

The Influence of Employee Commitment on Job Performance in the Health Care Sector

Princess Anne R. Bungalon

Opol Community College, Opol, Misamis Oriental, Philippines; Capitol University, Cagayan de Oro City, Misamis Oriental, Philippines

princessannebungalon@gmail.com

Date Submitted:
August 14, 2026

Date Accepted:
September 28, 2026

Date Published:
October 07, 2026

DOI:
10.5281/zenodo.2323030

ABSTRACT

This study examined the influence of employee commitment on job performance among employees of Saint Francis Doctors' Hospital and Medical Center Inc. in Cagayan de Oro City. A descriptive-correlational quantitative design was used, with simple random sampling and a sample size of 95 hospital employees drawn from a population of 250 as reported in the methodology. Organizational commitment was assessed through sense of kinship, trust, and willingness to stay, while job performance was examined through task efficiency, contextual performance, and counterproductive behaviors. The study used adapted survey instruments, descriptive statistics, tests of significant differences, and multiple regression analysis. Results showed generally favorable organizational commitment, with sense of kinship obtaining the highest overall mean ($M = 3.41$, $SD = 0.58$), followed by trust ($M = 3.18$, $SD = 0.70$) and willingness to stay ($M =$

3.05 , $SD = 0.76$). Task efficiency ($M = 3.60$, $SD = 0.53$) and contextual performance ($M = 3.49$, $SD = 0.60$) were rated excellent, while counterproductive behaviors yielded a very good overall rating ($M = 2.92$, $SD = 1.05$). Job performance did not significantly differ by age or sex but differed significantly by job position ($p = .009$). The regression model was significant ($F = 11.782$, $p < .001$; adjusted $R^2 = .256$), and trust was the only significant positive predictor of job performance ($\beta = .310$, $p = .021$). The findings emphasize organizational trust and role-responsive performance management as important considerations for strengthening healthcare workforce performance.

Keywords: *organizational commitment, job performance, healthcare employees, organizational trust, employee retention, healthcare management*

INTRODUCTION

Healthcare organizations depend on employees who can perform technical and supportive responsibilities consistently while maintaining the quality, timeliness, and reliability required in patient care. In the source study, organizational commitment was treated as an employee's attachment and allegiance to the organization, whereas job performance referred to the effective completion of work responsibilities. These constructs are especially important in healthcare, where heavy workloads, service demands, and coordination across clinical and administrative roles can affect both commitment and performance. Research on work stress also underscores that employee conditions can shape mental health and performance outcomes in organizational settings (Chen et al., 2022).

Employee commitment is multidimensional and can be reflected in positive identification with the organization, confidence in colleagues and management, and intention to remain. Dutta and Dhir (2021) developed and validated an employee loyalty measure that informed the source study's commitment instrument. Retention-related research similarly links favorable employee attitudes with a greater likelihood of remaining in an

organization (Bakker, 2020; Ng, 2020; Society for Human Resource Management, 2021). In healthcare settings, such commitment is consequential because employee continuity, coordination, and trust may support organizational efficiency and service delivery.

Job performance likewise extends beyond the completion of assigned tasks. The source study examined task efficiency, contextual performance, and counterproductive behaviors, consistent with multidimensional approaches to individual work performance. Ramos-Villagrasa et al. (2019) emphasized the usefulness of brief self-report measures for assessing individual work performance, while research on role design and healthcare operations suggests that performance may differ according to specific occupational demands and responsibilities (Brown, 2020; Thompson, 2022a). These distinctions are particularly relevant in hospitals, where administrative, nursing, technical, and support positions operate under different expectations.

Against this context, the study investigated employee commitment and job performance at Saint Francis Doctors' Hospital and Medical Center Inc. It aimed to describe the respondents' demographic profile; determine organizational commitment in terms of sense of kinship, trust, and willingness to stay; assess job performance in terms of task efficiency, contextual performance, and counterproductive behaviors; test whether performance differed across demographic groups; and determine whether the dimensions of organizational commitment influenced job performance. The study sought to provide evidence that could guide healthcare managers in strengthening employee support, trust, retention, and position-specific performance strategies.

