



Psychological Climates as a Predictor of Commitment among Employees in the Healthcare System.

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Abstract

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*Organizational commitment is vital for employee retention, job performance, and workplace stability. In the healthcare sector, where employees face high stress, understanding factors that enhance commitment is essential. This study investigated the influence of psychological climate on organizational commitment among health workers in Ibadan, Nigeria. 397 participants who are healthcare workers were selected using a multi-stage sampling technique. Data were collected through structured questionnaires comprising socio-demographic variables, the Organizational Commitment (OC) Scale and the Psychological Climate Scale. Participants' ages ranged from 25 to 64 years, with a mean age of 41.58 years (SD = 9.90). The hypothesis was tested using an independent samples *t*-test at a 0.05 level of significance. In all four hypotheses were tested. The results showed significant differences in organizational commitment across all three dimensions. Healthcare workers with a more positive psychological climate reported higher affective commitment ($t(395) = -7.926, p < 0.01$), continuance commitment ($t(395) = -6.503, p < 0.01$), and normative commitment ($t(395) = -8.781, p < 0.01$). Overall, those with a positive psychological climate demonstrated greater organizational commitment ($t(395) = -3.365, p < 0.01$) than those with a less favorable climate. These findings revealed the importance of fostering a supportive psychological climate in healthcare settings to enhance employees' emotional attachment, sense of obligation, and commitment to the organization. Healthcare administrators should prioritize initiatives that improve workplace conditions, promote open communication, and provide recognition to cultivate a positive psychological climate and strengthen organizational commitment.*

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Introduction

The healthcare system plays a fundamental role in promoting societal well-being, and the commitment of healthcare workers is crucial to ensuring effective service delivery and positive patient outcomes (Aruoture, & Adegbe, 2024). While other sectors also face pressures to maintain efficiency and sustainability, the healthcare sector is uniquely demanding due to its direct impact on human life and well-being (Hameed, et al., 2024). The commitment of healthcare workers significantly influences the functioning of healthcare delivery systems and the quality of patient care. Organizational commitment refers to the emotional and psychological attachment an individual has toward their workplace. This attachment encompasses loyalty, identification with organizational values, and active participation in achieving institutional goals (Ndubuisi & Makata 2022; Raji, et al., 2021). Meyer and Allen's (1991) Three-Component Model of Commitment identifies three dimensions of organizational commitment: affective, continuance, and normative. Each dimension influences how employees engage with their work and the extent to which they are dedicated to their roles. Employees who exhibit strong organizational commitment are more likely to go beyond their prescribed job responsibilities, enhancing overall organizational performance while reducing turnover rates (Oyewobi, et al., 2022). This is particularly significant in healthcare, where the stakes of employee engagement extend to patient safety and care quality.

Affective, continuance, and normative commitment are the three dimensions of organizational commitment, each influencing healthcare workers' attachment to their institutions. Affective commitment reflects an emotional connection and identification with organizational values, fostering pride and fulfilment, especially in Nigeria's collectivist culture (Obi, 2020). However, this commitment is sensitive to external factors like fairness, leadership support, and resource availability, with inadequacies leading to emotional detachment (Okon & Ede, 2021). Continuance commitment is driven by the perceived costs of leaving, particularly in Nigeria's economically constrained healthcare sector, where limited job alternatives force many to stay despite dissatisfaction (Abelsen et al., 2020). This form of commitment, while ensuring workforce retention, often correlates with low morale and burnout, especially in rural areas (Adebola et al., 2019). Normative commitment stems from a moral obligation to remain, influenced by cultural expectations and professional ethics, compelling many Nigerian healthcare workers to persist despite poor working conditions and security risks (Nwankwo et al., 2022). Although it fosters loyalty, relying solely on a normative commitment without addressing systemic challenges can lead to resentment and long-term disengagement (Udenigwe et al., 2022).

