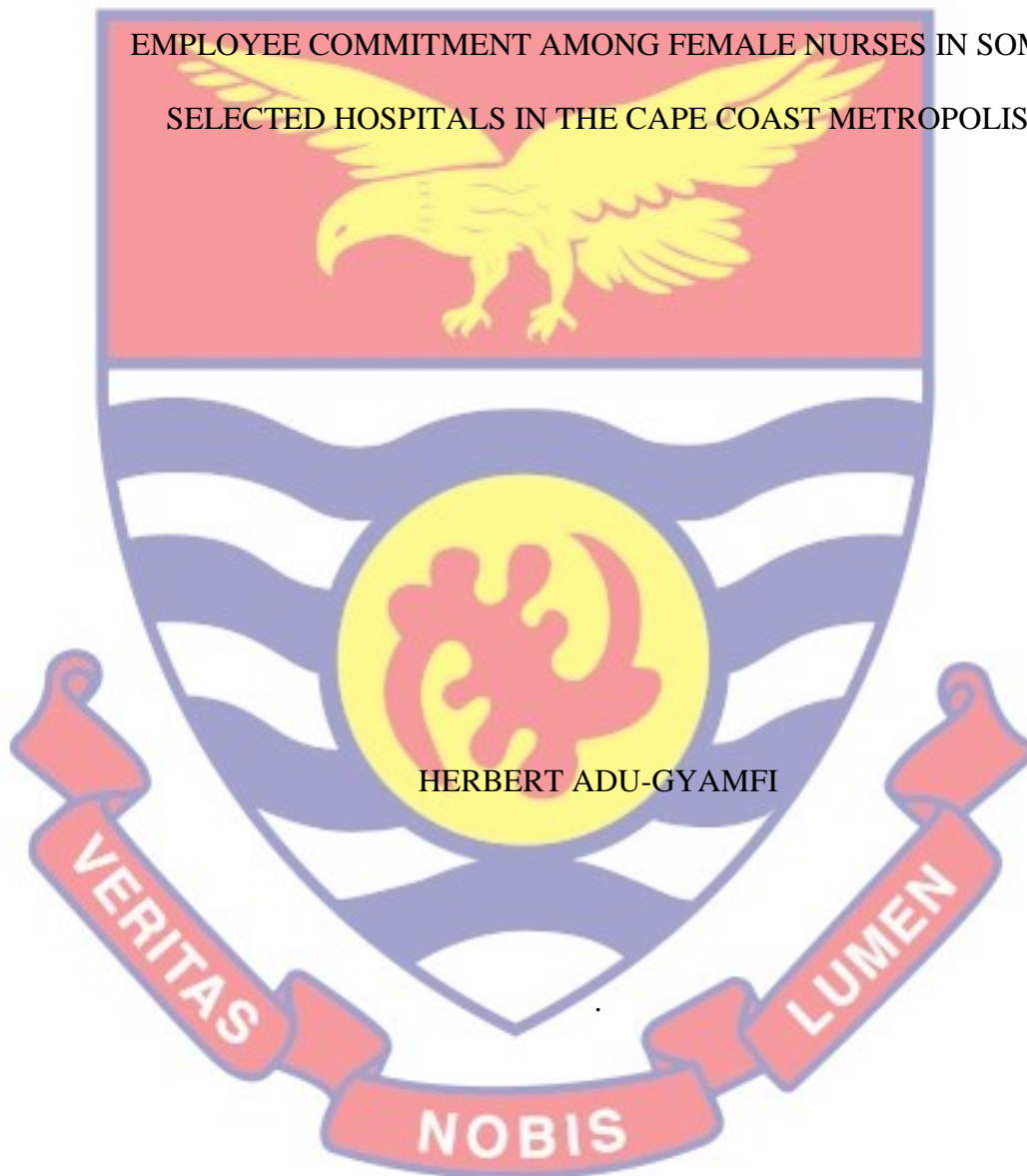UNIVERSITY OF CAPE COAST

EFFECT OF WORK LIFE BALANCE ON JOB SATISFACTION AND

EMPLOYEE COMMITMENT AMONG FEMALE NURSES IN SOME

SELECTED HOSPITALS IN THE CAPE COAST METROPOLIS

HERBERT ADU-GYAMFI

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2022

UNIVERSITY OF CAPE COAST

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BY

HERBERT ADU-GYAMFI

Dissertation submitted to the Department of Management of the School of

Business, College of Humanities and Legal Studies, University of Cape

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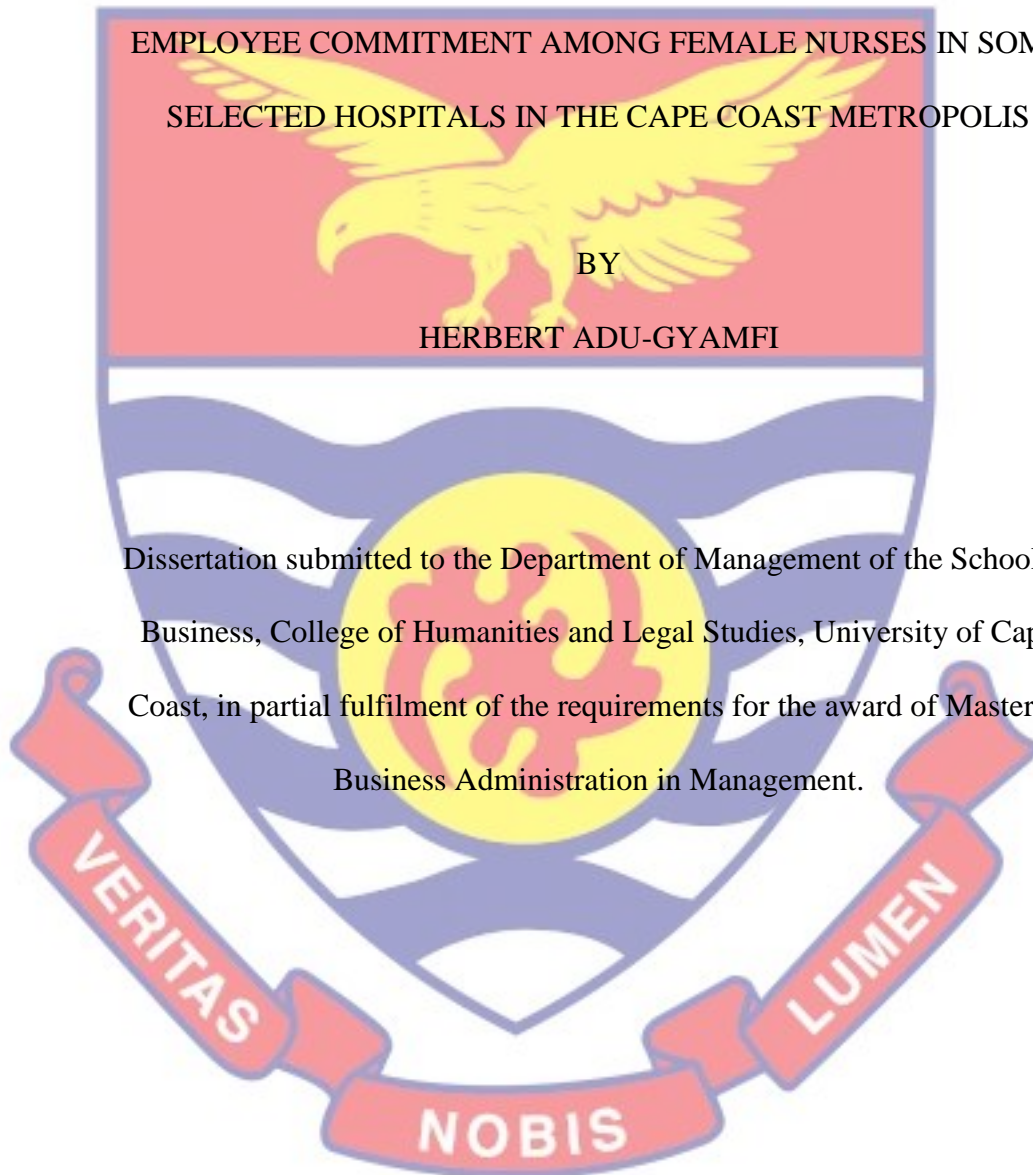
AUGUST 2022

DECLARATION

Candidates' Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.
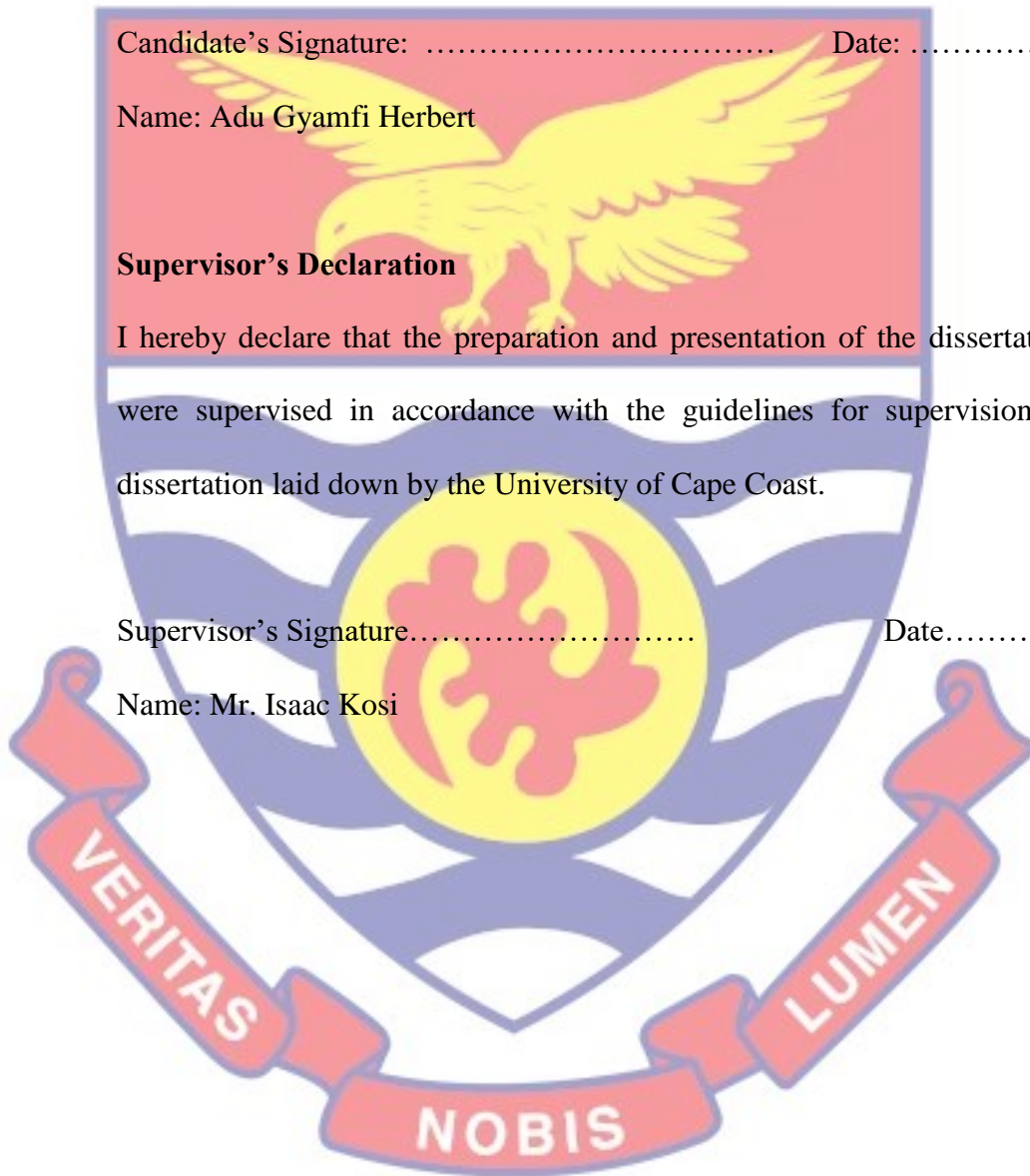
Candidate's Signature: ……………………………   Date: ……………

Name: Adu Gyamfi Herbert

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines for supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature………………………   Date…………