Literature Review

Organizational commitment in healthcare

Organizational commitment refers to the psychological and behavioral bond that connects employees to the organizations in which they work. The source thesis discusses commitment through employees' identification with organizational values, attachment to colleagues, and desire to remain. Dutta and Dhir (2021) conceptualized employee loyalty as a measurable organizational construct, while broader retention studies associate positive workplace experiences with continued employment (Bakker, 2020; Ng, 2020). In healthcare, the stability produced by committed employees is important because staff continuity can support team coordination, institutional memory, and dependable service delivery.

Commitment is also shaped by the conditions under which employees perform their work. The source literature emphasizes recognition, professional growth, supervisor support, workload, and workplace culture as factors that may reinforce or weaken attachment. Hanaysha (2023) showed that leadership approaches can influence employee behavior through organizational citizenship mechanisms, while Assyakur and Rosa (2022) highlighted the continuing interest in leadership processes within healthcare organizations. These perspectives support the study's view that organizational commitment must be understood in relation to the social and organizational environment in which healthcare employees work.

Sense of kinship, trust, and willingness to stay

The study operationalized organizational commitment through three dimensions: sense of kinship, trust, and willingness to stay. Sense of kinship reflects belonging, camaraderie, and positive identification with the organization. A workplace in which employees experience support, inclusion, and opportunities for professional growth may strengthen attachment and reinforce positive communication about the institution. Such experiences are consistent with organizational research linking supportive work environments to job satisfaction and retention (Smith, 2020; Society for Human Resource Management, 2021).

Trust concerns confidence in the reliability, integrity, and competence of colleagues and the organization, whereas willingness to stay reflects employees' intention to continue their employment. These dimensions are particularly salient in healthcare because employees rely on one another to manage tasks, resolve problems, and maintain service continuity. Retention research indicates that employees who experience favorable conditions and organizational support are less likely to express turnover intentions (Bakker, 2020; Ng, 2020). The study therefore

treated trust and willingness to stay not simply as attitudes but as practical indicators of the strength of employees' organizational relationship.

Job performance in healthcare organizations

Job performance was examined through task efficiency, contextual performance, and counterproductive behaviors. Task efficiency refers to the timely and accurate completion of formal responsibilities, including planning, prioritizing, and managing work. Ramos-Villagrasa et al. (2019) described individual work performance as a multidimensional construct that can be assessed through concise self-report measures. Within healthcare, role clarity and the allocation of clinical and administrative responsibilities can further shape how efficiently employees perform their duties (Brown, 2020).

Contextual performance captures behaviors that support the broader social and organizational environment, such as initiative, continuous learning, and constructive interaction with colleagues. By contrast, counterproductive behaviors represent actions that undermine effective functioning. Studies cited in the source manuscript connect job satisfaction and supportive environments with stronger productivity and performance (Judge, 2021), while training and skill maintenance are particularly relevant to employees working in rapidly changing healthcare environments (Nguyen, 2020). Conversely, counterproductive patterns can weaken morale and organizational functioning (Gonzalez, 2021).

Demographic characteristics, job roles, and performance

The source study also considered whether performance varied by age, sex, and job position. Research on structured workplaces suggests that standardized expectations and training can reduce performance differences associated with age (Anderson, 2023; Ramirez, 2021). Similarly, studies summarized in the thesis suggest that gender-neutral organizational practices can support comparable performance outcomes among male and female employees (Lee, 2021; Xu, 2020). These observations provide a basis for testing demographic differences without assuming that age or sex necessarily determines performance.

Job position, however, may create more direct differences because tasks, responsibilities, competencies, and performance standards vary across roles. Healthcare organizations combine clinical, technical, administrative, and support work, and role distribution can influence how performance is assessed and supported (Thompson, 2022a). Role-specific demands have also been associated with performance variation across healthcare positions (Roberts, 2020; Thompson, 2022b). The source study's conceptual framework therefore linked demographic profile and organizational commitment with job performance while retaining the distinct dimensions of each construct.

