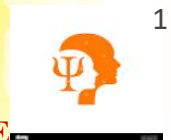




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Influence of Workplace Happiness on Organizational Commitment among Healthcare Workers in Ibadan Metropolis, Oyo State, Nigeria

Tokunbo Salako

Retta Akingbade

Department of Psychology, Lead City University, Ibadan.

*Corresponding Author: thetokunbo.salako@gmail.com

Abstract

A cross-sectional research design investigated factors influencing organizational commitment among healthcare professionals. Respondents comprised 397 healthcare professionals, including doctors, nurses, pharmacists, technicians, and administrative staff in public hospitals in Ibadan. Respondents were selected using a multi-stage sampling technique. Data was collected using questionnaires. Participants' ages ranged from 25 to 64 years, with a mean age of 41.58 (SD = 9.90). Results showed that workplace happiness significantly influenced affective organizational commitment ($t(395) = -2.993, p < 0.01, d = -.30$). Similarly, workplace happiness significantly influenced normative commitment ($t(395) = -2.603, p < 0.01, d = -.26$). However, there was no significant influence of workplace happiness on the continuance dimension of organizational commitment ($t(395) = -1.898, p = .058$). Findings suggest workplace happiness is crucial for fostering affective and normative commitment. Healthcare organizations should enhance workplace happiness through supportive environments, recognition, and open communication to strengthen affective and normative commitment.

Keywords: *Workplace happiness, Organizational commitment, Healthcare workers*

Introduction

Organizational commitment among healthcare workers is crucial for effective healthcare delivery and positive patient outcomes (Al Otaibi, et al., 2023). While high-pressure environments exist across various industries, the healthcare sector faces unique challenges where employee commitment directly influences system functionality and quality of care. Healthcare professionals- including doctors, nurses, pharmacists, and support staff- operate in inherently stressful and emotionally demanding settings (Aruoture & Adegbie, 2024). These challenges are often exacerbated by external factors such as resource shortages and global health crises like the COVID-19 pandemic. Organizational commitment refers to an employee's emotional and psychological attachment to their workplace, encompassing three key dimensions: affective, continuance, and normative commitment (Meyer & Allen, 1991). Affective commitment, a deep emotional connection, and identification with the organization are often driven by meaningful work that aligns with personal values (Al Otaibi et al., 2023). In collectivist cultures like Nigeria, healthcare workers frequently perceive their roles as service to their communities, reinforcing a strong sense of purpose (Obi, 2020). However, systemic challenges such as inadequate infrastructure, delayed salaries, and lack of recognition can weaken this commitment, leading to emotional disengagement and decreased motivation (Okon & Ede, 2021). Addressing these issues is essential to sustaining a committed and resilient healthcare workforce.

Continuance commitment, the recognition of costs associated with leaving the organization, can be influenced by economic realities and limited job opportunities. In Nigeria, this may be particularly relevant due to the global shortage of healthcare workers and the challenges of international relocation (Abelsen, et al., 2020). While continuance commitment may ensure retention, it does not necessarily equate to job

satisfaction. For instance, healthcare workers in rural areas may remain due to a lack of alternatives; however, without a supportive work environment, they may experience low morale and burnout, negatively impacting service delivery (Adebola et al., 2019).

Normative commitment, rooted in a sense of duty and obligation, plays a significant role in the Nigerian healthcare system, shaped by cultural expectations, professional ethics, and loyalty to the community (Nwankwo, et al., 2022). Many healthcare workers feel a moral duty to provide care, particularly in underserved areas. Despite challenging conditions like resource constraints, infectious disease exposure, and security risks, this sense of obligation often motivates them to remain in their roles. However, relying solely on a normative commitment without addressing systemic challenges can lead to frustration, resentment, and diminished long-term commitment (Udenigwe, et al., 2022).

