such as fair remuneration, opportunities for career growth, supportive leadership, and recognition of employee efforts (Akinwale et al., 2024; Ekpechi & Igwe, 2023). In the healthcare setting, where professionals are prone to high stress, burnout, and psychological distress, promoting happiness is essential for performance and overall mental health. Several studies have confirmed the role of workplace happiness in improving employee outcomes. For instance, Agustiena et al. (2020) found that while happiness may not directly impact performance, it enhances outcomes when mediated by work motivation. Similarly, Khaled (2019) and Bataineh (2019) revealed that happiness at work significantly influences employee performance. These findings support the idea that positive emotional states act as catalysts for enhanced workplace efficiency and organisational success.

Equally important is the psychological climate of the workplace, which significantly impacts organisational commitment. This refers to employees' perceptions of their work environment, including fairness, trust, leadership style, and support systems. A positive psychological climate fosters emotional attachment, reduces turnover, and enhances employee loyalty (Naz et al., 2020; Ogunbanjo et al., 2022). In countries like Nigeria, where systemic challenges, such as resource shortages and weak motivation, are prevalent, cultivating a positive psychological climate becomes even more critical (Adeloye et al., 2017; Josiah et al., 2024). The psychological well-being of healthcare workers directly influences their commitment and overall performance. Issues such as underfunding, delayed salaries, poor infrastructure, and brain drain continue to affect Nigerian healthcare workers (Aruoture & Adegbie, 2024; Akinwale & George, 2023). These systemic failures often lead to emotional fatigue and disengagement. Therefore, organisations must adopt a holistic approach that addresses both the professional expectations and psychological needs of healthcare workers to enhance commitment, satisfaction, and service quality (Guo et al., 2022; Herrera & Heras-Rosas, 2021).

The relationship between workplace happiness, psychological climate, and organisational commitment has become increasingly critical in Nigeria's healthcare sector, where demanding work environments and resource limitations often hinder employee well-being. Although evidence suggests that a positive psychological climate enhances workers' happiness and commitment (Salako & Akingbade, 2025; Oyelakin et al., 2022), the healthcare context introduces unique challenges. In high-stress, competitive environments like hospitals, happiness does not always translate into strong organisational commitment (Gonçalves et al., 2024). This raises important questions about how institutional culture and workplace dynamics

interact to shape healthcare professionals' emotional and professional investment in their organisations. Context-specific approaches are therefore needed to better understand and enhance these relationships within Nigeria's healthcare system. Moreover, while global research emphasises the benefits of promoting workplace happiness, including improved employee engagement, job satisfaction, and organisational efficiency (Muthuri et al., 2021; Wibowo & Jayanagara, 2024), the Nigerian healthcare context often presents a stark contrast. Reports of demotivation, financial strain, and inadequate welfare systems are common, leading to weakened psychological attachment and increased turnover (Mohammed et al., 2023; Philip et al., 2019; Şener & Ballı, 2020).

These systemic shortcomings suggest that without a supportive psychological climate, initiatives aimed at improving organisational commitment may be ineffective. Thus, there is an urgent need to investigate how psychological climate mediates the relationship between workplace happiness and organisational commitment, especially in resource-constrained healthcare settings like those in Nigeria. This hypothesised that workplace happiness and psychological climate will jointly influence organisational commitment among health workers.

THEORETICAL REVIEW

Three-Component Model (TCM)

The Three-Component Model (TCM) of organisational commitment, developed by Meyer and Allen (1991), explains organisational commitment as a psychological state that binds an employee to their organisation. It consists of three distinct but related components, namely, affective commitment, continuance commitment, and normative commitment.

Affective Commitment

Affective commitment refers to an employee's emotional attachment, identification with, and involvement in their organisation. Employees with high affective commitment stay because they want to—they feel a strong sense of belonging and are intrinsically motivated to contribute to the organisation's goals. In Nigeria's healthcare sector, affective commitment is particularly vital due to the emotionally demanding nature of medical professions. Research by Babatope et al. (2023) highlights how factors such as work overload and lack of recognition diminish affective commitment among medical professionals in Ogun State. These stressors, common in under-resourced healthcare settings, weaken emotional bonds and can accelerate burnout. Similarly, Raji et al. (2021) found that among nurses in public healthcare institutions, affective commitment was a strong predictor of job performance. They emphasised that fostering emotional connection through supportive leadership, staff recognition, and fair work practices leads to improved service delivery and staff retention. Moreover, Salako and Akingbade (2025) showed that workplace happiness significantly enhances affective commitment among healthcare workers in Ibadan. Their findings suggest that efforts to improve the psychological climate, such as encouraging teamwork, promoting staff well-being, and recognising contributions, can directly strengthen emotional loyalty to healthcare organisations. These insights underline the importance of cultivating a positive, emotionally supportive work environment to drive long-term commitment in Nigeria's healthcare system.

