# A STUDY ON WORKLIFE BALANCE, ORGANIZATIONAL COMMITMENT & RETENTION OF NURSES IN MEDIUM SIZED HEALTHCARE CENTERS IN NORTH CHENNAI CITY

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# **ABSTRACT**

This study evaluate the impact of compensation, promotion opportunities, and work life balance on institutional engagement of nurses affiliated with a medium-sized, under-visited health facility in and around North Tamil Nadu, India. We also examine the impact of organizational commitment on caregiver retention. Results indicate that nurse commitment in hospitals increases the likelihood of continued employment. It also shows compensation is the most important factor, followed by work-life balance and work environment to improve organizational engagement.

Keywords: work-life balance, organizational commitment, compensation, nurse retention and opportunities.

# I. INTRODUCTION

Nurses have been the most important institution of clinical professionals. Your bond is crucial to meeting patient needs and providing medical services. Their turnover leads to understaffing, creating more workload and stress for those who stay, thus motivating them to leave the hospital. Furthermore, it leads to high administrative costs, impairs the effective functioning of hospitals, and ultimately leads to poor patient services. The medical sector, on the other hand, needs to

Volume 10, Issue 01, 2023

ISSN 2515-8260

ensure adequate care with less state funding. A motivated workforce is essential to delivering quality healthcare services in an ever-changing environment. Advances in medical technology, people's expectations of longevity, and serious and chronic illnesses in the living population have also increased the demand for dedicated nurses. Recently, medical tourism has grown in popularity in both developed and developing countries. That size he was around \$21.7 billion in 2016 and is expected to grow to \$47.2 billion in 2021. Demand for nurses has also increased. In addition, the shortage of nurses and midwives worldwide is now reaching her 9.3 million.

#### II. LITERATURE REVIEW

While joining a hospital, most of the nurses give due consideration towards their pay and other financial benefits and this attitude plays a significant role throughout their career. Financial benefits is one of the factors that produce job satisfaction (Al Momani,2017) and this satisfaction with their job increases the commitment towards their organization (Khan and Jan,2015). There is significant positive association between employees organization commitment and compensation (pay other benefits and incentives) they receive (Nawab and Bhatti,2011) and lesser compensation leads to lack of commitment. Researcher (Mastaneh et al.,2014) confirmed positive relationship between compensation and attachment towards their institution and nurses perception about their pay in one among the most vital factors of their organization commitment (Khan and Jan,2015).

India also suffers from a shortage of nurses (Gill, 2016), with only 1.3 nurses per 1,000 population in India compared to over 14 in developed European countries (Gill, 2016). OECD, 2015). The estimated deficit is 2.4 million. Surprisingly, among the world's leading nurse-sending countries, India is second only to the Philippines, with about 640,000 Indian nurses working in other countries in 2011. (Irudaya Rajan and Nair, 2013) may increase. Rising living standards abroad, large wage disparities between developing and developed countries, and better working conditions influence nurses' turnover (Nairand Webster, 2012), and what factors drive nurses to hospitals? You need to understand what makes you stay.

As (Biswas, 2013) pointed out, the internal needs of employees need to be improved to prevent them from leaving the organization. Our country is focused on it due to the massive migration of skilled Indian workers to green pastures with a turnover rate of around 26.0%. Several studies have shown that organizational engagement is positively related to employee retention (Firth et al., 2004), giving employers incentives to stay with the organization. It can therefore be argued that organizational involvement plays an important role and that higher levels of nurse involvement are likely to result in higher retention rates. This has led researchers to find all sorts of ways to increase engagement (Mitchell et al., 2001).

We also know that raising awareness levels and making employees feel valued increases engagement. According to the literature, compensation (CN), work environment (WE), and work-life balance (WLB) were the factors that had the greatest impact on engagement.

Additional support is provided in this paper by examining the impact of her CN, WE, and WLB on organizational engagement (OC) of nurses working in and around the city of Chennai, India, in and around medium-sized health facilities.

Nurses in India are frustrated because of the mismatch that exists between high job responsibilities and low wages. Attempts to privilege nurses in India have been crushed by India's medical lobby (Sharma, 2014). Challenges such as long working hours, lack of synchronicity, lack of awareness, forced non-care related activities, workplace health risks and lower wages compared to developed countries are motivating nurses to change careers. Although India faces about 2.4 million nurses.