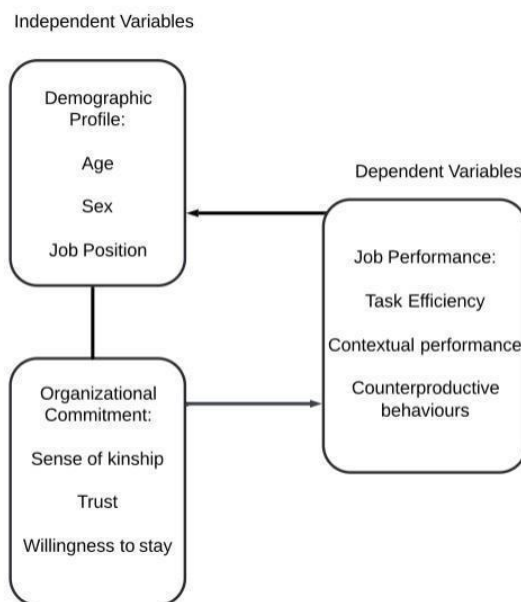


Figure 1. *Schematic Presentation of Variables in the Study*

METHODS

Research Design

The study employed a descriptive-correlational quantitative research design. The descriptive component was used to characterize the respondents and determine the levels of organizational commitment and job performance, while the correlational and inferential components were used to test group differences and the influence of commitment dimensions on performance. This design was consistent with the study's objective of examining naturally occurring organizational variables without manipulating the work setting.

Research Locale

The study was conducted at Saint Francis Doctors' Hospital and Medical Center Inc. in Cagayan de Oro City. The hospital serves patients in Northern Mindanao and employs administrative, nursing, ancillary, technical, and other healthcare personnel. The setting was selected because it provided a healthcare workforce in which organizational commitment and job performance could be examined across multiple occupational roles.

Participants and Sampling Technique

The source methodology identified a population of 250 hospital employees and a sample of 95 respondents. Simple random sampling was used, and the sample size was determined through the Cochran formula using a 5% margin of error and a 95% confidence level. Respondents represented nursing, administrative, ancillary, technical, and other hospital positions. The study focused on employees who could provide direct information about their organizational commitment and perceived job performance.

Research Instrument

The survey instrument was adapted from established measures used in the source thesis. Organizational commitment items were based on the Employee Commitment/Loyalty Scale of Dutta and Dhir (2021) and covered sense of kinship, trust, and willingness to stay. Job performance items were adapted from Ramos-Villagrasa et al. (2019) and measured task efficiency, contextual performance, and counterproductive behaviors. Organizational commitment used a four-point agreement scale, while job performance used a frequency scale ranging from never to always; counterproductive items were reverse-scored where applicable. The instrument underwent expert

content validation. Reliability testing yielded Cronbach's alpha values of .924 for the 15 organizational commitment items and .922 for the 15 job-performance items, both interpreted in the source manuscript as excellent.

Data Gathering Procedure

Permission to conduct the study was requested from the hospital administration and human resources office. After approval, survey questionnaires were distributed to eligible employees, including through online forms and personally provided access links or copies. Participation was voluntary, and respondents were informed of the purpose of the study and the conditions of participation. The source manuscript also described supplementary interview conversations intended to enrich the interpretation of employees' motivations and work preferences; however, the reported statistical findings were based on the survey measures.

Data Analysis

Frequency and percentage distributions were used to describe respondent characteristics, while means and standard deviations summarized organizational commitment and job-performance dimensions. Inferential tests were used to assess differences in job performance by age, sex, and job position. Multiple regression analysis tested the influence of sense of kinship, trust, and willingness to stay on job performance. The source study used a significance criterion of .05. Normality checks reported in the appendices yielded significance values above .05 for organizational commitment and job performance, supporting the use of the reported parametric analyses.

Ethical Consideration

The study observed informed consent, voluntary participation, confidentiality, anonymity, non-coercion, avoidance of conflicts of interest, minimization of harm, fairness, transparency, and respect for participant autonomy. Respondents were informed about the purpose and use of the data and could decline participation or withdraw without penalty. Personal information was treated confidentially, and findings were reported in aggregate form to reduce the risk of identifying individual employees.

