PROFESSIONAL COMMITMENT OF NURSES IN GHANA: THE CASE OF THE VOLTA REGION

Ben Q. Honyenuga and Paulina N. Adzoyi

ABSTRACT

This study examines what stimulates and sustains commitment of nurses to their profession in the Volta Region of Ghana and whether commitment is shaped by similar variables. A quantitative approach was adopted using a validated questionnaire developed by Blau (1989) and modified by Reilly & Orsak (1991) to fit the nursing profession. A Kruska Wallis test was used to analyse the data with SPSS as an interface. The findings revealed a high commitment rate to the nursing profession in Ghana due to love of the profession and monetary considerations. However, a significant number of nurses are not committed to the profession at all which poses managerial and theoretical implications.

Keywords: Professional commitment, organisational commitment, dual commitment, positive commitment, negative commitment, nurses, Ghana

INTRODUCTION

Though there has been an increasing interest in understanding why employees leave their profession, the focus of researchers has been on other types of inter-role transitions, such as organisational turnover, at the expense of professional or occupational turnover (Blau & Lunz 1998). However, professionals have become the centre piece of virtually all organisations (Cho & Huang 2012). However, non-commitment to a profession or occupation and ultimately quitting may involve costs such as emotional, diminished social recognition, career identity and occupational investment costs such as money, time and training (Blau 2003), and may have an impact on the organisation in which that professional works. It has been established that individuals with high levels of professional commitment will not engage in activities that are injurious to a firm (Greenfield, Norman & Wier 2008). The current study has become relevant in view of the perceived positive impact of professional commitment on the performance of an

About the authors

Ben Q. Honyenuga (benhony@yahoo.com) is a senior lecturer in management and public administration at Ho Polytechnic, Ghana. He is also the Coordinator of the Kwame Nkrumah University of Science and Technology (KNUST) Institute of Distance Learning, Ho where he lectures in human resource management and public systems management at the MBA level. Currently, Ben is pursuing doctoral studies in business administration at Maastricht School of Management, Netherlands, and researching into high performance organisations and bottom of the pyramid innovation.

Paulina N. Adzoyi (heladzoyi@yahoo.com) is a lecturer in Hospitality Management at Ho Polytechnic, Ghana. She is also an adjunct lecturer in quality management of the MBA programme at Kwame Nkrumah University of Science and Technology (KNUST) Institute of Distance Learning Ho Centre. Her research interests include hospitality management and services marketing.

organisation, especially where the profession under review has implications for the health of human beings in a developing country like Ghana.

Professional commitment of nurses in Ghana has been a topical issue in recent times and this has led to demonstrations by concerned citizens who felt that nurses are not behaving professionally, leading to deaths of their family members and friends at the various hospitals where the nurses work. Coupled with this is the fact that there is shortage of nurses in Western countries (Aiken, Clark, Sloane, Sochalski & Silber 2002; Sjogren, Fochsen, Josephson & Lagerstrom 2004) which created avenues for some of the Ghanaian nurses who have migrated to those countries, leaving a vacuum at the hospitals in Ghana. The common complaint of the nurses when encountered at work has been that their numbers are few and that they are working under pressure. The question then is where have the nurses gone to, especially when the Colleges of Nursing in Ghana are still admitting and turning out nurses in their numbers? Are the nurses no longer committed to their profession? Whilst the issue of professional commitment may be distinct from organisational commitment, it was found out to be positively correlated with perceived performance, life satisfaction and continuance commitment (Cohen 1999; Reilly & Orsak 1991). This makes the study of professional commitment of nurses in Ghana relevant and a first step to understanding the overall commitment level of the nurses.

THEORETICAL BACKGROUND

Nature of Professional Commitment

Professional commitment may be defined as an employee's affective attachment to his/her profession with respect to the person's belief in and acceptance of the values of one's occupation or in line with work and a willingness to maintain membership in that profession (Lee, Carswell & Allen 2000; Meyer, Allen & Smith 1993; Vandenberg & Scapello 1994). It is regarded as a concept separate from, and often in conflict with, organisational commitment. Research in this area has included three topics of interest: First, the distinction between professional commitment from organisational aspect of commitment; second, the tension of dual commitment; and third, and more specifically, the professionalism and professional commitment of nurses.