# II. METHODOLOGY:

Study participants were sample and procedure nurses working in medium-sized health facilities in and around North Chennai, India. Researchers distributed the questionnaire to her 14 hospitals, each with about 30 to 40 nurses. Each hospital was provided with her 40 forms. Ultimately, 580 questionnaires were distributed and 420 were returned with a 78% response rate using simple random sampling. 60-20-30 years old 30% are between 30-40 years old and 10% are over 40 years old. Approximately 70% have nursing qualifications from nursing license to degree. About 60 million people with 5 to 15 years of experience.

The independent variables proposed in this study are Work Life Balance, Compensation, and Working Environment, and the output variables are Organizational Commitment and nurse retention rate. In addition to the personal data question, the questionnaire contains 32 questions. Work-life balance, remuneration, and working environment are measured by 5 and 9 items of organizational engagement. His 10 items on employee retention were taken from previous research.

Content validation is in progress. Since the purpose of this study is a general method to assess whether a single factor represents the majority of the variance, we performed a factor test using EFA to determine whether a single factor represents the majority of the variance. I checked whether

Five variables are Working Environment, Work Life Balance, Compensation, Organizational Commitment, and nurse attachment) consisting of 32 items assessed by participants underwent unrelated factor resolution, with a single factor accounting for the majority of the variance. It turns out that it does not represent. Although the results of the one-factor test cannot rule out common method bias completely, the results suggest that common method bias is not a major concern and does not affect the results.

# **IV. RESULTS:**

Table 1. Secondary statistical analysis and correlation matrix of proposed factors.

| Factors      | Mean  | Cronbach | SD    | 1       | 2       | 3     | 4       | 5    |
|--------------|-------|----------|-------|---------|---------|-------|---------|------|
|              |       | Alpha    |       |         |         |       |         |      |
| Work life    | 21.46 | 0.766    | 2.097 | 1.00    |         |       |         |      |
| balance      |       |          |       |         |         |       |         |      |
| compensation | 21.37 | 0.785    | 2.260 | 0.528** | 1.00    | 1.00  |         |      |
| Work         | 17.37 | 0.703    | 1.690 | 0.542   | 0.649   | 1.00  |         |      |
| environment  |       |          |       |         |         |       |         |      |
| Organization | 38.67 | 0.837    | 3.609 | 0.700   | 0.567   | 0.611 | 1.00    |      |
| commitment   |       |          |       |         |         |       |         |      |
| Employee     | 41.80 | 0.902    | 4.482 | 0.618** | 0.698** | 0.557 | 0.617** | 1.00 |
| retention    |       |          |       |         |         |       |         |      |

<sup>\*\*</sup>p<0.01

A secondary statistical parameter analysis of the proposed factors is shown in Table 1. The alpha factor values range from 0.703 to 0.902, exceeding the required level of 0.700. Therefore, there is a correlation between all variables and a significant relationship between them and OC and retention.

Table 2: Multiple linear regression analysis

| Factors      | Р       | Standardized | t     | R     | Adjusted       | F         |
|--------------|---------|--------------|-------|-------|----------------|-----------|
|              |         | Beta         |       |       | R <sup>2</sup> |           |
| Work life    | 0.002** | 0.294        | 6.445 | 0.802 | 0.643          | 242.089** |
| balance      |         |              |       |       |                |           |
| compensation | 0.000** | 0.368        |       |       |                |           |
| Work         | 0.008** | 0.272        |       |       |                |           |
| environment  |         |              |       |       |                |           |

<sup>\*\*</sup>p<0.01

Table 2 shows multiple linear regression analysis of OC against the proposed factors. With R2 = 0.643, p = 0.000, the proposed factors WLB, compensation, and WE proved to be significant predictors of OC, supporting hypotheses H1, H2, and H3. Strongest reward (beta = 0.368) and weakest work environment (beta = 0.272). Table 3 shows that R2 = 0.428 p = 0.000 for He OC has a positive implication on nurse retention, supporting hypothesis H4.

