Participation in Decision Making and Employee Commitment among Nurses in Ghana

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Abstract

This paper explored the effect that participation in decision-making types (consultative, delegative and representative) has on employee commitment types (affective, continuance and normative) among nurses. The research was a cross-sectional descriptive research design. Data were collected through the use of a self-administered questionnaire from 280 nurses in the Cape Coast Teaching Hospital. Analysis was done using Partial Least Square-Structural Equation Modelling (PLS-SEM). The study found that consultative, delegative and representative participation had a significant positive relationship with affective commitment. Consultative and representative participation were found to have an influence on continuance and normative commitments, whereas delegative participation failed to influence both continuance and normative commitments of the nurses. This study gives a broader understanding for stakeholders to be proactive about the types of participation in decision making to adopt in order to achieve the desired employee commitment type among nurses and other health workers.

Keywords: *Employee participation, Ghana, nurses, employee commitment*

INTRODUCTION

Several decades ago, the styles of management did not consider employees as a driving force of the organisation; hence employees were not given much relevance as in the case of modern businesses, especially within the service sector (Patwary et al., 2025). Goka et al. (2024) assert that human resources, in other words, employees, are an important resource without which the success of an organisation is unattainable. This is mostly true for service-rendering organisations like hospitals (Ginbeto et al., 2023). Thus, an organisation's success can only be achieved effectively depending on employees' competencies and willingness. Esther (2023) describes employee commitment as a significant issue in today's global trend in healthcare practice and research.

The health sector is one of the most sensitive sectors in the delivery of service, hence, its employees hold the key to healthy living of patients (Abu Arab et al., 2023; Amoah et al., 2022). Nurses who are front line providers of

healthcare and the largest workforce in most hospitals play a vital role in the delivery of quality health care in the hospital (Goka et al., 2024). The nature of the nursing profession requires high commitment to get the job done efficiently and effectively. Hence their commitment cannot be overemphasised. However, present day nurses have been found to lack commitment in Ghana as their actions have either caused severe injury or death of relatives and friends (Amoah et al., 2022).

An essential aspect of nurturing nurses' commitment in the health sector is to identify factors that increases their commitment. Esther (2023); Yamoah (2025) assert that participatory management is key towards increasing the commitment of nurses. Previous research has explored these variables by mainly focusing on them as a whole without reference to the types (Esther 2023). However, literature indicates that both employee participation and employee commitment have various dimensions with varied influence (Abraham et al., 2026), hence the need for researchers to explore the types of both employee participation and commitment to give a clear understanding on which participation type to adopt to achieve desired commitment. Clearly, little research work has been done in this regard especially in Ghana. It is based on these shortfalls that this study is being conducted.

Employee Commitment

Theoretically, commitment is an essential concept in the literature of both management and psychology and remains one of the most researched areas in the fields of psychology, management, organisational behaviour and Human Resource Management (HRM) (Abraham et al., 2026). The concept of commitment is considered to enable employees better perform and attain their goals effectively as they feel connected to the organisation (Patwary et al., 2023). Abraham et al. (2026) defines individual commitment as an emotional and psychological attachment one has towards his/her careers, jobs, work teams or groups, peers and supervisors. Organisational commitment on the other hand is directed by the attributes of an organisation where employees become emotionally and psychologically attached towards the organisation (Yamoah 2025). Individuals are either committed to an organisation, an occupation or a union (Attitudinal Commitment) or to policies, goals or to continue to be a member (Behavioural Commitment) (Mwesigwa et al., 2020).

Commitment is described as a psychological state which shows that the employee's relationship with the organisation has implications for his/her decision to continue membership in the organisation (Mwesigwa et al., 2020). Common components in commitment definitions reflect the employee's attachment, identification, loyalty and allegiance to their

organisation. Commitment has been classified into affective, normative and continuance (Abraham et al., 2026; Yamoah 2025). Affective commitment is considered the affection or emotional attachment employees have for their organisation and its purpose and hence enjoy being part of that organisation (Akudugu et al., 2023; Opoku & Boateng, 2024)). Continuance commitment, on the other hand, is exhibited by employees who consider the economic benefit they stand to gain and the high cost of exiting the organisation (Akudugu et al., 2023). Finally, normative commitment describes employees who feel that it is morally right to continue being part of the organisation (Akudugu et al., 2023). Amoah et al. (2022) found that health workers' commitment in the Ghanaian public hospitals was low compared to those in the private hospitals.

