

# Demographic factors affecting the commitment of medical records personnel at the Korle-Bu Teaching Hospital in Ghana

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## Abstract

The demographic variables of employees have been noted as important determinants of their commitment to work. This paper reports empirical research findings on the relationship between the demographic factors of medical records management personnel at the Korle-Bu Teaching Hospital (KBTH) in the Greater Accra Region of Ghana, and their commitment to work, and proposes recommendations based on the findings. The study was quantitative. One hundred and six (106) copies of a questionnaire were administered to the 106 medical records personnel in the 28 clinical departments of the KBTH, and 92 (87 percent) were obtained in complete form and used for the analysis. Regression analysis was used to investigate the extent to which the demographic variables of the respondents determined their organizational commitment. The key finding of the study was that positive relationships exist between demographic variables (age, gender, job tenure, educational level) and organizational commitment of medical records personnel at KBTH. The findings indicate the need for the management of KBTH to consider the demographic factors of the medical records staff in an attempt to improve their commitment to work.

## Keywords

demographic factors, medical records personnel, organizational commitment, Korle-Bu Teaching Hospital, Ghana

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**To enhance patients' satisfaction it is essential for healthcare organizations to ensure that their employees are highly committed.**

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## Background

Organizational commitment has been defined as the degree to which an employee identifies with the goals and values of the organization, and is willing to exert effort to help it succeed (Herscovitch and Meyer 2002). It is the relative strength of an individual's identification with, and involvement in, a particular organization (Giga et al 2009). Organizational commitment is important in securing a stable and productive workforce and has become a crucial issue in today's healthcare market (Vanaki and Vagharseyyedin 2009).

Commitment to the organization is perceived as an attitude of attachment to the organization by an employee, which leads to particular job-related

behaviours such as work absenteeism, job satisfaction, turnover intentions, work motivation and work performance (Joolideh and Yeshodhara 2002). Highly committed employees are generally believed to have greater loyalty and higher productivity, and are willing to assume more responsibilities, which will eventually lead to the attainment of the overall goals and objectives of an organization. Thus, organizations must have committed members if they are to prosper or even survive (Savery and Syme 2006).

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Popoola (2007) has observed that the success of any organization's records management system depends on the quality, capability and level of commitment of the records personnel, who are indispensable to the system and an important force in the development of the organization. Popoola (2009) posits that the right decisions cannot be made unless records personnel make information available and accessible when needed. Essentially, when records management operations are effectively performed to achieve the purpose for which the organization is set up, one can say that the records personnel have high levels of organizational commitment.

Medical records personnel at the Korle-Bu Teaching Hospital (KBTH) in Accra, Ghana are employed to collect, process, maintain, retrieve and distribute patients' records with the ultimate goal of assisting the hospital achieve its set objectives. In the long run, they work together to ensure that complete and accurate records are kept for each patient in the healthcare facility. However, for this to be accomplished, the KBTH needs to have records personnel who are committed to their work of satisfying the information needs of the hospital and its patients.

### Study area

Korle-Bu Teaching Hospital (KBTH), the largest health facility, premier teaching hospital and nerve center of healthcare services in Ghana, exists to provide tertiary healthcare and facilities for educating and training health professionals. Established in 1923 as a general hospital to address the health needs of the people of Ghana, the hospital has grown from an initial 200 beds to 2,000 beds, and is currently the third largest hospital in Africa and the leading national referral center in Ghana.

The hospital has the medical records department as one of its units. However, the medical records department, officially known as the Biostatistics Department, is not as old as the hospital. This is because, although the hospital had generated records since it was established, the management of these records was originally made part of the duties of the administrative unit of the hospital. Nevertheless, an increase in the number of people seeking medical care eventually increased the number of patients' records to be managed. Consequently, there was a need for a medical records department to manage patients' records effectively and efficiently to ensure easy access and retrieval of patients' files. The medical records department

was established in 1987 to take up this duty. Even though the hospital has one central medical records department, all the 28 clinical departments in the hospital have their own medical records units which are branches of the central medical records department. The medical records staff in all the clinical departments report to the central medical records unit. The central medical records department is managed by a chief records officer and his assistant. Each of the 28 clinical departments is managed by one senior records officer who is the head of the unit and three or more other records officers. The number of records staff in each department is dependent on the number of patients who visit the department as a result of the functions of that clinical department. The number of records staff in each department ranges from 1 to 13. See Appendix 1 for the numbers of records staff in each of the clinical departments.

