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# Worker Affective Commitment in Health Planning Process: A Historical Excursion 1960 – 2018

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**Abstract:** *This paper shows the importance of Worker Affective Commitment (WAC) in health planning process to ensure the development of implementable plans in Nigeria. Past developmental plans have not met set goals due to among others lapses of the worker (planning officer) which could be eliminated if the worker is affectively committed to organization. It examines plans developed from 1960 to 2018 and the planning process discussed in the following levels & stages: Level A (Strategic Level) Analysis Stage & Design Stage. Level B (Operational Level Implementation Stage. The paper is theoretical and discussed reasons for health planning process failure; arguing that, challenges can never be ruled out in planning but strategic actions can be taken to overcome them and achieve desired organization goals during the planning process by workers with inherent affective commitment. In conclusion it is stated that the application of worker affective commitment in planning process has a significant influence in the development of an implementable health plan. It is to be noted that several research have confirmed organizations meeting required goal through workers application of affective commitment. The paper recommends that the health organization endeavour to formulate policies to: Initiate use of adequate techniques for recruitment and selection as well and design initial experiences that encourage new members to learn and accept the values of the organization. It also encourages job-specific training for workers, planning officers in particular & Create conditions that would engender worker affective commitment to assigned duties and responsibilities.*

**Keywords:** *Worker Affective Commitment, Health Planning Process*

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## 1.0 INTRODUCTION

Every organization undertake planning to work out the best ways of securing chosen goals. Health is on the concurrent list which empowers the Federal, State and the Local Governments to legislate on health matters. The health sector (organization) of the Nigeria Economy is statutorily established to, as much as possible, make health care accessible to all and sundry irrespective of geographical location and at an affordable cost to enable all Nigerians the opportunity to attain the desirable goal of an acceptable level of health as well as afford every individual a life that is socially and economically productive (Enabulele, 2013; Aileron, 2019).

Nigeria has invested in the development and implementation of several national development plans given rise to the: First National Development Plan 1962-1968, The Second National Development Plan 1970-1974, The Third National Development Plan 1975-1980, The Fourth National Development Plan 1981-1985, The Fifth National Development Plan and One Year Economic Emergency Programme 1986, The National Economic Empowerment and Development Strategy (NEEDS) 1999-2007, The National Strategic Health Development Plan (NSHDP) 2009-2015, and National Strategic Health Development Plan II (NSHDP II) 2018-2022. With the NSHDP II, it is believed that Nigeria is well positioned to pursue the attainment of Universal Health Coverage and the goal of Health for All Nigeria Populace at all Ages, in consonance with SDG 3 goal. But among others the steadfast commitment of health workers is expected to meet required goals. (Aileron, 2019; Philip, 2019; Adewole, 2018).

Various plans were developed through a planning process discussed at two levels in stages and steps as follows: Level A (Strategic Level) Stage One - Analysis stage. Step 1 - Situation and problem analysis. Step 2 - Development of objectives. Step 3 - Selection of objectives. Stage Two - Design stage. Step 1- Logical framework (logframe) matrix. Step 2 - Activity selection. Step 3 - Resource planning. Step 4 - Developing a monitoring system. Level B (Operational Level) Step 1 – Activity Schedule. Step 2 – Budgeting and resource planning. Step 3- Implementation. Step 4 – Monitoring. Step 5 – Evaluation (Aileron, 2019; Omoleke, & Taleat, 2017).

With the implementation of the NSHDP I some progress has been made, but the desired results were not achieved. Reason being that some plans were developed to fail from the start, lack of commitment of the workers involved in health policy formulation, planning, implementation and monitoring, policies formulated, lack proper co-ordination neither are they related to any economic target, inadequate involvement of health professional associations and communities in the planning, implementation, monitoring and evaluation of health policies, programs and projects; as well as in budget monitoring, poor co-ordination, integration and implementation of health policies, programs, projects and donor support, poor Health Human Resource (HHR) Development Plans and Reward System in the health sector, including poor remuneration, poor working conditions and poor motivation of the health workforce, plans having numerous and nebulous activities amidst lack of resources and setting of unrealistic goals. All being responsibilities of the worker (planning officer). (Adewole, (2018; Omoleke and Taleat (2017; Enabubele, 2013; Aileron, 2019).

