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Research Article

Measuring Organizational Commitment of Boomers, Gen X, Gen Y, and Gen Z: Basis for Engagement and Retention Policies

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ABSTRACT

This study examined organizational commitment levels among hospital employees across four generational cohorts—Baby Boomers, Generation X, Generation Y (also known as Millennials), and Generation Z—within healthcare settings. Grounded in Meyer and Allen's Three-Component Model (TCM) of Commitment, the research assessed affective, continuance, and normative commitment through a mixed-methods, cross-sectional design involving 91 participants.

Quantitative data were collected via structured surveys. Due to the small and unequal sample sizes and non-normal distribution, the Kruskal-Wallis H test was employed to compare commitment levels across generations. The results revealed no statistically significant generational differences. All cohorts showed consistently high affective commitment ($M = 3.28-3.33$), moderate continuance commitment ($M = 2.50-2.67$), and moderate-to-high normative commitment ($M = 2.83-3.17$). These findings suggest that a shared emotional connection to the healthcare mission, meaningful work, and aligned values contribute more strongly to employee commitment than generational identity. Qualitative data from open-ended survey responses further supported these findings. Thematic analysis revealed nine key drivers of commitment, with value alignment and workplace support emerging as the most influential across all age groups.

Employees emphasized emotional attachment, job stability, and a sense of loyalty as central to their commitment, underscoring the importance of intrinsic, value-based motivators over external pressures.

While the study offers meaningful insights for developing inclusive human resource strategies to enhance engagement and retention, its limitations—particularly the small sample sizes for Generation Z ($n = 3$) and Baby Boomers ($n = 6$)—limit the statistical power and generalizability of

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the results. Nonetheless, the findings highlight the potential for healthcare organizations to foster commitment across generations by focusing on shared values and mission-driven work.

Keywords: *Organizational Commitment, Generational Cohorts, Gen X, Gen Y, Gen Z, Boomers*

Introduction

Organizational commitment refers to the psychological attachment and sense of loyalty that employees develop toward their organization. This bond plays a crucial role in shaping overall organizational effectiveness and sustaining a competitive edge in the marketplace.

When employees feel connected to their organization, they are more motivated to contribute positively, which translates into improved performance outcomes and a stronger organizational reputation. To provide a comprehensive framework of this attachment, the Three-Component Model (TCM) of organizational commitment was used. The TCM is divided into three distinct dimensions (Meyer & Allen, 1991, 1997).

Affective commitment reflects an emotional connection where employees genuinely desire to remain with the organization because they identify with its values and goals. Continuance commitment is based on the perceived costs associated with leaving, such as loss of benefits or job security, leading employees to stay out of necessity rather than desire. Normative commitment arises from a sense of moral obligation or duty to remain loyal to the organization.

Among these, affective commitment is considered the most beneficial for organizations because it aligns employees' values with organizational objectives, fostering intrinsic motivation (Duffy, 2019; Edgar et al., 2021). Employees who experience strong affective commitment tend to go beyond their formal job responsibilities, willingly investing additional effort and creativity. This heightened engagement not only boosts productivity but also reduces turnover rates, as committed employees are less likely to seek employment elsewhere.

Consequently, fostering affective commitment is a strategic priority for organizations aiming to enhance workforce stability and drive sustainable success.

The diverse generational composition of modern workforces, including Baby Boomers (born 1946–1964), Generation X (1965–1980), Generation Y (1981–1996), and Generation Z (1997–2012), presents unique challenges and opportunities for managing organizational commitment. Each cohort brings distinct values, work ethics, and expectations, necessitating tailored human resource strategies (Eliyana et al., 2019). Recent empirical investigations into organizational commitment across Generations X, Y (Millennials), and Z elucidate a multifaceted landscape characterized by both convergence and divergence in commitment patterns. While some studies underscore generational disparities—highlighting, for example, that Generation Z tends to exhibit comparatively lower overall commitment levels relative to Baby Boomers, who demonstrate the highest commitment (Marzec, 2023)—other research contests this view, revealing uniformly elevated commitment across all generational cohorts (Wziątek-Staśko et al., 2023).

This suggests that generational identity alone may not be a deterministic factor but interacts with contextual variables.

Crucially, the determinants of organizational commitment appear to be modulated by generational nuances. Person-organization fit, work-life balance, and organizational culture emerge as pivotal influencers, yet their relative salience varies by generation (Silva et al., 2023). For instance, Millennials do not inherently display diminished commitment compared to earlier cohorts; rather, evolving workplace expectations and values may recalibrate which factors most strongly drive their engagement (Zarwi et al., 2022). Moreover, commitment manifests in distinct forms: Generation Y tends to exhibit heightened normative commitment, reflecting a sense of obligation, whereas Generation X is more characterized by

continuance commitment, linked to perceived costs of leaving (Lundkvist & Amedi, 2019).