The significance of organizational commitment in the healthcare sector cannot be overstated. Healthcare workers play a vital role in safeguarding patient lives and ensuring the delivery of quality care, with their level of commitment directly influencing patient safety and health outcomes. A lack of commitment among healthcare workers can result in substandard care, increased medical errors, and poor patient outcomes (Aruoture, & Adegbe, 2024). Given the life-saving nature of healthcare services, fostering and sustaining organizational commitment is essential for maintaining a resilient and effective healthcare system. However, numerous factors shape healthcare workers' commitment, with the psychological climate of the workplace being a key determinant.

Psychological climate refers to the collective perceptions employees hold about their work environment, encompassing leadership styles, communication patterns, fairness, and organizational culture (Ogwuche, et al., 2023). In the healthcare sector, this climate is particularly significant due to the emotionally and physically demanding nature of the work and its direct impact on employee well-being and patient outcomes. A positive psychological climate fosters trust, motivation, and commitment, while a negative climate contributes to stress, dissatisfaction, and disengagement (Singh & Tiwari, 2024). In Nigeria, the psychological climate within healthcare settings is influenced by a complex interplay of security challenges, economic instability, and social comparisons, all of which undermine healthcare workers' sense of safety and fairness. Security concerns represent one of the most pressing threats to the psychological climate in Nigerian healthcare settings. The Nigerian healthcare system, already strained by resource shortages and the emigration of skilled professionals, is further destabilized by the kidnapping epidemic. Between 2019 and 2023, over 100 healthcare workers were

abducted, with incidents ranging from road ambushes to home invasions and hospital attacks. These violent acts, particularly prevalent in northern states like Kaduna and Borno, disrupt healthcare services and exacerbate the psychological toll on workers. Despite a decline in reported kidnappings in 2023, violence persists, spreading to previously unaffected regions like Nasarawa and Osun. This sustained climate of insecurity reduces healthcare workers' sense of safety, fostering feelings of vulnerability and diminishing their organizational commitment (Banwo et al., 2022; Osigbesan, 2021).

Economic instability further exacerbates the negative psychological climate within the Nigerian healthcare sector. Inflation, inadequate remuneration, and delayed salary payments contribute to heightened stress and dissatisfaction among healthcare workers (Onah et al., 2022). Many professionals struggle to meet their personal and professional needs, fostering a sense of unfairness and disillusionment. Social comparisons with healthcare workers in more developed countries, such as the United Kingdom, intensify these feelings. Nigerian healthcare workers frequently compare their working conditions, salaries, and professional support with their international counterparts, leading to increased frustration and a growing desire to seek employment opportunities abroad (Ballard et al., 2021).

Fairness within the workplace is a critical component of the psychological climate, shaping employees' perceptions of their work environment and their willingness to remain committed (Faramarzpour et al., 2021; Rasheed et al., 2020). In Nigeria, the absence of equitable policies—such as fair resource distribution, transparent promotion processes, and competitive compensation—undermines healthcare workers' sense of justice and belonging (Chidi et al., 2023). Chronic underfunding of the healthcare sector has created an environment where workers feel undervalued and unsupported. Between 2014 and 2020, the Nigerian government allocated an average of only 5% of its national budget to health—far below the 15% recommended by the 2001 Abuja Declaration (Adebisi et al., 2020). This persistent underinvestment has led to inadequate infrastructure, delayed salaries, and insufficient professional development opportunities. These structural inadequacies not only affect the delivery of quality healthcare but also erode workers' confidence in the system, ultimately diminishing their organizational commitment (Owoye & Onafowora, 2023).

The persistent insecurity in Nigeria, particularly the rising incidence of kidnappings, significantly impacts various sectors, including healthcare. Health workers face threats, abductions, and unsafe working conditions, which undermine organizational commitment—a crucial factor for the effective functioning of healthcare institutions (Akinyemi et al., 2022). Low organizational commitment among Nigerian healthcare workers has serious implications for service delivery and patient care. Systemic inefficiencies, resource shortages, and heavy workloads contribute to burnout and dissatisfaction, prompting many to seek opportunities abroad, thus exacerbating the "brain drain" (Orunbon et al., 2022). This workforce depletion further diminishes morale, creating a cycle of low commitment and high turnover (Ahmed et al., 2021; Anwar & Abdullah, 2021).

