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## Work-Family Conflict and Affective Organization Commitment among Health Care Workers: A Qualitative and Quantitative Approach

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### **Abstract:**

*The areas of work and family form an imperative aspect of a person's existence both require a significant amount of time and resources. If there is an imbalance between the roles of work and family, it may lead to a rise in interpersonal and intrapersonal tensions in the work place which may result in work family tensions and reduction in the level of organizational commitment. Therefore, the current study aims to find out the association between work family conflict and Affective commitment. A sample of 280 doctors was selected from the population through non probability sampling which included convenience sampling and snow ball sampling technique. Google forms were circulated in a Whatsapp and Facebook group of doctors of the sample organization. In addition to this, an in-depth telephonic interview with 10 doctors to elicit why affective commitment exists was carried out. Data was collected from Jan 2021 to March 2021. The study follows a cross sectional design. Data was analyzed both qualitatively and quantitatively by way of Descriptive statistics, Reliability Analysis, Correlation, Multiple regression analysis through Statistical Package for Social Sciences (SPSS 26.0) and Thematic Analysis was done to derive the themes. The association between the two variables was found out by way of Correlation analysis whereas regression was used to determine the extent to which two variables are related. The results found out that Work Family conflict (Time based, strain based and Behavior based) has a positive but weak relationship with Affective commitment. The thematic analysis determined various themes which cause work family conflict peculiar to doctors. Improper work schedule, lack of conducive infrastructure, lack of co-value creation, commuting time, age of children emerged to be most common themes. Further, in-depth interview revealed that attractive salary, gratification in serving people, attachment to people in hospital leads to affective commitment. The use of cross sectional design is one of the limitations of the study. Moreover, only one tertiary care hospital was taken as a sample. The results of this study various implication for the health care workers who work under grave conditions.*

**Keywords:** Work-Family Conflict, Organization Commitment, Health Care Workers

### **Introduction:**

There has been a significant shift in the family patterns from a conventional family type to a modern family orientation (Contzen & Forney, 2017; Anand & Vohra, 2019; Barnett, Brennan & Lee, 2018). In conventional families, males were considered to be the breadwinners and women were

believed to take care of the households. The conventional society was of the belief that women should not pursue higher education because at the end of the day, she will have to do the household chores only. The women who was trying to enhance her skills by working would become a victim of people's judgment and will be seen as setting away her responsibility as a home maker (Sari, 2019). With changing times, the stigma of women working outside home started gradually getting replaced by a different perspective. Since men and women started to have similar rights, more and more women have started to enhance and chisel their skills by working (Nasir&Lilianti, 2017). Women and men both play dual roles as parents and breadwinners in this globalisation period. Currently, owing to the globalisation, both men and women play a dual role as parents and breadwinners. Organisational conditions are evolving and the area of work–family conflict has received a lot of interest in many industries around the world, because workers are facing a lot of work–family conflict issues.

The areas of work and family form an imperative aspect of a person's existence both. Both take a substantial amount of time and effort (Rathi&Barath, 2013). If there is an imbalance between the roles of work and family, it may lead to a rise in interpersonal and intrapersonal tensions in the work place which may result in work family tensions and reduction in the level of organizational commitment (Casper, Martin, Buffardi, & Erdwins, 2002). Employers all over the world are having trouble finding and keeping highly trained employees (Casper et al., 2002); consequently, management researchers are searching for new ways to help a company maintain its employees, reduce conflict if any, increase the commitment and productivity. Research conducted previously from different countries and ethnic groups have shown that to some extent work family conflict affects both employees and employers. Particularly, Researches by Choi & Kim (2012); Lu, Cooper, Kao, Chang, and Spector (2010); and Rathi&Barath (2013) have noted that the friction between work and family has been attributed to higher staff attrition intentions, lower worker satisfaction, lower employee morale, and lower commitment in the workplace. Greenhaus&Beutell (1985) have noted the various forms of conflict pertaining to the women's role at home and at work (Ohu et al, 2019).