Industry-specific analyses further complicate the picture. Within the hospitality sector, all commitment dimensions (affective, normative, and continuance) significantly influence Generation X employees, while affective and normative commitments predominate for Generation Y (Mohsen, 2016). These findings collectively emphasize the imperative for human resource strategies that are finely attuned to generational profiles, recognizing the heterogeneity in motivational drivers and commitment types. Tailoring interventions to these nuanced patterns can enhance retention and organizational loyalty across diverse workforce segments. Thus, gaps remain in comprehensively understanding how cultural and industrial contexts intersect with generational dynamics to shape organizational commitment. A need for study on cross-cultural, longitudinal, and sector-specific approaches to unravel complexities and inform more sophisticated, evidence-based human capital management practices.

This study contributed to this call by measuring the healthcare sector because of its uniqueness due to its high-stress environment, critical nature of work, and diverse workforce spanning multiple generations working closely together. This study examined how generational attitudes toward commitment are shaped by industry-specific factors such as patient care responsibilities, shift work, ethical demands, and organizational culture inherent to healthcare settings. It is hoped that this study will contribute meaningfully to the literature and offer actionable insights for human resource professionals in developing effective policies to address engagement and retention challenges across generational cohorts in healthcare, ultimately supporting organizational success.

Statement of the Problem

This study addressed the following research questions:

1. How do employees assess their organizational commitment in terms of:
 - a. Affective Commitment Scale (ACS)?
 - b. Continuance Commitment Scale (CCS)?

- c. Normative Commitment Scale (NCS)?
2. Is there a significant difference in the levels of affective, continuance, and normative commitment among respondents when grouped according to generational cohort?
3. What factors influence employees' commitment to their organization?

Hypothesis

H₀: There is no significant difference in organizational commitment levels (affective, continuance, and normative) among Baby Boomers, Generation X, Generation Y, and Generation Z healthcare professionals.

H₁: There is a significant difference in organizational commitment levels (affective, continuance, and normative) among Baby Boomers, Generation X, Generation Y, and Generation Z healthcare professionals.

Importance of the Study

This research offers significant value by advancing the understanding of organizational commitment across generational cohorts, with implications for multiple stakeholders. For employees, the findings will elucidate how commitment shapes personal growth and professional performance, fostering greater self-awareness and motivation to engage meaningfully in their roles. The insights into generational differences in commitment will help the human resource in the development of policies that are align with organizational objectives and enhance employees' engagement and retention. It will enrich the literature on multi-generational organizational commitment by providing a robust foundation in human resource management and organizational behavior. It will help address the distinct needs and motivations of Baby Boomers, Generation X, Generation Y, and Generation Z to facilitate the creation of inclusive, dynamic, and high-performing work environments.

Review of Related Literature

Organizational commitment is a critical determinant of organizational success, influencing employee performance, loyalty, and retention (Parmar et al., 2022; Szostek et al., 2023).

The TCM framework identifies three dimensions of commitment: affective, continuance, and normative (Meyer & Allen, 1997). Affective commitment reflects emotional attachment and alignment with organizational goals, continuance commitment arises from perceived costs of leaving, and normative commitment stems from a sense of obligation (Duffy, 2019).

Research examining generational differences in organizational commitment has yielded inconsistent results, suggesting that context may play a crucial role in moderating these relationships. Some studies have found that younger generations demonstrate lower levels of organizational commitment compared to older cohorts, while others have identified no significant differences or even reverse patterns.

Research highlights the positive outcomes of high organizational commitment. Engaged employees exhibit loyalty, strong work ethics, and willingness to make sacrifices, leading to improved performance and reduced turnover (Abbas & Ahmed, 2023; Al-Mahdy & Emam, 2023; Edgar et al., 2021). Conversely, low commitment, as explained by Social Exchange Theory (SET), may result in unfavorable behaviors, such as absenteeism or disengagement, negatively impacting organizational outcomes (Deeprise, 2018; Szostek et al., 2022b).

The intersection of generational research and organizational commitment has received increasing attention as organizations grapple with managing multigenerational workforces. Previous studies have produced mixed findings regarding generational differences in commitment, with some research identifying significant variations across cohorts while others report minimal differences. Generational differences further complicate commitment dynamics. Studies suggest that factors such as satisfaction with management, involvement in policy-making, and communication influence commitment levels among employees (Ijigu et al., 2022). Outdated skills can also hinder commitment, underscoring the need for training and development programs (Loan, 2020; Szostek et al., 2022b).

Job satisfaction, closely linked to commitment, positively affects retention, while dissatisfaction increases turnover intentions (Jena,

2016; Soenanta et al., 2020). Commitment also influences career advancement opportunities, as managers' perceptions of employee attitudes impact professional development decisions (Weer & Greenhaus, 2020). Collectively, these studies emphasize the need for organizations to foster commitment through effective HR practices, such as recognition, communication, and skill development, to achieve competitive advantages (Duffy, 2019; Edgar et al., 2021).

The healthcare sector presents a unique context for examining generational differences in organizational commitment. Healthcare professionals often enter the field with strong service orientations and mission-driven motivations that may transcend generational boundaries. The shared values and common purpose inherent in healthcare work may create conditions where generational differences in commitment are minimized or expressed differently than in other sectors.

