Available Online at http://www.journalajst.com

ASIAN JOURNAL OF SCIENCE AND TECHNOLOGY

ISSN: 0976-3376

Asian Journal of Science and Technology
Vol.07, Issue, 03, pp.2524-2528, March, 2016

RESEARCH ARTICLE

CONTEXTUALIZED EXAMINATION OF STAKEHOLDER COMMITMENT TO PROJECTS

***Sudi Nangoli, Sophia Namiyingo, Isaac Magoola, Yunia Musasizi, Jaaza Mahmood and Grace Nalweyiso**

Department of Business Administration, Makerere University Business School, Kampala, Uganda

ARTICLE INFO

Article History:
Received 28th December, 2015
Received in revised form
31st January, 2016
Accepted 12th February, 2016
Published online 31st March, 2016

Key words:

Stakeholder commitment,
Health projects,
Project management,
Uganda.

ABSTRACT

This study examines the level of stakeholder commitment in selected health projects in Uganda. The stakeholders captioned were the community representatives and the end users (beneficiaries) who were either taking part or had ever taken part in the selected projects. This study adopted a cross sectional quantitative research design. It used descriptive statistics Data was collected from 123 respondents. The collected data was analyzed using descriptive statistics including frequencies, percentages and means. The results indicated that the beneficiaries had some sense of belonging for the projects (Mean = 3.00) however, the stakeholders felt that due to varied reasons, they would not be willing to exert more effort to guarantee successful execution of the project activities (Mean = 2.92). This therefore implies that if stakeholders have limited commitment to the project and yet they are usually the intended end users of the project deliverables, the sustainability of such an intervention remains just a 'window- dressing ritual'.

INTRODUCTION

Projects that obtain sustainable results usually take stakeholder commitment seriously (Nangoli, *et al.,* 2012). According to Palmer (2002), such projects make it a point to put commitment into practice with sound concepts, focused dedication, careful monitoring, and appropriate adaptive measures when necessary. Many other studies have also directly emphasized the positive effects associated with high project commitment. This study empirically put these assertions to test by examining the level of stakeholder commitment in selected health projects in Uganda. Research by Bentein, Vandenberg,Vandenberghe, and Stinglhamber (2005) advances the fact that individual commitment is a "psychological stabilizing or obliging force that binds individuals to courses of action relevant" to a particular health project. Consistent with Kanter (1968) and Porter *et al.,* (1974), for this research, Individual commitment is conceptualized as the willingness by an individual to devote energy and loyalty to a project as expressed in three forms; - affective, continuance, and normative (see also Meyer and Allen, 1997). Morgan and Hunt (1994) described commitment as exchange partner believing that an ongoing relationship with another is so important as to warrant maximum efforts at maintaining it.

****Corresponding author: Sudi Nangoli,***
Department of Business Administration, Makerere University Business School, Kampala, Uganda.

Porter *et al.,* (1974) characterized commitment by three factors. These factors are a strong belief in and acceptance of the project goals and values, a willingness to exert considerable effort on behalf of the project, and a strong desire to maintain membership in the project. The 'net sum' of a person's commitment to a project reflects each of these separable psychological states (Meyer and Allen, 1997). Affective commitment is an individual's emotional attachment with (i.e. identification with and involvement in) the project.

Continuance commitment refers to the individual's recognition of the benefits of continued association with the project compared to the perceived cost of leaving the project. Normative commitment refers to the stakeholder's feeling of obligation to stay in the project. Thus, all three forms of commitment affect the individuals' willingness to remain with a project. Contextually, health projects in Uganda are dearly needed and it is arguable that they are embraced based on the need to curb the rampart health challenges (Claquin, 1989)that are common place in Uganda just like in any other low developed country. Also efforts to guarantee sustainability (IFAD, 2007; Shediac and Borne 1998) of existing health projects is vital in ensuring continued benefits flow to intended beneficiaries. The following sections of this paper present the methods used in the study, the detailed findings and their discussion, the conclusion and recommendations, and suggested areas for further research.

