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Measuring Organizational Commitment and Occupational Stress of Pakistani Doctors: Comparing Lahore and Karachi Public Hospitals in Gender Perspective

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Abstract

The purpose of the study is to investigate the disparity in cause and consequences of stress among male and female genders in private hospitals. The self-constructed stress model is used to evaluate the pertinent effect of stressors on organizational commitment. 219 respondents took part in the study from which 114 participants were from Lahore and 105 from Karachi through convince sampling technique. Semi-constructed survey based online matrix is used to achieve quantitative aspect. According to results evaluated causes of stress among male and female varies. In addition, females are under less stress than males at operational level. Moreover, due to social support programmes, employees working in Lahore hospitals are under less stress in comparison to Karachi hospitals. As indicated in the results interpreted, causes of stress varies among 2 contrasting gender. Females are under more stress due to personal factor whereas in male organizational and environmental factor is a chief cause for stress. Organizational commitment for females is affected by family problems and personality clashes while in males it is Job demand, leadership, and economic uncertainty that is affecting organizational commitment. In male and female workforce, consequence of stress doesn't vary. Nevertheless, to overcome stress, females utilize personal resources in a very effective fashion and display behavioral symptoms while men displays cognitive behavior. Normative commitment is more prevalent among males as compare to opposing gender whereas in females affective commitment and continuance commitment is high. In addition, Lahore workforces are under low stress than the Karachi workforce.

Key Words: *Occupational Stress; Personal stressors; Organizational Commitment; Comparative Analysis; Organizational Stressors; Hospital Sector;*

Introduction

Stress is found to be a usual event at workplace which varies from person to person (Stranks, 2005; Haque et al., 2016). For a number of people it is acceptable but for others it is not (ibid). It is evaluated as an "influence behinds body natural equilibrium" (Haque & Aston, 2016). It manifests in an organization to a greater degree (Kumasey, *et al.*, 2014). In this period of

globalization, the efficiency of an organizational is on high risk due to stress (Schabracq & Cooper, 2000). Therefore it draws attention of organizational behavior and management sciences discipline researchers.

Research Aim

"To investigate the disparity in organizational commitment, causes and consequences of stress among male and female employee working in private hospitals in contrasting cities"

Significance

In contrasting cities, comparative analysis approach was used to inspect the variable of interest. Furthermore, the centre of attraction in later researches was single dimension whereas this study paid more attention on multi-dimension in distinct hospitals by using HAQUE & ASTON model (2016). Hence this study utilize peculiar HAQUE & ASTON model to investigate organizational commitment.

Literature Review

Stress that is related to work is a center of attraction for researcher's as it influence stance, productivity and efficiency of workers (Kumasey *et al.*, 2014; Haque & Aston, 2016). Occupational stress has pessimistic impact on the flow of swift operation (Mark & Smith, 2011) while employees encountering stress shows diminish productivity and deprives performance as interpreted by Oforgbu and Nwadianai (2006). Stranks (2005) evaluated that cause and effects of stress are different for different people. Interestingly, Stranks (2005) discovered 'Personal', 'organizational', and 'environmental' stressors, that was adopted by Haque & Aston (2016) and later Haque et al., (2016). We also used it in this study.'

'Person-Environment' and 'Demands-Control' models are interpreted in the study from interactional theories. The primary agenda of the "Interactional theory of the stress" is that stress endures in a person when it is exposed to the environment but the 2 major snag of the study are stress is extravagance as peripheral attribute and it is regarded as the environment is steady (Mark & Smith, 2008). Multi-stressors are managed in a steady potent environment as

declared by succeeding studies (Lazarus, 1991; Mark & Smith, 2008). Moreover, when a person is exposed to environment, stress unfolds inside, doubling its effect in dynamic vicinity as interpreted by transactional theory (Mark & Smith, 2008). Mark and Smith refurbish stress model by taking up pertinent elements from different schools of thoughts. But still DRIVE Model has to be trailed in private hospitals incurring elevated level of complexities. In IT industries DRIVE Model has been tested but in hospitals it is still needed to be trailed (Haque & Aston (2016) and Haque et al., (2016)). In addition model interpreted the probable effects of stress on organizational commitment.