Methodology

This study employed a mixed-methods, cross-sectional design to explore generational differences in organizational commitment. The quantitative component involved comparing affective, continuance, and normative commitment across four generational cohorts: Baby Boomers ($n = 6$), Generation X ($n = 30$), Generation Y ($n = 52$), and Generation Z ($n = 3$).

Participants were employed in public and private hospitals and voluntarily completed a structured survey. Organizational commitment was measured using Meyer and Allen's (1991) Three-Component Model, which includes the Affective Commitment Scale (ACS), Continuance Commitment Scale (CCS), and Normative Commitment Scale (NCS). However, the study faced major limitations due to small and unequal sample sizes, especially for Generation Z ($n=3$) and Baby Boomers ($n=6$), which weakened the statistical power and limited the generalizability of the findings. These sample constraints increased the risk of detecting true differences between groups. The findings from these small groups may not represent their broader generational cohorts.

Descriptive statistics were calculated, and due to the small sample sizes and non-normal

distributions, the Kruskal-Wallis H test was used to assess significant differences in commitment scores across generational groups, with a significance threshold set at $p < 0.05$. This test was used because the study is non-parametric statistical test that compares three or more independent groups to determine if there are statistically significant differences between them on a continuous or ordinal variable, without assuming a normal distribution of the data. Internal consistency of the scales was confirmed using Cronbach's alpha.

In addition to the quantitative analysis, a qualitative thematic analysis was conducted on the open-ended responses using MAXQDA tool to provide deeper insight into the factors influencing commitment. The process began with data extraction, isolating all relevant open-ended responses. Thematic coding followed, during which responses were carefully reviewed to identify key concepts, which were then grouped into emerging themes such as alignment with personal values and workplace support.

As the analysis progressed, overlapping themes were refined and consolidated—for example, “sense of belonging” and “feeling valued” were merged into the broader theme of “Supportive Work Environment and Belonging.” Themes were defined to be mutually exclusive where possible. Each theme was then quantified by counting the number of respondents who mentioned it, with multi-factor responses—citing both “stability” and “fair compensation” being counted under each relevant theme. Representative quotes were selected to illustrate each theme and provide context. At the last stage, the results of the thematic analysis were organized into a table containing the theme name, description, sample responses, and count of mentions. Ethical approval for the study was obtained from the institutional review board, and all participants provided informed consent prior to participation. Confidentiality and anonymity were strictly maintained throughout the research process.

Theoretical Framework

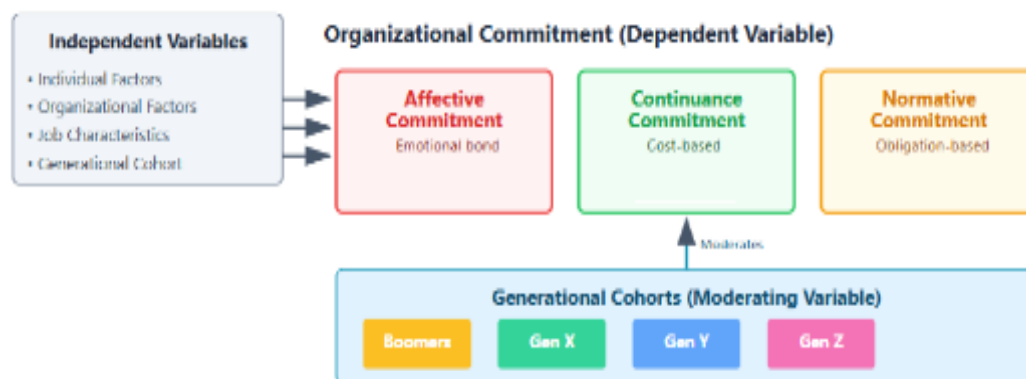


Fig. 1. Theoretical Framework

This study adopts Meyer and Allen's Three-Component Model (TCM) of organizational commitment as its theoretical foundation. The TCM represents one of the most comprehensive and widely validated frameworks for understanding organizational commitment, offering both theoretical depth and practical applicability. The model's selection over alternative conceptualizations is based on several key advantages that align with this study's objectives. The Three-Component Model

conceptualizes organizational commitment as a multidimensional construct comprising three distinct but related components: affective commitment, continuance commitment, and normative commitment. This multidimensional approach provides a more nuanced understanding of commitment than unidimensional models, allowing researchers to identify specific areas where generational differences may manifest.

Affective commitment represents the emotional attachment, identification, and involvement that employees feel toward their organization. Employees with high affective commitment remain with the organization because they want to, driven by positive feelings and personal connection to organizational goals and values. This component is particularly relevant in healthcare settings where mission-driven work often creates strong emotional connections between employees and organizational purpose. Continuance commitment reflects the perceived costs associated with leaving the organization, including both economic considerations and the availability of alternative employment opportunities. This component captures the pragmatic aspects of the employment relationship, where employees remain because they need to rather than because they want to. The calculation of costs and benefits inherent in continuance commitment may vary across generational cohorts based on different life stages, financial responsibilities, and career priorities. Normative commitment encompasses the sense of obligation or duty that employees feel toward their organization. This component reflects moral and ethical considerations, where employees feel they ought to remain with the organization due to personal values, social norms, or reciprocal obligations. The normative dimension may be influenced by generational values and socialization experiences that shape attitudes toward loyalty and obligation.