Employee Participation

Employee Participation is based on the recognition that an organisation's success is determined by the high effort put in by its employees. Employees, also referred to as the human resource, of every organisation constitute its solid foundation. One important issue in the policies of human resource management is the influence of employees which shows the essential role employee participation in decision-making must have (Esther, 2023). Employees serve as sources of knowledge and ideas. However, these sources of knowledge and ideas are usually not tapped by management during the decision-making process. Whenever employees are permitted to partake in the process of decision-making, they become empowered and committed to contribute to the accomplishment of the organisation (Opoku & Boateng, 2024).

Employee participation shows that top level managers share some power with lower level workers in the workplace (Esther, 2023). Employee participation has been described as top-level management allowing all workforce take part and influence the decision-making process of the organisation directly by themselves or indirectly through their representatives, especially on issues related to their work (Dedding et al. 2023). Generally, there has been a wide range of Participation in Decision Making implemented in many organisations. According to (Goka et al. 2024) participation in decision-making can take the form of consultative, delegative and representative. Consultative participation is where employees' opinions are sought for before final decisions are made whereas delegative participation gives employees the autonomy and responsibility to organise and accomplish their jobs as they deem suitable. Representative participation is where employees elect their executives or members who represent them at the decision-making table with management.

Workplace issues can be very complex and interdependent for just top-level managers to handle, hence, the importance of participation of all employees in the organisation cannot be overemphasised (Kwon & Kim 2025). Employee participation is described as the direct and indirect participation of employees in the decision-making process of the organisation/workplace Dedding et al (2023). Thus, the power distribution between management and employees either directly or indirectly in the decision-making process of the organisation. This definition highlight clearly two forms employee participation can take, thus, either directly by the employees themselves or indirectly by employee's representatives. (Obembe et al. 2025) also describes employee participation as the process by which superiors and subordinates share vital information in order to come out with various alternatives, new ideas and results which would help achieve organisational set goals. Torlak et al. (2022); Akanbi et al. (2025) describe EP as the sharing of power between superiors and subordinates in work related issues. Here, employees take part in the formulation and implementation of certain decisions that affect their jobs.

Goka et al., (2024) found that when participation in decision making was restricted, it results in low performance and the vice versa in Ghana. In a study conducted by Esther (2023) she found a low level of employee involvement in the decision-making process in hospitals, health centres, and CHPS compounds. According to Kwon & Kim (2025), participatory management was one of the key factors found to have positive influence on employee commitment, similar to earlier by Ogu (2024); Yamoah (2024); Akudugu et al., (2023). Owuor (2020) posits that participation of employee in the decision-making process has a significant influence on productivity and commitment. Employee engagement was found to significantly influence job performance of nurses and midwives in the Cape Coast Teaching Hospital (Opoku & Boateng, 2024). A study by Abu Arab et al. (2023) found that nurses' participation in decision-making has a significant influence on their work performance. The level of influence on the types of participation is key and varies (Kuria 2017; Dedding et al., 2023; Goka et al., 2024). Little work exists on the influence participation types have on employee commitment types; hence, this study aims to explore the influence level each participation type in decision making has on each commitment type within the health sector.

METHODS

Population

The target population were all nurses working at the Cape Coast Teaching Hospital of Ghana. Both male and female nurses with permanent employment at the hospital were included. However, retired and temporary

nurses who were working on contract at the hospital were excluded. Nurses in the context of the study included community health nurses, enrolled nurses, and midwives. The total number of nurses according to the HRM's record was eight hundred and nine.

Research Questions

a) What influence do employee participation types have on affective commitment?
b) What influence do employee participation types have on continuance commitment?
c) How do employee participation types influence normative commitment?

Sampling Procedure

A sample of at least two hundred and sixty (260) was calculated from the population of 809 using the sample determination table by Krejcie and Morgan (1970), as it is widely accepted in social science research and ensures representativeness at a confidence level of 95% and margin of error at 5% (Owuor et al. 2020). To minimise bias and give each member an equal opportunity to be selected, the study employed the simple random sampling technique. This approach helps reduce bias, enhances the representativeness of the sample, and allows for the generalization of the study findings to the entire population.