Organizational commitment is a psychological bond between employees and their workplace by manifesting affirmative intent (Haque & Yamoah, 2014). Affective commitment (AC), normative commitment (NC), and continuance commitment (CC) all are antecedents of organizational commitment (ibid). Affective commitment is a personnel definite entanglement in the organization. Normative commitment is workers zeal and assiduity to the organization and continuance commitment is a willingness of an employee to reside in the same organization (ibid). All the dimension of organizational commitment and principle impacts of stress has been studied. Affective commitment and normative commitment are more prevalent among females in IT industry (ibid). Furthermore, Tan and Lan (2012) investigated that affective commitment is more in male gender while Haque and Yamoah (2014) and Mathieu & Zajac (1990) stated that females have more continuance commitment than male gender at operational level. Male at operational level endures less stress than their female counterpart (Kumasey et al., 2014). Affective commitment among 2 different genders is uniform at operational level As evaluated by Hemdi (2009). Due to personal resources and effective support program employees shows more normative commitment. If personal resources are elected effectively, it helps in minimizing stress related to job as stated by Schwarzer & Leppin (1991).

Strank evaluated two types of stressors i.e. personal and external stressor. Personal stressors encompass individuality, family and financial problem whereas political, economic, and technological improbability is external stressors. Leadership, interpersonal demands, job demand, organizational structure, lifecycle of organization, and task demands comes under

organizational stressor (ibid). Since females are more prone to sustain job related support so they face reduce stress due to personal resources (Sackey and Sanda, 2011) while males have to suffer more chaos (ibid). Furthermore, male utilizes personal resources to deal with personal strains and these are established on adaptive responses (Brannon & Feist, 1992; Sackey & Sanda, 2011). Moreover, social support is positively utilized by females at operational level while males grasp its efficiency only (Sackey and Sanda, 2008). In addition, the key reason behind effectiveness of male workers at operational level is organizational commitment and social support (Kets de Vries et al., 2009). Environmental and organizational factors influence males more in reducing stress (Fairbrother & Warn, 2003). Social support resulted in elevated organizational commitment and personal affiliation. Personnel's at operational level is getting more moral support as investigated by Sackey & Sanda, (2011) and Haque and Yamoah, (2014). Multiple studies showed that commitment and efficiency of employee are influenced by stress. ; Ekundayo, 2014; Sanda & Sackey, 2011; and Mark & Smith, (2008).

Moreover, employees at operational level incurs stress due to personal factor that impact employees performance Cicei (2012) and Stranks (2005). Males are in low stress due to organizational factor (Fairbrother and Warn, 2003; Kumasey et al., 2014). Furthermore, organizational factor have an immense impact on employees working at operational level (Kumasey et al., 2014). Environmental factor cause more stress among males. (Ceici, 2012; and Kumasey et al., 2014).

Hypothesis

Ho: Males and females are evenly affected by cause and consequences of stress working in private hospitals in contrasting cities.

Methodology

Five point Likert Scale; semi-structured self constructed questionnaire are developed to evaluate the variables of interest in 2 different cities to achieve quantitative aspect. This is a similar scale used by Haque, Aston & Kozlovski (2016) to investigate the research variables in gender context. The sample size consists of male and female working at private hospitals. The study was conducted from Nov 2016 to Jan 2017 inclusive of pilot survey. In this cross-sectional

study 219 people participated out of which 105 participants were from Karachi and remaining 114 were from Lahore. Convenience sampling technique was used. Positivist philosophy and deduction approach was pre-owned to test the hypothesis. Approximately 200 hospitals were asked to participate in the study out of which 73 took part signifying a response rate of 36.5%. Questionnaire consist of 20 item scale which includes; personal strains, personal resources, perceived and received support, types of stressors, organizational commitment, and role of occupational therapist. For quantitative analysis IBM SPSS 21.0 was used while for investigating the variation among 2 different genders funnel approach via MS EXCEL was used. To check whether data was normally distributed or not, Shapiro Wilk test was performed. The significance was found to be 0.623 which indicates strong evidence against null hypothesis justifying the data is normally distributed. Furthermore, Cronbash's alpha value was 0.816 showing internal consistency. As data is normally distributed, we applied parametric test to check the hypothesis. Independent t-test and Pearson correlation was used. The confidentiality of respondents was assured.