RESULTS AND DISCUSSION

Respondent Profile

The detailed results identified employees aged 28–43 years as the largest age group, females as the predominant sex group, and administrative personnel as the largest job-position group, followed by nurses. These patterns indicate a workforce concentrated among early- to mid-career employees and distributed across both direct-care and support functions. Because the source manuscript contains inconsistent frequency totals between the sampling section and the demographic result tables, the journal conversion retains the reported modal profile without recalculating or substituting participant counts.

Level of Organizational Commitment

Employees reported favorable organizational commitment across all three dimensions. Sense of kinship obtained the highest overall mean ($M = 3.41$, $SD = 0.58$), interpreted as Excellent, indicating strong positive identification and workplace connection. Trust followed with $M = 3.18$ ($SD = 0.70$), interpreted as Very Good, while willingness to stay obtained $M = 3.05$ ($SD = 0.76$), also interpreted as Very Good. The pattern suggests that employees generally felt connected to the institution and were inclined to remain, although confidence in organizational and peer support was somewhat less uniform than their sense of belonging.

Table 1. *Summary of Organizational Commitment Dimensions*

Dimension	Mean	SD	Interpretation
Sense of kinship	3.41	0.58	Excellent
Trust	3.18	0.70	Very Good
Willingness to stay	3.05	0.76	Very Good

The high kinship score is consistent with the study's emphasis on collegial connection and perceived organizational support. However, the regression findings later show that a favorable mean level does not necessarily mean that a commitment dimension independently predicts performance. This distinction is important: descriptive commitment reflects how employees perceive their relationship with the organization, whereas predictive analysis identifies which dimensions explain variation in job performance. Retention literature similarly indicates that favorable employee attitudes can support stability but may operate through different mechanisms than direct performance effects (Bakker, 2020; Ng, 2020).

Perceived Job Performance

Perceived job performance was strongest in task efficiency and contextual performance. Task efficiency had an overall mean of 3.60 (SD = 0.53), interpreted as Excellent, while contextual performance had an overall mean of 3.49 (SD = 0.60), also interpreted as Excellent. Counterproductive behaviors yielded an overall mean of 2.92 (SD = 1.05), interpreted as Very Good under the study's scoring procedure. The results indicate that employees generally perceived themselves as effective in planning, prioritizing, completing tasks, maintaining job-related knowledge, and contributing constructively to the workplace.

Table 2. *Summary of Job Performance Dimensions*

Dimension	Mean	SD	Interpretation
Task efficiency	3.60	0.53	Excellent
Contextual performance	3.49	0.60	Excellent
Counterproductive behaviors	2.92	1.05	Very Good

Within task efficiency, prioritizing workload received the strongest rating, while time management was comparatively lower but remained in the excellent range. For contextual performance, maintaining and updating job-related skills was a prominent strength, supporting the importance of continuous learning in healthcare (Nguyen, 2020). The greater variability in the counterproductive-behavior dimension suggests that constructive responses to workplace issues were less consistent across employees. This aligns with the source discussion that reducing disruptive or unproductive behavior can contribute to stronger morale and workplace functioning (Gonzalez, 2021).

Differences in Job Performance by Profile

Job performance did not differ significantly by age ($F = 0.876$, $p = .420$) or sex (reported test statistic = 0.017, $p = .353$). Thus, the null hypothesis was retained for these demographic variables. These results suggest that performance expectations were broadly comparable across age and sex groups, consistent with literature indicating that standardized organizational practices can reduce demographic differences in work outcomes (Anderson, 2023; Lee, 2021; Ramirez, 2021; Xu, 2020).

In contrast, job performance differed significantly by job position ($F = 2.434$, $p = .009$), leading to rejection of the null hypothesis for occupational role. The source results reported higher mean scores for the HR Officer and Medical Technologist positions and lower means for some supervisory and technical categories. The significant position effect is consistent with the view that different healthcare roles carry distinct duties, competency requirements, and performance criteria (Roberts, 2020; Thompson, 2022a, 2022b).