The TCM's theoretical strength lies in its recognition that these three components can

coexist within individuals at varying levels and that their relative importance may differ across contexts and populations. This flexibility makes the model particularly suitable for examining generational differences, as it allows for the possibility that different cohorts may emphasize different aspects of commitment while maintaining similar overall attachment levels. The model's extensive empirical validation across diverse contexts and populations provides confidence in its applicability to healthcare settings and generational research. Meta-analytic studies have consistently demonstrated the predictive validity of all three components for important organizational outcomes, including turnover intentions, actual turnover, job performance, and organizational citizenship behaviors.

Profile Summary

The respondents are from healthcare industry born between 1961 and 1998, represent various generational cohorts: Baby Boomers (born 1961–1964, 6 respondents), Generation X (born 1965–1980, 30 respondents), Generation Y/Millennials (born 1981–1996, 52 respondents), and Generation Z (born 1997–1998, 3 respondents). In terms of gender, the sample consists of 43 males (46.7%) and 49 females (53.3%), showing a slight female majority. Regarding educational attainment, the respondents are highly educated, with 42 holding doctoral degrees (45.7%), 34 with master's degrees (37.0%), 9 having earned units in a master's program (9.8%), and 7 with college degrees (7.6%).

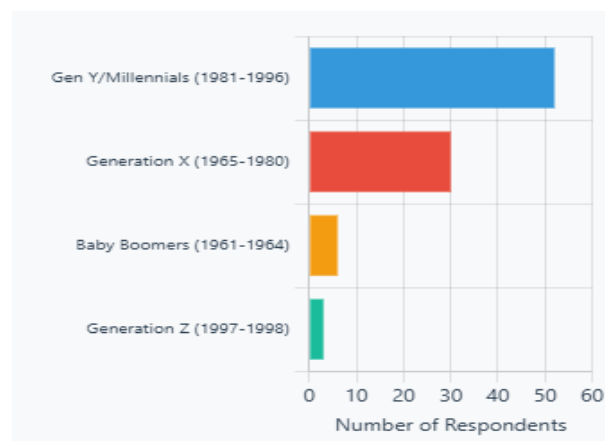


Fig. 2. Generational Cohort Profile

The majority, 60 respondents (65.2%), hold management-level positions, while 32 (34.8%) are in non-supervisory roles, indicating a leadership-heavy sample. Years in service are fairly evenly distributed among shorter tenures, with 18 respondents (19.6%) having less than 1–3

years, 17 (18.5%) with 4–6 years, 16 (17.4%) with 7–9 years, and 18 (19.6%) with 10–12 years. Fewer respondents have longer tenures, with 10 (10.9%) at 13–15 years, 10 (10.9%) at 16–18 years, 1 (1.1%) at 19–21 years, and 2 (2.2%) at 21 years or more.

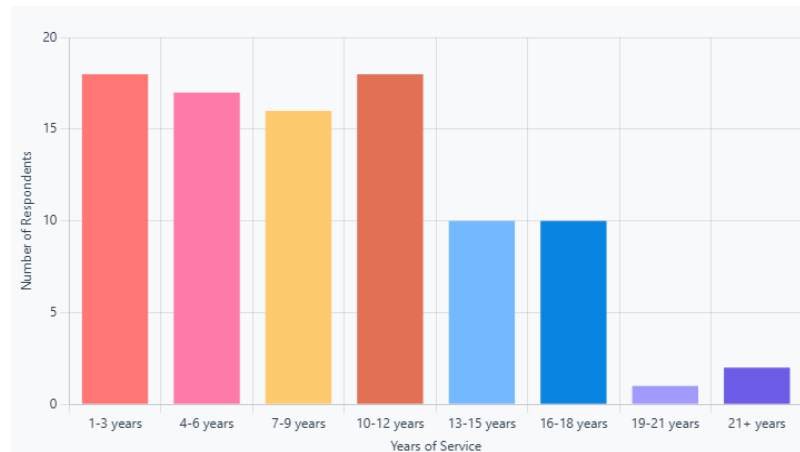


Fig. 3. Years of Service Distribution

Affective Commitment

The Affective Commitment Scale (ACS) assessment in table 1 revealed a strong positive sentiment among employees, with over 80% of the 91 respondents expressing agreement or strong agreement across all six items, and over 90% for four items, indicating robust emotional attachment, sense of belonging, and personal connection to their organization.

The highest agreement is observed in the sense of belonging (94.6%) and personal meaning derived from the organization (94.5%), suggesting employees feel deeply integrated and find their work personally significant. The lowest, yet still high, agreement is for the desire to remain with the organization long-term (84.8%), with 13% disagreeing, possibly due to openness to other opportunities or concerns about long-term prospects. Negative responses (disagree or strongly disagree) are minimal, ranging from 5.4% to 15.2%, indicating rare negative sentiments about affective

commitment. Insights from open-ended responses, highlight alignment with organizational values and mission as a key driver of commitment. Some respondents note professional growth opportunities as significant, while a supportive and friendly work environment further enhances emotional attachment and a family-like feeling.

