



**UNIVERSITY OF THE PHILIPPINES**

**Master of Arts in Nursing**

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**Work-Life Balance and Organizational Commitment of Nurses in a  
Tertiary Hospital in Las Vegas, USA**

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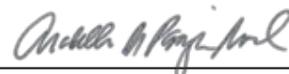
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The thesis attached hereto, entitled “**Work Life Balance and Organizational Commitment of Nurses in A Tertiary Hospital in Las Vegas, USA**” prepared and submitted by **ARABELLE M. PANGANIBAN-NOEL**, in partial fulfillment of the requirement for the degree Master of Arts in Nursing with specialization in **Nursing Administration**, is accepted.

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**MASTER OF ARTS IN NURSING**

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We, the members of the oral examination panel for **MS. ARABELLE M. PANGANIBAN-NOEL** unanimously approved the thesis entitled “**Work Life Balance and Organizational Commitment of Nurses in a Tertiary Hospital in Las Vegas, USA.**” The thesis attached hereto was defended on May 5, 2020 at UPOU Learning Center in Manila for the degree of **Master of Arts in Nursing** is hereby accepted.

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## TABLE OF CONTENTS

<b>CHAPTER I: THE RESEARCH PROBLEM</b> .....	1
<b>Background of the Study</b> .....	1
<b>Statement of the Problem</b> .....	4
<b>Objectives of the Study</b> .....	5
<b>Significance of the Study</b> .....	6
<b>CHAPTER II: THEORETICAL BACKGROUND</b> .....	8
<b>Review of Literature</b> .....	8
Work Life Balance .....	8
Work Life Balance in Healthcare Workers and Nurses.....	10
Measuring Work Life Balance .....	12
Organizational Commitment.....	13
Organizational Commitment in Healthcare Workers and Nurses .....	14
Organizational Commitment in Other Professions .....	15
Measuring Organizational Commitment .....	16
Multi-generational Approach to WLB and OC .....	16
Correlation Between Work Life Balance and Organizational Commitment.	17
Synthesis.....	18
<b>Theoretical Framework</b> .....	19
Social Exchange Theory .....	19
<b>Conceptual Framework</b> .....	21

Operational Definition.....	23
<b>Research Design</b> .....	<b>27</b>
Sampling Technique.....	27
Setting .....	28
Research Instrument.....	28
Data Collection.....	31
Procedure.....	31
Plan for Data Analysis.....	32
Ethical Considerations.....	36
<b>REFERENCES</b> .....	<b>65</b>
<b>Appendix B</b> .....	<b>80</b>
<b>LIST OF APPENDICES</b> .....	<b>75</b>
Appendix A: Additional Statistical Tables.....	75
Appendix B: Curriculum Vitae.....	80
Appendix C: Questionnaire.....	84
Appendix D: Permission Letters .....	87
Appendix E: Informed Consent Form.....	90
Appendix F: Institution Letter.....	93

## **ABSTRACT**

This study intended to draw a correlational analysis between Work Life Balance and Organizational Commitment among the nurses in a tertiary hospital in Las Vegas. The research design utilized a quantitative non-experimental descriptive correlational approach. The target population are full time registered nurses who are currently employed and who have worked for at least six months with the organization. Convenience sampling was used to select participants for the survey. Work Life Balance, which is the independent variable, was measured using the Work Life Balance Measure by Brought et al (2014) and Organizational Commitment, which is the dependent variable, was assessed using Allen and Meyer's Organizational Commitment Scale also known as the Three Component Model (TCM) of Employee Commitment (EC). The research used descriptive statistics in analyzing demographic data and inferential statistics to draw correlations between the variables. When it comes to health care professionals in general, previous research indicate a direct correlation between work life balance and organizational commitment.

# CHAPTER I

## THE RESEARCH PROBLEM

### **Background of the Study**

Work life balance is described as the optimal arrangement of an individual's personal and professional life (Rouse, 2014). It is a state of equilibrium achieved between competing demands at work and at home. Attaining work life balance means being able to allocate time for job obligations as well as time for family, friends, spirituality, growth and self-care. For nurses, maintaining work life balance is a challenge. As caregivers, nurses often put other's needs before their own (careersinnursing.ca). The nature of the job and the vulnerability to stress and burnout can directly and indirectly impact patients' safety and the quality of care (Kowitlawkul et al., 2019). In administrative literature, several studies allude that the implementation of robust work life balance initiatives is crucial in ensuring job satisfaction, creating an efficient human resource pool and enhancing loyalty. The impact of work life balance on organizational commitment is reinforced in Gulbahar et al.'s (2014) statement that "organizations which encourage work life balance in principle reap the benefit of increased employee engagement, effort and productivity". Organizational commitment is defined as the intensity with which employees participate in and identify with an organization (Mowday et al., 1982). It is characterized by a strong belief in the goals and values of the organization and a predisposition to work for its behalf. Dick (2011) states that organizational commitment is an emotive dimension of work manifested in its members' attitudes and behavior. It has been found that committed employees are less likely to leave their jobs or organizations (Allen & Meyer, 1996; Matthieu & Zajac, 1990). In today's economy, it is extremely important therefore for organizations to retain their highly productive employees (Redmond, 2016).

In recent years, a high turnover of registered nurses has been noted in the tertiary hospital in Las Vegas. The researcher reports this phenomenon from first hand observation, having been employed in the organization for twenty years. Due to corporate privacy policy, the Human Resource Office is unable to publicly disclose turnover data. The low retention rate however, is most obviously seen in the Cardiac Catheterization Lab/Interventional Radiology department, which is the researcher's current area of assignment. The unit has had a revolving door of managers, travelers, part time, and per diem nurses and technologists alike. From January 2017 to March 2019, two nurses backed out after a three-month orientation; and three nurses and two technologists have resigned. From December 2019 to March 2020, two more nurses and another technologist resigned. Currently, the Cardiac Catheterization Lab/Interventional Radiology Department, that requires to have seven (7) team members on call 24/7 including weekends, is staffed with only twenty-two (22) employees – only nine (9) of which are full time. Since 2012, only two registered nurses from the original crew have remained.

The reasons for leaving are varied, either by termination, relocation or change of career altogether. Other than these cited, one could say that work life imbalance could possibly be the culprit. It is reported that achieving work life balance in this area of work is almost impossible. The nurses claim to be spread out too thin, covering Computed Tomography and Special Procedure cases; Nuclear Medicine and Cardiac Stress Testing; and peripheral insertion of central catheters or PICC lines which all fall under Interventional Radiology. All these responsibilities are in addition to the regular flow cardiac catheterization and vascular intervention cases scheduled daily. Work life imbalance is reflected in nurses continued complaints of heavy workload, difficulty in work scheduling, having to take too much call to cover all areas 24/7, having “no life

outside work”, being “unable to make personal appointments” and salary rates as not being competitive across the Las Vegas Valley. These factors drive them to seek higher compensation elsewhere. Work life balance apparently is an issue in the Cardiac Catheterization Lab/ Interventional Radiology unit, and consequently, organizational commitment.

In other departments of the hospital, initial interviews with charge nurses reveal similar sentiments expressed in the Cardiac Catheterization Lab/ Interventional Radiology unit. Staff reportedly grumble on workload inconsistencies, the higher acuity of patients and constant staffing shortage. Imposed overtime, conflicts in scheduling and ungranted time off or delays of vacation approval lamentedly add to the dilemma. The “call” burden in other work areas that require staff to be on call 24/7 have reportedly been “oppressive, ridiculous and overwhelming”.

Having been employed in the same hospital corporation for several years, the researcher has seen many nurses from different positions of either staff or leadership come and go. Likewise, the researcher notes of a few colleagues in other nursing areas who have been with company for just as long or even with more tenure.

The recent addition of a whole new floor for the Ortho-Spine Unit and the opening the Psychiatry Center building in 2019 has brought about an influx of fresh faces in the main hallways. As the tertiary hospital in Las Vegas expands its healthcare services, a significant amount of capital is being used for hiring and training new nurses. To retain such an investment, the tertiary hospital must strive to cultivate organizational commitment. From an administrative standpoint therefore, an analysis on employee work life balance and organizational commitment should be given priority as the success or failure of an organization is directly related to the effort and motivation of its employees (Redmond, 2016).

## **Statement of the Problem**

The problem of work life balance has been identified in the Cardiac Catheterization Laboratory/ Interventional Radiology Department of the tertiary hospital, triggering some questions. Is work life balance then, a hospital-wide issue? Has administration not provided enough benefits, incentives, and support? Does the perception of work life balance influence the nurses' motivation to remain or leave the organization? How committed are the nurses to their employer?

According to the institution's Vice President of Human Resources, "retention is not quite problematic in our facility as it is in others within the division but still, we will continue to work on improving our policies and implement programs to make everyone happy and hopefully, stay". In the 2019 Employee Engagement survey, the tertiary hospital in Las Vegas scored 81% compared to the benchmark established at 72%, reflecting a positive overall organizational commitment of all its employees.

To date, there has been no periodic survey targeted specifically to the nursing workforce of the tertiary hospital. This research homes in on the nursing staff exclusively, focusing on their profile, if demographical factors such as age, gender, marital status, position and tenure are correlated with the perception of work life balance and organizational commitment. It provides an assessment if such indispensable human resource is achieving harmony in their personal and professional lives and reveals the organizational climate of the institution. Furthermore, this study investigates if work life balance has a significant correlation with organizational commitment in the tertiary hospital in Las Vegas.

## **Objectives of the Study**

The main purpose of this research is to determine if there is a correlation between work life balance and organizational commitment among the registered nurses in the tertiary hospital in Las Vegas.

Specifically, the study sought to:

1. Describe the demographic profile of the nurse participants.
2. Describe how nurses perceive their current state of work-life balance.
3. Describe the nurses' level of commitment towards the organization.
4. Determine the correlation between demographic profile (age, sex, marital status, position and tenure) and work-life balance.
5. Determine the correlation between demographic profile (age, sex, marital status, position and tenure) and organizational commitment.
6. Determine the correlation between work life balance and organizational commitment among the nurses in the tertiary hospital in Las Vegas.

## **Scope and Limitations of the Study**

This study focused only on the work life balance and organizational commitment of nurses in the tertiary hospital in Las Vegas, USA and their profile. Age, sex, marital status, position and tenure were correlated with the main variables. Other variables were not included in this study. Pertinent data on the facility's turnover and retention rates would have been beneficial for the groundwork of this study, but due to corporate privacy policy, the researcher was not granted to access to this confidential information. The criterion for sampling was limited to the full-time nurses who have worked for at least 6 months. The convenience sampling method used with non-probability design may not have been ideal for the quantitative study. However, given the conditions imposed by the hospital's Ethics and Compliance Officer that the survey

be conducted in non-work areas and non-working hours, such method was the only feasible way the researcher could recruit the required number of participants to meet the sample size recommended. The sample size (n=157) may also not be adequate to represent the nurse population in the Las Vegas metropolitan region.

Rather than establish causality, this study is limited to the investigation of the correlation between work life balance and organizational commitment given the demographic profile of the nurse population of the specific institution. The findings of this study may not be generalizable to other healthcare facilities.

### **Significance of the Study**

The findings of this study may reveal valuable insight on the perceived state of work-life balance among the nurses of the tertiary hospital in Las Vegas and their level of organizational commitment.

The study is significant to the following:

1. To nursing leadership and personnel, the result of the study may provide impetus to create ideal conditions that sustain work life balance. An accurate assessment of the nursing workforce's current perception of work life balance may guide the improvement of strategies to reduce workload and stress and support over-all nurse well-being.
2. To the hospital administration, the result of the study may serve as a prelude to initiating and changing human resource management policies and practices to retain talent and skill and cultivate genuine loyalty to the organization. From a business standpoint, improved retention strategies can cut the cost of hiring and training new staff. Continued possession of highly skilled and experienced nurses can ensure sustained growth at minimal operational costs.

3. To the healthcare industry, the results of the study may contribute to the data base on reported work life balance perception and organizational commitment level of nurses in varied settings. To date, there are hardly any studies on these two concepts that have been conducted on nurses in Las Vegas. A search based on the variables of this study did not yield any related research results in this metropolitan area which has 7 large hospital centers. This presents a significant gap in this particular area of study. Knowledge on nurses' well-being and state of engagement can drive industry-wide implementation of measures for further empowerment. Enhancing nurses' performance and productivity will prove beneficial in improving the quality and cost of healthcare.

## **CHAPTER II: THEORETICAL BACKGROUND**

### **Review of Literature**

#### **Work Life Balance**

Brough et al. (2104) defines work life balance as an individual's subjective appraisal of the accord between his/her work and non-work activities and life more generally. Work life balance involves multiple domains, including family, financial resources, career, leisure, social and spiritual involvement, and health (Polouse & Sudarsan, 2014). Some people put their career at the center of their lives, while other's interests and priorities lie elsewhere (Kolawski, 2018). The perception of work life balance is unique to every individual and its definition is evolving as well.

The origins of research on work-life balance can essentially be traced back to studies on women having multiple roles (Poulose & Sudarsan, 2014). As the traditional caregiver role evolved into women joining the workforce, the term "work family conflict" arose. Regardless of gender, the modern era brings about momentous paradigm shifts in business processes that up the ante on competitiveness. Employees are challenged to perform better, obtain higher competencies, and multitask, forcing them to allocate most of their time in the work setting. However, allegiance to family and societal obligations remain and need to be fulfilled. Any imbalance therefore can lead to serious consequences such as diminished job satisfaction, poor productivity, increased absenteeism, and intention to leave (Poulose & Sudarsan, 2014).