Continuance Commitment

Continuance commitment is based on an employee's perception of the costs associated with leaving their organisation. Employees stay because they need to, often driven by economic realities, job scarcity, or personal investments such as tenure and pensions. This type of commitment is more transactional and can result in minimal engagement if not supported by broader organisational satisfaction. In the Nigerian healthcare context, continuance

commitment is particularly influenced by limited job opportunities and economic instability. Due to high unemployment rates and barriers to international relocation, many healthcare workers remain in their current roles despite dissatisfaction. Adebola et al. (2019) observed that professionals working in rural or underserved areas often do not stay out of passion but because of a lack of alternatives, leading to low morale and burnout. Abelsen et al. (2020) also noted that the global shortage of healthcare workers exacerbates this issue, compelling Nigerian professionals to endure poor conditions due to the perceived high cost of changing careers or locations. However, research cautions that continuance commitment alone may not yield meaningful outcomes. Nguyen et al. (2021) point out that while this form of commitment can reduce turnover temporarily, it is often linked to reduced engagement and lower job performance. Salako and Akingbade (2025) further affirmed that workplace happiness had no significant influence on continuance commitment, suggesting that emotional satisfaction and cost-based retention operate on separate psychological planes.

Normative Commitment

Normative commitment stems from an employee's internalised sense of obligation or moral responsibility to remain with their organisation. Employees with strong normative commitment stay because they ought to. In Nigeria, this sense of duty is often reinforced by cultural expectations, professional ethics, and communal values, particularly within the healthcare sector. According to Nwankwo et al. (2022), many Nigerian healthcare professionals, especially those serving in rural or high-risk areas, feel morally compelled to continue their service despite systemic challenges. This commitment is often rooted in deep cultural values of communal responsibility, spiritual belief systems, and professional codes of conduct. Udenigwe et al. (2022) caution, however, that over-reliance on normative commitment, without addressing fundamental issues like poor remuneration, lack of support, or unsafe working conditions, can lead to emotional exhaustion and long-term dissatisfaction. The strength of normative commitment is further supported by Raji et al. (2021), who found it to be a significant predictor of job performance among nurses, second only to affective commitment. Their study recommended leveraging professional development, mentorship, and ethical reinforcement as means of strengthening this sense of obligation. Additionally, Salako and Akingbade (2025) observed that workplace happiness significantly bolstered normative commitment, highlighting that positive workplace experiences deepen employees' moral inclination to stay and contribute meaningfully.

METHOD

Participants and Procedure

This research investigated clinical and administrative staff working in government-owned public hospitals within Oyo State, Nigeria. The study involved a sample of 397 healthcare workers, determined using the Taro Yamane formula (Yamane, 1973) with a 95% confidence level, drawn from a total population of 3,496 public health employees (Human Resource Office, 2022). The focus on government hospitals stemmed from the unique challenges these institutions face, such as limited resources and staff shortages, which can impact how committed employees are to the organisation. Oyo State was selected due to its established healthcare infrastructure, providing a diverse and structured sample for the study. The participants' ages ranged from 25 to 64 years, with an average age of 41.58 years (SD = 9.90).

To obtain a representative group of healthcare professionals across different specialisations, a multi-stage sampling approach was utilised. Initially, five prominent government-owned hospitals in Oyo State were purposefully selected: University College Hospital, Jericho Nursing Home, Jericho Specialist Hospital, Adeoyo Memorial Specialist Hospital, and Adeoyo Yemetu Hospital. These hospitals were chosen based on their significant roles in delivering

healthcare services within the state. Subsequently, stratified random sampling was employed within each hospital to select participants from both clinical and administrative roles. This stratification ensured that various professional groups, including doctors, nurses, pharmacists, and allied health professionals, were represented in the sample. Random sampling within each of these groups was then conducted to maintain a balanced and representative selection of participants.