Organizational commitment is paramount in healthcare due to the critical nature of its operations. Lack of commitment can lead to substandard patient care, increased medical errors, and poorer health outcomes. Research suggests a strong link between happiness, job satisfaction, commitment, and performance (Ebeye et al., 2013). Positive emotional states among healthcare workers improve organizational outcomes through enhanced resilience and collaboration. Despite this, many healthcare professionals report dissatisfaction and disconnection due to structural and psychosocial factors. The Nigerian healthcare sector faces numerous challenges, including government underfunding, healthcare worker dissatisfaction, and brain drain. Inadequate budgetary allocations, delayed salaries, and insufficient infrastructure are persistent issues (Aruoture & Adegbe, 2024; Akinwale & George, 2023). Insufficient remuneration, suboptimal working conditions, and limited access to technology drive migration to better-resourced foreign systems, contributing to over one billion dollars spent annually on medical tourism. While collectivist values foster a sense of duty, this intrinsic motivation is often insufficient to overcome systemic challenges. This study examines the influence of workplace happiness on organizational commitment within this context.

Workplace happiness, which encompasses positive emotional states, job satisfaction, engagement, and overall well-being, plays a vital role in employee performance and organizational success (Kun & Gadanecz, 2022; Javanmardnejad et al., 2021). It reflects a proactive sense of fulfillment and motivation, driven by key factors such as fair compensation, career growth opportunities, supportive leadership, work-life balance, and recognition (Akinwale et al., 2024; Ekpechi & Igwe, 2023). This is particularly important in the healthcare sector, where professionals experience significantly higher rates of distress, burnout, depressive symptoms, and suicidal ideation compared to other sectors. Given these challenges, fostering workplace happiness is essential for improving employee well-being, strengthening workplace relationships, and enhancing the retention of skilled professionals. Employers who prioritize workplace happiness through fair remuneration, professional development, and supportive work environments can not only improve employee morale but also enhance overall organizational performance (Ekpechi & Igwe, 2023). Moreover, a positive workplace culture directly influences employees' mental states, enabling them to perform optimally, which in turn helps organizations achieve operational and financial goals (Javanmardnejad et al., 2021). In the healthcare sector, where employee well-being directly impacts patient care, prioritizing workplace happiness is not just beneficial, it is essential.

Several interconnected factors contribute to low organizational commitment among healthcare workers in Nigeria. Economic issues, such as inflation and inadequate remuneration, foster feelings of unfairness and stress (Onah et al., 2022). Social comparisons with better-compensated colleagues in other countries exacerbate dissatisfaction and fuel brain drain (Ballard et al., 2021). Resource constraints, infrastructural decay, and limited support systems further compound these challenges. Fairness is often lacking due to inequitable policies regarding resource distribution, promotions, and compensation, undermining commitment and productivity (Faramarzpour et al., 2021; Rasheed et al., 2020; Chidi et al., 2023). Government underfunding, exemplified by the consistently low health budget allocation (Adebisi et al., 2020; Owoye & Onafowora, 2023), creates an environment where healthcare workers feel undervalued and unsupported.

The persistent insecurity in Nigeria, particularly the rise in kidnappings, significantly impacts various sectors, notably healthcare (Akinyemi et al., 2022), as healthcare workers are vital to national well-being,

face threats, abductions, and unsafe working conditions, exacerbating existing healthcare system challenges. These threats contribute to a precarious environment that undermines organizational commitment, a crucial element for effective healthcare institutions. Low organizational commitment among Nigerian healthcare workers is a pressing concern with significant implications for service delivery and patient care. Burnout and dissatisfaction are prevalent among healthcare workers due to systemic inefficiencies, resource shortages, and overwhelming workloads (Orunbon et al., 2022). These challenges lead to frustration and detachment, driving many to seek opportunities abroad or in other industries, fueling brain drain. This exodus worsens workforce shortages and diminishes the morale of remaining employees, creating a cycle of low commitment and high turnover. Organizational commitment, encompassing employee loyalty, emotional attachment, and identification with their workplace, is essential for maintaining quality healthcare. The inability to retain a committed workforce jeopardizes healthcare institution efficiency (Ahmed et al., 2021; Anwar & Abdullah, 2021).