Data Collection

The study adopted a cross-sectional descriptive research design through a positivist paradigm. A research questionnaire was adopted for data collection using a combination of existing scales across two themes: employee participation types and organizational commitment types (Akanbi et al, 2025). The questionnaire was pre-tested using thirty respondents drawn from another hospital sharing similar features to that used in the main work. The values of Cronbach's alpha were all equal or above the value of 0.70 except for affective commitment, which initially recorded 0.420 and subsequently 0.667 after some of the items were reconstructed to give clear meaning to the respondents. The instruments covered parts A-C. Part A consisted of demographic information, Part B consisted of 4-point Likert Scale questions and Part C covered a 5-point Likert Scale questions.

Prior to administering the questionnaire, ethical approval was obtained from the Teaching Hospital's Ethical Clearance Board. Respondents were given informed consent forms to read and sign, to show their voluntary participation as they were assured a risk-free study, confidentiality and anonymity.

Data Analysis

In order to account for possible non-response, incomplete responses and improperly filled questionnaires which would reduce the usable sample for analysis, two hundred and eighty (280) questionnaires were administered in all out of which two hundred and sixty-seven (267) were retrieved. However, two hundred and forty-eight (248) questionnaires representing 88.6% response rate was used in the study. The response rate is an acceptable rate as according to Kuria (2017), who states a response rate of 50% as adequate, 60% as good, and over 70% as very good. Each questionnaire was assigned numerical values (coded) and keyed into Statistical Package for Social Sciences (SPSS) Version 21. SPSS was used in analysing demographic variable, while analyses of the objectives of the study was done using Partial Least Square-Structural Equation Modelling (PLS-SEM). Presentation and discussion of the findings were done after following acceptable assessment criteria of the measurement and structural models of the PLS-SEM.

RESULTS AND DISCUSSION

Using Partial Least Square-Structural Equation Modelling (PLS-SEM). Presentation and discussion of the findings were done after following acceptable assessment criteria of the measurement and structural models of the PLS-SEM. This section gives a presentation and discussion of the results of the study based on the objectives and hypotheses of the study.

The Influence of Participation in Decision making Types on Affective Commitment

The first objective sought to analyse the influence participation in decision-making types has on affective commitment among nurses. Specifically, the objective looked at the influence consultative, delegative and representative participation has on affective commitment. Per the objective, the study has the following hypothesis, H1: “There is a significant positive relationship between consultative participation and affective commitment”; H2: “There is a significant positive relationship between delegative participation and affective commitment” and H3: “There is a significant positive relationship between representative participation and affective commitment.”

The findings of the objective were presented after assessment of the measurement model as shown in Figure 1, Tables 1, 2 and 3 below.

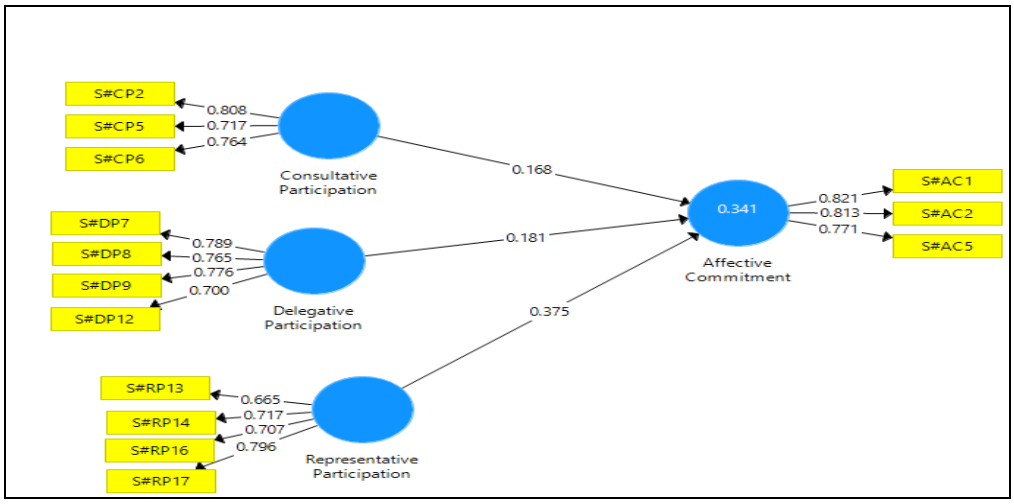

Figure 1: *Output of indicator loadings for participation in decision-making types and affective commitment*

Figure 1 gives a good revelation about the performance of the indicators measuring the various constructs of the study. The loadings on each construct met the acceptable threshold for attaining indicator reliability except that some indicators below the 0.70 cut-off point were retained in so far as the items did not increase the Average Variance Extracted (AVE). Specifically, loadings for Consultative Participation (CP) were ranging from 0.717 – 0.808, that of Delegative Participation (DP) were between 0.700 – 0.789, Representative Participation (RP) ranged from 0.665 – 0.796 and Affective Commitment (AC), from 0.771 – 0.821.