The high ACS scores and qualitative responses indicates a strong emotional attachment to their organizations. Employees feel valued, connected, and aligned with their organization's goals, driven by values alignment, supportive environments, and growth opportunities. Organizations that promote affective commitment can benefit from various positive outcomes, such as increased employee contribution and alignment with organizational goals [1]. Therefore, management should strive to create an environment that enhances employees' sense of belonging and emotional connection to the organization.

Table 1: Affective Commitment

ACS Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean SD	Observation
I would be very happy to spend the rest of my career with this organization.	41 (44.6%)	37 (40.2%)	12 (13.0%)	2 (2.2%)	3.27 0.77	A strong majority (84.8%) either agree or strongly agree, indicating a high level of desire to remain with their organization long-term.
I really feel as if this organization's problems are my own.	28 (30.4%)	47 (51.1%)	15 (16.3%)	2 (2.2%)	3.10 0.74	Over 81.5% of respondents feel a personal connection to the organization's challenges, suggesting a strong sense of ownership.
I do feel a strong sense of 'belonging' to my organization.	46 (50.0%)	41 (44.6%)	4 (4.3%)	1 (1.1%)	3.43 0.63	Nearly all respondents (94.6%) report a sense of belonging, indicating a robust emotional connection to their organization.
I do feel 'emotionally attached' to this organization.	37 (40.2%)	46 (50.0%)	8 (8.7%)	1 (1.1%)	3.29 0.66	A significant 90.2% feel emotionally attached, reinforcing the emotional bond employees have with their organization.
I do feel like 'part of the family' at my organization.	39 (42.4%)	46 (50.0%)	6 (6.5%)	1 (1.1%)	3.34 0.65	92.4% of respondents feel like part of the family, highlighting a strong sense of community within the organization.
This organization has a great deal of personal meaning for me.	44 (47.8%)	43 (46.7%)	4 (4.3%)	1 (1.1%)	3.41 0.63	94.5% find personal meaning in their organization, indicating that their work aligns with their personal values or purpose.

Continuance Commitment

Continuance commitment levels were moderate across all cohorts, with mean scores ranging from 2.50 to 2.67. This component showed the greatest variation in responses, with agreement levels ranging from 40.2% to 66.3% depending on the specific item and cohort. This indicated that while some employees feel tied to the organization due to necessity or costs, many do not perceive significant barriers to leaving. The highest agreement, at 66.3%, is seen for statements about staying being a matter of necessity and the difficulty of leaving (items 1 and 2), reflecting practical constraints like job security or personal circumstances. Conversely, the lowest agreement, at 42.4% and 40.2% for items 4 and 6, shows that a majority believe they have alternative employment options and do not view scarcity of alternatives as a major consequence of leaving, suggesting lower continuance commitment in these aspects.

Negative responses are more common in CCS, ranging from 33.7% to 59.8%, compared to ACS, indicating that many employees do not feel strongly bound by costs or necessity. Open-ended responses provided context, highlighting stability and fair compensation as reasons for commitment, aligning with necessity-driven aspects (item 1). Comments from other respondents about long tenure or personal investment support the idea that some stay due to time and effort invested (item 5). A few mentioned limited alternatives (e.g., the organization being the only hospital on the island), though this is less common (item 4). Overall, while continuance commitment is moderate, with 40–66% feeling tied by necessity or investment, up to 59.8% do not feel constrained by a lack of alternatives. Qualitative responses suggest that emotional attachment and alignment with organizational values, as seen in ACS, are stronger drivers of commitment than the perceived costs of leaving in this sample. A need for further research between continuance commitment and organizational culture [11].

Table 2: Continuance Commitment

CCS Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD	Observation
Right now, staying with my organization is a matter of necessity as much as desire.	24 (26.1%)	37 (40.2%)	23 (25.0%)	8 (8.7%)	2.84	0.91	A majority (66.3%) agree or strongly agree, indicating that for many respondents, staying with the organization is driven by necessity alongside desire, though a notable 33.7% disagree or strongly disagree.
It would be very hard for me to leave my organization right now, even if I wanted to.	22 (23.9%)	39 (42.4%)	25 (27.2%)	6 (6.5%)	2.84	0.86	66.3% find it hard to leave, suggesting perceived barriers to departure, but 33.7% feel they could leave relatively easily.
Too much of my life would be disrupted if I decided I wanted to leave my organization now.	20 (21.7%)	33 (35.9%)	28 (30.4%)	11 (12.0%)	2.67	0.95	57.6% agree or strongly agree that leaving would disrupt their lives, while 42.4% do not see leaving as significantly disruptive.
I feel that I have too few options to consider leaving this organization.	11 (12.0%)	28 (30.4%)	35 (38.0%)	18 (19.6%)	2.35	0.93	A minority (42.4%) feel limited by a lack of alternatives, while a majority (57.6%) believe they have other options, indicating lower continuance commitment on this item.
If I had not already put so much of myself into this organization, I might consider working elsewhere.	15 (16.3%)	36 (39.1%)	30 (32.6%)	11 (12.0%)	2.60	0.90	55.4% agree or strongly agree, suggesting that personal investment in the organization discourages leaving, but 44.6% do not feel this investment strongly ties them to the organization.
One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	12 (13.0%)	25 (27.2%)	39 (42.4%)	16 (17.4%)	2.36	0.92	Only 40.2% see scarcity of alternatives as a negative consequence of leaving, while 59.8% disagree or strongly disagree, indicating that many respondents perceive viable employment alternatives elsewhere.