Poor working conditions, inadequate remuneration, and limited career growth opportunities further undermine commitment (Akinwale & George, 2023; Bolan et al., 2021; Nwankwo et al., 2021). While research emphasizes physical challenges, there is limited focus on the psychological and emotional dimensions affecting commitment in Nigerian healthcare. Studies highlight the importance of psychological climate in fostering commitment (Naz et al., 2020; Ogunbanjo et al., 2022), though most focus on academic settings. Perceived inequities also reduce commitment (Nwokeocha, 2023). Despite these insights, limited attention has been paid to how psychological climate affects organizational commitment among healthcare workers in Nigeria. The psychological and emotional challenges, compounded by insecurity, including kidnappings and violence, and economic pressures like inflation, further complicate the work environment for Nigerian healthcare professionals. This study seeks to fill these gaps by investigating how psychological climate influences organizational commitment among healthcare workers in Nigeria.

The study hypothesized that.

- i. Psychological climate will significantly influence affective commitment among healthcare workers in the Ibadan metropolis.

- ii. Psychological climate will significantly influence continuance commitment among healthcare workers in the Ibadan metropolis
- iii. Psychological climate will significantly influence normative commitment among healthcare workers in the Ibadan metropolis
- iv. Psychological climate will significantly influence organisational commitment among healthcare workers in the Ibadan metropolis

Method

Participants and Procedure

This study investigated the psychological climate and its influence on organizational commitment among clinical and administrative staff in government-owned public hospitals in Oyo State, Nigeria. The sample consisted of 397 healthcare workers, derived from a total population of 3,496 public health workers (Human Resource Office, 2022). The sample size was calculated using the Taro Yamane formula (Yamane, 1973) at a 95% confidence level. Oyo State was selected due to its established healthcare system and the specific challenges faced by government-owned hospitals, including resource limitations and staffing shortages, which directly affect organizational commitment. The participants' ages ranged from 25 to 64 years, with a mean age of 41.58 years (SD = 9.90).

A multi-stage sampling technique was employed to ensure a comprehensive and diverse sample across various professional groups. In the first stage, five government-owned hospitals were purposively selected: University College Hospital, Jericho Nursing Home, Jericho Specialist Hospital, Adeoyo Memorial Specialist Hospital, and Adeoyo Yemetu Hospital. These hospitals were chosen for their significant roles in healthcare delivery and their representation of the diverse healthcare landscape in Oyo State. In the second stage, stratified random sampling was applied within each hospital to include both clinical and administrative staff. This approach ensured representation from key professional categories, including doctors, nurses, pharmacists, and allied health professionals. Random sampling within each stratum further enhanced the sample's balance and representativeness.

Data collection involved the distribution of 435 questionnaires, of which 397 were successfully retrieved, yielding a high response rate. The data collection process was conducted following ethical guidelines to protect participant rights and ensure confidentiality. Approval for the study was obtained from the Department of Psychology, Lead City University, as well as the management of the selected hospitals. Each participant received an informed consent form outlining the study's objectives, their rights, and assurances of confidentiality. Participation was voluntary, and respondents were informed that they could withdraw at any point without any penalty. Participants who agreed to take part signed a written consent form before completing the questionnaire. This ethical approach facilitated smooth data collection and enhanced participant trust and cooperation.

Instrument

Data collection for this study was conducted using a structured questionnaire with three sections. Section one gathered demographic information such as gender, age, marital status, area of specialization, and length of service.

Organizational commitment was evaluated using the Organizational Commitment (OC) Scale developed by Meyer and Allen (1997). This scale examines commitment through three key dimensions: affective commitment, which represents an employee's emotional connection to the organization; continuance commitment, which reflects the perceived costs of leaving; and normative commitment, which refers to the sense of obligation to remain with the organization. The scale comprises 18 items, with six items dedicated to each dimension, and responses are typically measured using a 7-point Likert scale. Studies have shown that the OC Scale has strong

psychometric properties, with Cronbach's alpha reliability coefficients ranging from 0.77 to 0.89, indicating a high level of internal consistency (Meyer & Allen, 1997).

