

Evaluating the Relationship between Work-Family Conflict & Organizational commitment (A Survey of Nursing Staff in Public Sector Hospitals of District Bhakkar, Pakistan)

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Abstract

Organizational commitment of workers has captured the attention of social-researchers. Many organizations are facing the problem of less commitment among employees. Little importance has been given to work-family conflict as one of the many causes of decreasing commitment towards the job. This research was undertaken to check the impact of three forms of work-family conflict (WFC): Time, Behavior and Strain-based, on organizational commitment of nurses in public sectors hospitals of District Bhakkar, Pakistan. Data was collected through survey approach by administering the questionnaires among 110 nurses. Tests of Correlation and regression showed that, WFC-Time was the most significant predictors of less organizational commitment. These findings suggests to the nurses to manage their work and family commitments responsibly.

Key Words: Work family conflict, time, strain, behavior, Organizational commitment, affective, normative, continuance.

1. INTRODUCTION

The work-family conflict is a form of inter role conflict in which the role pressures from the work and family domains are mutually incompatible in some respects” (Greenhaus & Beutell, 1985) in recent times, researchers attention on the topic of work-family conflict has increased. Main focus of these researchers has been to understand the problems of employees and the changes which organization can make to assist their employees. Changes in the demographic make-up of work force are considered as the main reason for work-family conflict (Vallone & Donaldson, 2001). In recent past the number of working women in the society has risen a great deal. That upturn in number of working women has changed the traditional gender family roles (male doing the earnings and female performing household activities) to modern day dual career couples (Theunissen et al., 2003). This transformation has changed the work and family demands of work force so that’s why policymakers, practitioners, and subsequently researchers and scholars from different disciplines are paying more consideration to the interface of work and family (Sharafi&sharokoh, 2012). Work family conflict has several negative outcomes; one of them is less commitment to organizations (Akintayo, 2010).

Nursing is a profession in Pakistan, which is dominated by female. They serve in the worst condictions and humiliating attitude and behavior they face from both sides, from their male counterparts as well as from the patients. Likewise, their working conditions, and working hours are not flexible rather hard, so they work for longer time, thus they pay less attention to their families. Which generate stress, pressure and anxiety among them, resultantly they are unable to keep balance between their work and family, so here work-family conflict arise that influence their organizational commitment, which may have serious repercussions for the organizational operations and efficiency. So, this study is conducted to evaluate the relationship between Work family conflict and Organizational commitment among the nursing Staff in Public Sector Hospitals of District Bhakkar, Pakistan.

2. LITERATURE REVIEW

This section deals with the review of the existing literature, major variables of the research, the development of the theoretical framework and hypotheses.

2.1 Existing Research

Work-family conflict cannot be separated from the organizational commitment of the employees as it is related with the job and role of the employees they perform formally in their professional life. It may affect the efficiency, economy and commitment of the employee with his organization he is serving. Where, an organizational commitment is very important for the performance and effectiveness of any organization, so in administrative literature, it has been given a lot of importance and it is widely examined (Al-Aameri, 2000). An employee's loyalty to the organization and will to keep working for the organization is termed as his organizational commitment (Azeem, 2010).

The study of WFC in relation to organizational commitment in nursing sector is very important (Mowday et al., 1982; Burke & Greenglass, 1999). There is a difference between the behavior of committed and uncommitted nurses. Committed nurses remain present on job, they do not show the withdrawal behavior, and they are less likely to resign (Robbins & Coulter, 2005; Siew et al., 2011). They are loyal to the organization and always ready to demonstrate a great willingness to share and make sacrifices required for the organization to blossom (Greenberg, 2005). While less commitment brings absenteeism and turnover problems among the nursing staff. So, if nurses are facing issue of work family conflict, their responsibilities in family domain will interfere with the work domain and vice versa. Eventually it will cause to develop negative approach towards their organization (Ajiboye, 2008).

Work family conflict on other hand can occur in two directions (a) work-family conflict, when problems at work domain interfere in family domain (b) family-work conflict (when problems at family domain interfere with work life (Greenhaus & Beutell, 1985). In order to get a better understanding of this bidirectional nature of work-family conflict, a lot of researchers compared and examined the consequences and antecedents of both WFC and FWC and found that these two roles compete with each other, which may ultimately result in the overall work-family conflict issue. So it's better to study work family conflict as an overall construct (Frone et al., 1992).

Most researchers agreed that three basic problems which create conflict between work and family life include, (a) when time dedicated to a certain role make it impossible to participate in the other role, (b) strain produced by one role disturbs the other role, and (c) specific patterns of behavior which is required in one role may become incompatible with expectations regarding behavior in another role (O'Driscoll et al., 1992; Kirchmeyer, 1993; Sharafi & Shahrokh, 2012).