Results

As indicated in above table of descriptive statistics majority of the participants were males (51%), having age bracket of 29-40 years comprising degree of graduation (49%) with the experience of 3-5 years working at operational level in private hospitals. On the other hands women's are more dynamic in hospitals with post graduation degree.

	Levene's Test for Equality of Variances		T	Df	Sig. (2- tailed)	Mean Difference
	F	Sig.				
Affective Commitment	.321	.670	2.75	217	.012	.19198
Normative Commitment	4.47	.043	2.33	217	.023	.18615
Continuance Commitment	.061	.688	2.12	217	.021	.18087

Personal Strain	.003	.848	-.028	217	.001	-.00288
Personal Resources	17.21	.000	4.67	217	.000	.34957
Occupational Role	6.81	.011	.677	217	.001	.05013
Occupational Therapist Role	4.68	.046	1.68	217	.122	.14377

As Levene's test of equality of variance is greater than 0.05, hence equal variance assumed is incorporated to interpret findings. As shown by results AC ($p=0.012 < 0.05$), NC ($p=0.02 < 0.05$), and CC ($p=0.02 < 0.05$) are statistically significantly different among males and females. However personal resources are more effectively used by female employees than males ($p=0.000 < 0.05$) which shows that there is a statistically significant difference in the handling of resources in male and females in both the cities. ($p=0.021 < 0.05$). In addition due to occupational role, level of stress is different for two distinct gender ($p=0.000 < 0.05$). Furthermore for two different gender there is a statistical significant difference in cause of stress ($p=0.000 < 0.05$).

In addition, a weak linear relationship of occupational therapist is established with occupational role and personal role consumption through Pearson correlation. Moreover moderate positive linear relationship has been observed with job role in all antecedents of OC; namely AC (0.931), NC (0.887) and CC (0.812). Furthermore, for AC and job role ($p=0.007 > 0.01$), the correlation coefficient is not significantly different from zero whereas CC ($p=0.000 < 0.01$) and NC ($p=0.000 < 0.01$) is significantly different from zero. However, for male and females, personal resources consumption share moderate linear relationship with AC (0.588), NC (0.623) and CC (0.517) which shows that 50% of the disparity in organizational commitment dimensions is due to pattern of personal resources. In addition, for personal resources and AC ($p=0.008 > 0.01$) correlation coefficient is not significantly different from zero whereas CC ($p=0.000 < 0.01$) and NC ($p=0.000 < 0.01$) is highly significantly different from zero. Finally, for personal strain and AC ($p=0.545 > 0.01$), NC ($p=0.934 > 0.01$) and CC ($p=0.848 > 0.01$) the correlation coefficient is not significantly different from zero

Findings and Discussions

It is evident from statistical test that organizational commitment (AC, NC, and CC) among two contrasting gender differs. Male employees in Lahore have AC higher than the employees working in hospitals of Karachi as exposed by funnel approach (47% against 39%). In both the cities, AC among females is high at operational level (approximately over 50%). Moreover, due to organizational stressor, occupational stress extensively affects AC. According to Haque and Yamoah (2014) males display elevated AC but this opposes our findings. We initiate that AC is high (69%) among employees working at operational level but Hemdi (2009) findings contradicts our findings. Moreover, Lahore workforce believe role of occupational therapist more constructive as compare to Karachi workforce (52% against 37%). Additionally, moral support in Lahore is 64% as compare to Karachi (58%). Nevertheless, Lahore workforce get added social support.

Regardless of age bracket and experience, NC is higher among males. NC among male and female employees of Karachi at operational level is 51% against 36% while in Lahore it is 59% against 41%. But our findings disagree with the work of Haque and Yamoah (2014) who evaluated that NC is higher among females whereas support Haque et al., (2015). CC among females is high as compare to male (97% against 21%). Nevertheless, in Karachi CC is same among both the genders at operational level (50%) whereas in Lahore it is more in females (66% against 34%). Moreover, in contrast to AC and NC (69% and 63%), CC is least apparent among workers at operational level.