The referenced authors present an in-depth review on the concept of work life balance. Identified as major antecedents of work life balance are individual, organizational and societal factors. Individual factors are explained in terms of personality, well-being and emotional intelligence. Extroverted, open, congenial, and conscientious individuals in good physical and mental health with acquired self-

awareness, self-management and interpersonal skills are able to proactively shape and facilitate both work and non-work domains. Organizational factors pertain to work arrangements, work life balance practices and policies, administrative and peer support, job stress and overload, role conflict and ambiguity and technology. Alternative and flexible hours, high levels of management support, enhanced benefits and opportunities and improved working conditions are demonstrated to reduce work life conflict and contribute to work life balance. Societal factors influencing work life balance include child arrangements, spouse, family and friendship network support, personal and familial demands and conflicts and dependent care issues. The presence and magnitude of these elements also determine the state of an individual's work life balance. A growing body of research points out that national culture, which is defined as a set of beliefs, values and norms shared by individuals who have a common historical experience has a strong influence on the ways individuals engage in their multiple roles (Ollier-Malaterre & Foucreault, 2017). A study across five countries by Ollier et al. (2019) shows that individuals from cultures that value altruism, kindness and compassion experienced less job burnout. At a cultural level, gender inequality also affects women and men's experiences of work life balance. Gender egalitarianism at the individual level and gender equality at country level are associated with less work-family interference (Kaufman & Taniguchi, 2020). Poulou and Sudarsan (2014) also enumerate the other factors affecting work life balance, namely; age, gender, marital status, parental status, experience, employee level, job type, income and type of family.

For simplification and applicability to the nurse population of the proposed study, only the demographic data of age, sex, marital status, position and tenure will be collected and correlated with work life balance. As it stands, a study by Dolai (2015)

finds no significant relationship between age, gender and marital status and perception of work life balance among employees. Likewise, Brummelhuis and Lippe (2010) also find no significant relationship between single and married employees and their perception of work life balance. Meanwhile, a study on nurses in Singapore shows otherwise. Kowitlawkul et al. (2019) presents statistically significant differences between the demographic characteristics of marital status, religion, educational level, job title and nurse's work life balance. Those who were married reported higher quality of life than those who were single. Another study in Singapore suggests a correlation between tenure and work life balance. On a study on demographics and personality factors affecting burnout among nurses, Ang et al. (2015) finds that staff working 10 years, or more were less likely to experience emotional exhaustion. Tekindal (2012) also supports the notion that demographics affects work life balance. Among nurses in a Turkish State Hospital, it was seen that the period spent in the profession reduced emotional exhaustion and that personal accomplishment was higher among those with higher educational level.

### **Work Life Balance in Healthcare Workers and Nurses.**

Healthcare professionals, in general, have difficulty in maintaining work-life balance due to the demands of the workplace. The Occupational Safety and Health Administration (OSHA, 2014) describes hospitals as one 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 and malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths. Nurses, are vulnerable to work life imbalance because they are socialized into the caretaker role, often putting other's needs before their own. In a profession dominated by women, many nurses care for children or

aging parents and they also provide wages and benefits critical to their families' basic needs (Mullen, 2015). Viveka and Maiya (2014) conducted a study exclusively on female nurses in multispecialty hospitals in India. Although majority of the respondents revealed difficulty in striking a balance between work and family, they felt that timely support from hospital authorities and proper work scheduling would ease their stress to some extent.

The nature of the job of nursing, the long hours and heavy workload versus family pressures and obligations cause stress and fatigue and lead to burnout – a state of continued mental and physical exhaustion, which results in being disconnected from both work and home (Simmons, 2012). Assessing nurses' work life balance, which is the independent variable in the proposed study, therefore, is considered crucial because it ultimately affects patient safety and outcomes (Kowitlawkul et al. 2019).

The impact of high workload on nurse satisfaction and work life balance is a critical issue that has not only defined nurse turnover, but also their intention to leave the occupation. This was a major finding of a survey on 2984 Australian nurses conducted by Holland, Tham, Sheehan & Cooper (2019). The researchers found that excessive workloads are negatively impacting the organizational structure of healthcare systems since they are deteriorating the experiences of the nurses. The same study finds that a mediated interventional approach that accomplishes work-life balance for nurses directly enhances the economic efficiency of the health sector.

Given the absolute dedication required in the nursing occupation, key factors have been identified to profoundly affect the extent of work-life balance as well as the level of satisfaction among nurses in an organization. According to Neumann et al. (2018), from a web-based survey encompassing nurses and other medical practitioners in healthcare institutions, work-related issues, moral distress, and

burnout are major obstacles that present as barriers against job satisfaction and an ample work-life balance among nurses.

Dhaina et al. (2018) conducted a research study that comprehensively examined the impact of work schedules, flexibility, fatigue, and emotional exhaustion among nurses in Swiss Acute Care Hospitals. Findings illustrate that managerial efforts to improve the work environment were essential in reducing exhaustion, enhancing work flexibility thereby improving nurse work-life balance within the Swiss healthcare system.

In Ontario, Canada, a study by Fournier et al. (2019) explored job satisfaction levels of nurse practitioners (NP) in the rural northern area. The research offers an in-depth and conclusive illustration of the importance of achieving a desirable nurse work life balance in ensuring organizational effectiveness. The study determined that quiet moments, interdependence, independence as well as challenging work are some aspects that enhance job satisfaction among the NP's. On the other hand, moral distress, burnout, issues related to recognition, overwork and rural location are identified as significant factors that demoralized NP's and deteriorated their work life balance.

### **Measuring Work Life Balance**

For the proposed research study, work life balance is the independent variable. Several tools have been created in an attempt to accurately evaluate work life balance. Among them are Chaney's (2007) five statement questionnaire and Gutak et al.'s (1991) eight statement scale. For this research, Brough et al.'s (2014) Work Life Balance measure, which has been tested for validity and reliability with an acceptable Cronbach alpha (0.87), was used. (Please see validity and reliability under research instrument section).

## **Organizational Commitment**

This concept has been widely explored in administrative literature due to its relationship to performance and productivity. It is characterized by acceptance of the organization's values; willingness to exert effort on behalf of the organization; and desire to remain an employee of the organization (Sakthivel & Jayakrishnan 2013).

In the 90's Allen and Meyer presented an analytic view of organizational commitment, splitting it into three definable constructs – affective, continuance, and normative commitment (Meyer and Allen 1991). This prominent theory is also referred to as the **Three Component Model (TCM) of Employee Commitment (EC)**. **Affective commitment (AC)** reflects the emotional attachment and loyalty of an employee to an organization. The employee internalizes the principles, goals and values of the company as his or her own. **Continuance commitment (CC)** is a feeling of having to stay with the company because the costs of leaving, either monetary or status-wise are too great. **Normative commitment (NC)** deals with the feelings of obligation, indebtedness, or sense of responsibility an employee feels towards the organization.

As stated in the objectives of this research, it will be determined if age, sex, marital status, position and tenure are correlated to the organizational commitment of nurses in the tertiary hospital. According to Cohen & Lowenberg (1990) and Matthieu & Zajac (1990), quantitative summaries on demographics such as age and tenure vs. organizational commitment have produced only few and small correlations. In a paper by Alammari et al. (2016), none of the stated variables showed as significant relationship with job involvement, but other studies have varied and interesting findings to date. Azeem & Altalhi (2015) found that among hospitals in Saudi Arabia, female workers have higher level of commitment than males. Among Turkish health

personnel, males also showed more commitment to their organization (Uygur and Kilic, 2009) although marital status and organizational commitment had no significant association. Engeda et al. (2014) explored the factors contributing to Ethiopian nurse's intent to stay in the profession. Detailed results point out that those aged 40-49 (Generations Xers) who were married, and have bachelor's degree have high continuance commitment, high normative commitment and more likely to stay in the nursing profession. Similar results were found in a Philippine study among rural nurses by Labrague et al. (2018). Nurse's rank (higher positions), age (greater than 40 years), gender (being female), work experience (greater than 5 years), education (having master's degree) was all associated with increased organizational commitment.

### **Organizational Commitment in Healthcare Workers and Nurses**

For the healthcare sector, organizational commitment is an important matter to tackle because it influences the quality and cost of the provision of healthcare. According to Vance (2006), employees who are engaged in their work and committed to their organization give their companies crucial competitive advantages – through higher productivity and low employee turnover. Berberoglu (2018) states that the attitudes and perception of employees mirror actual performance. On Berberoglu's (2018) study on employees of public hospitals in Cyprus, positive and linear correlations were found on the three concepts of organizational climate, organizational commitment and organizational performance.

Supporting the fact that organizational commitment drives the delivery of healthcare is a study by Sakthivel and Jayakrishnan in 2013. Focusing on nurses in public and private institutions in Tamilnadu, India, the research highlights that nurses play a pivotal role in the provision, determination, and pricing of health care. Factors that were identified to have a strong influence on the better performance of the

healthcare institution include strong family relations and work safety in general. Somunoglo et al. (2012) in a study on healthcare sector workers in Denizli city cites that error risks may be minimized with personnel with high organizational commitment.

### **Organizational Commitment in Other Professions**

On a variety of professionals, numerous studies have been made on factors that affect organizational commitment. Watanabe (2010) carried out a research on the variations between gender and race upon the level of job satisfaction on faculty members in mathematics, science, engineering, technology, and science from the University of Midwestern. The study showed that gender and race did not have any direct effect on the level of job satisfaction. Size of friendship networks and years at the institution were positively correlated with organizational commitment while being unmarried was negatively correlated to organizational commitment. The study also claims that women and the minority groups within the organization express less concern and commitment to their duties and responsibilities as compared to the male and the white colleagues in the same organization. Concerned with the decline in organizational commitment during the early years of police officers' careers, Gavin Dick conducted an extensive study on the UK law enforcement sector in 2011, finding evidence that a supportive organizational environment has a positive influence on organizational commitment. Experiences of the way members of the police force are managed were found to have the strongest influence on their organizational commitment while demographic and job-related variables were found to have a lesser influence. Dick's study also reveals that movement up the hierarchy leads to progressively higher levels of commitment, with the increase being greater with each hierarchical level. Cuing in on the same theme, a research done by Cole and Bruch (2000) concerning the employees of a steel manufacturing firm suggests that an

employee's position influences turn-over intention. The correlation measures were found to bear turnover differences for the workers with responsibilities compared to the employees without any formally instituted role to play in the managerial sector. According to the research, the perceptions of strong institutional and ideological constructs towards organizational identity and commitment present unique elements based on the employee's leadership position within the steel industry. Among travel agency drivers in Iran, those who had 1-4 years job tenure obtained higher scores on job satisfaction, affective, normative, and total scores of organizational commitments compared to drivers who had 9 years and upper job tenure (Pourghaz et al. 2011).

The findings from the above-mentioned studies on non-nursing employees reinforces the researcher's drive to find out if in the proposed study on registered nurses, a correlation exists between demographic variables (age, sex, marital status position and tenure) and organizational commitment.

### **Measuring Organizational Commitment**

For the proposed research study, organizational commitment which is the dependent variable, will be measured using Allen and Meyer's organizational commitment scale. The three constructs of affective, continuance and normative commitment are differentiated on the 18-item questionnaire. The Organizational Commitment Scale or TCM of ES has been tested for validity and reliability through eigenvalues, Cronbach alpha and exploratory factor analysis. (Please see validity and reliability under research instrument.)

### **Multi-generational Approach to WLB and OC**

Allan Kohll (2018) presents a multi-generational dimension to the meaning of work life balance. Kohll points out that Baby Boomers (1945-1960), tend to stay longer in companies and that for them, work life balance is not a main concern. Retiring Baby

Boomer nurses are viewed as workaholics that desire recognition for loyalty from their employers (Townsend, 2016). Gen Xers (1961-1980) on the other hand, who grew up with working parents, look forward to spending quality time with family and value work life balance (Kroll, 2018). Falling into the Millennial category (born 1980-2000), new nurses have been noted to leave when they perceive an unhealthy work environment (Townsend, 2016). Millennials (1981-2000) tend to seek stability in a career path that will support their lifestyle. Kroll proposes age classification in assessing and promoting work life balance in the workplace. For this study, such multi-generational approach will also be used in evaluating work life balance and organizational commitment.

### **Correlation Between Work Life Balance and Organizational Commitment**

The current research will investigate if there is a significant correlation between work life balance and organizational commitment among the full-time registered nurses in the tertiary hospital in Las Vegas. The outcome of the Sakthivel and Jayakrishnan's study adduces that a good life and work balance enable professional nurses to direct their efforts and strength towards proper organizational progress. When the nurses' values align with that of the organization, the increased efficiency and productivity contributes to the organization's growth and competitiveness in the healthcare market (Sakthivel & Jayakrishnan 2013). Conclusively, the study defends its survey hypothesis that balance in work life and organizational commitment both have a positive correlation. On the same premise, Gulbahar et al. (2014) conducted a study on a socio-economic foundation in Pakistan, on the principle that "organizations which encourage work life balance will reap the benefit of increased employee engagement, discretionary effort and therefore productivity." The results shows that a significant relationship exists between work life balance and organizational commitment. In Saudi Arabia, Azeem & Altalhi (2015) explored hospital employee's

role of perceived work life balance, job satisfaction in developing organizational commitment. The study concludes that work life balance and job satisfaction are significant contributors for developing and improving the level of organizational commitment among healthcare workers.