| Model   | Factors           | р       | SD    | t      | R     | R <sup>2</sup> | F       |
|---------|-------------------|---------|-------|--------|-------|----------------|---------|
|         | Work Life balance | 0.000** | 0.274 | 5.468  | 0.762 | 0.581          | 190.605 |
| A MODEL | Compensation      | 0.000** | 0.492 | 11.690 |       |                |         |
|         | Work environment  | 0.004** | 0.232 | 4.862  |       |                |         |
| B MODEL | Work life balance | 0.000** | 0.202 | 4.132  |       |                |         |
|         | Compensation      | 0.000** | 0.426 | 10.246 | 0.770 | 0.593          | 150.508 |
|         | Work environment  | 0.005** | 0.129 | 3.651  |       |                |         |
|         | Organization      | 0.002** | 0.182 | 2.986  |       |                |         |
|         | commitment        |         |       |        |       |                |         |

Table 3 Hierarchical multiple regression analysis

To determine the impact of the proposed factors on nurse retention rates, we perform regression analysis as shown in Table 3. The proposed factors were found to show significant differences in caregiver retention (p=0.000, R2=0.581). All three factors, reward (p=0.000), WLB (p=000), and WE (p=0.004) are significant predictors of nurse retention. To investigate the mediating role of Organizational Commitment, a hierarchical regression analysis was performed and presented in Table 3. The significant relationship derived for WLB compensation and her WE (Model A) remains non-significant, but the effect size can be reduced when Organizational Commitment (Model B) is included. This indicates a partial mediation effect of Organizational Commitment.

# **V.DISCUSSION:**

This study investigates the factors that influence the retention rate of nurses working in medium-sized health facilities in and around the city of Chennai, India. Moreover, the mediating effects of Organizational Commitment are condensed. Multiple linear regressions show that all of the proposed factors are positively associated with nurse involvement. We also show that 64.3% of the Organizational Commitment variance is explained by the proposed factors. This means that all proposed factors are influential, important and should be prioritized. Furthermore, we found the importance of Organizational Commitment that a positive approach could lead to increased binding rates. Nursing professionals are exposed to today's changing environment and this will have a greater impact on the factors affecting Organizational Commitment.

One of the key elements positively related to OC is compensation. Adequate salaries and other financial benefits provided by hospitals, and fair rewards for a job well done, keep nurses happy and, as a result, more committed. Emphasis the next factor positively associated with organizational engagement was work-life balance, consistent with previous findings. Nurses believe hospitals support a culture of work-life balance, and friendly policies such as flexible working hours are critical to a successful life and reduce conflicts between family and work.

<sup>\*\*</sup>p<0.01

Caregivers who use the facility are satisfied, which is reflected in the organization's commitment. This highlights the importance of hospital support for work-life balance in achieving organizational engagement.

The results also conclude that tissue engagement is predicted by Working Environment (beta = 0.433). Hospital authorities are expected to support and encourage the upskilling of nurses. Freedom to share opinions, reasonable workload, good work, etc. can give nurses the impression that they are valued by hospital authorities. This demonstrates the importance of organizational support for the work environment in achieving organizational commitments.

Therefore, hospital authorities should extend support to Work Life Balance, compensation and Working Environment to improve nurse engagement with hospitals. Second, this analysis provides evidence that Organizational Commitment is positively associated with staff retention. This can serve as an indicator for hospitals to improve staff retention. Third, the MLR results showed that CN, work-life balance, and work environment were significantly associated with nurse retention, with compensation being the strongest predictor.

#### VI. IMPLICATIONS:

This paper provides suggestions for health care facilities to reduce nurse turnover from hospitals. Provide tools and means to retain caregivers. The results show that organizational support for work-life balance, compensation and work environment is essential. Therefore, hospital authorities should strive to improve good relations with nurses. Nurse retention depends on a good relationship between hospitals and nurses, requiring more regular interaction between the two.

# VII. LIMITATIONS OF THE STUDY:

Demographic changes, lifestyles and traditions impose different demands and demands on nursing staff. This paper covers only a small number of hospitals in Chennai city and may provide biased responses. Therefore, this analysis should not be interpreted as a general case that applies to everyone. Future studies could consider other variables, such as workplace autonomy and job stability.

# VIII. CONCLUSION:

Although nurse retention is important for the dynamic Indian environment, there are not many empirical studies conducted in medium-sized healthcare settings. Results show that nurse involvement in hospitals improves retention. Research also shows that compensation, work-life balance, and the work environment play an important role in organizational engagement. Moreover, they are partly communicated through organizational obligations.