These challenges are further compounded by poor working conditions, inadequate remuneration, limited career growth opportunities, and insufficient resources (Akinwale & George, 2023; Bolan et al., 2021; Nwankwo et al., 2021). Collectively, these factors weaken employee loyalty and dedication, posing a significant threat to organizational stability in the healthcare sector. Despite the well-documented importance of organizational commitment, targeted strategies to address this issue remain insufficient. While existing research has extensively explored the physical challenges faced by healthcare professionals, there is a noticeable gap in examining the psychological and emotional factors that influence commitment—particularly within the Nigerian context. Studies indicate that positive psychological work environments promote emotional attachment, strengthen loyalty, and reduce employee turnover (Naz et al., 2020; Ogunbanjo et al., 2022). However, much of this research has focused on academic staff, leaving a significant gap in understanding these dynamics within the healthcare sector. Moreover, despite growing recognition of the role of workplace happiness in enhancing job commitment, limited research has explored its impact among Nigerian healthcare professionals. This study aimed to bridge this gap by investigating whether workplace happiness influences organizational commitment among healthcare workers in the Ibadan metropolis.

Based on the literature review, the following hypotheses were tested:

1. Respondents who report higher Workplace Happiness will express higher Affective Organisational Commitment than those who report lower Workplace Happiness.
2. Respondents who report higher Workplace Happiness will express higher Continuance Organisational Commitment than those who report lower Workplace Happiness.
3. Respondents who report higher Workplace Happiness will express higher Normative Organisational Commitment than those who report lower Workplace Happiness.
4. Respondents who report higher Workplace Happiness, generally, will express higher Organisational Commitment than those who report lower Workplace Happiness.

Method

Participants and Procedure

The respondents for this study comprised clinical and administrative staff employed in public hospitals across Ibadan, Oyo State, Nigeria. Three hundred and ninety-seven (397) healthcare workers were selected from a broader population of 3,496 public health employees (Human Resource Office, 2022). The sample size was determined using the Taro Yamane formula (Yamane, 1973), ensuring a representative selection. Public hospitals were selected due to the unique challenges they face, such as limited resources and staffing shortages, which can significantly impact organizational commitment. Oyo State was chosen as the study location based on its well-established healthcare system, offering a diverse and structured sample for analysis. The participants' ages ranged from 25 to 64 years, with a mean age of 41.58 years (SD = 9.90), reflecting a broad spectrum of experience and career stages among respondents.

To ensure a representative sample of healthcare professionals across various specializations, a multi-stage sampling technique was employed. In the first stage, five government-owned hospitals in Ibadan, Oyo state,

were purposely selected based on their prominent role in healthcare delivery. In the second stage, stratified random sampling was used to select participants from clinical and administrative staff within each hospital. Stratification ensured representation from various professional groups, including doctors, nurses, pharmacists, and allied health professionals. Random sampling within each stratum was applied to maintain a balanced and unbiased representation of healthcare workers. This approach enhanced the diversity and reliability of the sample, ensuring that findings could be generalized across different healthcare roles and specialties.

A total of 435 questionnaires were distributed, of which 397 were adequately filled and analyzed. Before data collection, approval was obtained from the relevant departments in the selected hospitals, facilitating the smooth distribution and retrieval of questionnaires. Informed consent was obtained from all participants through a formal consent form, which provided a clear summary of the study's purpose and outlined their rights as participants. Respondents were assured of anonymity and confidentiality and were explicitly informed that participation was voluntary, with the option to withdraw from the study at any time. Those who consented to participate signed a written consent form, acknowledging their understanding and agreement to participate in the research.