## **Synthesis**

For many decades, many institutions have been targeted in studies regarding organizational identity and commitment. Such institutions include health care, academic, private, and public business organizations. From the broad preview of the research, various factors have been found to be critical players in the way organizational commitment is understood and reflected in corporate settings. Such considerations of vital substance and interest in the perspective of organizational commitment include the demographic elements like gender, social status, and age differences. Others include the job satisfaction levels, perception of the work-life balance, and various styles of leadership in the workplace. Based on the research outcomes from the sampled studies, it is clearly shown that organizational commitment is very instrumental in the manner through which it influences worker turnover, the success rate of the organization, and the financial and economic viability of the institution in the end. Among the most prominent recommendations in many literature reviews is the need for teamwork and employee engagement with a clear focus on meeting the demand for a healthy environment for work. More importantly, the studies suggest that policies that seek to institute well-defined and robust work balance and robust managerial clarity and commitment are very critical in organizational success. Above all, several studies from the vast existence of literature reiterate a strong notion that the implementation of work life balance initiatives and ensuring job satisfaction is crucial in enhancing loyalty and creating an efficient human resource pool.

## Theoretical Framework

### Social Exchange Theory

The proposed correlational study on work life balance and organizational commitment is built up on the **Social Exchange Theory** developed by sociologist George Homans in 1961. The theory proposes that social behavior is the result of an exchange process. It states that people participate in behaviors that they find to be rewarding (Appelrouth & Edles, 2012). A study by Muse et al. (2006) revealed that providing work life balance that employees use and value is part of a positive exchange between both employee and employer, whereby both parties can benefit. The purpose of social exchange is to maximize benefits and minimize costs. Consequently, people's actions depend on the value they place on things. This implies that relationships are based on an individual's cost and benefit analysis. People weigh the potential benefits and risks of social relationships. When the risks outweigh the rewards, people will terminate or abandon that relationship.

Based on the social exchange theory, Saks (2006) tested a model of the antecedents and consequences of job and organization engagements on individuals of varied professions. Using one of the tenets of social exchange theory, the study demonstrates that obligations are generated through a series of interactions between parties who are in a state of reciprocal interdependence. It showed that when individuals receive economic and socioemotional resources from their organization, they feel obliged to respond in kind. This identifies a two-way relationship between employer and employee and one way of repaying the organization would be through the employee's level of engagement. The more engaged the employees are to their work, the greater amounts of cognitive, emotional, and physical resources they will devote to perform their job duties. The study implies that when the organization fails

to provide economic or emotional resources, the employees are more likely to withdraw and disengage themselves from their roles (Saks, 2006).

The Social Exchange Theory can be used to explain the relationship between the main variables of the proposed study which are work life balance and organizational commitment. The basic tenet of social exchange is that an offer of a benefit generates an obligation to reciprocate in kind. In time, a series of satisfying interdependent transactions is expected to generate trust and loyalty between parties. From an organizational point of view, beneficial exchanges ultimately build mutual commitment between employer and employee. Employers that engender trust are seen as not taking advantage of their employees and caring about their employees; employees who feel their employers take care of them reciprocate by “going an extra mile” (Psychology, n.d.).

The Social Exchange Theory supports the possibility that organizations that provide sound work life balance policies and initiatives (such as proper staffing, adequate resources, flexible working hours, advancement/alternative career path, paid time off, on site or subsidized child or elder care, and commensurate competitive compensation) promote employee engagement and encourage exertion of extra effort in return for these extra benefits. High-quality social exchanges heighten feelings of organizational commitment, generating higher levels of performance and encouraging employees to perform above and beyond their formal tasks (Psychology, n.d.). Well-defined social exchange programs are mutually beneficial as they enhance employee performance and impact organizational commitment, leading to the success and the delivery of the expected goals of the organization.

As already cited in the review of literature, The Three Component Model (TCM) of organizational commitment is a prominent theory that will also be adopted for this

study. Allen and Meyer's model presents three distinctive components of organizational commitment. When employees identify with the organization's goals and values and align their actions in the same direction, they are considered to have "***affective commitment***". The other type of commitment is "***continuance commitment***" wherein a member stays due to fear of loss, be it monetary, professional or social loss. "***normative commitment***" is the third component characterized by a strong sense of obligation stemming from a feeling of indebtedness to the organization.

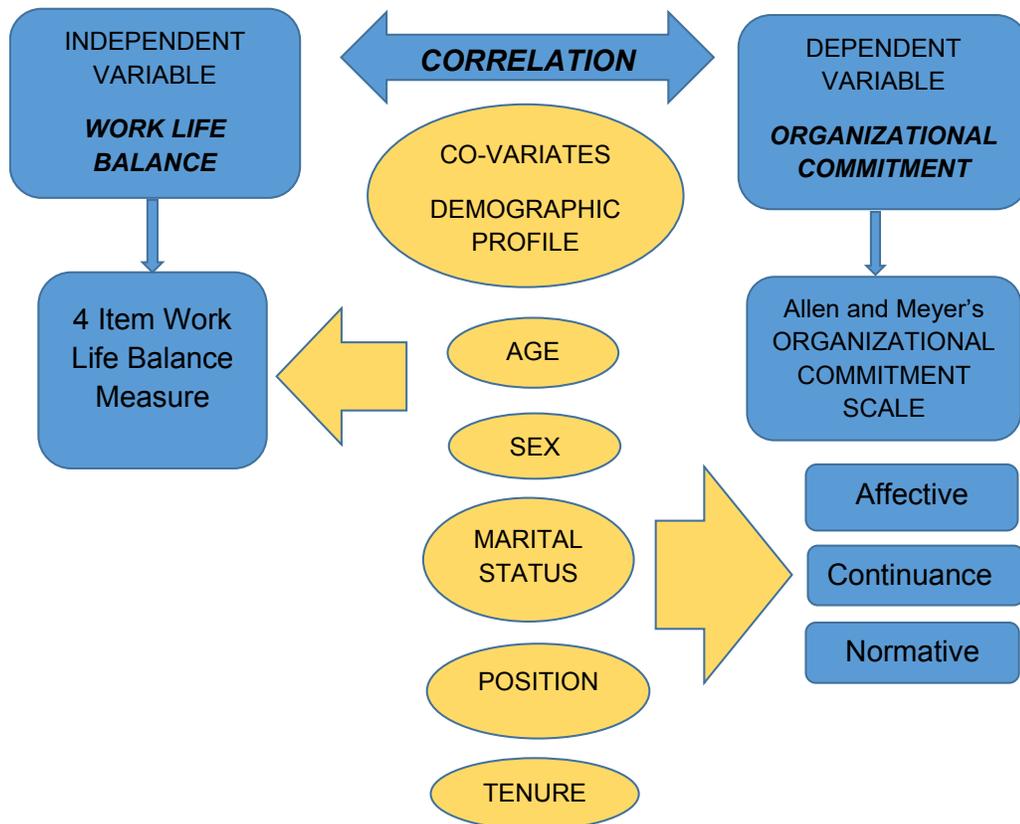
Employees may experience an overlap of all three types of organizational commitment in varying degrees. Building up on ***affective commitment***, individuals who develop a genuine emotional attachment to the organization and adopt its beliefs and principles will likely go beyond their defined roles and responsibilities and exceed in performance (Yadav, 2016). Meyer and Allen (1991) point out that some employees may feel both a strong need (***continuance commitment***) and a strong obligation (***normative commitment***) to remain, but no desire (***affective commitment***) to do so while others might feel neither a need nor obligation but a strong desire. These three constructs of organizational commitment will be measured in this study.

### **Conceptual Framework**

The top of the conceptual framework shown in Figure 1, reflects the main objective of the study which is to find out if a correlation exists between work life balance and organizational commitment. From the illustration above, characteristics of the demographic profile is anticipated to influence the perception of work life balance and degree of organizational commitment of the nurses in the tertiary hospital. Age and sex assigns priorities, roles, and responsibilities unique to every individual. Marital status and family obligations consequently affects the amount of non-work

demands that have to be met. Position and tenure are also factored in, to determine if hierarchy and length of service in the hospital affects work life balance and organizational commitment.

**Figure 1.** Conceptual Framework



Work life balance, which is the independent variable, will be measured using Brough et al.'s four item Work Life Balance Scale. The scale was developed to encompass work and non-work domains. It has been proven to concisely measure work life balance based on individual's subjective perceptions of balance between work and other aspects of their lives.

The dependent variable is organizational commitment, and this will be measured with the revised 18-item organizational commitment scale created by Allen and Meyer. Total organizational score (high, moderate, low) and scores on each of the

three constructs of affective commitment (AC), continuance commitment (CC) and normative commitment (NC) will be elicited and differentiation against the demographic profile will be determined.

### **Operational Definition**

1. **Work life balance (abbr. WLB)** is defined as a comfortable state of equilibrium achieved between an employee's primary priorities of their employment position and their private lifestyle. It is a measure of an individual's ability to enjoy a satisfying personal life outside of the business environment (Business Dictionary, 2020). Work life balance is considered a strong predictor of organizational commitment (Yadav, 2016).
2. **Organizational Commitment (abbr. OC)** may be viewed as an organizational member's psychological attachment to the organization, a determining factor whether a member will stay with the organization and zealously work towards organizational goals (Study.com, 2020). It reflects a worker's commitment to an establishment and desire to continue to be a part of it. Organizational commitment is frequently depicted as having both an emotional or moral component and a more prudential component (N., Pam M.S., 2013) as described in the following constructs (Study.com, 2020):
  - a. **Affective Commitment (abbr. AC)** is one's emotional attachment to an organization. When an individual has a high level of affective commitment, he or she enjoys the relationship with the organization and is likely to stay.
  - b. **Continuance Commitment (abbr. CC)** is the degree to which one believes that leaving the organization would be

costly. It is determined by a need to stay, due to fear of loss of income or degree of status.

c. **Normative Commitment (abbr. NC)** is defined as one's feeling of indebtedness or obligation to the organization and belief that staying is the right thing to do.

3. **Baby Boomers** – born 1945 to 1960, currently aged 60 to 75

4. **Gen Xers** – born 1961 to 1980, currently aged 40 to 59

5. **Millennials** – born 1980 to 2000, currently aged 20 to 39

### **Hypotheses**

*H1: There is a significant correlation between work life balance and organizational commitment among the nurses of the tertiary hospital.*

*H2: There is a significant correlation between the demographic profile of age, sex, marital status, position and tenure with work life balance.*

*H3: There is a significant correlation between the demographic profile of age, sex, marital status, position and tenure with organizational commitment.*

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **Research Design**

This is a quantitative non-experimental study using a descriptive, correlational design. Descriptive research aims to create a snapshot of the current thoughts, feelings, or behavior of a given group of people. Correlational design involves the measurement of two or more relevant variables and an assessment of the relationship between or among those variables (Stangor, 2016).

Through a survey questionnaire, the researcher collected detailed information on the subjects such age, sex, marital status, position and tenure. Descriptive statistics was used to characterize the population of the nurses in the tertiary hospital in Las Vegas. The behaviors assessed are Work Life Balance, which is the independent variable and Organizational Commitment which is the dependent variable. None of the variables were manipulated. Correlational statistics was used to determine whether a relationship or association exists between the two main variables.

Correlational statistics was further applied to the co-variables in this study. Various combinations of the demographic profile (age, sex, marital status, position and tenure) was correlated with work life balance and organizational commitment. The research did not aim to establish causality, it simply identified correlations among the variables that may be useful in predicting the level of one variable based on the knowledge of other variables.

#### **Sampling Technique**

For the phenomenon of interest, convenience sampling was used with a non-probability design for the selection of subjects for the study. The researcher anticipated difficulty in executing a pure randomization of subjects due to the varied work shift

hours and availability of the registered nurses in the tertiary hospital. A convenient sample consists of using the most readily available and accessible group of subjects (Cohen et al 2000: 102). Convenience sampling enabled the researcher to access and recruit more respondents for the survey. The researcher attempted to do stratified sampling, to gather an equal number of nurses from all areas of the hospital facility for a fair and sufficient representation and homogeneity of results.

Currently, the tertiary hospital in Las Vegas has a population of 318 registered nurses. The criteria for selection is currently employed full time registered nurses who have worked for more than 6 months in the hospital institution. Only participants who met the criteria and willingly signed the informed consent were included in the research study.

Using the G Power software for t test and correlation, with the effect size of 0.2, a margin error of 5% and 80% power, the sample size calculated is 150.

### **Setting**

This research work covered exclusively the full-time registered nurses of the 197-bed capacity tertiary hospital in Las Vegas. The medical facility had been chosen due to fact that it is the organization where the researcher is employed as well as its' proximity to the researcher's residence. Hence, the practicality and low-cost convenience of data gathering, verification and synthesis.

### **Research Instrument**

A survey questionnaire served as the research instrument. It is comprised of 3 parts, a demographic profile page; the Work Life Balance Measure by Brough et al (2014); and the Organizational Commitment/Three Component Model (TCM) of Employee Commitment Scale by Allen and Meyer (1993). Permission to use the appropriate scales was obtained from the respective authors.

The Work Life Balance Scale lists 4 statements that reflect on work and non-work activities: (1) “I currently have a good balance between the time I spend at work and the time I have available for non-work activities”, (2) “I have difficulty balancing my work and non-work activities” (reversely scored), (3) “I feel that the balance between my work demands and non-work activities is currently about right” and (4) “Overall, I believe that my work and non-work life are balanced”. On a five-point scale, respondents will indicate their agreement from 1 (*strongly disagree*) to 5 (*strongly agree*). High scores will reflect positive perceptions of work-life balance.

The five-point agreement scale will also be used in assessing organizational commitment. The measurement scale developed by Allen and Meyer touches on the different types of commitment. The Organizational Commitment/Three Component Model of Commitment (TCM) of Employee Commitment (EC) scale constructed by the authors identifies ***affective attachment*** (AC) wherein individuals genuinely enjoy membership in the organization and therefore stay because they want to; ***continuance commitment*** (CC) because they need too which may involve cost associated with leaving or profit associated with continued participation; and ***normative commitment*** (NC) which carries an sense of indebtedness and moral obligation and a feeling of an ought to remain in the organization. The 18 item Organizational Commitment Scale covers the conceptual distinctions and provides a net sum of these separable constructs of commitment. We note that some items on the scale are reversely scored. These have been included to encourage respondents to think about each statement carefully rather than mindlessly adapting a pattern of agreeing and disagreeing with the statements (Allen & Meyer, 2004). Scoring 1 to 5 in each item, the highest score that can be achieved is 90. High scores will reflect high levels of organizational commitment.