# IX. REFERENCES:

- 1. Al Momani, M. (2017). Factors influencing public hospital nurses' intentions to leave their current employment in Jordan. International Journal of Community Medicine & Public Health, 4(6).pp.1847-1853.
- 2. Biswas S. (2013) Attrition in India to top world charts in 2013; One in four employees to change jobs. The Economic Times. Retrieved from http://articles.economictimes.India times.com/2013-06-07/new/3981456\_1\_three employees-indian-employees-attrition.
- 3. Budin .W C., et. Al , (2013), Verbal abuse from nurse colleagues and work environment of early career registered nurses, Journal of Nursing Scholarship, 45 (3), pp .308-316.
- 4. Casper.W J and Harris. C M (2008) Work-life benefits and organizational attachment: Self-interest utility and signaling theory models", Journal of Vocational Behavior,72 (1) pp. 95-109.
- 5. Dorgham, S. R. (2012). Relationship between organization work climate & staff nurses organizational commitment. Commitment, 14, pp.17.
- 6. Firth, L., Mellor, D. J., Moore, K. A., &Loquet, C. (2004) How can managers reduce employee intention to quit? Journal of managerial psychology, 19(2)pp. 170-187.
- 7. Gill, R. (2016). Scarcity of nurses in India: A myth or reality? Journal of Health Management, 18, pp.509-522.
- 8. Irudaya Rajan, S. & Nair, S. (2013). Assessment of Existing Services for Skilled Migrant Workers: India Project Site, ILO Promoting Decent Work across Boards: A Pilot Project for Migrant Health Professionals and Skilled Workers. Draft Report submitted to International Labour Organization.
- 9. Khan, A. S., & Jan, F. (2015). The study of organization commitment and job satisfaction among hospital nurses. A survey of district hospitals of dera ismail khan. Global Journal of Management and Business Research.
- 10. Labrague, L. J., McEnroe–Petitte, D. M., Tsaras, K., Cruz, J. P., Colet, P.C., & Gloe, D. S. (2018). Organizational commitment and turnover intention among rural nurses in the Philippines: Implications for nursing management. International Journal of Nursing Sciences, 5(4),pp. 403-408.
- 11. Mastaneh Z, Mouseli L, Zamani M, Boromand E, Dadipoor S, Beizaei F, et al.(2014) Investigation of nursing job satisfaction in university hospitals affiliated to Hormozgan University of Medical Sciences. HMJ. 2014,pp.18:260–6.
- 12. Mitchell, T. R., Holtom, B. C., & Lee, T. W. (2001). How to keep your best employees: Developing an effective retention policy. The Academy of Management Executive, 15(4),pp. 96-108.
- 13. Nair, M., & Webster, P. (2012). Health professionals' migration in emerging market economies: patterns, causes and possible solutions, Journal of Public Health, 35(1), pp.157-163.
- 14. Nawab, S., & Bhatti, K. K. (2011). Influence of employee compensation on organizational

# European Journal of Molecular & Clinical Medicine ISSN 2515-8260 Volume 10, Issue 01, 2023

- commitment and job satisfaction A case study of educational sector of Pakistan. International Journal of Business and Social Science, 2(8).
- 15. OECD. OECD Indicators. 2015. Health at a Glance 2015.
- 16. Reed K et.al. (2016). Extracting Meaning and Relevance from Work the Potential Connection between the Listening Environment and Employee's Organizational Identification and Commitment, International Journal of Business Communication, 53(3): pp. 326-342.
- 17. Sharma RK. IMA opposes government's proposed amendments to the MTP Act. The Economic Times [Internet] [cited 2017 Mar 11]; 2014.
- 18. Umamaheswari, S and Jayasree Krishnan (2015) Retention Factors and Their Relative Significance in Ceramic Manufacturing Industries in India. Asian Social Science, 11(13), pp. 260-268.
- 19. Umamaheswari, S., & Krishnan, J. (2016). Retention of Employees in Ceramic Sanitary Ware Factories in India: Role of Work Life Balance, Career Development and Supervisor Support. TEM Journal, 5(2), pp. 217.