Assessing Reliability and Validity

Table 1 below shows the assessment of reliability and validity of objective one

Table 1:
Assessing Reliability and Validity of Objective One

Construct	CA	rho A	CR	AVE
AC	0.722	0.725	0.843	0.642
CP	0.652	0.672	0.807	0.583
DP	0.756	0.767	0.844	0.575
RP	0.696	0.709	0.814	0.523

"Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher."

"CA – Cronbach's alpha; CR – Composite reliability; AVE – Average Variance Extracted."

Table 1 shows that, the model passed reliability and validity problems. The CR was used as basis for assessing the internal consistency of the indicators due to the weaknesses of the CA and rho A. The CR captures how reliable the indicators put together are able to measure a construct. It is seen from the table that all the CR values met the acceptable threshold of > 0.70. Also, the AVEs of the various constructs were above the 0.50 threshold, which means that the model had no issues with internal consistency and convergent validity. In respect of how sound the independent constructs (consultative, delegative and representative participation) are distinct from one another in predicting the dependent variable (affective commitment), the Fornell-Larcker criterion and the HTMT ratio were used as presented in Table 5 below.

Assessing Discriminant Validity

Table 2:

Assessing Discriminant Validity for Objective One

Fornell-Larcker Criterion				
	AC	CP	DP	RP
AC	0.802			
CP	0.426	0.764		
DP	0.418	0.553	0.758	
RP	0.515	0.422	0.384	0.723
Heterotrait-Monotrait Ratio (HTMT)				
AC				
CP	0.598			
DP	0.542	0.779		
RP	0.717	0.624	0.520	

"Notes: (a) Bold values are the square root of each construct's AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85."

The results as captured in Table 2 above show that the constructs were distinct from one another. Relying on the scores of the HTMT ratio which indicate superiority over the Fornell-Larcker in explaining discriminant validity, the scores were far below the acceptable level of ≤ 0.85. By implication, the model was good for advanced analysis based on the fact that the individual constructs were different from each other from measuring the same phenomenon.

Structural Model Examination for Objective One

Next is the presentation and interpretation of the findings based on the results of the structural model for participation in decision-making types and their influence of affective commitment.

Table 3:
Results of the Structural Model Examined for Objective One

	Beta (R)	T Statistics	P Values	Decision rule	R^2	f^2	Q^2
AC					0.341		0.205
CP ->AC	0.168	2.344	0.020	Supported		0.027	
DP ->AC	0.181	2.529	0.012	Supported		0.033	
RP ->AC	0.375	5.200	0.000	Supported		0.168	

"Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R^2 of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively."

It is recalled that, this objective sought to analyse the influence of participation types on the affective commitment of nurses. After confirming that all the reliability and validity issues were absent based on the measurement model, the results of the objective were reported in Table 3. The results as captured in the table suggest that there is a significant positive relationship between the participation types (CP: R = 0.168, t = 2.344, P = 0.020; DP: R = 0.181, t= 2.529, P =0.012; RP: R = 0.375, t = 5.200, P < 0.001) and affective commitment.

The results confirm that consultative, delegative, and representative participation positively influence affective commitment, supporting H1, H2, and H3. A unit increase in these participation types corresponds to increases of 0.168, 0.181, and 0.375 in affective commitment, respectively. Collectively, participation types accounted for 34.1% of the variance in affective commitment, the highest among the commitment types. While consultative (f^2 = 0.027) and delegative (f^2 = 0.033) participation had small effects, representative participation (f^2 = 0.168) had a moderate effect. Overall, employee participation moderately predicted affective commitment (Q^2 = 0.205), suggesting that engaging nurses in decision-making can meaningfully enhance their affective commitment, consistent with previous studies (Akanbi et al., 2025; Dedding et al., 2023; Goka et al., 2024; Opoku & Boateng, 2024).