Differences Between Organisational Commitment and Professional Commitment

One distinction made in the workplace has been between organisational commitment and professional commitment (Morrow & Goetz 1988; Blau, 1989). Aranya, Kushnir & Valency (1986) attempt to clarify the theoretical relationship between organisational and professional commitment. Organisational commitment may be said to be the relative strength of an individual's identification units, and involvement in one's profession. Professional commitment is not redundant with other forms of work commitment (Morrow & Goetz 1988); and professional commitment is an appropriate concept for representing at least part of the career focus dimension of work commitment (Morrow & Wirth 1989). Blau (1985, 1987, 1988) also state that, within the construct of commitment, career (or professional) commitment is distinct

from organisational commitment. He then defined career commitment as one's attitude toward one's vocation, including a profession. Blau (1989) concluded by saying that career commitment represents a distinct work referent for vocation ranging from highly professionals such as registered nurses to less professionals like bank tellers.

Organisational commitment and professional commitment have therefore been shown in research literature as distinct aspects of commitment. Establishing their unique identities however, has not precluded the reality of ongoing tension between the two dimensions of commitment as discussed below.

The Tension of Dual Commitment

Two approaches exist to conceptualise the relationship between organisational commitment and professional commitment. The first one assumes that there is a contradiction between the two and the second approach questioned the incompatibility of these forms of commitment (Ei-rajabi 2007). Studies of role conflict suggest that organisations often place individuals in two simultaneous roles with incompatible demands, which indicate an inherent conflict between the two commitment perspectives. Thus, Angle and Perry (1986) looked into the tension between organisational and occupational commitments and stated that there may not be inherent conflict between commitment of the profession and organisation if the individual's professional work expectation and goals are met by the organisation in which they work. Wallace (1993), having summarised the early literature on professional and organisational commitment, assumed an inherent conflict between professional and organisational goals.

Other scholars in the field, however, refute the necessity of an either-or choice and are of the view that there are different reasons why people are committed to their professions and organisations (Cho & Huang 2012). The two orientations, it can be argued, need not be mutually exclusive when the expectations and role demands of profession and organisation remain congruent. Aryee, Chay & Tan (1994) explained that the context for such harmony occurs when the organisation provides a climate that promotes the goals and ideas of the particular profession within the organisation. Aryee, Chay & Chew, (1994) are of the view that there is a significant positive relation between organisational commitment and career commitment. Vandenberg & Scapello (1994) also expressed the same sentiment and stated that the two forms of commitment are positively, and not negatively, associated. Recent research has explored the potential of organisational-professional conflict and found that commitment is not a zero sum game (Bryant, Moshavi & Nguyen 2007). Thus professional attitudes generally were related to greater, rather than lesser, degrees of commitment to the organisation.

Intention to Quit the Nursing Profession

It has been argued that occupational turnover is an outcome of a career decision making process (Van der Heijden, Dam & Hasselhorn 2009). Researchers like Feldman (2007) were of the view that career aspects are more important in predicting the intention to quit a profession than the organisational and workplace characteristics.

In their recent study however, Van der Heijden, Dam and Hasselhorn (2009) identified unsupportive work environment, inadequate leadership and work to home interference as factors that are responsible for the likely hood of nurses to quit their profession. The present study aims at examining the commitment of Ghanaian nurses to their profession as a first step of future research on the overall commitment levels of nurses in Ghana. This is against the background of open complaints in the media that nurses are not committed to their profession. It is common knowledge in Ghana that many of the nurses became nurses by accident, as a result of their failure to get to other higher institutions of learning. Is this notion valid? Or do the nurses really want to be nurses? The researchers believe these questions will be answered by the present study, which focuses on the professional commitment of nurses. The main argument and assumption guiding the study is that the nurses in Ghana are not committed to their profession.

Instruments for Measurement of Professional Commitments

Three different approaches to measurement of professional commitment are considered for the present study. These include a re-worded version of an organisational commitment questionnaire (OCQ). Hall-Snizk (1972) used the OCQ as a basis for constructing a professional commitment scale. They intensified this approach on several grounds. Firstly, the authors showed how they were following a methodology used by six other studies from 1973 to 1984. Secondly, they viewed both profession and organisation as objects of commitment, and the independency of any particular factor. Thirdly, the internal consistency of OCQ in their study was validated even by replacing the word "profession" with the word "organisation". Finally, a concern about the possible effect of common method variance was alternated by the correlation between organisation and professional commitment. This low correlation indicated that the absence of a strong response bias (i.e., the tendency to answer both questionnaires in the same manner). It supported the use of the instrument in the two ways, both for organisation and for profession. Morrow and Wirth (1989) used the same modification of OCQ in their study of professional commitment and found their reliability estimate to be almost identical to previous studies. They affirmed the distinctiveness of professional commitment and called for additional refinement in the instrument.