Name: Mr. Isaac Kosi

ABSTRACT

The purpose of this study is to investigate the effect of employees worklife balance on job satisfaction and commitment among nurses in some selected hospitals in the Cape Coast metropolis. The study sampled 134 nurses from two hospitals in the Cape Coast metropolis namely; Ankaful Psychiatric hospital and Cape Teaching hospital. The survey data were collected using questionnaires, which were analyzed using the SPSS version 23 software. The results of the study showed that two factors; continuance and normative commitment were predictors of work life balance among nurse in the Cape Coast metropolis. The study findings further identified Part-time work, Onsite child-care centers, and Elder care/care for sick family members, and Job sharing as the most influential factors and initiative that are needed to promote work life balance of among nurse in the Cape Coast metropolis. The findings of the study recommended policy making at the Ministry of health regarding the formulation, implementation and review of policies that would take care of the challenges based on the findings of this study.
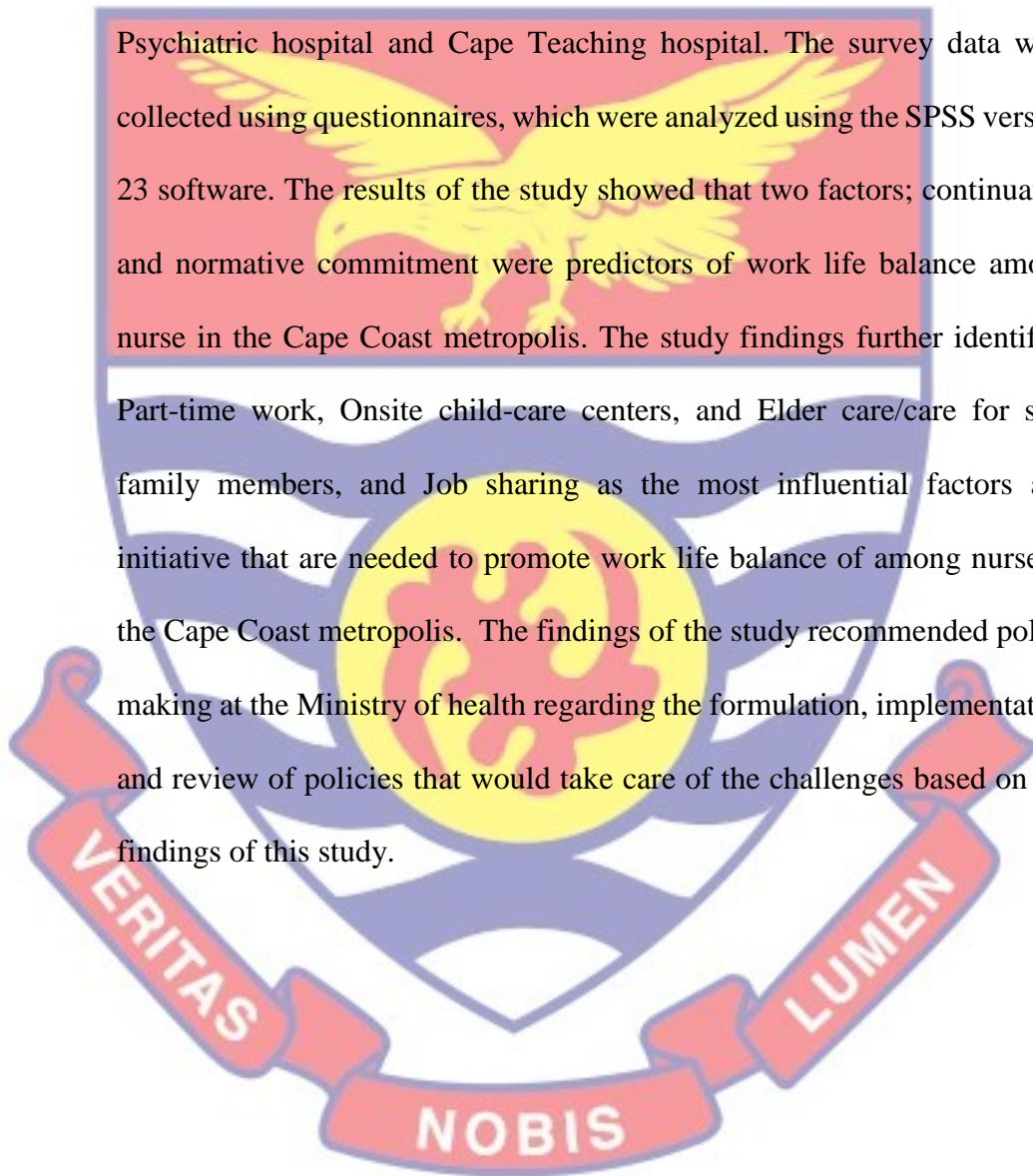
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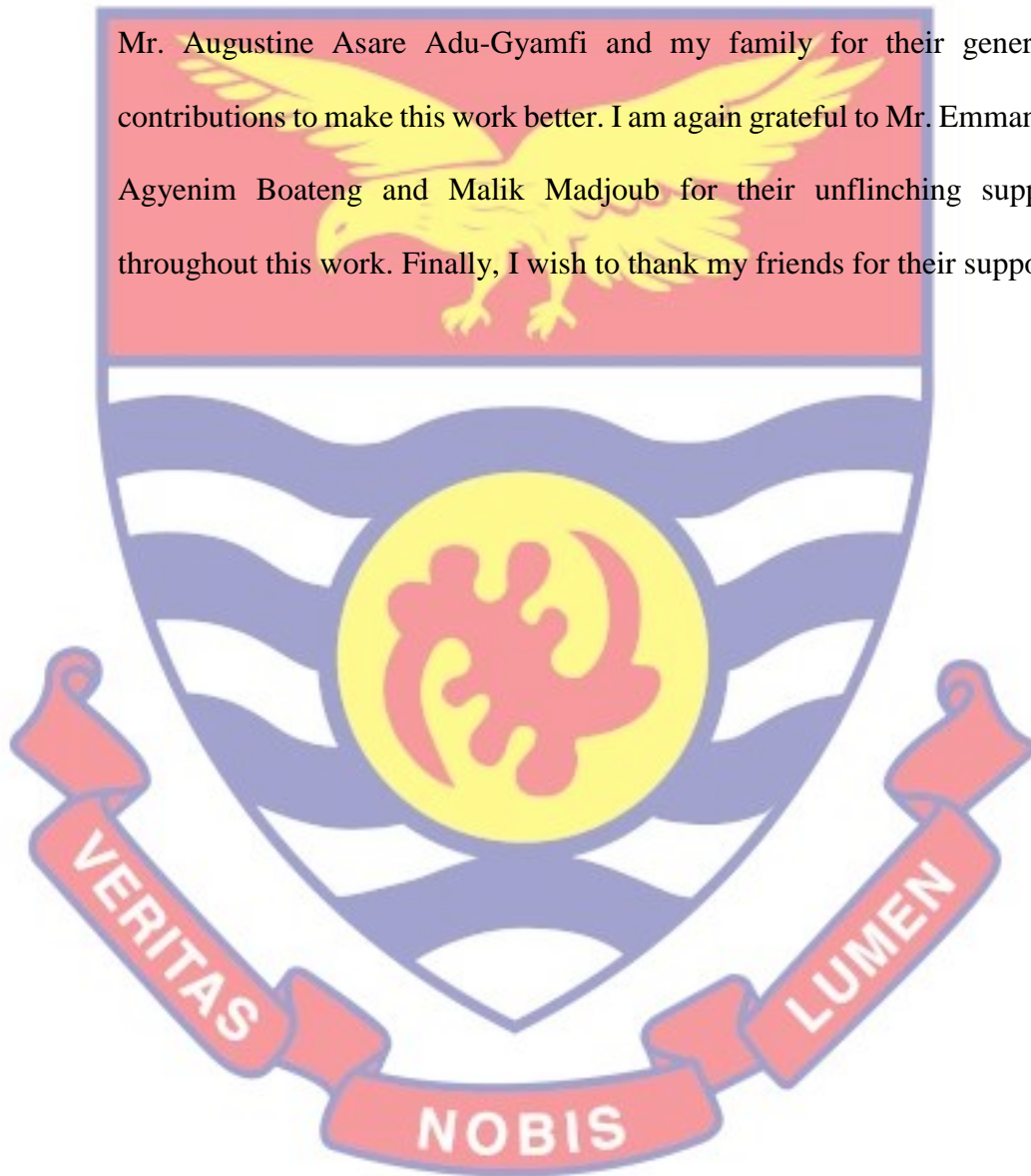
DEDICATION

To my sisters Olivia Asare Mantey, Dorothy Adu-Gyamfi and Priscilla

Akuoko and to my lovely niece Bernice Naana Gyamerah

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ACRONYMS

GHS   Ghana Health Service

GSS   Ghana Statistical Service

NMC   Nurses and Midwifery Council

RGN   Registered General Nurses

WHO   World Health Organization

WLB   Work Life Balance

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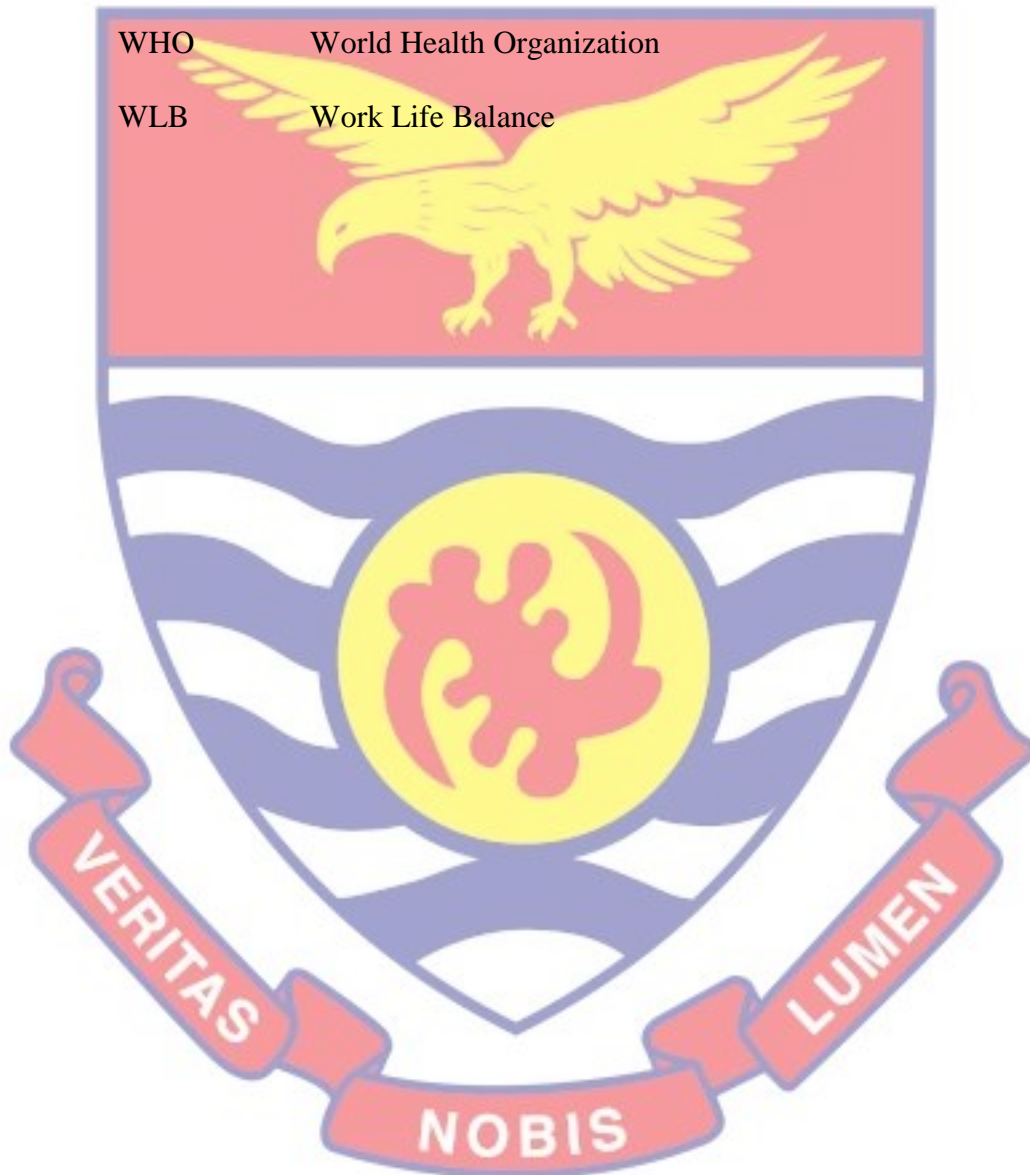
KEYWORDS

Work Life Balance

Commitment

Job Satisfaction

Female Nurses

Cape Coast Metropolis

Ankaful Hospital

CHAPTER ONE

INTRODUCTION

The chapter commences with a background to the study, sharing insights on issues of work life balance and commitment among nurses. The context of the study is stated and the statement of the problem defined. The purpose of the study has been outlined and the research questions stated. The significance of the study, scope of the study is all stated.

Background to the study

Modern women occupy an important position in modern societies and contribute effectively in advancing and developing their countries' economy (Hanan, 2017). Women have become a key partner of success in their organizations and the global arena (Hanan, 2017; Shabir, 2019). Women from developing countries have fewer choices to make. However, they face a big challenge due of their roles at work and home. In a country like Ghana, that is still deep-rooted in traditional patriarchal setup, women are predominantly assigned with the familial duties and to think of them as breadwinners is still a developing aspect. It can also be said that the nature of work boundaries and composition of workforce are changing rapidly (Shabir, 2019). This situation coupled with social pressures impinges on the commitment and motivation that women bring to work (Kaufman & Uhlenberg, 2000; Lambert et al., 2006; Aziz & Cunningham, 2008).

Particularly, in today's competitive and fast-paced work environment, coupled with incompatibility between career responsibilities and the home obligations are high as people, especially women, attempt to juggle multiple roles that creates an upsurge in work–life imbalance in the form of marital and

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work stress (MacInnes, 2006; Roberts, 2007; Aguinis, 2009; Manetje & Martins, 2009; Hanan, 2017), increased absenteeism and turnover (Deery, 2002; Wang & Walumbwa, 2007), recruitment issues (Doherty, 2004) and psychosomatic symptoms (Burchill et al., 1999; Lewis, 2003).

The job of healthcare workers is undoubtedly very challenging and demanding in the today's context. And even, among the healthcare workers, nurses play a crucial role in the provision of health care, providing primary health care services in many rural areas. The scope of the job of nurses inherently linked to stressfulness, quick response, criticism from patients and relatives, more responsible etc. Like all other work fields, WLB is an important concern in the hospitals (Shabir, 2019). The Occupational Safety and Health Administration [OSHA] (2014) describes hospitals as some of the most stressful places to work with potential hazards that include life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths.

Ghana has a population of about 30 million and a life expectancy of 56 years for males and 58 years for females (Ghana Statistical Service [GSS] 2020). With a gross national per capita income of $1 240, it is in the top 30 of the world's poorest countries (World Bank, 2018). The health of women and children remains a major health concern. The maternal mortality ratio in Ghana in 2016 was 540 per 100,000, compared to 12 per 100,000 for the US (Hoyert, 2017). The ratio of nurses to total population is 1:4024 in Ghana (Ministry of Health [MOH], 2017) whilst the same for the US is 1:85 (Robert Wood Johnson Foundation, 2017). Due to the above deficiencies the average

Ghanaian nurse undergoes lot of stress is likely to have an unbalance work life. Resultantly, difficulty in balancing work and personal life affects job satisfaction, OC and leads to turnover (Arif & Farooqi, 2014). Numerous studies have indicated that OC predicts and shapes job satisfaction, absenteeism, organizational citizenship behavior, performance, turnover and WLB among other variables (Greenhaus & Beutell, 1985; Lambert et al., 2006). Studies have also been conducted to understand the role of WLB in enhancing the OC and in turn the efficiency of an organization (Biwott et al., 2015; Cegarra-Leiva et al., 2012; Choo et al., 2016; Fapohunda,

Underpinning this study is the social exchange theory which suggest that, Researchers have suggested that behaviours can be considered as the result of cost-benefit investigations by individuals endeavouring to associated with society and the environment. Researchers have argued that, increased pressure at workplace negatively affects the work-life balance, job satisfaction and organizational commitment (Akhtar & Azeem 2014). As a result, organizations have been forced to constantly determine the factors influencing WLB. The phenomenon of WLB has become a matter of concern for most organisations in Ghana in recent times and has begun to attract research attention. This is probably because of the increasing awareness for equilibrium between employees' work life, career ambitions and personal life-style (Mensah Hervie & Sarkodie Baffoe, 2016). Work-life balance (WLB) has been found among the key determinants of employee's performance (Aguinis, 2009; Azeem & Akhtar, 2014; Fapohunda, 2014). WLB has, therefore, become an increasingly pervasive concern to most organizations globally (Xiao & Cooke, 2012; Fapohunda, 2014).

Also, The Millennium Development Goals (MDGs), set by the United Nations and member countries in 2000, provide health and development goals for the least developed countries (United Nations, 2010). However, Dovlo (2007) predicted that, the MDGs will not be met by the target date in part due to the current shortage of health care workers. According to the statistics of world health organization, 1.3% of the world's health workforce resides in sub-Saharan Africa, yet the continent has 25% of the disease burden (World Health Organisation [WHO], 2018).

Due to high pressure as a result of high nurse patient ratios in Ghana, nurses are prone to burnout which contributes to negative effect on productivity. In all this tragedy the female worker (nurse) is at the most risk. Nevertheless, some women have dismantled such notions by entering the global workforce with the gradual change in economic demands and societal norms. As more women pursue challenging careers and take greater part in fulfilling the family responsibilities, the stress of managing everything and getting it right endangers the interests of the family and the society at large. It embarks upon the significance of work–life interface as a crucial area of concern for researchers, business establishments and government, and a matter of vital importance to employers, individuals and their families.

Therefore this study attempts to study the problems related to Work Life Balance and commitment among Nurses in some selected hospitals in Cape Coast.