The Influence of Participation in Decision Making Types on Continuance Commitment

The second objective of the study aimed at assessing the influence employee participation types (consultative, delegative and representative participation) has on the continuance commitment of nurses. Here, the study has the following hypotheses; H4: "There is significant positive relationship between consultative participation and continuance commitment"; H5: "There is significant positive relationship between delegative participation and

continuance commitment"; and H6: "There is significant positive relationship between representative participation and continuance commitment." The findings were reported after assessing relevant indicators and assumptions for model reliability and validity as well as discriminant validity issues. These checks were presented in Figure 2, Tables 4, 5 and 6.

A quick examination of the indicator loadings revealed that, loadings for each item of the various constructs met the relevant empirical standards except that some were retained due to their inability to lead to an increase in the overall reliability. The indicator loadings on each construct as shown in Figure 2 were: consultative participation (0.712 - 832), delegative participation (0.629 – 0.835), representative participation (0.662 – 0.777) and Continuance Commitment (CC) (0.663 – 0.845).

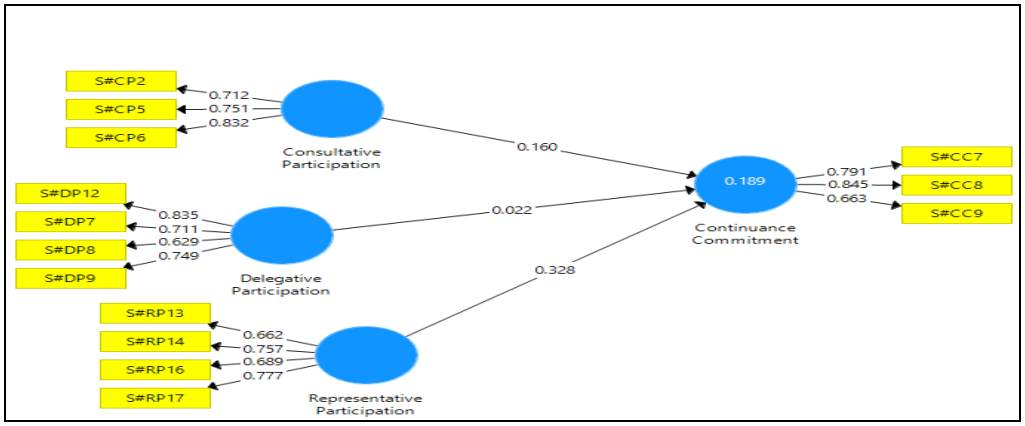

Figure 2: *Final Output for participation in decision-making types influence on continuance commitment*

Again, the constructs' reliability and validity criteria were met following the observation of the results in Table 4 below.

Table 4:
Assessing Reliability and Validity for Objective Two

Construct	CA	rho A	CR	AVE
CC	0.652	0.673	0.810	0.588
CP	0.663	0.705	0.812	0.593
DP	0.756	0.751	0.823	0.540
RP	0.696	0.709	0.813	0.522

"Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher."
"CA – Cronbach's alpha; CR – Composite reliability; AVE – Average Variance Extracted."

The results from Table 4 provided clear indication that the model had no violation of issues of internal consistency, reliability and convergent validity. This is because the CR values were above the threshold of 0.70 and AVE also above the satisfactory value of 0.50 or high. By all standards, the model was fit for the researcher to proceed on reporting the key findings of the study.

Table 5:
Assessing Discriminant Validity for Objective Two

Fornell-Larcker Criterion				
	CC	CP	DP	RP
CC	0.767			
CP	0.312	0.770		
DP	0.566	0.253	0.735	
RP	0.424	0.406	0.427	0.723
Heterotrait-Monotrait Ratio (HTMT)				
CC				
CP	0.460			
DP	0.779	0.281		
RP	0.624	0.565	0.520	

"Notes: (a) Bold values are the square root of each construct's AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85."

Finally, the DV of the study's construct in respect of the objective two were seen as appropriate in this study. A careful examination of the HTMT values confirmed the absence of the constructs representing the same phenomenon. All scores were well below the acceptable 0.85 criteria (the bold values). The results imply that no issues of discriminant validity were present in this model.

The next Table presented results of the main findings of the influence participation in decision making types have on continuance commitment.

