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ORGANISATIONAL COMMITMENT AND WORK-LIFE-BALANCE OF NURSES

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ABSTRACT

This study is utilized descriptive research procedure to accomplish the purpose. The study variables are organizational commitment and work-life-balance. It is observed that the nurses are having higher level of organizational commitment. Further, it is observed that nurses are having higher level of affective commitment towards their organization. At the mean time, continues commitment as in the second level and normative commitment as in the least level among the nurses. Nurses are having higher level of affective commitment toward their hospital.

INTRODUCTION

The concept of organisational commitment has grown in popularity in the literature on industrial and organisational psychology (Cohen, 2003). According to Porter, et. al., (1974) an attitudinal perspective refers to the psychological attachment or affective commitment formed by an employee in relation to his identification and involvement with the respective organisation. They further describe organisational commitment as “an attachment to the organisation, characterised by an intention to remain in it; an identification with the values and goals of the organisation; and a willingness to exert extra effort on its behalf”. Individuals consider the extent to which their own values and goals relate to that of the organisation as part of organisational commitment; therefore it is considered to be the linkage between the individual employee and the organisation.

Work-life-balance refers to the effective management of multiple responsibilities, at work, at home and in the other aspects of life. It is an issue that is important both to the organizations and to the employees. In the current economic scenario, organisations are hard pressed for higher productivity and need employees with improved work-life-balance, as an employee with better work life balance will contribute more meaningfully towards the organisational growth and success (Naithani, 2010)

Statement of the problem

Employees are often able to be contacted 24 hours a day, 7 days a week due to technological changes (Little, 2002). In the case of couple working, demographical changes, employment conditions, greater participation by women in the workforce and long hours, culture are creating the issues of work-life well being (Forsyth and PolzerDebruyne, 2007).

The immense employee flexibility which has arisen from this working culture has contributed to the dissemination of barriers between work and non-work time, with the fostering of ability to work 'anytime, anywhere' work culture (O'Driscoll, 2004). There is a pressure for workers to continuously upgrade their skill in order to remain employable (O'Driscoll, 2004). Job insecurity pressurizes the individuals to work hard than even before to keep their jobs. Those who survive layoffs are being expected to work longer hours at greater intensity. (Greenhalgh and Rosenblatt, 1984). All these factors

worktogether to increase the flexibility of the individual employee, resulting in the blurring of boundaries between work and non work time. Because of this, family and work roles are continuing to become increasingly intertwined with a growing amount of conflict (Spector, et. al., 2004). This has led to a rapid increase in work -life conflict in recent times (Edwards and Rothbard, 2000).

Need for the study

The boundary between paid work and personal lives is becoming more difficult (Lewis, 2003). Work and family commitments are quite greedy in nature and are fundamentally difficult to reconcile. It is therefore inevitable that women experiences more work-family conflict as they attempt to balance (Scheibl,1999; Feanzway, 2000). Still the question now remains, why do women continue to work when they are facing these immense challenges? At a very basic level, the answer seems to be that women work in order to support the material needs of the household. At a higher level, it appears that women are committed to work for reasons other than material enrichment (Scheibl, 1999).

Objective of the Study

To analyze the effect of organizational commitment on work-life-balance of nurses.

Methodology adopted for this study.

This study is utilized descriptive research procedure to accomplish the purpose. The study variables are organizational commitment and work-life-balance. The target population for this study is defined as nurses, who had completed five years of experience and who are all working in (cuddalore) district, Tamilnadu, India. In this district, 3286 nurses are working in public and private hospitals. From the total population, ten percent of subject are considered for this study. Hence, 328 samples are approached to participate this study. Sample respondents are selected through convenience sampling method. The degree of work life balance is measured 15statement (Hayman,2005) The nurses organizational commitment is measured with 18 statement (Mayer Allen 1991). Participants are asked to rate themselves on seven point scale. Where seven stands for strongly agree and one stands for strongly disagree. In order to find the answer to the hypothesis, descriptive statistics and correlation and regression analysis are done.