In a review of literature related to career commitment, Blau (1988) summarised the diversity of terminology and measures that have been used by researchers. Examples include; professional commitment, occupational commitment (Aranya & Jacobser 1975), career salience and career orientation. Blau (1988) pointed out the limitation of these measures in two areas; first, the presence of some concept redundancy, and second, a lack of data to provide support for the instruments reliability and validity.

Blau (1989) however summarised the research which provided psychometric support for the generalisation of his scale. Making a slight adaptation to Blau's scale for application to student nurses, Arnold (1990) found it helpful for identifying and measuring predictors of career commitment. The present study thus adopted measurements based on questionnaires developed by Blau (1989) and modified by Reilly and Orsak (1991) to fit the nursing profession.

RESEARCH DESIGN

This research adopted a quantitative methodological approach which used a cross – sectional survey method aimed at describing the relationship between commitment level and other factors like sex, age, professional qualification, rank and years of serving as a nurse within the nursing profession. The cross – sectional survey also known as the "KAP" survey is useful in gathering data on important aspects of current knowledge, attitudes, and practices - hence its adoption for this study of professional commitment of nurses in Ghana.

Data Collection

Data collected for the research was purely primary and was by the administration of a one page questionnaire adopted from Blau (1989); Reilly & Osark (1991) which has two main parts; the personal profile of respondent and the professional commitment part. The administration was by post; copies were sent to each sample unit by post and the completed questionnaire returned for editing, coding and entering into the spreadsheet for analysis.

Sampling Procedure

A non probability sampling technique was used in determining the sampling units for responses for the analysis. Quotas were assigned to all hospitals and the mode of selecting a nurse was purely accidental and more of convenience. The quotas assigned are tabulated below (Table 1).

Table 1: Sources of data

Hospital	Quota
Volta Regional Hospital	30
Ho Municipal Hospital	20
Kpando Catholic Hospital	20
Hohoe Municipal Hospital	20
Worawora Hospital	20
Jasikan Hospital	20
Keta Hospital	20
Aflao Hospital	20
Dzodze Hospital	20
Akatsi Hospital	20
Abor Hospital	20
Peki Government Hospital	20
Total	**250**

Variables in the Data

The one page questionnaire consists of 13 variables; six personal profiles of respondents and seven variables to measure the professional commitment of respondents. For convenience, the variables in the research were redefined as;

$X_1 = Sex$

$X_2 = Age$

$X_3 = District\ location$
$X_4 = Years\ of\ experience\ as\ a\ professional\ nurse$
$X_5 = Highest\ professional\ qualification$
$X_6 = Rank\ in\ the\ nursing\ profession$
$X_7 = I\ like\ this\ career\ too\ well\ to\ give\ it\ up$
$X_8 = If\ I\ could\ go\ into\ a\ different\ profession\ which\ paid\ the\ same, I\ would\ probably\ take\ it$
$X_9 = If\ I\ could\ do\ it\ all\ over\ again, I\ would\ not\ choose\ to\ work\ in\ the\ profession$
$X_{10} = I\ definitely\ want\ a\ career\ for\ myself\ in\ this\ profession$
$X_{11} = If\ I\ had\ all\ the\ money\ I\ needed\ without\ working, I\ would\ probably\ still\ continue\ to\ work\ in\ this\ profession$
$X_{12} = I\ am\ disappointed\ that\ I\ ever\ entered\ this\ profession$
$X_{13} = This\ is\ the\ ideal\ profession\ for\ a\ life's\ work$

Method of Data Analysis and Presentation

The Kruskal Walis test was the main tool used to analyse the data. This test was used to compare two or more populations whose data are ranked or quantitative where the data have been derived from independent samples. The test was performed to investigate if there is a significant relationship between the two variables at 95% confidence level. The analysis sought to establish, based on scientific inference, the relationship between the descriptive variables and the objective of this study using inferential analytical procedures. SPSS and Excel software were used for the analyses and the data was presented using tables and graphs.

FINDINGS

In line with the objectives of the research, results of the analysis are presented in various sections as outlined below.

Positive Commitment Variables

Seven variables were used to measure the commitment level of nurses in this research. Three of those variables are confessing positive commitment; hence it could be termed positive commitment level. Here, it is expected to show whether people are in agreement with such confessions, indifferent or not in agreement. A five point Likert Scale was used: 5 = Strongly Agree, 4 = agree, 3 = Unsure, 2 = disagree and 1 = strongly disagree. A frequency distribution table for this section is below.