**Validity and reliability of the work life balance measure.** The Work-life Balance Measure was developed by Brough et al (2014) from a detailed review of literature and qualitative face to face interviews conducted on 81 workers in Australia and New Zealand. The subject's responses on their perceptions and conceptions of work life balance were used to generate the scale items. Originally 19 potential items were developed but with consideration for easy understanding for workers at all levels, was eventually narrowed down to 4 items pertaining to work-life balance. In a study titled "Work Life Balance: A longitudinal evaluation of a new measure across Australia and New Zealand", the questionnaire was applied to four large independent heterogeneous samples of workers totaling 6983. Cronbach's alpha for each sample ranged from 0.84 to 0.94, indicating acceptable internal reliability. The unidimensional factor structure of the Work Life Balance measure was replicated in each sample, producing adequate and comparable fit statistics. Using bivariate and multivariate analyses, the Work Life Balance measure demonstrated adequate levels of criterion-related validity. The study confirms the fruition and validation of an instrument with robust psychometric properties.

**Validity and reliability of the organizational commitment scale/TCM of employee commitment (ec) scale.** A study on the measure created by Allen and Meyer was done on January 2016 by Wilson, Bakkabulindi, & Ssempebwa on 301 academic staff from private and public universities in Uganda. It sought to re-examine whether the TCM of EC was reasonable. Using confirmatory factor analysis (CFA), the items from the three constructs of affective commitment, continuance commitment and normative commitment exceeded eigenvalues above 1.0, implying that the respective items are valid measures of the corresponding construct of EC. The Cronbach alphas derived from the constructs of AC, CC and NC were greater than the benchmark of

0.7, indicating that the items for the respective constructs are reliable. Aided by exploratory factor analysis, the study concludes that the TCM of operationalizing EC is sound and that researchers on EC can continue the model with confidence. Several other studies support the reliability and validity of the TCM of EC. Alam (2011), concludes in a cross-cultural evaluation that Allen and Meyer's organization commitment measure is applicable to Pakistani culture. In 2017, Karim and Noor published a study on the psychometric properties of the same measurement scale as applied to Malaysian academic librarians. The findings demonstrate that TCM is applicable to librarians in general.

### **Data Collection**

The researcher is the sole principal investigator for the study. The period of data gathering was nine weeks, from November 11, 2019 to January 8, 2020 and the researcher took sole control in all the processes. Assistance from colleagues was solicited for dissemination of information regarding the survey and invitation of eligible subjects. The duration was deemed sufficient for the critical events of the process, such as the recruitment of participants, distribution of the questionnaires and retrieval. The data collection procedure is explained in the following section.

### **Procedure**

**Recruitment of participants.** With a wide circle of registered nurse colleagues in the facility, the researcher sent to an extensive list of registered nurses via messenger and group text about the undertaking of the research project. Assistance from fellow nurses was solicited for recruitment. Word of mouth too, was used for other registered nurses to be aware and spark interest for the proposed study. Emails were sent to registered nurses in the researcher's contact list.

**Consent and distribution of questionnaire.** Opportunities for survey dissemination were identified. In non-work areas in the hospital, outside the facility and in social settings, the researcher personally approached eligible candidates (convenience sampling based on availability of nurses) and invited them to join the study. A signed informed consent was obtained after fielding questions about the study, and the survey questionnaire was handed out individually.

**Data retrieval.** Majority of the subjects filled out the questionnaire immediately upon receipt and returned the questionnaires within a 5–10-minute time frame. Some participants took longer and requested for a few days to return the answered survey. A period of 8-12 weeks was allotted for retrieval of completed survey questionnaires. A total of 190 questionnaires were distributed, 28 were unreturned, 2 were incomplete and 3 were less than six months employed. A total of 157 questionnaires were utilized for statistical analysis of the study.

### **Plan for Data Analysis**

Professional statistics services were contracted with two private entities for expertise in data entry, tabulation and computation of data gathered. Microsoft Excel and SPSS were used for data analysis. For proper interpretation of results, assistance was obtained from the consulted professionals.

Pearson's correlation coefficient was applied to the main objective of this research which is to determine if there is a correlation between work life balance and organizational commitment among the full-time registered nurses in the tertiary hospital in Las Vegas. Pearson's  $r$  correlation was used to determine the strength from 0 as none to 1 as perfect correlation, and direction (positive meaning direct correlation; or negative meaning inverse correlation) of the association between the work-life balance and organizational commitment of nurses.

For the specific objectives of the study, the statistical treatment are as follows:

1. Describe the demographic profile of the nurse population.

Descriptive statistics was applied to the demographic profile of the respondents. On age, the classification for Baby-boomer (aged 60 and above), Gen X (aged 39 - 59), and Millennial (aged 23-28), were assigned. Percentages for sex, marital status and job position, tenure and unit worked are presented. On age and tenure, the range, mean and standard deviation are calculated.

2. Describe how nurses perceive their current state of work-life balance.

On Brough's 4 item Work Life Balance Scale, the score per question range from 1 – Strongly Disagree to 5 – Strongly Agree with one item reversely scored. The scores of each nurse were added together to get the total score. The mean and standard deviation of the total score were computed in order to describe in general how they perceive their current state of work life balance. Scores of 0 - 7 indicate poor work life balance; 8 - 13 moderate work life balance and 14 - 20, good work life balance. The mean and standard deviation of the individual Work Life Balance questions were also computed to see where the nurses scored low, moderate and good. The highest score that can be achieved on the Work Life Balance questionnaire is 20. Scores of 14 -20 will reflect good work life balance; 8-13, moderate work life balance; and 0-7 indicates poor work life balance.

3. Describe the nurse's level of commitment towards organization.

The score per item on the Organizational Commitment Scale range from 1 – Strongly Disagree to 5 – Strongly Agree with some items reversely scored. The scores of each nurse were added together to get the total score. The mean and standard deviation of the total score was computed to measure the nurse's

overall level of commitment towards organization. The highest score that can be achieved on the Organizational Commitment Scale is 90. Scores of 61-90 reflect high level of commitment, 31-60 moderate and 0-30, low level of organizational commitment. We take note that the 18-item scale is divided into 3 types of commitment, namely affective commitment (AC), continuance commitment (CC) and normative commitment (NC). A differentiation of the results for the separate constructs was obtained. Each construct's highest score is 30. Scores of 1-10, 11-20, and 21-30 will respectively reflect low, moderately, and high types of AC, CC, and NC. The mean and standard deviation of the each type of organizational commitment question were also computed to see where the nurses scored low, moderate or high.

4. Determine the correlation between demographic profile (age, sex, marital status, position and tenure) and work-life balance.

Chi square correlation between categorical variables:

- Age Group (Baby Boomers, Gen X, Millennial) and Work Life balance (Good, Moderate, Poor)
- Sex (Male, Female) and Work Life Balance (Good, Moderate, Poor)
- Marital status (Married, Single) and Work Life Balance (Good, Moderate, Poor)

Spearman's rho for ordinal variables:

- Position (Leadership, Staff) and Work Life Balance (Good, Moderate, Poor)
- Tenure (6 months – 5 years, 6 -10 years, 10+ years) and Work Life Balance (Good, Moderate, Poor)

5. Determine the correlation between demographic profile (age, sex, marital status, position and tenure) and the three subscales of organizational which are Affective Commitment (AC), Continuance Commitment (CC) and Normative Commitment (NC).

Chi square correlation for categorical variables:

- Age Group (Baby Boomers, Gen X, Millennial) and Organizational Commitment (High, Moderate, Low)
- Sex (Male, Female) and Organizational Commitment (High, Moderate, Low)
- Marital Status (Married, Single) and Organizational Commitment (High, Moderate, Low)

Spearman's rho for ordinal variables:

- Position (Leadership, Staff) and Organizational Commitment (High, Moderate, Low)
- Tenure (6 months – 5 years, 5-10 years, 10+ years) and Organizational Commitment (High, Moderate, Low).

6. Determine the correlation between Work Life Balance and Organizational Commitment among the full time registered nurses of the tertiary hospital in Las Vegas.

- Pearson's r

### **Data Management**

A password protected data base was created accessible only by the researcher and hired statistician. Privacy was protected and all data was treated with utmost confidentiality. Incomplete survey questionnaires or those from ineligible subjects (worked less than 6 months) were excluded. As the answers to the questionnaires

were entered into the data base, the names were not transcribed. The participants were assigned a number and only pertinent demographic data was entered along with the responses. Paper questionnaires will be destroyed at the conclusion of this study.

### **Ethical Considerations**

This study involved human participants employed in the tertiary hospital of Las Vegas. It adhered to the following ethical principles:

**Compliance with protocol.** The Ethics and Compliance Officer of the tertiary hospital in Las Vegas had been consulted. The corporation was unable to officially sanction the proposed study. Written permission had been granted though, for the researcher to conduct an independent study. It was permitted that nursing staff may be approached for participation and consent in non-work areas and hours outside the facility. It was made clear that the purpose of the study is exclusively for the academic pursuit of the researcher and is was in no capacity affiliated with the organization. The research adhered to the rules and regulations of the hospital to ensure that the facility, its property and employees were safeguarded. (A copy of the institutional letter is attached to the Application for Ethical Review.)

**Right to self-determination.** The subjects of the study are the registered nurses of the tertiary hospital in Las Vegas. As professionals, nurses are deemed fully capable of giving consent without undue influence or coercion. Their decision to participate was based on a full disclosure of the nature of the study. The nurses had complete autonomy to voluntarily join the survey.

**Informed consent.** As potential candidates were approached, verbal explanation of the purpose, duration, possible benefits and burden of participating in the study was provided. These were all detailed on an information sheet. Potential

participants were advised that the written and signed consent is not a contract. They were made aware that inclusion is voluntary, they were free to withdraw at any time.

**Openness and integrity.** The research design did not require the withholding of any information. As the participants accomplished the survey questionnaire, they were informed that they could contact the researcher at any time for questions and clarification. Throughout the duration of the study, participants were allowed to request and be provided with ongoing information and final results.

**Protection from harm.** The research involved completing a demographic profile and answering a 24-item survey. The researcher did not anticipate physical or physiological harm to occur with the participants. The minimal risk anticipated would be the possibility that the subject may feel uncomfortable, embarrassed, anxious or upset in responding to the survey questions. Participants were assured that their responses are strictly confidential. If discomfort persisted, the participant was informed that they could halt in answering the questionnaire and withdraw from the study at any time. As this is an independent study and not affiliated with the administration of the tertiary hospital, it could affect current employment status, salary and benefits.

**Confidentiality.** All participant's identity and privacy was protected. Anonymity was maintained by replacing names with a number and all paper data was destroyed after transferring to a password protected data base that was accessible only to the researcher and the hired statisticians.

**Professional codes of practice ethics.** Since this study was conducted in the United States, it adhered to the American Nurses Association's Nursing Code of Ethics. The code has nine provisions, all of which are either directly or indirectly relevant to the research. Provision number 1 states practicing with compassion, respect and dignity for all individuals participating in this study. In carrying out this

study on work life balance and organizational commitment, the researcher also abided by provisions 5, 6 and 7 by preserving integrity and safety, maintaining competence and personal growth, improving health care environments and employment and contributing to the advancement of the profession. It also complied with provision number 8, which encourages collaboration with other healthcare professionals. This study also adhered to the Guiding Principles for Ethical Research published by the National Institute of Health (NIH). The NIH is the medical research agency of the U.S. Department of Health and Human Services.

## CHAPTER IV: RESULTS AND DISCUSSION

### Describe the Demographic Profile of the Nurse Population.

**Table 1.** Frequency and Percentage Distribution of Participants' Profile (n = 157)

<i>Characteristics</i>	<i>Frequency</i>	<i>Percentage (%)</i>
<b>Sex (Gender)</b>		
<i>Male</i>	26	16.6
<i>Female</i>	131	83.4
<b>Age</b>		
<i>Baby Boomer (60 y/o and up)</i>	14	8.9
<i>Gen X (39-59 y/o)</i>	69	43.9
<i>Millennial (23-38 y/o)</i>	74	47.1
<b>Marital Status</b>		
<i>Married</i>	95	60.5
<i>Single</i>	62	39.5
<b>Position Title</b>		
<i>Leadership</i>	31	19.7
<i>Staff</i>	126	80.3
<b>Tenure (Years of Experience)</b>		
<i>Less than 1 year – 5 years</i>	88	56.1
<i>6-10 years</i>	26	16.6
<i>More than 10 years</i>	43	27.4
<b>Unit</b>		
<i>PRE-OP</i>	10	6.4

<i>PACU</i>	15	9.6
<i>OR</i>	6	3.8
<i>CATH</i>	11	7
<i>ICU</i>	36	22.9
<i>IMC</i>	9	5.7
<i>MED-SURG</i>	39	24.8
<i>BEHAVORIAL</i>	8	5.1
<i>ORTHO</i>	4	2.5
<i>WOMEN'S SERVICES</i>	8	5.1
<i>CASE MNG</i>	3	1.9
<i>ED</i>	6	3.8
<i>NICU</i>	2	1.3

Table 1 presents the frequencies and percentages of demographic characteristics of participants. In terms of gender, majority of the participants are females (n = 131, 83.4%), while males (n = 26) comprise of 16.6%. The age of participants was classified as Millennial, Gen X, and Baby Boomers. Millennial includes participants aged 20 to 39. Gen X includes participants aged 40 to 59 years old while Baby Boomer includes participants aged 60 years old and above. As observed in Table 1, 47.1 0% (n = 74) of participants are classified as Millennials, 43.9% (n = 69) are classified as Gen X, and 8.9% (n = 14) of participants are Baby Boomers. For the marital status of participants, 60.5% (n = 95) are married while 39.5% (n = 62) are single. For the position, majority of the participants are at the staff level (n = 126, 80.3%) while 19.7% are in leadership positions (n = 31). In years of experience, 56.1% (n = 88) of the nurses have worked six months to five years while 16.6 % (n = 26) have worked for 6 -10 years at the institution. 27.4% (n = 43) of the

nurses have been with the organization for more than 10 years. The participants comprised of nurses from varied departments, majority of whom belonged to Medical Surgical floor and Intensive Care Unit.