The medical records staff in the clinical departments perform three main functions, namely, patients' reception, data collection, and custodianship of patients' records. They register and document information about clients who visit the clinical departments for medical reasons and are the first points of contact for any patient seeking medical care in the hospital. They also maintain the medical records of the hospital by providing preservative and conducive storage facilities for them, as well as ensuring the confidentiality of patients' files by preventing unauthorized access. Finally, they compile statistics on outpatients and in-patients to support organizational and national policy formulation on healthcare programme delivery and decision-making.

### Statement of the problem

Despite the essential role of the medical records personnel at KBTH as the organization's memory, their services seem not to be valued and recognized by the hospital management. They are looked down upon as people with low educational qualifications and are never allowed to participate in decisions relating to their job performance. Due to this attitude of the hospital management towards the medical records staff, any attempt to implement policies concerning the employment of new medical records staff to replace the aging working force has been difficult. This has resulted in over 50 percent of records staff nearing their retiring age. These factors have ultimately lowered the morale of workers in the medical records departments of KBTH, resulting in lack

of commitment to work and poor services to clients. Most empirical studies on organizational commitment indicate a bias towards private organizations, creating a huge gap in the literature due to the dominance of private sector over public sector research. Another void in the literature on organizational commitment is the paucity of literature on the organizational commitment of records personnel in developing countries like Ghana.

### Purpose of the study

The study sought to examine the relationship between demographic factors (age, gender, educational qualifications, and job tenure) and organizational commitment of records management personnel at KBTH. These variables were chosen because they vary within a single unit, are readily available and easy to measure (Lok and Crawford 2001).

### Objectives of the study

1. Establish the relationship between overall demographic variables of medical records personnel at KBTH and their commitment to work.
2. Identify the relationship between the gender of medical records personnel at KBTH and their commitment to work.
3. Determine the relationship between the ages of medical records personnel at KBTH and their commitment to work.
4. Assess the relationship between the educational level of medical records personnel at KBTH and their organizational commitment.
5. Find out the relationship between the number of years medical records personnel at KBTH have worked and their level of organizational commitment.
6. Make recommendations based on the findings.

### Study hypotheses

- H1.** Overall demographic variables of medical records personnel at KBTH have positive relationships with their commitment to work.
- H2.** Gender has a positive relationship with the organizational commitment of medical records management personnel at KBTH.
- H3.** The age of medical records personnel at the KBTH has a positive relationship with their commitment to work.

**H4.** Level of education has a positive relationship with the organizational commitment of medical records management personnel at KBTH.

**H5.** Job tenure has a positive relationship with the organizational commitment of medical records management personnel at KBTH.

### Significance of the study

The findings of the study are expected to provide an insight into the factors that determine the organizational commitment of the medical records personnel, and as a result assist the administrators of KBTH to plan and make decisions on commitment to work. The study contributes to knowledge on the organizational commitment of medical records personnel and the demographic variables that predict the organizational commitment of the records staff.

### Theoretical framework

This study employed Meyer and Allen's (1991) multi-dimensional theory on organizational commitment as the framework to guide the study. In their three-component model of organizational commitment, Meyer and Allen (1991) proposed that organizational commitment explains the strength and nature of an individual's identification with and attachment to an organization. They postulate that employees develop *affective*, *continuance*, and *normative* commitment to their organization.

*Affective commitment* is the extent to which employees are involved in, and have emotional attachment to, their organization because they identify with its goals and values. Meyer et al. (1993) have argued that those who stay in their organizations with a strong affective commitment retain their positions, not because they need the occupation, but also because they want it. Thus, in this type of commitment there is a positive interaction between the individual and the organization, because both have similar values (Sezgin 2009). In sum, employees with affective commitment keep working for the organization voluntarily and eagerly.