The Psychological Climate (PC) Scale, developed by Brown and Leigh (1996), measures employees' perceptions of their work environment and how it influences their attitudes and behaviours. The scale focuses on key dimensions of the psychological climate, including the degree of support from management, role clarity, autonomy, and the perceived fairness of organizational practices. It consists of 21 items, with responses typically rated on a 5-point Likert scale, ranging from strongly disagree to agree strongly. This scale has been widely used in research to assess 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 various dimensions. This study reported a Cronbach alpha of .89

Data Analysis

The collected data were analyzed using descriptive and inferential statistics. Descriptive statistics, including means and standard deviations, were used to summarize the organizational commitment levels within each healthcare specialization. The hypotheses were conducted using an independent sample t-test.

Preliminary Data Analysis

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 specialization shows that 148 (37.3%) were Doctors, 41 (10.3%) were pharmacists, 104 (26.2%) were Nurse, 25 (6.3%) were Technician, and 79 (19.9%) were Administrators.

Hypothesis One: participants with a more positive perception of psychological climate will exhibit greater affective commitment compared to those with a less favourable perception. A T-test of an independent sample was used to analyse it. The result is presented in Table 2.

Table 1: Summary of t-test for independent sample showing the difference between low and high psychological climate on affective organizational commitment

Variable	N	\bar{x}	SD	df	t	p	d
Low psychological climate	220	21.78	6.64	395	-7.926	< .01	-.80
High psychological climate	177	26.50	4.84				

The results in Table 1 show that there is a significant difference between low psychological climate ($\bar{x} = 21.78$) and high psychological climate ($\bar{x} = 26.50$) on affective organizational commitment ($t(395) = -7.926, p < 0.01$). This means healthcare workers who have a high psychological climate exhibited higher affective organizational commitment than healthcare workers who have a low psychological climate. The effect size was calculated using Cohen's d, and this shows that the size of the effect of psychological climate on affective organizational

commitment is large (effect size $d = -.80$).

Hypothesis Two: Participants with a more positive perception of psychological climate will exhibit greater continuance commitment compared to those with a less favourable perception. T-test of an independent sample was used to analyse it. The result is presented in Table 3.

Table 2: Summary of t-test for independent sample showing the difference between low and high psychological climate on continuance organizational commitment

Variable	N	\bar{x}	SD	df	t	p	d
Low psychological climate	220	22.25	6.86	395	-6.503	.000	-.66
High psychological climate	177	26.46	5.81				

The results in Table 2 show that there is a significant difference between low psychological climate ($\bar{x} = 22.25$) and high psychological climate ($\bar{x} = 26.46$) on continuance organizational commitment ($t(395) = -6.503, p < 0.01$). This means healthcare workers who have a high psychological climate exhibited higher continuance organizational commitment than healthcare workers who have a low psychological climate. The effect size was calculated using Cohen's d , and this shows that the size of the effect of psychological climate on the continuance of organizational commitment is large (effect size $d = -.66$).

Hypothesis Three: Participants with a more positive perception of psychological climate will exhibit greater normative commitment compared to those with a less favourable perception. T-test of an independent sample was used to analyse it. The result is presented in Table 4.

Table 3: Summary of t-test for an independent sample showing the difference between low and high psychological climate on normative organizational commitment

Variable	N	\bar{x}	SD	df	t	p	d
Low psychological climate	220	23.13	4.453	395			
High psychological climate	177	27.64	5.78		-8.781	.000	-.89

The results in Table 3 show that there is a significant difference between low psychological climate ($\bar{x} = 23.13$) and high psychological climate ($\bar{x} = 27.64$) on normative organizational commitment ($t(395) = -8.781, p < .01$). This means healthcare workers who have high psychological climate exhibited higher normative organizational commitment than healthcare workers who have low psychological climate. The effect size was calculated using Cohen's d , and this shows that the size of the effect of psychological climate on normative organizational commitment is large (effect size $d = -.89$).

