

**HUMAN RESOURCE POLICIES AND AFFECTIVE COMMITMENT OF HEALTH
TUTORS IN PRIVATE NURSING AND MIDWIFERY TRAINING INSTITUTIONS IN
KAMPALA CITY, UGANDA**

BY

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**A DISSERTATION SUBMITTED TO THE DIRECTORATE OF RESEARCH
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DECLARATION

I, Nassiwa Juliet Twesigye, hereby declare that this study titled: “Human Resource Policies and Affective Commitment of Health Tutors in Private Nursing and Midwifery Training Institutions in Kampala City, Uganda” is my own original work and it has never been presented to any other University for any award. All referenced materials contained herein have been duly acknowledged.

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APPROVAL

This is to certify that this study titled: “Human Resource Policies and Affective Commitment of Health Tutors in Private Nursing and Midwifery Training Institutions in Kampala City, Uganda” has been written under our supervision and guidance.

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Signature: _____ Date: _____

Dr. Moses Kanaabi

DEDICATION

I dedicate my dissertation report to my dear husband Mr. Twesigye John Ntamuhiira for the unwavering support given to me throughout my academic journey.

ACKNOWLEDGEMENT

My academic journey to complete a Master of Education in Policy, Planning and Management Degree is a manifestation of God's mighty hand. I am therefore sincerely grateful to God for the grace given to me to achieve my dream.

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ABBREVIATIONS AND ACRONYMS

CVI	Content Validity Index
HRM	Human Resource Management
MoES	Ministry of Education and Sports
NMTI	Nursing and Midwifery Training Institution
SD	Standard Deviation
SET	Social Exchange Theory
SPSS	Statistical Package for Social Scientists
UNMEB	Uganda Nurses and Midwives Examinations Board
UNMC	Uganda Nurses and Midwives Council
UNAS	Uganda National Academy of Sciences
USA	United States of America

ABSTRACT

The study sought to investigate the influence of human resource policies on affective commitment of health tutors in private Nursing and Midwifery Training Institutions (NMTIs) in Kampala City. The specific objectives of the study were; (a) to explore the perception of heads of private NMTIs on the relevance of compensation, staff development and promotion policies on health tutors' affective commitment (b) to examine the relationship between compensation policy and affective commitment of health tutors in private NMTIs (c) to determine the relationship between staff development policy and affective commitment of health tutors in private NMTIs and (d) to explore the relationship between promotion policy and affective commitment of health tutors in private NMTIs in Kampala City. The study adopted a mixed methods approach with primary emphasis on quantitative methods complemented by qualitative methods using an embedded research design. Data was collected from 192 randomly selected health tutors and eight heads of private NMTIs using Self-Administered Questionnaires (SAQs) and interview guides respectively. Descriptive and inferential data analysis was carried out using the Statistical Package for Social Scientists Version 25. Descriptive data analysis involved the use of frequencies, percentages, means and standard deviations. Inferential data analysis involved the use of Pearson's correlation and simple regression analysis of prediction for bivariate and multivariate data respectively to examine the relationship between the study variables. Responses from the heads of the institutions were analysed in a narrative form to complement quantitative data. The findings revealed that there is a significant relationship between compensation policy ($r = 0.378, p = 0.000 < 0.05$), staff development policy ($r = 0.416, p = 0.000 < 0.05$), promotion policy ($r = 0.373, p = 0.000 < 0.05$) and affective commitment of health tutors. The study also revealed that only promotion policy was a significant predictor of health tutors' affective commitment ($\beta = 0.257, p = 0.006 < 0.05$) while Compensation Policy ($\beta = -0.003, p = 0.0976 > 0.05$) and staff development Policy ($\beta = 0.084, p = 0.401 > 0.05$) were insignificant in predicting health tutors' affective Commitment. It was therefore concluded that compensation, staff development and promotion policies significantly influence affective commitment of health tutors in private NMTIs. The study recommended that managers of private training institutions should revise their compensation policies to ensure that they are competitive, aligned with the market standards, fair and transparent. Training institutions should also prioritise staff development by providing opportunities and resources for continuous learning and skills enhancement. Furthermore, the institutions should establish clear, transparent and merit-based criteria for promotions. All policies should be clearly communicated and consistently applied to all employees to enhance their affective commitment and ultimately improve the quality of Nursing and Midwifery training.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study investigated the influence of human resource policies on affective commitment of health tutors in private Nursing and Midwifery Training Institutions (NMTIs) in Kampala City, Uganda. Human resource policies are the independent variable affective commitment is the dependent variable. This chapter comprises the study background, statement of the problem, purpose of the study, objectives of the study, hypotheses of the study, significance of the study, justification of the study, scope of the study and the conceptual framework.

1.1 Background of the study

This section presents the historical, theoretical and contextual perspectives of the study background.

1.1.1 Historical perspective

The concept of employee commitment has evolved significantly over time dating back to the mid-20th Century when managers and scholars recognized the need for employee cooperation, retention and contribution towards organisational goals (Haim, 2019). Employee commitment is defined as the extent to which employees are connected and devoted to their organisations (Irefin and Mechanic, 2014). Divergent views have been put across regarding employee commitment by various scholars. According to Becker (1960), employee commitment to an organisation was a result of sunk costs associated with leaving an organisation. Individuals remain committed to organizations due to the accumulation of side-bets which are extrinsic factors such as salaries, relationships, benefits or seniority that would be lost if the person left the organization.

Mowday et al., (1979) viewed commitment as an individual's identification with and involvement in an organisation with a strong belief in the organisational goals, values, willingness to exert effort on behalf of the organisation and the desire to remain its member. They highlighted the relationship between employee commitment and organisational outcomes such as job performance, absenteeism and turnover.

Mowday and colleagues recognized that organizational commitment evolves over time and can be influenced by both organizational and personal factors such as leadership style, organizational culture, job security, and career aspirations.

Allen and Meyer (1990) introduced the three-component model of commitment and argued that commitment is a more complex construct with three distinct dimensions of affective, continuance and normative commitment. Affective commitment is the emotional attachment to and identification with the organisation, continuance commitment refers to the perceived costs or consequences associated with leaving the organization, while normative commitment is a sense of moral obligation to stay with the organization, often arising from loyalty or reciprocity. They acknowledged that commitment is multidimensional and dynamic, where an employee's reasons for staying with an organization might shift and evolve between affective, continuance, and normative dimensions over time.

Affective commitment, which is the focal variable in this study, is crucial because it is linked to positive organisational outcomes such as reduced job turnover, enhanced performance, organisational citizenship behaviours and resilience. According to Mbugua (2020), affective commitment is an essential attribute for employees, a root construct of employee commitment, a predictor of employee turnover, absenteeism and organisational citizenship behaviours. Affectively committed employees are more likely to remain positive, motivated, optimistic, flexible, and vigilant towards change and challenging environments unlike those with other forms of commitment.

Managers all over the world are faced with challenges of attracting and retaining highly talented and affectively committed workers (Chordiya et al., 2017). In the United States of America (USA) for instance, research conducted in 2012 revealed that over 50% of employees were disengaged at work and not affectively committed to their organisations (Bonds, 2017). Employee commitment has continued to emerge as a challenge among the USA direct care professionals working on patients with intellectual and developmental disabilities. Due to failure to enhance commitment, 39% of workers voluntarily leave

during the first five years of employment reducing organisational effectiveness (Bagga, 2013 cited by Nicho-McCall, 2019).

In the Republic of Serbia, the organisational co-dependency that existed among the old generations is no more as a rising number of employees contemplate going overseas for employment. Only a relatively small number of employees develop affective commitment to their work and organisations. This is attributed to the irresponsible behaviour of organisations towards employees characterised by non-registration of workers and failure to pay for overtime work among others thus reducing employee commitment (Biljana et al., 2020).

South Africa has had a history of failure to maintain Black South African employees due to commitment related issues. Consequently, the South African government cautioned organisations to reconsider their methods of employee attraction and motivation to enhance affective commitment. In a study by Moeng et al., (2023) to explore commitment of Black South African managers, it was proposed that affective commitment of workers can be enhanced by recognising them, involving them in decision making, and instituting fair, consistent and all-inclusive reward systems and policies

In Uganda, academic staff in universities have been reported to lack affective commitment evidenced by threats of strikes, frequent strikes, absenteeism, delayed release of results, moonlighting, reduced motivation and commitment to excellence (Mugizi et al., 2015). Similarly, over the past decade, Nursing educators have been reported to lack affective commitment to their institutions characterised by high staff turnover, low morale and a negative mindset towards efficiency. Their financial, social and intellectual priorities do not align with their institutions creating frustration and lack of affective commitment (UNAS, 2019). Since affective commitment results in positive outcomes such as job satisfaction, better performance, loyalty, employee retention and teamwork, institutions should focus on cultivating this bond which can be enhanced through well instituted human resource policies. There is a pressing need for institutions to enhance affective commitment among employees. Affective commitment of health tutors is essential in shaping the future health workforce by ensuring the quality

of training they provide. A study to investigate the influence of human resource policies on affective commitment of health tutors in private NMTIs is therefore necessary to gain insight on how to improve the tutors' obligation to offer quality training.

1.1.2 Theoretical perspective

This study adopted the Social Exchange Theory (SET) which explains factors influencing social behaviour. According to the SET, social behaviour among humans is an exchange of goods where people who offer so much to others also attempt to receive much from them and those who receive much from others also feel indebted to give much to them (Homans, 1958). Employees tend to reciprocate positive actions where they respond by being loyal and affectively committed to a good employer. The reciprocity is associated with shared gains between the employee and the employers. Human resource policies should therefore benefit employees and their institutions (Armstrong and Taylor, 2020).

Employees feel duty bound to demonstrate increased effort, loyalty, and willingness to go above and beyond in their roles in response to rewards and actions by their institutions. Such rewards and actions include salaries, benefits, recognition, career advancement, involvement in decision making and promotion among others (Antony et al., 2018). Similarly, when health tutors invest their time, effort and expertise to train student nurses and midwives, they expect to receive fair compensation, recognition, professional development and a sense of accomplishment for their contribution. The Social Exchange Theory posits that individuals engage in social relationships and interaction based on the principles of reciprocity and mutual benefit. The SET therefore explains that by creating a positive exchange environment with fair policies, private NMTIs can foster affective commitment among their health tutors.

1.1.3 Conceptual perspective

The study investigated the influence of human resource policies (independent variable) and affective commitment (dependent variable) of health tutors in private NMTIs. Employee commitment towards organizations has been defined in various ways by several scholars. Wainwright (2023) defined

employee commitment as a connection between employees and their organisation, resulting into increased productivity. According to Allen and Meyer (1990), Commitment is a multidimensional reflection of an employee's loyalty and attachment to the organisation willing to expend effort on its behalf with affective, continuance and normative dimensions. Affective commitment is an emotional attachment to and involvement with an organisation, continuance commitment refers to the apparent costs of leaving an organisation while normative commitment is the felt obligation to support and remain a member of an organisation (Mugizi et al., 2015).

In the three-component model of commitment, affective commitment which refers to emotional attachment, identification, and employee involvement in the organization, has been considered as a core concept and a single indicator for organizational commitment in many studies. Affective commitment is the most significant, persistent, dominant, and an essential attribute influencing employee behaviours, feelings and perceptions. Affectively committed employees go an extra mile to achieve organizational goals compared to those with other types of commitment (Mercurio, 2015).

Affective commitment among employees is characterized by a strong desire to achieve organizational goals, job satisfaction, a strong desire to stay in the organization, reduced absenteeism, decreased turnover intention, representation of staff's views toward their organization, innovativeness, a sense of belonging, affiliation and attachment to the organisation. (Alemayehu et al., 2021). Affectively committed employees will identify strongly with the company and its objectives and might turn down offers to move to a new company, even if they seem more attractive financially (Allen & Meyer, 1990).

This study focused attention on affective commitment since employees with affective commitment might be willing to go an extra mile, above and beyond the call of duty to achieve organizational goals. Continuance and Normative commitment have a weaker impact on behaviour than affective commitment. According to Morin et al., (2009), affective commitment among employees can be specifically exhibited to different targets in the work environment. Therefore, for this study, affective

commitment of health tutors focused on their affectiveness towards their institutions, supervisors, students, tasks, coworkers and career.

The Agency for Accelerated Regional Development (AFARD, 2021) defines human resource as all people employed by an organisation and contribute to its functions under direct responsibility of its management. Human resource is a very important asset of an organization which should be well governed and managed to cater for their needs and rights. Human resource policies on the other hand are guidelines designed to govern operations in an institution in order to achieve set goals. The policies serve as a framework to guide employers carry out activities and manage employees in an ethical and legal manner. Policies define organizational values, philosophies, obligatory roles to be played by the employer, employees and other stakeholders in the employment relationship. Without guiding policies, procedural or distributive justice issues can be handled in an inconsistent manner affecting employee commitment (Irudukunda and D'Silva, 2021).

The focus of this study was on compensation, staff development and promotion policies in relation to affective commitment of health tutors in private NMTIs towards their institutions, supervisors, tasks, coworkers and career. Compensation was defined in terms of monetary and non-monetary rewards, staff development was defined in terms of formal and informal training opportunities, while promotion was measured in term of horizontal, vertical and dry promotions.

1.1.4 Contextual perspective

Currently in Uganda, there are 126 Nursing and Midwifery Training Institutions (NMTIs) across the country. Out of these, 12 (10%) are public institutions while 114 (90%) are private (UNMC, 2023). Kampala City has four public and eight private NMTIs. The study was carried out in the eight private institutions to investigate the relationship between human resource policies and affective commitment of health tutors. One of the pillars that supports the effective functioning of these institutions is the commitment of their health tutors, responsible for imparting knowledge and skills to students. It was observed that affective commitment among health workers in private institutions is unsatisfactory

compared to that in public institutions. Private NMTIs greatly supplement government efforts to meet the country's health care needs since they are the largest provider of health professionals training. Private institutions, however, face exceptional challenges in attracting and retaining health tutors (Namakula et al., 2016). It is therefore imperative to enhance the commitment of the health tutors to provide quality training to future nurses and midwives. Factors influencing employee affective commitment include contribution to policy making, job satisfaction, management style and work environment (Nkhukhu-Orlando et al., 2019). Similarly in a study to determine the level of affective commitment among nurses in a university teaching hospital in Ethiopia, nurses outlined factors influencing their commitment as perceived organizational support, leadership style, learning opportunities, monetary benefits, co-workers, cultural factors, and job security (Israel et al., 2017). While all these factors contribute to affective commitment, they are all enshrined in the various human resource policies. In the context of private NMTIs, the policies are crucial as they provide the structure and guidelines that shape employees' perceptions of fairness, support and alignment with the organization's values.

A fair promotional policy is necessary for employee efficiency, satisfaction and commitment in discharging their responsibilities. No human resource management system can work efficiently and effectively without opportunities for employees to rise from one level to another (Garba and Abdullahi, 2019). Employee promotion is an example of a reward and therefore a form of compensation essential for developing employee talents and commitment. Regarding staff development, organisations must provide opportunities for employees to enhance their competences, talents and commitment to offer quality services as a sign of an institution's commitment to its employees (Hassan et al., 2022). There was a need to explore how specific policies influence the affective commitment of health tutors, which could inform better human resource policies in private NMTIs. The study therefore focussed on compensation, staff development and promotion policies.

