

**The Impact of Work-Life Balance on Organizational
Commitment of Nurses in Hospitals in Dublin, Ireland**

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Abstract

Purpose- The purpose of this study was to investigate the impact of work-life balance on organizational commitment of nurses in Hospitals in Dublin, Ireland. It also investigated how factors closely related to work-life balance (work overload and perceived organizational support) impact organizational commitment.

Methodology- This study used a cross-sectional research design, and a combination of convenience and snowball sampling was adopted for data collection. Hard copies and online questionnaires were given out and mailed to hospital nurses working in Dublin, and 131 valid responses were received. The participants responded to four valid and reliable scales of work-life balance, work overload, perceived organizational support, and organizational commitment. Standard multiple regression analysis was used to examine the relationship between the independent variables and the dependent variable.

Findings- Results indicated a positive but not statistically significant relationship between work-life balance and organizational commitment. Factors closely related to work-life balance had a significant relationship with organizational commitment. The analysis showed that work overload had a significant negative relationship with organizational commitment, and perceived organizational support had a significant positive relationship with organizational commitment. This study revealed that perceived organizational support is the strongest predictor of organizational commitment among hospital nurses.

Originality- This research is unique in investigating the relationship between work-life balance and organizational commitment among hospital nurses within the Irish context. In addition, this study also examines how factors associated with work-life balance (work overload and perceived organizational support) impact organizational commitment.

Keywords: Organizational Commitment, Work-Life Balance, Work Overload, Perceived Organizational Support, Nurse, Hospital

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List of Abbreviations

OC - Organizational Commitment

WLB - Work-Life Balance

WO - Work Overload

POS - Perceived Organizational Support

BOCS - British Organizational Commitment Scale

INMO - Irish Nurses and Midwives Organisation

Chapter 1: Introduction

1.1: Research Background

Human resources are the most valuable assets in any organization as they help in maintaining a competitive edge for the business (Dwi Putranti, 2018). The organizational commitment of the human capital has significant value in an era of business competition where companies struggle to retain their skilled workforce (Jena, 2015). Within the medical sector, nurses form the most dominant group of the workforce, and organizational commitment of nurses and the factors that impact commitment is a critical area of concern due to the high turnover and severe shortage of nurses (Labrague *et al.*, 2018). The nursing profession is considered as the most valuable profession in hospitals (Khalilzadeh Nagneh *et al.*, 2017), as nurses form the front line and connect health care facilities and patients (Jernigan, Beggs and Kohut, 2016). This profession is female dominated and thus work-life balance plays an important role in the lives of nurses (Rajkonwar and Rastogi, 2018).

Over recent decades, there has been a fundamental shift in the employment structure with a consistent increase in the number of female employees in the workforce. The concept of dual-earning partners has led to a change in the conventional concept of a man being the sole breadwinner for the family (Radcliffe and Cassell, 2015). In today's world, both men and women share equal space in the workplace. This has resulted in greater interference between work and family life and the experience faced in one domain of life directly impacts the other domain of life. Thus, work-life balance has emerged as a topic of critical importance (Leslie, King and Clair, 2019). The academic research showed that a number of organizational settings like performance, productivity levels, organizational commitment, and job satisfaction are influenced by work-life balance (Sharma, Parmar and Chauhan, 2016). Among these, organizational commitment is the variable that affects the final outcome of the organization and maintaining a committed workforce in a competitive business world is of utmost importance (Khalilzadeh Nagneh *et al.*, 2017). The Irish Nurses and Midwives Organisation (INMO) stated that a large number of Irish nurses are seeking jobs in other countries due to poor working conditions (Barry, 2018). This research is unique in combining work-life balance and organizational commitment

with regard to hospital nurses in the Irish context. Review of literature highlighted that work-life balance cannot be treated in isolation and factors like work overload and perceived organizational support are closely associated with it. Thus, this study also examines how factors closely related to work-life balance (work overload and perceived organizational support) impact organizational commitment.

1.2: Research Objectives

The main objective leading this study is: To investigate the impact of work-life balance on organizational commitment of nurses in hospitals in Dublin, Ireland. The sub-objectives include exploring the impact of work overload and perceived organizational support on organizational commitment. A quantitative approach involving survey methodology is adopted to achieve the objectives of this study. The aims and objectives, and the research methodology are discussed in detail in Chapters 3 and 4 of the thesis respectively.