Statement of the Problem

The basis for the research emanates from the numerous complaints and the inability of nurses to maintain a balance between their official work,

personal and family lives. Ghana is a developing country with high rates of morbidity and mortality coupled with notable differences between rural and urban settings (Shabir, 2019). There is a lot of pressure on the nursing profession (Hanan, 2017). For instance the maternal mortality ratio is estimated at 451 per 100 000 live births (Ghana Statistical Service [GSS], 2015). Infant mortality at the national level is 50 deaths per 1000 live births; 49 and 56 per 1000 live births in rural and urban Ghana respectively. Whereas the under-5 mortality rate in urban Ghana is 75 deaths per 1000 live births, in rural Ghana it is as high as 90 deaths per 1000 live births. Coverage of skilled birth attendance is 82% in urban compared with 43% in rural Ghana. There are also marked variations across the 10 regions of Ghana with low coverage in predominantly rural regions such as the Northern and Upper West regions, recording 27% and 47%, respectively, compared with 84% in Greater Accra region which is largely urban (Ghana District Health Service [GDHS], 2008 & GSS, 2009).

Stress in nurses is a prevalent problem globally contributing to health problems in nurses and decreases their competence with detrimental effects on the physical and psychological well-being of an individual's health (Hanan, 2017). Occupational stress is of key interest to employers because of the known adverse effects on employee performance, productivity, job satisfaction and health. Stress basically involves the relationships between individuals and their environment that are considered as challenging or exceeding their resources and jeopardizing their well-being. Currently, California is the only state with mandated nurse–patient ratios, though other states are working toward similar staffing goals (Schultz, 2013). Due to high pressure as a result

of high nurse–patient ratios in Ghana nurses are prone to burnout which contributes to negative effect on productivity.

Studies in WLB in Ghana are now emerging and the few available have examined the phenomenon as it relates to Ghanaian professional women (Aryeetey et al., 2011), working parents (Annor, 2014), organisational commitment and stress in the Ghanaian banking industry (Darko-Asumadu et al., 2018; Asiedu-Appiah et al., 2013). However none of this studies have viewed Work life balance through the role of job satisfaction. Also, hospitals are intrinsically complex systems and the job of health-care workers is very challenging and demanding. Therefore this study attempts to study the problems related to Work Life Balance, job satisfaction and commitment among Nurses in some selected hospitals in Cape Coast.

Purpose of the study

The main purpose of this study is to assess the influence of work life balance practices on job satisfaction and organizational commitment.

Research Objectives

1. To examine initiatives that promote work life balance among nurses in some selected hospital in Cape Coast metropolis.

2. To analyse the effect of WLB on employees' job satisfaction among nurses in some selected hospitals in Cape Coast metropolis.

3. To examine the effect of work life balance on organization commitment among nurses in some selected hospitals in Cape Coast metropolis.

Research questions

1. What initiatives promote work life balance among nurses in some selected hospital in Cape Coast metropolis?

2. What is the effect of work life balance on employees' job satisfaction among nurses in the Cape Coast metropolis?

3. What is the effect of work life balance on organization commitment among nurses in the Cape Coast metropolis?

Significance of the study

The research shall determine the nature of work life balance and employee commitment and shall proffer a significant human resource management strategy of work-life balance and employee commitment among nurses. The research shall also serve as a verifiable source of information for policy makers on issues on work life balance and employee commitment. Organizational commitment and job satisfaction among nurses in some selected hospitals in Cape Coast would be known. The research would serve as a resource or reference for other researchers in higher education.

Further, the study would provide important information and insight that will help management diagnose and solve problems, plan and assess effective work-life balance programs for the ultimate benefit of their staff and their institution in totality. The study's outcome would expand existing literature in relation to work-life balance and employee performance in the public sector specifically Ghana Health Services. It will, therefore, serve as basis for prospective researchers to support or disapprove their findings. Also, the finding will expose researchers to the appropriate research methods to employ when carrying out a study of this kind.

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Delimitations

The study proffers examine of work-life balance, job satisfaction and employee commitment and strategy to managing work-life balance and employee commitment among nurses in some selected hospital in Cape Coast. The study tend to use only the two hospitals in Cape Coast; University health service, and Ankaful government hospitals.

Limitations

This study has acknowledged some limitations. The participants in this study are employees of two different hospitals i.e. University health service, and Ankaful government hospitals and the findings may not be generalized to other populations. This is because, no data and information has been maintained by the respective hospitals to measure the work life balance with the level of commitments. Also, some nurses were not willing to disclose their personal or family matters and information; this could not be verified for us to record the data and information. Inconsistency in some of the responses cannot be overlooked. Also the constraints of time, financial resources and data collection problems such as visiting the hospitals on several occasions. In this study, some respondent collected the questionnaires on the ground that they might not have time to answer it immediately but misplaced it. Other nurses also collected it but refused to answer the questionnaire. The questionnaire is loaded with so many questions which makes it difficult for nurses to fill. They complain a lot when answering the questionnaires.

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Definition of Terms

Work life balance describes the relationship between your work and the commitments in the rest of your life activity and how they impact on one another.

Employee commitment is the psychological attachment and the resulting loyalty of an employee to an organization. According to Meyer and Allen (1991) there are 3 mindsets for an employee to be committed to an organization:

1. *Affective Commitment*: positive feelings of identification with, attachment to, and involvement in the organization.

2. *Normative Commitment*: feelings of obligation to remain with the organization resulting from values and beliefs.

3. *Continuance Commitment*: the result of the perceived cost associated with leaving.

Work: a person's professional pursuits—is something to be held at bay lest it consume

Life: a person's family time and personal pursuits.

Model: a career crafted primarily for professional and financial gain and a family at home requiring care and attention.

Nurse: female health worker who is in charge of looking at patients.

The field of work-life balance, although new, spans a wide range of academic fields. This study examines the relationship between work-life balance and Meyer and Allen's (1991) three components of organizational commitment. It found that a positive correlation exists between affective commitment and perceived work-life balance. Results also showed that no significant

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relationship exists between continuance or normative commitment and perceived work-life balance. However, the strongest correlation found to work-life balance perceptions was that of worker identification with the goals of the organization.

Job Satisfaction: Job satisfaction relates to favorable or unfavorable emotions relevant to one's work-life

Organization of the Study

This document comprises of five chapters: the first chapter starts with the background to the study, the problem statement, research objectives, research questions, purpose of the study, and significance of the study, scope of the study, delimitations and organization of the study. Chapter two focuses on the review of related literature. Chapter three focuses on research methodology which describes the research design, the population sample, data collection instruments, data collection procedures of the study, and methods of the analysis. Chapter four discusses the findings of the results presented and lastly, the summary of finding, conclusion, recommendations and suggestions for future research form the chapter five of the study.

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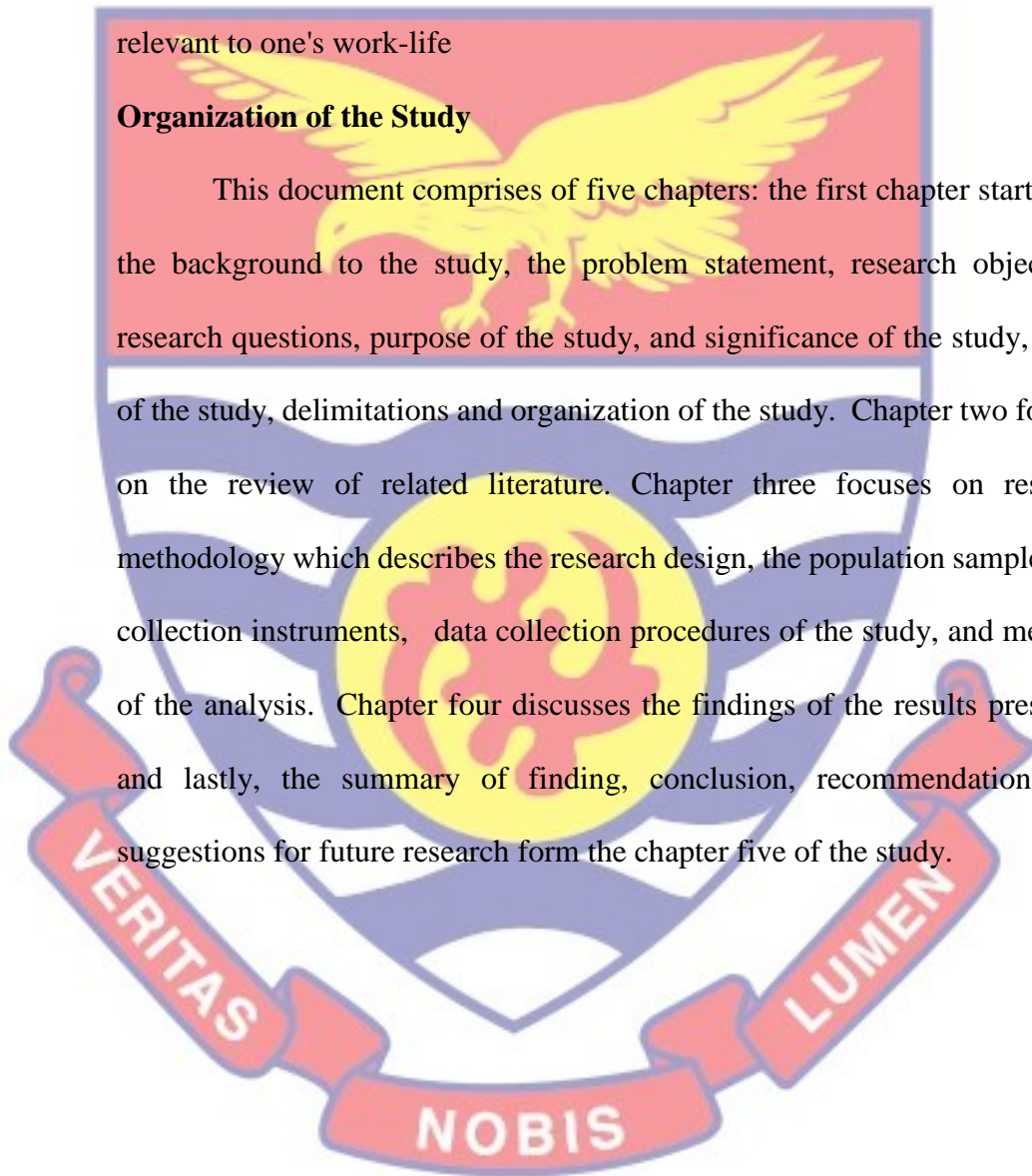
CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature review is a critical component of the research process and begins by reviewing relevant literature to guide the scope of the inquiry on work life balance and commitment among nurses. For this study, existing literature related to concepts of the study are examined and used to build on the conceptual framework. The section starts with the identified concepts which include the concept of work life balance and commitment, implementations and limits of work life balance. The literature looks at the relationship between work life balance and commitment among nurses. Models are also explained. In this study, Mobley's (1977) decision model and the three-component commitment model are utilized to explain and provide understanding to the various research questions. Furthermore, the conceptual framework of the study is provided.

Theoretical Review

Work-family theory

The work-family border theory was pioneered by Clark in the year 2000. The theory explains how an individual manages and negotiates the work and family domains and the borders between them in order to attain balance. Central to the model is the concept of work and family constituting different spheres that influence each other. According to Clark (2000) the outcome of interest in this theory is work-family balance, which refers to satisfaction and good functioning at work and at home, with a minimum of role conflict. Clark's (2000) theory of work-life balance known as the work-family border

theory, explains that work and life are perceived as separate and individual domains, each of which fulfills essential yet different needs of an individual. According to Clark work-family border theory states that every person's role differs with specific domains of life such as work/family domains and these domains generally separated by borders. Central to work-family border theory as posited by Clark addresses the integration and blurring of the multiples roles of the employee in his/her work and family life. Again, work-family border theory explains how employees manage and negotiate the work and family spheres and the borders between them in order to attain balance. The outcome of interest in this theory is work-family balance, which refers to 'satisfaction and good functioning at work and at home, with a minimum of role conflict' (Clark, 2000).

Again, work-life balance policies postulate the idea that 'work' and 'family' constitute different domains or spheres which influence each other. The theory describes individuals to be daily border crossers as they move between home and workplace (domains) in an attempt to focus their goals, their relationship style to fit the unique demands of each of the two domains (work and family). These movements have significant implications on the level of integration and the degree of conflict between work/family domains. Clark indicated that borders are lines of demarcations between domains, defining the point at which domain-relevant behavior begins and ends. In literature, these borders have taken three forms: physical, temporal or psychological borders.

The principal assumption of the Work-life balance is the level of integration and the degree of conflict which is based on the nature of borders such as, flexibility and permeability between work and family life boundaries.

Although many aspects of employee's work and life activities such as meeting work schedules and spending time with family are difficult to alter, employees at some context in these two roles can reshape the nature of the work and home domains, and the borders and brides between them, so that it can attain a balance.

Social exchange theory

Social Trade Hypothesis proposes that behaviors can be considered as the result of cost-benefit investigations by individuals endeavoring to associated with society and the environment. Homans (1958), basically envisions any social interaction between individuals as including costs and rewards. Homans (1958), at first utilized the term "social behavior" for what afterward was called the social trade. Homan (1958), proposed that Social behavior is an trade of merchandise, fabric merchandise but too non-material ones, such as the images of endorsement or glory and afterward stipulated that social behavior is an trade of movement, substantial or intangible, and more or less fulfilling or exorbitant, between at slightest two people.

At the intangible level, carrying on a discussion with somebody costs you time and vitality but can be counterbalanced by the rewards picked up such as affirmation of your esteem and advancement of a relationship. Homans, Blau, and Emerson (1964), wrote about how social exchange theory applies to behavior in groups or organizations and also has application to interpersonal relationships. Blau (1964), defined social exchanges as voluntary actions of individuals that are motivated by the rewards they are expecting with emphasis that the action is voluntary to distinguish it from coerced behavior.

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Application of the theories to the study.

The hypothesis of work-family strife is of much significance with regards to this examination since it acknowledges work life balance as a factor that can impact work fulfillment and worker execution. In this investigation, the Theory of work-family strife gives the premise to the relationship that exists between representatives' work life balance and their degree of Job Satisfaction and execution at the two hospital. The hypothesis places that nurses battle to adjust work and life obligations and the ineptitudes of representatives to accomplish work life equilibrium can prompt a high pace of truancy, diminished execution and profitability, diminished employment fulfillment, and low hierarchical duty. In view of this hypothesis, it is proposed in this investigation that the nature and nature of work life balance rehearses at the hospital will straightforwardly impact representatives' presentation and employment fulfillment.

Social Exchange Theory in this examination gives the premise to building up the connection between work life balance, worker execution and employment fulfillment. The hypothesis as applied in this investigation bolsters the recommendation that work-life balance is a persuading component to take activities that will create positive outcomes at both the individual and authoritative levels inside the hospital. This hypothesis depends on the supposition that the effect of social association between individuals as including either expenses or rewards. The capacity of representatives to adjust their work and life obligations decides their prizes; level of execution and fulfillment. The hypothesis, along these lines, prompts the end that

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representatives' capacity to adjust their work and life obligations will yield rewards, for example, work fulfillment and upgraded worker execution.

Conceptual Review

Work Life Balance

According to Saleh (2015), work-life balance is about the interaction between paid work activities and other non-paid activities such as family, community, leisure and personal development. Work-life balance shows an accomplishment of work and family role-related expectations that are negotiated and shared between an employee and employers (Grzywacz & Carlson, 2007). Swami (2007) also defined work-life balance as a practice that is concerned with providing scope for employees to balance their work with the responsibilities and interests, they have outside work.

Work-life balance is an employee perception that his/her work and family activities are compatible and promote growth in accordance with an individual's current life priorities" (Kalliath & Brough, 2008). Work-life balance is viewed as a system in which each part of work and life is interdependent with the other parts of the system (Munn, Rocco, Bowman & van Loo, 2011). In recent years, "work-life balance" has replaced what used to be known as "work-family balance" and "family-friendly policies" (Obiageli, Uzochukwu, & Ngozi, 2015). Work-life balance policies represent the provisions and promises (Houston, 2005) of the employer that offer the employees options to address work and personal roles. Work-life balance practices can indeed be perceived as an organizational obligation by the employee (Freese, 2007).