Performing multiple roles at a time in the form of a wife, a parent and an employee may be complicated and may lead to disharmony among various roles. Work Family conflict is one of the conflicts associated with the multitude roles a working woman performs. Work family conflict has been defined as a type of inter-role conflict, which leads to a friction or an imbalance between roles at work and at home (Kremer, 2016). Owing to the extra time and commitment spent working, long working hours and high workloads are a clear indicator of work-family tension. This results in loss of time and resources that could otherwise be invested on family events (Greenhaus & Beutell, 1985). The problem of work family conflict is particularly an important issue in the health sector as

the hospital staff has to stay in the hospitals for long hours. Keeping in view of the surge in COVID-19 cases (United News of India,2021), leaves of hospital staff were cancelled which makes them more susceptible to work family conflict. All the factors augment the conflict between job and home. The current study aims to explore association between work family conflict and Affective commitment. Furthermore, the current study uses thematic analysis to explore the causes of work family conflict and affective commitment peculiar to Health workers.

The research adds to the literature review in different ways. Firstly, it enabled us to add to the current body of knowledge about the existence of association between work family conflict and organizational commitment .Previous studies show contradictory results, which gives rise to the need to further studies. Second, this research strengthens the present literature pertaining to the health care sector. Various theories have been highlighted by the literature in an attempt to understand work family conflict .Various causes and consequences have also been highlighted for work Family conflict. However, not many papers have attempted to understand the peculiar themes of work family conflict and why affective commitment exists despite the work family conflict among Doctors. Further, to the best of our knowledge,we were not able to find a single qualitative paper on work family conflict on Doctors. The present study attempts to fill the lucanae by following a mix of qualitative and quantitative technique for analysis.Thematic analysis and statistical Tests like Correlation and Regression were used.

### **Literature review and Hypothesis Development:**

#### **Work-family Conflict:**

Work Family conflict was defined by Greenhaus & Beutell (1985) as a form of inter role conflict in which an individual finds it difficult to balance work and family. Greenhaus & Beutell (1985) visualized three types of conflict which include time based, strain based and behavior based conflict.

Time based conflict when an individual spends so much time at work that he is left with no time to spend with family. The second is strain based conflict, which is the appearance of anxiety and emotional state caused by one of the roles, making it impossible for an individual to meet the demands of other roles. Suppose, a working mother spends around 9 hours at work and when returning back to home finds it difficult to play with her children or help them in home work This tension may result in anxiety, elevated blood pressure, internal distress, migraine headaches are all symptoms of role induced strain. The third form of conflict is the behavior based conflict which occurs where a requirement for a certain behavior at work differs from the standards for expected behavior at home.

**Affective Commitment:**

Organizational commitment has been defined by Asrar-ul-Haq, Kuchinke, & Iqbal, (2017) as employee's engagement and involvement with their organization. Lambert, Liu, Jiang, Kelley, & Zhang, (2020) have described commitment as the bond employees have with their respective organisation. The commitment model which was developed by Meyer Allen & (1991) describes three components of commitment which include Affective, Normative and continuance form of commitment. Affective component refers to the emotional affinity an employee has with his organization, normative commitment is the sense of moral responsibility to be part of the organisation while as continuous commitment is the high perceived cost of leaving an organisation.

Affective commitment has been identified as the most important and appropriate for identifying and achieving organisational goals (Demirtas and Akdogan, 2015). As per Meyer and Allen (1991), affective commitment is described as an emotional connection, identification and engagement to the organisation. The current study focuses its attention on the affective aspect of commitment. Affective commitment was chosen due to various reasons. Firstly, it is a vector that has motivational rather than attitudinal component (Herscovitch & Meyer (2002)). On the recommendations of Mowday et al. (1982), Ko et al. (1997) focused on affective commitment only. Finally, as compared to normative and continuance commitment in the three component model of commitment (Eagly & Chaiken, 1993) noted attitudinal and motivational relationships (Solinger et al., 2008).

**Work-Family Conflict and Affective commitment:**

Work family conflict and commitment relationship has been well researched among employees in a variety of settings, including health institutes, hospitality sector, educational institutes, software firms and construction industries. (Karatepe & Kilic, 2007; Rathi & Barath, 2013). It was noted by Allen et al. (2000), Netemeyer et al. (1996) and Lyness & Thompson (1997) that an inverse association exists between work to family conflict and affective commitment. Employees have difficulty balancing their job and family responsibilities, which leads to a reduced degree of affective commitment. They would be less dedicated to the organisation if they are under too much stress at work (strain-based Work Family Conflict) or if they are expected to work for too long (time-based Work Family conflict).