Table 6:
Results of the Structural Model Examined for Objective Two

	Beta (R)	T Statistics	P Values	Decision rule	R^2	f^2	Q^2
CC					0.189		0.098
CP -> CC	0.160	2.331	0.020	Supported		0.020	
DP -> CC	0.022	0.324	0.746	Rejected		0.000	
RP -> CC	0.328	4.242	0.000	Supported		0.102	

"Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R^2 of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively."

The second research question aimed at assessing the influence employee participation types (consultative, delegative and continuance commitment) has on continuance commitment. Table 9 indicates that consultative ($R = .160$, $p = .020$) and representative participation ($R = .328$, $p < .001$) had significant positive relationships with continuance commitment, supporting H4 and H6. However, delegative participation ($R = .022$, $p = .746$) was not significant, contradicting Akanbi et al. (2025), possibly due to differences in study population and context.

Overall, participation types explained 19% of the variance in continuance commitment, with consultative and representative participation showing small effects and the model demonstrating low predictive relevance. This implies that employee involvement through consultation and representation contributes modestly to nurses' continuance commitment.

The Influence of Participation in Decision making Types on Normative Commitment

This section sought to analyse the final objective of the study, which assesses the influence employee participation types (consultative, delegative and representative participation) has on Normative Commitment (NC) of nurses. Based on the objective of the study, three hypotheses were tested comprising: H7: "There is significant positive relationship between consultative participation and normative commitment"; H8: "There is significant positive relationship between delegative participation and normative commitment" and H9: "There is significant positive relationship between representative participation and normative commitment." Assessment of the measurement model used in the objective was done after which the findings were interpretation.

Basically, Figure 3 shows that item loadings for each construct were qualified to be included in measuring the study's constructs. This is because loadings were within the rule of thumb of values greater than or equal to 0.70 or below provided those loadings below the standard do not inflate the AVE. In view of the foregoing, indicator loadings from 0.60 were retained.

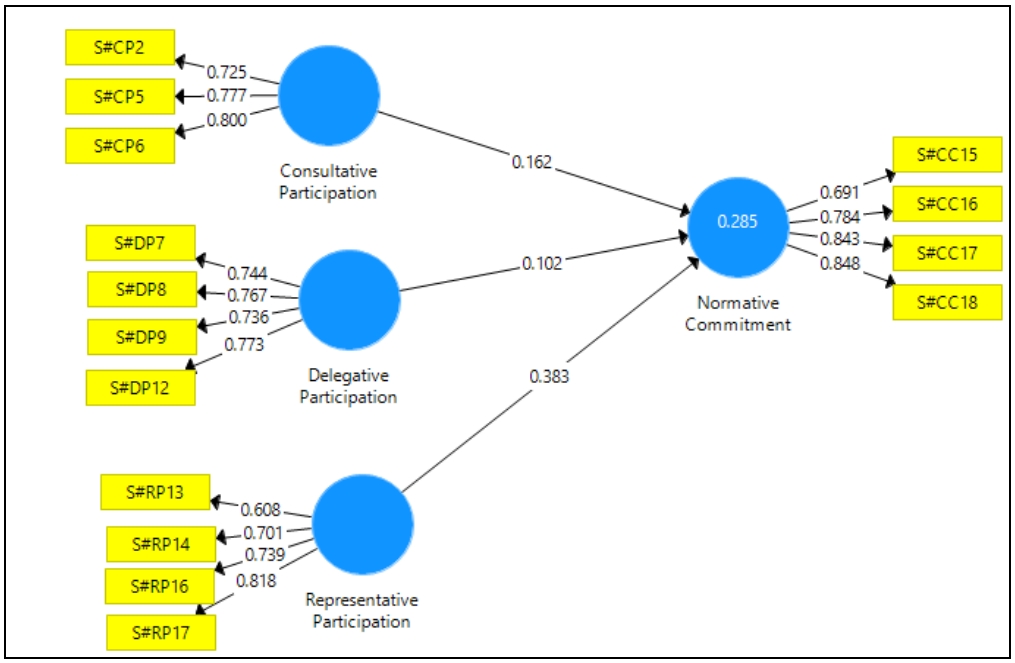

Figure 3: *Output of the indicator loadings of participation in decision-making types and normative commitment*

Table 7:
Model's Construct Reliability and Validity of Objective Three

Construct	CA	rho A	CR	AVE
NC	0.652	0.655	0.811	0.590
CP	0.756	0.773	0.841	0.570
DP	0.802	0.809	0.872	0.631
RP	0.696	0.733	0.810	0.519

"Notes: Loadings between 0.4 and 0.7 are acceptable. >0.7 is high. CA > 0.7 is acceptable and high. CR should be 0.7 or higher. AVE should be 0.5 or higher."
"CA – Cronbach's alpha; CR – Composite reliability; AVE – Average Variance Extracted".