Table 1. Gender

		Count	Valid Percent	Cumulative Percent
Gender	Male	40	32.5	32.5
	Female	83	67.5	100.0
	Total	123	100.0	

Table 2. Marital status

		Count	Valid Percent	Cumulative Percent
Marital status	Single	36	29.3	29.3
	Married	55	44.7	74.0
	Divorced	10	8.1	82.1
	Others	22	17.9	100.0
	Total	123	100.0	

Table 3. Level of Stakeholder Commitment

Affective	N	Min	Max	Mean	S.D
I would be very happy to spend the rest of my career with this project.	55	1.00	5.00	2.43	1.24
I feel a strong sense of belonging to my project.	55	1.00	5.00	3.00	1.51
I enjoy discussing my project with people outside it	55	1.00	5.00	2.90	1.47
This project has a great deal of personal meaning for me.	55	1.00	5.00	2.71	1.38
I really feel as if this projects' problems are my own.	55	1.00	5.00	2.55	1.24
I think that I could easily become as attached to another project as I am to this one.	55	1.00	5.00	2.45	1.22
I am willing to exert more effort to guarantee successful execution of the project activities.	55	1.00	5.00	2.92	1.45
	55			2.71	0.87
Normative.	N	Min	Max	Mean	S.D
Extending a serving hand to the community deserves my loyalty.	55	1.00	5.00	2.75	1.43
I feel I have an obligation to keep performing health activities.	55	1.00	5.00	3.08	1.48
I think it wouldn't be right for me to avoid taking part in health projects' activities.	55	1.00	5.00	2.90	1.45
I would feel guilty to abscond from taking part in Health activities.	55	1.00	5.00	2.37	1.08
I have a sense of obligation to the recipients of health projects.	55	1.00	5.00	2.86	1.40
I owe a great deal to health projects.	55	2.00	5.00	3.00	1.43
	55			2.82	1.01
Continuance.	N	Min	Max	Mean	S.D
I think no other activities can match the benefits that health project' activities present to me.	55	1.00	5.00	2.39	1.20
It would be very hard for me to abandon health projects' activities even if I wanted to.	55	1.00	5.00	2.57	1.32
My life would be upset if I decided not to engage in health activities.	55	1.00	5.00	2.20	1.12
It would be too costly for me to quit this project right now.	55	1.00	5.00	2.33	1.25
One of the few serious consequences of leaving this project would be the scarcity of available alternatives.	55	1.00	5.00	2.57	1.40
I feel that I have too few options to consider leaving this project.	55	1.00	5.00	2.52	1.28
Taking part in health projects is a matter of necessity as much as desire.	55	1.00	5.00	2.72	1.39
	55			2.47	0.70
Grand Mean (Stakeholder Commitment)				2.66	0.73

Source: Primary Data.

MATERIALS AND METHODS

This study adopted a descriptive research design. Respondents were systematically selected from 86 NGO projects (NGO network, 2010) and the unit of inquiry comprised of community representatives and the end users (beneficiaries) who were/had ever taken part in the sampled projects. From each selected project, 1 community representative and 1 beneficiary was sampled which added up to a total of 172 target respondents. The inclusion and exclusion criteria was that where a person was picked and found not to have participated in the selected projects, he/she was discarded and replaced with the next convenient person. The responses returned were 71% of what was targeted. The collected data was entered into SPSS software version 20 and analyzed using descriptive statistics including frequencies, percentages and means to come up with meaningful inferences. The results are presented in the next section.

Findings

Background characteristics

Background data were gathered and analyzed on gender, marital status of the respondents. Tables 1 and 2 show the results. Results in table 2 further revealed that most of the respondents were married (43.4%), 31.8% were single, 16.7%were the divorced while 8.1% were in others category (did not disclose).