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The term work-life is commonly used as a more comprehensive expression that describes every aspect of an employee's work and personal life. Saleh (2015) defined work-life balance to include programs, benefits, policies that assist employees to create balancing working environment with non-work roles. Work-life balance is the employee's ability to manage the relationship between work and personal life despite work and family pressure and endless activities that require time and attention (Kundnani & Mehta, 2015). Again, work-life balance defines the degree to which employees attain equal levels of engagement and satisfaction in their work and life roles (Clark, 2000; Greenhaus, Collins, & Shaw, 2003).

Barrera (2007) explained that work-life balance is a broad concept and encompasses a situation where employers working constructively with employees to institute arrangements to satisfy the needs of the organization and the non-work aspects of employees' life. Two fundamental concepts are relevant in the definition of work-life balance fit between "work roles" and "Personal responsibilities" In a general perspective, work-life policies and initiatives include the programs, practices, and policies available to help employees achieve balance (Lobel, 1999; Pitt-Catsouphes, MatzCosta, & MacDermid, 2007). Saleh (2015) added work-life balance is all about forming, maintaining supportive and healthy work environments that support employees to balance life between personal responsibilities and work roles.

Application of work-life balance often adopts a conflict-based outlook where work and life are perceived as mutually exclusive domains constantly competing for an individual's little resources such as time and effort. Obiageli, Uzochukwu, and Ngozi (2015) noted that the origin of work-life balance

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practices spans from work-life conflict experience of the employee. Most often, researchers are divided on the conflict-based view of work-life. Greenhaus, Collins and Shaw (2003) viewed work-family balance to be the non-existence of work-life conflict.

Various scholars have grouped work-life policies into dimensions and levels. It is first categorized into a flexible working arrangement, leave arrangement; dependent care assistance; and general services (Lazăr, Osoian, Ratiu, 2010; De Cieri et al., 2005; De Cieri & Bardoel, 2009). Second, Hartel, Fujimoto, Strybosch, & Fitzpatrick, (2007) also identified work-life balance policies as followed: flexible working hours, job sharing, part-time work, compressed workweeks, parental leave, telecommuting, and on-site child care facility. Finally, work-life balance policies have been grouped into three levels such as individual, organizational, national and international levels.

Work life Balance initiative in an organisation

Organisations significantly SMEs have enforced a range of labor life balance programs and policies to assist people deal with the stress of equalization work and life roles. These initiatives embrace versatile planning, compressed week, teleworking, on-the-scene child care, part-time schedules, and job sharing (Frye & Breaugh, 2004; Sutton & Noe, 2005). several of those structure initiatives have semiconductor diode to such outcomes as reduced work-family conflict, and augmented family satisfaction (Aryee, Fields, & Luk, 1999; Brough, O'Driscoll, & Kalliath, 2005; Northrop Frye & Breaugh, 2004; Thompson, Beauvais, & Lyness, 1999).

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Flexible Scheduling

The most generally actualized hierarchical strategy is the adaptable Scheduling or strategic scheduling. Adaptable booking is the point at which a business sets when all representatives are needed to be in the workplace (ordinarily from 9 or 10 a.m. until 2 or 3 p.m.), and representatives have the caution with regards to what time they will show up and go home outside of that band (Baltes, Briggs, Huff, Wright, & Neuman, 1999). This grants representatives to begin and end their day sooner or later, contingent upon their inclinations or potentially needs. An enormous scope investigation of more than 30,000 U.S. government workers found that 41 percent of representatives studied use strategic scheduling (Saltzstein et al., 2001). As indicated by a 2005 public U.S. study directed by the Families and Work Institute, 68 percent of organizations permit probably a few representatives to occasionally change beginning and completing occasions. Strategic scheduling is offered essentially more regularly in more modest organizations, and the percent of organizations offering strategic scheduling has expanded since 1998 (Bond, Galinsky, Kim, & Brownfield, 2005). By and large, the examination on adaptable timetables is exceptionally certain.

In a meta-logical survey of strategic coming up with and compacted work stuffed weeks, Baltes and partners (1999), found that strategic coming up with was basically notable with swollen gain, work fulfillment, fulfillment with work prepare, and diminished non-appearance. Strategic coming up with has likewise been connected to swollen representative quality, improved coordination of labor and nonwork duties, and bated work-family strife (Dunham, Pierce & Castan˜eda, 1987; Ralston,1989; Roehling, Roehling, &

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Moen, 2001). A subjective examination of sophistication double worker couples declared action in adjusting work and family found that versatile work booking was the foremost clear topic talked regarding (Haddock, Zimmerman, Ziemba, & Lyness, 2006).

Strategic coming up with additionally has been looked as if it'd assist workers with managing eldercare issues (Pavalko and Henderson, 2006). In spite of these discoveries, there area unit some expected disadvantages to strategic coming up with. Some versatile timetables that area unit offered take into thought next to no ability, and conjointly the quantity of hours where a personal works might increment with academic degree versatile timetable (Sutton and Noe, 2005). Saltzstein and partners' (2001) investigation of over thirty,000 U.S. government representatives failed to discover a association between versatile timetables and work life equilibrium, which they found a touch negative association between use of versatile timetables and employment fulfillment. These negative results is because of completely different unconventional events among their associations.

Compressed Workweek

With a compressed weeks' worth of work plan, the week's worth of work is abbreviated to less than five days by having representatives work longer hours on the days they do work (Baltes et al., 1999). A compressed week's worth of work is utilized less regularly than flex time, likely due to the truth that numerous associations require workers to be show amid ordinary trade hours to assist clients. Agreeing to the U.S. Families and Work Institute's ponder, 39 percent of companies permit at slightest a few representatives to

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work a compressed weeks' worth of work plan, and the utilize of a compressed week's worth of work has expanded since 1998 (Bond et al., 2005).

Compressed workweeks have been appeared to extend work life adjust and diminish stretch, and weakness, as well as increment positive demeanors around the impact of work plans on one's family and social life (Dunham et al., 1987; Ralston, 1989). Saltzstein and colleagues (2001), too found that compressed plans driven to more fulfillment with work life adjust. However, Saltzstein and colleagues (2001), also stated compressed workweeks may only be beneficial when someone has assistance in taking care of the children (or others requiring care), since finding caregiving arrangements for the extra portion of their working days may be difficult, a point that was also noted by Sutton and Noe (2005).

Telecommuting

Telecommuting/telework is for the most part characterized as working from domestic or an off-site area for all or portion of the week's worth of work, made conceivable by progresses in media transmission and data innovation. Concurring to the 2005 U.S. Families and Work Consider of managers, 31 percent of companies permitted at slightest a few workers to work from domestic or off-site routinely (Bond et al.,2005). The discoveries with respect to the viability of working from home as greatly blended (Bailey & Kurland, 2002). For case, working from home has been related to expanded work-life adjust compared to conventional work courses of action, and more seen control over one's work and family parts (Batt and Valcour, 2003; Slope, Ferris, and Martinson, 2003).

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On the other hand, a few thinks about have found that working from home was related to expanded work family struggle, expanded spill-over from work to family, and higher discouragement rates (Chesley, Moen, and Shore, 2003; Kurland & Bailey, 1999; Saltzstein et al., 2001).

Numerous analysts propose that working from home leads to expanded work-family strife since the border between the work and family spaces is more penetrable in the event that one is working at domestic (Kossek, Lautsch and Eaton, 2006; Saltzstein et al., 2001). For illustration, representatives with youthful children may be always hindered by their every day work schedule, and indeed those without children may be diverted by family care and upkeep obligations. Moreover, numerous laborers who utilize working from home endure from expanded discouragement, maybe due to the reality that they are socially separated from their co-workers.

On-Site Childcare

Another organisational policy designed to increase work life balance is to provide on-site childcare. Research has found that employees of organisations that utilize on-site childcare services were more likely to hold positive attitudes toward managing their work and family responsibilities and less likely to experience problems with daycare (Kossek and Nichol, 1992). Besides, childcare policies were positively related to organizational loyalty and negatively related to turnover and absenteeism (Milkovich and Gomez, 1976; Roehling et al., 2001). However, it has been suggested that there may be a backlash, or frustration effect, from workers who are not able to take advantage of such an organisational policy either because they do not have

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children or because they are on the waitlist for the service (Kossek & Nichol, 1992).

Family-Friendly Climate

Allen (2001) focuses out, advertising family-friendly approaches may not be adequate; or maybe it is the discernment that the organization is family-supportive that intercedes the relationship between the family-friendly arrangements accessible and positive results. This estimation is resounded by numerous analysts who point out that having a positive organizational climate supporting family-friendly activities is key to the by and large victory of these arrangements (Berg, Kalleberg, and Appelbaum, 2003; Kossek, Colquitt and Noe, 2001). Thompson (1999) found that a steady work life adjust culture inside associations anticipated higher work fulfillment and representative execution.

Job Satisfaction

Locke (1969, 1976), expressed that paintings achievement is a fulfilling or high-quality passionate country coming approximately due to the assessment of one's paintings or expert training. Spector (1997) characterizes paintings achievement as a diploma to which people like or aversion their positions. Different creators recollect paintings achievement because the mentalities people have towards their paintings (Ivancervich et al., 2005). Mankoe (2002), expressed that, paintings achievement is a gaggle of sentiments that representatives have approximately their paintings. Smith et al. (1969), see paintings achievement as feelings or complete of feeling reactions to functions of the (operating environment) circumstance.

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This which means of career achievement is a passionate reaction of representatives regarding the elements in their paintings and reaction(s) they involvement with the paintings environment. It portrays how joyful representatives are with the factors in their paintings. This particularly shows that, a fulfilled laborer is the person that is mollified with the functions in their paintings. Also, Locke (1976), units that paintings achievement may be conceptualized as a circumstance of bliss that emerges from the evaluation of one's paintings or encounters.

This conceptualization thinks approximately each warmth (feeling) and perception (thinking). The perception perspective considers the conclusions and convictions of the paintings whilst the partiality section on the other hand accommodates of sentiments and emotions comparative with the paintings (Cook, 2008). In outline, paintings achievement is characterised as a diploma to which people like or aversion their career which infers whether or not representatives are upbeat and mollified in fulfilling their cravings and requirements at paintings. SMEs that take part in WLB rehearses report a sizeable degree of career achievement amongst their workers.

An organization needs high performance from its employees so as to meet its goals and objectives to remain competitive (Freese, 2002). Performance is defined as the record of outcomes of a specified job function or activity during a specified period (Bernadrdin & Russel, 1998). From the employee perspective, Naharuddin and Sadegi (2013) noted that the employee's performance is depending on the willingness and openness of an employee on doing his/her job. Performance is associated with the quantity of output, quality of output, timeliness of output, presence/ attendance on the job,

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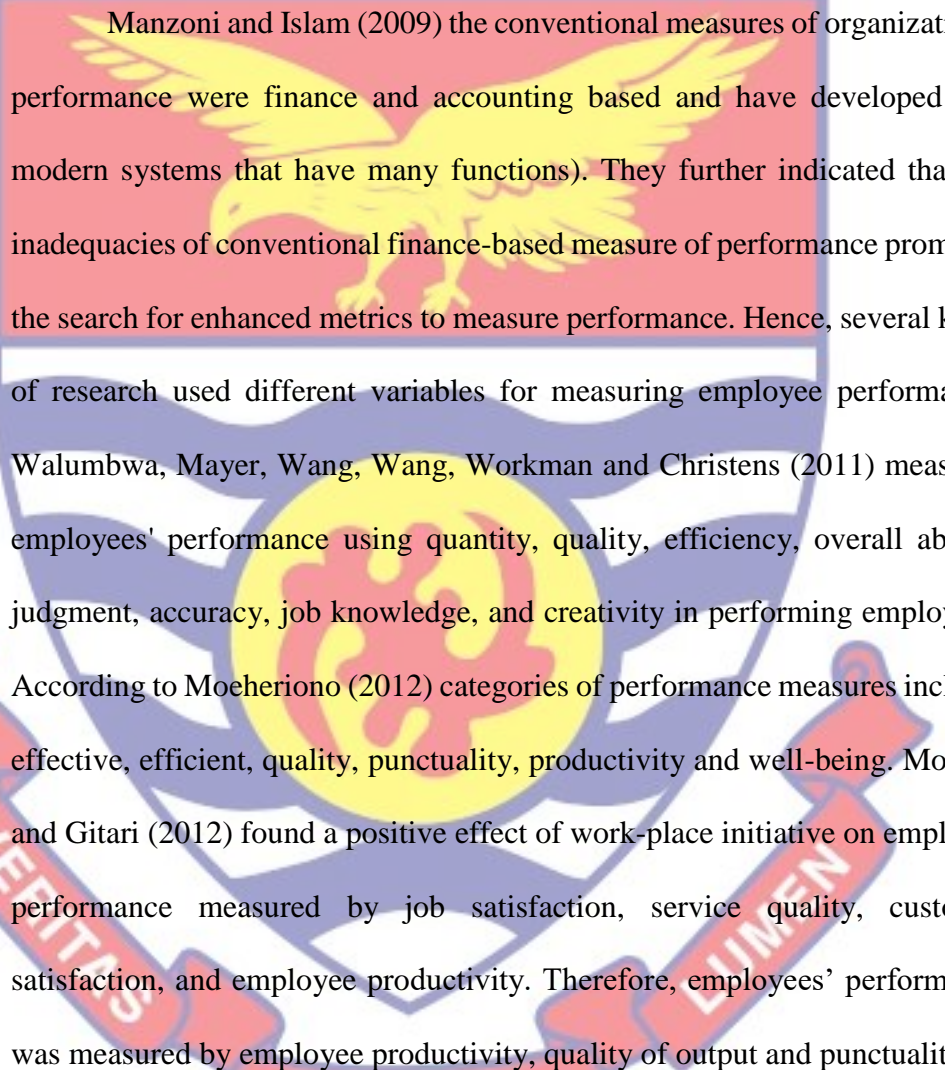
and efficiency of the work completed [and] effectiveness of work accomplished" (Mathis & Jackson 2009)

Performance is not only related to the action of the employee but also involves judgment and evaluation process that a supervisor or the assessor put in place Ilgen and Schneider, (1991 as cited in Obiageli, Uzochukwu, & Ngozi, 2015). Obiageli et al., (2015) in a study of work-life balance and employee performance of 262 employees of commercial Banks in Nigeria defined performance as a set of outcomes produced by the employee during a certain time period by either the organization or the employee. Critically, looking at the definition of Obiageli et al. (2015), two identities "employees and organization" appear to produce performance outcomes.

In view of the two dimensions of performance, employees and organizations, the researchers' position is based on the dimension of the employee performance which represents the achievement of targets of the tasks assigned to employees within particular period of time. An employee's job performance depends on some combination of his/her ability, effort, and opportunity that the employee is exposed to at his workplace. To a great extent, the measurements of employee performance can be done in terms of outcomes or results produced at the end of the work role (Ferris, Liden, Munyon, Summers, Basik, & Buckley, 2009).