Careful consideration of the above reasons reveal a lapse in the responsibility of the worker (the planning officer). This is buttressed by the fact that the Adewole (2018) in recognizes lack of commitment of the health worker and calls for steadfast commitment of health workers. Worker commitment has over the past decade become a topic of increasing importance in industrial/organizational psychology and the employment of committed workers in high demand particularly in planning. Health planning process is rigorous, complex and highly technical that requires a worker (planning officer) with element of affective commitment to undertake.

Despite the particular reference to worker affective commitment as an important feature within the framework of the organization (Shahid & Azhar, 2013; Mercurio, 2015), little has been done within the context of health planning with regards to the role of worker affective commitment in the health planning process. This is in view of the noted advantages and possible positive impact such forms of commitment have in driving organizational goals and achieving organizational targets. The objective of this paper is therefore to examine the historical excursion of health plan development in Nigeria and the planning process, the effect of plan implementation, worker affective commitment, application of worker affective commitment to health planning process in relation to goal identification, goal acceptance and goal pursuance, development of worker affective commitment, draw conclusions and make recommendations.

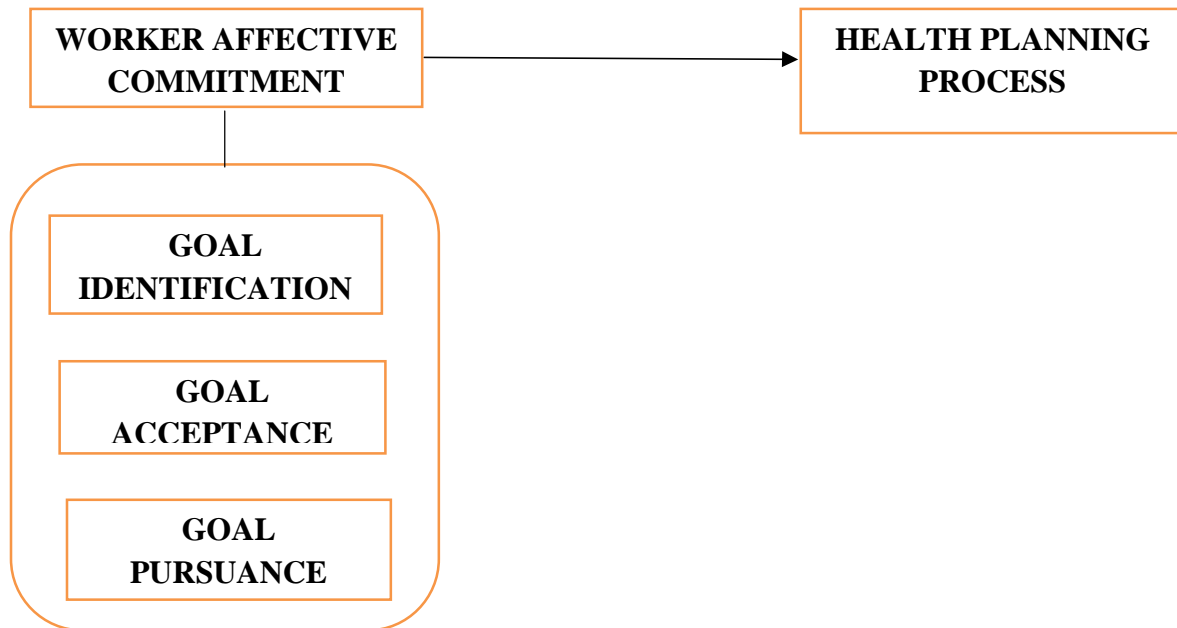


Fig. 1: Conceptual framework of health planning process

Source: Desk Research, 2019

## 2.0 LITERATURE REVIEW

### 2.1 Health Plan Development in Nigeria

Organizations undertake planning to work out the best ways of securing chosen goals. Through planning organizations set goals to guide and provide clear focus for management and workers for programme implementation. (Mckay, 2001). Setting goals that

challenge everyone in the organization to strive for better performance is one of the key aspects of the planning process.(Hill, 2019). Hence organizations aim at analysing roles and relationships so that collective effort can be explicitly organized to achieve some specific ends (goals). (Tamunomiebi, 2002).Healthplan development is of interest hence discussed.