Data collection involved distributing 435 questionnaires, with 397 being returned. Prior to collecting data, a letter of introduction was obtained, and approval was secured from the Department of Psychology at Lead City University, as well as from the relevant departments within the chosen hospitals. This approval facilitated the distribution and retrieval of questionnaires and helped improve the response rate. Participants were provided with an informed consent form outlining the study's purpose and their rights as participants. Those who agreed to participate then completed the questionnaire. The questionnaire was designed to ensure participant anonymity, and the confidentiality of their responses was guaranteed. Participants were informed of their right to withdraw from the study at any point without any negative consequences. Written consent was obtained from all participants, confirming their understanding and agreement to take part in the research.

Instrument

Data for this study were gathered using a structured questionnaire consisting of four sections. The first section collected demographic information, including gender, age, marital status, area of specialisation, and years of service.

Organisational commitment was assessed using the Organisational Commitment (OC) Scale developed by Meyer and Allen (1997). This scale measures commitment through three key aspects: affective commitment, reflecting an employee's emotional attachment to the organisation; continuance commitment, indicating the perceived costs associated with leaving; and normative commitment, representing the feeling of obligation to stay with the organisation. The scale includes 18 items, with six items dedicated to each of these dimensions, and responses are typically measured using a 7-point Likert scale. Research has demonstrated strong psychometric properties for the OC Scale, with Cronbach’s alpha reliability coefficients ranging from 0.77 to 0.89, indicating high internal consistency (Meyer & Allen, 1997).

Workplace happiness was measured using the Shortened Happiness at Work (SHAW) Scale, which assesses employee engagement and job satisfaction. The SHAW scale consists of six items rated on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5), where higher scores indicate greater happiness at work. Developed as a brief yet reliable measure of workplace happiness, the scale has shown strong psychometric properties, with reported reliability coefficients exceeding 0.80 in prior studies, supporting its internal consistency and validity.

The Psychological Climate (PC) Scale, developed by Brown and Leigh (1996), was used to measure employees' perceptions of their work environment and its influence on their attitudes and behaviours. The scale focuses on key aspects of the psychological climate, including the level of support from management, clarity of roles, autonomy, and the perceived fairness of organisational practices. It comprises 21 items, with responses typically rated on a 5-point Likert scale, ranging from strongly disagree to strongly agree. This scale has been widely used in research to evaluate how the work environment affects job satisfaction, motivation, and performance. Brown and Leigh (1996) reported strong psychometric properties for the scale, with Cronbach’s alpha reliability coefficients indicating high internal consistency across different dimensions. The current study reported a Cronbach's alpha of .89 for this scale.

Data Analysis

The collected data were analysed using descriptive and inferential statistics. Descriptive statistics, including means and standard deviations, were used to summarise the organisational commitment levels within each healthcare specialisation. The hypotheses were tested using hierarchical multiple regression analysis.

RESULTS

Table 1: Demographic profile of respondents by age, length of service, institution, gender, marital status, and area of specialisation

Demographic Profile(N=397)	M	(SD)	Range	No	%
Age	41.58	8.90	25 – 64		
Length of service	15.01	8.42	2 – 37		
Institution					
Adeoyo Memorial Specialist Hospital				25	6.3
Adeoyo Yemetu Hospital				31	7.8
Jericho Nursing Home				22	5.5
Jericho Specialist Hospital				36	9.1
University College Hospital, Ibadan				283	71.3
Gender					
Male				176	44.3
Female				219	55.2
Others				2	.5
Marital status					
Single				48	12.1
Married				330	83.1
Divorced				19	4.8
Area of specialization					
Doctor				148	37.3
Pharmacist				41	10.3
Nurse				104	26.2
Technician				25	6.3
Administrator				79	19.9

The frequency analysis was performed on the demographic characteristics of the participants. Three hundred and ninety-seven (397) respondents participated in the study. Participants' gender analysis shows that 176 males (44.3%), 219 females (55.2%), and other gender 14 (0.5%). Their age range was 25 to 58 years (Mean = 41.58, SD = 8.90). The length of service shows the years spent on the job range from 2 to 37 years (Mean = 15.01, SD = 8.42). Analysis of institutions shows that 25 (6.3%) of the respondents work in Adeoyo Memorial Specialist Hospital, 31 (7.8%) work in Adeoyo Yemetu Hospital, 22 (5.5%) work in Jericho Nursing Home, 36 (9.1%) work in Jericho Specialist Hospital and 283 (71.3%) work in University College Hospital, Ibadan. Marital status result shows that 48 (12.1%) of the respondents were single, 330 (83.1%) of the respondents were married, and 19 (4.8%) of the respondents were divorced. The frequency analysis of their area of specialisation shows that

148 (37.3%) were Doctors, 41 (10.3%) were pharmacists, 104 (26.2%) were nurses, 25 (6.3%) were technicians, and 79 (19.9%) were Administrators.