1.2 Statement of the problem

Worldwide affectively committed employees greatly contribute their energy and time to achieve organizational goals. Such employees enhance organizational productivity, performance, growth and success (Satyendra, 2020). Employee commitment is expected to reduce lateness, absenteeism and turnover among employees, thus enhancing organizational performance (Chico et al., 2023). Nursing and Midwifery Training Institutions (NMTIs) play a crucial role in producing competent health professionals for a country's health sector. Affective commitment of health tutors in training institutions is therefore essential for ensuring quality education and training to produce adequate numbers of competent nurses and midwives. To enhance commitment of employees, some private health institutions often increase salaries and allowances, offer non-financial incentives, grant study leave and scholarships to employees (Namakula et al., 2016).

Despite the efforts to enhance commitment of health tutors and their importance in private NMTIs, their affective commitment is unsatisfactory. According to the Uganda Nurses and Midwives Examinations Board (UNMEB,2022) database of examiners, only 25 % of health tutors in Kampala had worked in one private NMTI for more than two years. This indicates a turnover of 75% of tutors in the private institutions. Similarly, human resource records from the training institutions to UNMEB indicate lack of commitment among the tutors manifested through frequent resignations, moonlighting, absenteeism, inadequate preparations for teaching sessions, minimal engagement with students and inadequate implementation of continuous assessment activities (UNMEB,2022).

Failure to enhance affective commitment of health tutors in private NMTIs, may result in low students' learning achievement and inadequate skills acquisition. This is bound to affect the quality of health care offered by the nurses and midwives contributing to high morbidity and mortality rates in the general population. It was against this background and the perceived research gap in distinct human resource policies that this study was set out to investigate the influence of compensation, staff development, and promotion policies on affective commitment of health tutors in private NMTIs in Kampala city.

1.3 Purpose of the study

The purpose of this study was to investigate the influence of human resource policies on affective commitment of health tutors in private NMTIs in Kampala City.

1.4 Objectives of the study

The study was guided by the following objectives.

- i. To explore the perception of heads of private Nursing and Midwifery Training Institutions on the relevance of compensation, staff development and promotion policies on health tutors' affective commitment in Kampala City.
- ii. To examine the relationship between compensation policy and affective commitment of health tutors in private Nursing and Midwifery Training Institutions in Kampala City.
- iii. To determine the relationship between staff development policy and affective commitment of health tutors in private Nursing and Midwifery Training Institutions in Kampala City.
- iv. To explore the relationship between promotion policy and affective commitment of health tutors in private Nursing and Midwifery Training Institutions in Kampala City.

1.5 Research questions

The study sought to answer the following questions;

- i. What is the perceived relevance of the compensation policy on health tutors' affective commitment in private Nursing and Midwifery Training Institutions in Kampala City?
- ii. What is the perceived relevance of the staff development policy on health tutors' affective commitment in private Nursing and Midwifery Training Institutions in Kampala City?
- iii. What is the perceived relevance of the promotion policy on health tutors' affective commitment in private Nursing and Midwifery Training Institutions in Kampala City?

1.6 Hypotheses of the study

The study was guided by the following hypotheses.

- H1. There is a significant relationship between compensation policy and health tutors'

affective commitment in private Nursing and Midwifery Training Institutions.

H2. There is a significant relationship between staff development policy and health tutors' affective commitment in private Nursing and Midwifery Training Institutions.

H3. There is a significant relationship between promotion policy and health tutors' affective commitment in private Nursing and Midwifery Training Institutions.

1.7 Significance of the study

The study findings may benefit policy makers, administrators, health tutors and future researchers in their areas of jurisdiction. The findings might inform policy makers and institutional administrators about the effectiveness of the existing policies and suggest changes for improvement, leading to better governance and management of private NMTIs. The findings could offer practical insights into how institutions can enhance affective commitment of health tutors thus improving their motivation, retention, and quality of teaching. The findings may also help future researchers who may want to study employee commitment in other contexts as a guide and reference for further knowledge.

1.8 Justification of the study

Nurses and midwives are the most extensive category of healthcare professionals, significantly contributing to shaping the standard and financial aspects of healthcare (Israel et al., 2017). Enhancing affective commitment of health tutors improves their performance and the quality of training they give to the student nurses and midwives which ultimately improves the quality of health care. According to Kiwanuka (2021), private NMTIs in Uganda have increased in the past ten years, making it necessary to understand how their human resource policies affect the quality of healthcare education. The private institutions largely complement government efforts to train future nurses and midwives since 90% of all the NMTIs in Uganda are private (UNMC, 2023). They therefore play a crucial role in healthcare education, addressing the rising demand of health care professionals and the limited public sector capacity. However, according to Harber and Davies (2018), private institutions face financial constraints and competition as they majorly rely on tuition fees while trying to maintain quality which could lead to unique human resource policies. These factors could affect the institutions' ability to retain and maintain

affectively committed health tutors, making it important to study how their human policies are adapted to these challenges and how they affect tutors' affective commitment.

1.9 Scope of the study

This section presents the geographical, content and time scope of the study.

1.9.1 Geographical scope

The study was conducted in Kampala City found in the central region of Uganda. The city is bordering Mukono, Buikwe, Luweero, and Wakiso districts in the East, South, North and West respectively. Kampala City, also the capital city of Uganda, comprises five divisions namely Kampala Central, Kawempe, Makindye, Nakawa, and Lubaga. Kampala City has the largest number of private NMTIs in the country, thus representative of other private NMTIs in other parts of the country.

1.9.2 Content scope

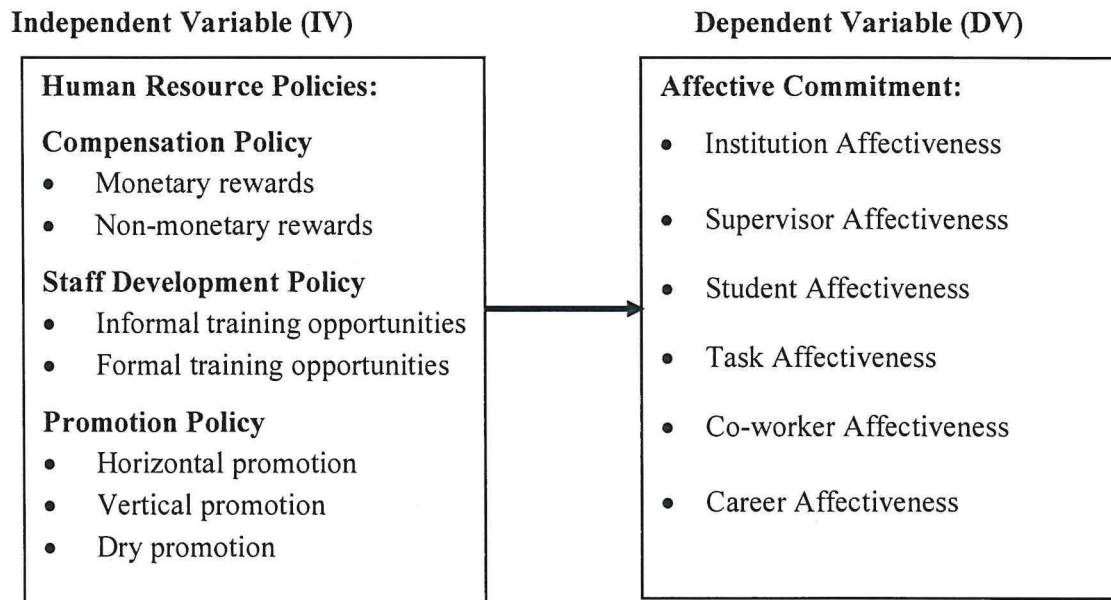
The study investigated the relationship between human resource policies and affective commitment of health tutors in private NMTIs. The focus of the study was on compensation, staff development and promotion policies in relation to affective commitment of health tutors. The study also investigated affective commitment of health tutors towards their institutions, supervisors, students, tasks, co-workers and careers.

1.9.3 Time scope

This study considered a period of five years from 2018 to 2023 during which many private NMTIs emerged with changes in human resource policies and practices. This enabled the researcher to explore and collect valid data from the selected respondents on how the policies influence their affective commitment.

1.10 Conceptual framework

Figure 1.1: Conceptual framework showing a relationship between human resource policies and affective commitment of health tutors



Source: Adopted and modified from Muyigwa and Kiyingi (2022)

The conceptual framework displays the hypothetical relationship between the Independent Variable (IV) and Dependent Variable (DV), namely human resource policies and affective commitment respectively. It is hypothesised that compensation, staff development and promotion policies influence the affective commitment of health tutors towards their institutions, supervisors, students, tasks, co-workers and career.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter presents literature related to the study objectives, the theory adopted by the study and a review of the related literature from past studies, journals and other published articles.

2.1 Theoretical review

The research was based on the Social Exchange Theory to clarify the interrelations between human resource policies and affective commitment.

2.1.1 Social Exchange Theory

According to Homans (1958), the Social Exchange Theory explains the determinants of social behavior which involves the exchange of both tangible and intangible goods, with individuals who give generously expecting reciprocal generosity. This reciprocity establishes a balance in social interactions and is considered as the foundational element of social life, emphasizing mutual obligations through reciprocal exchanges (Marescaux et al., 2013). In the context of Human Resource Management (HRM), the SET proposes that employees can respond to positive human resource policies with positive attitudes, actions, and affective commitment to the organization by initiating a positive workplace relationship.

According to Mugizi et al., (2015), Geetha and Mampilly (2012) assert that the Social Exchange Theory (SET) suggests that employees view human resource policies that fulfill their needs as a manifestation of the organization's dedication to them. They consequently become more inclined to reciprocate their commitment in exchange for the resources and benefits provided by the organization. For instance, when individual staff receive socio-economic and psychological support from their workplaces, they feel compelled to pay back and appreciate their employers. This is then manifested through positive work behaviours and emotional attachment to the organisation. This can progress into mutual trust, loyalty, and affective commitment as long as both parties involved comply with the established exchange guidelines.

Redmond (2015) reveals that social behaviour usually comprises social interactions where people are inspired to obtain rewards for which they must sacrifice as a cost. In the workplace costs may involve hard work, time, energy and potential stress while rewards can include salary, recognition, benefits and career advancement among others. He emphasized the issue of fairness in social exchanges as people are distressed with unfairness resulting in reduced commitment levels. This occurs in cases where some people are rewarded more than others for the same costs incurred. The Social Exchange Theory therefore provides a basis for understanding the give and take relationship between employees and organizations. Affective commitment of employees like health tutors can be enhanced by human resource policies which foster positive social exchanges, provide fair rewards, recognize employees' contributions, and create a positive work environment. Though the SET emphasizes reciprocity, some interactions may involve altruism or selflessness where one can do things that benefit others without expecting anything in return, even at a cost to oneself. Such people put others' interests above one's own without seeking personal gain or recognition, such as health tutors with strong affectiveness towards students.

2.2 Review of related literature

This section presents an overview of some earlier studies and documented literature regarding associations between human resource policies and affective commitment of employees in line with the study objectives.

2.2.1 Compensation policy and affective commitment

Compensation refers to the reward of any service or work paid to employees by organisations. It includes salaries, incentives and benefits employees receive in exchange for their work following the organizations' compensation policies used in reward management (Praveena et al., 2017).

Results obtained from a study aimed at exploring the association between strategic compensation practices and affective commitment within chosen Malaysian universities, indicated a noteworthy correlation between employee commitment and performance, as well as knowledge-based pay compensation policies (Anvari et al., 2023). Odoch and Nangoli (2014), in their study on the effect of organizational commitment on job satisfaction indicated that trainers who are fairly compensated, feel

valued and respected by their organizations, promoting a sense of allegiance. Fair compensation includes competitive salaries and benefits such as health insurance and retirement plans. Policies that include performance-based rewards like bonuses or merit-based salary increment, benefits and perks such as health insurance, retirement plans, flexible working hours and career development opportunities boost affective commitment (Hassan et al., 2022). Conclusively, health tutors who feel that their hard work and dedication is recognized and rewarded are likely to be affectively committed to their roles.

In Kenya, a study conducted by Koitalek (2016) to investigate the influence of compensation policy on employee commitment and performance in the Teachers' Service Commission revealed that compensation significantly influenced employee commitment to organisations. Commitment was in turn found to have a significant influence on employee performance. In a competitive job market, offering adequate compensation is essential in attracting and retaining talented employees. When employees receive salaries and benefits that are in line with or better than what they could receive elsewhere, it is anticipated that they will remain loyal to the organization (Namiyingo, 2018). Likewise, health tutors might compare their compensation with what is offered in the job market, and if they perceive that they can earn more elsewhere for similar work, their affective commitment may be negatively affected. When institutions establish fair, transparent and competitive compensation policies they are likely to have health tutors who are affectively committed to their roles and to the institutions.

A study carried out by Nawab and Bhatti (2011) on the effect of compensation on organizational commitment discovered that when employees are properly remunerated, affective commitment increases. The inclusion of job security in the compensation policy is crucial as employees are likely to be more committed when they feel that their job is secure, and their long-term prospects are stable. Apart from salary, other benefits such as health insurance, retirement plans, and professional development opportunities impact substantially on affective commitment and enhance overall job satisfaction and employee affective commitment.

In Uganda, a study conducted on compensation and employee commitment in Stanbic Bank by Nalugya (2018), revealed that increase in salaries, medical insurance, transport and housing allowances, flexible work hours and a conducive work environment contribute to affective commitment. Additionally, transparency on how compensation decisions are made and communicated helps employees understand why they are being paid a certain way, which builds trust and commitment. When employees feel that the organization is open, honest and ensures equity in compensation, their emotional attachment is positively enhanced. A study carried out by Kanziga (2015) indicates that incorporating performance-based incentives into the compensation policy can motivate employees to put in extra effort. When employees see a direct link between their performance and rewards clearly communicated in the policies, they are more likely to be committed to achieving individual and organisational goals.

Many studies have provided empirical evidence supporting a positive relationship between fair, competitive compensation policy and affective commitment. However, most of the studies focused on compensation policy in isolation, without considering the influence of contextual factors such as culture, staff development and promotions in the different organisations. Further studies are required to explore how other contextual factors moderate the relationship between compensation policy and affective commitment. In addition to compensation, this study will also investigate the influence of staff development and promotion policies on affective commitment of health tutors in private NMTIs.

2.2.2 Staff development policy and affective commitment

Staff development refers to all the processes and procedures of providing employees with opportunities to improve their competences and performance regarding organisational values, goals, employee needs and interests (Young, 2008 cited by Kyokisa, 2018). It encompasses various practices such as induction, assignments, evaluation, in-service education, team building, on and off job training among others. If organisations want to remain competitive, survive and stand the test of time, they must develop their employees. In the USA for instance, a high level of awareness about staff development is critical to promoting employee affective commitment (Kasule and Neema, 2015). A study conducted in Pakistan

academic institutions revealed that staff development through supervisory support was significantly linked to employee commitment (Palwasha et al., 2018). Support from supervisors encompasses mentorship, coaching, cultivation of one's professional network, and guidance in job responsibilities (Chihava et al., 2020). Staff development policies with leadership development programs inculcate hope among employees making them look at the organization as a place where they can grow and develop leadership skills. This enhances their commitment and motivation by opportunities for advancement (Muyigwa et al., 2020).

A study conducted in South Africa by Muleya et al., (2022) to investigate the impact of training and career development opportunities on affective commitment at a selected higher education institution, revealed that there is a significant positive association between training, career development opportunities, and affective commitment. However, career development opportunities were the most significant predictor of affective commitment. The study recommended more funding to be directed to career development opportunities, in order to enhance affective commitment among employees.