The commitment level of the nurses in general is not in doubt as evidenced in columns 4 and 5 of Table 2 below. This implies that majority (over 73% at all times) of all nurses liked the career too well to give it up and are prepared to remain with the profession irrespective of their

circumstances. The same cannot be said about 16% of the nurses who would not like to remain with the profession for a life time and some 11% do not know their fate at the moment; these ones could end up committed positively or not.

Table 2: Distribution of positive commitment variables

	1	2	3	4	5	Total
X_7	15	11	24	52	104	**206**
X_{10}	19	14	16	69	82	**200**
X_{11}	23	16	26	59	80	**204**
X_{13}	10	19	26	67	84	**206**
Total	**67**	**60**	**92**	**247**	**350**	**816**

Therefore, Table 2 above has revealed that there are about some 73% of nurses at all times that would not be influenced by money to be committed to the nursing profession. The fate of about some 27% concerning money as a stimulant for being committed is not yet known; perhaps further analysis would revealed their status.

Negative Commitment Variables

Under this section, three variables are considered for measuring the negative commitment level amongst the populace. The same five point Likert scales are used. By negative commitment, the research seeks to find out the contrast between absolute resolution and total dissolution. Results are shown in Table 3 below.

Table 3: Distribution of negative commitment variables

	1	2	3	4	5	Total
X_8	80	71	14	21	20	**206**
X_9	76	64	21	19	22	**202**
X_{12}	116	62	11	8	8	**205**
Total	**272**	**197**	**46**	**48**	**50**	**613**

Very convincing, at best total resolution, would be the phrase describing the commitment of nurses in the Volta Region hospitals. The responses of the nurses also appear to be uniform and consistent. About some 77% of the nurses are very emphatic and resolved to be committed to the nursing profession. The same 16% have shown up here concerning those who are not willing to remain with the profession and, this time, about 8% do not know their commitment level. Clearly, there exist about some 4% of nurses that are swinging between total commitment and indifference. The commitments of such people are likely to be stimulated by some other factor beside the love for the profession.

Commitment Level of Nurses

The sections discussed above did provide some statistics that are key to understanding the commitment level of nurses. In this section, however, the research seeks to further examine how

significant is this commitment level? Are nurses in general committed to their profession? If commitment is general, then responses to variable X_7, X_{10}, X_{11} and X_{13} would be statistically insignificant and the responses would be basically the same. The appropriate tool for this examination is the Kruskal Wallis test. This test is a non parametric test which seeks to compare, with a level of significant, two or more populations of ordinal or interval data whose normality requirements are not met. At an alpha value of, say, 0.05, the test provides a significance table for either accepting or rejecting the fact that populations are equal, or one or more variables differ. The results of the test are outlined in Table 4 below.

Table 4: Kruskal Wallis test for positive commitment level

Group	Rank Sum	Observations
X_7	90298.5	206
X_{10}	85980	206
X_{11}	80051	206
X_{13}	83570.5	206
H Stat		4.76
Df		3
p-value		0.19
Chi-squared Critical		7.81

The test suggests strongly that what the respondents are saying concerning their commitment level are the same, since the p – value (0.19) is greater than 0.05; the test is said to be insignificant. There is therefore an overwhelming evidence to infer from the data gathered that commitment levels among nurses are the same. This is the main reason why total commitment recorded an overwhelming 73% and non commitment recording only 16% and about 11% being undecided.

The next category of variables, X_8, X_9 and X_{12} have identities that could reveal if nurses' commitment is based on pure love for the profession or other factor(s). The Kruskal Wallis test in Table 5 below provides the first step to revealing these identities. The p – value is 0.00, which indicates that there are differences in the responses of the three variables. This would lead to finding out which of the variables differ from each other.

TABLE 5: Kruskal Wallis test for negative commitment level

Group	Rank Sum	Observations
X_8	67255.5	206
X_9	68888	204
X_{12}	53892.5	206
H Stat		21.89
Df		2
p-value		0.00
Chi-squared Critical		5.99

Exploring this test further, Table 6 below suggests that there are no significant differences in the responses for X8 and X9, since its p – value is 0.41 (greater than 0.05). So it is likely that the supposed difference between the three variables is brought about by X_{12}. There appears to be some hidden factor here that would cause about 27% of nurses to probably go for another profession if given the chance – this factor could be money or simply the love for another profession.