1.3: Significance of the Research

The findings from this research will contribute to hospital administrations in understanding the importance of work-life balance in the lives of nurses and how this has an impact on the commitment levels of nurses towards their organization. The severe shortage of nurses has become a global issue and the most common problem faced by health care organizations worldwide is a high turnover rate (Polat *et al.*, 2018). There are a number of reasons for the high turnover rate of nurses with work-life balance being one among the most important reasons. The lifestyle and work patterns of individuals in the modern world makes it difficult to maintain a balance between work and family life and created the need for work-life balance (Hatam *et al.*, 2016). Recent news has reported that Ireland faces a shortage of nurses and hospitals struggle to maintain a committed workforce (Wall, 2019). The Irish Nurses and Midwives Organisation (INMO) stated that the shortage of nurses creates an overload of work and nurses in Ireland care for 20%-60% more patients than nurses in other countries, which has negative effects on the patients and the existing staff. This led to a nurses' strike all over the country at the beginning of this year (Ryan, 2019).

A committed workforce is the key to the success of any organization and Irish hospitals currently struggle in retaining a committed workforce of nurses. This

research is significant as it addresses the most current issue faced in the health care sector in Ireland and will generate beneficial information for hospital administrations. Although a number of studies have been conducted to find out the impact of work-life balance on organizational commitment of individuals in different professions, there is an absence of sufficient research done with regard to hospital nurses, particularly in the Irish context. This study will help to fill this gap. Further, this study also examines how factors associated with work-life balance (work overload and perceived organizational support) impact organizational commitment.

1.4: Structure of the Research Project

This research is divided into seven chapters:

Chapter 1: Introduction

This chapter includes background information on the research topic. An overview of the health care sector is provided and the importance of the key domains of the study (work-life balance and organizational commitment) within this sector is stated along with the gap in the literature, highlighting the significance of the study.

Chapter 2: Literature Review

In this chapter, previous literature on work-life balance and organizational commitment is examined. Various definitions and theories of work-life balance and organizational commitment is mentioned and the relationship between the two is studied. The different factors associated with work-life balance are analyzed, and their impact on organizational commitment is explored. This chapter examines past studies in detail and identifies the gap in research.

Chapter 3: Research Aims and Objectives

This chapter explains the aims of the research and presents the objectives and hypotheses of the study.

Chapter 4: Research Methodology

This chapter provides information on the research method chosen to conduct the study and why it is chosen. The research philosophy, approach, sampling strategy, participants profile, research instrument used for data collection, research measures

utilized, research procedure, data analysis, ethical considerations, and limitations of the selected method is explained.

Chapter 5: Results

This chapter presents the results obtained from analyzing the data collected through the survey. The various tests and analyses carried out in the SPSS software are mentioned along with findings generated.

Chapter 6: Discussion

This chapter discusses the findings of the current study with regard to the objectives and research question and compares it with the findings of past research cited in the literature review either supporting or contradicting them.

Chapter 7: Conclusion and Recommendations

This chapter provides a summary of the findings discovered in the research study and mentions if the objectives have been achieved. Recommendations are included for further research on this topic. A set of recommendations for hospital administrations and the associated costs and timelines for implementation are also included in this chapter.

Chapter 2: Literature Review

2.1: Introduction

This chapter covers the most relevant and up to date literature concerning the research topic. The key focus is to critically analyze theories and concepts already existing in the literature in relation to organizational commitment and work-life balance. This chapter presents the various definitions of organizational commitment and work-life balance. The importance and effect of organizational commitment and the concept of work-life balance will be critically reviewed and explored with regard to the nursing profession. Further, factors closely related to work-life balance such as work overload and perceived organizational support are considered and the impact of these factors on organizational commitment is examined. Finally, the relation between work-life balance and organizational commitment is reviewed and the gaps in the literature are identified.

This chapter is organized into themes in the following order: 1) Organizational commitment 2) Factors influencing organizational commitment 3) Work-life balance 4) Workload 5) Perceived organizational support 6) Organizational commitment and Nurses 7) Work-life balance and Nurses 8) Relation between organizational commitment and work-life balance.