Table 2: Summary of multiple regression analysis showing joint influence of workplace happiness and psychological climate on organisational commitment among health workers

Model	Source	□	T	p	R	R^2	R^2	F	P
1	Age	-.123	-.740	> .05	.159	.025		5.105	< .01
	Length of service	.272	1.637	> .05					
2	Age	-.172	-1.029	> .05					
	Length of service	.291	1.759	> .05	.197	.039	.013	3.946	< .01
	Workplace happiness	-.088	-1.666	> .05					
	Psychological climate	.118	2.126	< .05					

Age and length of service were included as covariates in the hierarchical multiple regression analysis. The results hierarchical multiple regression in Table 2 show that in Model 1, age (□ = -.123, p > .05) and length of service (□ = .272, p > .05) had no significant influence on organisational commitment. In the second model when workplace happiness and psychological climate were included, both workplace happiness (□ = -.088; p > .05) and psychological climate (□ = .118, p < .05) had significant joint influence on organizational commitment, (ΔR^2 = .013, R = .197, R^2 = .013, F (4,392) 3.946, p < .01. Also, the workplace happiness and psychological climate accounted for 1.3% variance in organizational commitment among healthcare workers.

DISCUSSION OF FINDINGS

The present study examined the joint and independent influence of demographic variables, workplace happiness and psychological climate on organisational commitment among healthcare workers. The results of the hierarchical multiple regression analysis offer several important insights. The findings of this study revealed that age and length of service did not significantly influence organisational commitment among healthcare workers. This suggests that regardless of how old the employees were or how long they had served in the healthcare sector, these demographic variables alone did not predict their level of commitment to the organisation. This outcome comes in support of the notion that organisational commitment is increasingly driven by psychosocial and environmental factors at the very least (Anvari et al., 2023; Lo et al., 2024). In addition, research such as that by Oleksa-Marewska and Springer, (2025) and Järvinen Presley, (2024) have argued that the age and tenure profiles that are generally viewed as the most important predictors of commitment may not always confer a significant effect, particularly in the ever-changing work environments such as those that characterize healthcare settings where contextual and organisational variables would tend to have a greater influence. Several Nigerian-based studies have served to strengthen this observation. For instance, Raji et al., (2021) reported that age and years of service minimally predict organisational commitment among nurses since factors such as working conditions, supervisory support, and emotional well-being currently hold greater explanatory power. Similarly, Oni and Falola (2025) contended that, in Nigeria's overstretched health system, demographic factors often fail to capture the lived realities that influence an employee's organisational attachment, particularly when institutional support and employee morale are inadequate.

However, the study revealed that the psychological climate had a significant influence on organisational commitment, while workplace happiness did not show a statistically significant independent effect. The importance of the psychological climate indicates that healthcare workers' perceptions of their work environment, including trust levels, role clarity, leadership

support, and perceived fairness, are vital in shaping their commitment to the organisation. This result aligns with existing research, highlighting the psychological work environment as a critical factor in fostering and maintaining employee engagement and retention. For example, Adinew (2024) and Singha (2024) declared that a positive psychological climate creates a sense of autonomy, promoting organisational commitment. Similarly, Akpoguma and Nwogbo (2024) noted that healthcare workers tend to increase their affective and normative commitment when they perceive their work environment as supportive and fair. Additionally, the finding is upheld by the observations of Abdulraheem and Atunde (2024), who found that psychological climate significantly impacts organisational commitment among public employees. The study mentions that when employees feel psychologically safe, respected, and treated fairly, they begin to form stronger emotional and moral attachments to their organisations.

An intriguing outcome of this study is the lack of a direct predictive relationship between workplace happiness and organisational commitment, despite its acknowledged theoretical significance. This suggests that while positive emotional experiences at work are beneficial, they may not inherently lead to stronger commitment, especially when fundamental aspects such as working conditions, leadership approaches, or institutional trust are lacking. Although workplace happiness might offer immediate emotional advantages, it may not be sufficient to cultivate sustained organisational dedication without a fundamentally supportive infrastructure. This result is consistent with the findings of Akgunduz et al. (2023) and El-Sharkawy et al. (2023), who demonstrated that workplace happiness alone did not reliably predict organisational commitment unless it was mediated by other organisational elements like job security and recognition. Similarly, Salako and Akingbade (2025) posited that workplace happiness strengthens affective commitment primarily when it is embedded within a wider organisational ethos of care, support, and fairness. In essence, fleeting or superficial instances of happiness may not cultivate deep organisational loyalty in the absence of consistent organisational support. Within contexts such as Nigeria, where healthcare professionals frequently encounter infrastructural deterioration, inadequate compensation, and excessive workloads, feelings of happiness might be overshadowed by more critical job-related pressures, thereby diminishing their impact on long-term commitment (Aruoture & Adegbie, 2024; Nwobodo et al., 2023).