Measures

The research instrument for this study was a structured questionnaire divided into four sections. Section One collected demographic information. Section Two measured Organizational Commitment, while Section Three assessed Workplace Happiness. Organizational Commitment was assessed using the Organizational Commitment (OC) Scale developed by Meyer and Allen (1997). This scale examines commitment across three key dimensions: affective commitment, which reflects employees' emotional attachment to their organization; continuance commitment, which assesses the perceived costs associated with leaving the organization; and normative commitment, which captures employees' sense of obligation to remain with their organization. The OC Scale consists of 18 items, with six items assigned to each dimension, rated on a 7-point Likert scale. The scale demonstrates strong internal consistency, with reliability coefficients of 0.85 for affective commitment, 0.79 for continuance commitment, and 0.73 for normative commitment. The overall reliability estimates exceed 0.70, indicating a high level of measurement reliability.

Workplace happiness was measured using the Shortened Happiness at Work (SHAW) Scale, which evaluates employee engagement and work satisfaction. The SHAW scale comprises six items rated on a 5-point Likert scale, ranging from strongly disagree (1) to strongly agree (5), with higher scores reflecting greater happiness at work. It provides a concise yet reliable measure of workplace happiness. The scale has demonstrated strong psychometric properties, with reported reliability coefficients of 0.87, supporting its internal consistency and validity. Data was analyzed using the Independent t-test.

Results

There was a total of 397 respondents in this study. Approximately 176 (44.3%) were males and 219 (55.2%) were females; other gender was 14 (0.5%). The participants' ages ranged from 25 to 58 years, with a Mean age of 41.58, SD = 8.90. The length of service showed that years spent on the job ranged from 2 to 37 years (Mean = 15.01, SD = 8.42). The marital status of participants revealed that 48 (12.1%) of the respondents were single, 330 (83.1%) were married, and 19 (4.8%) were divorced. Approximately 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 1 Summary of Independent t-test showing the difference between low and high workplace happiness and affective organizational commitment

Variable	N	\bar{x}	SD	df	t	p	d
Low workplace happiness	195	22.92	6.44	395	-2.993	< .01	-.30
High workplace happiness	202	24.81	6.13				

The results presented in Table 1 indicate a significant difference in affective organizational commitment between healthcare workers with low workplace happiness ($\bar{x} = 22.92$) and those with high workplace happiness ($\bar{x} = 24.81$), $t(395) = -2.993$, $p < 0.01$. This finding suggests that healthcare workers who experience higher levels of workplace happiness exhibited higher affective organizational commitment than their counterparts with lower workplace happiness. The effect size, calculated using Cohen's d , was moderate ($d = -0.30$), indicating that workplace happiness has a meaningful, though not large, impact on affective organizational commitment.

Table 2 Summary of Independent t-test showing the difference between low and high workplace happiness and continuance organizational commitment

Variable	N	\bar{x}	SD	df	t	p
Low workplace happiness	195	23.47	7.20	395	-1.898	.058
High workplace happiness	202	24.75	6.21			

The results presented in Table 2 indicate that there was no significant difference in continuance organizational commitment between healthcare workers with low workplace happiness ($\bar{x} = 23.47$) and those with high workplace happiness ($\bar{x} = 24.75$), $t(395) = -1.898$, $p > 0.05$. This suggests that workplace happiness does not have a meaningful impact on continuance commitment.

Table 3: Summary of Independent t-test showing the difference between low and high workplace happiness and normative organizational commitment

Variable	N	\bar{x}	SD	df	t	p	d
Low workplace happiness	195	24.40	5.46	395	-2.603	< .01	-.26
High workplace happiness	202	25.85	5.57				

The results presented in Table 3 indicate a significant difference in normative organizational commitment between healthcare workers with low workplace happiness ($\bar{x} = 24.40$) and those with high workplace happiness ($\bar{x} = 25.85$), $t(395) = -2.603$, $p < 0.01$. This suggests that healthcare workers who experience higher workplace happiness demonstrate higher normative commitment than those with lower workplace happiness. The effect size, calculated using Cohen's d , was found to be moderate ($d = -0.26$), indicating that while workplace happiness has a meaningful impact on normative commitment, the effect is not large.