*Normative commitment* reflects employees' sense of obligation to their organizations. Employees with normative commitment will remain with an organization by virtue of their belief that it is the "right and moral" thing to do (Meyer and Allen 1991). Normative commitment might increase when an individual feels loyal

to his employer or responsible to work for the benefits that he or she gets from the organization, as a result of the desire to compensate for the favours received from the organization (Meyer et al. 1993). Employees with strong normative commitment remain with their organization because they feel they “ought to”.

*Continuance commitment* is related to one’s experience and what one has given to an organization. There is difficulty in “giving it up” and an unknown “opportunity cost” in leaving the organization (Joolideh and Yeshodhara 2009). Employees with strong continuance commitment remain with their organizations primarily to avoid the costs of leaving.

## Review of pertinent literature

### *Organizational commitment*

Organizational commitment refers to the emotional and functional attachment to one’s place of work. Organizational commitment includes factors such as strong belief in organizational goals and values, willingness to exert one’s self on behalf of these goals and values, and a strong desire to continue working for the organization. Adeleke (2003) argues that commitment is an internal decision which cannot be forced on a person but occurs when one’s emotions and thoughts are pointing in the same direction. Valentine et al. (2002) indicate that employees who are committed to their organizations may easily accept and adhere to the organizational objectives. Conversely, Rajendran and Rose (2005) show that higher organizational commitment could also lead to lower organizational outcomes by increasing work stress.

### *Demographic variables and organizational commitment*

Demographic variables: gender, age, marital status, educational qualifications, as well as job tenure, play an important role in understanding the commitment of any group of professionals in the world of work (Kwon and Banks, 2004). Osiki (1999) states that researches with demographic background permit inferences and explanations as well as policy decisions affecting the subjects. Several researchers (Badu, 2001; Johnson, 2004; Baker, 2004; Yiing and Ahmad, 2009; Popoola, 2009; Joo and Park, 2010) have investigated the relationships between demographic variables (age, gender, educational level, job tenure and marital status) of employees in different

organizations and organizational commitment, and have found positive correlations between the demographic characteristics of employees and their commitment to their organizations.

### *Gender and organizational commitment*

Research on gender and organizational commitment produces inconsistent results. Some studies have found women to be less committed to their organization than men (e.g. Poon, 2004), whilst others found the opposite (e.g. Chang and Chang, 2009; and Opayemi, 2004). However, Jahangir et al. (2006) and Ahmed and Abubakar (2003) found that gender has no correlation with organizational commitment.

### *Age and organizational commitment*

Several studies have found positive correlations between age and organizational commitment (Adeleke 2003; Tuzun 2010; Jordan et al. 2010; Riketta 2005; Badu, 2001). These studies proposed that the older the employee, the more he or she exhibits higher organizational commitment. In contrast, Joolideh and Yeshodhara (2009), and Wiedmer (2006) did not find age to be a predictor of organizational commitment. They argued that how old or how young an employee is, does not determine his level of commitment to the organization.

### *Educational level and organizational commitment*

The theory on organizational commitment postulates that educational level is positively related to organizational commitment. However, researchers such as Badu (2001), Popoola (2009), and Wiedmer (2006) found that the more the educational qualifications of respondents increases, the lower their organizational commitment. They considered that this might be due to opportunities for more gainful employment in the labour market for employees with higher educational qualifications.

### *Job tenure and organizational commitment*

Popoola (2007), Rajendran and Raduan, (2005), and Kwon and Banks (2004) have reported a positive relationship between the number of years worked by employees and their organizational commitment. These reports indicate that the more years an employee spends in an organization, the higher the level of his/her commitment to the organization.

## Methodology

The study was quantitative and employed survey research strategy. The total study population was 106, comprising 104 medical records personnel in the 28 clinical departments of KBTH, one chief records officer, and an assistant chief records officer. Questionnaires were sent to all 106 respondents, of which 92 were returned completed and used for the analysis – a response rate of 87 percent. The Statistical Package for the Social Sciences (SPSS) was used to perform the statistical analysis. The questionnaire had two main sections. Section A was designed to obtain respondents' demographic information. Section B comprised statements used to measure the level of commitment of the respondents; these were adapted from the Organizational Commitment Questionnaire (OCQ) developed by Mowday et al. (1979).