Results and discussion

Table1 Level of Work-Life-Balance

Level	No of respondent	Percentage
Low	97	24
Medium	71	17.6
High	236	58.4

Source: Primary data computed

The work-life-balance questionnaire (Haymen, 2005) measured the three dimension of work-life-balance with 15 statements. The respondents are asked to rate their responses in the seven point scale. The overall average score indicates the degree of work-life-balance of the nurses. All the 15 items are taken and the total score is calculated. The score is ranged between15 to 105. Further, mean standard deviation value is calculated. Then \pm standard deviation is considered to categorize the work-life-balance level as, low, medium and high. Level of work-life-balance among the nurses is

displayed in the table 1. From the data, it is noted that 58.4 percent of the nurses are having high level of work-life-balance. 24 percent of the nurses are having low level of work-life-balance. Only 17.6 percent of the nurses are having balance between work and life. It is found that the majority of the nurses are having imbalance between work and life. It shows that the nurses devoted their time and effort towards their work and personal activities. Nurses are aware of the different demands of their personal resources, time and energy.

With this awareness, they are able to review and value the choices they have in term of how they allocate their precious provide resources. Such conscious decision-making provide a sense of control over their working arrangement in order to better accommodate other aspects of their lives. It is important to understand that work-life-balance does not mean to devote an equal amount of time to paid work and non-paid role. It is a satisfactory level of involvement or fit between the multiple roles in a person's life. Work-life- balance is generally associated with equilibrium between the amount of time and effort devotes to work and personal activities, in order to maintain an overall sense of harmony in life (Clark, et al 2004). Women often experiences role overload. The total time and energy devoted to family and work are too great for women to perform both role well or comfortably (Duxbury et al,1994).

Women felt that work and family are both equally important and both are the sources of their satisfaction. When work does not permit women to take care of their family, they feel unhappy, disappointed and frustrated. They draw tight boundaries between work and family and they do not like one crossing the other (Burke, 2002). Researchers have generally found that women experiences greater amount of work-life-balance than men (Azizd and Cunningham, 2008).

Table 2 Organisational Commitment of Nurses

Organisational Commitment	Mean	Standard deviation
Affective commitment	4.88	0.56
Continuance commitment	4.80	0.71
Normative commitment	4.76	0.81

Source: Primary data computed

In this research, the researcher has been measured three dimensions of organization commitment namely, affective commitment, continues commitment and normative commitment. The mean score and standard deviation value are calculated for each dimension. The values are displayed in the table 2. The mean score of affective commitment is found to be 4.88 and standard deviation value is 0.56. Continues commitment has secured the mean value of 4.80 and standard deviation value is 0.71. Normative commitment means score is 4.76 and standard deviation is 0.81. From the mean value, it is observed that the nurses are having higher level of organizational commitment. Further, it is observed that nurses are having higher level of affective commitment towards their organization. At the mean time, continues commitment as in the second level and normative commitment as in the least level among the nurses. Nurses are having higher level of affective commitment toward their hospital.

Mayer and Allen (1991) highlighted that affective commitment as the most conducive to greater longevity in the job and achievement of higher performance standards. Employees, who felt that they are truly on integral part of the organization,

they would most likely have a tendency to want that organization to be successful as a measure their own success. This attitude is a powerful motivator to work hard to meet performance goals. Hence, nurses have to be sensitivity to their work experiences. Nurses are having emotional attachment with their hospital management.

Table 3 Organisational Commitment and Work-Life-Balance

Organisational Commitment	Work Life Balance	
	r-value	p-value
Affective	0.265	0.001*
Continuance	-0.083	0.05) **
Normative	0.007	0.888(NS)
Overall	0.334*	0.001*

Source: Primary data computed; * Significant at 1 per cent level; ** Significant at 5 per cent level

NS- Non significant

Table 3 explains the relationship between organisational commitment and work-life-balance. From the correlation analysis, it is observed that organisational commitment dimension affective commitment has the significant relationship with work-life-balance.

But, continuance commitment and normative commitment do not have significant relationship with work-life-balance. The r-value for affective commitment is found to be 0.265. It shows that affective commitment is having positive and significant relationship with work-life-balance. Employees who are affectively committed to the organization have developed strong personal bonds and want to remain part of the whole. They have close relationship with the organization and their loyalty is a part of their everyday life. Continuance commitment is based on a real need to stay; while there may be things about the organization that continuance commitment employees do not particularly like, the motivation to stay grows from a need.