Table 4: Summary of Independent t-test showing the difference between low and high workplace happiness on organizational commitment

Variable	N	\bar{x}	SD	df	t	p
Low workplace happiness	195	69.99	14.36	395	-1.305	> .05
High workplace happiness	202	71.71	11.95			

The results presented in Table 4 indicate that there was no significant difference in overall organizational commitment between healthcare workers with low workplace happiness ($\bar{x} = 69.99$) and those with high

workplace happiness ($\bar{x} = 71.71$), $t(395) = -1.305$, $p > 0.05$. This suggests that workplace happiness does not have a statistically significant impact on overall organizational commitment.

Discussion

This study investigated the influence of workplace happiness on three dimensions of organizational commitment. The first hypothesis stated that respondents who report high workplace happiness will also express higher affective organizational commitment than those who report lower workplace happiness. The findings of the first hypothesis revealed a significant difference in the affective organizational commitment of healthcare workers. Individuals with higher levels of workplace happiness demonstrated significant affective organizational commitment. This result implies that workplace happiness is crucial in enhancing employees' emotional attachment and identification with their organization. Healthcare workers who experience greater happiness in their work environment are more likely to feel committed to their organization, reflecting an extensive sense of loyalty and motivation to contribute positively.

Previous research has demonstrated a relationship between positive work environments and increased employee loyalty. Studies by Akgunduz et al. (2023) and Kustiawan et al. (2022) emphasize the crucial role of workplace happiness, which encompasses job satisfaction, engagement, and a sense of purpose in fostering employee commitment. Employees who feel happy and fulfilled in their roles are presumed to develop a strong emotional attachment to their organization, leading to higher affective commitment. Further supporting this, Ahmad et al. (2024) highlights the influence of emotional experiences on affective commitment. Their findings suggest that positive emotions, often stemming from workplace happiness, contribute to a stronger sense of belonging and a desire to remain with the organization. This aligns with the present study's findings, which show that healthcare workers experiencing higher workplace happiness exhibit superior emotional commitment to their organizations. Additionally, Babatunde and Magret (2023) argue that workplace happiness is closely linked to job resources, such as supportive leadership, autonomy, and professional growth opportunities. These resources not only enhance employee well-being but also reinforce organizational commitment by creating a supportive and fulfilling work environment. Collectively, these studies highlight the importance of fostering workplace happiness as a strategy to strengthen employee retention and commitment, particularly in high-stress sectors such as healthcare.

The second hypothesis proposed that healthcare workers with higher workplace happiness would exhibit a higher continuance organizational commitment than those with lower workplace happiness. However, the results indicate no significant difference between the two groups, suggesting that workplace happiness may not be a critical factor influencing this dimension of commitment. Continuance organizational commitment is typically characterized by employees' perceived need to stay with an organization due to the costs associated with leaving, such as loss of financial benefits, job security, or limited alternative opportunities. Unlike affective commitment, which stems from emotional attachment and engagement, continuance commitment is more calculative and pragmatic. This finding implies that while workplace happiness can enhance an employee's job satisfaction and emotional connection, it does not necessarily impact their decision to remain in an organization when that decision is based on practical considerations rather than emotional fulfillment. This underscores the idea that financial stability and career security may be crucial than workplace happiness in determining continuance commitment among healthcare workers.