Normative Commitment

Normative commitment levels were moderate to high, with mean scores ranging from 2.83 to 3.17. Agreement levels for normative commitment items ranged from 64.2% to 86.9%, indicating that most participants felt some sense of obligation to remain with their organizations.

This results in positioning it below the Affective Commitment Scale (ACS, 80–90% agreement) but above the Continuance Commitment Scale (CCS, 40–66% agreement). This suggests that employees feel a significant sense of obligation to their organization, though it is less intense than their emotional attachment. The highest agreement is observed for statements about the organization deserving loyalty (86.9%, item 4) and employees owing a great deal to it (85.9%, item 6), reflecting strong feelings of duty and gratitude. The lowest agreement, at 64.2% for item 3, indicates that fewer employees would feel guilty about leaving, suggesting guilt is a weaker driver of normative commitment compared to loyalty or obligation to colleagues. Negative responses (disagree or

strongly disagree) range from 13.1% to 35.9%, with the highest for item 3, indicating that while normative commitment is generally strong, some employees lack a strong moral obligation to stay. Open-ended responses provided context, on emphasizing loyalty, aligning with item 4. Gratitude and indebtedness are highlighted by some respondents, who values giving back to the organization that nurtured them, and some who felt indebted for career-shaping experiences, supporting item 6. Obligation to colleagues or community is evident in some responses that focus on serving the poor and underserved patients, aligning with item 5. A sense of moral duty, as noted by others, supports item 1.

Sixty-four or 64 percent to eighty-seven or 87% of employees' express normative commitment driven by loyalty, gratitude, and obligation to colleagues or the community, though it is less dominant than affective commitment. Qualitative responses reinforce and affirm that moral duty and interpersonal relationships are key drivers in this sample [14].

Table 3: Normative Commitment

NCS Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD	Observation
I feel obligated to remain with my current employer.	25 (27.2%)	39 (42.4%)	22 (23.9%)	6 (6.5%)	2.90	0.87	A majority (69.6%) agree or strongly agree, indicating a significant sense of obligation to stay with their employer, though 30.4% do not feel this obligation.
Even if it were to my advantage, I do not feel it would be right to leave my organization now.	24 (26.1%)	45 (48.9%)	21 (22.8%)	2 (2.2%)	2.99	0.76	75.0% feel it would not be right to leave, suggesting a strong moral duty to remain, with only 25% disagreeing or strongly disagreeing.
I would feel guilty if I left my organization now.	19 (20.7%)	40 (43.5%)	26 (28.3%)	7 (7.6%)	2.77	0.86	64.2% express feelings of guilt about leaving, indicating a notable sense of loyalty, but 35.9% do not feel this guilt.
This organization deserves my loyalty.	35 (38.0%)	45 (48.9%)	10 (10.9%)	2 (2.2%)	3.23	0.73	A strong majority (86.9%) believe their organization deserves their loyalty, reflecting a high normative commitment on this item.
I would not leave my organization right now because I have a sense of obligation to the people in it.	28 (30.4%)	46 (50.0%)	16 (17.4%)	2 (2.2%)	3.09	0.75	80.4% feel obligated to stay due to relationships with colleagues, indicating strong interpersonal loyalty.
I owe a great deal to my organization.	34 (37.0%)	45 (48.9%)	11 (12.0%)	2 (2.2%)	3.21	0.73	85.9% feel they owe a great deal to their organization, suggesting a deep sense of gratitude or indebtedness.

Organizational Commitment Scores by Generational Cohort

The quantitative analysis revealed consistently high levels of affective commitment across all generational cohorts, with mean scores ranging from 3.28 to 3.33 on a 5-point scale. Baby Boomers and Generation Y reported the highest levels ($M = 3.33$ and $M = 3.32$, respectively), while Generation X and Generation Z both reported slightly lower but still high means ($M = 3.28$). The relatively low standard deviations (ranging from 0.35 to 0.51) indicate stable and consistent affective commitment responses within groups. These findings suggest that emotional attachment to the organization is strong across all generations.

Continuance commitment scores were moderate across cohorts, with means ranging from 2.50 (Generation X) to 2.67 (Baby Boomers). Generation Y and Generation Z fell in between, at 2.65 and 2.56, respectively. The standard deviations (ranging from 0.44 to 0.63) reflect some variability in how participants perceive the personal cost of leaving the organization. Overall, these moderate scores

suggest that while employees are aware of potential costs associated with leaving, these considerations are not the dominant factor in their organizational commitment. Normative commitment levels were moderate to high, with mean scores ranging from 2.83 (Generation X) to 3.17 (Baby Boomers). Generation Y and Generation Z reported means of 2.94 and 3.11, respectively. These scores suggest that many employees, especially from older cohorts, feel a sense of moral obligation to stay with their organization. While differences across groups are not large, there is a visible pattern of slightly stronger normative commitment among older generations, possibly influenced by traditional workplace values and longer tenure.