The outcomes of this research carry several important implications for how organisations are managed within Nigeria's healthcare sector. The notable combined influence of workplace happiness and psychological climate on organisational commitment indicates that healthcare institutions cannot depend solely on demographic factors like length of service or age to ensure employee commitment. Instead, psychological factors—particularly how employees perceive a supportive and positive work setting—appear to be more critical in shaping their attitudes towards the organisation. This suggests that to cultivate stronger employee commitment, healthcare administrators and policymakers must prioritise developing emotionally intelligent workplaces that foster trust, transparency, collaboration, and a shared sense of values. Specifically, the independent effect of psychological climate underscores the necessity for leadership styles that emphasise fairness, open communication, and employee involvement, as these aspects directly contribute to employees' emotional attachment and sense of obligation to remain with the organisation. Neglecting to cultivate such environments may lead to a workforce that, while staying with the organisation due to perceived necessity (continuance commitment), remains unengaged and less productive.

Based on the findings, it is recommended that healthcare institutions—especially public hospitals and primary health centres in Nigeria intentionally invest in initiatives that enhance

workplace psychological climate. Leaders should be trained in transformational leadership styles that foster participative decision-making, emotional support, and fair treatment. Organisational interventions such as employee feedback mechanisms, well-being programs, and regular climate audits should be institutionalised to identify and address psychosocial stressors. While workplace happiness alone did not independently predict commitment, it remains a vital complementary factor that can strengthen the effect of a positive climate; hence, management should also consider morale-boosting strategies such as recognition schemes, flexible scheduling, and peer support systems. Importantly, given the increasing insecurity in some parts of Nigeria, healthcare institutions must also prioritise the safety of staff by collaborating with security agencies, installing protective infrastructure, and creating crisis-response protocols. A secure working environment is essential for sustaining commitment, reducing fear-related stress, and enabling healthcare workers to focus on patient care without psychological distress. Additionally, policymakers at the state and federal levels should integrate psychological health and security metrics into healthcare performance frameworks to promote long-term retention and ensure quality service delivery.

Limitations and Suggestions for Future Studies

Despite the valuable understanding this study offers regarding the relationships between workplace happiness, psychological climate, and organisational commitment among Nigerian healthcare professionals, certain limitations warrant consideration. The reliance on self-report questionnaires might have introduced social desirability bias, potentially skewing participants' responses regarding their experiences and attitudes. Furthermore, the cross-sectional design restricts the establishment of causal relationships, as data were collected at a single time point, precluding the observation of changes over time or the direction of the observed associations. The study's focus on healthcare workers within specific institutions also potentially limits the extent to which these findings can be generalised to other professional sectors or different geographical areas. Future research endeavours should consider adopting longitudinal designs to track changes in organisational commitment over time and to investigate the causal pathways linking psychological climate and employee retention. Additionally, employing qualitative methods such as interviews or focus groups could yield a more in-depth understanding of contextual subtleties, including cultural, economic, and security-related factors that influence commitment. Broadening the sample to encompass a wider range of healthcare settings across Nigeria, particularly in rural and conflict-affected regions, would also contribute to a more comprehensive understanding of the broader implications of psychological climate and workplace happiness in sustaining the national healthcare workforce.

Conclusion

This study revealed the significant role of demographic factors, workplace happiness and psychological climate in influencing organisational commitment among healthcare workers in Nigeria. The findings reveal that while workplace happiness did not have a direct significant impact, psychological climate emerged as a key determinant of organisational commitment. Specifically, a positive psychological climate was associated with enhanced commitment, underscoring its importance in improving healthcare workers' attachment to their organisations. Despite the challenging conditions within the healthcare sector, such as financial constraints and high workload, fostering a supportive psychological climate can improve employee engagement and retention. This study contributes to the understanding of how psychological factors shape organisational outcomes and emphasises the need for organisational leaders to prioritise the well-being and morale of healthcare professionals. Moving forward, policymakers and healthcare administrators need to create an environment that not only supports employees' emotional needs but also addresses systemic issues,

including security, to promote long-term commitment and enhance the quality of healthcare delivery in Nigeria.

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