Kasule and Neema (2015) reported that outdated staff development policies in Ugandan public institutions have greatly contributed to poor performance of academic staff especially in the areas of teaching, research and community service depicting low employee commitment. Some employees have departed from their jobs and found more lucrative opportunities elsewhere because of the absence of effective staff development practices.

A study by Mugizi et al., (2019) on determinants of staff development as a predictor to employee commitment, established that employees provided with opportunities for skills development, training and continuing education are more likely to feel invested in their own growth and development. This leads to intrinsic appreciation and commitment to the organization in response to their career advancement support. According to Worzana (2020), a staff development policy is a crucial component of human resource management and significantly influences the affective commitment of employees

within an organization. Health tutors who see their professional development as contributing to the overall objectives of the institution are likely to be affectively committed.

A study by Hassan et al., (2022) to investigate the impact of staff development policies on commitment of university beneficiaries in Uganda, indicated that financial training support and promotion with compensation were significantly associated with the commitment of university beneficiaries. Specifically, financial training support was found to have a positive and significant effect on organizational commitment, while compensation with promotion had a significant but negative impact on organizational commitment. This implies that although compensation with promotion motivates employees to undergo training, it tends to adversely affect commitment, leading staff to seek better opportunities elsewhere after completing their training. A conclusion was drawn that for universities to effectively foster organisational commitment and performance, securing funds to sustain staff development programs is crucial in ensuring the wellbeing of the beneficiaries without imposing undue stress.

Research by Hppy (2023) has also shown a strong link between employee development and retention rates an indicator of employee commitment. Findings revealed that 70% of employees would consider leaving their current job to work for a company that prioritises employee development. By providing employees with development opportunities therefore, organisations can increase motivation, job satisfaction, performance, productivity, loyalty, and commitment among their workers.

Literature examining the relationship between staff development policy and affective commitment provides valuable insights into the mechanisms through which organizational investment in employee development can influence employee affective commitment. There is need to explore how specific staff development initiatives or programs implemented impact employee affective commitment.

2.2.3 Promotion policy and affective commitment

A promotion policy sets guidelines to determine how management recommends, implements, and approves employee promotions. Promotion refers to elevating an employee to the next organizational level, job grade, or designation usually associated with more job responsibilities, privileges and improved pay. Effective promotion policies are characterised by a policy statement, performance assessment, promotion routes, employee training, maintenance of service records and communication (Washington, 2022).

Upward or vertical promotions are characterized by an ascent in rank, more responsibilities and increased financial benefits, while horizontal promotions maintain the same rank but with added responsibilities and no guaranteed financial gains. Dry promotion occurs when an employee is assigned to a higher-level job without an increase in pay or any changes in the job profile. Employees who receive dry promotions are usually discontented with their jobs and may choose to leave the organisation, reduce their commitment or become opposition agents. Promotions are an indication that employees are potentially able to handle more responsibilities and thus rewards which are not proportionate to their efforts can negatively impact their affective commitment (Muyigwa et al., 2020).

According to Garba and Abdullahi (2019), implementation of a promotion policy is necessary to keep employees efficient, dedicated and committed in discharging their duties. In order to ensure ongoing efficiency and effectiveness, institutions must avail employees with opportunities for advancement in their careers. They also assert that for any human resource management system to work and remain efficient and effective, ample opportunities should be provided for employees to rise higher and higher. A fair, transparent and consistent promotion policy focusing on growth opportunities, employee involvement, training, recognition, diversity and inclusion positively impacts employee affective commitment.

According to Muyigwa and Kiyingi (2022), promotion policies offer opportunities for employees to progress in their careers based on their skills, performance, and potential. Educational background,

qualifications, experience and proficiency should be considered when lining up employees for promotion. This ought to be defended and communicated to deter employees from politically influencing managers for job promotions. Health tutors therefore should be aware of the promotion policies with rewards that are valuable and proportionate to their efforts to enhance affective commitment.

In Malaysia, a study conducted by Wan et al., (2012) among managerial staff indicated that procedural justice in promotion policies affect employee commitment. Perceived procedural injustice in promotion decisions have a negative impact on employee affective commitment, job performance, career satisfaction and intent to stay especially among young managers. Many employees would also consider leaving their organisations if they did not have equal promotion opportunities compared to other organisations.

In Kenya, correlation results from a study by Gathungu et al., (2015) to assess the effect of promotion on employee commitment in the banking sector revealed that promotion had a weak relationship with employee commitment. The study recommended that there was need to improve the promotion criteria and benefits received on promotion as it was evident that the existing promotion practices in the organisations were not merit based and tended to be subjective.

In Nigeria a study by Ogini (2020) to investigate the correlation between job promotion and employee commitment in public hospitals discovered a positive and significant connection between job promotion and employee commitment. The research emphasized that job promotion has a notable impact on affective commitment, suggesting that institutions should prioritise promoting individuals with the requisite qualifications and experience to enhance their affective commitment.

Job promotion is regarded as a form of reward and an incentive to encourage improved work performance and adherence to approved organizational behaviours. The anticipation of job promotion tends to heighten commitment levels, as many people seek acknowledgment and recognition for their efforts (Richard & Johnson, 2021). Promotion therefore serves as a strategic approach for employee

development and is recognized as a reward for exemplary performance, acknowledgement and appreciation of employee capabilities (Samuel & Chipunza, 2019). It holds considerable value in employee retention, functioning as a transparent succession plan that motivates individuals to sustain high performance and long-term commitment to the organization. This, in turn, fosters a sense of security among existing employees.

When employees are promoted, they experience an improvement in their status which gives them power and job satisfaction. Employees want promotion for various reasons such as fully utilizing their expertise, increase in pay and status. However, the criteria for considering promotion of individuals should be based on merit, seniority and potential (Ligare et al., 2020). When promotion policies are not transparent or perceived as biased, feelings of unfairness and disillusionment among employees occur. This lack of transparency can erode trust in the organization and diminish affective commitment as employees feel undervalued and overlooked (Gathungu et al., 2015).

A review of existing literature on promotion policy and affective commitment revealed that promotion policies can generally impact affective commitment positively or negatively. There is therefore need to consider employee promotion and associated incentives which should be perceived as valuable to sustain affective commitment.

2.2.4 Summary of the literature reviewed and emerging research gaps.

Literature reviewed in the preceding sections boldly indicated that human resource policies have a significant influence on affective commitment of employees in an organization. Compensation, staff development and promotion policies, if well designed and instituted, have the potential to energize employees to exhibit a great sense of affective commitment. However, the findings were based on studies in other settings comprising majorly public institutions and universities, thus presenting a contextual gap. This study narrowed its focus on private NMTIs usually with unique organisational culture contexts.

Furthermore, many of the studies reviewed investigated commitment as a general concept obscuring the relationship between human resource policies and each specific form of commitment, thus presenting a

conceptual gap. This study emphasized the distinctive association between human resource policies and affective commitment among health tutors within private NMTIs. The study further established how tutors are affectively committed to their institutions, supervisors, students, coworkers, tasks and careers.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the research approach and design, study population, sample size determination and selection, sampling techniques, data collection methods, research instruments, research procedure, data quality control measures, data analysis, ethical considerations, and study limitations.

3.1 Research approach and design

The study adopted a mixed methods approach with primary emphasis on quantitative methods, complemented by qualitative methods. An embedded research design was used where qualitative data played a secondary and supportive role (Mugenda and Mugenda, 2019). The qualitative component was embedded within the study to provide contextual depth and explanation of key quantitative findings. This enabled the researcher to quantify the findings, test hypotheses and gain in-depth comprehension of the study variables, to strengthen the quantitative findings.

3.2 Study population

The target population comprised 218 health tutors from 8 private NMTIs in Kampala city as shown in Table 3.1 below. The study also involved eight heads of the training institutions as key informants.

Table 3.1: Showing the number of health tutors in private NMTIs in Kampala City

S/No.	Name of Training Institution	No. of tutors	Sample size
1	Mengo School of Nursing and Midwifery	22	19
2	Lubaga School of Nursing and Midwifery	27	23
3	Nsambya School of Nursing and Midwifery	42	38
4	Kibuli School of Nursing and Midwifery	47	43
5	Kampala University School of Nursing and Midwifery	27	23
6	Indian Institute of Health and Allied Sciences	30	28
7	Kampala School of Health Sciences	09	09
8	Aga Khan University School of Nursing	14	14
	TOTAL	218	197

Source: Ministry of Education and Sports, Health Education and Training Department (2023).

3.3 Sample size and selection

The sample size comprised 197 health tutors as shown in Table 3.1 and eight heads of private NMTIs in Kampala City. The sample size of the health tutors was determined using the Table for Small Sample Technique (TSST) developed by Krejcie & Morgan (1970) (Appendix C) to select the number of tutors in each institution which were added to get a total of 197. The study targeted health tutors in the eight private NMTIs in Kampala because they are affected by human resource policies and their insights could help in understanding how these policies influence their affective commitment. The eight heads of the private NMTIs were purposively selected as key informants of the study because of their expected role in formulation and implementation of human resource policies in their institutions. Their input was essential to gaining deeper insights into the strategic decisions behind these policies. The institutions are representative of other private institutions which usually have unique policies that could influence affective commitment compared to public institutions.

3.4 Sampling techniques

Simple random sampling technique was adopted to select the health tutors who participated in the study. Every tutor had equal chances of being selected without bias. Pieces of paper labeled from number one to the number of tutors in each training institution were prepared, mixed, and put in a container. Each tutor was requested to pick a piece of paper, and those with numbers from one up to the number of the sample size for each institution, as indicated in table 3.1 were selected. The heads of the private NMTIs were purposively selected as key informants given their responsibilities and the positions they hold in the institutions.

3.5 Data collection methods

A questionnaire survey method was employed to collect primary data from the health tutors because it permits anonymity thus generating honest results, which can be generalized. Additionally, interviews were administered to the heads of the eight private NMTIs.

3.6 Data collection instruments

A Self-Administered Questionnaire (SAQ) with close ended questions related to the study objectives and hypotheses, was used to collect data from the health tutors. Section A of the questionnaire consisted of the respondents' demographic information, section B covered questions on affective commitment of health tutors (institutional, supervisor, student, task, coworker and career affectiveness) while Section C comprised questions on human resource policies namely, compensation, staff development and promotion policies. An interview guide with open ended questions was used to obtain information from heads of the private NMTIs, responses to the questions were documented and voices recorded.

3.7 Research procedure

An introduction letter was obtained from the Directorate of Research and Graduate Training, Kyambogo University, granting the researcher permission to collect data upon approval of the research proposal. The letter was then presented to the eight NMTIs from which data was collected.

3.8 Data quality control

To ensure quality and credibility of the data, the researcher tested the validity and reliability of the data collection instruments.

3.8.1 Validity of data collection instruments.

Three experts were requested to review the questions in the interview guide to ensure that they covered the relevant aspects of the study topic. Ambiguous questions were either omitted or refined. To ascertain the validity of the questionnaire, the three experts were also requested to ensure clarity and relevance of the questions. Each of the three experts provided a judgement using a two-point rating scale where one (1) is for relevant items and two (2) for irrelevant items. Each reviewer provided their judgement on the items in the questionnaire and some of the items rated irrelevant were eliminated and others rephrased or replaced with relevant ones. Content Validity Index (CVI) was computed following the formula; $CVI = n/N$, where n = number of items rated relevant in the instrument, N = total number of items in the instrument. The results of each expert were recorded in table 3.2.

Table 3.2: Validity results for the inter-rater experts

Questionnaire Items	Expert 1	Expert 2	Expert 3	Mean
Relevant items	76	74	73	74.33
Irrelevant items	10	12	13	12
Total	86	86	86	86
CVI	0.88	0.86	0.84	0.86

Source: Primary data (2024)

The overall average CVI (Mean=0.86) of the three experts was obtained by summing each expert's marks and dividing the total by 3. Given that the minimum acceptable limit for CVI is 0.7 according to Amin (2005), the instrument was accepted to be valid.

3.8.2 Reliability of the data collection instruments.

The interview guide was pretested on four principals of private NMTIs outside Kampala. Repeat interviews were done after three weeks to ascertain if their responses were consistent, and the questions were revised based on their feedback. The questionnaires were pretested on 30 tutors through a pilot study in private NMTIs outside Kampala after obtaining their consent. Internal consistency of the instrument was measured by Cronbach's Alpha used as the reliability coefficient to show how well items in the instrument were positively correlated to each other. Cronbach's Alpha Coefficient was computed using the Statistical Package for Social Sciences (SPSS). The closer the alpha value is to 1, the higher the internal consistency of the data collection instrument. The Alpha value of 0.7 was adopted to determine reliability of the instrument, as observed by Amin (2005) that alpha values greater than 0.5 presuppose that the research instrument is reliable and capable of producing consistent results. The reliability coefficients were recorded in table 3.3 .

Table 3.3: Cronbach's Alpha Coefficients for reliability of constructs

Construct	Number of items	Cronbach's Alpha Coefficient
Affective commitment	51	0.811
Compensation policy	9	0.789
Staff development policy	10	0.842
Promotional policy	7	0.808

Source: Primary data (2024)

From the above table, the Cronbach's alpha coefficients for the constructs used in the measurement of variables ranged from 0.789 to 0.842. These values exceed the standard recommended threshold of 0.7 an indication that the constructs used in the measurement were considered reliable and fit for analysis.

3.9 Data analysis

After collecting data from the respondents, the researcher processed the data by cleaning and editing it for completeness and accuracy. Descriptive and inferential data analysis was done with the aid of the Statistical Package for Social Sciences (SPSS). Descriptive data included percentages, frequencies, means and standard deviations. These were computed and summarized to give a general overview of the respondents' characteristics and responses regarding the independent and dependent variables. Bivariate data analysis was conducted using the Pearson Correlation Coefficient to determine the linear relationship between the independent variables (compensation policy, staff development policy and promotion policy) and the dependent variable (health tutors' affective commitment). Additionally, multivariate data analysis involved simple regression analysis to predict the influence of each specific policy on the affective commitment of health tutors.

For the qualitative aspect of the study, responses from the heads of the institutions were analyzed narratively. The narrative analysis facilitated a deeper understanding of how human resource policies are perceived and their impact on affective commitment. The analysis also complemented and enhanced the understanding of the quantitative findings to make meaningful conclusions from the study.

3.10 Ethical considerations

All research ethics was adhered to throughout the study by ensuring informed consent, anonymity, confidentiality, respect for privacy of the respondents, honest and authentic reporting of information.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents an analysis and interpretation of the findings of the study in line with the study objectives. The study investigated the influence of human resource policies on affective commitment of health tutors in private NMTIs in Kampala City, Uganda. As an Independent variable (IV), human resource policies investigated were compensation, staff development and promotion policies. As a Dependent Variable (DV), health tutors' affective commitment was studied in the form of their affectiveness to the institutions, supervisors, students, tasks, coworkers and career. Data was collected from the health tutors using a Self-Administered Questionnaire while an interview guide was used to collect data from the heads of the institutions.

4.1 Analysis of the study response rate

A total of 197 questionnaires were distributed to the health tutors and 192 were filled and returned, while the 8 planned interviews were all conducted. The table below shows the study response rate.