The findings of this study align with previous research by Ardo et al. (2024) and Chiedu et al. (2024), who found that while job satisfaction and workplace happiness were strong predictors of affective commitment, their influence on continuance commitment was limited. Instead, continuance commitment was more significantly associated with career alternatives, longevity, and individuals' perceived investments in their employment. Islam et al. (2023) discovered that organizational commitment is mostly driven by calculative considerations, such as a lack of alternative career opportunities and concerns over financial stability rather than workplace satisfaction or positive emotional experiences. This reinforces the idea that continuance commitment is more pragmatic than emotional, as employees remain in their roles due to necessity rather than attachment. Further supporting this, Kustiawan et al. (2022) emphasized that employees' decision to stay or leave an organization often depends on a cost-benefit analysis. While workplace factors like

happiness and job satisfaction can influence emotional attachment (affective commitment), they have a weaker impact on the decision to stay based on economic considerations (continuance commitment). These studies collectively highlight the distinction between affective and continuance commitment, suggesting that improving workplace happiness alone may not be sufficient to enhance retention if employees primarily base their decisions on financial security and career stability.

The third hypothesis proposed that healthcare workers with higher workplace happiness would exhibit higher normative organizational commitment than those with lower workplace happiness. The results confirmed this hypothesis, revealing a significant difference between the two groups. Healthcare workers who reported higher levels of workplace happiness demonstrated a stronger sense of normative commitment, suggesting that workplace happiness positively influences employees' sense of moral obligation or duty to remain with their organization. Empirical research supports the idea that workplace happiness significantly impacts organizational commitment. Studies by Gumasing and Ilo (2023) and Kaushal (2020) describe job satisfaction and happiness at work as positive emotional states derived from workplace experiences. This satisfaction serves as a precursor to various forms of organizational commitment, including normative commitment. Employees who are more satisfied with their jobs tend to be more engaged and aligned with organizational goals and values, reinforcing their sense of loyalty and responsibility (Al-Refaei et al., 2023). Further evidence from Taştan et al. (2020) and Thompson & Bruk-Lee (2021) supports this relationship, demonstrating that workplace happiness is a significant predictor of organizational commitment.

The fourth hypothesis proposed that healthcare workers with higher workplace happiness would exhibit greater overall organizational commitment than those with lower workplace happiness. However, the analysis did not yield statistically significant results, indicating that healthcare workers who reported higher workplace happiness did not demonstrate substantially higher organizational commitment than their less happy counterparts. This finding suggests that while workplace happiness may enhance certain aspects of the employee experience, it does not necessarily lead to a universal increase in overall organizational commitment. While previous studies have highlighted the positive effects of workplace happiness, the results of this study indicate that its influence may be more nuanced, impacting specific dimensions of commitment rather than overall commitment levels. To contextualize this finding, Oyelakin et al. (2021) and George (2021) found a significant positive relationship between workplace happiness and organizational commitment, suggesting that happier employees are more likely to develop a strong sense of loyalty and responsibility toward their organization. Additionally, Babatunde and Magret (2023) demonstrated a connection between higher levels of happiness and increased normative commitment, indicating that employees who experience greater job satisfaction and happiness are more inclined to express loyalty and dedication to their organization. Further supporting this perspective, Akgunduz et al. (2023) found that happier employees are less likely to leave their organizations and more likely to engage in positive workplace behaviors, such as helping colleagues and promoting the organization's values.

Although the current study did not find a significant effect of workplace happiness on overall organizational commitment, the previous studies suggest that specific dimensions of commitment, such as affective and normative commitment, may still be influenced by positive workplace experiences. This underscores the complexity of organizational commitment, highlighting the need for a broader approach that considers both emotional and structural factors in fostering employee retention and dedication.

Conclusion

The findings of this study underscore the impact of workplace happiness on organizational commitment among healthcare workers in Ibadan. Specifically, the results reveal that workplace happiness significantly influences certain dimensions of organizational commitment, particularly affective and normative commitment. Healthcare workers who reported higher workplace happiness demonstrated stronger emotional attachment to their organization, suggesting that a positive and supportive work environment fosters deeper organizational loyalty. Similarly, the study found that workplace happiness contributes to a greater sense of duty or normative commitment, implying that employees who feel valued and satisfied at work are more likely to develop a sense of moral obligation to remain with their organization. However, the findings also indicate that workplace happiness does not significantly impact continuance commitment,