This original OCQ instrument has five items which are negatively phrased. An example is: 'I feel very little loyalty to this organization'. The researcher reversed the negatively phrased statements to positive statements. Thus, for example the above statement was positively phrased as: 'I feel very loyal to this organization'. This was to enhance the ease of coding and analysis of the data obtained. The statements in the adapted OCQ were self-rated by respondents on a 7-point Likert scale, where Strongly disagree=1, Moderately Disagree=2, Slightly Disagree=3, Neither Disagree Nor Agree=4, Slightly Agree=5, Moderately Agree=6, and Strongly Agree=7. The scale has a validity coefficient of 0.87.

### *Ethical considerations*

Ethical clearance was obtained from the Ghana Health Service and the University of Ghana research ethical unit before the start of the research. Respondents and the management of the hospital were informed and briefed about the purpose of the study, and respondents were also assured of the confidentiality and anonymity of their responses.

## Findings and discussions

Table 1 shows the frequencies, percentages, means and standard deviations of the demographic variables of respondents. Out of the 92 respondents, 61(66 percent) were females and 31(34 percent) were males. The age distribution of the respondents ranged from 21 to 54 years, but 56 (61 percent) were more than 40 years old. This shows that there is a high proportion of older people who have only a few years to

go to retirement if the maximum age of retirement in Ghana (60 years) is taken into consideration.

The distribution of the educational qualifications of the respondents revealed that 24 (26 percent) had 'O' Level Certificates, 14 (15 percent) had Senior High School Certificates, 9 (10 percent) had Ordinary National Diploma Certificates and First Degrees, 7 (8 percent) had A' Level certificates and 4 (4 percent) had the Basic Education Certificate Examination. Thus, the highest level of education of medical records personal at KBTH is an undergraduate degree (BA/BSc). The periods of job tenure of the respondents ranged between less than a year and above 24 years, but almost half of the respondents 45 (48 percent) had worked for more than 25 years.

Table 2 depicts the summary of the responses to the statement used to measure the organizational commitment of the respondents. The responses to the first statement: "I am proud to inform others that I am part of this organization" in Table 2 show that, in total, 23 (25 percent) of the respondents disagreed with this statement either strongly, moderately or slightly. However, a total of 63 (68 percent) of the respondents agreed with the statement to some degree, while 6 (7 percent) were indifferent. Based on these responses, it can be concluded that the majority of the respondent are proud to inform others of their being part of the medical records department.

The summary of responses to the statement: "I find that my values and the organization's values are very similar" shows that a total of 36 (39 percent) of the respondents disagreed with the statement strongly, moderately or slightly, while 46 (50 percent) agreed with the statement to some extent and 10 (11 percent) neither agreed nor disagreed that there exists some similarity between their values and those of the organization.

In respect of the statement: "I feel emotionally attached to this organization", a total of 33 (36 percent) respondents were not in agreement, while 37 (40 percent) agreed and 6 (7 percent) neither agreed nor disagreed.

The responses to the statement: "I feel very loyal to this organization (records department)" show that 22 (24 percent) of the respondents disagreed, while one (1 percent) was indifferent. A total of 69 respondents (75 percent) agreed with the statement. The analysis shows that most respondents are very loyal to the organization.

As to whether employees devote all their energies to their work at the medical records department, a total of 18 respondents (20 percent) did not agree, while 71 (77 percent) were in agreement and 3 (3 percent) were

**Table 1.** Responses on the demographic variables: gender, age, job tenure and educational level.

Variables	Frequency (Percent)	Mean	Standard Deviation
<b>Gender</b>			
Females	61 (66)		
Males	31 (34)		
Total	92 (100)	1.66	0.475
<b>Age</b>			
21–31 years	17 (16)		
32–34 years	19 (21)		
43–53 years	21 (23)		
54+	35 (38)		
Total	92 (100)	3.80	1.14
<b>Educational level</b>			
B.E.C.E	4 (4)		
S.S.C.E	14 (15)		
O' level	24 (26)		
A' level	7 (8)		
HND	9 (10)		
Middle School Certificate	5 (27)		
BA/BSC	9 (10)		
Total	92 (100)	4.55	2.12
<b>Organizational Tenure</b>			
Less than a year	11 (12)		
1–5 years	10 (11)		
6–10 years	7 (8)		
11–15 years	12 (13)		
16–24 years	7 (8)		
25 years and above	45 (49)		
Total	92 (100)	4.40	1.88

Source: Field Data.

neither in favour nor against the statement. These responses indicate that a majority of the respondents devote all their energies to their work at the medical records department.