Table 4.1: Study response rate

Category of research instrument	Number
Distributed questionnaires	197
Returned questionnaires	192
<i>Response rate (%)</i>	<i>95.5</i>
Planned interviews	08
Conducted interviews	08
<i>Response rate (%)</i>	<i>100</i>

Source: Researcher (2024)

Table 4.1 above shows that out of the 197 questionnaires distributed to the health tutors, 192 were filled and returned giving a response rate of 95.5%. This response rate was considered satisfactory in view of an assertion by Mugenda and Mugenda (2019) that a response rate of 60% is adequate for analysis and reporting, while a response of 70% and above is rather high. All the eight planned interviews were conducted giving a response rate of 100%.

4.2 Demographic characteristics of the respondents

Table 4.2: Demographic characteristics of the respondents

variable		Frequency (n = 192)	Percent
Gender			
	Male	45	23.4
	Female	147	76.6
Age			
	21-30 years	32	16.7
	31-40 years	66	34.4
	41-50 years	57	29.7
	51-60 years	27	14.0
	Above 60 years	10	5.2
Marital Status			
	Single	48	25.0
	Married	136	70.8
	Widowed	8	4.2
Education level			
	Diploma	81	42.2
	Bachelor's degree	83	43.2
	Master's degree	25	13.0
	PhD	3	1.6
Type of Institution			
	Private-Faith Based	62	32.3
	Private-Nonfaith Based	130	67.7
Terms of Employment			
	Permanent	87	45.3
	Temporary	12	6.3
	Contract	93	48.4
Working Experience			
	Less than 5 years	35	18.2
	6-10 years	61	31.8
	11- 15 years	45	23.4
	Above 15 years	51	26.6
Number of Training Institutions worked in			
	One	82	42.7
	Two	63	32.8
	Three	32	16.7
	Over 4	15	7.8
Reasons why one would Change Workplace			
	Poor pay	67	34.9
	Away for further training	55	28.6
	Lack of training opportunities	10	5.2
	Lack of promotional opportunities	19	9.9
	Poor working conditions	41	21.4

Source: Primary Data (2024)

Table 4.2 shows that majority (76.6%) of the respondents were females while 23.4% were males. This follows a trend where Nursing and Midwifery have been historically female dominated professions. The age distribution shows that most of the respondents (34.4%) were under the 31-40 years' bracket, followed by those in the 41-50 years' bracket (29.7%), those in the age range of 21-30 years were 16.7%, while 14.0% fell under the 51-60 age bracket and only 5.2% were above 60 years. Regarding marital status, the biggest number of respondents (70.8%) were married while 25.0% were single and 4.2% were widowed. All the respondents were mature enough and majority responsible family men and women that critically think about their commitment to work.

In terms of educational level, 43.2% held bachelor's degrees, 42.2% had diplomas, 13.0% possessed master's degrees, and only 1.6% held PhDs. All the respondents had the qualifications required for teaching in a Nursing and Midwifery Training Institution were therefore considered to be conversant with some of the human policies. Majority of the respondents (67.7%) were employed in the Private-nonfaith based institutions while 32.3% were working in the private-faith based institutions. Regarding terms of employment, most of the respondents (48.4%) were on contractual terms, 45.3% on permanent terms and only 6.3% on permanent terms.

Regarding work experience, 31.8% had 6-10 years, 26.6% had over 15 years, 23.4% had 11-15 years, and the smallest proportion, 18.2%, had less than 5 years working experience. Majority of the respondents (42.7%) had worked in one training institution, 32.8% had worked in two institutions (32.8%), while 16.7% had worked in three institutions and 7.8% had worked in more than 4 institutions. Many of the respondents thus had substantial working experience in Nursing and Midwifery Training Institutions and could assess their commitment to the institutions over time. Respondents gave reasons to why one would change workplaces as follows; majority (34.9%) suggested poor pay as one the main reasons for changing workplaces, this was followed by being away for further training (28.6%), Poor working conditions was suggested by 21.4%, while lack of promotional and training opportunities were suggested by 9.9% and 5.2% of the respondents respectively giving a hint to factors responsible for their commitment.

4.3 Health tutors' affective commitment

The study dependent variable, Health Tutors' Affective Commitment was studied in terms of Institutional Affectiveness, Supervisor Affectiveness, Student Affectiveness, Task Affectiveness, Coworker Affectiveness and Career Affectiveness. The respondents were asked to do a self-assessment on their affectiveness towards each of the constructs using a number of statements which were based on a 5-point Likert scale that ranged a minimum of 1 for worst case scenario of Strongly Disagree (SD) to a maximum of 5 for the best-case scenario of Strongly Agree (SA). For interpretation purposes, the agreed and strongly agreed (4 and 5) scores are combined to represent agreed, while disagreed and strongly disagreed (1 and 2) were combined to represent disagreed, while the neutral (3) score represented being unsure or undecided as respondents neither agreed nor disagreed.

4.3.1 Institutional affectiveness

The researcher asked the respondents to do a self-assessment on their affectiveness towards their institutions using nine statements which were based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.3.

Table 4.3: Descriptive statistics on institutional affectiveness

Items	Mean	Std. Dev	Remarks
I feel proud to be part of this institution	4.29	0.861	Agree
I enjoy working for the institution	4.16	0.943	Agree
The values and goals of the institution align very well with my own	3.98	0.906	Agree
I am emotionally connected to the institution	3.77	1.003	Agree
The problems of the institution are like my own	3.28	1.261	Neutral
I am willing to put more effort beyond what is expected to help the institution	4.10	0.846	Agree
I do not mind participating in the institution's activities even when the pay is minimal.	3.81	1.016	Agree
I would wish to work in the institution until retirement	3.43	1.313	Neutral
I participate in decision making of the institution	3.20	1.241	Neutral
Overall mean	3.78	1.043	Agree

Source: Primary data (2024)

Table 4.3 above indicate that most of the health tutors in private Nursing and Midwifery training institutions agreed that they feel proud to be part of their institutions (mean = 4.29, SD = 0.861), the tutors also agreed that they enjoy working for their institutions (mean = 4.16, SD = 0.943) and the values and goals of the institutions align very well with their own (mean = 3.98, SD = 0.906), health tutors also agreed that they are emotionally connected to the institution (mean = 3.77, SD = 1.003). The respondents were neutral regarding whether they perceive the institution's problems as their own (mean = 3.28, SD = 1.261), meaning they neither agreed or disagreed or were undecided. The higher standard deviation suggests variability in respondents' levels of personal investment in the institution's problems.

The results revealed that health tutors were willing to put more effort beyond what is expected to help the institutions (mean = 4.10, SD = 0.846) and agreed that they do not mind participating in the institution's activities even when the pay is minimal (mean = 3.81, SD = 1.016). The relatively high standard deviation, however, indicates divergent views about the minimal payment meaning that some tutors may be unwilling to participate in the institution's activities if the pay is minimal. The health tutors were, however, neutral or undecided on their desire to work in the institution until retirement (mean = 3.43, SD = 1.313) with a considerable variation in their intentions to stay with the institutions. Similarly, the tutors were neutral regarding their involvement in the institutions' decision-making processes (mean = 3.20, SD = 1.241) with variability in the extent of participation in decision making.

Based on the overall score (mean = 3.78, SD = 1.043), health tutors generally exhibited a good level of institutional affective commitment with a slight variation in perceptions among them. In relation to this, three of the respondents interviewed had this to say;

“Most times, new tutors show commitment to the institutions when they have just been employed but with time, they pull out due to several reasons such as finances and lack of contracts”

“Most tutors in private institutions are ever on the move looking for greener pastures and rarely stay in the institutions for the 5 days in a week. Using a scale of 1-5, I would rate the health tutors affective commitment in private NMIs at 3”,

“For the private for-profit institutions or the non-faith-based institutions I would score the affectiveness of their tutors to the institution 2 and 3 for the faith-based institutions because the non-faith-based institutions have more management associated challenges than the faith-based institutions. These challenges in both institutions affect the commitment of their tutors. The situation is slightly better in faith-based institutions because they have clearer policies and guidelines, and it is usually not one person who has a say during decision making”

4.3.2 Supervisor affectiveness

The respondents were asked to do a self-assessment on their affectiveness towards their supervisors using eight statements which were based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.4 below.

Table 4.4: Descriptive statistics on supervisor affectiveness

Items	Mean	Std. Dev	Remarks
I like the values conveyed by my immediate supervisor	4.08	0.956	Agree
I respect and admire my immediate supervisor.	4.17	0.838	Agree
I am emotionally attached to my supervisor.	3.58	0.965	Agree
I am comfortable sharing personal concerns with my supervisor	3.48	2.456	Agree
My supervisor recognizes and appreciates my efforts.	3.78	0.933	Agree
My job satisfaction and overall happiness is due to the relationship with my supervisor.	3.53	1.014	Agree
I am committed to helping my supervisor achieve professional goals.	4.0	0.839	Agree
My supervisor has contributed to my personal and professional growth.	3.83	0.959	Agree
Overall mean	3.81	1.12	Agree

Source: Primary data (2024)

Table 4.4 shows that health tutors like the values conveyed by their immediate supervisors (mean = 4.08, SD = 0.956), they respect and admire them (mean = 4.17, SD = 0.838) and are emotionally attached to them (mean = 3.58, SD = 0.965). On average, health tutors agreed that they are comfortable sharing personal concerns with their supervisors (mean = 3.48, SD = 2.456) however the relatively high

standard deviation indicates a wide range of responses from the mean suggesting that some tutors feel very comfortable while others feel less comfortable sharing personal concerns with their supervisors.

Health tutors agreed that their supervisors recognize and appreciate their efforts (mean = 3.78, SD = 0.933). Health tutors also agreed that their job satisfaction and overall happiness is due to the relationship with their supervisors (mean = 3.53, SD = 1.014) with a slight variability among them. Health tutors agreed that they were committed to helping their supervisors achieve professional goals (mean = 4.03 and SD = 0.839) and that their supervisors contributed to their personal and professional growth (mean = 3.83, SD = 0.959).

Based on the overall score (mean = 3.81, SD = 1.12), health tutors generally exhibited a good level of supervisor affective commitment with a slight variation in perceptions among them. An example of those who are not affectively committed to their supervisors was expressed by two of the respondents interviewed whose responses were as follows;

“Some proprietors want to micromanage in all the affairs of the institution and so you as a head of the institution you feel you are not a leader in there affecting your relationship with your supervisors. You feel you are just there to earning money but cannot invest your energies in there.”

“If the tutors follow the instructions of the supervisors, then the relationship between them will be good but if they do not follow instructions then problems come. Generally, the relationship is mainly instructional”

4.3.3 Student affectiveness

The respondents were asked to do a self-assessment on their affectiveness towards their students using nine statements which were based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.5.

Table 4.5: Descriptive statistics on student affectiveness

Items	Mean	Std. Dev.	Remarks
I feel emotionally connected to my students.	4.09	0.919	Agree
I really care about the satisfaction of students in my institution	4.58	3.982	Agree
Delivering quality education and training to the students in the institution is a major source of satisfaction to me	4.38	0.813	Agree
Students' achievements are considered a reflection of my success	4.28	0.806	Agree
I find myself going above and beyond what is required due to commitment to my students	4.13	0.890	Agree
I guide and counsel students whenever necessary.	4.34	0.727	Agree
My students trust me to support them in their academic and personal challenges	4.52	2.980	Agree
I believe I have strong influence on students' academic success, personal growth and development	4.30	0.794	Agree
I would like to continue mentoring and guiding my students even after they graduate	4.30	0.829	Agree
Overall mean	4.32	1.416	Agree

Source: Primary data (2024)

Table 4.5 above shows that health tutors agreed to feeling emotionally connected to their students (mean = 4.09, SD = 0.919). The tutors also agreed that they care about the satisfaction of their students (mean = 4.58, SD = 3.982). The high standard deviation, however, suggests variability in how strongly they prioritize student satisfaction, potentially reflecting diverse teaching views or individual priorities. Health tutors derive satisfaction from delivering quality education and training (mean = 4.38, SD = 0.813), highlighting the importance attached to providing satisfactory learning experiences to their students. The tutors perceive students' achievements as a reflection of their own success (mean = 4.28, SD=0.806) suggesting that they take pride in their students' accomplishments and see them as indicators of their effectiveness.

Health tutors agreed to going above and beyond what is required for their students (mean = 4.13, SD = 0.890), an indicator of willingness to invest extra time and effort to support their students' learning and growth. The tutors demonstrated a high level of agreement in guiding and counseling students (mean = 4.34, SD= 0.727) suggesting the importance of providing academic and personal support. Health tutors are trusted by their students to support them in their academic and personal challenges (mean = 4.52, SD

= 2.980), however, the high SD suggests inconsistency in the perceived level of trust and support, possibly influenced by individual interactions and teaching styles. Health tutors believe they have a strong influence on students' academic success, personal growth and development (mean = 4.30, SD = 0.794) indicating their confidence in positively impacting their students' lives and similarly agreed that they would like to continue mentoring and guiding students even after graduation (mean = 4.30, SD = 0.829).

Based on the overall score (mean = 4.32, SD = 1.416), health tutors generally exhibited a good level of student affective commitment. However, the relatively high standard deviation indicates a variation in their perceptions; that while many tutors felt strongly committed, there were others who felt less so. This was illustrated by two of the respondents in an interview who asserted that;

“Some tutors are good and are really committed to their students probably because they have other sources of income and can tolerate the small and delayed payment. However, those who depend on the institution’s payment become frustrated and start dodging students. The students do their own work as the tutors have to make ends meet because of the delayed payments.

“I have observed that in some institutions, the relationship between tutors and students is that of fear whereby instead of respect it has turned out to be fear where tutors are just dictating and instilling fear among students. Tutors should be approachable and welcoming to the students so as to help them.”

4.3.4 Task affectiveness

The researcher asked the respondents to do a self-assessment on their affectiveness towards their tasks using eight statements which were based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.6.

Table 4.6: Descriptive statistics on task affectiveness

Items	Mean	Std. Dev.	Remarks
I like the tasks I perform in my current position	4.30	0.776	Agree
Most of the tasks I perform in my current position are stimulating	4.10	0.818	Agree
I feel motivated to perform tasks that align with my personal interests and passions	4.06	0.874	Agree
The tasks assigned to me- are meaningful and contribute to the overall goals of the institution.	4.19	0.876	Agree
I appreciate the autonomy I have in executing the tasks assigned to me	4.02	0.897	Agree
I feel happy and more committed when I am recognized and appreciated for completing my tasks	4.40	0.825	Agree
The variety of tasks in my role contribute to my overall job satisfaction	4.10	0.862	Agree
Creativity and innovation are part and partial of my duties and responsibilities	4.16	0.777	Agree
Overall mean	4.17	0.838	Agree

Source: Primary data (2024)

Table 4.6 results indicate that health tutors liked the tasks they performed (mean = 4.30, SD = 0.776), and that the tasks were stimulating (mean = 4.10, SD = 0.818), suggesting that the tasks are engaging, mentally challenging and contribute to job satisfaction. The tutors felt motivated performing tasks aligned with their personal interests and passions (mean = 4.06, SD = 0.874) and agreed that their tasks were meaningful and contributed to the overall goals of the institutions (mean = 4.19, SD = 0.876). The tutors appreciated the autonomy in executing their tasks (mean = 4.02, SD = 0.897), they agreed to feeling happy and more committed when recognized and appreciated for completing tasks (mean = 4.40, SD = 0.825) and that the variety of tasks in their roles contributed to their overall job satisfaction (mean = 4.10, SD = 0.862). The tutors also agreed that Creativity and innovation are part and partial of their duties and responsibilities (mean = 4.16, SD = 0.777).