Hypothesis Four: Participants with a more positive perception of psychological climate will exhibit greater organisational commitment compared to those with a less favourable perception. T-test of independent sample was used to analyse it. The result is presented in Table 5.

Table 4: Summary of t-test for independent sample showing the difference between low and high psychological climate on organizational commitment

Variable	N	\bar{x}	SD	df	t	P	d
Low psychological climate	220	68.89	15.38	395			
High psychological climate	177	73.32	9.30		-3.365	< .01	-.34

The results in Table 4 show that there is a significant difference between low psychological climate ($\bar{x} = 68.89$) and high psychological climate ($\bar{x} = 73.32$) on organizational commitment ($t(395) = -3.365, p < .01$). This means healthcare workers who have high psychological climate exhibited higher organizational commitment than healthcare workers who have low psychological climate. The effect size was calculated using Cohen's d, and this shows that the size of the effect of psychological climate on organizational commitment is moderate (effect size $d = -.34$).

Discussion

This study examined the influence of psychological climate on organizational commitment among clinical and administrative staff in government-owned public hospitals in Oyo State, Nigeria. Given the critical role of healthcare workers in sustaining public health systems, understanding the factors that affect their commitment is essential for improving service delivery and reducing workforce attrition. Four hypotheses were tested to explore these relationships.

The first hypothesis proposed that participants with a more positive perception of the psychological climate would exhibit greater affective commitment than those with a less favourable perception. The results supported this hypothesis, revealing a statistically significant difference between healthcare workers with high psychological climate perceptions and those with low perceptions. Specifically, individuals who perceived the psychological climate more positively demonstrated markedly higher levels of affective organizational commitment. The significant relationship between psychological climate and affective organizational commitment observed in this hypothesis aligns with the findings of Ekmekci et al. (2021) who discovered that while psychological climate is important, its influence on affective organizational commitment can be mediated by other factors such as individual resilience and workload balance. Their study suggested that even in positive environments, excessive workload or a lack of personal coping mechanisms could weaken the relationship between psychological climate and affective commitment. Similarly, Suratman et al. (2021) reported that psychological climate had a less pronounced effect on employee performance in organizations with structural and resource-based challenges, such as understaffing or inadequate compensation, which undermined employees' emotional connection to the workplace. When these perceptions are positive, employees are more likely to feel valued and emotionally connected to their workplace, enhancing their affective commitment. Miidom et al., (2021) claimed that telecommunications employees who see their work environment as helpful are more likely to form an emotional link with their organisation, resulting in enhanced organisational loyalty and lower turnover intentions. Similarly, Ojokuku et al. (2022) emphasised that such beliefs generate a sense of belonging and connection with organisational goals, hence increasing workers' desire to participate emotionally in their jobs.

Hypothesis two posits that participants with a more positive perception of psychological climate will exhibit greater continuance of organizational commitment compared to those with a less favourable perception. The result of the analysis shows a significant difference between those with low and high psychological climates regarding their levels of continuance commitment. Healthcare workers who reported a more positive psychological climate exhibited higher levels of continuance commitment than those who perceived their psychological climate more negatively. The findings suggest that in healthcare settings, fostering a positive

psychological climate can enhance both affective commitment (emotional attachment) and continuance commitment (practical or instrumental attachment). Lee (2021) revealed that employees in organizations with supportive and safe work environments reported stronger emotional attachment to their organization. However, when considering continuance commitment specifically, the study found weaker correlations. Meanwhile, Astakoni et al. (2022) stated that a positive psychological climate, characterized by supportive leadership and a healthy work environment, significantly enhances organizational commitment. When healthcare workers perceive their workplace positively, they are more likely to exhibit higher levels of commitment, including continuance commitment. Similarly, Ogunbanjo et al. (2022) revealed that while a positive psychological climate did influence continuance commitment, the strength of the relationship was moderate. Employees who perceived their work environment as supportive and fair were more likely to stay in their jobs for financial or social reasons, thus enhancing continuance commitment. Lee et al. (2022) note that while a positive psychological climate generally supports higher levels of commitment, factors such as stress and burnout can negatively impact this relationship.