While a total of 25 respondents (27 percent) disagreed with the statement: “I would accept almost any type of job assignment in order to keep working in this organization”, 63 (69 percent) were in agreement and 4 (4 percent) were indifferent. These responses show that most respondents are willing to accept any job just to keep their work in the organization.

With respect to the statement: “I continue to work for this organization because there are no available jobs”, while 35 respondents (38 percent) disagreed, 50 (54 percent) agreed and 7 (8 percent) neither agreed nor disagreed. Taken in conjunction with the responses to the previous statement, these figures might imply that more than half of the medical records management staff at the KBTH would leave the hospital if other jobs were readily available elsewhere.

In response to the statement: “I am prepared to give additional time when it is needed at the records unit”, 22 respondents (24 percent) disagreed, while 64 (70 percent) agreed and 6 (7 percent) neither agreed nor disagreed. These responses indicate that most of the respondents are willing to give additional time when required.

Finally, the responses to the statement: “It will be very hard to leave this organization right now even if I want to”, show that 34 respondents (37 percent) disagreed, while a total of 46 (50 percent) agreed and 12 (13 percent) of the respondents were indifferent.

Overall, there were slightly more than twice as many positive responses (i.e., those in agreement with the above statements) as negative ones, although, as mentioned above, positive responses to the statement, “I continue to work for this organization because there are no available jobs”, could have the negative implication that the respondents would be willing to leave if other jobs were available.

**Table 2.** Responses to statements on organizational commitment.

Statements	SCALE						
	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree Nor Disagree	Strongly Agree	Moderately Agree	Slightly Agree
Proud informing others as part of this organization	18 (20)	1 (1)	4 (4)	6 (7)	10 (11)	16 (17)	37 (40)
Similarity of values with organizational values	19 (21)	8 (9)	9 (10)	10 (11)	14 (15)	18 (20)	14 (15)
Emotional attachment to organization	20 (22)	6 (7)	7 (8)	6 (7)	16 (17)	16 (17)	21 (23)
Loyalty to organization	16 (17)	3 (3)	3 (3)	1 (1)	9 (10)	15 (16)	45 (49)
Devotion of all energies to work	7 (8)	4 (4)	7 (8)	3 (3)	2 (2)	11 (12)	58 (63)
Acceptance of any type of job to keep working in this organization	18 (20)	1 (1)	6 (7)	4 (4)	8 (9)	25 (27)	30 (33)
Continue to work for this organization because of non-availability of jobs	26 (28)	4 (4)	5 (5)	7 (8)	34 (37)	9 (10)	7 (8)
Giving additional time when required	17 (19)	2 (2)	3 (3)	6 (7)	29 (32)	19 (21)	16 (17)
Difficulty in leaving the organization	25 (27)	8 (9)	1 (1)	12 (13)	13 (14)	11 (12)	22 (24)

Source: Field Data (Figures in parentheses are percentages).

**Table 3.** Summary of regression analysis of demographic factors and organizational commitment of respondents.

Source of Variance	SS (Sum of Squares)	DF (Degree of Freedom)	MS (Mean of Squares)	F-Ratio Regression	P (Significance)
Regression	406.911	4	101.728	81.235	0.897**
Residual	108.947	87	1.252		
Total	515.859	91			

Note: Correlation is significant at the \*\*0.01 level (2-tailed) and \*0.05 levels.

A. Predictors: (Constant), Demographic Factors.

B. Dependent Variable: Organizational Commitment.

Table 3 depicts a summary of the regression analysis of the variance on the relationship between overall demographic factors and organizational commitment. The results from the analysis confirmed the study's first hypothesis (H1) at  $p = 0.897$ . This shows that demographic factors are important determinants of the medical records management staff's commitment to their work. This finding is in agreement with studies of Badu (2001); Baker (2004); Johnson (2004); Popoola (2009); Yiing and Ahmed (2009); and Joo and Park (2010).