Health is on the concurrent list which empowers the Federal, State and the Local Governments to legislate on health matters. The health sector (organization) of the Nigeria Economy is statutorily established to, as much as possible, make health care accessible to all and sundry irrespective of geographical location and at an affordable cost to enable all Nigerians the opportunity to attain the desirable goal of an acceptable level of health as well as afford every individual a life that is socially and economically productive. (Omoleke & Taleat, 2017).In view of this, the Nigerian government has from 1960 (Independence), invested in the development and implementation of various plans that guaranteed the productivity and wellbeing of all Nigerians.(Okoli, 2019).The subject matter here is the development of implementable health plans as such the desired goal.

The historical excursion of development plans in Nigeria started from 1962 with the First National Development Plan 1962-1968. The process has continued with: Second National Development Plan 1970-1974, The Third National Development Plan 1975-1980, The Fourth National Development Plan 1981-1985, The Fifth National Development Plan. A One Year Economic Emergency Programme followed in 1986 and The National Economic Empowerment and Development Strategy (NEEDS) 1999-2007. (Okoli, 2019). These were adapted in the health sector accordingly and thereafter, The First National Strategic Health Development Plan (NSHDP I) 2010-2016, and Second National Strategic Health Development Plan (NSHDP II) 2018-2022 currently running were developed. (Researcher, 2019).

The Adewole (2018) in the narrative to the NSHDP II states that, it provides the Health Sector Medium Term roadmap to move the country towards the accomplishment of 2016 National Health Policy goals and objectives, the current policy. The plan was designed to: (a) Guide national and subnational governments on health sector priorities they need to focus on.(b) Address lingering and emerging health sector challenges. (c) Offer great opportunity to consolidate on the gains made and to incorporate lessons learned from implementing the first NSHDP to ensure better health outcomes for Nigerians by 2022. (d) Ensure among other things, collective achievement of better cohesion that guarantees greater participation, ownership, sustainability and full implementation of the Plan at all levels of government including communities, a bottom-up approach geared towards the realization of desired goal of ONE FRAMEWORK, ONE PLAN AND ONE M&E for the Nigerian health sector.

Furthermore, the NSHDP II builds upon the successes and challenges of the first NSHDP implemented over the past 6 years and it is believed that Nigeria is now well positioned to pursue the attainment of Universal Health Coverage and the goal of Health for All Nigeria Populace at all Ages, in consonance with SDG 3 goal. It is therefore required that all health stakeholders including health professionals, civil society groups, development partners and

others work together with the States and Federal Governments to achieve the goals of the NHSDP II. And, expected that with unwavering political commitment of the government, the engagement and ownership of the health programmes by all, active community participation, the steadfast commitment of health workers, and the support of our development partners and other stakeholders, the NSHDP II goals will be met. From the foregoing, we appropriate expected “steadfast commitment of health workers” to the health planning officer whose job description and saddled responsibility as specified by Obe (2000) among others include: (a) Taking responsibility for development planning. (b) Undertaking general planning duties. (c) Assisting in examining planning policies. (d) Formulating planning policies. (e) Initiating projects and programmes. (f) Undertaking policy formulation and analysis and project evaluation. (g) Plan monitoring, control, co-ordinating and other related functions. (h) Participating in initiating the review of planning policies and programmes. (i) Advising on matters relating to planning policies and programmes (j) At state level, liaising with Federal and other states’ Planning Agencies and related private and public bodies. (k) Advising Government on Planning Policies and related matters, etc.

Health plans are developed through a rigorous, complex and highly technical planning process coordinated by the worker (planning officer), that runs concurrently across the 36 states of the federation and centrally controlled by the Federal Ministry of Health with specific guidelines. The process is discussed at two levels; Level A (Strategic and Medium Term Plan) controlled at national level and Level B (Workplan or Operational Plan) controlled at state level in stages and steps as described by International Federation of Red Cross and Red Crescent Society (2010).

## **2.2 Health Planning Process**

**Level A (Strategic Level)**– Is a process that prepares Strategic Plan – Long Term Plan (above 5 years period) and Medium Term Plan (5 years period).

### **2.2.1 Stage One – Analysis stage.**

**Step 1 - Situation and problem analysis**– This involves identifying the main strengths, interests, needs, constraints and opportunities of the implementing team and of key stakeholders and identifying the problems that need to be solved and their causes and consequences.

**Step 2 - Development of objectives**– This involves developing objectives based on the identified problems and verifying the cause-effect relationships.