Based on the overall score (mean = 4.17, SD = 0.838), health tutors generally exhibited a good level of task affective commitment, finding their tasks stimulating, meaningful and aligned with personal interests while contributing to the institutions' overall goals.

4.3.5 Coworker affectiveness

The researcher asked the respondents to do a self-assessment on their affectiveness towards their coworkers using seven statements which were based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.7 below;

Table 4.7: Descriptive statistics on coworker affectiveness

Items	Mean	Std. Dev.	Remarks
I am happy to work with my co-workers	4.33	0.780	Agree
I share the values conveyed by my co-workers	4.11	0.799	Agree
I am emotionally tied to my co-workers	3.63	0.950	Agree
Team celebrations are important to me in fostering team spirit and achievement	4.18	0.795	Agree
I trust my co-workers to support my professional development	3.98	0.775	Agree
I openly communicate with my co-workers about work related matters	4.13	0.818	Agree
We appreciate and recognize each other for any contributions to the institution	4.11	0.857	Agree
Overall mean	4.07	0.825	Agree

Source: Primary data (2024)

Table 4.7 shows that health tutors were happy to work with their co-workers (mean = 4.33, SD = 0.780) and shared the values conveyed by them (mean = 4.11, SD = 0.799). It was also established that health tutors are emotionally tied to their co-workers (mean = 3.63, SD = 0.950), however the relatively high standard deviation suggests that while there is a positive relationship with colleagues, the emotional connection might not be as strong as other aspects of co-worker affectiveness. The tutors agreed that team celebrations are important in fostering team spirit and achievement (mean = 4.18, SD = 0.795). They also agreed that they trust co-workers to support their professional development (mean = 3.98, SD = 0.775), they openly communicate with their co-workers about work related matters (mean = 4.13 SD = 0.818), appreciate and recognize each other for any contributions to the institution (mean = 4.11, SD = 0.875).

Based on the overall score (mean = 4.07, SD = 0.825), health tutors generally exhibited a good level of affective commitment towards their coworkers with variations in responses indicated by moderately high standard deviations. This was also revealed by one of the respondents interviewed who asserted that;

“Some of the supervisors and proprietors of private institutions use divide and rule style of leadership to cause conflicts among tutors so that they are not united, they use tutors to spy every step some tutors undertake thus causing conflicts and competition among tutors, but generally tutors see themselves as colleagues and work as team.”

4.3.6 Career affectiveness

The researcher asked the respondents to do a self-assessment on their affectiveness towards their career using ten statements, based on a 5-point Likert scale. The researcher then computed the level of agreement on each statement using the item means and standard deviations. The descriptive statistics are presented in Table 4.8 below;

Table 4.8: Descriptive statistics on career affectiveness

Items	Mean	Std. Dev.	Remarks
I feel it is important to plan one’s career	4.41	0.821	Agree
I would like to hold increasingly important positions throughout my career	4.29	0.802	Agree
I am proud to say that I am a clinical instructor/mentor/ tutor	4.48	0.813	Agree
I am happy to practice my profession until retirement	4.38	0.841	Agree
I like my profession too much to think about changing	4.28	0.802	Agree
My career aligns well with my personal interests and values	4.28	0.787	Agree
I am committed to achieving my long-term career goals	4.39	0.799	Agree
I am committed to continuous learning and professional development.	4.34	0.835	Agree
I am able to balance and integrate my career with other aspects of my life	4.17	0.821	Agree
I view challenges in my career as opportunities for growth and learning	4.29	0.792	Agree
Overall mean	4.33	0.811	Agree

Source: Primary data (2024)

From table 4.8 above, health tutors agreed that it is important to plan one’s career (mean = 4.41, SD = 0.821) and would like to hold increasingly important positions throughout their career (mean value of 4.2, SD = 0.802). The respondents expressed pride in their roles as clinical instructors, mentors, and tutors (mean = 4.48, SD = 0.813) and were also happy to practice their profession until retirement (mean

= 4.38, SD = 0.841) suggesting a strong sense of commitment to their long-term career goals, continuous learning, and professional development. The respondents agreed that they like their profession too much to think about changing (mean = 4.28, SD = 0.802) and their career aligns well with their personal interests and values (mean=4.28, SD = 0.787), they also agreed to being committed to achieving their long-term career goals (mean = 4.39, SD = 0.799), continuous learning and professional development (mean = 4.34, SD = 0.835. Similarly, the health tutors agreed that they were able to balance and integrate their career with other aspects of life (mean = 4.17, SD = 0.821) and viewed challenges in their career as opportunities for growth and learning (mean = 4.29, SD = 0.792).Based on the overall score (mean = 4.33, SD = 0.811), health tutors generally exhibited a good level of affective commitment towards their career manifested by a strong sense of pride and dedication to their profession and its advancement.

Table 4.9: Summary of descriptive statistics on Health tutors’ affective commitment

Variable	Mean	Standard Deviation
Institutional Affectiveness	3.78	0.782
Supervisor Affectiveness	3.81	0.568
Student Affectiveness	4.32	0.376
Task Affectiveness	4.17	0.838
Coworker Affectiveness	4.07	0.825
Career Affectiveness	4.33	0.811
Overall score	4.09	0.7

Source: Primary data (2024)

Table 4.9 above shows a summary of health tutors’ affective commitment. Based on the overall score (mean = 4.09, SD = 0.7), health tutors generally exhibited a high level of affective commitment to their institutions, supervisors, students, tasks, coworkers and career.

4.4 Human resource policies

Human resource policies as the independent variable of the study focused on three policies namely; compensation policy, staff development policy and promotion policy in the private NMTIs in Kampala

City. Each policy was examined using several statements which were based on a 5-point Likert scale that ranged from a minimum of 1 for worst case scenario of Strongly Disagree (SD) to a maximum of 5 for the best-case scenario of Strongly Agree (SA). For interpretation purposes, the agreed and strongly agreed (4 and 5) scores are combined to represent agreed, the disagreed and strongly disagreed (1 and 2) scores were combined to represent disagreed, while the neutral (3) score represented being unsure/undecided /neither agreed nor disagreed. Each policy was descriptively analysed independently as follows;

Table 4.10: Descriptive statistics on compensation policy

Items	Mean	Std. Dev.	Remarks
Compensation policy is openly communicated to all the employees.	2.92	0.952	Neutral
Compensation policy acknowledges one's skills, effort, responsibility, and commitment.	2.75	0.943	Neutral
Staff salaries correspond to the level of qualification.	2.56	0.805	Neutral
Compensation policy is favourably comparable to that of competitors in the market or similar institutions.	2.72	1.026	Neutral
Compensation policy comprises cash rewards, and other non-monetary benefits and incentives.	2.94	0.943	Neutral
I am contented with the justice in administration of the compensation policy.	2.78	1.043	Neutral
Monetary rewards are frequently reviewed to address individual, organization and market changes.	2.94	0.943	Neutral
I'm satisfied with the benefits offered by the institution.	2.88	0.982	Neutral
I am fairly compensated for the work I do.	2.98	0.865	Neutral
Overall mean	2.82	0.983	Neutral

Source: Primary data (2024)

Results in Table 4.10 above indicate that health tutors were neutral about the compensation policy being openly communicated to all the employees (mean = 2.92, SD = 0.952), the high standard deviation suggests some differences in opinions. The tutors were also neutral about the compensation policy acknowledging one's skills, effort, responsibility, and commitment (mean = 2.75, SD = 0.943). Health tutors were very neutral on staff salaries corresponding to the level of qualifications (mean = 2.56, SD = 0.805) with variability in opinions. The tutors were neutral on the compensation policy being favourably comparable to that of competitors in the market or similar institutions (mean = 2.72, SD =

1.026) as well as the compensation policy comprising of cash rewards, and other non-monetary benefits and incentives (mean = 2.94, SD = 0.943) with variability in opinions among them given the high standard deviation.

Regarding being contented with the justice in administration of the compensation policy, respondents were also neutral (mean score = 2.78, SD = 1.043). Respondents were neutral on monetary rewards being frequently reviewed to address individual, organization, and market changes (mean = 2.94, SD = 1.143) with a high standard deviation suggesting significant variability in responses and less consensus among respondents.

Respondents were also neutral on being contented with the justice in administration of the compensation policy (mean = 2.78, SD = 1.043) and about monetary rewards being frequently reviewed to address individual, organization and market changes (mean = 2.94, SD = 0.943). Similarly, respondents were neutral about being satisfied with the benefits offered by the institution (mean = 2.88, SD = 0.982) and being fairly compensated for the work they do (mean = 2.98, SD = 0.865) with differences in opinions.

Based on the overall score (mean = 2.82, SD = 0.983), health tutors had a generally neutral perception of the compensation policy with variable differences in perceptions on different aspects of compensation as illustrated from some of the responses by interviewees here below;

“There are no clear policies on compensation, some proprietors do not give contracts and what they promise is not given. They may be committed in the beginning and keep on promising without fulfilling. “There are no clear guidelines regarding salary scales, the policies are just there for regulatory bodies to come and see when asked to present them, but they are not in action.”

“Most tutors in private institutions are not paid well, they therefore teach for 2-3 days and go somewhere else. In some institutions tutors do extra work without compensation and no promotions after acquiring additional qualifications.”

Table 4.11: Descriptive statistics on staff development policy

Items	Mean	Std. Dev	Remarks
The staff development policy is openly communicated to all employees.	3.26	1.083	Neutral
Identification of training needs is done by both the employer and employee	3.32	0.098	Neutral
The institution encourages employees to pursue further studies to improve and develop new skills and knowledge	3.61	1.197	Agree
I know the staff development policy opportunities available in the institution.	3.24	1.197	Neutral
The staff development policy includes a variety of internal development programs such as induction, mentoring and coaching for staff	3.38	0.098	Neutral
The institution facilitates staff to attend seminars, workshops and conferences and short courses	3.70	3.178	Agree
Staff nomination for training is done on merit	3.29	1.079	Neutral
Staff continue to receive salaries while on study leave	3.30	1.328	Neutral
I have access to resources and support for my professional growth and development	3.65	1.087	Agree
The staff development policy aligns with my career goals and interests.	3.43	1.094	Neutral
Overall mean	3.418	1.094	Neutral

Source: Primary data (2024)

According to Table 4.11 above, respondents were neutral on the staff development policy being openly communicated to all employees (mean = 3.26, SD = 1.083), and training needs being done by both employer and employee (mean = 3.32, SD = 0.098) with variations in opinions from the average responses as seen from the moderately high standard deviations. Respondents, however, agreed that the institutions encouraged employees to pursue further studies to improve and develop new skills and knowledge (mean = 3.61, SD = 1.197). The respondents neither agreed or disagreed on knowing the staff development policy opportunities available in the institution (mean = 3.24, SD = 1.197) as well as the variety of internal development programs such as induction, mentoring and coaching for staff (mean = 3.38, SD = 0.098). They however agreed that the institutions facilitate staff to attend seminars, workshops and conferences and short courses (mean = 3.70, SD = 2.178) though the high standard deviation suggests that some respondents felt more positively or negatively about the facilitation of staff attending external learning opportunities compared to others. Respondents were neutral about staff

nomination for training being done on merit (mean = 3.29, SD = 1.079) and staff receiving salaries while on study leave (mean = 3.30, SD = 1.328), they agreed to having access to resources and support for their professional growth and development (mean = 3.65, SD = 1.087) Most respondents were neutral on the item that staff development policy aligns with their career goals and interests (mean = 3.43, SD = 1.094).

Based on the overall score (mean = 3.418, SD = 1.094), health tutors had a generally neutral perception of the staff development policy with variable differences in perceptions on different aspects of the policy. In relation to the above, two of the respondents who were interviewed reported that;

“Schools which have been in existence for some time have mended their policies as regards staff development by increasing on staff capacity development and availing soft loans.”

“When it comes to training, owners of the private institutions will only allow you to attend the simple workshops and trainings for example by UNMEB which do not involve a lot of money. However, for upgrading and longer studies the staff development policies are just in words, and once you leave you are replaced because there is no study leave, even bonding does not work, you leave at your own risk”.

Table 4.12: Descriptive statistics on promotion policy

Items	Mean	Std. Dev	Remarks
I am aware of the promotion policy in our institution because it is well-communicated to all employees	2.88	1.111	Neutral
The promotion policy in the organization is clear, fair and transparent	2.91	1.107	Neutral
The promotion policy provides opportunities for internal promotions.	3.07	0.991	Neutral
The promotion policy of our institution aligns well with the institutional goals and values	3.07	1.174	Neutral
The promotion policy in our institution has improved commitment of health tutors	3.16	1.214	Neutral
The promotion policy within our institution is consistently applied, primarily based on merit and not favouritism.	3.19	1.170	Neutral
The promotion policy recognizes employees' contributions, experience and academic qualifications.	3.21	1.123	Neutral
Overall mean	3.07	1.126	Neutral

Source: Primary data (2024)

The findings on promotion policy in table 4.11 above show that health tutors were not sure of how well the promotion policy was communicated to all employees (mean = 2.88, SD = 1.111). They were also neutral about the promotion policy being clear, fair, and transparent (mean = 2.91, SD = 1.107) as well as providing opportunities for internal promotions (mean = 3.07, SD = 0.991). The health tutors were generally neutral about the promotion policy being well aligned with institutional goals and values (mean = 3.07, SD = 1.174), improving commitment of health tutors (mean = 3.16, SD = 1.214), being consistently applied on merit (mean = 3.19, SD = 1.170) and recognizing employees' contributions, experience and academic qualifications (mean = 3.21, SD = 1.123) with variable diversion from the average responses.

Based on the overall score (mean = 3.07, SD = 1.126), the respondents generally had a neutral perception of the promotion policy with variable differences in perceptions on different aspects of the policy where they neither agreed nor disagreed. Variations in perceptions were expressed by some of the interviewees as follows;

“Promotion is given because of commitment despite having no qualifications for a specific position. Some promotions are given depending on technical know who while others are given promotion because they are good at mobilizing learners to the institution.”

“The promotion policy is almost not there because this comes with more remuneration, to add more money! Instead of promoting they would rather hire and fire.”

4.5. Correlation between human resource policies and affective commitment

To establish the existence of a relationship between each human resource policy and affective commitment of health tutors, analysis of the Pearson’s correlation coefficient index was done and the findings are indicated in Table 4.13 below;

Table 4.13: Correlation matrix of the study

Affective Commitment	Pearson Correlation	1			
	Sig. (2-tailed)				
Compensation Policy	Pearson Correlation	.378**	1		
	Sig. (2-tailed)	.000			
Staff Development Policy	Pearson Correlation	.416**	.646**	1	
	Sig. (2-tailed)	.000	.000		
Promotional Policy	Pearson Correlation	.373**	.600**	.654**	1
	Sig. (2-tailed)	.000	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).					

Table 4.13 shows that there is a significant relationship between compensation policy ($r = 0.378$, $p = 0.000 < 0.05$), staff development policy ($r = 0.416$, $p = 0.000 < 0.05$) and promotional policy ($r = 0.373$, $p = 0.000 < 0.05$) and health tutors’ affective commitment. According to the findings therefore, the alternative hypotheses (H1, H2 and H3) that were earlier postulated were accepted to the effect that;

H1: There is a significant relationship between compensation policy and health tutors’ affective commitment in private Nursing and Midwifery Training Institutions (H1).