In measuring employee performance outcomes, Amaratunga and Baldry (2003) and Orogbu, Onyeizugbe and Chukwuemeke (2015) found work-life balance result in employee performance including; efficiency, quality and the effectiveness in the employee work. Robbins (2005); Robbins and Judge (2007); Wright and McMahan (2011) also found specific employee

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performance indicators to include employee satisfaction, motivation, retention, social climate, involvement, trust, loyalty, security, intention to leave and commitment. They also described performance outcomes at the organizational level as encompassing productivity, product or service quality, customer satisfaction, research and development.

Manzoni and Islam (2009) the conventional measures of organizational performance were finance and accounting based and have developed into modern systems that have many functions). They further indicated that the inadequacies of conventional finance-based measure of performance prompted the search for enhanced metrics to measure performance. Hence, several kinds of research used different variables for measuring employee performance. Walumbwa, Mayer, Wang, Wang, Workman and Christens (2011) measured employees' performance using quantity, quality, efficiency, overall ability, judgment, accuracy, job knowledge, and creativity in performing employees. According to Moeheriono (2012) categories of performance measures include: effective, efficient, quality, punctuality, productivity and well-being. Mokaya and Gitari (2012) found a positive effect of work-place initiative on employee performance measured by job satisfaction, service quality, customer satisfaction, and employee productivity. Therefore, employees' performance was measured by employee productivity, quality of output and punctuality.

Concept of Organisational Commitment

Le, Schmidt, Harter, and Lauver (2010) and Harrison, Newman and Roth (2006) argue that commitment construct is redundant while Baruch (1998) and Cappelli (2000) consider it irrelevant. However, Meyer (2009) sees the commitment construct differently and indeed considers it important

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because commitment is more relevant today because organizations need a committed workforce than ever. Commitment thus, takes many forms; commitment to goals, teams, projects, career, or values may be more important to the organization and/or the employee Management Review on work commitment (Morrow, 2001). Commitment is considered as an organizational behavior topic, but, also central to human resource. Martin (2007:19) defines organizational commitment as the "relative strength of an individual's identification with an involvement in a particular organization." Martin (2007) further suggests that organization commitment has the following characteristics: identifying with an organization and its goals and values (identification); a strong desire to maintain investment with the organization (loyalty); and willingness to work extra hard on behalf of the organization (involvement).

Additionally, organizational commitment refers to a multidimensional psychological attachment of the employees toward their organization (Davenport, 2010). Labatmediene, Endriulaitiene and Gustainiene (2007) and (Kwon & Banks, 2004) have revealed that understanding organizational commitment can support an understanding of how "intention to leave" is related to commitment. For this reason, Allen and Meyer (1990) suggest that individuals who are committed to their organizations show less intention to exit the organization because they want to stay. In lieu, organizational commitment has been defined as the bond between a person and the employing organization (Allen & Meyer, 1990). The bond is to the overall organization and not to the job, work group, or profession. The operational definition for commitment in the study is an employee's commitment to the organization

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(hospitals) and commitment to occupation (profession).   Concept of Commitment

The word "commitment" holds great significance in almost all facets of human life. How then can an organization remain devoid of it? We are living in a time where retrenchments have become a common affair by employers. Nevertheless, employees have turned restless and aggressive as well as hopping from one company to another. Both situations are very dire. If employers expect the employee to be more committed to their work, employees also expect the organization to be more committed to them in terms of understanding their needs and providing right work environment. Committed employees are a precious aspect to an organization; and for them, money is not all that matters.

The Three Component Model of Commitment

The three-component model comprises affective, continuance, and normative commitment (Allen & Meyer, 1990; Meyer & Allen, 1991 & 1997) has been extensively examined in the organizational setting. These three forms, labeled affective, continuance, and normative commitment, respectively, are referred to as components of organizational commitment. The affective component is defined as employees' emotional attachment to, identification with, and involvement in the organization. The continuance component is defined as the perception of costs associated with leaving the organization. Finally, the normative component refers to employees' feelings of obligation to remain with the organization. As such, the Three Component Model (TCM) ties together three separate streams of earlier commitment research (Becker, 1960; Buchanan, 1974; Kanter, 1968; Mathieu & Zajac,

1990; Mowday, Porter & Steers, 1982; Salancik, 1977; Wiener, 1982; Wiener & Vardi, 1980).

Common to these three streams is the notion of a "psychological state that links an individual to an organization (i.e., makes turnover less likely)" (Allen & Meyer, 1990). To date, the three-component conceptualization of organizational commitment can be regarded as the dominant model in organizational commitment research (e.g., Bentein, Vandenberg, Vandenberghe; Stinglhamber, 2005; Cohen, 2003). Although research has concentrated on employees' commitment to their organizations, research also established that employees' commitments in the workplace might involve multiple additional foci (Meyer et al., 1993). Among these various additional foci of commitment, employees' occupations are by far the most clearly established, and occupational commitment has been found to follow a similar three-component structure (Meyer et al., 1993).

For this reason, Meyer, Allen and Smith (1993) included a second dimension, affective, continuance and normative commitment to the occupation, career or profession as a whole making the model a 3×2 model of commitment. They argued that organizational and occupational commitments are distinct constructs, with each contributing to the understanding of, and ability to predict work behavior. Interestingly, this model was found to be generalizable to Asian countries (Snape, Lo, & Redman, 2008). Meyer and Allen's (1991) tripartite model of commitment (McInerney, Ganotice Jr, King, Marsh & Morin (2015) was used to predict nurses' turnover intentions in the Hong Kong. Nurses in the Cape Coast Metropolis may be committed to the nursing profession for a number of reasons. For some they are committed

because they believe that when they leave the service it will be difficult to find a job or they might lose their retirement benefit. Others share the same values with the organization and identify with them. Utilized to predict nursing turnover intentions in the Cape Coast Metropolis.

Conceptual Framework

The conceptual framework for this theory is based on the work-family theory. The theory explained how employees manage and negotiate the work and family spheres and the borders between them in order to attain balance that influences Job Satisfaction. Work-life balance is conceptualized to consist of employee assistance programs (child care programs, counseling programs), Job sharing (part-time, role sharing), flexible work schedule and employee breaks. These together form the independent variable. The study, therefore, sought to find the relationship between the aforementioned and employees' job satisfaction, commitment.

Figure 1: conceptual framework
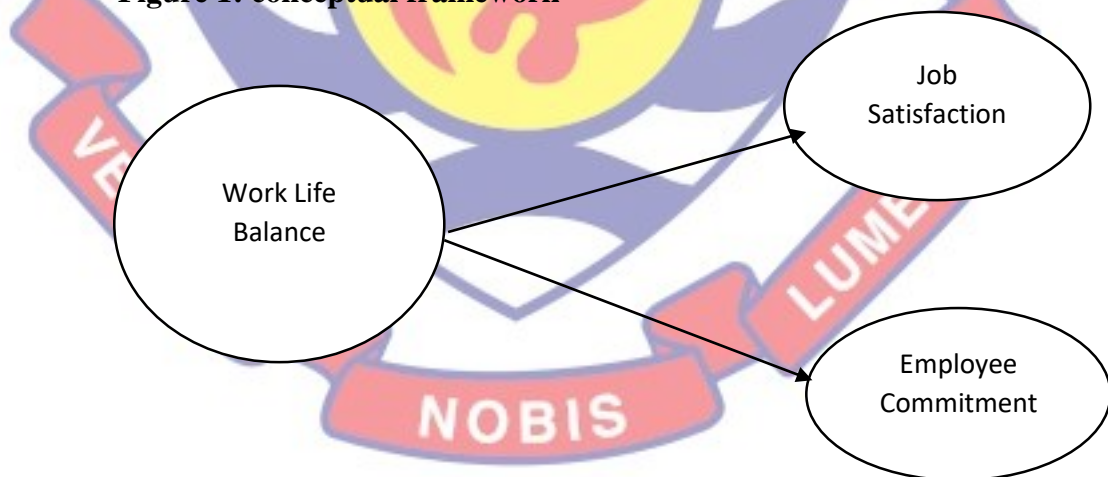
Source: Authors Construct (2021)

Empirical Review

Extensive studies have gathered evidence that there is a positive relationship between work-family policies and job performance in socially supportive organizations (Ferrer & Garrido, 2014; Jyothi & Jyothi, 2012). According to Maurya and Agarwal (2015) and Jyothi and Jyothi, (2012), work-life balance policies influence employee job satisfaction, organizational commitment, and growth. Effective work-life balance policies create workplace environment that encourages employees to stay in the organization for long years hence improving organizational performance.

A similar study by Kamau, Muleke, Makaya & Wagoki, (2013) using fifty-five (55) employees at Eco-bank Kenya found a positive correlation between work-life balance and employee performance. Similar findings suggest that work-life balance policies on its own are a predictor of job performance. Again, work-life balance policies that are family-friendly are associated with positive outcomes such as greater employee commitment, increased retention (Fapohunda, 2014; Roberts, Gianakis, McCue, & Wang, 2004).

Again, studies report that work-life balance initiatives provide the urge for employees to concentrate fully in his/her roles which intend affect employee job satisfaction (Azeem & Akhtar, 2014; Deery, 2008) and performance (Bloom & Van Reenen, 2006; Konrad & Mangel, 2000; Perry-Smith & Blum, 2000). An empirical study by Dissanayaka and Ali (2013) found a positive relationship between work-life balance and employee performance.

An investigation by Azeem and Akhtar (2014) of 275 health sector workers also further revealed that employees in the health care sector have a moderate level of perceived work-life balance, job satisfaction and commitment. The study concluded that there is a positive relationship between work-life balance, job satisfaction and commitment. Mumford and Budd (2006) also found that employees who find a fit between their work-life initiatives rarely leave their organization leading to better performance. Further study in Kenya (Bosibori, Nyakundi, Munene & Okibo, 2012) points out that HR welfare services such as employee counseling, medical care and good conditions of service have a positive and statistically significant effect on employees' performance by increasing their productivity.

An exam directed through Darko-Asumadu, Ampem, Sika-Bright, Osei-Tutu, Brempong (2018), to analyze the effect of labor lifestyles stability rehearses at SMEs at the representatives' profession success. The objectives of the exam had been to analyze representatives' influence of labor-lifestyles stability and the relationship among paintings-lifestyles equilibrium and employment success. The research applied an illustrative cross-sectional examine plan with a hundred and fifteen employees reacting to surveys and 7 representatives participating in interviews. The exam discovered amongst others that single representatives adjusted their paintings and own circle of relatives jobs in a manner this is higher than their wedded partners. The exam presumed that paintings lifestyles stability is hooked up to a representative's profession success on the grounds that maximum of employees referenced that paternity go away, examine go away and occasional protection could improve their paintings-lifestyles stability.

Gautam and Jain (2018), moreover researched the effect of labor lifestyles stability rehearses at SMEs on Job Satisfaction. Quantitative exploration techniques had been applied for the research, and an instance population became picked amongst participants who had been unmarried and, in a relationship, girl and male, with and with out youngsters, through utilising a useful analyzing technique. The survey applied contained current scales in which the Cronbach's alpha coefficients had been over the recommended 0.7. Out of a hundred ninety appropriated surveys, 114 had been completed and returned, giving a widespread returning tempo of 60%. The records became broke down utilising IBM SPSS edition 20. The exam prominent the presence of terrible influences of terrible WLB managed through increased degrees of labor-own circle of relatives conflict on own circle of relatives success. This research moreover affirmed the terrible influences of terrible WLB due to considerable degrees of labor-own circle of relatives conflict on paintings success and intellectual wellbeing. The research for this reason inferred that terrible WLB practices can contrarily impact the profession success stage of representatives.

Cegarra-Leiva, Sa'nchez-Vidal and Cegarra-Navarro (2014), tested the impact of the accessibility of labor lifestyles stability (WLB) rehearses arms on execution stage of representatives of little and medium-sized endeavors (SMEs). An specific research became achieved with an instance of 229 SMEs speakme to the steel enterprise region of Southeast Spain. The paper upheld beyond investigations that discovered that the easy accessibility of various WLB rehearses, irrespective of whether or not employees do not make use of them, undoubtedly influences the consultant's exhibition (Nelson et al., 1990;

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Scandura and Lankau, 1997). Specifically, adaptable paintings plans, paintings depart and spatial adaptability rehearses without delay have an effect on consultant execution.

Pradhan and Jena (2016), underlined that the various several variables that effect representatives' exhibition is paintings lifestyles stability rehearses. The paper predicted to research the additives that enhance employee execution at SMEs. Comfort and snowball checking out have been applied to get the instance length of employees in Indian assembling and management little scope enterprises. To increase the style of the review, the exam likewise asked for reactions thru google studies, LinkedIn, character messages. Altogether, 361 instances have been applied for measurable exam. The discoveries of the exam tested that little institutions in India recognize approximately the benefits of maintaining up incredible paintings lifestyles stability rehearses and proper medicinal sports taken to restriction paintings strife rehearses withinside the association. The discoveries similarly tested a high-quality essential connection among paintings lifestyles equilibrium and employee's presentation.

Lessons Learnt

In sum, the above review showed that different WLB practices can be implemented to ensure that employees commitment and job Satisfaction are enhanced within an organisation. The chapter reviewed the Work-family Conflict theory and the Social Exchange Theory since most employees preferred to work in organisations where the WLB practices such as flexible Scheduling, Telecommuting, Onsite Child Care are enhanced. The empirical studies demonstrated that nurses value the need to be offered proper WLB

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practices to increase motivation and as such increased employees' commmitment and job satisfaction. Even though the review shows that effective implementation of WLB practices, employees commitment and Job Satisfaction are positively correlated, this study sought to find out if some of these claims are valid for this study area since the implementation of WLB practices and employees' commitment and Job Satisfaction are based on context. The current study incorporates the findings reported; antecedents used and recommendations made by these researchers to expand the literature on effective implementation of WLB practices and employees' commitment and Job Satisfaction within a Ghanaian context.

Chapter Summary

In this chapter, information has been provided regarding the theories that underpinned the study, key concepts (constructs) that made up the thematic areas have been well defined, operationalized and explained, and an empirical review of some related studies has been carried out as well as a conceptual framework reflecting the interrelationships among the constructs was configured based on the specific objectives of the study, trends identified through empirical review as well as the theoretical claims.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter is concerned with the procedures that were adopted to undertake the research. The research methodology includes; research design, study area, population, sampling procedure, data collection instruments, data collection procedures and data processing and analysis.

Research Design

The study intends to examine the effect of work life balance on job satisfaction and commitment among nurses in some selected hospitals in Cape Coast metropolis. The study adopted quantitative method in collection of data. The study adopted a questionnaire design which allows for a quantitative description of trends, attitudes, or opinions of a population by studying a sample of that population. This design involved a cross-sectional survey through the use of structured questionnaires for data collection. The intention of this design was to allow generalization of findings to the study as suggested by Babbie (1990). This design has been chosen because it is probably the best method available to social scientists and those who are interested in collecting original data for the purposes of describing a population which is too large to observe directly. Questionnaires are also excellent vehicles for the measurement of characteristics or large populations. Descriptive and inferential statistics were used to analyze the data.

Study Area

Figure 2: map identifying study area

Source: Ministry of Regional Integration

Cape Coast is the capital of the Central Region, in southern Ghana. It's known for its role in the transatlantic slave trade. Cape Coast, or Cabo Corso, is a city and fishing port, and the capital of Cape Coast Metropolitan District and Central Region of southern Ghana. Cape Coast is situated on its south to the Gulf of Guinea. Cape Coast had a settlement population of 169,894 people (2010 population census). From the 16th century until Ghanaian independence, the city and fishing port changed hands between the British, the Portuguese, the Swedish, the Danish and the Dutch. The climatic condition in cape coast: Weather: 27°C, Wind SW at 13 km/h, 87% Humidity.