Keeping in view the above discussion three hypotheses were proposed for the current study:

H1: There is significant impact of Time Based Conflict on Affective commitment

H2: There is significant impact of Behavior Based Conflict on Affective commitment

H3: There is a significant impact of Strain Based Conflict on Affective commitment

**CONCEPTUAL FRAMEWORK:**

**Independent Variable**

**Work Family Conflict**

**Dependent Variable**

**Affective commitment**

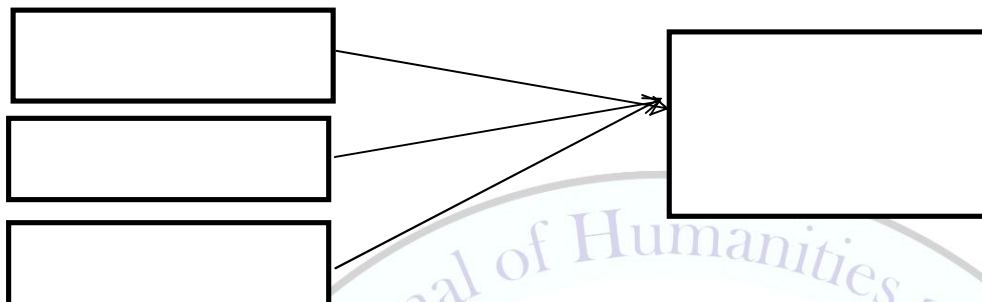


Figure 1: Develop by Researcher

**Materials and Methods:**

This study follows a descriptive design. The study aims explore the effect of independent variables (work Family conflict) on dependent variable (Affective organizational Commitment).

**Sample Study Organization and Data Collection Procedure:**

For the current study data was collected from the Doctors working in the biggest tertiary care hospital of Srinagar. (Name withheld).Hospital staff undergoes tremendous stress ,they have to work for long hours, might have to give night shifts which adds on to their experience of work Family conflict.

280 doctors were selected from the population through non probability sampling which included convenience sampling and snow ball sampling technique. Google forms were circulated in a Whatsapp and Facebook group of doctors of the sample organisation. Data was collected from Jan 2021 to March 2021. Roscoe (1975) provides us with a rule of thumb for determining the sample size and states that the empirical ratio of estimated parameters has to be at least 10 times the number of observations for each variable. Many statisticians suggest that data ranging between 5 to 10 times of the number of items in the instrument should be used (Hair et al., 2013).Therefore, 280 is an appropriate sample size as per the rule of thumb. Self-administered questionnaires having items related to variables and demographic information were distributed among the individuals for data collection. The study follows a cross sectional design. Data was analyzed both qualitatively and quantitatively by way of Descriptive statistics, Reliability Analysis, Correlation, Multiple regression analysis through Statistical Package for Social Sciences (SPSS 26.0) and Thematic Analysis was done to derive the themes. The association between the two variables was found out by way of Correlation analysis whereas regression was used to determine the extent to which two variables are

related.

### Measures:

#### Work Family Conflict:

Carlson, Kacmar, and Williams (2000) developed a scale that was used to assess work-family conflict. It is a 9 item scale which includes three items for each form of work Family Conflict. As per the findings of the researchers, all the sub variables had a high reliability value with Cronbach Alpha ( $\alpha$ ) above 0.8. Furthermore, the Cronbach Alpha of the entire scale was .90.

#### Affective organizational commitment:

Meyer & Allen (1997) scale for Affective commitment was adopted for measuring Affective commitment. Overall, this scale had 20 items but only then items pertaining to affective aspect of commitment were adopted which consisted of 6 items. It was a 5 point Likert scale in which 1 = strongly disagree and 5 = strongly agree. Further, the scale had a high reliability as per Meyer & Allen (1997) in which Cronbach Alpha Value was 0.93.