The third hypothesis posited that participants with a more positive perception of the psychological climate would exhibit greater normative commitment compared to those with a less favourable perception. The results of the analysis supported this hypothesis, showing that healthcare workers who perceived the psychological climate more positively demonstrated higher levels of normative organizational commitment. This result suggests that when employees perceive the work environment as supportive and fair, they are more likely to feel a strong duty to remain with the organization, contributing to greater normative commitment. The large effect size further emphasizes the strong influence of psychological climate on normative commitment. This suggests that the psychological climate has a powerful impact on employees' moral obligations to their organization. These findings are consistent with the findings of Moloney et al. (2020), who found that a supportive organisational climate, with strong communication and appreciation of efforts, fosters a feeling of duty among workers, increasing their likelihood of staying with the organisation. Schwarz et al. (2023) and Zagenczyk et al. (2021) discovered that a good psychological environment, in which employees feel appreciated and encouraged, is substantially connected with greater levels of organisational commitment, especially normative commitment. Their findings confirm the assumption that employees who regard their organisational environment as good have a larger moral commitment to stay with the organisation.

However, Schwarz et al. (2023) found that a positive psychological climate significantly boosted employees' emotional attachment, sense of duty, and practical commitment to the organization. They concluded that when employees perceive a supportive work environment, they tend to be more committed overall. Similarly, Eisenberger et al. (2020) found that employees' perception of the psychological climate, particularly in terms of support and fairness, positively influenced their sense of duty to the organization. When employees feel valued, they are more likely to exhibit a stronger sense of obligation to their organization. Mohd Rasdi and Tangaraja (2022) observed that while a supportive environment significantly enhanced job satisfaction and emotional attachment, its influence on a sense of duty was less predictable.

The fourth hypothesis proposed that participants with a more positive perception of psychological climate would exhibit greater organizational commitment compared to those with a less favourable perception. The results of the analysis support this hypothesis, showing that healthcare workers who perceived the psychological climate more positively demonstrated higher levels of organizational commitment. The findings suggest that healthcare workers who perceive their work environment as more positive are more likely to feel a strong connection to their organization and display higher organizational commitment. The moderate effect size indicates that the impact of psychological climate on organizational commitment, while significant, is of moderate strength. This suggests that while psychological climate does influence organizational commitment, other factors may also play a role in determining how committed employees feel toward their organization. Studies support the concept that a healthy psychological environment increases organisational commitment. Oluwatayo and Adetoro (2020) observed that in telecommunications firms, a positive work environment is strongly associated with better levels of employee engagement. This positive relationship is based on the idea that workers flourish in work conditions where they feel psychologically safe and appreciated, resulting in a

stronger emotional commitment to the organisation. Research by Bahadır et al. (2024) and Park and Kim (2022) indicates a strong link between psychological climate factors like trust, innovation, support, recognition, and fairness and teachers' organisational commitment, including commitment to their school and occupation. Trust and inventiveness were very powerful indicators of commitment to the teaching job.

Implication and Recommendations

The findings of this study have significant implications for healthcare management, particularly in enhancing organizational commitment among healthcare workers. The results indicate that a positive psychological climate is strongly associated with higher affective commitment. This suggests that when healthcare workers perceive their environment as fair, supportive, and conducive to professional growth, they are more likely to feel emotionally attached to their organization. Affective commitment is crucial because it fosters job satisfaction, reduces turnover, and enhances overall work performance. Therefore, it is recommended that hospital management prioritize creating a supportive work environment by fostering open communication, recognizing employee contributions, and providing continuous professional development opportunities. By enhancing the psychological climate, healthcare institutions can nurture emotional bonds between staff and the organization, leading to increased dedication and reduced staff attrition.