Table 6: Kruskal-Wallis test for X_8 and X_9

Group	Rank Sum	Observations
X_8	41536.5	206
X_9	43541.5	206
H Stat		0.69
Df		1
p-value		0.41
Chi-squared Critical		3.84

A further test shown in Table 7 below confirms that the difference is brought about by X_{12} and this variable is the disappointment variable. At the same time, this variable seems to be the single most important variable that the respondents strongly disagreed with. It is therefore clear that the nurses are not that disappointed but a certain other factor might be responsible for the differences here.

Table 7: Kruskal-Wallis test for X_9 and X_{12}

Group	Rank Sum	Observations
X_9	47079.5	204
X_{12}	37175.5	206
H Stat		18.48
Df		1
p-value		0.00
Chi-squared Critical		3.84

Going by Becker (1960) in his definition for commitment, "based on the premise that employees are committed because they have hidden or sunk "investments" and "cost" in the organisation which they risk losing if the leave", it can be seen that indeed there are two categories of committed nurses in this case. There are those who are fully committed to the profession and others who are committed to the organisation. Whatever the commitment level, there may be a hidden or sunk "investments" and "cost" that these ones risk losing. The next section seeks to find these hidden identities.

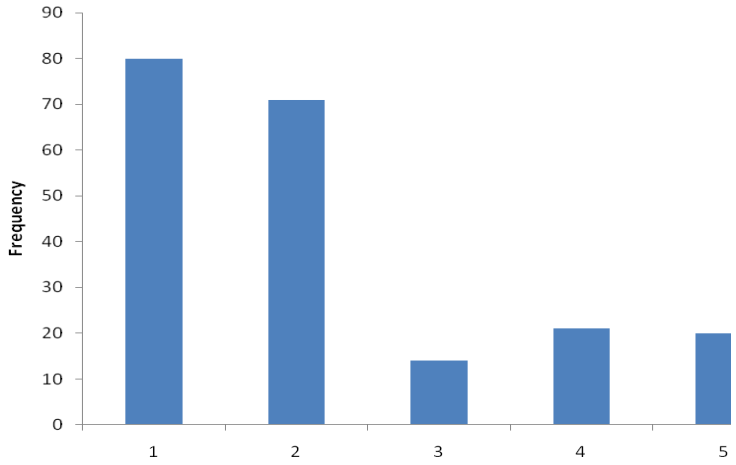
The Main Stimulant of Commitment

If there are differences in commitment levels, then it could be as a result of one or more factors – of critical concern is money. Is money responsible for the sustenance of the nurse's commitment? There are two main things that can influence commitment induced by money:

1. 'If one is offered another job paying equally, would one probably quit the nursing profession?' and;
2. 'If one had all the money needed, would one still continue to work in this profession?'

By these, it could be discovered whether money actually stimulates the nurse to be extra committed or not. Figure 1 below clearly reveals that the majority (73%) would not like to go into a different profession if it pays same. This category can be said to be proud of the nursing profession and could not do their work without high commitment level which is in line with McCabe and Garavan (2008). Here, it has also come to light that certain nurses about (20%) would also go for another profession even if it pays same; they are simply not committed to the profession and 7% are yet to show their commitment, they could possibly have the hidden factor.

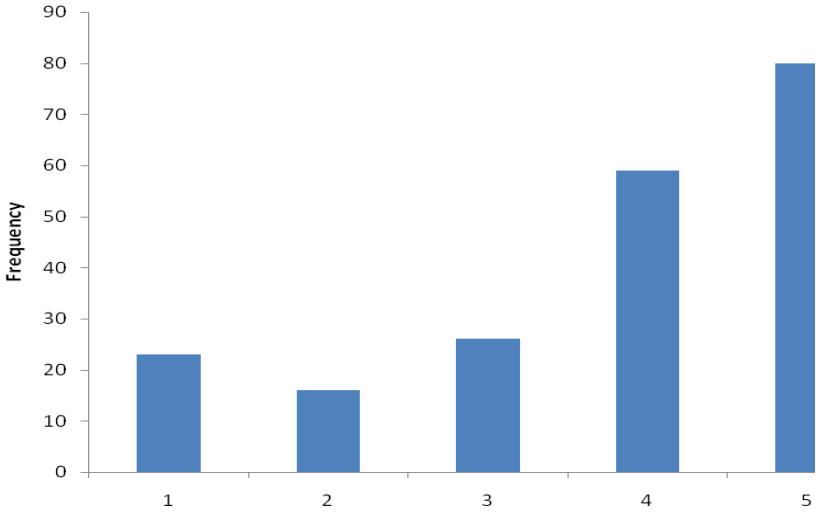
Figure 1: If I could go into a different profession which paid the same, I would probably take it