which is primarily influenced by practical considerations such as financial security, job stability, and perceived costs of leaving. This suggests that while workplace happiness enhances emotional and moral attachment, it does not necessarily affect employees' decisions to stay based on necessity. Furthermore, the overall measure of organizational commitment did not show a significant difference between employees with low and high workplace happiness, indicating that other factors beyond workplace happiness, such as job security, professional growth opportunities, and workplace policies, may play a more dominant role in determining long-term commitment. These findings highlight the complex and multidimensional nature of organizational commitment, emphasizing the need for a comprehensive approach to employee retention that goes beyond workplace happiness alone.

The findings of this study have significant implications for healthcare management, employee engagement strategies, and organizational policies. The results highlight that workplace happiness plays a crucial role in strengthening affective and normative commitment among healthcare workers. When employees experience a positive work environment, they are more likely to develop an emotional connection with their organization and a sense of duty to remain committed.

However, since workplace happiness did not significantly influence continuance commitment, this suggests that factors such as job security, financial stability, and career advancement opportunities may play a greater role in determining whether healthcare workers stay in their jobs out of necessity. While fostering workplace happiness is essential, it must be complemented by structural and policy-driven efforts that address long-term career stability.

The study also underscores the importance of prioritizing employee well-being to enhance job satisfaction and organizational loyalty. Given that the healthcare sector is often characterized by high stress levels, long working hours, and emotional exhaustion, promoting workplace happiness can help reduce burnout and improve job performance. Additionally, these findings have broader implications for employee retention strategies, suggesting that workplace happiness alone may not be enough to prevent turnover. Instead, a holistic approach that integrates both emotional well-being and financial security is essential for strengthening organizational commitment in the healthcare sector.

Recommendations

Based on the findings of this study, several recommendations can be made to enhance workplace happiness and organizational commitment among healthcare workers:

1. **Foster a Positive Work Culture:** Healthcare organizations should implement policies that promote supportive leadership, recognition of employee contributions, and open communication channels. Creating an environment where employees feel valued and appreciated can enhance emotional attachment to the organization and foster a stronger sense of belonging.
2. **Invest in Employee Well-Being Programs:** Providing regular access to counseling services, stress management workshops, and wellness initiatives can improve workplace happiness and reduce the likelihood of burnout. Incorporating flexible work schedules and ensuring manageable workloads can enhance job satisfaction and affective commitment.
3. **Enhance Job Security and Career Development:** While workplace happiness is important, organizations must also offer competitive salaries, professional growth opportunities, and career advancement pathways to reinforce continuance commitment. Providing scholarships, training, and mentorship programs can empower healthcare workers to see long-term career prospects within their organizations.
4. **Develop Tailored Retention Strategies:** Healthcare institutions should align retention strategies with employees' motivations and expectations. Conducting regular employee satisfaction surveys can provide insights into workplace happiness and commitment, enabling management to make data-driven decisions that improve overall employee experience.

By integrating both psychological well-being and structural support systems, healthcare organizations can create a more committed and engaged workforce, ultimately improving service delivery and patient care outcomes.

Limitations and Future Research

This study has several limitations that should be acknowledged. First, the cross-sectional design limits the ability to establish causal relationships between workplace happiness and organizational commitment.

Longitudinal studies would provide a clearer understanding of how these factors influence commitment over time.

Second, the study relied on self-reported data, which may be subject to social desirability bias, potentially affecting the accuracy of responses. Future research could incorporate qualitative methods, such as in-depth interviews, to gain richer insights into healthcare workers' experiences.

Additionally, the study focused on healthcare workers in a specific region, which may limit the generalizability of the findings to other healthcare settings or countries with different workplace cultures. Further studies should explore how workplace happiness interacts with other factors, such as leadership styles, job satisfaction, and employee retention, to provide a more comprehensive understanding of organizational commitment in the healthcare sector.

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