Table 7 also examined the constructs' reliability and validity. The CR was used to measure the extent to which indicators put together satisfactorily measured what they were supposed to measure. Based on the already established criteria, it can be seen that, the constructs were reliable in the context of this study. Furthermore, the AVE scores which measure the convergent validity of the constructs met the value defining the rule of thumb (AVE $\geq$ 0.50). These suggest that the constructs achieved their required reliability and validity criteria.

Table 8:
Discriminant Validity for Objective Three

Fornell-Larcker Criterion				
	NC	CP	DP	RP
NC	0.768			
CP	0.555	0.755		
DP	0.379	0.347	0.794	
RP	0.419	0.405	0.492	0.720
Heterotrait-Monotrait Ratio (HTMT)				
NC				
CP	0.779			
DP	0.519	0.422		
RP	0.624	0.520	0.634	

"Notes: (a) Bold values are the square root of each construct's AVE which is higher than their correlation with other constructs; (b). Bold values of HTMT less than 0.85."

Table 8 provides information relevant in determining how distinct the constructs were from each other using the HTMT scores. By empirical standards, HTMT values should fall below 0.85 to justify no discriminant validity issues. From the results the values (Bolded) were well below 0.85. Next is the interpretation of the significance of the structural model. In analysing the influence of the participation types on normative commitment, results in Table 12 offered relevant support to researcher and facilitated the discussion.

Table 9:
Significance Of Structural Model Assessment for Objective Three

	Beta (R)	T Statistics	P Values	Decision rule	R^2	f^2	Q^2
NC					0.285		0.164
CP -> NC	0.162	2.111	0.036	Supported		0.024	
DP -> NC	0.102	1.523	0.129	Rejected		0.010	
RP -> NC	0.383	5.933	0.000	Supported		0.161	

"Notes: The significance level of 5% is for critical t-value of 1.96 (2-tailed); R^2 of 0.75 is substantial, 0.50 is moderate and 0.25 is weak; Effect size of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively; Predictive relevance of 0.02, 0.15 and 0.35 indicates small, medium and large effect respectively."

In addressing the final research question on how employee participation types (consultative, delegative, and representative participation) influence normative commitment, Table 12 shows that consultative (R = .162, p = .036) and representative participation (R = .383, p < .001) had significant positive relationships with normative commitment, supporting H7 and H9. However, delegative participation (R = .102, p = .129) was not significant and did not support H8. This contradicts Akanbi et al. (2025), who found delegative

participation to be the strongest predictor, possibly due to contextual differences in leadership style.

Overall, participation types explained 28.5% of the variance in normative commitment. Representative participation had a moderate effect, consultative participation had a small effect, and the model demonstrated moderate predictive relevance ($Q^2 = .164$).

CONCLUSION AND RECOMMENDATION

The study found that consultative and representative participations had a significant positive relationship with all three employee commitment types. Delegative participation failed in influencing continuance and normative commitments, influencing only affective commitment. Especially, representative participation had the strongest association with all the three types of employee commitments. The implications are that allowing nurses to take part in the decision-making process through union representatives does influence their emotional attachment towards the hospital. Empirically, this study findings adds significantly to existing knowledge on participation in decision making and organisational commitment. It is much clearer which types of participation to be adopted in order to achieve the desired commitment among nurses especially in the health sector. Management must create a favourable environment for nurses so they are able to make recommendations, give opinions and suggestions and have their representatives at the decision-making table.

LIMITATIONS

This study focused exclusively on nurses in the Cape Coast Teaching Hospital. The study did not include other categories of healthcare professionals. Future research could examine participation in decision-making among other health workers or undertake a comparative analysis involving all health professionals in both developed and developing economies. The study was also limited to types of participation in decision-making (consultative, delegative, and representative) and types of nurses' commitment (affective, continuance, and normative commitment). Subsequent studies may explore other factors that influence the commitment of healthcare workers, either independently or alongside participation in decision-making.

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