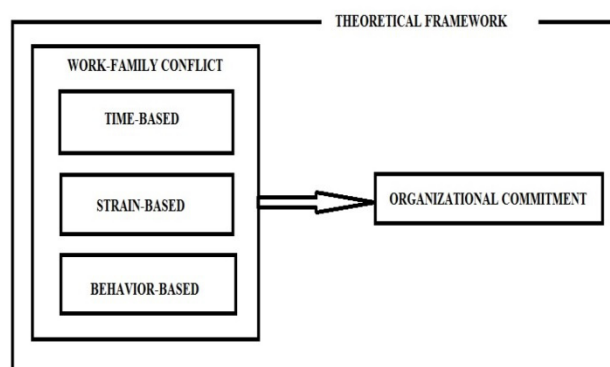
Organizational commitment is defined as "a state in which an employee identifies himself/herself with a particular organization and its goals, and wishes to remain its member" (Robbins, 1998). Since 1990 the concept of organizational commitment is major focus of administrative research (Meyer, et al. 2002). It has been classified into following three categories by the researchers (1) affective, (2) continuance, and (3) normative commitment, however, researchers find it more appropriate to consider those three as components, than as types of commitment (Meyer & Allen 1991). Affective commitment is one when an employee becomes emotionally attach to an organization, he strongly identifies the goals and objectives of the organization and he desire to remain the part of organization throughout his career (Meyer & Allen, 1991; Adekola, 2012). Likewise, continuance commitment is that when an employee feels that it would be costly to leave the organization, he builds a desire to continue working for the organization (Meyer & Allen, 1991; Adekola, 2012). Similarly, the normative commitment is such when an employee feels that it is obligatory i.e. 'due to norms or pressures from others', for him to continue working for the particular organization (Meyer & Allen, 1991, Greenberg, 2005).

However, the findings of researches which examined the correlation between work family conflict and organizational commitment did not always gave findings to confirm the association of these two variables. A negative but significant correlation ($r = -.20$) between work-family conflict and organizational commitment was calculated by (Netemeyer et al., 1996) which shows that both variables are inversely related. Perrewe et al. (1995) also observed that work-family conflict is strongly correlated with organizational commitment, it was suggested by them that as work family conflict increases, the level of workers organizational commitment decreases. However, these findings were not sustained by other researchers i.e. in a study which involved business students and administrator from America and China Perrewe et al. (1995) claimed that work-family conflict and organizational commitment are inversely correlated and that no substantial changes would be found between the two samples on organizational commitment. The results sustained their assumptions for Chinese sample partially. However no substantial association between work-family conflict and organizational commitment was identified in the sample of Americans. They suggested that work-family conflict did not

forecast organizational commitment for American sample (Perrew et al., 1995). Same results were found by O'Driscoll et al. (1992). They examined two types of conflict (time and strain). No significant relation was found between the both variables. The result of these researches which measured the correlation between work family conflict and organizational commitment has not been constant across the world. So, this study was undertaken to check the association of work family conflict and organizational commitment among nursing sector in Pakistan.

3.2 Schematic Diagram of the Theoretical Framework

The theoretical model of the study was developed, which is based on the variables used by the previous studies. Below schematic diagram of the theoretical framework of this study show the association of the dependent and independent variables as well as the impact of the independent variables on the dependent variable.



2.2 Hypotheses of the Study

The above presented schematic diagram of the theoretical framework of the study, proposed the below hypotheses.

H₀₁: Work family conflict and organizational commitment are inversely correlated.

H₀₂: Work family conflict predicts the organizational commitment.

4. RESEARCH METHODOLOGY

The population this study consists of female nursing staff working in public sector hospitals in Bhakkar District. Total population was 350. A sample of 110 nurses was selected. The questionnaire was administered to 110 nurses and 80 % of the questionnaires turned back with 99 usable questionnaires.

The secondary data for this study was gathered through survey method. For this purpose, a questionnaire was prepared. This questionnaire was based on three parts. Part-1 consisted of questions about work family conflict. Work family conflict was assessed by the scaled developed by (WFCS; Carlson et al., 2000).

It is a 9-item scale. Part 2 consisted of questions with regard to organizational commitment based on (Meyer and Allen 1990). 5-point Likert scale (1=strongly disagree; 5=strongly agree) was used to record all the responses.

5. FINDINGS AND ANALYSES

To check the relationship between the dependent i.e. organizational commitment, and independent variables i.e. Work-family conflict (time, strain and behavior), the Pearson correlation coefficient was computed, the results are presented in below table 1.

H₀₁: Work family conflict and organizational commitment are inversely correlated.