2.2: Organizational Commitment

Organizations are highly dependent on their human capital to sustain in an era of business competition (Jena, 2015) and human resources form the backbone of the organization as they influence the overall performance of the business (Hatam *et al.*, 2016). Studies over the decades have shown that organizational commitment of human resources is a significant topic which gained popularity in a number of research fields such as organizational & industrial psychology, human resource management, and sociology, as it plays a vital role in establishing a relationship between the organizations and their employees (Benligiray and Sonmez, 2012). Organizational commitment is the desire of an individual to work with willingness and be part of the organization (Dwi Putranti, 2018). It is a psychological commitment which drives an individual to continue being a member of the organization (Benligiray and Sonmez, 2012). Organizational commitment is

defined in various ways and several noteworthy researchers from the past have analyzed and agreed that it is multifaceted (Jernigan *et al.*, 2016). The key theories developed around the concept of organizational commitment and the similarities and differences between these theories have been analyzed.

Allen and Meyer (1990) viewed organizational commitment as the mental connection an employee has with the organization and the desire of the employee to continue service in the organization. Allen and Meyer's model of organizational commitment divided commitment into three dimensions of affective, continuous and normative commitment (cited in Yağar and Dökme, 2019). 'Affective commitment' is the emotional attachment and involvement an employee has towards the values and goals of the organization, 'Continuous commitment' is related to the awareness of the costs attached with remaining in the organization, and 'Normative commitment' is the obligation to stay with the organization due to a lack of other alternatives (Rasheed Olawale, Tinuke and Foluso Ilesnmi, 2017). Penley and Gould (1988) adopted a slightly different model of organizational commitment when compared to Allen and Meyers's model. They argued that commitment was both affective and instrumental, and an employee could be morally, calculatively or alienatively committed to the organization. 'Moral commitment' is the acceptance of organizational goals and is positively affective in form, 'Calculative commitment' depends on what an employee gets in return from the organization and is instrumental in form, and 'Alienative commitment' is the consequence of a few available alternatives and is negatively affective in form (Jernigan *et al.*, 2016). In contrary to the above model, in the earlier years, Cook and Wall (1980) defined organizational commitment as an attachment towards the organization for its intrinsic value rather than for its instrumental value. This view was based on Buchanan's (1974) model of organizational commitment which distinguishes organizational commitment into the three components of identification, involvement, and loyalty. 'Identification' is the pride taken in being part of the organization, 'Involvement' is the willingness to put in personal effort for the benefit of the organization, and 'Loyalty' is the feeling of belongingness to the organization (Cook and Wall, 1980). While Allen and Meyer's (1990) and Penley and Gould's (1988) models of OC have dimensions that focus on the evaluative side ('few other options' or 'scarce alternatives') of an employee's

commitment towards the organization, Cook and Wall (1980) developed a more self-less model which does not involve the ‘what is there for me’ contemplations, thereby, depicting greater aspects of commitment (Shukla and Rai, 2015). In addition to this, Cook and Wall’s (1980) OC scale avoided complex language and was developed using British English which could easily be understood by respondents in countries following British English and is popularly known as the British Organizational Commitment Scale (BOCS) (Ashman, 2006; Markovits, Davis and Van Dick, 2007). As the participants of this study comprise of nurses selected from hospitals in Dublin, Ireland, Cook and Wall’s (1980) organizational commitment scale has been considered.

A number of researchers through their findings have shown that organizational commitment enables stability of an organization, lowers turnover rates and plays a crucial role in the achievement of organizational goals (Timalsina *et al.*, 2018). The research by Hatam *et al.* (2016) has shown that organizational commitment of an employee is an important factor that impacts productivity levels and is closely linked to organizational outcomes such as organizational behavior and rate of absenteeism. Supporting the above statement Rasheed Olawale *et al.* (2017) mentioned that to make progress, increase profits and achieve a competitive advantage it is important for an organization to maintain a committed workforce. With regard to the findings of the above studies, Fako *et al.* (2018) argued in his research that organizational commitment is central to human resource management and the overall success of the business.