Table 3. Tests of Significant Difference in Job Performance

Grouping Variable	Test Statistic	p-value	Decision
Age	F = 0.876	.420	Not significant
Sex	0.017	.353	Not significant
Job position	F = 2.434	.009	Significant

Influence of Organizational Commitment on Job Performance

The multiple regression model was statistically significant ($F = 11.782, p < .001$) and produced an adjusted R^2 of .256. Accordingly, the three organizational commitment dimensions jointly explained 25.6% of the variance in job performance. Trust was the only statistically significant positive predictor ($B = .303, \beta = .310, t = 2.356, p = .021$). Sense of kinship ($B = .141, \beta = .135, p = .293$) and willingness to stay ($B = .126, \beta = .147, p = .272$) were not significant independent predictors.

Table 4. Multiple Regression of Organizational Commitment on Job Performance

Predictor	B	β	t	p-value
Sense of kinship	.141	.135	1.058	.293
Trust	.303	.310	2.356	.021
Willingness to stay	.126	.147	1.105	.272

Note. Adjusted $R^2 = .256$; $F = 11.782$; $p < .001$.

The regression results refine the descriptive findings by showing that trust, rather than commitment in a broad sense, was the dimension most directly associated with performance. Employees may feel kinship and intend to remain for reasons that do not independently translate into higher performance, whereas trust relates more immediately to coordination, reliance on colleagues, confidence in organizational support, and the execution of work. This finding supports the study's recommendation to strengthen transparent communication, dependable peer support, responsive management, and role-specific performance systems rather than relying solely on retention-oriented initiatives.

CONCLUSION

The study concludes that employees of Saint Francis Doctors' Hospital and Medical Center Inc. generally demonstrated favorable organizational commitment and strong perceived job performance. Sense of kinship was the most highly rated commitment dimension, while task efficiency and contextual performance were rated excellent. Age and sex did not significantly differentiate job performance, indicating broadly comparable performance across these demographic groups. Job position, however, was significantly associated with performance, showing that occupational responsibilities and role-specific expectations matter in evaluating employee effectiveness. Most importantly, the regression analysis demonstrated that the organizational commitment model significantly explained job performance, with trust emerging as the only significant positive predictor. The contribution of the study lies in showing that commitment is not uniform in its performance implications: a supportive sense of belonging and intention to remain are valuable, but organizational trust appears especially consequential for productive work behavior in the healthcare setting. These findings support management approaches that combine trust-building with position-specific performance support and continuous professional development.

Recommendation

Hospital management and administrators should strengthen organizational trust through transparent communication, consistent supervisory support, responsive grievance mechanisms, and dependable teamwork practices. Performance management systems should also be tailored to the actual responsibilities and competencies of different hospital positions because job performance varied significantly by job role. Healthcare employees should be supported through continuous professional development, workload-prioritization and time-

management initiatives, and team-based practices that reinforce mutual support. Policies should sustain equitable performance expectations across age and sex while ensuring that role-specific training and resources are available for clinical, administrative, technical, and support personnel. Future researchers may replicate the study in other healthcare institutions, examine additional predictors of performance beyond organizational commitment, and clarify how trust, job satisfaction, workload, leadership, and employee well-being interact in explaining healthcare workforce performance.