The results show that affective commitment is consistently high across all generational cohorts, while continuance and normative commitment are moderate, with some variation by age group. These trends highlight the importance of intrinsic motivators—such as emotional connection and value alignment—in fostering organizational commitment among healthcare employees.

Table 4: Organizational Commitment Scores by Generational Cohort

Commitment Component	Baby Boomers	Generation X	Generation Y	Generation Z	Overall
Affective Commitment	3.33 (0.42)	3.28 (0.38)	3.32 (0.35)	3.28 (0.51)	3.31 (0.37)
Continuance Commitment	2.67 (0.48)	2.50 (0.52)	2.65 (0.44)	2.56 (0.63)	2.59 (0.48)
Normative Commitment	3.17 (0.44)	2.83 (0.56)	2.94 (0.49)	3.11 (0.71)	2.93 (0.52)

Kruskal-Wallis Test Results for Generational Differences

Table 5 presents the results of the Kruskal-Wallis H test, which was conducted to examine whether there were statistically significant differences in organizational commitment across four generational cohorts—Baby Boomers, Generation X, Generation Y, and Generation Z—based on the three components of Meyer and Allen's Three-Component Model of Commitment. For affective commitment, the H statistic was 0.892 with a p-value of 0.827, indicating no significant differences among generational groups. This suggests that employees, regardless of age, share a similarly strong emotional attachment to their organization. Continuance commitment also showed no significant generational variation ($H = 0.614$, $p = 0.893$),

implying that perceptions of the cost or necessity of staying with the organization are relatively consistent across cohorts. Similarly, normative commitment yielded a non-significant result ($H = 1.524$, $p = 0.677$), suggesting that the sense of moral obligation or loyalty to remain with the organization does not meaningfully differ by generation. Overall, all p-values exceeded the conventional threshold of 0.05, indicating no statistically significant differences in any of the commitment components across generational groups. These findings point to a strong level of generational similarity in organizational commitment within the healthcare setting and suggest that shared professional values and a mission-driven culture may unify employees across age groups.

Table 5: Kruskal-Wallis Test Results for Generational Differences

Commitment Component	H Statistic	df	p-value	Significance
Affective Commitment	0.892	3	0.827	Not significant
Continuance Commitment	0.614	3	0.893	Not significant
Normative Commitment	1.524	3	0.677	Not significant

Factors Influencing Employees' Organizational Commitment

Thematic analysis of open-ended responses identified nine key factors influencing organizational commitment across all generational cohorts. These themes provide insight into the underlying mechanisms driving commitment in healthcare settings and help explain the quantitative findings. The most frequently

mentioned factor was alignment with organizational values, mission, or purpose (25 instances), reflecting the importance of value congruence in healthcare settings. This theme aligns with theories of intrinsic motivation and suggests that meaningful work serves as a powerful commitment driver regardless of generational cohort membership.

A supportive work environment and sense of belonging emerged as the second most important factor (23 instances), highlighting the role of job embeddedness and social connections in fostering commitment. This theme encompasses elements of psychological safety, collegial support, and organizational culture that facilitate employee engagement. Opportunities for career growth and

development ranked third (18 instances), demonstrating the universal importance of professional advancement across all generational groups. This finding challenges assumptions about generational differences in career development priorities and suggests that growth opportunities remain important throughout the career lifecycle.

Table 6: Thematic Analysis

Theme	Description	Frequency
Value Alignment	Alignment with organizational values, mission, or purpose	25
Supportive Environment	Supportive work environment and sense of belonging	23
Career Growth	Opportunities for career growth and development	18
Job Security	Job stability and benefits	12
Loyalty/Obligation	Loyalty and sense of obligation	10
Meaningful Work	Meaningful work and perceived societal impact	10
Leadership	Trustworthy and empowering leadership	9
Work-Life Balance	Support for work-life balance	4
Team Relations	Positive teamwork and colleague relationships	4

Findings

The findings of this study present several important insights into organizational commitment patterns across generational cohorts in healthcare settings. The absence of significant differences in commitment levels across Baby Boomers, Generation X, Generation Y, and Generation Z challenges common assumptions about generational differences in workplace attitudes and behaviors.

Theoretical Implications

The lack of generational differences in organizational commitment can be understood through several theoretical lenses. First, the strong mission-driven culture characteristic of healthcare organizations may create conditions where shared values and purposes transcend generational boundaries. The helping professions attract individuals with similar value

orientations regardless of their generational cohort, leading to convergent commitment patterns.

Second, the concept of job embeddedness may explain why healthcare professionals across all generations demonstrate similar commitment levels. Healthcare work often involves deep integration with patients, colleagues, and organizational systems that create multiple ties binding individuals to their organizations. These embedded relationships may override generational differences in commitment expression.

Third, the theory of person-environment fit suggests that individuals who choose healthcare careers may share fundamental characteristics that supersede generational differences. The self-selection process into healthcare professions may create relatively

homogeneous populations in terms of values, motivations, and commitment orientations.