**Step 3 - Selection of objectives**– This involves identifying the different options available to achieve the main objective and determining which one the implementing team or agency is best suited to tackle.

### **2.2.2 Stage Two – Design stage.**

**Step 1- Logical framework (logframe) matrix**– This involves refining the intervention’s objectives, identifying the assumptions, indicators and means of measuring them, and developing a summary of activities.

**Step 2 - Activity selection**– This involves determining and selecting activities through a prioritization process that involves ranking of activities, consideration of capacity to manage, expected resources etc. (Terwindt, (2016), also estimating their duration, setting milestones and assigning responsibilities.

**Step 3 - Resource planning**– This involves determining the inputs needed and budget on the basis of the activity schedule.

**Step 4 - Developing a monitoring system** – This involves developing a monitoring system for the intervention.

**2.2.3 Level B (Operational Level)** – Is the process that prepares workplan or operational plan (1 year period). It involves selecting annual activities and scheduling in the annual budget estimates for appropriation and release of funds by the government in preparation for implementation.

**Step 1 – Activity Schedule** – This is selection of annual activities from the strategic plan known as work plan or operational plan. It includes resource planning such as manpower (staff), materials/equipment, transport, training, etc

**Step 2 – Budgeting** – This is specification of budget input in annual budget estimates for budget appropriation for implementation by the government.

**Step 3- Implementation** - This is carrying out of scheduled activities appropriated in the annual budget estimate and the fund released.

**Step 4 – Monitoring** - This is monitoring of actual expenditure alongside the activity schedule.

**Step 5 –Evaluation** – This is assessment of the impact of the intervention through Joint Annual Review (JAR), Mid-Term Review (MTR) and End Term Evaluation (ETE). (International Federation of Red Cross and Red Crescent Society; 2010); Adewole, 2018).

### **2.3 The Effect of Plan Implementation**

Commenting on effect of past plan implementation in Nigeria as observed by different authors, Adewole(2018) reports on the NSHDP that, some progress has been made, but the desired results were not achieved. Supporting, Philip (2019) observes that, despite series of plans implemented and the one currently running, Nigeria still faces the problem of attaining its development goal. Lawal and Oluwatoyin (2011) also comment that, in spite of series of development strategies put in place by successive governments, and sometimes with good

intentions, all attempts to generate meaningful development proved futile. Which make one to wonder if the previous development plans or strategies were bad in their context, or wrongly projected.

It has been observed that some plans were developed to fail from the start. According to Omoleke and Taleat (2017) the reasons include among others: (a) lack of commitment of the workers involved in health policy formulation, planning, implementation and monitoring. (b) Policies formulated, lack proper co-ordination neither are they related to any economic target. Also contributing, Enabubele (2013) noted other reasons to include: (a) Inadequate involvement of health professional associations and communities in the planning, implementation, monitoring and evaluation of health policies, programs and projects; as well as in budget monitoring. (b) Poor co-ordination, integration and implementation of health policies, programs, projects and donor support. (c) Poor Health Human Resource (HHR) Development Plans and Reward System in the health sector, including poor remuneration, poor working conditions and poor motivation of the health workforce. Aileron (2019) also noted plans having numerous and nebulous activities amidst lack of resources and setting of unrealistic goals. These are responsibilities of the worker (planning officer) specified above and believed to hinder attainment of health plan implementation desired goals.

Careful consideration of the above reasons reveal a lapse in the responsibility of the worker (the planning officer). This is buttressed by the fact that Adewole (2018) recognizes lack of commitment of the health worker and calls for steadfast commitment of health workers. In view of this, further discussion on health worker commitment becomes imperative. The need to focus on worker commitment was also drawn from views of other authors such as: Berry (2020) who argues that in the business planning process, commitment is essential. Plans need to be implemented, and implementation means commitment. Hussein (2018) observes that, in today's fast changing business environment, organizations are finding it difficult to function at optimum level. And, worker commitment is now considered a natural process for effective performance. Alipur, Arabani, Asad and Zareii (2013) recognize that human resources are the largest sources of managers and there isn't any mission in organization without the commitment and dedication of its workers. Shahid and Azhar, (2013) posit that, worker's commitment has been an important factor to determine the success of an organization. It has also acquired increasing demand as it aids the organizations to increase productivity and effectiveness. For no organization can execute at peak levels unless each worker is committed to the organization's goals and objectives and performs as an effective team member. The employment of good workers is thus demanding. Delobbe and Vandenberghe (2000) support that, worker commitment has over the past decade become a topic of increasing importance in industrial/organizational psychology. It follows that, worker commitment in the health planning process is very significant and its need in planning cannot be overemphasized.