Therefore, in Karachi the dimensions of OC (AC, CC and NC) are low as evident from findings. As we evaluated, males have higher NC whereas females have higher CC and NC but our findings contradicts the work of Haque and Yamoah (2014); Tan and Lau (2012); and Mathieu and Zajac (1990). Furthermore, at operational level, situational commitment is more obvious in working people. Although OC becomes lofty at workplace, the reason behind this is social support. In our study, we found out that worker do well at their workplace when they are personally attached and occupational stress get reduced when they get social support, regardless of gender. Females cop up with stress more efficiently than males. Moreover, Lahore workforce is

less prone to stress than Karachi workforce because of less resources. Furthermore, Kumasey et al., (2014) study also differs from our study in a manner that we discover females show less stress. Our study confirmed the Schwarzer and Leppin (1991) findings that employee's shows different performance at workplace who acquires more support and resources. Furthermore, females overcome with stress more efficiently than male at operational level because of their capability to understand, to take, and get advantage of personal resources. In addition, when male get exposed to stress at workplace they shows "adaptive response". So, our study supports the prior study of Haque, Aston, & Kozlovski (2016). There is a Statistical significant difference between stress in male and female caused by occupational role ($p=0.000 < 0.05$). Our study confirmed the study of Haque and Yamoah (2014) and Sackey and Sanda (2011), in a manner that moral support increases as a result of organizational support at operational level.

Our study discover that personal factors are more important in females as compare to males (63.2 %:37.2 % , $p < 0.05$) and these results are significant statistically. Additionally, in Pakistan's two commercial cities, gender ratio showed that personality and family restrictions have impact on females although male are effected by financial problem consequently . Our study contradicts with Fairbrother and Warn study (2003), because their study says that females encounter high stress due to organizational and environmental factors. Although our study reflects that personal factor is stressor. In opposition to ,our study support the main study of Stranks (2005) and Cicei (2012), at operational level, personal factor leads to high stress . Furthermore, organizational factors leads to high stress in male and female (66.6%: 33.4%, $p < 0.05$) showing that results are more significantly different. Therefore, Haque and Aston (2016) study is supported by this study. Both the genders are most likely to be exposed to stress and display intellectual behavioral and natural indication, both in Karachi and Lahore (78%: 22% , $p < 0.05$) showing that results are statistically significant . So, the work of Haque & Aston (2016) and Haque et al., (2016) are supported with this study. Moreover, we concluded that stressors for males are organizational factors. Although stressors for females are interpersonal demands and environmental factor affecting their organizational commitment, as evaluated from funnel approach.

Furthermore, consequences of stress faced by both the genders of Karachi and Lahore do not show any statistically significant difference (68.4 % : 32.6% , $p > 0.05$) . Moreover, females show behavioral indications, although males display physiological indications..

Conclusion

In both the cities of Pakistan, causes of stress are dissimilar for both the genders. In males, significant effect of stress on organizational commitment is potentially high. Moreover, employees in Karachi hospitals are under more stress as compare to Lahore hospitals due to diminish social support and job of occupational therapist. Males are under more stress due to organizational factors (leadership, role demand, and organizational structure) whereas in females common stressors are personal factor (personality, family, and financial problems). Behavioral symptoms are more in females in comparison to males who illustrate more physiological symptoms. At workplace, social support aids in organizational commitment among women's.

Due to lack of social support and personal resources males are under more stress. In hospitals of Karachi, stress is more prevalent in contrast to hospitals of Lahore. Male demonstrate high level of normative commitment whereas female demonstrate high level of affective commitment and continuance commitment. In General, Karachi workforce has low affective commitment, normative commitment and continuance commitment as compare to Lahore. In addition, at operational level in both the cities continuance commitment is minimally apparent. Diminish occupational stress and elevated level of support at workplace results in high organizational commitment. The rationale behind elevated organizational commitment in hospitals of Lahore is efficient handling of personal resources, availability of emotional and moral support, and overriding role of occupational therapist. Therefore causes of stress among male and female are not same while consequences does vary to some extent. Moreover, it is asserted from the study that there is a relationship between organizational commitment and occupational stress among employees in contrasting cities working at operational level.