**Describe How Nurses Perceive Their Current State of Work-Life Balance.**

**Table 2.** Mean Scores and Standard Deviations Work Life Balance Score Among Participants

<b>Item No.</b>	<b>Question</b>	<b>Mean</b>	<b>Standard Deviation</b>
1	<i>I currently have a good balance between the time I spend at work and the time I have available for non-work activities.</i>	4.05	.96
2	<i>I have difficulty balancing my work and non-work activities. (R)</i>	2.15	.95
3	<i>I feel that the balance between my work demands and non-work activities is currently about right.</i>	3.9	.9
4	<i>Overall, I believe that my work and non-work life are balanced.</i>	3.88	1.03
<b>Work Life Balance Overall Score</b>		15.68	3.37

Table 2 represents the 4 item Work Life Balance statements to which the respondents rated their level of agreement, neutrality or disagreement. The mean score of 4.05 on question number 1 indicates that the nurses strongly agree they currently have good balance between time spent at work and time spent for non-work activities. Item number 2 which is reversely scored reflects low score of 2.15 indicating that nurses disagree with the statement “I have difficulty balancing my work and non-work activities”. With a mean score of 3.9 and 3.88 on questions number 3 and 4, the nurses are also in agreement that they feel that “the balance between work demands and non-work activities is currently about right” and “over-all, believe that my work and non-work life are balanced”. The highest score that can be achieved on the Work Life

Balance questionnaire is 20. The mean overall work life balance score is 15.68. The small standard deviation of 3.37 indicates a small variation of scores between nurses. This indicates that majority of the nurse participants perceive they currently have a good balance (score 14 - 20) on the conduct of their professional and private lives. The result of the questionnaire shows that on average, nurses in the tertiary hospital in Las Vegas have indeed, good work life balance despite sentiments expressed hospital-wide on heavy work-load, staffing shortage, and scheduling conflicts. Then again, work life balance involves multiple domains, including family, financial resources, career, leisure, social and spiritual involvement and health (Polouse & Sudarsan, 2014). It may be surmised that even with the problems identified in the workplace, the personal satisfaction and fulfillment derived from non-work domains dilutes work stress and difficulties and makes up for the perception of good work life balance among the nurses in the tertiary hospital. It may also be assumed that with the respondents rating their work life balance as ‘good”, the tertiary hospital has sound work life balance policies and programs in place that enable the nurses achieve well-being and satisfactorily manage career and lifestyle. On a study on nurses in Singapore, majority claimed that they spent more time on work than on their private lives, but that they were still satisfied with their jobs and quality of life (Kowitlawkul et al., 2019).

### **Describe the Nurse’s Level of Commitment to The Organization**

**Table 3.** Mean Scores and Standard Deviation of Organizational Commitment of Participants

<i>Item</i>	<i>ORGANIZATIONAL COMMITMENT SCALE</i>	<i>Mean</i>	<i>Standard</i>
<b><i>Affective Commitment Scale Items</i></b>			
1	<i>I would be very happy to spend the rest of my career</i>	3.76	.96
2	<i>I really feel as if this organization’s problems are my</i>	2.76	1.00
3	<i>I do not feel a strong sense of belonging to my</i>	2.27	.95

4	<i>I do not feel emotionally attached' to this</i>	2.5	.95
5	<i>I do not feel like "part of the family" at my</i>	2.1	.9
6	<i>The organization has a great deal of personal</i>	3.75	.86
		<b>18.64</b>	<b>3.29</b>
<b>Continuance Scale Items</b>			
1	<i>Right now, staying with organization is a matter of</i>	3.45	1.00
2	<i>It would be very hard for me to leave my organization</i>	3.48	1.08
3	<i>Too much in my life would be disrupted if I decided to</i>	3.45	1.11
4	<i>I feel have too few options to consider leaving this</i>	2.68	1.08
5	<i>If I had not put so much of myself into this</i>	2.51	0.98
6	<i>One of the few negative consequences of leaving this</i>	2.66	1.11
	<b>Total</b>	<b>18.23</b>	<b>4.37</b>
<b>Normative Commitment Scale Items</b>			
1	<i>I do not feel any obligation to remain with my current</i>	2.86	1.03
2	<i>Even if it were to my advantage. I do not feel it would</i>	3.22	1.08
3	<i>I would feel guilty if I left my organization now.</i>	2.96	1.11
4	<i>This organization deserves my loyalty.</i>	3.44	.96
5	<i>I would not leave my organization right now because</i>	3.38	.97
6	<i>I owe a great deal to my organization.</i>	3.29	.96
	<b>Total</b>	<b>19.42</b>	<b>4.22</b>
	<b>Overall Organizational</b>	<b>56.29</b>	<b>7.39</b>

Table 3 itemizes that statements of the Organizational Commitment Scale, divided into the subscales of AC, CC and NC. The high scoring statements for Affective Commitment are "I would be very happy to spend the rest of my career with this organization" and "The organization has a great deal of personal meaning for me". Respectively, the mean of 3.76 and 3.75 on these items indicate that the nurses agree and harbor the same emotional ties with the organization. The Continuance Commitment statements reflect the appraised costs of leaving the organization (Allen & Meyer, 1990). Scoring the highest mean of 3.48, there is a consensus among the nurses that "It would be very hard to leave my organization right now even if I wanted

to". On normative commitment, the nurses express the moral drive to remain with the organization, responding with a mean score of 3.44 on "This organization deserves my loyalty" and another mean score of 3.38 on "I would not leave my organization right now because I have a sense of obligation to the people in it". The average overall organizational commitment score is 56.29 with a standard deviation of 7.39. This indicates that the nurses have a moderate commitment towards organization. This is further supported by the average overall scores of the 3 types of commitment: the nurses are consistently moderate on Affective Commitment (18.64), Continuance Commitment (18.23), and Normative Commitment (19.42). The small standard deviation in each subscale indicates a small variation of scores within nurses. This less than stellar result may be attributed to the fact that majority of the participants have worked for less than 5 years (56.1%, n = 88), and are Millennials (47.1%, n = 74) aged 23-38. The young and relatively inexperienced cohort appear to be less committed to their jobs compared to their older counterparts, as shown in studies in Ghana (Affum-Osei et al., 2015) and in Trinidad and Tobago (Tourigny & Vishwanath, 2016).

This research was prompted by the high turnover of nurses in the Cardiac Catheterization Lab of the tertiary hospital within the last two years. With the sum of organizational commitment scores, the perception therefore, of poor commitment, is not validated for the whole hospital. This may sound be reassuring for administration and HR but it is definitely not the desired result. From an organizational point of view, highly committed employees are ideal because it is commonly believed that they work harder and are more likely to "go the extra mile" to achieve organizational objectives (Meyer & Allen, 2004).

**Determine if there is a Correlation Between Demographic Profile (Age, Sex, Marital Status, Position and Tenure) and Work-Life Balance.**

**Table 4.** Relationship Between Work-Life Balance and Profile of Participants

<i>Demographic Profile*Work-Life Balance Score</i>	<i>Correlation Test</i>	
	<i>Chi-square Value</i>	<i>p-value</i>
<i>Age Group</i>	18.34	.917
<i>Sex</i>	20.46	.116
<i>Marital Status</i>	15.79	.969
	<i>Spearman Coefficient</i>	<i>p-value</i>
<i>Position</i>	0.16	.846
<i>Tenure</i>	<b>.167</b>	<b>.037</b>

Table 4 shows the Chi square correlation between the categorical variables, and the Spearman’s rho for ordinal variables when paired with Work Life Balance scores. At 5% level of significance, the study did not find a statistically significant correlation among the co-variates tested. There is insufficient evidence to conclude that each demographic profile tested (Age Group, Sex/Gender, and Marital Status) and the Work Life Balance classification (poor, moderate, good) of nurses have a significant relationship. This may mean that these types of demographic profile of nurses have no significant effect on the increase nor decrease of their work-life balance score. Azeem & Altalhi (2015) on the other hand found that in hospital employees in Saudi Arabia, male workers obtained higher scores on perceived work life balance. Expecting marked differences, especially on younger participants, women, and those who were married on the perception of work life balance, Dolai (2015) also finds in a similar study, no statistically significant differences in work life

balance across demographics. The referenced study explains that as people grow old, age brings additional responsibilities but along with age also comes the competence to manage things better. The study also proposes that gender may have to be treated as a neutral construct due to evolving socio-cultural role expectations from men and women alike. On marital status, the varying perceptions of work life balance can be attributed to varied lifestyle preferences of both single and married workers. Single employees without family nor children may have likewise, heavy demands from social endeavors or personal pursuits with no emotional support from a partner or children (Brummelhuis & Lippe, 2010). Although married people may seem to have more responsibilities, they also tend to receive more support from their extended family network (Dolai, 2015). Taking all these into consideration, factoring in age, gender and marital status may therefore not possibly produce obvious differences in the perception of work life balance, as shown in the tertiary hospital of the current study.

At 5% level of significance there is also insufficient evidence to conclude that there is a significant association between the nurses' Position and their Work Life Balance. This may mean that among the nurses in the tertiary hospital in Las Vegas, position has no significant effect on the increase nor decrease of their work-life balance score. The findings of a study by Kowitlawkul et al. (2019) shows otherwise, that the quality of life among nurse managers, senior nurse, staff nurse and enrolled nurse, have statistically significant differences.

However, the *p-value* (.037) between Tenure and Work Life Balance is less than 0.05, hence there is sufficient evidence to conclude that the nurses' Tenure and their Work Life Balance have a significant association. This is congruent to the findings of a study titled "Demographics and Personality Factors Associated with Burnout among Nurses in a Singapore Tertiary Hospital". The researchers found that older

nurses, with more years of working experience, are less likely to experience burnout as compared to younger nurses (Ang et al., 2016). This could be because with more experience, older nurses could cope better with job demands. In a Turkish state hospital, it was seen that period spent on the profession reduced emotional exhaustion score and increased personal achievement score. Increases in age and professional experience can cause nurses to feel more competent and successful (Tekindal et al., 2012). In this study, 27.4% of the participants have worked for more than 10 years in the hospital, as compared to only 16.6 % having worked for 6-10 years. It appears that nurses who have worked longer with the organization tend to have more work life balance, having had more experience and ample time to manage and adjust career roles and expectations, family obligations and personal lifestyle. The results imply that for the nurses in the tertiary hospital, higher tenure leads to higher work life balance.

**Determine if there is a Correlation Between Demographic Profile (Age, Sex, Marital Status, Position and Tenure) vs. 3 Subscales (Affective, Continuance, Normative) of Organizational Commitment Organizational Commitment.**

**Table 5.** Relationship Between Age Group and the 3 Subscales of Organizational Commitment of Participants

		<i>Organizational Commitment</i>				<i>Chi-</i>	<i>p-value</i>
<i>Age Group</i>		<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>Total</i>		
<b><i>Affective Commitment</i></b>	<i>Baby</i>	0	11	3	14	2.18	.703
	<i>Gen X</i>	3	52	14	69		
	<i>Millennial</i>	1	54	19	74		
	<b><i>Total</i></b>	4	117	36	157		
<b><i>Continuous Commitment</i></b>	<i>Baby</i>	1	8	5	14	2.74	.602
	<i>Gen X</i>	1	45	23	69		
	<i>Millennial</i>	3	52	19	74		
	<b><i>Total</i></b>	5	105	47	157		
	<i>Baby</i>	0	10	4	14		

<b>Normative Commitment</b>	<i>Gen X</i>	44	42	23	69	6.37	.173
	<i>Millennial</i>	2	35	37	74		
	<b>Total</b>	6	87	64	157		

Table 5 shows the Chi square correlation between the Age Group and each of the three constructs of Organizational Commitment, in an attempt to investigate if a certain age group reflects more or less of AC, CC and NC. At 5% level of significance, there is no significant association between Age Group (Baby Boomer, Gen Ex and Millennials) and the three subscales of organizational commitment (AC, CC, NC). This means that in the tertiary hospital studied, the Age Group demographic profile of nurses is not related to an increase nor decrease in OC scores. Empirically, this finding is inconsistent with the view that Baby Boomers are workaholics that seek recognition based on loyalty to employers (Townsend, 2016). However, quantitative summaries on previous research on OC and age and OC on tenure have produced only few and relatively small correlations (Cohen and Lowenberg, 1990; Matthieu & Zajac, 1990). In the current study, Millennials (47%, n = 74) comprise the majority of the participants. In the tertiary hospital in Las Vegas, it can be construed that the younger nurses are still in the process of evaluating their identity with the organization (AC), if their ideals and values are aligned with its' mission. It could be said that they are also still trying to find financial stability (CC) have not established a sense of loyalty to their employer. Cohen (1993) claims that age is weak determinant of OC because the process through which commitment develops can vary at different stages of employment.