The level of stakeholder commitment in health projects among NGOs in Uganda

The results in table 3 below highlight the relative composition of stakeholder commitment in the projects. In examining the level of stakeholder Commitment in health projects among NGOs in Uganda, descriptive were presented as shown in the table that follows. Commitment was measured using a scale of

1-5 as in the case of stakeholder participation. The results imply that stakeholder commitment is still low (mean = 2.667) and so are its components which are Affective (Mean=2.71), Normative (Mean=2.82) and Continuance (Mean=2.47) which all had mean below 4.00 a clear indication of the low level of stakeholder commitment towards health projects. The results indicated that the beneficiaries had some sense of belonging for the projects (Mean = 3.00) however, the stakeholders felt that they would not be very happy to spend the rest of their career with the project (Mean = 2.43) and neither were they willing to exert more effort to guarantee successful execution of the project activities (Mean = 2.92). Note should be taken that the results which have means close to 3.00, only show uncertainty with the issue at hand and therefore a need to improve the issue reflected.

DISCUSSION OF FINDINGS

Stakeholder commitment was found to comprise of components like affective normative and continuance. The three components explain 69.3% of the variance in stakeholder commitment. This is in agreement with the earlier studies of Allen and Meyer (1990b) who conceptualized three components of stakeholder commitment: affective (i.e., stakeholders' emotional attachment to, identification with, and participation in the project activities); continuance (i.e., commitment based on the costs that the stakeholders associates with leaving the project); and normative (i.e., stakeholder's feelings of obligation to stay with the project). The study findings however revealed that most of the stakeholders were community agents who acted on a voluntary basis. Drawing from previous studies it was noted that whereas the use of community agents contains programme costs and viewed by some program operators as a means of enhancing sustainability (Scheirer, 2005), volunteerism in the Ugandan situation given the economic status faces many challenges. For example, whereas community mobilization was regarded very important in health projects, it was noted that it faces a challenge of inadequate commitment by the community members who are volunteers and the beneficiaries who expected other benefits. This probably explains why the level of stakeholder commitment in health projects among NGOs in Uganda is still low with (mean = 2.667) and so are its components which are Affective (Mean=2.71), Normative (Mean=2.82) and Continuance (Mean=2.47)

Conclusion and recommendations

The study findings also revealed that the level of stakeholder commitment towards health projects among NGOs in Uganda is still low (mean=2.66) and so are its components of Affective, normative and continuance with mean values of 2.71,2.82 and 2.47 respectively which all had mean less than 4.00. This therefore implies that if stakeholders have limited commitment to the project and yet they are usually the intended end users of the project deliverables, the sustainability of such an intervention remains just a 'window-dressing ritual'.

The Limitations to the Study

The instruments used were designed for use in developed countries which may have rendered them not very appropriate for studies in Uganda. However less biased results were obtained after incorporating the supervisor's advice and pretesting of the tool. Some stakeholders were illiterate which posed a problem of language barrier. Though the researcher spent time with respondents trying to interpret the questionnaire for them, this might have caused some biasness and common understanding of the questionnaire. The data collection instrument was a standard questionnaire which usually limits the ability to collect views about information outside asked question. The researcher used extensive questions and also included some open ended questions in the data collection instrument and was thus able to solicit unstructured views about the performance of these projects as a way of lessening this limitation. Some respondents especially project coordinators were not willing to give all the required information because of fear to expose the organization. This is likely to cause a biased response. However the researcher was able to overcome this by spending time with respondents and thoroughly explaining to the respondents the sole purpose of the study.

Acknowledgements

The Authors would like to acknowledge the contributions made by Dr. Muhammed Ngoma and Dr. Levi Kabagambe in shaping the preliminary ideas that informed this article.

REFERENCES

Addae, H.M., Parboteeah, K.P. and Davis, E.E. 2006. Organizational commitment and intentions to quit. *International Journal of Organizational Analysis* 14 3) 225-238. DOI 10.1108/19348830610823419.

Allen, N.J. and Meyer, J.P. 1990b. The measurement and antecedents of affective, Continuance and normative commitment to the organization. *Journal of Occupational Psychology*, 63, 1-18.