Population

The population for this study comprises nurses from two different hospitals in the Cape Coast metropolis. The total number of nurses in these two hospitals sum up to two hundred (200). From the study, it was found out that nurses from Ankaful Government hospital form 126 of all nurses in the two main hospitals. The study targeted two main hospitals: University health service, regional and Ankaful government hospitals. These hospitals were chosen on the basis of their size, they have the large numbers in terms of nurses in the Cape Coast metropolis; they have more employees; their scope of operation, i.e. they attend to several and diverse patients to address their problems. Nurses of the two hospitals will form the target population considering the problem under study.

Sampling Procedure

Convenience sampling technique was used to select the two (2) hospitals within the selected hospital, random sampling was applied to obtain the actual sample of the study population. Out of the three (3)major hospitals within Cape Coast metropolis, two (2) major hospitals: University health service, and Ankaful government hospitals were selected to participate in the study. Gender distribution played a major role because the study was about work life balance on female nurses in organizations and their commitment with their organization, according to the staff records section of the two hospitals, University Health service and Ankaful government hospital both had a nurse population of 200 and this applied to only female nurses. Relying on this population, the Slovin (1960) sample size formula was drawn. The formula is given as:

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$$n = \frac{N}{1 + Ne2}$$

Where

n= desired sample size/samples

N= total population

e= error tolerance, which is equal to 0.05

Substituting 'N' and 'e' into the formula

N=200

1+200*(0.05)^2

n=134

A sample size of 134 respondents was drawn for the study in line with the Slovin formula. Nurses in these selected hospitals were randomly sampled. Male nurses and non-health workers at the various hospitals were excluded in the study because they may not be privy to some of the information captured on the questionnaires, also the topic relates to female nurses alone. In some instances, some nurses filled their questionnaires and others sent them home to answer. Arrangements were made to retrieve the questionnaires from the nurses. Nurses were asked to drop completed questionnaires with the administrators in the hospitals or a contact person appointed by our team.

Data Collection Instrument

The main instrument used in this study was questionnaire These instrument sought answers to the research questions raised. The designed questionnaires were found to be appropriate for this study, because it helped us to get them the tangible information we need from them. The questionnaire was developed based on the research objectives and literature review. Apart

from the socio-demographic characteristics, questions bordering the relationship between work life balance and commitment among nurses were asked. The data was collected by the group members ourselves, where we visited the relevant hospitals ourselves. The questionnaires were administered to all the sampled employees (respondents) from the study hospitals. The questionnaire consisted of 3 sections (A, B and C).

Section A comprised the background characteristics of respondents; Section B addressed nurses and work-life balance; Section C captured data on Organizational Commitment. The statements in the questionnaires consisted of both closed and open enclosed questions and was developed in such a way that respondents were suggesting their opinion in a four (4) and five (5) point slanting Likert type showing the degree of their perception depending on the part of the questionnaire the respondent is working on. The highest point of the scale (5) represents the highest degree of the attitude; while lowest (1) point indicates the lowest degree of their attitudes (Mugenda and Mugenda, 2003).

Validity and reliability of the instrument

This section covers discussion on how validity and reliability issues in the research were handled. Abu-Bader (2011) content validity is normally applied to ensure the validity of the study. First, content validity addresses the question of whether the study measures what it set out to measure. The question of how to ask questions that reflects the measurement of the objectives as well as answer the research questions was posed. Additionally, to ensure content validity our supervisor studied the instrument and suggested some changes be made to the instrument. A pilot-study was conducted involving 10 nurses to ensure the reliability of the instrument at the Cape Coast

Regional hospital. The Cronbach alpha values are as follow: affective commitment to organization (0.606); continuance commitment to organization (0.793); normative commitment to organization (0.712). And factors that influence work life balance (0.806) demonstrating that there is consistency and reliability in the items on the questionnaire.

According to Nunnally and Berrnstein (1994), a value of 0.60 is considered as the lower limit of acceptability for the Cronbach alpha but values higher than 0.80 are preferable. Furthermore, social desirability bias is one of the most common sources of bias affecting the validity of survey research findings. Social desirability bias has been described as the wish for individuals to answer survey questions not on their true feelings, but on the desire to present themselves in the most favorable manner possible, based upon what they believe to be the social norms and mores of their region (Middleton & Jones, 2000). This study recognizes that nurses become very nervous to speak when they suspect that the information might incriminate them and be used by their employers as a tool to sanction them.

To cure this concern, all the necessary steps were taken to ensure that they were not put at risk. This approach was taken as a measure of ensuring that any potential harm in the data collection was eliminated and that the data were collected in a manner that respected the dignity and worth of the participants. Another, social desirability bias, creating a situation whereby respondents over or under reported issues regarding their profession. Again, social desirability bias could make respondents produce artificial results by either inflating or moderating their views on the issue. Consequently, we did

not capture the topic of the research and also upon the advice of the supervisor some of the items on the instrument were mixed up and others were changed.

Data Collection Procedures

Selected participants were taken through an in-depth briefing on the study and how to complete the questionnaires some were also interviewed. This was in an attempt to seek informed consent. They were also informed about their right to withdraw from the study at their own volition. Immediately after this the questionnaires were presented to the participants on individual basis to complete within 20 minutes. The questionnaires were collected immediately after the completion by the participants. Other respondents also return their questionnaires the next day.

Again, ethical issues were addressed considering various precautionary measures. Nurses concerned received communication about their willingness to be selected to participate in the study. The questionnaire covered brief introduction, explaining the nature of the study and confirmation that the respondents are in control over the decision to complete questionnaire or not. With respect to confidentiality, only our team had the right of access to data. Also, the confidentiality of respondents' responses was explained to them in order to clear their doubts and fears. With respect to the anonymity, respondent's privacy was guaranteed by ensuring that the identities of respondents were concealed during data collection in that respondents were not required to provide their names and telephone numbers on the questionnaire. The author picked a letter of introduction from the Department of Management which gave the author clearance to go for data collection. The letter was signed by the authorities, copies were made and distributed to all the

hospitals supervisors so that we can be given the necessary assistance to collect the data. This arrangement facilitated a smooth data collection process and led to greater co-operation among us, hospitals heads and the nurses. But some hospitals heads actually frustrated the smooth process.

Data Processing and Analysis

The survey data were collected using questionnaires, which were coded and entered into SPSS version 23. The data was cleaned and cross-checked for consistency and completeness of responses. The output of data was presented in distribution figures, distribution tables and percentages. Again, SPSS 21 package was used for further analysis such as getting the mean, average and standard deviation. An average score for organization commitment and work-life balance was obtained. Pearson's Correlation Analysis Technique was used to determine the relationship between the key variables. Open-ended questions were re-categorized under common themes, coded and entered into the software for analysis.

Chapter Summary

The study undertook a purposeful selection of two (2) health facilities in cape coast. This study is based on both primary data and secondary data. The primary data will be collected through the questionnaire and interview from Nurses working in two hospitals in the Cape Coast Metropolis. The secondary data were collected from newspapers, books, journals, websites, research papers and other related projects. The questionnaire will be administered among 134 respondents.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

The purpose of the study was to evaluate the relationship between work-life balance and commitment among nurses in some selected hospitals in Cape Coast Metropolis. This chapter is dedicated to the presentation and discussion of the results of the study. Results are guided by data collected from questionnaires that were administered to staff of the selected hospitals. This chapter specifically looks at demographic characteristics of the respondents and this comprises the sex of respondents, age range of respondents and educational level of respondents. The demographic characteristics were analyzed using frequency and percentages.

Demographic characteristics of respondents

This section provides results on the nature of the respondents for this study, the results is based on the 134 respondents. The demographic characteristics describe the nature of the employees used as respondents for the study. The data was collected across various biographical details. It describes the nature of the respondents of the study. The results are presented in Table 1.

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Table 1: Demographic Characteristics of Respondents
Source: Adu-Gyamfi, 2021

		Frequency	Percent
Age	up to 20 years	18	13.4
	21-30 years	59	44.0
	31-40 years	37	27.6
	41-50 years	18	13.4
	50 and above	2	1.5
	Total	134	100
Marital Status	Unmarried	42	31.3
	Married	74	55.2
	divorced	16	11.9
	widowed	2	1.5
	Total	134	100
Academic Qualification	up to matriculation	6	4.5
	Higher secondary school	8	6.0
	diploma	76	56.7
	bachelor's degree	42	31.3
	master's degree	2	1.5
	Total	134	100
Working Experience	up to 3 years	40	29.9
	3-7 years	61	45.5
	7-11 years	31	23.1
	11-15 years	2	1.5
	Total	134	100

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Table 1 shows the age distribution of nurses in some selected hospitals in the cape coast metropolis. Results as shown on the table indicate that (44.0 %) respondents were aged between 21 and 30 years. nurses who were between the ages of 31 and 40 years represented 27.6%. Additionally, nurses whose ages ranged between (41-50) and up to 20 years constituted 13.4%. With respect to nurses within the age range of 50 and above, they constituted only 2%. This study found the majority of male and female nurses were within the 21 to 30 age group, and were followed by the 31 to 40 age group. The implication of this finding is that nurses are relatively young in the cape coast metropolis and their youthfulness have positive implication on productivity. This finding equally implies that nurse who belong to these age groups have the likelihood of being conversant with modern methods, technology and its applications required of a modern Ghanaian nurse

On Marital status, The results indicate that a significant proportion (55.2%) of respondents were married. Nurses alike constituted 31.3% were unmarried. About 11.9 percent of nurses were divorced. With 1.5% of nurses being widowed. This study found the majority of nurses 55.2% in cape coast municipality to be married. This finding has implication for family and work balance related issues.

Level of education refers to the highest level of formal school that a nurse ever attended or was attending. About two thirds (56.7%) of respondents are diploma holders. From the results 31.3% of nurses had first degree qualification. Nurses with secondary school or certificate constituted (6%). While 4.5% of nurses have up to matriculation. And finally, the least proportion (1.5%) were holders of master's degree. The findings indicate a

large proportion of nurses in the cape coast metropolis are diploma holders, followed by nurses holding first degree. This findings indicates that most nurses don't wants to pursue higher educational levels as compared to other sectors. This has an effect on their commitment level to an organisation.

On the length of service of nurses in the cape coast metropolis, the results indicate that (45.5%) have been teaching for three to seven years. Nurses who have been teaching for less than five years constituted 29.9% for nurses who have been practicing, between 7 and 11 years constituted 23.1%%. Finally, 1.5% of nurse has been practicing between 11 and 15 years. It was found that (45.5%) of the respondents have been working for the past three to seven years. Cumulatively, almost all the nurses have been working in the Metropolis for the past fifteen years. This finding makes it somewhat clear with the possibility of nurses intending to leave the service based on their decision as to the work related stress. This is in support of the backdrop that many nurses may leave the service because of the harsh condition.

Main Study

Objective One: To examine initiatives that promote work life balance among   nurses in some selected hospital in Cape Coast metropolis.

The analysis of this objective was based on the frequency and percentage values indicating employees' responses to the usage and availability of WLB practices. Employees were asked to indicate whether the stated practices were available and being used by their company, or WLB practices were available but not being used by their organisation. In addition, they were to indicate whether WLB practices were not available but needed or were not available and not needed. The results are presented in Table 2.

This section sought to find out the WLB initiatives that were used in the hospitals. The researchers designed eleven statements to achieve this purpose. The respondents were required to indicate whether the individual elements of the WLB initiative were available and being used, available but not being used ,not available but needed or not available and not needed. The responses were coded from 1, 2,3and 4 respective.

Table 2: other work life balance initiatives

Initiative	Used	Don't used	needed	Don't need	total
	%	%	%	%	%
Telecommuting	23.1	31.3	25.4	20.1	100.0
Onsite child care	24.6	21.6	42.5	11.2	100
Elder care	23.1	26.1	40.3	10.4	100
Paid maternity	59.7	17.9	17.9	3.7	100
Job sharing	38.8	34.3	22.4	4.5	100
Medical facility	61.2	21.6	15.7	1.4	100

Source: field survey, 2021

From Table 2, (36%) of the respondents indicated that there is available and used compressed work week - e.g. working approximately 40 hours in fewer than 5 days, 17(18%) of respondents choose available but not used regarding their compressed work week - e.g. working approximately 40 hours in fewer than 5 days, 20(22%) of the responded indicated compressed work week - e.g. working approximately 40 hours in fewer than 5 days is not

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available but needed while 23(25%) of the respondents strongly agree that compressed work week - e.g. working approximately 40 hours in fewer than 5 days was not available and not needed. The results show that the majority of the respondents have a compressed work week. The findings agree with Saltzstein and colleagues (2001) who indicated that compressed schedules led to more satisfaction with work life balance.

From Table 2, 34(37%) respondents chose that they have available and used flexible time, 17(18%) respondents indicated that they have available flexitime but not used, 27(29%) of the respondents agreed that there is no available flexitime but needed while another 15(16%) respondents indicated that there is no available flexitime and these respondents believe that it is not needed. The results also show that the respondents had available flexitime and used that time. It also revealed that some respondents don't see any need in flexitime The findings agree with Akanji (2017), who posited that scheduling time sensibly is necessary to create flexitime.

The results confirm the findings of Maxwell, Rankine, Bell and MacVicar (2006), who posited that there is flexible working arrangements in smaller businesses, especially in services sector businesses. Also, Sutton and Noe, (2005) posited that the number of hours in which a person works may increase with a flexible schedule

Also, Table 2 shows the responds to telecommuting practices. The results showed that 14(15%) of the respondents strongly agree that telecommuting is available and been used at their workplace, and 15(16%) of the respondents disagree that telecommuting is been used but it is available. Also, the results showed that another 28(30%) of the respondents indicated

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that telecommuting is needed but it is not available. The findings further revealed that 36(39%) of the respondents agree that telecommuting is not available but it is not also needed. The results show that most the respondent at the printing press companies do not see the need to work from home.

The results agrees with Chesley, Moen, and Shore, (2003), who posited telecommuting was related to increased work family conflict, increased spillover from work to family, and higher depression rate. This means that when there is telecommuting, employees get distracted that they are not able to finish their duties leading to conflict with family members and other negative duties. Similarly, Kossek, Lautsch and Eaton, (2006), propose that telecommuting leads to increased work-family conflict because the border between the work and family domains is more permeable if one is working at home.

Concerning Part-time work, the results shows that only 17(18%) respondents strongly agree to they have available part-time work and they use them, 9(10%) respondents disagree that they use the available part-time work, while 33(36%) respondents did not have part-time work but they believe they needed it, and finally 34(37%) respondents did not see the need for part-time work although it was not available. The respondents indicated that they did not notice the relevance of part-time work. The results are in congruent with that of Rankine, Bell and MacVicar (2006), who concluded that Part-time work, time off in lieu, staggered working hours and shift swapping were the main types of work-life balance practices in smaller businesses.

Furthermore, Table 2 indicates that 3(3%) of the respondents indicated that there is available and used On-site child-care center, 4(4%) of respondents

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choose available but not used regarding on-site child-care center, 46(50%) of the responded indicated on-site child-care centre is not available but needed while 40(43%) of the respondents strongly agree that on-site child-care centre was not available and not needed. The results show that the majority of the respondents indicated that there should be child-care available at the location of the company. The results is incongruent with Roehling et al., (2001) who indicated that childcare policies were positively related to organizational loyalty and negatively related to turnover and absenteeism.