The bars in Figure 2 below depicted about 68% in favour and 19% not in favour. The former are people who have genuine commitment for the nursing profession, but that is when it would bring them money. The latter would not continue in the nursing profession even if they had money. These leave us with four main categories of nurses:

1. About 68% who are committed irrespective of the amount of money they earn, they are committed for love of the profession
2. About 5% who are committed to both the profession and organisation because of money – they appear to be committed to the nursing profession because they think it pays them better. If they have another opportunity that pays better, they would go for it.
3. About 19% are not committed at all to the profession or the organisation, they may leave sooner or later to their preferred vocation. To them, no amount of money would convince them to stay on.
4. About 8% can still not find their bearing – they are indifferent.

Figure 2: If I had all the money I needed, I would probably still continue to work in this profession



Two key identities emerge here, the third being the tension between the first two. There are those who are committed for love of the profession and the organisation at the same time. These according to (Aranya & Ferris 1984) are the reasons for the improved overall effectiveness of the nursing organisation in the Volta Region of Ghana. There is yet another group that is doing what they do now just for the organisation. For them, it is love for the organisation as stated by Porter, Steers, Mowday and Boulian (1974). Attitude and behaviour are the defining characters of such people, not tangible stimulants like money.

Miller and Wager (1971) stated that the two orientations need not be mutually exclusive when the expectations and role demands of profession and organisation remain congruent. That appears to be the case with some people in the nursing fraternity in the Volta Region. The categories here do not see organisational commitment and professional commitment as mutually exclusive, in fact, the two must go together.

In conclusion, this section did help in unravelling the main and only factor that seeks to describe the professional behaviour of majority of nurses, who are there purely for the love of the profession. That also seems to be the only factor that induces the organisational commitment of nurses in the profession in the Volta Region of Ghana.

Comparing Commitment Level of Independent Variables

It has now been established that majority of the nurses in the profession are very committed and would definitely want to keep a career in the nursing profession. However, there still remain some 19% that are not committed at all. This calls for a classification analysis to determine which category of nurses is most committed. The Kruskal Wallis test for comparing independent samples is used in Table 8 below to find out whether significant differences exist between the four variables of commitment as earlier discussed.

Table 8: Mean rank for commitment levels

	N	Mean
X_7	206	4.06
X_{10}	200	3.91
X_{11}	204	3.77
X_{13}	206	3.95

Clearly, the single variable that can best describe the commitment levels of all nurses in the Region is X_7, since it has the highest mean, measuring agree and strongly agree respectively. In exploring this further, the test results shown in Table 9 below is highly significant since the asymptotic significance value (the same as p – value) is less than 0.05. This suggests that differences exist among the commitment level of sexes in the nursing profession.

Table 9: Kruskal Wallis test of commitment level among sexes

	X_7
Chi-Square	9.18
Df	1
Asymptotic Sig.	0.00

Of note, is that Table 10 below suggests that females are more committed than males. This implies that the high level of commitment among nurses is largely caused by female nurses.

Table 10: Mean rank of commitment level among sexes

	N	Mean Rank
MALE	40	79.48
FEMALE	165	108.70
Total	205	

Table 11 below shows the results of the Kruskal Wallis test of the commitment level among age groups. Again, the test indicates differences among age groups in the nursing profession.

Table 11: Kruskal Wallis test of commitment level among age groups

	X_7
Chi-Square	19.19
Df	5
Asymptotic Sig.	0.00

In exploring this further, it is evident from Table 12 below that those within the age group of 50 years and above are the most committed, followed by those between 32 – 37 years.

Table 12: Mean rank of commitment level among age groups

Age	N	Mean Rank
20-25	55	79.35
26-31	48	95.45
32-37	18	107.56
38-43	12	79.71
44-49	10	99.20
50 and Above	52	120.77
Total	**195**	

Table 13 below shows the results of the Kruskal Wallis test of the commitment level among different qualifications. The test indicates there is insufficient evidence to infer that differences exist among different qualifications.

Table 13: Kruskal Wallis test of commitment level among different qualifications

	X_7
Chi-Square	9.31
Df	4
Asymptotic Sig.	0.05

The next Kruskal Wallis test looks at the commitment level among hospitals. Table 14 shows a significant value of 0.02, which suggests that differences exist in commitment level among different hospitals. This means that the commitment of a nurse at one hospital is likely to be different when he or she gets to another hospital.