Arnestein, S.R. 1969. A ladder of citizenship participation. Journal of American Institute of planners, 35, pp.216.

Barr. A, Fafchapms .M, and trudy. O. 2003. Non-governmental Organizations in Uganda. A report to the Government of Uganda. Bharal, B. Article)-Project efficiency and effectiveness: The IT Project Management. Retrieved on 21st April 2010. http//Ezine articles.com/expert=Bharat Bista.

Blackman, R. Tearfund 2003) Projects cycle Management, ROOTS resources. Bridnorth, Shropshire, WV164QP, UK.

Bossert TJ. 1990. *Can they get along without us?* Sustainability of donor-supported health

Projects in Central America and Africa. Soc Sci Med 30: 1015–1023.

Bakenegura, N.R 2003. Community Driven Service Delivery Strategies; selected cases from Uganda.

Bourne, L. 2006. Project relationships and the stakeholders circle presented at PNI research conference 2006, enter Mont-Royal, Montreal Canada paper)

Bourne, L. 2007. Avoiding Successful failure.PNT, Global Congress, Asia Pacific.

Bourne, L. 2005. Project Relationship Management and the Stakeholder Circle. Graduate School of Business, RMIT University, Melbourne.

Bourne, L. 2008b. SRMM: stakeholder relationship management maturity. Paper presented at PMI Global Congress – EMEA, St Julian's.

Bourne, L. 2008a. SRMM: stakeholder relationship management maturity. Paper presented at PMI Global Congress, EMEA, St Julian's.

Bryde, J.D. 2010. Project management concepts, methods and application. International Journal of Operations and Production Management, 23 7), 775-93. CARE Assisted Rural Water Projects in Indonesia. WASH Field Report No. 107. February. Arlington, Va.: Water and Sanitation for Health Project.

Chesterman .B 2006. *Effective stakeholder Management*; Project success through stakeholders Management Network Rails-Rail defects management system.

Cleland, D.I. 1999. *Project Management Strategic Design and Implementation*, 3rd ed), Mc Graw-Hill, Singapore.

Coninck, J. 2009) Evaluating the Impact of NGOs in Rural Poverty Alleviation. A Uganda Country study. An article retrieved from www.cababtracts.org March 2012

Cooper, T.L. 1998. *The Responsible Administrator*, 4th ed. San Francisco, CA. Jossey-Bass Publishers

DFID, 1995. Technical note on enhancing Stakeholder Participation in Aid activities.

Diallo, A. and Thuillier, D. 2004. The success dimensions of international development projects: the perceptions of African project coordinators. *International Journal of Project Management*, 22, 19-31.

Environmental Protection Agency; Stakeholder involvement evaluation. Project XL. A final report of October 2000, prepared for the US environmental Protection Agency by the southeast Negotiation Network.

FAO 2009. Concepts and issues of sustainability in countries in transition. An institutional concepts of sustainability as a basis for the network. www.fau.org/regional/seur/seesa/concept.html

Finzi, 2009. Sustainability a question of stakeholder engagement.

Freeman, R.E. 1984. Strategic management a stakeholder Approach, Boston, Pitman

Gearhart, Richard. 1984. Evaluation of the Technical and Community Participation. Approach of

Goodman, R. M., and Steckler, A. 1993. A model for the institutionalization of health promotion programs. Fam Commun Health 11: 63–78.

Goodman, R. M., and Steckler, A. B. 1987–1988. The life and death of a health promotion program: An institutionalization case study. International Quarterly of Community Health Education, 8, 5–21.

Guilt, I. and Gaventa, J. 1998), Participatory Monitoring and Evaluation, Learning from change; IDS policy Briefing issue 12, Brighten, IDS

Hannah, S. 2008. Enhancing the role of Major Groups and stakeholders in implementation of UNEP's Programme of work 2012-11; A paper by Stakeholder Forum for sustainable future.

Hill, C. and Jones, T. 1992. Stakeholder Agency theory. Journal of management studies vol.29 pg 131-154.