**Table 6.** Relationship Between Sex and the 3 Subscales of Organizational Commitment Among Participants

		<b>Organizational Commitment</b>				<b>Chi-square</b>	<b>p-value</b>
	<b>Sex</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Total</b>		
<b>Affective Commitment</b>	<i>Female</i>	2	100	29	131	3.80	.149
	<i>Male</i>	2	17	7	26		
	<b>Total</b>		4	117	36		
<b>Continuous Commitment</b>	<i>Female</i>	4	87	40	131	.163	.922
	<i>Male</i>	1	18	7	26		
	<b>Total</b>		5	105	47		
<b>Normative Commitment</b>	<i>Female</i>	4	76	51	131	2.84	.242
	<i>Male</i>	2	11	13	26		
	<b>Total</b>		6	87	64		

Table 6 shows the Chi square correlation between Sex (Female, Male) and the three subscales of OC which are AC, CC, and NC. At 5% level of significance, there are no significant relationships between the gender group of nurses and the three subscales of organizational commitment. This result supports the findings of Alammar et al. (2016) on a study on personal characteristics and organizational commitment of nurses in a large tertiary hospital in Saudi Arabia. The demographic variables are similar to the current study, and none showed a significant relationship with job involvement. On the contrary, a study by Uygur and Kilic (2009) on health personnel in Turkey showed that male employees have a higher level of organizational commitment, while in Saudi Arabia, Azeem & Altalhi (2015) found that female hospital

employees are more committed to their organizations, and they are more involved in their jobs. Due to the interaction of values related to gender, several studies have been done on gender as an antecedent to organizational commitment, with opposing results. Affum-Osei et al. (2015) finds that males have higher organizational commitment than females. With majority of participants of the current study being female (83.4%) and only 16.6% male (n=26), one would anticipate the findings to lean towards either gender having a weak or strong correlation to any of the subscales. Through statistical analysis however, the results prove that in the tertiary hospital in Las Vegas, the gender of nurses does not impact their level of organizational commitment.

**Table 7.** Relationship Between Marital Status and the 3 Subscales of Organizational Commitment Among Participants

***Organizational Commitment***

	<b><i>Marital Status</i></b>	<b><i>Low</i></b>	<b><i>Moderate</i></b>	<b><i>High</i></b>	<b><i>Total</i></b>	<b><i>Chi-square</i></b>	<b><i>P-value</i></b>
<b><i>Affective Commitment</i></b>	<i>Married</i>	3	71	21	95	.424	.809
	<i>Single</i>	1	46	15	62		
	<b><i>Total</i></b>	4	117	36	157		
<b><i>Continuous Commitment</i></b>	<i>Married</i>	4	57	34	95	5.25	<b>.072</b>
	<i>Single</i>	1	48	13	62		
	<b><i>Total</i></b>	5	105	47	157		
<b><i>Normative Commitment</i></b>	<i>Married</i>	4	53	38	95	.136	.934
	<i>Single</i>	2	34	26	62		
	<b><i>Total</i></b>	6	87	64	157		

Table 7 shows the Chi square correlation between Marital Status vs. the three subscales of organizational commitment. At 5% level of significance, there are no significant relationships between the Marital Status (Married, Single) of nurses and the three subscales of Affective, Continuance, and Normative Commitment. This means

that in the population studied, Marital Status as a nurse demographic profile has no significant effect on the increase/decrease of the AC, CC nor NC. This finding is also consistent with results of the already referenced study by Alammari et al. (2016). As with age and gender, marital status did not show an association with job involvement.

It is noted however that the Chi-square correlation (5.25) between Marital Status and Continuance Commitment resulted a *p-value* of .072, indicating a correlation at a lesser level of significance. Although Chi-square does not point the direction of the correlation (Frost, 2020), it can be seen in the observed counts that most of the participants with moderate ( $n = 57$ ) and high ( $n = 34$ ) continuance commitment are from the married group. The *p-value* of .072 indicates a somewhat approaching correlation between the two variables, supporting findings of a study of nurses in Ethiopia that found those who were married were nearly two times more likely to report they intended to stay in the profession than unmarried ones (Engeda et al. 2014). This could be attributed to the fact that married nurses in the current study (60.5%) have dependent families, which could create a preference for stability and financial security.

**Table 8.** Relationship Between Position and Tenure and the 3 Subscales of Organizational Commitment Among Participants

<b>Profile</b>		<b>Affective</b>	<b>Continuous</b>	<b>Normative</b>	
<b>Spearman's rho</b>	<b>Position</b>	<i>Correlation</i>	-.017	.000	-.605
		<i>P-value</i>	.830	.996	.416
	<b>Tenure</b>	<i>Correlation</i>	-.058	.157	-.306
		<i>P-value</i>	.470	<b>.049</b>	<b>&lt;.001</b>

Table 8 reveals the correlation between Position and Tenure with the three subscales of organizational commitment using Spearman's rho. At 5% level of significance, there is insufficient evidence to conclude that the nurses' Position and all three subscales (AC, CC, NC) of organizational commitment have a significant association. This finding is contrary to previously cited studies in the review of literature. Dick (2011) that shows that movement up the hierarchy leads to progressively higher levels of commitment. Similarly, Cole and Bruch (2000) claim that perceptions of organizational identity may influence employees' turnover intention depending on their hierarchical level within the organization. Managers who report higher levels of organizational commitment were also found to be less likely to leave the company (Stinglhamber & Vandenberghe, 2003).

The *p-values* however, for Tenure and Continuous Commitment, and Tenure and Normative Commitment are both less than 0.05, hence there is sufficient evidence to conclude that the nurses' Tenure and the two mentioned subscales of organizational commitment have a significant association.

**Tenure and Continuance Commitment.** Tenure appears to be positively correlated to Continuance Commitment (*Spearman's rho* = .157, *p-value* = .049). The Spearman correlation actually shows a weak uphill (positive) linear relationship. Increase in the nurses' years of experience is correlated with increase in continuous commitment or vice versa. Coinciding with this finding are the results of a study on turnover intent of rural nurses in the Philippines. Labrague et al. (2018) correlated several demographics to organizational commitment and found that nurses' rank, age and work experience (greater than 5 years) were associated with increased organizational commitment. In the Philippines and U.S. alike, experienced nurses typically occupy higher positions and receive comparably higher wages in addition to

respect and recognition. The positive correlation between Tenure and Continuance Commitment in the current study reinforces the Social Exchange Theory that states that people participate in behaviors they find to be rewarding (Applerouth and Edles, 2012). Continuance commitment refers to the awareness of profit associated with continued participation and cost associated with leaving the organization (Kanter, 1968). This lines up with the Social Exchange Theory's proposition that relationships are based on an individual's cost and benefit analysis. It is quite understandable then that nurses who have worked longer have strong continuance commitment. The tertiary hospital where the study was conducted is known to offer better health insurance coverage for employees and dependents compared to other healthcare corporations in the city. Retirement contribution is matched by the facility generously at a 6% after 10 years of service to a maximum of 9% after 25 years and an employee is fully vested a 6 years. Other perks of being a long time employee include company stock purchase options, increased accrual of paid time off and seniority when it comes to requests for time off and vacations. Tenured nurses may perceive they have a lot to lose, financially and status-wise if they leave the organization. Continuance commitment is driven by need (Allen & Meyer, 1991) and as an older professional, the availability of resources and opportunities for other employment may be scarce.

**Tenure and Normative Commitment.** Tenure, meanwhile appears to be negatively correlated with Normative Commitment (*Spearman's rho* =  $-.306$ , *p-value* =  $<.001$ ). The Spearman correlation shows a moderate downhill (negative) linear relationship between the nurses' tenure and normative commitment. Increase in the nurses' years of experience is correlated with decrease in normative commitment or vice versa. This finding is supported by Pourghaz et al.'s study (2011) that showed that employees who had 1- 4 years job tenure obtained high scores on total OC in

comparison with those who had 9 years and upper job tenure. An explanation for the negative or downhill correlation of tenure and normative commitment is found in a study by Aaron Cohen (1993). In a meta-analysis of age and tenure in relation to organizational commitment, Cohen presents an “experience model” stating that compared to the early career stage, the level of commitment stabilizes as one invests more time and energy into their work. A weaker correlation is expected during middle and late career stages because there is very little variation in the levels of organizational commitment. Normative Commitment is viewed as the belief about one’s responsibility to the organization. It is morally driven, the feeling that “it is the right thing to do” and therefore one “ought to stay” (Allen and Meyer, 1991). The study may possibly imply that tenured nurses, having served in the organization for several years, may feel they have “paid their due”. After already proving and establishing loyalty, tenured nurses may no longer feel indebted nor obligated as they look forward to retirement.

**Determine the Correlation Between Work-Life Balance And Organizational Commitment.**

**Table 9.** Relationship Between Work Life Balance and Organizational Commitment Among Participants

	<i>Organizational Commitment</i>	
	<i>Pearson’s r</i>	<i>p-value</i>
<i>Work Life Balance</i>	- 0.83	<b>0.302</b>

Table 9 reveals the result of the main objective of the study, to determine if there is a relationship between WLB and OC among the nurse participants. At 5% level of significance, the research accepts the null hypothesis. There is evidence to

conclude that there is no statistically significant correlation between Work Life Balance and Organizational Commitment of nurses in the tertiary hospital in Las Vegas. This means increases or decreases in the work-life balance of nurses do not significantly relate to increases or decreases in their organizational commitment. Most of the existing studies published contradict this result. This research is based on the premise that the level of equilibrium achieved by an employee on the arrangement of personal and professional life will likely impact an individual's identity and participation in an organization. A study on nursing professionals in Tamilnadu, India by Sakthivel and Jayarishnan (2012) and in Pakistan by Gulbahar et al. (2014) found a positive correlation between work life balance and organizational commitment. Also in India (Uttar Pradesh), another study in found that the perception of work life balance was positively correlated with commitment and job satisfaction (Azeem & Akhar, 2014). In the current study however, Pearson's  $r$  correlation ( $r$   $-.083$ ,  $p$ -value  $.302$ ) does not support a statistically significant relationship between the two variables. This means that in the nurse population of the tertiary hospital of Las Vegas, the perception of Work Life Balance is not correlated to the level of Organizational Commitment.

## CHAPTER V: CONCLUSION AND RECOMMENDATIONS

### Conclusion

This quantitative non-experimental descriptive correlational study rejects the Hypothesis #1 that there is a significant correlation between Work Life Balance and Organizational Commitment among full-time registered nurses (n =157) in the tertiary hospital in Las Vegas, Nevada. Hypothesis #2 and Hypothesis #3 however, are accepted, there is a significant correlation between Demographic Profile and Work Life Balance and Demographic Profile and Organizational Commitment. On investigating if the demographic characteristics of the participants would significantly impact the main variables of work-life balance and the 3 subscales of organizational commitment (AC, CC, NC), the key findings are as follows; nurses with high tenure have higher work life balance; there is an approaching correlation between marital status and continuance commitment; tenure is positively correlated to continuance commitment but negatively correlated to normative commitment.

To recap, the demographic profile of the participants are as follows; majority of the nurses are millennials (47.1% n = 74), female (83.4% n=131), and married (65% n = 95). On position, most of the nurses surveyed are staff level (80.3% n=126), and on tenure, and have worked in the organization between 6 months to 5 years (56%, n=88). The mean age of the nurses is 41.3 and years of experience 6.8. Most of the nurses polled work in the Intensive Care Unit (22.9%, n=36) and Medical-Surgical Unit (24.8%, n=39).

The mean Work Life Balance score is 15.68, indicating that the nurses of the tertiary hospital perceive that they have “good work life balance”. It is possible that the escalation of stress and burnout due to lack of staff and high patient acuity and is

mitigated by other factors. Genuine camaraderie and teamwork, which is evident in the relatively small facility, may have alleviated the nurses' tensions and anxiety. Despite difficulties at work, satisfaction in the conduct of their personal lives may have contributed as well to the nurses' general consensus of well-being and balance.

The overall Organization Commitment Score of 56.29 (31-60) reflects only "moderate OC", as opposed to poor (0-30) and high (61-90). This may be due to the fact that majority of the nurses polled are Millennials (47.1%) and have worked for the less than 5 years (56.1%) in the tertiary hospital. It is understandable that at the early stage of their careers, the young nurses are still in process of aligning their ideals and values to the mission of the organization (affective commitment), appraising their benefits and compensation (continuance commitment) and although grateful for employment, may not yet feel morally obligated to stay (normative commitment).

## **Recommendations**

### **For Nursing Leadership and Personnel**

The mean score of 15.68 on the Work Life Balance questionnaire implies that the nurses in the tertiary hospital perceive that they have good work life balance. Scores of 1-7 and 8-13 would have otherwise indicated poor and moderate work life balance. Nursing leadership can take credit for the status quo, but there is no room for complacency. Complaints of heavy workload, staff shortage and scheduling conflicts have been expressed cyclically in the workplace. Unit managers, charge nurses and team members should continue brainstorming on strategies that can alleviate stress and prevent burnout and implement measures to improve the work environment. A frequent assessment of the nurses' well-being, either by self or by using appropriate survey tools, should be conducted in the tertiary hospital to monitor if nurses are

physiologically and psychologically coping with the changes and demands of their professional and non-work responsibilities. Concerns and challenges that arise can be addressed accordingly with better work life balance policies and health promotion programs. Maintaining work-life balance and the well-being of nurses enhances performance and productivity and directly impacts the delivery and outcomes of patient care. The overall quality of care and excellence in nursing is intimately tied to the quality of nurses' work life (Magrath, 2016).

### **For Hospital Administration**

On overall Organizational Commitment, the nurses' average score is 56.29 indicating that collectively, the nurses only have moderate commitment (score 31-60) towards the tertiary hospital. Ideally, organizations aim to develop high organizational commitment because it influences performance and productivity (Sakthivel & Jayakrishnan, 2012). Given that nurses in the study already have good work life balance, administration should explore other methods to improve retention and increase organizational commitment. Scholarios and Marks (2006) point out that for organizations to succeed, employees must have high organizational commitment and loyalty.