2.3: Factors influencing Organizational Commitment

Analyses of past literature surrounding the concept of organizational commitment have highlighted a number of organizational outcomes making it noteworthy to further analyze what are the critical factors that affect organizational commitment leading to these outcomes. Several studies have identified demographic factors like gender, age, marital status, parental status, job tenure, and educational level to have an effect on the organizational commitment of an employee (Sepahvand *et al.*, 2017; Saha, 2016; Fako *et al.*, 2018). In relation to this, a study conducted by Jena (2015) on shift workers in ferroalloy industries, concluded that marital status, age, and job tenure were the most consistent demographic predictors of organizational

commitment. Along with the demographic factors, Ahuja, Padhy and Srivastava (2018) mentioned that previous research by various scholars identified multiple organizational factors like pay, culture, work process and work-life balance to influence the organizational commitment of individuals. Among these factors, work-life balance occupies a significant place in the priorities of the current workforce and has a direct effect on commitment levels (Saragih, Widodo and Prasetyo, 2016). In relation to this, a study by Malone and Issa (2013) that investigated factors influencing organizational commitment among women in the U.S. construction industry, found that among the organizational factors that influence commitment levels, work-life balance ranked the highest.

2.4: Work-Life Balance

Evidence from research proves that individuals spend a huge amount of energy and time at their place of work and work-life balance has emerged as a common yet serious topic in today's business world as it influences all phases of life (Hamidianpour, Esmaeilpour and Amiri, 2016). Multiple reasons have created the need for work-life balance. Most recent literature highlights that a shift in the demographic trends with an increase in the number of working women has resulted in greater interference between work and family life and generated the need for work-life balance (Leslie *et al.*, 2019). Past research studies have shown globalization and high competition leading to the formation of complex business markets and alteration in the pattern of work and life as the reason for the need of work-life balance (Galea, Houkes and De Rijk, 2014). There are diverse beliefs held by researchers on defining, measuring, and studying the concept of 'work-life balance'. Researchers also use diverse terms in relation to 'work-life balance' like, 'work-family balance', work-life fit', 'work-personal life balance', and 'work-life management' (Pavani, Rao and Kumar, 2017).

According to Wayne *et al.* (2018), work-life balance is the act of balancing the three dimensions of social, personal, and organizational life of an individual and allocating time and attention sufficiently to the different domains of life. Work-life balance is seen by most researchers as the act of managing and negotiating successfully between multiple roles and minimizing conflict between these roles (Galea *et al.*, 2014). Researchers have proposed several key theories to elucidate

the concept of work-life balance. The boundary theory holds a central place within the concept of work-life balance and explains it as the process of individuals negotiating skills between various domains of life for the purpose of preserving equilibrium (Bulger *et al.*, 2007). This theory puts forth the argument that according to the preferences of people they tend to build strong or weak boundaries between the two domains of life. The theory identifies individuals with strong boundaries as those who maintain a clear separation between their personal and professional lives, and those individuals with weak boundaries allow interaction between the two domains (Galea *et al.*, 2014). Another key theory is the spillover theory which explores the fact that an individual's emotions, feelings, experiences, and attitudes can be transmitted from one domain into the next. This theory argues that there is an emotional connection between work and family life (Jang and Zippay, 2011). In contrast to the spillover theory, the border theory presented by Clark (2000) argues that the basic link between work and non-work systems does not involve emotions. The key argument analyzed in this theory is that it describes humans as proactive border crossers who move regularly between the professional world and the personal world, shaping, molding, and determining their relationship with each of these domains, and in turn, are determined and shaped by these domains (Clark, 2000).

Research has shown that a number of factors within the work environment have an influence on work-life balance like workload, organizational support and extensive working hours (Poulose and Sudarsan, 2017). Allan, Loudoun and Peetz (2005) (cited in Sharma *et al.*, 2016) in their study examined that pressure from work overload was the main factor that affects the work-life balance, however, Kim and Ling (2001) (cited in Sharma *et al.*, 2016) in their study on women entrepreneurs in Singapore found that extended working hours affected work-life balance the most. In contrary to the above two studies, Poulose and Sudarsan (2017) examined 182 nurses in various hospitals in Southern India through a structured questionnaire and found that perceived organizational support was most strongly associated with work-life balance. Existing literature has shown that work-life balance cannot be treated in isolation and factors like work overload, working hours, and perceived organizational support are closely associated with it. This study mainly aims to investigate the impact of work-life balance on organizational commitment, but will

also explore the impact of work overload and perceived organizational support on OC, considering that if work overload and perceived organizational support are factors closely related to work-life balance, they may also impact organizational commitment.