Hodgkin, Jonathan, *et al.,* 1993**.** Sustainability in Water Supply and Sanitation. Draft WASH. Report. February. Arlington Va.: Water and Sanitation for Health Project.

Howard- Grabman, L. and Senetro, G. 2002. How to mobilize communities for health ans Social change. Johns Hopkins University center for communication programmes and save the Children federation, Washington Dc.

IFAD, 2009. Best practices and lessons learn; sustainability of rural development projects pg 20-35

Jestin, P. February 15, 2007. Staffwriter. Silence kill your project. www.projectmanagementsource.com/2007/02/silence_cankill.html.

Kerzner, H. 1996. Project Management workbook-PNP? CAPN>

Kerzner, H. 2006. Project Management: A Systems Approach to Planning, Scheduling and Controlling, 9th ed. Wiley, New York, NY.

Kanungo, R. N. 1982. Measurement of job and work involvement. *Journal of Applied Psychology*, 67, 341-9.

Langer, M. E., Schon, E., Egger-Steiner, A. M., *et al.,* 2002. Sustainable Development and the evaluation Process at the Regional/local Level. S.D.-EVA-Pro. Final report. Abteilung fur Wirtschaft and Umwelt. Evaluation of sustainable development: Vienna.

Leach, M. Mearns, R and Scoones, 1- 1997. challenges to commudity-Based sustainable development, institute Development Studies Bulletin, Vol,28 No.4, pp4-14

Marilee, K. 2000. Monitoring and evaluating stakeholders Participation in Agriculture and Rural Development Projects. A Literature review; An annotated Bibliography.

Micheal C. Jensen, 2001. Value Maximization, stakeholder theory and the Corporate Objective, function. Business ethics Quarterly, Vol-12, No.2, pp 235-256.

Mumbo, G. 2005. Stakeholder Analysis for the Energy sector. A guide for structured consultations). A paper prepared for Nile Basin initiative.

Najam, A. 2000. Community Level Sustainability Assessment Dasudi, India: A Case Study Based on the Work of the IUCN/IDRC Project on 'Assessing Progress Towards Sustainability'. IUCN the World Conservation Union): Cambridge, UK.

Nangoli, S., Namagembe, S., Ntayi, J., M., and Ngoma, M. 2012. Towards building project-stakeholder commitment: Case study - citizenship projects in Uganda", World *Journal of Entrepreneurship, Management and Sustainable Development*, Vol. 8 Iss: 4 pp. 233 - 245

Narayana, G. Reddy 2002. Partnership Model. Empowering Communities through Participatory methods.

Ngowi, A.B and Mselle p.c 1998. Community participation in facility management, facilities, vol. 16, No.11.November 1998 pp 314-318 and MCB UP Ltd.

Sandra, W and Jonathan, G. November, 2000. Documentation of community capacity building experience in Uganda. GOU, UNICEF country Programme 1995-2000.

Shediac Rizkallah, M. C., and Bone, L. R. 1998. Planning for the sustainability of community-based health programs: Conceptual frameworks and future directions for research, practice and policy. *Health Education Research*, 13, 87–108.

Swerissen, H., Crisp, B. R. The sustainability of health promotion interventions for different levels of social organization. *Health Promotion International*. 2004;19 1):123-30.

Tammer, M. D. 2009. Early stakeholder involvement in projects. PN World today. Featured paper April 2009. Vol. XI, issue IV. Institute for Business engineering, Utrecht University of Applied Science, Faculty of Natural Sciences and technology, Utrecht.

Thomas, Mol Thomas M.J. 2001. Planning for Community Participation in CBR. *Asia Pacific Disability rehabilitation Joirnal,*12 1, pp-44-51.

Xiaojin, Wandjing, H. 2006. The relationship between key stakeholders project performance and project success. Perceptions of Chinese construction supervising Engineers. *An international journal of project management*. Vol. 24, Issue,3, April 2006 page 256-260.

****