The study also sought to find out which of the demographic variables have positive relationships with organizational commitment. The result from the Pearson Correlation analysis in Table 4 concurs with hypotheses H2, H3 and H5. The results show that all the individual variables: age ( $p = 0.131$ ), gender ( $p = 0.886^{**}$ ), educational level ( $p = 0.047$ ) and

job tenure ( $p = 0.165$ ) have positive relationships with organizational commitment of the medical records management staff at KBTH. However, even though these findings are in agreement with those of a number of other studies, some of them are also in contrast with other research findings. For instance, the findings on age corroborate the findings of Badu (2001), Tuzun (2010), Jordan et al. (2010), Riketta (2005) and Wiedmer (2006), among others, but are in contrast with those of Joolideh and Yeshodhara (2009). Similarly, the findings on the relationship between gender and organizational commitment concur with Poon (2004), but are not in agreement with Chang and Chang (2009) and Opayemi (2004). Nevertheless, the positive relationship established between educational level and organizational commitment is in agreement with the studies of Badu (2001), Popoola (2009) and Wiedmer (2006), and the findings on job tenure are in conformity with the studies

**Table 4.** Summary of Pearson Correlation of test of significance among gender, age, job tenure, educational level and organizational commitment.

Variables	P(Significance)
Gender	0.886**
Age	0.131
Educational level	0.047
Job tenure	0.165

Note: Correlation is significant at the \*\*0.01 level (2-tailed) and \*0.05 levels.

A. Predictors: (Constant), Level of Education, Gender, Age Range, Job Tenure.

B. Dependent Variable: Organizational Commitment.

of Rajendran and Raduan (2005), and Kwon and Banks (2004), among others.

### Conclusions and recommendations

To enhance patients' satisfaction in a most cost effective and efficient manner, it is essential for healthcare organizations to ensure that their employees are highly committed. A key finding of this study is that demographic variables (age, gender, educational qualification and job tenure) have positive relationships with organizational commitment of the medical records personnel at the Korle-Bu Teaching Hospital. The following recommendations are made based on these findings.

First, the study revealed that most of the respondents had low levels of education. It is important for management to provide the medical records personnel with the necessary training that will enable them understand their task and perform their duties in a more effective and efficient manner. In other words, there is a need for the management of the KBTH to design staff development programmes in the form of workshops, seminars and conferences for the medical records staff.

Secondly, management should endeavour to employ younger records staff to replace the ageing ones who are nearing their retiring age. However, there could be other more significant underlying measures for employees' commitment, which could subsequently affect other critical issues, such as absenteeism turnover, profitability and productivity. As such, management needs to investigate and find out exactly what keeps their employees happy and working hard.

### Suggestions for further research

Further research could look into extending the study population to include more than one organization with

a larger sample size, as well as other variables that determine organizational commitment apart from those examined in this study. Other researches could also consider a comparison of the organizational commitment of records personnel in other public and private organizations. It would also be more interesting to replicate the findings of this study among records personnel in other developing countries. This would establish whether the current findings are typical of one occupational group in general or whether they characterize the Ghanaian culture in particular.

### Appendix I: Numbers of medical records personnel in the Central Medical Records Unit and clinical departments at KBTH

Name of Department	Total Number of Medical Records Staff
Central Medical Records Unit	2
Registration Bay	14
Picking and Filling	6
Computer Room	2
Eye-Refracton	3
Eye-Screening	3
Administration Enquiry	3
Physio-Old	2
Physio-New	2
Chest	3
Dental	4
Fevers Unit	3
Polyclinic	13
Child Health	11
Gynea	6
Maternity	11
Plastic Surgery and Reconstructive Unit	2
Audiology	1
Blood Bank	1
Cardiothoracic Unit	2
Orthopaedic Unit	2
Casualty	2
Consulting Room 1	2
Consulting Room 2	2
Consulting Room 3	2
Consulting Room 4	2
Consulting Room 5	1
Diabetic Center	1
Dietetic Department	1
TOTAL	106

Source: Field data.

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