Also, Table 2 shows the responds of subsidised local child-care. The results showed that 10(11%) of the respondents strongly agree that subsidised local child-care is available and been used at their workplace, and 5(5%) of the respondents disagree that subsidised local child-care is been used but it is available. Also, the results showed that another 53(57%) of the respondents indicated that subsidised local child-care is needed but it is not available. The findings further revealed that 25(27%) of the respondents agree that subsidised local child-care is not available but it is not also needed. The results show that most the respondents at the printing press companies need the company's contribution to the needed child-care costs.

The results agrees with Allen (2001) who points out, offering family-friendly policies may not be sufficient; rather it is the perception that the organization is family-supportive that mediates the relationship between the family-friendly policies available and positive outcomes.

Finally, on paid maternity leave / paternity leave, the results shows that 51(55%) respondents strongly agree to they have available paid maternity leave / paternity leave at their printing press company and they use them,

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7(7%) respondents disagree that they use the available paid maternity leave / paternity leave, while 33(36%) respondents did not have paid maternity leave / paternity leave but they believe they needed it and finally 2(2%) respondents did not see the need for paid maternity leave / paternity leave although it was not available. The respondents indicated that there is paid maternity leave / paternity leave at their companies and they do use them. The results are in congruent with that of Berg, Kalleberg, and Appelbaum, (2003) posited that having a positive organizational climate supporting family-friendly initiatives is key to the overall success of the company.

Objective Two: To examine the effect of work life balance on Job Satisfaction

The second research question of the study was to determine the effect of work life balance on employees' job satisfaction. In answering this research question, a linear regression was conducted between work life balance as the independent variables and job satisfaction as the dependent variable. The results of the linear regression between Work life balance as the independent variables and employees' job satisfaction as the dependent variable is shown in tables 4. Table 4 indicates the results of the model summary. It shows the R, R-Square and correlation Coefficient. The direct effect showed that worklife balance accounted 34.1% variations in job satisfaction holding all things contant. In that case, a unit change in worklife balance would cause a corresponding 0.341 change in jobsatisfaction.

Table 3: Results of Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	t-stat	Sig.
	B	Std. Error	Beta		
(Constant)	1.384	.236		5.874	.000*
Worklife Balance	.540	.079	.589	6.833	.000*
F-distribution	46.684*				
R	0.589				
R-square	34.7%				
a. Dependent Variable: Job Satisfaction					

*Statistically significant at 5% alpha level

Source: Field survey (2021)

On assessing the individual independent variable contribution to the prediction of the dependent variable, the standardized coefficient Beta value for the independent variables was computed. The findings provided in Table 4 labelled coefficients gives information that is useful for understanding the regression equation. Under the column marked unstandardized coefficient and sub-column B, the numerical value for the first row, labelled (constant), is the value for the intercept (a) in the regression equation. The findings indicate that work life balance has a unique, statistically significant contribution to explaining the dependent variable employee job satisfaction when all the other variables in the model are controlled, with the Beta value of ($\beta = 0.589$, $p < 0.05$; Table 4)

According to Tabachnick and Fidell (2013), a Beta value of 0.589 indicates a very strong impact of the independent variable on the dependent.

This means to enhance employees' job satisfaction at the hospital, Work life balance must be critically looked at and implemented efficiently by management with the direct involvement of all employees.

The findings of this study agree with the findings of Darko-Asumadu, et. al. (2018), who argued there is a significant relationship between work life balance and employees' job satisfaction. It means that work life balance account for 58.9% of change in employees job satisfaction, thus it explains and predicts an increase in employees' job satisfaction. This means that when employees seem to enjoy every part of their life equally well, they become enthusiastic about my work. In the same view with previous studies, studies by Gautam and Jain (2018), showed that there is a significant relationship between work life balance practices and employees' job performance. With their overall results showing a significant, positive, strong relationship between JS and WLB just as in this present study.

Similarly, Balmforth and Gardner (2006), found that work life balance facilitation was significantly related to increased job satisfaction. This represents that when employees are able to balance the demands of their work and personal/family life well, they are able to find real enjoyment time at their work place. This will also make them feel satisfied with the job.

Objective 3.   To examine the effect of work life balance on organization commitment among nurses in some selected hospitals in Cape Coast metropolis.

In answering the research objective three, a linear regression was conducted between work life balance as the independent variables and employees' job performance as the dependent variable. Regression results

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showing the impact of work life balance on organisational commitment is shown below

Table 4: Results of Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	t-stat	Sig.
	B	Std. Error	Beta		
(Constant)	.574	.322		1.785	.000*
Affective	831	.106	.563	7.826	.077
Continuance	.8.584	.117	.545	7.463	.03*
Normative	0.584	.112	.412	5.189	.001*
F-distribution	106.737*				
R	0.447				
R-square	44.3%				

a. Dependent Variable: Organisational Commitment

*Statistically significant at 5%
Field survey (2021)

A Linear regression analysis was conducted to estimate the regression model that best predicts the levels of commitment among nurses in the Cape Coast metropolis based on three composite factors: affective commitment to their organisation (hospitals), continuance commitment to their organisation and normative commitment to their organisation. Before conducting the analysis, several descriptive statistics and graphs were generated to examine the test assumptions, including normality of distribution, linear relationship between organization commitment, and multi-collinearity. Measures of skewness and kurtosis, and histograms show that the shapes of the distributions of organizational commitment approach that of a normal curve.

The results show that two factors; continuance and normative commitment were predictors of work life balance among nurse in the Cape Coast metropolis. With a beta of .545 (p=.03), normative commitment emerged as the strongest predictor of organizational commitment with respect to work life balance. It accounts 17 percent of the variance and significant at P=.005.

The second strongest factor was continuance commitment (β=.545, p=.03) accounted for about 15 percent of the variance in the organizational commitment model. Affective commitment, the third factor in the model was not significant (β=.563 p=.077) but contributed about 12 percent of the variance in the model. The study found normative commitment followed by continuance commitment to be correlated with nurse's commitment to their organization. By normative commitment, nurses show attachment or bond to the health service because of feelings of trust, obligation and loyalty while continuance commitment was expressed as the nurses reluctance to leave the Ghana health service   because of pragmatic reasons including the lack of alternative jobs, study leave and retirement benefits.

Generally, what are the motivating factors influencing nurses in the Municipality to have high normative commitment to their hospitals? Is it the case that people possibly cannot easily get other organisations to work with? This is against the back drop that nurses openly complain about not promoting their interest. This study brings to the fore the need for Ghana health service to promote the interest of nurses by addressing issues of stress, compensation, and nurses welfare. Also, continuance commitment to Ghana health service was higher than affective commitment. What it means is that nurses' work life

balance issues are high. What are the factors driving nurses in the Metropolis to show high continuance commitment to Ghana Health service than affective commitment? It is possible nurses are finding it difficult to get alternative jobs in other organizations. Nurses are therefore compelled under the present circumstance to be committed to their hospitals.

This observation is consistent with Allen's (1991) findings that established high level of continuance commitment (CC) to organization is related to higher levels of work life balance issues. This calls for the Ministry of health to design policies that would make the nursing profession very attractive.

The findings of the study revealed that the three component commitment model is applicable to nurses in the Cape Coast metropolis. These findings are consistent with Meyer and Allen's (1991) tripartite model of commitment that concluded that the three-component model of commitment can be applied to the African context.

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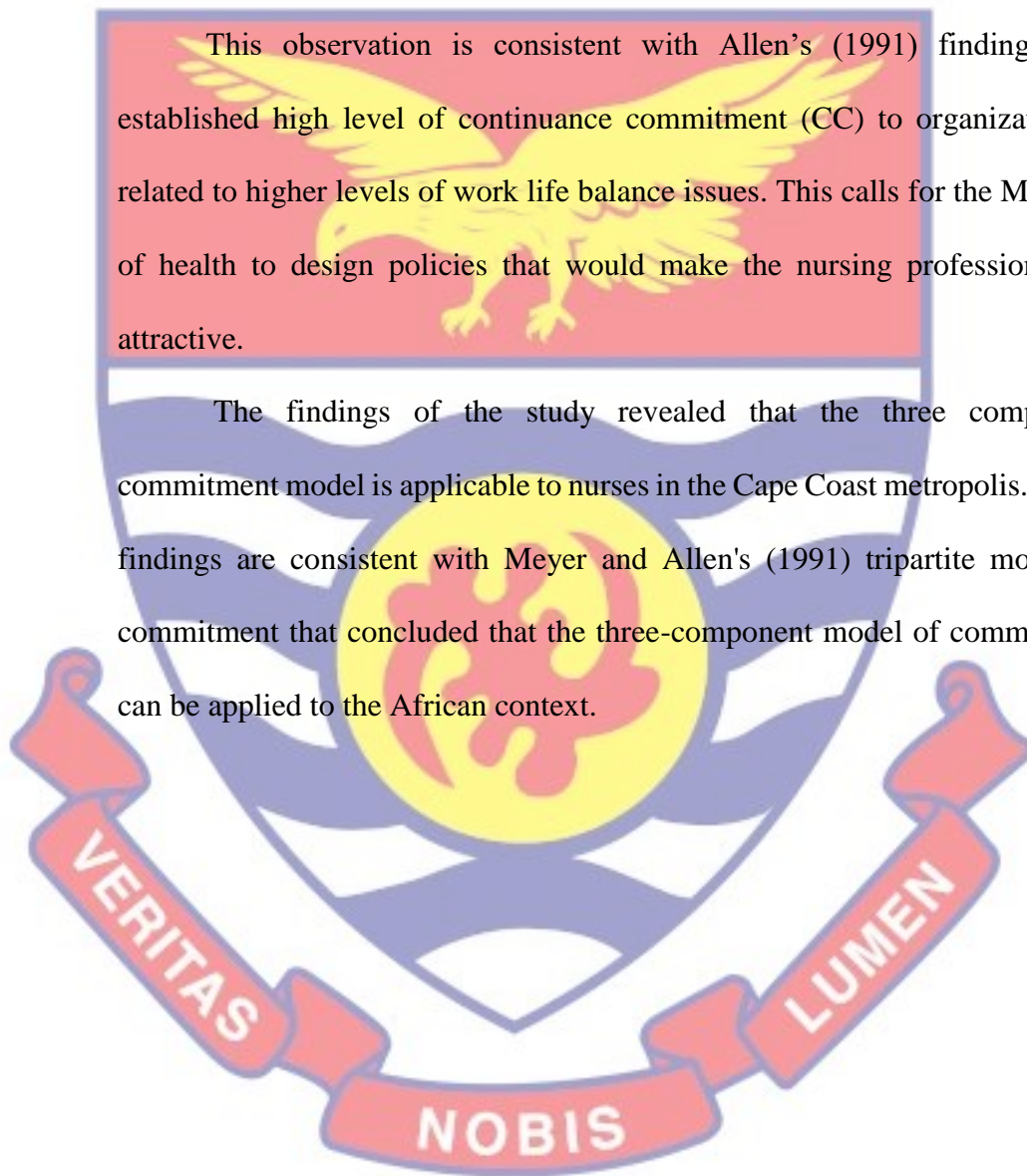
CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The chapter is the concluding part of the research. It outlines the key findings of the study, conclusion, implications for policy direction as well as recommendations for research and practice. The key findings are presented in accordance with the objectives of the study.

Summary

The research sets out to determine the nature of work life balance, job satisfaction and organisation commitment among nurses in some selected hospitals in the Cape Coast Metropolis. The study sampled 1344 nurses from two hospitals in cape coast metropolis. Majority of these nurse are married and young. A significant proportion of them hold Diploma, and first degrees Certificates in Education and also have diverse experience. The main purpose of this study is to assess the influence of work life balance practices on job satisfaction and organizational commitment. Three objectives were set forth, these include;

1. To examine initiatives that promote work life balance among nurses in some selected hospital in Cape Coast metropolis.

2. To analyse the effect of WLB on employees' job satisfaction among nurses in some selected hospitals in Cape Coast metropolis.

3. To examine the effect of work life balance on organization commitment among nurses in some selected hospitals in Cape Coast metropolis.

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Key Findings

The study identified Part-time work, Onsite child-care centres, Elder care/care for sick family members, and Job sharing as the most influential factors and initiative that are needed to promote work life balance of among nurse in the Cape Coast metropolis. Other factors such as flexible time, medical facilities and paid maternity are available and is been used by nurse. The study's findings indicate that this initiative must be consistently administered to nurses to improve their work life balance.

The study identified work stress, family or home issues organisation and superior's attitudes as the most influential determinants of work life balance among nurses in the Cape Coast Metropolis. Other factors that have the potential to determine work life balance among Cape Coast in the Metropolis include time, the conditions of service of nurses as expressed in their medical, accommodation, retention and other agreed upon allowances. The study's findings indicate that married nurses are more likely to experience negative work life balance.

The study found that normative commitment to Ghana Health Service was the highest predictor of work life balance. Continuance commitment was the second highest predictor of nurses's commitment to Ghana Health Service. Finally, nurses showed low affective commitment to Health Service in the Cape Coast metropolis. The study further found worklife balance to be a strong predictor of jobsatisfaction among nurses in the Cape Coast metropolis

Conclusion

To this end, the study concludes that, to increase work life balance, Ghana health Service must avoid delays in promotions. Again, a critical look at welfare of nurses would be a call in the right direction by the appropriate authorities. Nurses in the metropolis hold the view that the few number of nurses available has a serious effect on their work life balance. Nurses in the Metropolis hold the view that the nurse-to-patient ratio is too wide and government needs to tackle that. Furthermore nurses at both hospitals believe that an increase in salaries would reduce the pressure accompanying work life balance. Institutions that should take action to increase work life balance. The study findings identified Part-time work, Onsite child-care centres, and Elder care/care for sick family members, and Job sharing as the most influential factors and initiative that are needed to promote work life balance of among nurse in the Cape Coast metropolis.

Recommendations

The Ministry must address issues of compensation by paying all outstanding arrears and allowances. The three months arrears policy must stop because it is a conduit for industrial unrest among nurses. This must be done with the involvement of nurse unions.

Again, government must start affordable housing scheme for nurses. This could be done through the collaboration of stakeholders of education such as financial institutions, international donor agencies like WHO.

On payment of medical allowance, the Ministry should incorporate it into the salaries of nurses to avoid accountants and bursar unwillingness to release such monies. A specified amount can be allotted for that purpose. The

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Metropolitan health Directorate should court Non-Governmental Organisations in health and private individuals and philanthropists to consider establishing an incentive package to reward hardworking nurses in the Metropolis.

The Metropolitan Assembly should mobilise funds that would help to put up staff bungalows at designated areas in the hospital to accommodate nurses so that it would eventually reduce lateness and absenteeism. Finally, institutions mandated to promote the welfare of nurses must not be compromised. They must also be transparent by having regular dialogue with members.

Policy and Practice Implications of the Study

Implications for human resources management

This study contributes to the existing literature that organizational and occupational commitment can be integrated in order to better understand the commitment of nurses. Earlier studies largely concentrated on a single focus of commitment. It is the contention of the researcher that a better grasp of commitment would be attained if commitment to occupations is also included in studies.

Implications for the ministry of health.

The findings of the study would inform policy making at the Ministry of health regarding the formulation, implementation and review of policies that would take care of the challenges based on the findings of this study. The Ministry of Health would have to look at the policies of compensation reward, flexible work time and maternity payment. The findings of the study identified compensation reward as a critical factor that can affect

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performance when nurses are dissatisfied with their condition of service. Nurses have outstanding arrears with government that have lingering for closed to two years. There are some cases of non- payment of some allowances and these are the factors that causes stress in nurses.