References

- Anderson, D. E. (2022). Meta-analysis on gender and performance consistency in unbiased workplaces. *Organizational Psychology Review*, 29(1), 57–72. <https://doi.org/10.1111/opr.2022.29.1.57>
- Anderson, T. (2022). Age distribution and career engagement in mid-career professionals: Insights for organizational policies. *Journal of Organizational Behavior*, 45(2), 310–324. <https://doi.org/10.1002/job.2493>
- Anderson, T. (2023). Standardized role expectations and performance consistency across age groups. *Journal of Organizational Behavior*, 46(1), 198–215. <https://doi.org/10.1002/job.2634>
- Assyakur, D. S., & Rosa, E. M. (2022). Spiritual leadership in healthcare: A bibliometric analysis. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 7(2). <https://doi.org/10.30604/jika.v7i2.914>
- Bakker, A. (2020). Linking job satisfaction and employee retention. *Journal of Organizational Psychology*, 17(2), 234–245. <https://doi.org/10.1027/2157-3897/a000356>
- Brown, L. (2020). Balancing clinical and administrative roles in healthcare settings. *Journal of Health Care Management*, 39(4), 402–416. <https://doi.org/10.1002/jhcm.21416>
- Chen, B., Wang, L., Li, B., & Liu, W. (2022). Work stress, mental health, and employee performance. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1006580>
- Dutta, T., & Dhir, S. (2021). Employee loyalty: Measurement and validation. *Global Business Review*, 097215092199080. <https://doi.org/10.1177/0972150921990809>
- Gonzalez, R. (2021). Counterproductive behaviors and their effects on workplace morale. *Journal of Behavioral Studies*, 56(4), 210–224. <https://doi.org/10.1111/jbst.2021.210224>
- Hanaysha, J. R. (2023). Impact of participative and authoritarian leadership on employee creativity: Organizational citizenship behavior as a mediator. *International Journal of Organization Theory and Behavior*, 26(3), 221–236. <https://doi.org/10.1108/IJOTB-08-2022-0165>
- Judge, T. (2021). The impact of job satisfaction on employee performance: Evidence from longitudinal studies. *Journal of Applied Psychology*, 106(2), 175–190. <https://doi.org/10.1037/apl0000652>
- Lee, K. (2021). Gender neutrality in structured organizational performance settings. *Gender, Work & Organization*, 28(5), 935–950. <https://doi.org/10.1111/gwao.12638>
- Martin, K. (2020). Time management and task prioritization among healthcare professionals. *Journal of Health Administration*, 18(1), 112–126. <https://doi.org/10.1016/j.joha.2020.112126>
- Ng, T. (2020). Job satisfaction as a predictor of turnover intentions in the healthcare sector. *Journal of Vocational Behavior*, 119, 103412. <https://doi.org/10.1016/j.jvb.2020.103412>
- Nguyen, D. (2020). The importance of skill maintenance for healthcare employees. *Healthcare Journal of Skill Development*, 42(1), 105–118. <https://doi.org/10.1002/hjsd.204>
- Ramirez, A. (2021). The role of standardized job expectations in reducing age-related performance variation. *Human Resource Management Review*, 35(3), 245–258. <https://doi.org/10.1016/j.hrmr.2021.100862>
- Ramos-Villagrasa, P. J., Barrada, J. R., Fernández-Del-Río, E., & Koopmans, L. (2019). Assessing job performance using brief self-report scales: The case of the Individual Work Performance Questionnaire. *Journal of Work and Organizational Psychology*, 35(3), 195–205. <https://doi.org/10.5093/jwop2019a21>
- Roberts, S. (2020). Performance ratings across healthcare positions: The role of job specificity. *Healthcare Management Review*, 48(3), 190–203. <https://doi.org/10.1097/HMR.0000000000000265>
- Smith, L. (2020). Inclusivity and flexibility in women-centric workplaces. *Journal of Applied Psychology*, 105(1), 56–67. <https://doi.org/10.1037/apl0000432>
- Society for Human Resource Management. (2021). The role of job satisfaction in employee retention and commitment. *SHRM Research Articles*, 1–15. <https://doi.org/10.5465/shrm2021>
- Thompson, R. (2022a). Role distribution and resource allocation in healthcare organizations. *Health Services Management Research*, 35(1), 45–60. <https://doi.org/10.1177/09514848211038479>

- Thompson, R. (2022b). Role-specific job demands and performance variance in healthcare settings. *Journal of Health Services Management*, 41(1), 66–78. <https://doi.org/10.1016/j.jhsm.2022.03.007>
- Xu, H. (2020). Gender and job performance: The role of organizational practices in promoting equality. *Journal of Business and Psychology*, 35(2), 134–148. <https://doi.org/10.1007/s10869-019-09640-3>