## **2.4 Commitment**

### **2.4.1 Commitment Defined**

Commitment is defined as: A stabilizing or binding force (mind-set), which directs behaviour. (Wainwright, 2018). A stabilizing force that acts to maintain behavioural direction when expectancy/equity conditions are not met and do not function. (Shahid and Azhar, 2013). Worker commitment is defined by Irefin and Mechanic (2014), as the degree to which the worker feels devoted to their organization.

### **2.4.2 Components of Commitment**

Commitment is expressed as affective, normative, continuance and calculative. The description of these components by different authors is given below.

#### **Affective Commitment (AC)**

Affective Commitment as described by different authors is: An emotional attachment to, identification with, and involvement in the organization. (Stinglhamber, Marigüe, Desmette, and Hansez, 2015). Also referred to as attitudinal commitment, is a psychological attachment to the organization that indicates the comparative potency of a worker's identification with the organization, such that the worker is willing to remain with the organization because he or she wants to do so. (Ahiauzu and Asawo, 2012). Also referred to as attitudinal or internalization and identification, is worker's emotional attachment and identification with the organization. In which workers continue with the organization because they want to do so and feel proud to be part of the organization, respecting its values and accomplishments. (Fornes and Rocco, 2004). How much workers want to stay at their organization. They identify with the organisational goals, feel that they fit into the organisation and are satisfied with their work. (Wainwright, 2018). An individual's personal emotional connection with the organization who is a passionate person, responsible for the members as a body to continue working in the organization. Workers who are committed on an emotional level to stay with the organization are doing so because, their personal working relationship is consistent with the mission and ethics of the organization. In general, affective organizational commitment is a unique system which identifies the extent an organization is associated with a worker. (Sundarapandiyam and Vinoth, 2015).

#### **Normative Commitment (NC)**

Normative Commitment as described by different authors is: Workers' responsibility for the job and thus makes them stay with the same organization. (Sundarapandiyam and Vinoth, 2015). Workers feeling a persuasive sense of obligation such that their willingness to stay with the organization is because they feel they ought to do so. (Ahiauzu and Asawo, 2012). A feeling of obligation to continue employment. (Stinglhamber, *et al*). How much workers feel they should stay at their organisation. They feel that leaving their organisation would have disastrous



consequences, and feel a sense of guilt about the possibility of leaving. (Wainwright, 2018).The work ethics and implicit responsibilities of the workers in their organizations. It can be explained as a sense of responsibility to continue work with a specific organization. The idea, internalized responsibility and commitment, allows workers continued membership which is appreciated by a specific organization. The normative element is seen as people who consider the moral commitment with the view of remaining within a specific organization, regardless of the amount of improvement in the state of completion the organization provides the individual over the years. (Sundarapandiyan and Vinoth, 2015).

### **Continuance Commitment (ConC)**

Continuance Commitment as described by different authors is: Worker's commitment based on the value associated with their organization. (Sundarapandiyan and Vinoth, 2015).An awareness of the costs associated with leaving the organization. (Stinglhamber, *et al*2015).How much workers feel the need to stay at their organisation. The underlying reason vary, but the main reasons relate to a lack of work alternatives, and remuneration.(Wainwright, 2018).Worker's being committed to an organization because of extrinsic rewards like the positive results obtained through the effort-free deal to identify with the goals and values of the organization. This differs from affective commitment, in which individuals remain with an organization because they want to and because they are familiar with the organization and its principles. Continuance commitment can be considered as an attachment instrumental to the organization, where the association of the worker with the organization is based only on an assessment of the economic benefits obtained. The workers remain with a specific organization because of the money they earn as a result of time spent in the organization, and not because they want to. Also because they are attracted to other investments such as pension plans, retirement or the organization with specific skills. (Sundarapandiyan and Vinoth, 2015).Also referred to as Calculative Commitment is workers counting the cost of leaving an organization and base their judgment on whether to stay or live on the outcome of the cost benefit analysis. Therefore workers with strong continuance commitment remain with the organization, because they have to do so, either because of low perceived alternatives or because of personnel sacrifice associated with leaving the organization. (Ahiauzu and Asawo, 2012).