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References

- Brannon, L., & Feist, J. (1992). *Health psychology: An introduction to behaviour and health* (2nd ed.). California: Brooks/Cole Publications.
- Cicei, C. C. (2012). Occupational stress and organizational commitment in Romanian public organizations. *Procedia - Social and Behavioral Sciences*. 33, 1077 – 1081.
- Ekundayo, J. A. (2014). Occupational Stress and Employees Productivity in the Workplace. *International Journal of Scientific Research in Education*. 7 (2), 157-165.
- Fairbrother, K., & Warn, J. (2003). Workplace dimensions, stress and job satisfaction. *Journal of Managerial Psychology*, 18, 8-21.
- Haque, A. U., & Aston, J. (2016). A Relationship between Occupational Stress and Organizational Commitment of I.T Sector's Employees in Contrasting Economies. *Polish Journal of Management Studies*. Vol. 14 (1), 95-105.
- Haque, A. U., Aston, J., & Kozlovski, E. (2016). Do causes and consequences of stress affect genders differently at operational level? Comparison of the IT sectors in the UK and Pakistan. *International Journal of Applied Business*. Vol. 1 (1), 1-7.
- Haque, A. U., Faizan, R., Zehra, N., Baloch, A., Nadda, V., & Riaz, F. (2015). Leading Leadership Style to Motivate Cultural-Oriented Female Employees in the Developing Country: I.T Responses from Pakistan. *International Journal of Academic Research in Business and Social Sciences*. Vol. 5 (9), 280-302.

- Haque, A.U., & Yamoah, F. (2014). "Gender Employment Longevity: I.T Staff Response to Organizational Support in Pakistan," *International Journal of Academic Research in Business and Social Sciences*, 4 (12), 324-347.
- Hemdi, M. A. (2009). Investigating Hotel Employees' Organizational Commitment: The Influence of Human Resource Management Practices and Perceived Organizational Support. *Journal of Tourism, Hospitality & Culinary Arts*, 1(3), 1-20
- Kets de Vries, M., Guillen Ramo, L., & Korotov, K. (2009). Organizational Culture, Leadership, Change and Stress. In C. Cooper, *Work and Health Psychology Handbook* (pp. 21-35). Lahore: Willey.
- Kumasey, S.A., Delle, E. & Ofei, B.S. (2014) Occupational Stress and Organizational Commitment: Does Sex and Managerial Status Matter? *International Journal of Business and Social Research (IJBSR)*, 4, 173-182.
- Lazarus, R.S. (1991). Psychological Stress in the Workplace. In P.L. Perrewe (Ed.). Handbook on job stress, *Journal of Social Behavior and Personality*, 6, 1-13.
- Mark, G. M. & Smith, A. P. (2008). Stress models: a review and suggested new direction. In: Houdmont, J. and Leka, S. eds. Occupational Health Psychology, *European Perspectives On Research, Education and Practice*, 3 (1). Nottingham University Press, pp. 111-144.
- Mathieu, J. E., & Zajac, D. M. (1990). A review and meta-analysis of the antecedents, correlates and consequences of organizational commitment. *Psychological Bulletin*, 108 (2), 171-194.
- Ofoegbu, F. & Nwandiani, M. (2006). Level of perceived stress among lecturers in Nigerian Universities. *Journal of instructional psychology*, 33 (1), 66-74.
- Sackey, M., & Sanda, J. (2011). Sustenance of Human Capital: Social Support as a Managerial Stress Reliever for Women in Developing Economies. *Research and Practice in Human Resource Management*, 19(2), 1-23.
- Schwarzer, R., & Leppin, A. (1991). Social support and health: A theoretical and empirical overview. *Journal of Social and Personal Relationships*, 8, 99-127.
- Selye, H. (1974). *Stress without distress*. Philadelphia: J.B. Lippincott Company. p. 171.

Stranks, J. (2005). *Stress at Work: Management and Prevention*. Elsevier Butterworth-Heinemann. Oxford.

Tan, S. L., & Lau, C. M. (2012). The Impact of Performance Measures on Employee Fairness Perceptions, Job Satisfaction and Organizational Commitment. *Management Review*, 10 (2), 11-15.