In addition to this the third section of the questionnaire comprised of an open ended exploratory question. It stated What are the reasons of work family conflict for you and how do you cope up with it? In addition to this, telephone in-depth interviews were conducted.

### RESULTS AND DISCUSSIONS:

#### Demographic Analysis:

The dynamics of the population was measured with demographic data. The below Table 1 shows the demographics of the population:

**Table 1: Demographics of the respondents (n=280)**

Demographics	Frequency	Percent
<b>Age Group</b>		
21-25	8	2.85
26-30	202	72.14
31 and above	70	25
<b>2. Department</b>		
Cardiology	87	31.0
General Medicine	22	7.85
Neurology	109	38.92
<b>3. Experience</b>		
Less than 5 years	8	2.85

	5-10 years	202	72.14
	More than 10 years	70	25
4.	<b>Marital Status</b>		
	Married	272	97.14
	Unmarried	8	2.85
5.	<b>No. of Children</b>		
	0	12	4.28
	1-2	265	94.6
	More than 3	3	1.07
6.	<b>Designation</b>		
	Junior Residents	135	48.2
	Senior Residents	121	43.2
	Professors	24	8.57

#### Descriptive Analysis:

Descriptive analysis comprises of the descriptive statistics which is used to measure the central tendency of the data. The central point and the spread of the data is shown by the measures of the central tendency. Mean was used to find out the central point of the data and Standard Deviation was used to find the spread and variation in the data. The value of the mean and standard deviation is illustrated in Table 2. The values of the mean shows that entire variables were normal. Further, the values were more than 3, which depicts that mostly respondents were neutral or towards agreeable for the statements in the questionnaire.

**Table 2:**

S.no	Variables	Mean	Standard Deviation
1	Time Based Conflict	3.306	0.5024
2	Strain Based Conflict	3.430	0.7192
3	Behaviour based conflict	3.750	0.7103
4.	Affective Commitment	3.810	0.7303

#### Reliability Analysis:

**Table 3** illustrates the reliability analysis. Cronbach Alpha (reliability coefficient) was used to establish the internal consistency (reliability) of the scale. The value of Cronbach Alpha lies between

0 and 1, wherein higher value means stronger reliability of the scale. The value of the alpha was more than 0.60 in most of the variables which is acceptable in social sciences which is illustrated in Table 3 (Nunnally, 1978).

**Table 3**

S. No	Variables	Cronbach's Alpha	Items
1.	Time Based Conflict	0.861	3
2.	Strain Based Conflict	0.804	3
3.	Behaviour based conflict	0.803	3
4.	Affective Commitment	0.881	6

**Table 4 Correlation Analysis**

Variables	Time-Based Conflict	Strain-Based Conflict	Behaviour-based conflict	Affective Commitment
Affective Commitment	.241**	.102*	.313**	1

**Table 4** illustrates the correlation between the variables. The value of correlation between Time was conflict and affective commitment was .241 which depicts a weak but positive relationship. While, the correlation value between Strain Based Conflict and Affective Commitment was .102 which depicts a very weak positive relation. The correlation between Behavior-based conflict and Affective Commitment was .313 which is moderately weak but positive.

**Table 5: Regression Model****Summary of the Model**

Model	R	R Square	Adjusted Square	R Standard Error of the Estimate	Durbin-Watson
1	0.690	0.466	0.448	0.46666	1.772



**Table 5** Illustrates the model summary. The value of R, R<sup>2</sup>, Standard error of the estimate and Durbin Watson is shown above. The above table shows that the value of Adjusted R square is 0.44, meaning that unit change in independent variable (Work Family Conflict) causes 44 percent change in the dependent variable (Affective Commitment).

**Table 6: ANOVA**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	18.770	5	3.755	17.162	.000
Residual	20.558	94	0.218		
Total	39.328	99			

**Table 6** depicts the ANOVA and the goodness of fit is established in this table. The value of the regression sum of squares was found to be less than the residual sum of squares. However, the value of F was found out to be 17.162 and significance score is found out to be .000 which is less than the significance level of 0.05 which means that goodness of fit is there in the model to explain the relationship and finding is statistically significant.