### **Calculative Commitment (CaC)**

Calculative Commitment as described by different authors is:When workers are committed as a result of worker – organization – transactions and alternatives in side-bets over time. The workers become bonded to an organization because they have invested in the organization (for example, a pension plan) and cannot afford to separate themselves from it. (Ebikeseye, 2018).Also referred to as "Side-bet" or Continuance and Compliance, is the extent to which workers feel committed to their organization by virtue of the cost that they feel is associated with leaving it and their need to remain with the organization.(Fornes and Rocco, 2004).

Research carried out on the above components of commitment, identified affective commitment most effective in meeting organizational goals. As reported by Mercurio (2015), researchers over the past 20 years have agreed from their findings that: (a) affective commitment seems to serve as a historical and theoretical base for organizational commitment theories, (b) affective commitment may more strongly influence work behaviours than other components or proposed forms of commitment, and (c) affective commitment may be reasonably considered a core essence of organizational commitment. Fornes and Rocco (2004) posit that, the affective commitment approach provides a clearer and more focused scale of organizational commitment because the correlation between antecedents and affective measures are stronger than those measures of the calculated or continuance approach. Also, many existing measures of organizational commitment are attitudinal and the construct validity of affective commitment is supported while the construct validity of the other components are questionable.

The above views can be summed up as worker affective commitment being an emotional involvement of a worker to tasks, propelled by devotion, discipline, dedication and determination (The 4Ds) to achieve desired organizational goal because he or she wants to do so and not to return a favour or for some benefits and opportunity costs. It is our view that a worker who is affectively committed to the planning process described above would yield a better result than the other components, being that the affective element has an edge over others. Our aim is to improve the health planning process in an anticipation to achieving the desired government goal to develop an implementable plan.

It has so far been established that the planning process coordinated by the worker (planning officer) is rigorous, complex and highly technical and requires commitment of the worker. Recognising these, the Federal Government of Nigeria has called for the steadfast commitment of health workers. Commitment has different components but affective commitment provides a clearer and more focused scales of organizational commitment and assumed may more strongly influence work behaviours than other components (as argued by various authors above) hence considered most appropriate attitude for the health worker (planning officer) to coordinate the planning process. We believe that the elements of affective commitment in the worker (planning officer) would propel him or her to yield to organizational: Goal Identification, Goal Acceptance and Goal Pursuance in relationship to the planning process. (Research Desk, 2019).

## **2.5 Application of worker affective commitment to health planning process**

The application of worker affective commitment to health planning process in relationship to goal identification, goal acceptance and goal pursuance is as described below.

### **Goal Identification**

Pearsall (2002) defines goal identification as the act of aligning with something. That is, to regard oneself as sharing the same thinking as someone. In same manner the elements of

affective commitment propel the health worker (planning officer) to identify (share the same thinking) with the health organization goal to develop implementable health plan through the planning process. Affective commitment to goal identification as expressed by other authors include: Fornes and Rocco (2004) define affective commitment as the measure of strength of the worker's identification with the goals and values of the organization. D'souza and Poojary (2018) view affective commitment as a state in which a worker identifies with a particular organization and its goals and wishes to maintain membership in the organization. This affirms that the commitment of a worker can be identified when the worker identifies the goals of the organisation and wishes willingly to be part of the organisation. Grund and Titz (2018) posit affectively committed workers identify with their organization, since the values and goals of the organization go along with workers' perceptions. Wainwright (2018) relates affective commitment to how much workers want to stay at their organisation. They identify with the organisational goals, feel that they fit into the organisation, see the organization as part of them and are satisfied with their work. Ebikeseye and Dickson (2018) view affective commitment as the worker's emotional attachment to, identification with and involvement in the organization. They argue that, those with strong affective commitment continue employment with the organization because they genuinely want to do so. For, they see the organization as part of them. Mercurio (2015) views affective commitment as the emotional attachment to an organization as manifested by an individual's identification with, and involvement in, that organization. Sundarapandiyam and Vinoth (2015) view affective commitment as worker's emotional behaviour, identification, attachment and involvement with their organization. Kumari and Afroz (2013) argue that, workers who have high levels of organizational identification have enhanced feelings of belongingness to their organization and are more psychologically attached to it. It is a psychological connection to the organization as a whole including among others organization goals, vision, policies and procedures. Zep-Obipi and Agada (2018) posit that, it is the relative strength of an individual's identification with and involvement in a particular organization. Ahiauzu and Asawo (2012) state that, it is the identification with the goals and values of the organization which manifests as a craving to belong to the organization and the associated readiness to display effort on its behalf.