2.5: Workload

Bowling *et al.* (2015) viewed workload as a term which incorporates all factors which reflect an individual's amount and difficulty of work, thereby, describing workload as a multifaceted concept. On the other hand, Johari, Yean Tan and Tjik Zulkarnain (2018) defined workload by taking time into consideration and referred to workload as any activity performed by an individual involving their time, either in a direct or indirect manner. Job demands play the role of stressors and studies have shown that work overload is one of the most critical job stressors in the workplace (Greenglass, Burke and Moore, 2003; Pooja, De Clercq and Belausteguigoitia, 2016; Asgarnezhad Nouri and Soltani, 2017). When employees are expected to complete an undue amount of work and are subjected to stress, there is a drop in their levels of commitment towards the organization (Pooja *et al.*, 2016). It is also analyzed that work overload influences the functioning of the organization in a negative manner (Bowling *et al.*, 2015). Research from the past argues that work overload occurs when the amount of tasks exceeds the time available to perform those tasks (Greenglass, Burke and Moore, 2003). An excessive workload creates a barrier distracting an individual's focus on work (Brüggen, 2015). Employees view overload of work as an unfavorable condition created by the organization due to poor consideration for employees, leading to negative perceptions of the organization and in turn, affects commitment levels (Bowling *et al.*, 2015). The study conducted by Olugbenga Azeez and Omolade (2013) in Ogun State, Southwest Nigeria on a large sample (n=246) of bank workers, to explore the relationship between work overload and organizational commitment, concluded that work overload had a negative impact on organizational commitment, but it did not have a statistically significant relationship.

A number of studies have been conducted on workload establishing its relation with different organizational outcomes like job performance, turnover, and productivity. Bruggen (2015) conducted a study to investigate the relationship between workload

and job performance, and after examining 27 employees from a mid-sized grocery store he concluded that workload influences the job performance of an employee. Torres (2016) stated that unsustainable workload is the key reason behind employee turnover and his study investigating this relationship among teachers in Chartered Management Organizations showed that work overload had a negative impact on turnover. It is evident from the analyses of past literature that multiple research studies have been conducted to examine the effect work overload has on different organizational outcomes like job performance and turnover. The analyses of literature in the earlier parts had shown that organizational commitment is the crucial element leading to the organizational outcomes of productivity, performance, and turnover (Timalsina *et al.*, 2018; Hatam *et al.*, 2016; Rasheed Olawale *et al.*, 2017; Fako *et al.*, 2018). Although the literature has established a relationship between work overload and commitment (Olugbenga Azeez and Omolade, 2013) the number of studies conducted is very low, making it difficult to make any argument on it. Thus, there has been a gap identified in the literature with regard to examining the effect of work overload on organizational commitment. Within the nursing profession, work overload has become a common problem due to the shortage of nurses and increase in the nurse-to-patient ratio (Jernigan *et al.*, 2016; Labrague *et al.*, 2018). Most importantly a recent study conducted by Naseri Karimvand *et al.* (2019) on nurses identified that 74% of nurses made errors when loaded with an undue amount of work. Hence, as part of this study, the effect of work overload on organizational commitment is examined in relation to nurses.

2.6: Perceived Organizational Support (POS)

Perceived organizational support initiates within the employee a sense of obligation to perform better in order to enable the organization to achieve its objectives, in the expectation that rewards will be exchanged for hard work (Kurtessis *et al.*, 2015). POS is guided by the norm that employees see the need to be respected and supported in order to increase commitment and willingness to put in greater efforts at work (Erickson and Roloff, 2007). Analyses of the literature show that perceived organizational support is grounded in the exchange theories namely the Social Exchange Theory (Blau, 1964) and the Organizational Support Theory (Eisenberger *et al.*, 1986). Blau's (1964) Social Exchange Theory was developed on the foundation that employment is an agreement of trade where the employee's

commitment and efforts are exchanged for profits and social resources from the employer (cited in Arasanmi and Krishna, 2019). On the other hand, according to the Organizational Support Theory (Eisenberger *et al.*, 1986), a general perspective is created by employees about the degree to which the organization appreciates and values the contributions made by the employee and offers a considerable amount of support and care towards their well-being (Jaiswal and Dhar, 2016). The Organizational Support Theory has significant value in literature as it views the relationship between the employee and the organization from an employee's perspective (Kurtessis *et al.*, 2015). Studies have also examined that internal cognitions experienced by an individual, shapes perceived organizational support (Shukla and Rai, 2015).