**TABLE 7: Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficient	T	Significance
	B	Standard Error	Beta		
(constant)	1.361	.516		2.651	0.008
Behaviour-based conflict	.311	.071	0.297	2.703	0.001
Time Based Conflict	.241	.061	.221	2.617	0.031
Strain Based Conflict	.193	.034	.163	2.113	0.041

**Table 7** depicts the beta coefficients of all the variables in the model. Higher value of t at the significance level of (<.05) means that there is a significant contribution of the variable towards the outcome variable. The t value for the behavior based conflict was 2.703 (B=0.297) which was

much higher than the Absolute 2 at the significance level of 0.001. Therefore, it can be concluded that behavior based conflict contributes more towards affective commitment.

Likewise, the values of beta for time-based conflict and strain based conflict were .221 (t=2.617) and .163 (t=2.113), at significant values of 0.031 and 0.041 respectively. These significant values show that H1, H2 and H3 of the study are accepted.

**Exploring the reasons for Work-Family Conflict among Doctors:**

The open ended responses of the doctors were put to a scrutiny using thematic analysis. Using thematic analysis, researchers tried to delve into the underlying causes of work family conflict pertinent to the Health workers.

Popular Themes that emerged as:

S.No.	Themes	Subthemes	Examples
1.	Scheduling of work	Uncertain roasters	I am at the beck and call of the administrators. Somebody goes on leave I am called. It doesn't matter if i want to spend some me time. Wait what is me time for a doctor. I don't know
		Cancellation of leaves	The leaves were cancelled owing to the high work load. Sometimes the child feels sick and now we can't take an extra off.
		Rotational Shifts	
		Increase in Manpower	
		Work Load/Long Hours of work	

2	Hospital Infrastructure	Lack of Crèche Facility for Children	“My heart feels heavy when I have to leave my child with his granny. He wants to come with me to work but when do I keep him. I hope hospital would have a crèche.
3.	Family Support	Lack of counselors for doctors to prevent emotional exhaustion  In law support or lack thereof	Doctors need counseling too.They too become victim of suicide. Sometimes we too need a ear to hear....”  “Thanks to this pandemic, our leaves have also been cancelled. We need to be on our toes. We cannot think of spending time with our kids. I leave my kids at the mercy of my inlaws.Otherwise it would have been extremely difficult”
4.	Commuting Time	Age of children  Nuclear Family Marital Conflict	“My baby is just 10 months old. I feel I am not doing justice to my motherhood commitments due to my profession”
4.	Commuting Time	Long Distances	“The hospital is 20 kms away

	to work	from my husband's house.I get too tired and feel strain and lack of energy to do work at home"
	Non availability of hospital Transport	
5.	Co value Creation	
	Derogatory behavior by patients	"Patients need to know that we are humans too and not Gods .In case anything happens we get the blame. Abuses have been hurled at me. Due to which I go home and become cranky. My kid craves for my attention but I shoo him off"
	Unnecessarily demands by HODs	"Our HODs think we are super humans.It gets way too tiring sometimes. Sometimes the burden is so much that I feel running away"

**Exploring why Affective commitment prevails among Hospital staff despite the work family tension:**

A positive relationship between all three types of work family conflict and affective commitment was found. For further investigate this phenomena, a qualitative study was carried out.10 of the respondents were called .For this, in-depth telephonic interviews for 10 doctors was conducted to find out what causes them conflict. Each interview lasted for 25-30 minutes Doctors narrated their ordeal in great depth. The content validity of each question asked was done by the subject expert in the field of HRM. The various themes that justified this association are enlisted below:

S.No.	Themes	Sub Themes	Examples
1	Compensation	Handsome salary	“How can I not be attached to work. It feeds my family after all ...Chuckles”
2.	Innate Affinity towards medical Field	Perks Festival gifts Dedication towards work	“I always wanted to be a doctor. I guess I am emotional aligned to the kind of work I do. I have worked so hard for this”
3.	Philanthropy	Therapeutic Gratification of being in Care giving profession	“I guess God has created me with a purpose and that’s service to people. Giving back to society in whatever ways I can. Trust me the sense of gratification that prevails with serving people is paramount”.
4.	Hospital being a second home	Service to society Faith of getting repaid here after Friends and peers in hospital	“This hospital is like my family now. Cant imagine a day without seeing any of my colleagues. Though it sometimes hinders my family life but at the same time it has given me so much. I cant be thankful enough. Any problem in hospitals seems like a personal problem.”
5.	Tenure of Service	Long time working in the hospital	“I have been serving in this hospital for 30 years now. How can you expect me not to be emotional attached .If I have a fight with my spouse, hospital acts therapeutic. It automatically makes

you inclined to your job”.