H2: There is a significant relationship between staff development policy and health tutors’ affective commitment in private Nursing and Midwifery Training Institutions (H2).

H3: There is a significant relationship between promotion policy and health tutors' affective commitment in private Nursing and Midwifery Training Institutions (H3).

4.6 Normality and linearity tests on the study variables

Before conducting further statistical analysis, data on affective commitment, compensation, staff development and promotion policies was tested for normality and linearity as shown in the figures below;

Figure 4.1: Normality and linearity test on affective commitment

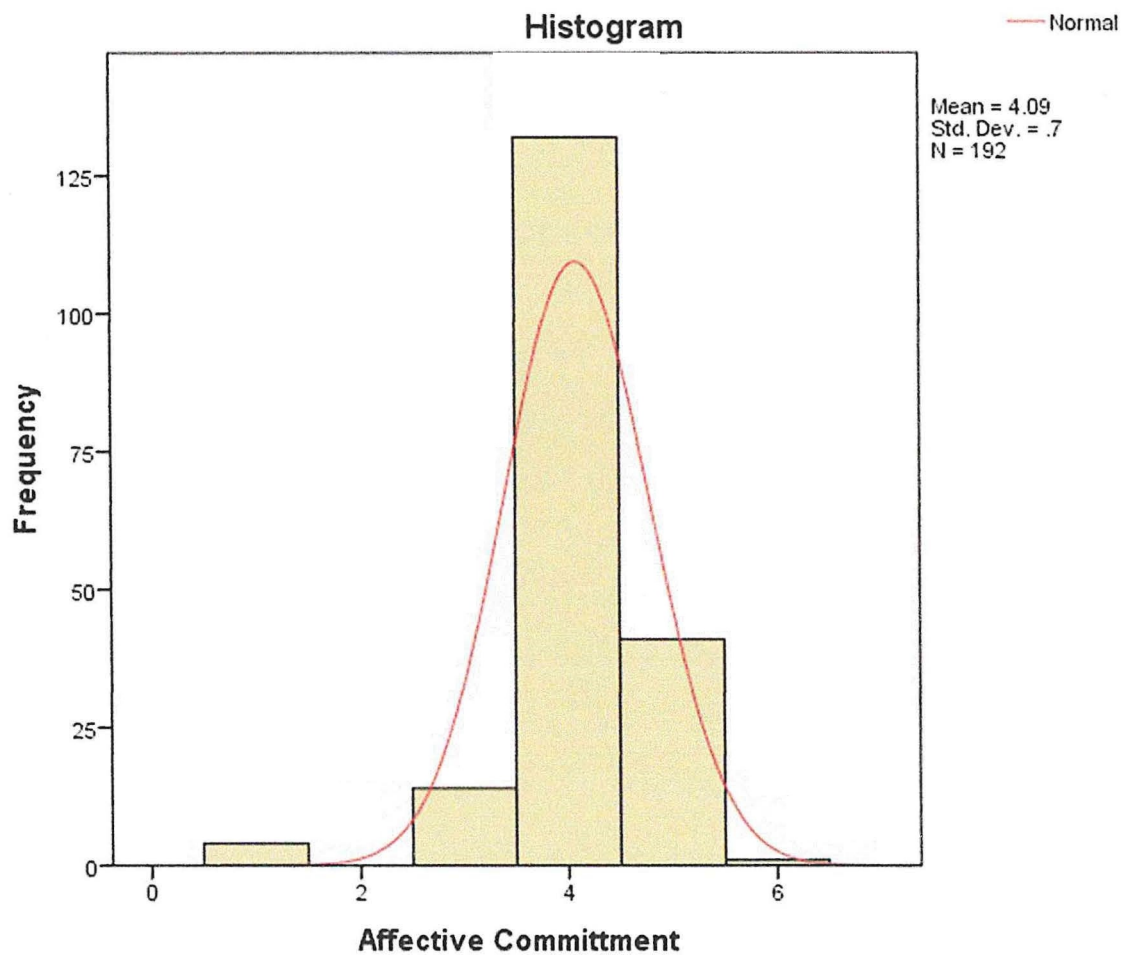


Fig. 4.1 above shows normal distribution of data on affective commitment, the mean (4.09) is close to median (3.99) suggesting that data is normal and linear hence fit for regression analysis of prediction.

Figure 4.2: Normality and linearity test on compensation policy

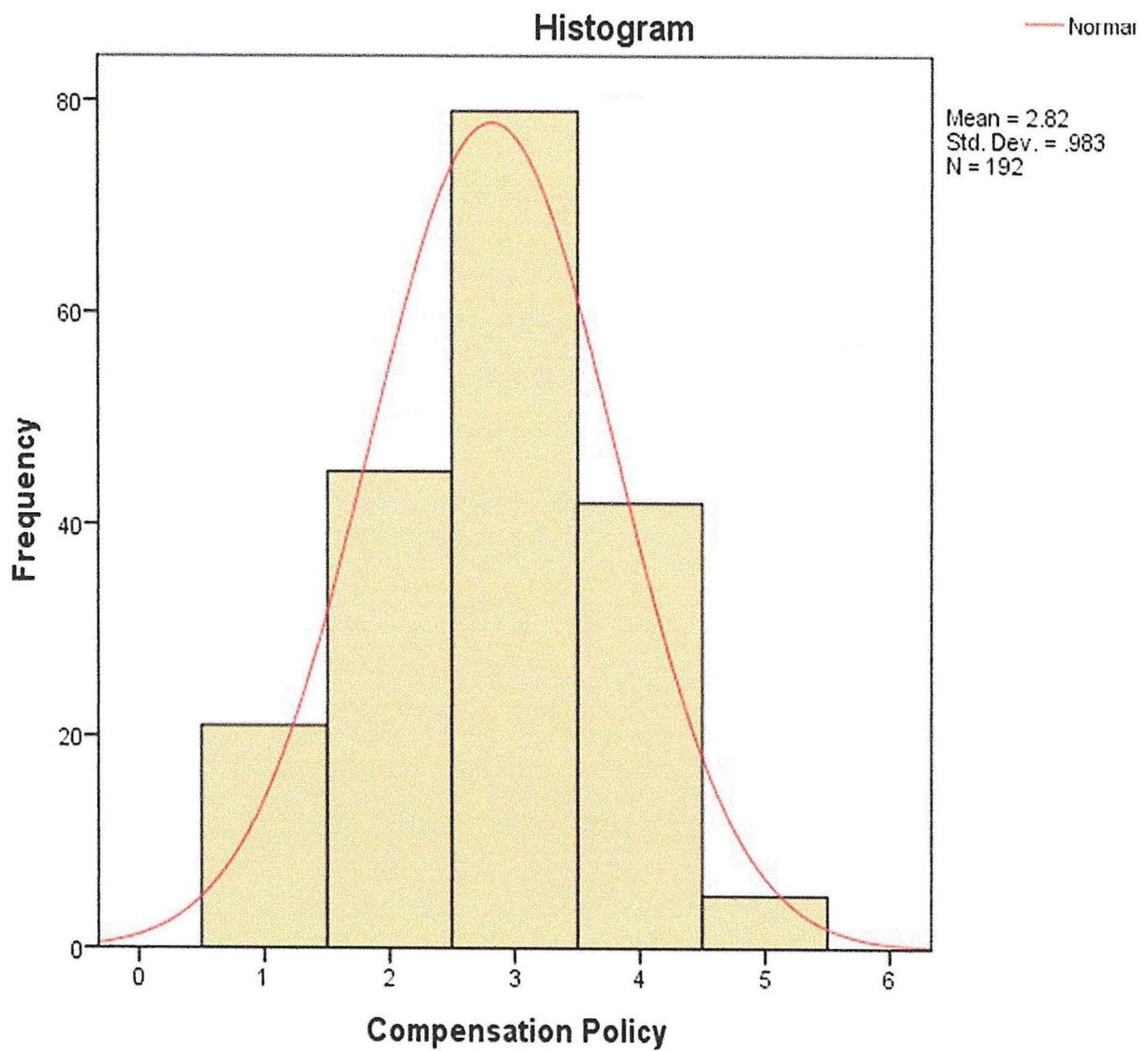


Fig. 4.2 above shows normal distribution of data on compensation policy, the mean (2.82) is close to median (2.81) suggesting that data is normal and linear hence fit for regression analysis of prediction.

Figure 4.3: Normality and linearity test on staff development policy

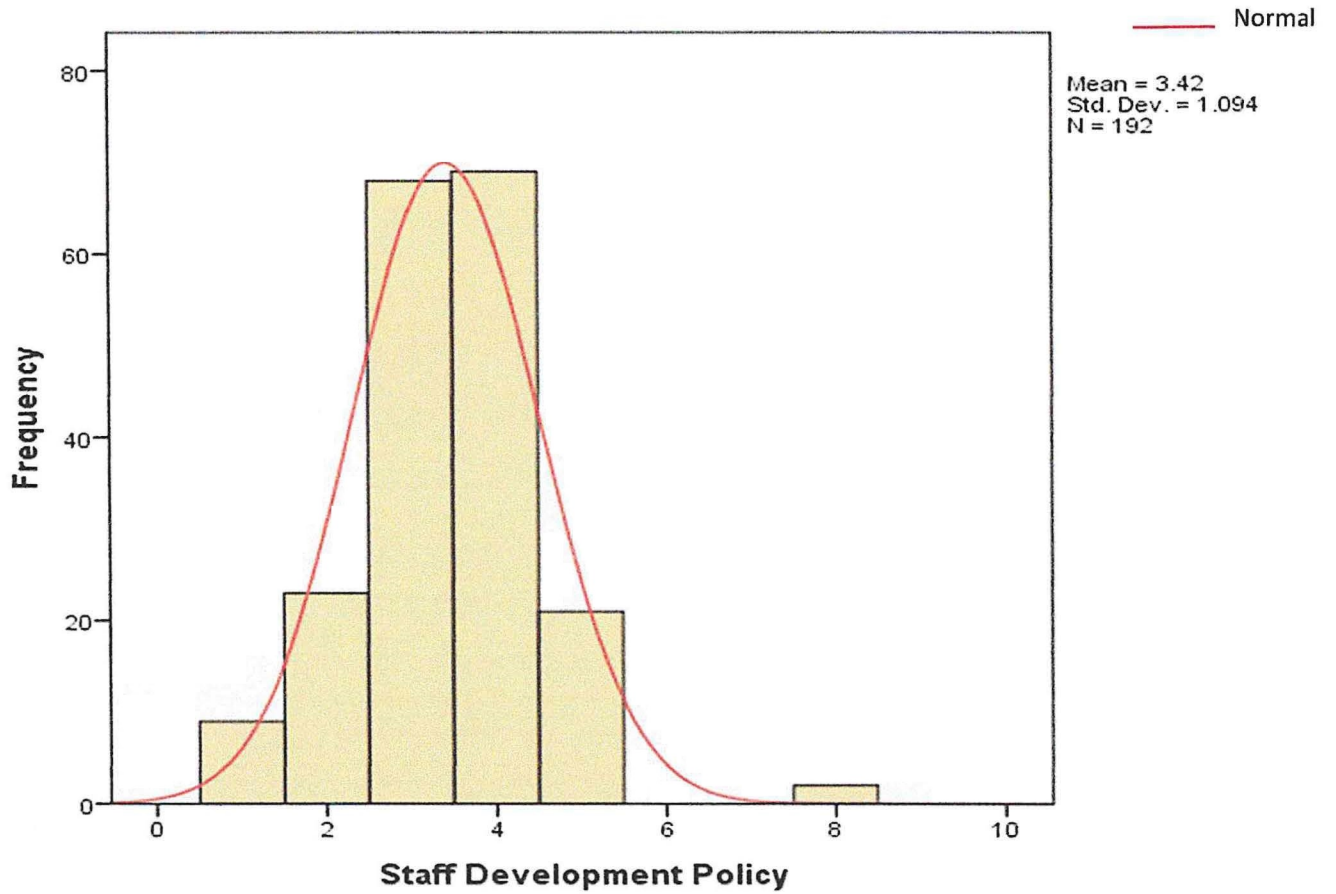


Fig. 4.3 above shows normal distribution of data on staff development with policy with negligible outliers (mean = 3.42, SD = 1.094). The mean (3.42) is close to the median (3.01) suggesting that data is normal and linear hence fit for regression analysis of prediction.

Figure 4.4: Normality and linearity test on promotion policy

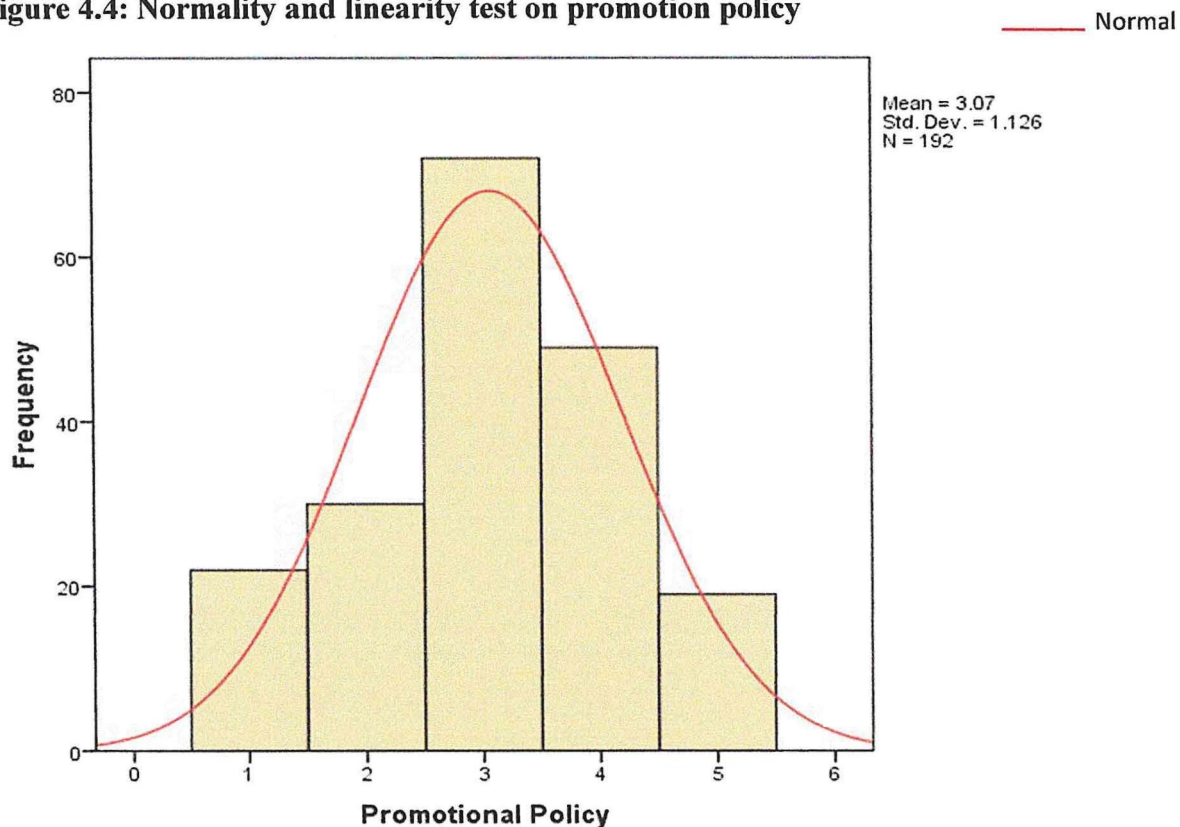


Fig. 4.4 above shows normal distribution of data on compensation policy, the mean (3.07) is close to median (3.38) suggesting that data is normal and linear hence fit for regression analysis of prediction.