Millennials comprise of the majority of the nurse population in the tertiary hospital, followed by Gen-Xers and Baby Boomers. Young nurses in tertiary hospital have reported high levels of stress due to heavy workloads and an inability to ensure patient safety. They also express disillusionment about scheduling, lack of autonomous practice and the lack of intrinsic and extrinsic workplace rewards. Discontent drives them to seek greener pastures elsewhere. It is important for hospital administration to create recruitment and retention strategies for a multigenerational workforce based on each of their distinct values, strengths and characteristics. The

priorities of individuals may vary from formed generalizations but understanding the collective psyche of different age groups may lead to insights on establishing healthy work environments and improving work commitment.

Millennials for example, favor a fun environment, opportunities for growth, variety of work projects, chances to learn new skills, flexible work schedules and utilization of the latest technology (Carver and Candela, 2008). Process-oriented programs and extended orientation with frequent feedback should be instituted for this age group. Since the tenured group of Gen-Xers and Baby Boomers in this study show high continuance commitment, employee incentives and benefits should be re-examined annually. Salary and compensation and retirement packages should remain competitive with the nursing employment market. Important for this age group would be the provision of health and wellness benefits, adequate health insurance and advanced education assistance. Reward programs, job promotion and recognition for achievement should be provided when due. The negative correlation of nurses with high tenure to normative commitment can be further investigated. Internalizing organizational mission and values through transparency, training and education may improve normative commitment.

Continuous monitoring of the organizational climate should include a periodical assessment of the nurses' "intent to stay" so that before resignation letters are turned in, other reasons for planning to leave the organization may come to light and unique causes of nurse attrition may be discovered. If identified and addressed accordingly, the tertiary hospital in Las Vegas stands to improve the current nurses' organizational commitment from moderate to high.

### **For the Healthcare Industry**

Although this study shows no correlation between Work Life Balance and Organizational Commitment, it reinforces previous findings that there are significant relationships between Demographic Profile (Age, Sex, Marital Status, Position and Tenure) on Work Life Balance and Organizational Commitment. The results contribute to the data base on reported work life balance perception and organizational commitment level of nurses from a tertiary hospital setting. As these findings may vary from other healthcare institutions, comparisons can be made and the implementation of measures at a legislative level to promote nurse's well-being and can be modified and tailored accordingly. Empowering nurses and enhancing loyalty is a win-win scenario, where increased performance, efficiency and productivity ultimately improves the delivery of healthcare services.

### **For Future Studies**

Poor work life balance and high nurse turnover was first identified in the Cardiac Catheterization Laboratory of the tertiary hospital, prompting the researcher to investigate if the same problem was occurring in other work areas. Through this quantitative correlational research, the findings indicate that it is not; the nurse population polled actually have good work life balance and moderate level of organizational commitment. It is recommended therefore that a focused qualitative study be conducted in the specific department (Cardiac Catheterization Laboratory) where the problem was first identified by the researcher, as it may exist only in that unit. In depth one on one interviews should be conducted not only with the nurses but also on the technologists (cardiac intervention, echocardiogram, nuclear medicine) and all members of the cardiology department. It is also suggested that past employees of the team be interviewed as well. There may be other factors to consider

other than work life balance, as to why medical staff in general don't stay long in this particular line of service, such as unit specific challenges and stressors, leadership issues, management vs. autonomy conflict, lack of opportunity for growth, personality differences and dysfunctional team dynamics.

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## APPENDICES

### Appendix A

#### Additional Statistical Tables

**Table A. Demographic Profile on Age and Years of Experience**

<b>Demographic Profile</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Minimum</b>	<b>Maximum</b>
Age	41.3	11.59	21	72
Years in Organization	6.8	6.15	6 months (0.5 years)	30

In Table A, the age and years in organization are presented using measures of central tendencies such as mean, range values, and standard deviation (SD). The age range of participants are from 21 years old to 72 years old with a mean of 41.32 (SD = 11.59). The years in organization is from 6 months to 30 years with a mean of 6.79 years (SD = 6.15).

**Table B. Frequencies and Percentages of Work Life Balance Scores**

#### **Classification**

	<b>Frequency</b>	<b>Percent</b>
<b>Poor Work-Life Balance</b>	2	1.3
<b>Moderate Work-Life Balance</b>	37	23.6
<b>Good Work-Life Balance</b>	118	75.2
<b>Total</b>	157	100.0

Table B shows that majority of the nurses have a good work-life balance (n = 118, 75.2%). About 23.6% (n = 37) of the nurses have a moderate work-life balance while only 1.3% (n = 2) of the nurses have a poor work-life balance.

**Table C. Frequencies and Percentages of Organizational Commitment Subscale Scores**

		<b>Frequency</b>	<b>Percent</b>
<b>Affective Commitment</b>	<i>Low</i>	2	1.3
	<i>Moderate</i>	53	33.8
	<i>High</i>	102	65.0
	<i>Total</i>	157	100.0
<b>Continuous Commitment</b>	<i>Low</i>	5	3.2
	<i>Moderate</i>	105	66.9
	<i>High</i>	47	29.9
	<i>Total</i>	157	100.0
<b>Normative Commitment</b>	<i>Low</i>	6	3.8
	<i>Moderate</i>	87	55.4
	<i>High</i>	64	40.8
	<i>Total</i>	157	100.0

Table C presents the frequencies and percentages of participants' classifications for affective commitment, continuous commitment, and normative commitment. For affective commitment, majority of the participants are classified as high (n = 102, 65%). For continuous commitment, majority of the participants are classified as moderate (n = 105, 66.9%). For normative commitment, majority of the participants are classified as moderate (n = 87, 55.4%).

**Table D. Relationship Between Demographic Profile of Age Group, Sex and Marital Status and Overall Organizational Commitment Score with Chi-square Test**

<b>Demographic Profile *Organizational Commitment Score</b>	<b>Chi-square Test</b>	
	<b>Value</b>	<b>p-value</b>
<i>Age Group</i>	4.19	.123
<i>Sex</i>	.046	.830
<i>Marital Status</i>	.869	.647

Table D shows that that at 5% level of significance, there is no correlation between Age Group, Sex and Marital Status on the Overall Organizational Commitment.

**Table E. Relationship Between Demographic Profile of Position and Tenure vs. Overall Organizational Commitment using Spearman's rho**

<b>Demographic*Organizational Commitment</b>	<b>Spearman Correlation</b>	
	<b>Coefficient</b>	<b>P-value</b>
<i>Position</i>	-.105	.191
<i>Tenure</i>	<b>-.203</b>	<b>.011</b>

Table E shows that at 5% level of significance, there is insufficient evidence to conclude that the nurses' Position and their overall Organizational Commitment have a significant association. However, the *p-value* (.011) between Tenure and Organizational Commitment is less than 0.05, hence there is sufficient evidence to conclude that the nurses' Tenure and their Organizational Commitment have a significant association. The Spearman's correlation shows a weak downhill

(negative) linear relationship between the nurses' Tenure and Organizational Commitment. Increase in the nurses' years of experience is correlated with decrease in organizational commitment or vice versa.

**Table F. Mean, Standard Deviation, Cronbach's Alpha of the Work Life Balance Scale and Organizational Commitment Scale**

	<b>Mean Score</b>	<b>Standard Deviation</b>	<b>Cronbach's Alpha</b>
<b>Work Life Balance Scale</b>	15.675	3.367	0.900
<b>Organizational Commitment Scale</b>	56.286	7.632	0.726
<b>Affective Organizational Commitment</b>	18.641	3.676	0.731
<b>Continuance Organizational Commitment</b>	18.229	4.370	0.774
<b>Normative Organizational Commitment</b>	19.427	4.220	0.781

Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. The alpha coefficient for the four items in the Work Life Balance questionnaire is .900 suggesting that the items have relatively high internal consistency. Noting that a reliability coefficient of .70 or higher is considered "acceptable" in most social science research situations (UCLA Institute For Digital

Research And Education, 2020) the Cronbach alpha for the Organizational Commitment Scale (0.726) and the 3 subscales of AC (0.731), CC (0.774) and NC (0.781) also suggest a fair level of internal consistency within the statement items.

## Appendix B

### CURRICULUM VITAE

**Arabelle M. Panganiban-Noel**

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#### Education

*Graduate Student, Master of Arts in Nursing*, University of the Philippines Open University, current.  
*Bachelor of Science in Nursing*, University of Cebu (formerly Cebu Central Colleges), Cebu City, Philippines, graduated *Cum Laude* on April 1991

#### Certification and Licensure

*Registered Nurse*, State of Nevada, current active status.

*BLS* (Basic Life Support – provider), current.

*ACLS* (Advanced Cardiac Life Support – provider), current.

*CRRT* (Continuous Renal Replacement Therapy) certified.

*IABP* (Intra-aortic Balloon Pump) certified.

*PICC* (Peripheral Insertion of Central Catheter) certified.

#### Professional Experience

May 2012 – present, *RN for Cath Lab, Special Procedures, CT and PICC*,

**Southern Hills Hospital**, Las Vegas, NV; Nurse Manager: Monica Torresani (702) 880-2952

- Initiating assessment, screening and education of patients undergoing diagnostic and interventional cardiac catheterization, procedures for Specials and CT cases.

- Duties include preparation, medication and sedation, monitoring, circulating and documenting cases.
- Tasked for Peripheral Insertion of Central Catheters or PICC's

August 2006 – April 2012, *Staff Nurse, Intensive Care Unit and Emergency Department, Southern Hills Hospital*, Las Vegas, NV; Nurse Manager: Virginia Giarmo (702) 232-3258

- Involved in the assessment, planning, implementation and evaluation of nursing care among critically ill adult individuals.
- Preceptor of new graduates, new hires and nursing students from affiliated community colleges and universities.
- Resource nurse for complicated bedside procedures.
- *Superuser* for Meditech computer documentation.

September 2003 – August 2006, *Nurse Traveler* for **HRN Services** (800) 373-1811 and **FASTAFF Travel Nursing** (800) 736-8773

- Completed 3-6-month assignments in medical-surgical, neurological, cardiac and cardiovascular intensive care units in namely; University Medical Hospital, Las Vegas, NV; Valley Hospital, Las Vegas, NV; Good Samaritan Hospital, Los Angeles, CA; Cedars-Sinai Hospital, Los Angeles, CA.

February 2002 – September 2003, *Staff Nurse, Emergency Department, Mountainview Hospital*, Las Vegas, NV; Nurse Manager: Mary Drum (702) 255-5025

- Received emergency medical training in triage and provided stabilization of individuals in critical condition; treated minor injuries and various illnesses; identified life threatening symptoms of stroke and acute coronary syndromes; managed suicidal and mentally unstable individuals and those involved in substance abuse; educated the community clientele on health risk factors, disease prevention, and the importance of follow up care.

June 1999 – February 2002, *Staff Nurse, Cardiac Care Unit, Sunrise Hospital and Medical Center*, Las Vegas, NV; Nurse Manager: Dolores Cesiro (702) 731-8630

- Completed the 3-month critical care training course and subsequently assimilated into the critical care setting; managed patients with cardiovascular and thoracic complications, sepsis, and multi-organ system failure, on CRRT and IABP, with arterial lines, Swan-Ganz catheters, chest tubes, ventilators; monitored hemodynamics with medications and multiple drips.

October 1998 – June 1999, *Staff Nurse, Acute Rehab, Summerlin Hospital Medical Center*, Las Vegas, NV; Nurse Manager: Aneen Aimes (702) 233-7270

- Transitioned into the acute hospital setting; assisted in the recovery of post-operative patients to their optimal level of functioning; administered medications and intravenous fluids, performed wound care, ADL's and mobilization techniques; collaborated with physical and occupational therapy in evaluation and discharge planning.

May 1995 – September 1998, *Relief Charge Nurse, El Jen Convalescent Center*, Las Vegas, NV; Owner: Kelli Toomey (702) 645-2606

November 1994 - May 1995, *Charge Nurse, Woodruff Convalescent Center*, Bellflower, CA; Nurse Manager: Patty Dinero (562) 925-8457

- Assumed charge nurse role in above-mentioned long term care facilities with services for skilled care, retirement and sub-acute rehabilitation; responsible for adequate staffing and proper delegation of duties; ensuring compliance with Joint Commission on Accreditation of Healthcare Organizations and Occupational Safety and Health Administration standards; supervision of nursing tasks and resident activities, and involving families in the care of their chronically ill and/or terminal loved ones.

### **Activities, Awards and Affiliation**

Member – Kalahi (Philippine Folkloric Ensemble), performing artist.

Member –KBP (Kapisanan ng mga Brodkasters ng Pilipinas or Philippine Broadcast Society)

Member – PNA (Philippine Nurses' Association)

Supporter/Finisher – Las Vegas Rock n Roll Marathon benefiting the Crohn's and Colitis Foundation of America, Las Vegas, Nevada; December 5, 2009.

Supporter/Participant – Candlelighters 5K for the Childhood Cancer Foundation of Nevada, Las Vegas, Nevada; September 12, 2009.

Supporter/Participant – Las Vegas Heart Walk by the American Heart Association, Las Vegas, Nevada; October 8, 2008 and October 15, 2009.

V Supporter/Participant – Vision Walk of the Foundation Fighting Blindness, Las Vegas, Nevada; November 14, 2009 and November 13, 2010.

Guest Alumni Speaker - Nursing Student Assembly, University of Cebu, Cebu City, Philippines; November 2000, January 2004 and 2009.

Miss Maria Clara International - Order of the Knights of Rizal (Jose Rizal - Philippine national hero), City of Winnipeg, Manitoba, Canada; July 1994.