### **Goal Acceptance**

Pearsall (2002) defines goal acceptance as the taking on a responsibility. Similarly, the health worker (planning officer) with element affective commitment take up the responsibility to coordinate the planning process to develop implementable health plan. This is affirmed by: Adekola (2012) who defines affective commitment as a strong belief in and acceptance of the organization's goals and values. Ireferin and Mechanic (2014) consider it as the attitude of a strong belief in and acceptance of the organization's goals and values. D'souza and Poojary (2018) also consider it as a strong desire to stay in the organization, and accept major goals and values of the organization. Also believing and accepting the goals and values of organization and possessing and showing desire to be part of the organization. With affective commitment,

workers are motivated to remain in the organisation and be ready to accept higher goals and synchronize with the values of the organisation.

### **Goal Pursuance**

Pearsall (2002) defines goal pursuance as, to formal the carrying out of something. Similarly, the health worker (planning officer) with element of affective commitment would formal (initiate and coordinate) the planning process to develop implementable health plan. Authors that support this view include: Ahiauzu and Asawo (2012) argue that, when organizational goal becomes clearer and acceptable to the workers, their consciousness is raised to pursue higher ideals for the long term benefit of the organization. This happens because organization goal becomes so real and motivating, such that individual goal and organization goal become seamlessly aligned; in which case the pursuance of organizational goal results in the attainment of individual goal. Alipur, *et al* (2013) posit that, successful managers know the power of commitment and believe that continuous pursuit of organizational goals is key to the success of their activities.

## **2.6 Development of worker affective commitment**

From research findings Mercurio (2015) posits that, as management look to developing commitment as both business and talent management strategy, it is important to focus on practices that are in place to secure an emotional bond to the organization. Although many organizations may focus on benefits, salaries, positions, and career advancement structures as a means of developing commitment, they may be overlooking what research has found to be a possible antecedent to these elements: the affective, emotional bond workers have with their organizations. Agada and Zeb-Obipi (2018) posit that, the development of affective commitment involves recognizing the organization's worth and internalizing its principles and standards. Organizational practices that can develop affective commitment include:

i **High-Commitment Human Resource (HR)** – HR practices that are grounded in the theories of organizational commitment can positively shape worker attitudes related to affective commitment to organizations. Also practices that focus on commitment positively affect worker perceptions of the organization, which can result in higher levels of affective commitment as well as increased organizational trust. The ability for workers to feel involved and aware of HR practices has also been found to contribute to elevating affective commitment levels

ii **Recruitment, Selection and Socialization** - When organizations use techniques such as rigorous and careful recruitment and selection, and design initial experiences that encourage new members to learn about and accept the values of a new organization, commitment is positively affected. Socialization practices that focus on organizational values and include positive role modelling at the management level has an effect on new members' affective commitment to the organization. Also, socialization practices that feature a high investment in organizational values and positive role modelling.

iii **Mentoring Social Networking** - Mentoring relationships have a positive effect on affective commitment for: (a) mentoring helps workers to personally identify with the organization, (b) mentoring assists with stress management, and (c) positive role modelling and relationships may foster better attitudes about work.

iv **Training and Development**– Training and development is a key ingredient in fostering affective commitment. It has been established that the investment in training and development that builds knowledge and skill translates into self-efficacy, self-esteem, and therefore worker affective commitment.

### **3.0 CONCLUSION**

Applying affective commitment in health planning process allows full concentration and eliminate distractions that keep the health worker (planning officer) focused to undertake the rigours of the process to produce implementable health plan. The paper concludes that the application of worker affective commitment in planning process has a significant influence in the development of an implementable health plan. It is to be noted that several research have confirmed organizations meeting required goal through workers application of affective commitment.

### **4.0 RECOMMENDATION**

In this vain, I recommend that, the health organization endeavour to formulate policies to:

- i. Initiate use of adequate techniques for recruitment and selection as well as design initial experiences that encourage new members to learn and accept the values of the organization.
- ii. Encourage job-specific training for planning officers
- iii. Create conditions that would engender worker affective commitment to assigned duties and responsibilities.

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