The compensation policy, staff development policy and promotional policy were subjected to multilinear regression of prediction to establish whether each of them predicted affective commitment of health tutors as indicated in Table 4.14 below;

Table 4.14: Model prediction for human resource policies and affective commitment of health tutors

Human resource policies	Standardized Coefficients (β)	Sig. (p)
Compensation Policy (CP)	-0.003	0.976
Staff Development Policy (SDP)	0.084	0.401
Promotional Policy (PP)	0.257	0.006
F=6.873		
Sig. (p)=0.000		
R Square=0.099		
Adjusted R Square=0.084		

Dependent Variable: Affective Commitment

Predictors: (Constant), Promotional Policy, Compensation Policy, Staff Development Policy

Table 4.14 shows that compensation policy, staff development policy and promotional policy explain only 8.4% of the variation in health tutors' affective commitment (adjusted R = 0.084). This means that the remaining 91.6% of the variation is accounted for by other factors not considered in this study. The regression model is good and significant ($F = 6.873$, $p = 0.000 < 0.05$). Results show that only promotion policy ($\beta = 0.257$, $p = 0.006 < 0.05$) is a significant predictor of health tutors affective commitment while compensation policy ($\beta = -0.003$, $p = 0.0976 > 0.05$) and staff development policy ($\beta = 0.084$, $p = 0.401 > 0.05$) are insignificant in predicting health tutors' affective commitment. The magnitudes of the respective betas suggested that promotion policy had a more significant influence on health tutors' affective commitment followed by staff development policy.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the discussion of findings, conclusions, recommendations of the study and areas for further research. The purpose of the study was to investigate the influence of human resource policies on affective commitment of health tutors in private Nursing and Midwifery training institutions in Kampala city.

5.1 Discussion of findings

This section discusses the descriptive results of health tutors' affective commitment, which is the dependent variable, followed by discussion of findings according to the study objectives.

5.1.1 Discussion of the descriptive results of health tutors' affective commitment

Based on the overall score (mean = 4.09, SD = 0.7), health tutors generally exhibited a high level of affective commitment to their institutions, supervisors, students, tasks, coworkers and careers. The findings are inconsistent with the premise on which this study was based that affective commitment of health tutors in private NMTIs is unsatisfactory, manifested through frequent resignations, moonlighting, absenteeism, minimal engagement with students and inadequate implementation of continuous assessment activities (UNMEB, 2022).

According to the study findings, the tutors' perceptions of their affectiveness to the institutions, supervisors, students, tasks, coworkers, and careers were different from what was provided as evidence of their lack of commitment. The findings indicate that the tutors are affectively committed but the unfavourable working conditions in the institutions force them to behave in a contrary way. This is supported by some interviewees whose responses indicated that tutors show commitment to institutions when they have just been employed but with time this commitment reduces due to reasons such as lack of employment contracts, inadequate and delayed payment as well as unclear guidelines and policies regarding reporting structures, decision making, compensation, staff development and promotion.

In line with the interviewees' responses, (Ulrich cited by Hung and Huy, 2023) asserts that competitive salaries, benefits, bonuses, flexible work hours and capacity building opportunities enshrined in various human resource policies stimulate staff to increase their commitment to work. Similarly, Iradukunda and D'Silva (2021) asserts that guiding policies are crucial in ensuring consistent handling of procedural or distributive justice issues to enhance employee commitment.

Some interviewees also expressed lack of autonomy and supervisory support in execution of their duties which reduces their level of affective commitment. This was deduced from the various submissions that some proprietors want to micromanage in all the affairs of the institution leaving heads of the institutions with limited control as leaders thus affecting their relationship with the supervisors. Similarly, some supervisors and proprietors of private institutions use divide and rule style of leadership to cause conflicts, disunity, and competition among tutors.

5.1.2 Perception of heads of private NMTIs regarding the relevance of compensation, staff development and promotion policies on health tutors' affective commitment

The first objective of the study was to explore the perception of heads of private NMTIs on the relevance of compensation, staff development and promotion policies on health tutors' affective commitment. Responses from the interviews with heads of private NMTIs highlighted significant concerns regarding the state of compensation, staff development, and promotion policies and their impact on health tutors' affective commitment. All the respondents appreciated the direct association between well designed policies and increased affective commitment of health tutors.

Regarding compensation policy the respondents emphasized that competitive salaries, comprehensive benefits, and opportunities for financial incentives such as performance bonuses play a crucial role in enhancing tutors' affective commitment as expressed in the following statements from interviewees.

"Competitive salaries and rewards according to performance bonuses motivate tutors for their hard work and also foster a sense of belonging and commitment to the institution."

"Compensation is important, but it must be complemented by professional development, a positive work environment and other benefits to truly enhance tutors' commitment."

These responses suggest a need for a broader compensation policy which is in agreement with Hassan et al., (2022) who indicated that fair compensation includes competitive salaries and benefits such as health insurance, retirement plan, flexible working hours and career development opportunities in order to boost affective commitment. It was also revealed that new tutors often display high levels of commitment when first employed. However, this initial enthusiasm tends to wane over time due to inadequate financial compensation and lack of formal contracts, delayed payments and unclear compensation guidelines. This indicates that while initial commitment may be strong, sustained affective commitment requires consistent and adequate financial support as well as formal employment agreements. Failure to do these results into high turnover rates among tutors in private institutions, driven by the pursuit of better opportunities, which mobility is often detrimental to the continuity and stability of the institutions.

It was however, acknowledged by some heads of institutions that there are challenges in the implementation and effectiveness of compensation policies where budget constraints and limited funding were frequently mentioned as barriers to providing competitive compensation. While they recognized the importance of compensation in fostering commitment, the private institutions have financial limitations that prevent them from offering salaries that match those of larger, better-funded institutions.

Regarding staff development policies, the heads of institutions equally agreed that they are crucial for enhancing the skills and knowledge of health tutors, thereby potentially increasing their affective commitment. The responses from interviews with heads of private NMTIs provided contrasting views on how these policies are implemented and perceived in practice. On a positive note, it was revealed that established institutions have recognized the importance of staff development and have taken steps to enhance it by increasing staff capacity development and availing soft loans. This suggests that such

institutions invest in various forms of professional growth opportunities and provide financial support to help staff pursue further education or training. This approach is likely to foster a sense of loyalty and commitment among health tutors, as they feel supported and valued by their employers.

The results are consistent with study findings by Worzana (2020) and Mugizi et al. (2019) who assert that employees provided with opportunities for skills development, training and continuing education are more likely to feel invested in their own growth and development leading to intrinsic gratitude and commitment to the organization in response to the career advancement support.

In contrast, there were responses that revealed a more restrictive and less supportive approach to staff development in some private institutions. They only focused on low-cost, short-term training like workshops by UNMEB. Lack of support for further studies and absence of study leave policies suggest a minimal investment in comprehensive professional development. This lack of institutional support leads to low affective commitment, as health tutors may feel undervalued, unsupported, and fearful for their job security if they pursue further education.

Regarding the relevancy of the promotion policy on affective commitment of health tutors, respondents exhibited a perceived inadequacy and inconsistency of the policies. The respondents revealed that promotions are often granted based on subjective criteria or favouritism rather than merit or qualifications. Another critical issue raised pertains to the reluctance of some private institutions to implement fair promotion policies due to the associated costs. This indicates a tendency to avoid long-term investments in staff development and promotion to control financial expenditure. This perceived inadequacy and inconsistency of promotion policies can significantly undermine the affective commitment of health tutors.

Perceiving promotions as unfair can lead to feelings of frustration and demotivation among staff who feel that their hard work and professional qualifications are not being adequately recognized. This can in turn reduce their emotional attachment and loyalty to the institution as observed by Wan et al., (2012)

that perceived procedural injustice in promotion decisions have a negative impact on employee affective commitment, job performance, career satisfaction and intent to stay especially among young managers. Many employees would also consider leaving their organisations if they did not have equal promotion opportunities compared to other organisations.

5.1.3 Relationship between compensation policy and affective commitment

Results on the study objective above revealed that there is a significant ($r = 0.378$, $p = 0.000 < 0.05$) relationship between compensation policy and health tutors' affective commitment. The first hypothesis (H1) that there is a significant relationship between compensation policy and health tutors' affective commitment was therefore supported. The findings concur with studies by previous researchers such as Anvari et al., (2021), Koitalek (2016), Odoch and Nangoli (2014), Nawab and Bhatti (2011) which revealed that there is a correlation between compensation policies and employee commitment. Hassan et al., (2022) also agreed that policies that include performance-based rewards like bonuses or merit-based salary increment, benefits and perks such as health insurance, retirement plans, flexible working hours and career development opportunities boost affective commitment (Hassan et al., 2022). Similarly, a study by Kanziga (2015) indicates that a compensation policy incorporated with performance-based incentives motivates employees to put in extra effort.

Findings also revealed that Compensation Policy ($\beta = -0.003$, $p = 0.0976 > 0.05$) was insignificant in predicting health tutors' Affective commitment. This is in agreement with Namiyingo (2018), who argues that when employees receive salaries and benefits that are better than what they could receive elsewhere, it is anticipated that they will remain loyal to the organization. This therefore means that when employees compare their compensation with what is offered in the job market and perceive that they can earn more elsewhere for similar work, their affective commitment to the institution where they are may be negatively affected. This is further supported by responses from some of the interviewees who during the study revealed that most tutors in private NMTIs are on the move looking for greener

pastures and rarely stay in the institutions for five days in a week. The tutors teach for two or three days a week and go somewhere else to look for additional income because they are not well paid.

Findings from the study also revealed that health tutors in private NMTIs generally had neutral perception of the compensation policy (mean = 2.82, SD = 0.983), with variable differences in perceptions on different aspects of compensation. The tutors neither agreed or disagreed on various aspects of the compensation policy in their institutions including fairness and transparency in communication and administration of the policy, non-monetary rewards and benefits, competitiveness of the compensation in the job market and fair compensation for the work done. It was discovered that some tutors are given jobs without appointment letters and no contracts. Some of the institutions have no clear guidelines on salary payments, fringe benefits and the payments are usually minimal, delayed, or not paid and not favourably compared to the job market or current standards of living as they are rarely reviewed to address individual, and market changes.

The scenario above reduces commitment of employees as argued by scholars such as Nalugya (2018) that transparency on how compensation decisions are made and communicated helps employees understand how and why payments are being done building trust and commitment. Emotional attachment to an organisation is positively enhanced if employees perceive that the organization is open, honest and ensures equity in compensation. Similarly, Kazinga (2015) indicated that fair compensation should be based on performance and the performance-based incentives in the compensation policy clearly communicated to the employees which is more likely to enhance their commitment to individual and organisational goal. Additionally, Nalugya (2018), Nawab and Bhatti (2011) agree that on top of salary, other benefits such as medical insurance, retirement plans, flexible work hours, a conducive work environment, housing and transport allowances enhance affective commitment.

As reported by respondents, lack of appointment letters and employment contracts is a sign that employers do not want to commit themselves regarding compensation and their association is not legally binding. On the side the health tutors, this is lack of job security which eventually reduces their affective

tutors, suggesting inconsistency in the application of these policies. This was unveiled during the interviews with heads of institutions when it was ascertained that some established institutions have increased staff capacity development and provide financial support to the tutors by availing them with soft loans to further their education. Conversely, other institutions are less supportive in that regard thus reducing the health tutors' affective commitment.

Findings from the study also revealed that staff development policy ($\beta = 0.084$, $p = 0.401 > 0.05$) was insignificant in predicting health tutors' Affective commitment. This result is inconsistent with study findings by Mugizi et al., (2019) in a study on determinants of staff development as a predictor to employee commitment. Findings established that employees provided with staff development opportunities are more likely to feel invested in their own growth and development resulting in intrinsic gratitude and commitment to the organization in response to their career advancement. A similar study by Muleya et al., (2022) to investigate the impact of training and career development opportunities on affective commitment at a higher education institution, revealed that there is a significant positive association between training, career development opportunities, and affective commitment with career development opportunities being the most significant predictor of affective commitment. Both studies highlight the importance of staff development in promoting affective commitment.

Differences in the findings of this study could be due to variability in individual employee characteristics and their institutional values regarding staff development as revealed by the heads of different institutions where some were fully supporting staff development opportunities while others were not thus the variance in responses. Nonetheless staff development opportunities remain positively linked to employee commitment where financial support for training and career development opportunities should be prioritized to supporting professional development initiatives and enhancing affective commitment.

In support of the significance of staff development in predicting affective commitment, Kasule and Neema (2015) emphasized the importance of developing employees if organisations must remain competitive, survive and stand the test of time like elsewhere in developed countries. They further

reported that some employees have departed from their jobs and found more lucrative opportunities elsewhere because of the absence of effective staff development practices further stressing the importance of staff development to ensure affective commitment and employee retention.

5.1.5 Relationship between promotion policy and affective commitment

Findings on the objective of exploring the relationship between promotion policy and affective commitment showed that there is a significant ($r = 0.373$, $p = 0.000 < 0.05$) relationship between promotion policy and health tutors' affective commitment. Further analysis of the study findings also revealed that promotion policy ($\beta = 0.257$, $p = 0.006 < 0.05$) was significant in predicting health tutors' Affective commitment. The third hypothesis (H3) that there is a significant relationship between promotion policy and health tutors' affective commitment was therefore accepted. The results are in agreement with study findings by Ogini (2020) which revealed a positive and significant connection between job promotion and employee commitment among employees in public hospitals in Nigeria emphasizing a notable impact on affective commitment. Similarly, the findings are in line with Garba and Abdullahi (2019) who revealed that implementation of a promotion policy is necessary to keep employees efficient, dedicated and committed in discharging their duties.

The study findings however are not consistent with study findings by Gathungu et al., (2015) which revealed that promotion had a weak relationship with employee commitment in the banking sector in Kenya. Their findings however, also revealed that it was evident that the existing promotion practices were not based on merit and were subjective. This implies that if promotions in the banking sector in Kenya were based on subjective criteria rather than clear, merit-based standards, employees may have perceived the process as unfair or biased. This perception can diminish trust in the organization and reduce the motivational impact that promotions typically have on affective commitment. This also highlights how different organizational practices and cultures across sectors can impact employee attitudes differently.

Findings also established that health tutors were undecided regarding several aspects of the promotion policy in their institutions. They exhibited a neutral perception on awareness of the policy being well communicated to all employees, clear, fair and transparent. The health tutors were also undecided on whether the promotion policy provides opportunities for internal promotions, aligns well with the institutional goals and values, improved health tutors' commitment, and was applied based on merit, employees' contributions, experience and academic qualifications instead of favouritism.

The overall mean score of (mean = 3.07, SD = 1.126), reflects mixed perceptions of the promotion policy's role in fostering affective commitment among health tutors. The mean score of 3.07 suggests that health tutors perceive the promotion policy to be neither strong nor weak in fostering affective commitment. The standard deviation suggests varied opinions and experiences among health tutors regarding the promotion policy. This could be due to differences in individual experiences with the promotion process in different institutions and personal expectations or varying perceptions of fairness and effectiveness of the policy. The interview responses below provide deeper insights into why these perceptions were varied.

"Promotion is given because of commitment despite having no qualifications for a specific position. Some promotions are given depending on technical know who while others are given promotion because they are good at mobilizing learners for the institution."