Sectoral Context Effects

The healthcare sector's unique characteristics may moderate generational differences observed in other industries. Healthcare organizations typically emphasize service to others, life-and-death responsibility, and social contribution – values that may resonate equally across generational cohorts. The intensity and meaningfulness of healthcare work may create conditions where extrinsic factors that often differentiate generations become less relevant.

Additionally, the regulated nature of healthcare, with its emphasis on professional standards, continuing education, and ethical practice, may create more standardized work experiences across generations. These structural similarities may contribute to the convergent commitment patterns observed in this study.

Affective Commitment Primacy

The consistently high levels of affective commitment across all generational cohorts suggest that emotional attachment to the organization represents the primary driver of commitment in healthcare settings. This finding aligns with theories of intrinsic motivation and suggests that healthcare professionals' commitment is fundamentally emotional rather than calculative or normative.

The primacy of affective commitment has important implications for human resource management practices. Organizations seeking to enhance commitment should focus on strategies that build emotional connections, such as reinforcing mission alignment, creating supportive work environments, and facilitating meaningful work experiences.

Integration of Qualitative Insights

The qualitative findings provide deeper understanding of the mechanisms underlying organizational commitment in healthcare settings. The prominence of value alignment as a commitment driver supports theories of value congruence and suggests that healthcare organizations benefit from strong mission-driven

cultures that attract and retain employees with compatible values.

The importance of supportive work environments reflects concepts from job embeddedness theory and social exchange theory. Healthcare professionals appear to value interpersonal relationships and organizational support systems that facilitate both professional effectiveness and personal well-being.

The emphasis on career growth opportunities challenges stereotypes about generational differences in career development priorities. Rather than younger generations being uniquely focused on advancement, the findings suggest that professional development remains important throughout the career lifecycle.

Practical Implications

The absence of generational differences in organizational commitment suggests that healthcare organizations may benefit from integrated rather than generation-specific engagement strategies. Rather than developing separate approaches for different generational cohorts, organizations might focus on universal factors that enhance commitment across all groups.

The high levels of affective commitment observed across all generations indicate that healthcare organizations have a strong foundation for employee engagement. However, the moderate levels of continuance and normative commitment suggest opportunities for improvement in areas such as career development, benefits, and organizational support systems.

The qualitative findings provide specific guidance for human resource practices. Organizations should prioritize value alignment in recruitment and selection, create supportive work environments, provide career development opportunities, and ensure that leadership practices facilitate rather than hinder employee commitment.

Conclusions and Recommendations

This study provides empirical evidence that organizational commitment levels do not vary significantly across generational cohorts in healthcare settings. The consistently high lev-

els of affective commitment, moderate continuance commitment, and moderate-to-high normative commitment across Baby Boomers, Generation X, Generation Y, and Generation Z suggest that healthcare's mission-driven culture may transcend generational boundaries. The findings challenge common assumptions about generational differences in workplace attitudes and suggest that healthcare organizations may benefit from integrated rather than generation-specific engagement strategies. The qualitative insights reveal that value alignment, supportive work environments, and career development opportunities represent universal commitment drivers across all generational cohorts.

Recommendations

Based on these findings, healthcare organizations should consider the following strategies to enhance organizational commitment across all generational groups:

- Emphasize mission alignment and value congruence in all human resource practices, from recruitment and selection through performance management and retention initiatives. The prominence of value alignment as a commitment driver suggests that organizations should communicate their mission and values while seeking employees who share these orientations.

- Invest in creating supportive work environments that facilitate both professional effectiveness and personal well-being. This includes developing strong collegial relationships, providing adequate resources and support, and fostering organizational cultures that value employee contributions and growth.

- Provide meaningful career development opportunities that span the entire career lifecycle. Rather than assuming that career development is primarily important to younger generations, organizations should recognize that professional growth remains a universal motivator across all age groups.

- Focus on building emotional connections between employees and the organization through meaningful work assignments, recognition programs, and opportunities for employees to see the impact of their contributions on patient care and organizational outcomes.

Future Research Directions

Future research should address the limitations of this study while extending our understanding of generational differences in organizational commitment. Priority should be given to studies with larger, more balanced samples across all generational cohorts to enable more robust statistical analyses. Longitudinal research designs could provide insights into how commitment patterns evolve over time and whether generational differences emerge as cohorts mature or remain stable across career stages. Cross-sectoral comparative studies could illuminate whether the absence of generational differences is unique to healthcare or reflects broader patterns in contemporary workplaces.

Additionally, research examining the mechanisms underlying commitment in healthcare settings could provide deeper theoretical insights. Studies focusing on the role of job embeddedness, value congruence, and person-environment fit in healthcare contexts could enhance our understanding of commitment processes.

The findings of this study contribute to both theoretical understanding and practical application by demonstrating that organizational commitment in healthcare settings may be more influenced by sectoral characteristics than generational differences. This insight has important implications for human resource management practices and suggests that universal approaches to employee engagement may be more effective than generation-specific strategies in healthcare organizations.

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