### **Discussion:**

The study aimed at finding the association between three forms of work family conflict (Time based, behavior based and strain based) and Affective commitment. The results found out that all the three forms of work family conflict (Time based, behavior based and strain based) had a very low but positive correlation with the affective commitment. All the three are hypotheses accepted. This results are in concordance with the findings of Mukanzi & Senaji, 2017 who found out that Work Family conflict has a positive relationship with Affective commitment. The findings of the regression analysis there was a contribution of work family conflict towards affective commitment. This is in line with the findings of Akintayo, 2010. The findings of Malik et al.,2017 are revealed a positive relationship between work family conflict and organisational commitment

Although, work family conflict being a negative construct might be perceived to have a negative relationship with organizational commitment which is a positive construct but the empirical findings of this study suggested otherwise. The reason were analyzed qualitatively that despite having conflict, doctors feel emotionally attached to the organisation..

Furthermore, some studies (Elangkumaran,2013; Malik, Awan & Ain, 2015; Hidayati, Zarlis and Absah) have noted a negative relationship between work family conflict and affective commitment among the banking and service sector workers respectively. Moreover, some studies reveal that work family conflict and affective commitment are not related (Casper et al., 2002). The findings of thematic analysis determined that improper work schedules, family support, commuting time, marital conflict and derogatory behavior by patients are some potential causes of work family conflict for them. Themes that emerged for affective commitment are compensation, tenure of service, affinity of medical profession, philanthropy and hospital as a second home. A popular opinion that emerged was that it was the profession rather than the organisation they have affective commitment towards the kind of job they perform which gives them a sense of gratification.

### **Practical Implications:**

The results of this study have an implication for the health care workers who work under grave conditions. Crèches may be set around the vicinity of the hospital premises. Proper manpower planning should be done so that there is adequate staff available and staff do not feel burnt-out. Leaves should be sanctioned and night shifts should be followed by an off .Employees should be kept on rotational shifts if there is heavy footfall in the hospitals as in case of covid-19 pandemic

where hospitals have huge patient influx. Further, the conflict between work and family can be reduced significantly by a properly managed administration.

### **Limitation:**

No study is without limitations. The major limitation of this study was the use of cross sectional design. Further, the survey was carried out when the hospital staff was fighting with the second wave of COVID-19. Therefore, high work family conflict is no surprise.

Moreover, only one tertiary care hospital was taken as a sample. Future studies can increase the sample organisations to other hospitals. Sample size was less and only one hospital was taken into consideration. Further, the role of demographic factors like age, experience as stated in the literature have been ignored for analysis. Future studies can further increase the bandwidth of the qualitative analysis of this paper.

### **Conclusion and Future Directions:**

The study found that a weak but positive relationship exists between all the three types of work family conflict and affective commitment. Moreover, by way of regression analysis it was found that behaviour based conflict contributes more towards affective commitment. The most plausible reason for the existence of positive relationship between work Family conflict and affective commitment is that despite having long work schedules, high strain work role, doctors feel connected to organisation. Further, the study had a limited scope. Sample size was less and only one hospital was taken into consideration. Further, the role of demographic factors like age, experience as stated in the literature has been ignored for analysis. Future studies may broaden the scope of the study by collecting data from different private hospitals. Moreover, future studies can use qualitative method and further the scope of this paper.

Various Tests like T test, ANOVA can be administered to find out differences in work family conflict among various demographic groups. Other qualitative methods like ground theory can be used to understand the in-depth concept of work family conflict for detailed analysis

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No potential conflict of interest exists pertaining to authorship.

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