The study also suggests that healthcare workers who perceive their work environment positively are more likely to remain in their positions due to the perceived costs associated with leaving. This form of commitment is particularly relevant in Nigeria, where limited job opportunities may force workers to stay despite job dissatisfaction. To address this, it is recommended that hospital administrators implement retention strategies such as offering competitive remuneration, creating pathways for career advancement, and providing financial incentives for long-term service. Such measures can reduce the likelihood of staff leaving due to external opportunities and improve the overall stability of the healthcare workforce.

Furthermore, the findings show that healthcare workers with a positive perception of psychological climate exhibit higher normative commitment. This implies that when workers perceive the organization as supportive, they are more likely to feel a moral obligation to remain. This sense of duty is particularly strong in healthcare settings where ethical responsibilities and patient welfare are paramount. To strengthen normative commitment, hospital management should emphasize organizational values through regular ethical training, foster a culture of social responsibility, and provide mentorship programs that reinforce professional identity and loyalty. By cultivating a work environment where employees feel a moral duty to stay, healthcare institutions can enhance long-term commitment and service delivery. The overall organizational commitment was also significantly higher among healthcare workers who perceived a favourable psychological climate. This finding revealed the comprehensive impact of psychological climate on an employee's willingness to remain dedicated to the organization. To sustain high levels of organizational commitment, healthcare policymakers should invest in improving working conditions, ensuring timely payment of salaries, and creating a participatory decision-making culture. Additionally, implementing staff welfare programs and providing mental health support can improve job satisfaction and reinforce organizational commitment.

Limitations and Suggestions for future studies

This study, while providing valuable insights, has several limitations. First, it relied on self-reported data, which may be subject to social desirability bias, as participants may have provided responses they believed to be favourable rather than reflecting their true experiences. Future research could adopt a mixed-method approach, incorporating qualitative interviews or observational data to gain deeper insights into the relationship between psychological climate and organizational commitment. Additionally, the study focused exclusively on government-owned hospitals in Oyo State, limiting the generalizability of the findings to other regions or private healthcare institutions. Future studies should consider a broader geographic scope and include a diverse range of healthcare settings to enhance the external validity of the findings.

Another limitation is the cross-sectional research design, which captures data at a single point in time and does not allow for an examination of changes in psychological climate and commitment over time. Longitudinal studies are recommended to explore how these relationships evolve and whether interventions aimed at improving psychological climate have a lasting impact on organizational commitment. Furthermore, the study did not account for other potential moderating variables, such as personality traits or job roles, which may influence the relationship between psychological climate and commitment. Future research should explore these factors to provide a more comprehensive understanding of the dynamics affecting healthcare workers' commitment.

Conclusion

The findings of this study demonstrate a significant relationship between psychological climate and organizational commitment among healthcare workers in government-owned hospitals in Oyo State, Nigeria. Across all three dimensions of organizational commitment— affective, continuance, and normative— healthcare workers who perceived a more positive psychological climate exhibited stronger levels of commitment compared to those with a less favourable perception. This suggests that when healthcare workers perceive their work environment as supportive, fair, and conducive to professional growth, they are more likely to develop emotional attachment, feel compelled to stay due to associated costs and experience a sense of moral obligation to remain with the organization. The results highlight the importance of fostering a positive psychological climate in healthcare settings to enhance employee commitment. Affective commitment, which reflects emotional attachment to the organization, was significantly higher among workers who perceived their psychological climate positively. Similarly, continuance commitment, which is driven by the perceived costs of leaving the organization, was also greater in those with a favourable psychological climate. Normative commitment showed the most substantial difference between low and high psychological climate groups. When healthcare workers perceive fair treatment and organizational support, they are more likely to feel obligated to remain and contribute to the institution. Furthermore, the overall organizational commitment was significantly higher among those with a positive psychological climate, reinforcing the notion that the work environment plays a critical role in shaping employees' attitudes and behaviours.

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