Suggestion for Future Studies

The findings of this study provide direction for research relating to work life balance and commitment among female nurses in some selected hospitals in Cape Coast. Future studies may target male nurses. Future studies may consider work life balance in relation to turnover. Also turnover intention and commitment among employees could be looked at.

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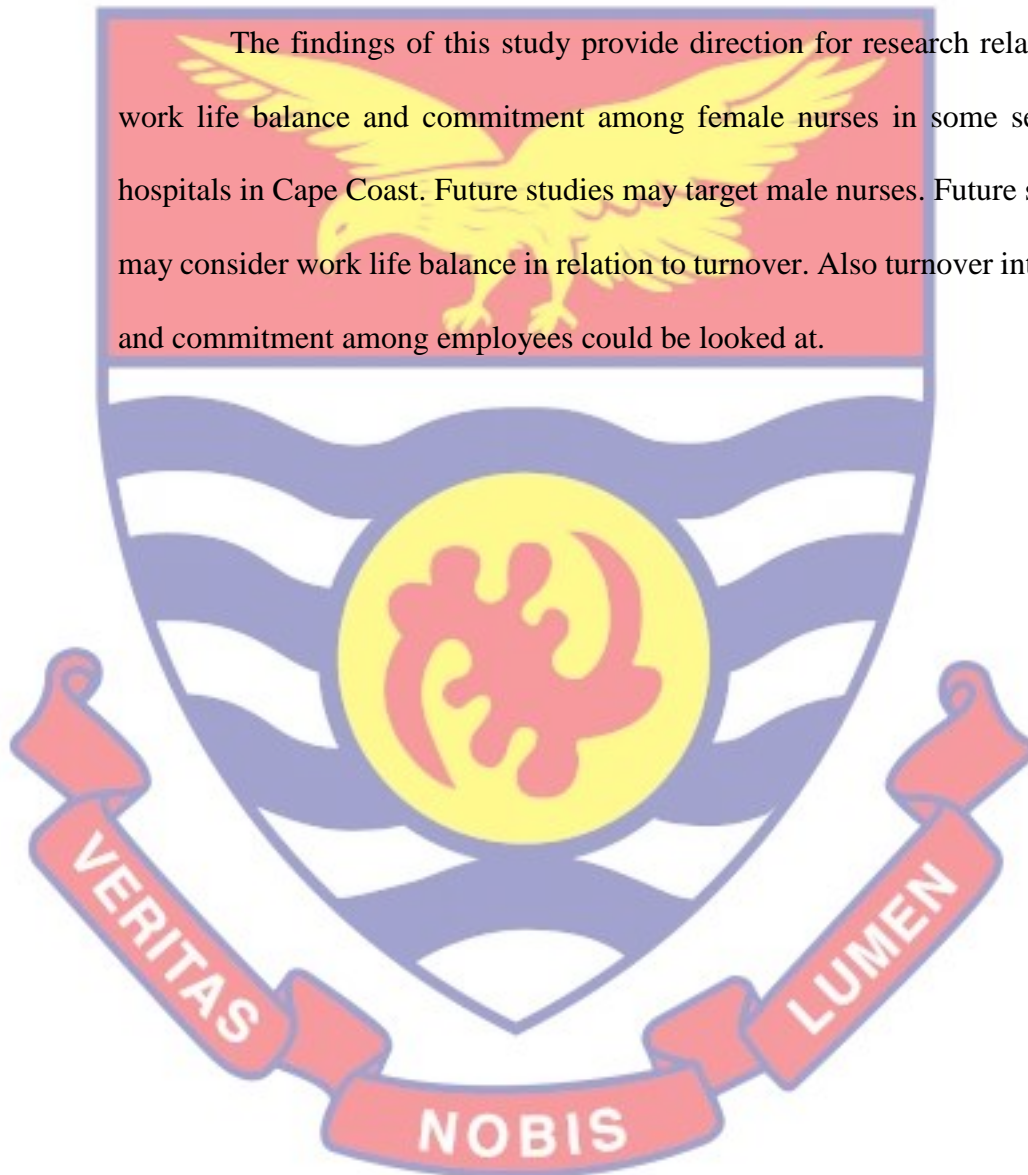
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UNIVERSITY OF CAPE COAST
SCHOOL OF BUSINESS

Dear Sir/Madam,

As a part of my Master of business Administration programme at the School of Business, University of Cape Coast, I am working on a research project that aims at studying the perceptions of professional women working in Health service regarding the state of their Work Life Balance (WLB) and its impact on their Commitment in the present organisations. For this purpose, a questionnaire containing various statements related to these aspects has been prepared. The first part of the questionnaire seeks to study the socio-demographic details of the respondents while the other parts contain statements to measure the WLB and Commitment.

Since you are an important member of one of the hospitals to be covered under this study, you have been randomly selected to participate in this survey. I sincerely request for your valuable participation in this study by filling up the present questionnaire, which is expected to take about 10 to 15 minutes of your time to complete. Your participation will make an important contribution to research regarding working women just like you, who are managing multiple roles. If you are interested in receiving a summary of the results of this study upon its completion, please let me know the same. Your participation in the research is entirely voluntary.

Please rest assured that your information would be kept strictly confidential and used for research purpose only. If you have any questions/doubts about this study, please feel free to contact me. I express my personal gratitude for your time and effort in completing this questionnaire.

SECTION A: Background Information

For each question, please tick mark the box ☐ with one answer that best describes your situation.

1. Your age *(In Years)?*

    Up to 20 ☐   21-30 ☐   30-40 ☐   40-50 ☐

    50 or above ☐

2. Your marital status?   Unmarried ☐   Married ☐
Divorced ☐   Widowed ☐

3. Is your spouse?   Employed ☐   Not employed ☐
Not applicable ☐

4. If employed, please specify his profession:
_____

5. Is your family?   Nuclear ☐   Extended/Joint ☐

6. Do you have children?   Yes ☐   No ☐

7. If yes, how many children do you have?   1 ☐   2 ☐   3 ☐
4 or more ☐

8. What is the age of your child/children in years? *(Specify age in boxes)*

1st Child ☐
2nd Child ☐
3rd Child ☐
4th Child ☐

   For more than 4 children, kindly specify the age _____

9. Who takes care of your child/children while you are at work?

    Spouse   Parents ☐   In- laws ☐   Creche ☐   Maid/Helper ☐
Others ☐

9. Are there any dependents *(other than children)* in your family?   Yes ☐
No ☐

10. If yes, please specify the number of dependents *(older adults or disabled adults)* in your family: ☐

11. How many family members reside with you? ☐

12. What is your highest qualification? ☐

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Up to Matriculation ☐
Higher secondary ☐
Diploma ☐
Bachelor's degree ☐
Master's degree ☐
Above Master's degree ☐
If any other, please specify:

_____

13. What is your current job position?

Administrator ☐
Doctor ☐
Nurse ☐
Paramedic ☐
Any other, please specify

_____

14. What is your total work experience *(In Years)*?

Up to 3 yrs ☐   3-7 yrs ☐   7-11 yrs ☐   11-15yrs ☐
15 yrs or above ☐

15. How far is your work place from your residence?

Up to 5 kms ☐   5-10 kms ☐   10-15 kms ☐   15-20 kms ☐
20 kms or above ☐
16. Do you work on night shifts?   Yes ☐   No ☐
17. If yes, how many days in a month?   1-3 ☐   7-9 ☐   Above 9 days ☐
18. How many hours of sleep do you get in a day? ☐
Up to 3 hrs ☐
3 - 6 hrs ☐
6 - 9 hrs ☐
Above 9 hrs ☐

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SECTION B

Please indicate against each Work Life Balance initiative presented below whether it is available or not in your hospital and whether you are currently using the initiative or not. *If it is not available in your hospital, tick mark on the "not available" column and indicate whether you would need it or not.* There are no right or wrong answers to the questions asked.

S. No.	Initiatives	Available		Not available	
		Use/ Used	Do n't	Nee ded	Do n't
1.	Flexible work schedules (e.g., part-time work, rostered hours, night/day shifts).				
2.	Compressed work week (i.e., ability to work more hours in fewer days).				
3.	Telecommuting (e.g., having the flexibility work from home using a computer).				
4.	Part-time work (e.g., have the ability to work fewer hours than a full-time worker).				
5.	Onsite child-care centres (e.g., child-care is available at hospital location).				
6.	Elder care/care for sick family members (e.g., hospital provides financial support for elderly).				
7.	Paid maternity leave.				
8.	Work and family counselling.				
9.	Subsidized exercise or fitness centre.				
10.	Job sharing (i.e., two or more employees voluntarily share the responsibilities of one job by working on different days or				
11.	Medical facilities.				
12.	Any other (please specify)				

For the following statements, please indicate your level of agreement using the given scale by ticking the most appropriate cell against each statement that most accurately describes your position, opinion or situation *(tick one box only)*:

1 = Strongly Disagree (SD),   2 = Disagree (D),   3 = Neither Agree nor Disagree/Neutral (NAND),   4 = Agree (A),   and 5 = Strongly Agree (SA).

S.	Statements	1	2	3	4	5
1.	I work in an environment that is supportive of my family and personal commitments.	S D	D	NAN D	A	S A
2.	My organization allows me to work from	S	D	NAN	A	S

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3.	I have adequate technology support (laptops, internet access, VPN connectivity, etc.) to be able to work away from office.	S D	D	NAN D	A	S A
4.	My organization believes in having	S	D	NAN	A	S
5.	My organization encourages its employees	S	D	NAN	A	S
6.	My management believes in having	S	D	NAN	A	S
7.	My supervisor is concerned about the	S	D	NAN	A	S
8.	My privilege leave is never denied by my	S	D	NAN	A	S
9.	I have significant support from my supervisor in ensuring that I have a healthy WLB.	S D	D	NAN D	A	S A
10.	My colleagues/team members would encourage to use WLB initiatives if required by me.	S D	D	NAN D	A	S A
11.	Due to cooperative nature of the co-workers, I do not face difficulties in my personal life.	S D	D	NAN D	A	S A
12.	My job requires me to work after normal working hours to complete my routine	S D	D	NAN D	A	S A
13.	The number of hours I work is a concern	S	D	NAN	A	S
14.	As I have to spend more time in my work domain, I often fail to fulfil my family responsibilities.	S D	D	NAN D	A	S A
15.	I am often preoccupied with office tasks	S	D	NAN	A	S
16.	I come home from work too late to look	S	D	NAN	A	S
17.	Customers (e.g., employees, patients & other stakeholders) of my organization are very demanding which requires me to spend more time at work.	S D	D	NAN D	A	S A
18.	The demands arising from my work	S	D	NAN	A	S
19.	I often feel sleep-starved due to the amount of work that I have to do in a day.	S D	D	NAN D	A	S A
20.	I suffer from work related stress which manifests as physical ailments such as headache, insomnia, depression, blood pressure, etc.	S D	D	NAN D	A	S A
21.	Power, position, and money define	S	D	NAN	A	S
22.	Work related stress often makes me	S	D	NAN	A	S
23.	Sacrificing personal life is the way an individual can grow fast in an organization.	S D	D	NAN D	A	S A
24.	My spouse feels uncomfortable due to	S	D	NAN	A	S
25.	I often have to compromise on my social	S	D	NAN	A	S
26.	I am often preoccupied with home related	S	D	NAN	A	S
27.	I am often distracted by personal/family	S	D	NAN	A	S

28.	My spouse does not understand my work demands which impacts on my marital relationship.	SD	D	NAND	A	SA
29.	Family/home related stress makes me	S	D	NAN	A	S
30.	My home responsibilities often hinder	S	D	NAN	A	S
31.	Many a time I have to postpone things at work due to demands on my time at home.	SD	D	NAND	A	SA
32.	Due to role overload at home, I am physically tired to discharge my work responsibilities at workplace.	SD	D	NAND	A	SA
33.	I have had to make compromises on the	S	D	NAN	A	S
34.	Due to my preoccupation with societal activities, I find it difficult to complete work in time.	SD	D	NAND	A	SA
35.	I normally have to exceed the amount of	S	D	NAN	A	S
36.	The needs and demands of my family members interfere with my work related activities.	SD	D	NAND	A	SA
37.	I cannot concentrate on my work due to the dependent care	SD	D	NAND	A	SA
38.	I am satisfied with my ability to meet the needs of my job with those of my personal life.	SD	D	NAND	A	SA
39.	I am successful in managing my home	S	D	NAN	A	S
40.	I am happy with the contributions I make	S	D	NAN	A	S
41.	I am satisfied with the opportunities I have to perform my job well and yet be able to perform home duties adequately.	SD	D	NAND	A	SA
42.	I have the time to reach my personal and	S	D	NAN	A	S
43.	I am satisfied with the way I divide my	S	D	NAN	A	S
44.	My balanced life gives me the ability to	S	D	NAN	A	S
45.	WLB contributes to improved staff	S	D	NAN	A	S
46.	Satisfaction with WLB helps in building good teams, creative people, and positive attitudes.	SD	D	NAND	A	SA

SECTION C (Commitment)

Please indicate your agreement with each of the following statements by putting a tick mark (√) in the desired boxes, wherever indicated, where, **1 = Strongly Disagree (SD),   2 = Disagree (D),   3 = Neither Agree nor Disagree (NAND),   4 = Agree (A), and 5 = Strongly Agree (SA).**

S.	Statements	1	2	3	4	5
1.	I would be very happy to spend the rest of my	S	D	N	A	S
2.	I enjoy discussing my organization with people	S	D	N	A	S

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3.	I really feel as if this organization's problems	S	D	N	A	S
4.	I think that I could easily become as attached to another organization as I am to this one.	S D	D	N A N D	A	S A
5.	I do not feel like 'part of the family' at my	S	D	N	A	S
6.	I do not feel 'emotionally attached' to this	S	D	N	A	S
7.	This organization has a great deal of personal	S	D	N	A	S
8.	I do not feel a strong sense of belonging to my	S	D	N	A	S
9.	I am not afraid of what might happen if I quit my job without having another one lined up.	S D	D	N A N D	A	S A
10	It would be very hard for me to leave my	S	D	N	A	S
11.	Too much in my life would be disrupted if I decided I wanted to leave my organization now.	S D	D	N A N D	A	S A
12	It wouldn't be too costly for me to leave my	S	D	N	A	S
13	Right now, staying with my organization is a	S	D	N	A	S
14	I feel that I have too few options to consider	S	D	N	A	S
15.	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	S D	D	N A N D	A	S A
16.	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice - another organization may not match the overall benefits I have here.	S D	D	N A N D	A	S A
17	I think that people these days move from	S	D	N	A	S
18	I do not believe that a person must always be	S	D	N	A	S
19	Jumping from organization to organization does	S	D	N	A	S
20.	I believe that loyalty is important and, therefore, I feel a sense of moral obligation to continue to work for this organization.	S D	D	N A N D	A	S A
21.	If l got another offer for a better job elsewhere, I would not feel it was right to leave my organization.	S D	D	N A N D	A	S A
22	I was taught to believe in the value of	S	D	N	A	S

| 23. | Things were better in the days when people stayed with one organization for most of their careers. | SD | D | NAND | A | SA |
| 24. | I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore. | SD | D | NAND | A | SA |

End of a Questionnaire.
Thank you for your time and participation!