Table 1 shows the correlation analysis

| Variable | | Time | Strain | Behavior | OC |
|----------|-----------------|---------|--------|----------|---------|
| Time | r | 1 | .270** | .192 | -.294** |
| | Sig. (2-tailed) | | .007 | .056 | .003 |
| | n | 99 | 99 | 99 | 99 |
| Strain | r | .270** | 1 | .609** | -.215* |
| | Sig. (2-tailed) | .007 | | .000 | .033 |
| | n | 99 | 99 | 99 | 99 |
| Behavior | r | .192 | .609** | 1 | -.196 |
| | Sig. (2-tailed) | .056 | .000 | | .051 |
| | n | 99 | 99 | 99 | 99 |
| OC | r | -.294** | -.215* | -.196 | 1 |
| | Sig. (2-tailed) | .003 | .033 | .051 | |
| | n | 99 | 99 | 99 | 99 |

Analysis

Table 1 shows the results of correlation analysis between work family conflict and organizational commitment. In case of correlation between work family conflict and organizational commitment value of time (-.294), strain (-.215) and behavior (-.196) is less than the critical value of (.05) which is the required threshold for significance of correlation. This means that there exists a relationship between work family conflict and organizational commitment; however, the value of 'r' is negative for all three cases, wherefrom we can infer that there exists an inverse significant relationship between work family conflict and organizational commitment, thus we accept our H₀₁.

H₀₂: Work family conflict predicts the organizational commitment.

To test our second hypothesis, regression analysis were done, table 2 highlight the results of the regression analysis for hypothesis 2.

Table 2 Regression Analysis

| Model | R | R ² | Adjusted R ² | Std. Error of the Estimate | F | Sig. |
|-------|-------------------|----------------|-------------------------|----------------------------|-------|-------------------|
| 1 | .334 ^a | .112 | .084 | .36554 | 3.990 | .010 ^a |
| 2 | .327 ^b | .107 | .088 | .36464 | 5.748 | .004 ^b |
| 3 | .294 ^c | .087 | .077 | .36685 | 9.206 | .003 ^c |

a. Predictors: (Constant), Behavior, Time, Strain

b. Predictors: (Constant), Behavior, Time

c. Predictors: (Constant), Time

Analysis

Table 2 shows the results of the regression test applied to check the impact of work-family conflict on the organizational commitment of the nurses. The three possible models could be seen from the table which predicts organizational commitment. All these models are significant but value of R² tells that model 1 brings (.112 %) change in organizational commitment, which implies that work-family conflict predicts change in organizational commitment. So, H₀₂ is substantiated and accepted that work family conflict predicts organizational commitment.

Table 3 show the excluded variables

Excluded Variables

| Model | Beta | T | Sig. | Partial Correlation | Collinearity Statistics | | | |
|-------|----------|--------------------|--------|---------------------|-------------------------|------|-------------------|------|
| | | | | | Tolerance | VIF | Minimum Tolerance | |
| 2 | Strain | -.091 ^a | -.728 | .469 | -.074 | .605 | 1.654 | .605 |
| 3 | Strain | -.146 ^b | -1.459 | .148 | -.147 | .927 | 1.079 | .927 |
| | Behavior | -.145 ^b | -1.476 | .143 | -.149 | .963 | 1.038 | .963 |

a. Predictors in the Model: (Constant), Behavior, Time

b. Predictors in the Model: (Constant), Time

c. Dependent Variable: OC

Table 3 shows the list of excluded variables. Strain and behavior are the two variables which are excluded and time is kept as most predicting model. So, it can be concluded that time is a variable which has the most impact on organizational commitment.

DISCUSSION & CONCLUSIONS

This study was conducted to check the association of work-family conflict and organizational commitment. The present research proved that the nurses who face the problem of work-family conflict are less committed to their organization. These results showed an inverse relation between work-family conflict and organizational commitment. This negative association confirmed the previous findings of Netemeyer et al. (1996); Boles et al. (2001) and Akintayo's (2010). This means that work-family conflict is consistently been the antecedent of less organizational commitment. So, the conflict arises when nurses fail to balance their time among work and family life i.e. when they give more time to their work than their families due to the nature of work or whatever that requires more time to family life then work can again give rise to a conflicting situation eventually causing less commitment to their profession i.e. hospitals and patients, which badly affect the functions, operation and efficiency of the health care system.

To conclude based of the available evidences, it can be safely assumed that work-family conflict is inversely related to organizational commitment. Nurses who face the problem of work-family conflict are likely to be less committed to the organization. All the three elements of work family conflict (time, strain, behavior) have impact on the organizational commitment of the nurses, however, time based problems appeared to be the strongest predictor of less organizational commitment among the nursing staff. Largely, the findings were supported by relevant literature and also were consistent with the literature of previous researches in other countries of similar characteristics.

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