Table 14: Kruskal Wallis test of commitment level among hospitals

	X_7
Chi-Square	20.70
Df	10
Asymptotic Sig.	0.02

Table 15 explores the commitment levels among the different hospitals. Commitment levels appear to be generally lower for nurses at Worawora, Keta, Aflao and Abor hospitals. Highest commitment level appears to be among nurses in the Jasikan and Dzodze hospitals. Commitment level is however almost the same among nurses at Ho Regional hospital, Ho Municipal hospital, Kpando, Hohoe and Akatsi hospitals.

TABLE 15: Mean Rank of commitment level among hospitals

Hospital	N	Mean Rank
Ho Regional Hospital	37	99.80
Ho Municipal Hospital	12	117.08
Kpando Catholic Hospital	31	101.35
Hohoe Municipal Hospital	16	105.28
Worawora Hospital	15	88.87
Jasikan Hospital	13	126.58
Keta Hospital	18	87.44
Aflao Hospital	20	69.38
Dzodze Hospital	7	149.50
Akatsi Hospital	20	104.35
Abor Hospital	9	78.17
Total	**198**	

CONCLUSION

Commitment of nurses in Ghana to their profession has been a topical issue in recent times and has led to demonstrations by concerned citizens who feel that nurses are not behaving professionally leading to deaths of their family members and friends at the various hospitals where the nurses work. Coupled with this is the fact that there is shortage of nurses in Western countries (Aiken, Clark, Sloane, Sochalski & Silber 2002; Sjogren, Fochsen, Josephson & Lagerstrom 2004). This has created avenues for some of the Ghanaian nurses who have migrated to those countries leaving a vacuum at the hospitals in Ghana. In view of this, a study of the professional commitment of nurses in Ghana becomes relevant as a first step of understanding the overall commitment level of nurses. The main argument guiding the study is that nurses are not committed to their profession.

The findings of the study however revealed that commitment level among nurses in the Volta Region is generally high. About 68% are committed irrespective of the amount of money they earn; they are committed for love of the profession. About 5% are also committed to both the profession and organisation because of money. They appear to be committed to the nursing profession because they think it pays them better and should they have another opportunity that pays better, they would go for it.

On the other hand, the findings indicate that 19% are not committed at all to the profession or the organisation; they may leave sooner or later to their preferred vocation or profession. To them, no amount of money would edge them on. The rest, about 8%, can still not find their bearing – they are indifferent about their commitment level and thus are an unpredictable group within the profession.

RECOMMENDATIONS

The managerial implication for the study is that the management of the Ghana Health Service should institute measures to motivate the nurses for enhanced performance. This is because the study confirms that the majority of nurses (about 68%) are committed to their profession, of which the only dominant factor that influences most nurses is love for the profession. This is essentially the first step in ensuring commitment to the organisation. In addition, the Ghana Registered Nurses Association and the Ghana Midwifery Council should institute continuous professional education to address concerns within the profession, especially of those who are not committed to the profession. This is important because non-commitment to a profession like nursing can be a recipe for loss of human life. There should also be a further study to establish the relationship between professional commitment and organisational commitment of nurses in Ghana.

REFERENCES

Aiken, L, Clark, S, Sloane, D, Sochalski, J & Silber J 2002, 'Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction', *Journal of the American Medical Association*, vol. 288, no. 16, pp. 1987-1993.

Angle, H & Perry, J 1986, 'Dual commitment and labour-management relationship climates', *Academy of Management Journal*, vol. 29, no. 1, pp. 31-50.

Aranya, N & Ferris, KR 1984, 'A re-examination of accountants' organisational-professional conflict', *The Accounting Review*, no. 59, no. 1, pp. 1-15.

Aranya, N, Kushnir, T & Valency, A 1986, 'Organisational commitment in a male-dominated profession', *Human Relations*, vol. 39, no. 5, pp. 433-448.

Aryee, S, Chay & Tan, H 1994, 'An examination of the antecedents of subjective career success among a managerial sample in Singapore', *Human Relations*, vol. 47, no. 5, pp. 487-510.

Aryee, S, Chay, Y & Chew, J 1994, 'An investigation of the predictors and outcomes of career commitment in three career stages', *Journal of Vocational Behaviour*, vol. 44, no. 1, pp. 1-16.

Becker, HS 1960, 'Notes on the concept of commitment', *The American Journal of Sociology* vol. 66, no. 1, pp. 114-36.