Television Newscaster – *TV Patrol* and *Hoy Gising! (Wake Up!)* ABS-CBN Corporation (Alto Broadcasting System – Chronicle Broadcast Network), Cebu City, Philippines; January 1992 – February 1994.

Radio Announcer – DYNU FM and DYIO FM, Cebu City, Philippines; August 1991 - February 1994.

Miss Nursing - Cebu Central Colleges, Cebu City, Philippines; February 1988.

Best Monologue Award - Creative Dramatics Class, University of the Philippines, Cebu City, Philippines; March 1987.

Junior National Champion - Philippine Practical Shooting Association, Laoag City, Philippines; May 1983.

## Appendix C

### QUESTIONNAIRE CORRELATIONAL STUDY ON WORK-LIFE BALANCE AND ORGANIZATIONAL COMMITMENT OF NURSES IN A TERTIARY HOSPITAL IN LAS VEGAS

Part 1. **DEMOGRAPHIC PROFILE**

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Sex: Male Female  
 Marital Status: Married Single  
 Position/Title: \_\_\_\_\_ Leadership or Staff  
 Unit: PRE-OP PACU OR CATH LAB SPECIALS ICU IMC  
 MED-SURG BEHAVIORAL HEALTH WOMEN'S SERVICES  
 OTHER \_\_\_\_\_  
 How long have you been in the organization? \_\_\_\_\_ years or \_\_\_\_\_ months

Part 2. **WORK-LIFE BALANCE MEASURE**

*When I reflect over my work and non-work activities (your regular activities outside of work such as family, friends, sports, study, etc.), over the past three months, I conclude that: Please check accordingly.*

<i>Items</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. I currently have a good balance between the time I spend at work and the time I have available for non-work activities.					
2. I have difficulty balancing my work and non-work activities. (R))					
3. I feel that the balance between my work demands and non-work activities is currently about right.					
4. Overall, I believe that my work and non-work life are balanced.					

Part 3. **ORGANIZATIONAL COMMITMENT SCALE**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>Affective Commitment Scale Items</i>					
1. I would be very happy to spend the rest of my career with this organization.					
2. I really feel as if this organization's problems are my own					
3. I do not feel a strong sense of belonging to my organization. (R)					
4. I do not feel emotionally attached' to this organization. (R)					
5. I do not feel like "part of the family" at my organization. (R))					
6. The organization has a great deal of personal meaning for me.					
<i>Continuance Scale Items</i>					
1. Right now, staying with organization is a matter of necessity as much as desire.					
2. I feel have too few options to consider leaving this organization.					

3. If I had not put so much of myself into this organization, I would consider working elsewhere.					
4. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.					
<b>Normative Commitment Scale Items</b>					
1. I do not feel any obligation to remain with my current employer. (R))					
2. Even if it were to my advantage, I do not feel it would be right to leave my organization now.					
3. I would feel guilty if I left my organization now.					
4. This organization deserves my loyalty.					
5. I would not leave my organization right now because I have a sense of obligation to the people in it.					
6. I owe a great deal to my organization.					

## Appendix D

### Permission Letters

Re: Request permission to use Organizational Commitment Scale

Natalie Jean Allen <nallen@uwo.ca>

Wed 7/10/2019 6:03 AM

To: arabelle panganiban <arabelle357@msn.com>

Hello Arabelle,

Thank you for your interest in using the Three-Component Model (TCM) Employee Commitment Survey in your research. You can get information about the measure, a Users' Guide, and the measure itself at:

<http://employeecommitment.com/>

For academic / research purposes, please choose the Academic Package. (There is no charge for this package.) I wish you well with your research!

Best,

Natalie Allen

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**From:** arabelle panganiban <arabelle357@msn.com>

**Sent:** Wednesday, July 10, 2019 12:12 AM

**To:** Natalie Jean Allen

**Subject:** Request permission to use Organizational Commitment Scale

Ms. Natalie Allen,

My name is Arabelle Panganiban-Noel, I am a registered nurse in Las Vegas currently completing my master's degree in nursing online, majoring in Nursing Administration with the University of the Philippines Open University or UPOU. To fulfill the academic requirements, I am conducting an independent correlational study on work life balance and organizational commitment on nurses in a tertiary hospital in Las Vegas. I am seeking permission to use the 24 item Organizational Commitment Scale for my research.

I am hoping for your favorable reply. Thank you.

Respectfully yours,

Arabelle Panganiban-Noel BSN RN  
9067 Tiffany Oaks Ave.  
Las Vegas, NV 89178

RE: Request permission to use Organizational Commitment Scale

John Peter Meyer <meyer@uwo.ca>

Mon 7/15/2019 5:56 AM

To: "arabelle.panganiban" <arabelle357@msn.com>

1 attachment (50 KB)

User's Guide - Academic Version 2004.pdf

Dear Arabelle,

You are welcome to use our commitment measures in your research. I have attached a copy of the User's Guide that includes the measures and instructions for use. I hope all goes well with your research.

Best regards,  
John Meyer



Dr. John Meyer  
Department of Psychology  
Rm 8411, Social Science Centre  
Western University  
London, Ontario, Canada  
N6A 5C2

Phone: (519) 661-3679

Fax: (519) 661-3961

Email: [meyer@uwo.ca](mailto:meyer@uwo.ca)

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**From:** arabelle.panganiban <arabelle357@msn.com>  
**Sent:** July-10-19 12:06 AM  
**To:** meyer@uwo.ca  
**Subject:** Request permission to use Organizational Commitment Scale

Dr. John P. Meyer,

My name is Arabelle Panganiban-Noel, I am a registered nurse in Las Vegas currently completing my master's degree in nursing online, majoring in Nursing Administration with the

<https://outlook.live.com/mail/archive/id/AQMB&ADAwATTwMTAwAC0wMAA0YS05M2...> 7/15/2019

Page 2 of 2

University of the Philippines Open University or UPOU. To fulfill the academic requirements, I am conducting an independent correlational study on work life balance and organizational commitment on nurses in a tertiary hospital in Las Vegas. I am seeking permission to use the 24 item Organizational Commitment Scale for my research.

I am hoping for your favorable reply. Thank you.

Respectfully yours,

Arabelle Panganiban-Noel BSN RN  
9067 Tiffany Oaks Ave.  
Las Vegas, NV 89178  
702 324 6078

Sent from [Mail](#) for Windows 10

Re: Request permission to use Work Life Balance measure

Paula Brough <p.brough@griffith.edu.au>

Wed 7/10/2019 4:55 PM

To: arabelle panganiban <arabelle357@msn.com>

Dear Arabelle

Thanks for your interest. This instrument is freely available for research purposes.  
Best wishes with your studies.

Regards,  
Paula

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Professor Paula Brough  
School of Applied Psychology  
Griffith University | Mt Gravatt campus | Brisbane QLD 4122 Australia  
T +61 7 3735 3378 | F +61 7 3735 3388 | email [p.brough@griffith.edu.au](mailto:p.brough@griffith.edu.au)

Associate Editor *Work & Stress*

Research articles available via ORCID: [orcid.org/0000-0002-0374-0026](https://orcid.org/0000-0002-0374-0026)  
ResearchGate profile: [https://www.researchgate.net/profile/Paula\\_Brough](https://www.researchgate.net/profile/Paula_Brough)

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From: arabelle panganiban <arabelle357@msn.com>

Sent: Wednesday, 10 July 2019 1:46:12 PM

To: Paula Brough

Subject: Request permission to use Work Life Balance measure

Miss Pamela Brough,

My name is Arabelle Panganiban-Noel, I am a registered nurse in Las Vegas currently completing my master's degree in nursing online, majoring in Nursing Administration with the University of the Philippines Open University or UPOU. To fulfill the academic requirements, I am conducting an independent correlational study on work life balance and organizational commitment on nurses in a tertiary hospital in Las Vegas. I am seeking permission to use the 4 item Work Life Balance scale for my research.

I am hoping for your favorable reply. Thank you.

Respectfully yours,

Arabelle Panganiban-Noel BSN RN  
9067 Tiffany Oaks Ave.  
Las Vegas, NV 89178  
702 324 6078

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<https://outlook.live.com/mail/inbox/id/AQMkADAwATIwMTAwAC0wMAA0YS05M2U...> 7/15/2019

## Appendix E

## Informed Consent Form

### University of the Philippines Open University

This informed consent form is for full time registered nurses of Southern Hills Hospital that I am inviting to participate in my research titled "A Correlational Study on Work Life Balance and Organizational Commitment of Nurses in a Tertiary Hospital in Las Vegas".

Name of Principle Investigator: Arabelle Panganiban-Noel RN

Name of Organization: University of the Philippines Open University

Name of Project: A Correlational Study on Work Life Balance and Organizational

Commitment of Nurses in a Tertiary Hospital in Las Vegas

#### **This Informed Consent Form has two parts:**

Information Sheet (to share information about the study with you)

Certificate of Consent (for signatures if you choose to participate)

#### **Part I: Information Sheet**

##### **Introduction**

I am Arabelle Panganiban-Noel RN, completing my Master's Degree in Nursing. I am interested in investigating the current perception of work life balance of nurses in the Tertiary Hospital and drawing correlations between the population's demographics (age, gender, sex, marital status, position and tenure) and level of organizational commitment. This is an independent study and it is not affiliated with the hospital facility nor the corporation it belongs to. I would like to invite you to be part of my study and I will give you information on the research subject. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. I will pause for any questions or clarifications you might have.

##### **Purpose of the research**

The goal of this research is to determine the perceived state of work life balance of nurses in the tertiary hospital in Las Vegas and its' influence on employee engagement and organizational commitment. This study is anticipated to reveal relationships between demographic characteristics to work life balance and organizational commitment. The results can be used to create ideal conditions that sustain work life balance and initiate human resource management policies and practices to retain talent and skill and cultivate genuine loyalty to the organization.

##### **Type of Research Intervention**

This research will involve your participation in a three part survey that will collect your demographic data (age, sex, marital status, position and tenure) and measure your perception of work life balance and organizational commitment.

#### **Participant Selection**

You are being invited to take part of this research because you are qualified based on inclusion and exclusion criteria of this study which is being a full-time registered nurse employed for six months or more of the tertiary hospital in Las Vegas.

### **Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. Participation or non-participation will not affect your employment status, salary or benefits.

### **Procedures**

The researcher will be contacting the qualified subjects either in person, via text, email or social media messaging for a brief initial request to participate in the study. After a formal consent is obtained, the survey instrument will be distributed to the willing participants. Ample time will give for the completion of the survey. The questionnaires will be collected at an agreed off-facility location at the convenience of the participants. Upon request, a copy of the findings may be furnished to the participants.

### **Duration**

The three-part survey questionnaire should take approximately 20 minutes to complete. You may accomplish this off-work hours. You may call and/or ask call the researcher at any time for any questions that may arise. The researcher will collect the completed survey from you at a time and place of your convenience

### **Benefits**

Long-term, you may possibly benefit from this study as results may be used to implement strategies to enhance staff well-being and job satisfaction, and improve retention with better policies, practices and compensation.

### **Confidentiality**

This research survey may draw attention but we will not be sharing information about you to anyone outside of the research team. Your identity and privacy will be protected. All information that will be treated confidential. Your name will be replaced with a number after data is transferred onto a password protected data base that can only be accessed by the researcher and hired statistician.

### **Right to Refuse or Withdraw**

You do not have to take part in this research if you do not wish to do so, and choosing not to participate will not affect your employment. If you feel uncomfortable answering the items in the questionnaire, you may stop and withdraw consent from participation at any time.

### **Risks**

There are no risks perceived with your participation in this study. There is no monetary compensation either. Your responses will be kept confidential and in no way affect your employment status, salary and benefits.

## **Part II: Certificate of Consent**

I have been invited to participate in a survey on Work Life Balance and Organizational Commitment of Nurses in a Tertiary Hospital in Las Vegas.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have

been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**Statement by the researcher/person taking consent:**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

Completion of Demographic Data Sheet

Answering a 4 item Scale on Work Life Balance

Answering an 18 item Scale on Organizational Commitment

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature of Researcher /person taking the consent: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F

### Institution Letter

9300 WEST SUNSET ROAD • LAS VEGAS, NV 89148 • WWW.SOUTHERNHILLSHOSPITAL.COM



July 18, 2019

Professor Queenie Ridulme and the Ethics Review Board  
University of the Philippines Open University  
Los Banos, Laguna, Philippines

Prof. Queenie Ridulme and UPOU ERB,

I have been consulted by employee Arabelle Panganiban-Noel RN regarding conducting a study on work life balance and organizational commitment among the nurses of Southern Hills Hospital. Since this is a sensitive subject, our institution cannot sanction this study at this time as affiliated with Hospital Corporation of America or HCA.

However, in support of our staff pursuing higher education, your post graduate student is granted permission to conduct an independent study on the following conditions:

1. The name of Southern Hills must not be mentioned in the study.
2. It must be clearly disclosed in the Participant Consent Form that the research survey is independent in nature and is not in any way connected to Southern Hills Hospital and HCA.
3. The use of hospital resources, in-house communication network and staff time is not permitted.
4. Recruitment of subjects and distribution of questionnaires must done off work hours and outside the facility.

Since this study is unassociated with Southern Hills Hospital and HCA, an Internal Review Board Approval from us is not required.

A handwritten signature in cursive script that reads "Stephanie Miller".

Stephanie Miller  
Ethics and Compliance Officer  
Southern Hills Hospital  
9300 W. Sunset Rd.  
Las Vegas, NV 89148

SUNRISE HEALTH: Sunrise Hospital and Medical Center • Sunrise/Vegas Hospital • Southern Hills Hospital and Medical Center • Sunrise Children's Hospital