"The promotion policy is almost not there because this comes with more remuneration, to add more money! Instead of promoting they would rather hire and fire."

These interview responses suggest that promotions are not consistently based on merit or qualifications, leading to perceptions of unfairness. This can significantly impact affective commitment as employees may feel demotivated and disengaged if they perceive the promotion process to be biased or arbitrary. Secondly financial constraints affect implementation of the promotion policy whereby external hiring is preferred over internal promotions. This creates a sense of instability and lack of career progression thus reducing affective commitment. These findings are in agreement with scholars such as Garba & Abdullahi (2019), Ligare et al., (2020), Gathungu et al., (2015) and Wan et al., (2012) who emphasized the importance of fair and transparent promotion policies based on merit, seniority, experience,

qualifications and potential in order not to erode trust in the organisation and diminish employee affective commitment as a result of feeling undervalued.

5.2 Limitations of the study

The study focused exclusively on human resource policies and affective commitment, overlooking other potential factors that could influence affective commitment like leadership styles, organizational culture, workload, and job satisfaction thus being limited in scope.

The unique socio-economic context of Kampala City might limit the application of findings in other regions or cities.

Potential for participant bias due to the use of a Likert scale in measuring affective commitment. Some health tutors might have over-scored their responses to present themselves more favourably, while others may have under-scored due to dissatisfaction and disengagement. This could have resulted into inflation or deflation of the true levels of affective commitment.

5.3 Conclusions

Based on the key findings of the study the following conclusions were made in line with the study objectives;

It was concluded that compensation policy significantly influences affective commitment of health tutors. Private NMTIs that prioritize fair, transparent, and value-based compensation practices are more likely to cultivate a workforce that is emotionally connected, engaged, and committed to the institution. Health tutors who perceive their compensation as fair and equitable become affectively committed to their institutions, unlike those who perceive the compensation to be inadequate and unfair.

The study also concluded that staff development policy significantly influences health tutors' affective commitment. Well designed and comprehensive staff development policies enhance affective commitment of the tutors. While some private Nursing and Midwifery Training Institutions have made

strides in enhancing staff development and supporting their tutors, others are only offering minimal and insufficient training opportunities thus reducing health tutors' affective commitment.

From the findings, it was concluded that promotion policy also has a significant influence on health tutors affective commitment. Fair, transparent and merit-based promotion policies promote health tutors' commitment and career aspirations by fostering a sense of trust and loyalty towards the institution. Conversely, if promotion policies are perceived as biased, or favoring certain individuals, health tutors feel disappointed, demotivated and disengaged resulting in lower levels of affective commitment. Lack of clear, fair and transparent promotion policies, combined with inadequate compensation, leads to moonlighting and high turnover rates as tutors seek better opportunities elsewhere.

5.4 Recommendations

Based on the findings and conclusions of the study, the following recommendations were proposed.

Recommendations for Compensation policies:

- i. Policy makers in private NMTIs should revise their compensation policies to ensure they are competitive and aligned with market standards.
- ii. In addition to salaries, private NMTIs should offer incentives such as healthcare insurance, retirement plans, professional development opportunities, recognition programs, housing, and transport allowances among others to enhance affective commitment of health tutors.
- iii. Compensation should be transparent and fair in relation to one's contribution and the policies should be communicated to all employees.

Recommendations for Staff Development Policies

- i. Private NMTIs should prioritise staff development by offering opportunities for continuous learning and skill enhancement. This could include providing funding for further education, workshops, training sessions, establishing leadership development and mentorship programs to enhance skills and support professional growth.
- ii. Private NMTIs should ensure that staff development initiatives are in line with the organization's objectives and mission. When employees see how their development contributes to the overall

success of the organization, they are more likely to be committed to their roles especially if they are involved in decision making.

Recommendations for Promotion policies

- i. Private NMTIs should establish clear, transparent, and merit-based criteria for promotions. This includes setting specific qualifications, performance metrics, and professional development milestones that tutors must achieve to be considered for promotion.
- ii. Promotion policies in private NMTIs must be clearly communicated entailing equal opportunities and performance evaluation for all employees.

5.5 Contributions of the study

The study findings can have practical implications for management and leadership in private Nursing and Midwifery Training Institutions. Managers and administrators can use the insights gained to develop or revise and implement policies that promote a positive work environment, foster employee commitment, and ultimately contribute to the achievement of institutional goals.

Affective commitment among health tutors can positively influence the quality of education and training provided to students. Fostering a supportive and engaging work environment through effective human resource policies, institutions can potentially improve student learning outcomes and prepare future healthcare professionals more effectively.

5.6 Areas for further research

The following could be considered for further research;

- i. Since this study focused exclusively on human resource policies and affective commitment, further research could investigate other factors influencing affective commitment among health tutors for example leadership styles, organizational culture and workload.

- ii. This study was majorly quantitative and therefore further research may be necessary to conduct an in-depth qualitative study to gain a deeper understanding of the experiences and perceptions of health tutors and students regarding human resource policies and their commitment.
- iii. Examining changes in affective commitment of health tutors over time in response to evolving human policies to understand the long-term impact of the policies.

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APPENDICES

APPENDIX A: Questionnaire for health tutors

Dear Sir/Madam,

My name is Nassiwa Juliet Twesigye pursuing a Master of Education in Policy, Planning and Management Degree of Kyambogo University. I am conducting a study to investigate the relationship between “*Human Resource policies and affective commitment of health tutors in private Nursing and Midwifery training institutions in Kampala City, Uganda*” as a partial requirement for the degree award. You are kindly requested to participate in the study by providing views based on your experience as an employee in a private Nursing and Midwifery Training Institution. Your views and feedback are valuable to the research study and will be kept confidential. I appreciate your indispensable cooperation.

Section A: Demographic information

Please answer by ticking the right option

1. Gender:

i) Male

ii) Female

2. Age bracket:

i) 21-30 years

ii) 31-40 years

iii) 41-50 years

iv) 51-60 years

v) above 60 years

3. Marital status:

i) Single

ii) Married

iii) Widowed

iii) Divorced

4. Education Level:

i) Diploma

ii) Bachelor's degree

iii) Master's degree

iv) PhD

5) Type of institution:

i) Private for Profit

ii) Private Not for Profit

6) Terms of employment:

(i) Permanent

(ii) Temporary

(iii) Contract

7) Working Experience:

(i) Less than 5 years

ii) 6-10 years

iii) 11- 15 years

iv) Above 15 years

8) Number of Training Institutions you have worked in during the above period:

(i) 1

(ii) 2

(iii) 3

(iv) Over 4

9) Reasons why someone would change workplaces:

- i) Poor pay ii) Away for further training iii) Lack of training opportunities
 iv) Lack of promotional opportunities v) Poor working conditions
 v) End of contract

For the following questions indicate the extent to which you agree or disagree with the statements on human resource policies and affective commitment of health tutors on a 1 – 5 scale as follows; 1-Strongly Disagree (SD), 2- Disagree (D), 3- Neutral (N), 4-Agree (A) and 5- Strongly Agree (SA). Please tick only in the box representing your opinion.

Section B: Health Tutors' Affective Commitment (HTAC)						
S/No.	Institutional Affectiveness (IA)	SD	D	N	A	SA
		1	2	3	4	5
IA1	I feel proud to be part of this institution					
IA2	I enjoy working for the institution					
IA3	The values and goals of the institution align very well with my own					
IA4	I am emotionally connected to the institution					
IA5	The problems of the institution are like my own					
IA6	I am willing to put more effort beyond what is expected to help the institution					
IA7	I do not mind participating in the institution's activities even when the pay is minimal.					
IA8	I would wish to work in the institution until retirement					
IA9	I participate in decision making of the institution					
	Supervisor Affectiveness (SA)					
SA1	I like the values conveyed by my immediate supervisor					
SA2	I respect and admire my immediate supervisor.					
SA3	I am emotionally attached to my supervisor.					
SA4	I am comfortable sharing personal concerns with my supervisor					
SA5	My supervisor recognizes and appreciates my efforts.					
SA6	My job satisfaction and overall happiness is due to the relationship with my supervisor.					
SA7	I am committed to helping my supervisor achieve professional goals.					
SA8	My supervisor has contributed to my personal and professional growth.					

S/No	Student Affectiveness (STA)	SD	D	N	A	SA
		1	2	3	4	5
STA1	I feel emotionally connected to my students.					
STA2	I really care about the satisfaction of students in my institution					
STA3	Delivering quality education and training to the students in the institution is a major source of satisfaction to me					
STA4	Students' achievements are considered a reflection of my success					
STA5	I find myself going above and beyond what is required due to commitment to my students					
STA6	I guide and counsel students whenever necessary.					
STA7	My students trust me to support them in their academic and personal challenges					
STA8	I believe I have strong influence on students' academic success, personal growth and development					
STA9	I would like to continue mentoring and guiding my students even after they graduate					
	Task Affectiveness (TA)					
TA1	I like the tasks I perform in my current position					
TA2	Most of the tasks I perform in my current position are stimulating					
TA3	I feel motivated to perform tasks that align with my personal interests and passions					
TA4	The tasks assigned to me- are meaningful and contribute to the overall goals of the institution.					
TA5	I appreciate the autonomy I have in executing the tasks assigned to me					
TA6	I feel happy and more committed when I am recognized and appreciated for completing my tasks					
TA7	The variety of tasks in my role contribute to my overall job satisfaction					
TA8	Creativity and innovation are part and partial of my duties and responsibilities					
	Co-worker Affectiveness (CWA)					
CWA1	I am happy to work with my co-workers					
CWA2	I share the values conveyed by my co-workers					
CWA3	I emotionally tied to my co-workers					
CWA4	Team celebrations are important to me in fostering team spirit and achievement					
CWA5	I trust my co-workers to support my professional development					
CWA6	I openly communicate with my co-workers about work related matters					
CWA7	We appreciate and recognize each other for any contributions to the institution					

		SD	D	N	A	SA
	Career Affectiveness (CA)	1	2	3	4	5
CA1	I feel it is important to plan one's career					
CA2	I would like to hold increasingly important positions throughout my career					
CA3	I am proud to say that I am a clinical instructor/mentor/ tutor					
CA4	I am happy to practice my profession until retirement					
CA5	I like my profession too much to think about changing					
CA6	My career aligns well with my personal interests and values					
CA7	I am committed to achieving my long-term career goals					
CA8	I am committed to continuous learning and professional development.					
CA9	I am able to balance and integrate my career with other aspects of my life					
CA10	I view challenges in my career as opportunities for growth and learning					
Section C: Human Resource Policies						
	Compensation Policy (CP)					
CP1	Compensation policy is openly communicated to all the employees.					
CP2	Compensation policy acknowledges one's skills, effort, responsibility and commitment.					
CP3	Staff salaries correspond to the level of qualification.					
CP4	Compensation policy is favorably comparable to that of competitors in the market or similar institutions.					
CP5	Compensation policy comprises cash rewards, and other non-monetary benefits and incentives.					
CP6	I am contented with the justice in administration of the compensation policy.					
CP7	Monetary rewards are frequently reviewed to address individual, organization and market changes.					
CP8	I'm satisfied with the benefits offered by the institution.					
CP9	I am fairly compensated for the work I do.					
	Staff development Policy (SDP)					
SDP1	The Staff Development Policy is openly communicated to all employees.					
SDP2	Identification of training needs is done by both the employer and employee					
SDP3	The institution encourages employees to pursue further studies to improve and develop new skills and knowledge					

S/No.	Staff development Policy (SDP)	SD	D	N	A	SA
		1	2	3	4	5
SDP4	I know the SDP opportunities available in the institution.					
SDP5	The SDP includes a variety of internal development programs such as induction, mentoring and coaching for staff.					
SDP6	The institution facilitates staff to attend seminars, workshops and conferences and short courses					
SDP 7	Staff nomination for training is done on merit					
SDP8	Staff continue to receive salaries while on study leave					
SDP9	I have access to resources and support for my professional growth and development					
SDP10	The staff development policy aligns with my career goals and interests.					
	Promotion Policy (PP)					
PP1	I am aware of the promotion policy in our institution because it is well-communicated to all employees					
PP2	The promotion policy in the organization is clear, fair and transparent					
PP3	The promotion policy provides opportunities for internal promotions.					
PP4	The promotion policy of our institution aligns well with the institutional goals and values					
PP5	The promotion policy in our institution has improved commitment of health tutors.					
PP6	The promotion policy within our institution is consistently applied, primarily based on merit and not favoritism.					
PP7	The promotion policy recognizes employees' contributions, experience and academic qualifications.					

Source: Adopted and modified from Perreira et al., (2018).

END

Thank you for participating in this study.

APPENDIX B: Interview guide

- 1) From your perspective, how would you describe the level of commitment demonstrated by health tutors in your institution and what shows that they are not affectively committed to their institution?
- 2) In your opinion, what factors contribute to the affective commitment of health tutors to the institution?
- 3) How does the institution foster a positive and supportive working environment to enhance the affective commitment of health tutors?
- 4) How do you describe the relationship between the health tutors and their supervisors, students and co-workers?
- 5) How do you perceive the fairness and equity of policies related to compensation, staff development and promotion in your institution?
- 6) How does your institution ensure that health tutors are familiar with and adhere to the established policies?
- 7) How does the institution involve health tutors in decision-making processes or policy development?
- 8) How do you think the compensation, staff development and promotion policies can be improved or revised to better support the affective commitment of health tutors in private Nursing and Midwifery Training Institutions?

Source: Adopted and modified from Perreira et al., (2018).

Thank you, Sir/Madam, for your time and willingness to participate in this interview.

APPENDIX C: Informed consent form

Dear Sir/Madam,

I am Nassiwa Juliet Twesigye, a student at Kyambogo University, pursuing a Master of Education in Policy, Planning, and Management Degree. I am conducting a research study titled " *Human Resource Policies and Affective Commitment of Health Tutors in Private Nursing and Midwifery Training Institutions in Kampala City.*" You are kindly requested to participate in the study and give your views as an employee in a private Nursing and Midwifery Training institution. Your involvement in the study is entirely voluntary and no penalties will be incurred if you decide not to participate in the study. Your views and identity will be kept confidential. Your participation is of paramount importance in achieving the study objectives.

Respondent's Consent.

I agree to participate in this study.

.....

.....

Respondent's Signature

Date

APPENDIX D: Krejcie and Morgan table for sample size determination

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

NOTE: N = POPULATION SIZE, S= SAMPLE SIZE

Source: Adopted and modified from Krejcie & morgan (1970)

APPENDIX E: Introduction letter



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SCHOOL OF EDUCATION

Office of the Dean

Date: 05th March 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

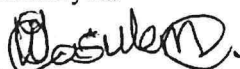
RE: NASSIWA JULIET TWESIGYE- 22/U/GMED/547/PE

This is to attest that Nassiwa Juliet Twesigye- 22/U/GMED/547/PE is a student of the Department of Educational Planning and Management, School of Education, Kyambogo University. She is carrying out research as one of the requirements for the award of the Master of Education in Policy Planning and Management. Accordingly, she needs data and any other information on the topic titled:

“Institutional policies and affective commitment of health tutors in private nursing and midwifery training institutions in Kampala City, Uganda”

Any assistance accorded to her is highly appreciated. She is strictly under instructions to use the data and any other information gathered for research purposes only.

Thank you.



Assoc. Prof. George Wilson Kasule

DEAN, SCHOOL OF EDUCATION