Blau, G 1988, 'Further exploring the meaning and measurement of career commitment', *Journal of Vocational Behaviour*, vol. 32, no. 3, pp. 284-297.

Blau, G 1989, 'Testing the generalizability of a career commitment measure and its impact on employee turnover', *Journal of Vocational Behaviour*, vol. 35, no. 1, pp. 88-103.

Blau, G 2003, 'Testing for a four dimensional structure context antecedents as predictors of intent for inter- role work transitions', *Journal of Vocational Behaviour*, vol. 56, no. 3, pp. 330-345.

Blau, G & Lunz, M 1998, 'Testing the incremental effect of professional commitment on intent to leave one's profession beyond the effects of external, personal and work related variables', *Journal of Vocational Behaviour*, vol. 63, no. 1, pp. 72-85.

Bryant, S, Moshavi, D & Nguyen, T 2007, 'A filed study on organisational commitment, professional commitment and peer mentoring', *The Database for Advances in Information System*, vol. 38, no. 2, pp. 558-571.

Cho, V & Huang X 2012, 'Professional commitment, organisational commitment and the intention to leave for professional advancement: An empirical study on IT professionals', *Information Technology of People,* vol. 25 no. 1, pp. 31-54.

Cohen, A 1999, 'Relationships among five forms of commitment: An empirical assessment', *Journal of Organisational Behaviour*, vol. 20, no. 3, pp. 285-308.

Eirajabi, M 2007, 'Organisational–professional conflict and cultural differences among auditors in emerging markets: The case of Jordan and Kuwait', *Managerial Auditing Journal,* vol. 22, no. 5, pp. 485-502.

Feldman, D 2007, 'Careers: Mobility and embeddedness, and success', *Journal of Management*, vol. 33, no. 3, pp. 350-377.

Greenfield, A, Norman, C & Wier, B 2008, 'The effect of ethical orientation and professional commitment on earning management behaviour', *Journal of Business Ethics,* vol. 83, no. 3, pp. 419-434.

Lee, K, Carswell, J & Allen, N 2000, 'A meta-analytic review of occupational commitment: Relations with person-and work-related variables', *Journal of Applied Psychology,* vol. 85, no. 5, pp. 799-811.

McCabe, T & Garavan, T 2008, 'A study of the drivers of commitment among nurses the salience of training, development and career issues', *Journal of European Industrial Training*, vol. 32, no. 7, pp. 528-568.

Meyer, J, Allen, N & Smith, C 1993, 'Commitment to organisations and occupations: Extension and test of a three component conceptualisation, *Journal of Applied Psychology,* vol. 78, no. 4, pp. 538-551.

Miller, G & Wager, L. 1971, 'Adult socialization, organisational structure, and role Orientations', *Administrative Science Quarterly,* vol. 16, no.2, pp. 151-163.

Morrow, P & Goetz, J 1988, 'Professionalism as a form of work commitment', *Journal of Vocational Behaviour*, vol. 32, no. 1, pp. 92-111.

Morrow, PC & Wirth, RE 1989, 'Work commitment among salaried professionals', *Journal of Vocational Behaviour*, vol. 34, no. 1, pp. 40- 56.

Porter, L, Steers, R, Mowday, R & Boulian, P 1974, 'Organisational commitment, job satisfaction, and turnover among psychiatric technicians', *Journal of Applied Psychology*, vol. 59, no. 5, pp. 603-609.

Reilly, N & Orsak, C 1991, 'A career stage analysis of career and organisational commitment in nursing', *Journal of Vocational Behaviour*, vol. 39, pp. 311-330.

Sjogren, K, Fochsen, G, Josephson, M.& Lagerstrom, M 2004, 'Reasons for leaving nursing care and improvement needed for considering a return: A study among Swedish nursing personnel', *International Journal of Nursing Studies*, vol. 42, no. 7, pp. 751-758.

Vandenberg, RJ & Scapello, V 1994, 'A longitudinal assessment of the determinants relationship between employee commitment to the occupation and the organisation', *Journal of Organisational Behaviour*, vol. 15, pp. 535-547.

Van der Heijden, B, Dam, K & Hasselhorn, H 2009, 'Intention to leave nursing the importance of interpersonal work context, work-home interference, and job satisfaction beyond the effect of occupational commitment', *Career Development International*, vol. 14, no. 7, pp. 616-635.

Wallace, J 1993, 'Professional and organisational commitment: Compatible or incompatible?', *Journal of Vocational Behaviour*, vol. 42, no. 3, pp. 333-349.