These employees may not be able to afford to move on or family attachments may dictate that they stay in place for convenience. It may be that they can't find anything better and do not want to give up what they have even though it might not be the ideal situation. Employees who are normatively committed responds to their own sense of loyalty and fairness. The organization has provided jobs to them that allow them to support themselves and their families and so they feel they owe it to the organizations stay on (Mayer and Allen, 1997).

Table 4 Effect of Organizational Commitment on Work-Life-Balance

R value	R-Square	Adj R value	F value	P value
0.271	0.073	0.066	10.55	0.001*

Model	B value	Standard value	Beta	t value	P value
Constant	0.819	0.526	-	1.558	0.120(NS)
Affective	0.384	0.072	0.260	5.357	0.001*
Continuance	-0.064	0.057	-0.054	-1.118	0.264 (NS)
Normative	-0.009	0.050	-0.009	-0.178	0.859 (NS)

Source: Primary data computed; * Significant at 1 per cent level; NS- Non significant

Table 4 explains the effect of organisational commitment on work-life-balance. Here, the organisational commitment dimensions namely, affective, continuance and normative commitment are considered as independent variables and work-life-balance is treated as a dependent variable. Further multiple regression is applied to identify to strongest predictors of organisational commitment dimensions on the work-life-balance. The measure of strength of association in the regression analysis is given by the coefficient of regression determination denoted by R square value.

The adjusted R square value is 0.066, which implies that 6.6 percentage of the variation on work life balance is explained by the independent variables namely affective, continuance and normative.

The F value is 10.55 and p-value is 0.001 which is significant at one percent level. It shows that there is significant influence of organisational commitment on work-life-balance. The standardized coefficient Beta value indicates the relative importance of the predictors such as affective, continuance and normative with work life balance. Here predictors of work-life-balance are expressed by the equation.

Work-life-balance = $-0.819 + 0.384$ (affective)

The equation explains that affective commitment has the positive impact on work-life-balance. But continuance and normative commitment do not have an impact on work-life-balance. It is inferred that to have one unit increase in work-life-balance, affective commitment increases by 0.384, when other factors remain constant. It is found that organisational commitment has the impact on work-life-balance. Affective commitment is found to have positive impact on work-life-balance. Social exchange theory indicates that the employees get organizational support through work-life-balance policies. The higher level of organizational commitment helps to increase in productivity, lower level of job related stress and higher level of job satisfaction (Burchell, et al 2002).

Work-life-balance is positively associated with perceived organizational commitment (Oppelman et al., 2000). Women professionals felt that the organizations should provide time off for their work or give them autonomy to make their own decision that helps to have better work life balance. Employees who perceive that the organization provides them with greater support in balancing work and home, will exhibit higher level of organizational commitment (Burchielth, et al 2008).

Findings and recommendation of the study

It is found that the majority of the nurses are having imbalance between work and life. But, 17.6 percent of the nurses are balance between work and life. Nurses are having higher levels of organizational commitment. Here, affective and continuous commitment is found to be higher than the normative commitment.

It is found that organisational commitment has the positive relationship with work-life-balance. Here, affective commitment is positively related with work-life-balance. But continuous commitment is having negative relationship with work-life-balance. However normative commitment is not having significant relationship with work-life-balance. Organisation commitment influences the work-life-balance. Affective commitment is found to be the higher level of predictor of the work-life-balance. Organisational commitment are having positive impact on work-life-balance

Conclusion

The imbalance between work and life is found to be very high in the service sector. This needs to be focused immediately to balance it for the success of the hospital

sector. Organizational commitment and work-life-balance are having positive impact. Generally, women are committed to work and also family there for organizational commitment and work-life-balance should not be considered as isolated issues, but should be placed together, not only an human resource perspective, but also from organizational perspective to ensure that the organizational becomes the employer of choice and retains talented workers for the future of the organization.

In Tamilnadu, the profession of nursing is meant for women's. Women's are care taker of the family; moreover, it is culture and tradition of the tamilnadu. Though, it is tradition, women's are taking dual role, especially in the nursing profession. In this profession, they are taking care of their patients as well as their family. Hence, it is necessary to study their work-life-balance.

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