The Organizational Support Theory proposes that organizational commitment is enhanced through perceived organizational support (Eisenberger *et al.*, 1986). With regard to the Organizational Support Theory, a number of research studies have also proved that perceived organizational support has a positive and significant relationship with organizational commitment (Shukla and Rai, 2015; Ahmed *et al.*, 2015; Jaiswal and Dhar, 2016). Contradicting the findings of the above studies, the study conducted by Timalisina *et al.* (2018) on nursing faculty members from eighteen nursing institutes in Kathmandu Valley concluded that there did not exist a significant relationship between perceived organizational support and organizational commitment. While the majority of studies have proved that there is a link between POS and organizational commitment there is not much evidence of research done in the health care sector. This study will fill this gap and analyze the effect of perceived organizational support on organizational commitment among hospital nurses.

2.7: Organizational Commitment and Nurses

Studies on organizational commitment provide evidence that commitment is significant in the health care sector because of the high demand for human resources and the complexity of changes within this industry (Yağar and Dökme, 2019). In the context of human capital viewed as the most valuable assets of an organization, Makabe *et al.* (2015) analyzed that within the health care organizations nurses are the most important human resources and occupy an important place in this sector

as they are the prime connectors between medical facilities and patients, thereby, becoming valuable subjects to research. Further, Poulouse and Sudarsan (2017) added in their study that nurses form the largest team of the workforce in hospitals. In line with the above studies, the study conducted on University Hospital nurses in Tehran by Khalilzadeh Nagneh *et al.* (2017) showed that the nursing profession is one among the most significant health care professions and is affected to a great extent by organizational commitment.

Maintaining a committed and dedicated workforce of nurses to enhance retention remains a major challenge for most organizations (Labrague *et al.*, 2018). While increasing the rate of recruitment has been the short-term strategy used by hospitals to manage the shortage of nurses, retaining them was identified as the long-term strategy and organizational commitment was found to contribute to increased retention (Israel *et al.*, 2017). The key aim of nursing is to provide care and enhance the patient's mental and physical health. The quality of service provided has a strong impact on the health and feeling of security within the patient (Khalilzadeh Nagneh *et al.*, 2017). The organizational commitment of nurses is a vital element to enable quality service to patients and reduce the likelihood of deaths and medical errors (Sepahvand *et al.*, 2019).

A study on nursing shortage conducted by McNeese-Smith back in 2001, forecasted a situation of increased demand and decreased supply of nurses in the following decades. On analyzing multiple recent studies (Hao *et al.*, 2015; Israel *et al.*, 2017; Poulouse and Sudarsan, 2017; Labrague *et al.*, 2018; Dwi Putranti, 2018), it is evident that almost all of them have agreed with the finding of McNeese-Smith, and have shown that nurses are the most wanted resources in the health care industry. Lack of organizational commitment resulting in turnover is commonly found in the nursing profession (McNeese-Smith, 2001). Failure to pay attention to the commitment levels of the nurses increases their intention to leave the organization, which in turn increases the costs incurred by creating the need to recruit new nurses (Khalilzadeh Nagneh *et al.*, 2017). Reorganization within the health care sector by increasing the nurse-to-patient ratio, requiring a single nurse to attend to multiple patients, in order to reduce costs has a huge impact on the organizational commitment of nurses (Jernigan *et al.*, 2016). With regard to the same, the study conducted by Labrague *et al.* (2018) on nurses from rural hospitals in the

Philippines demonstrated that high patient-nurse ratio lowers commitment levels and leads to loss of experienced nurses, which has negative impacts on effective care and service rendered, ultimately affecting the reputation of the hospital. Organizational commitment is an important factor that affects the performance and quality of service provided by nurses in the hospitals (Ghoddoosi- Nejad *et al.*, 2015). The analyses of past literature show that organizational commitment has immense significance in the nursing profession and is an important area of research.

2.8: Work-Life Balance and Nurses

Hospitals provide critical health care to patients and are recognized as a rewarding but stressful place to work in (Mullen, 2015). The role of a nurse is indispensable in hospitals and they are often required to work under pressure (Hao *et al.*, 2015). The nursing profession has the most intense work schedule as health-related services are provided throughout the day and nurses are the human resources involved in assisting and taking care of patients (Dwi Putranti, 2018; Dehghan Nayeri, Dibaji Forooshani and Arabloo, 2018). It involves a shift in work hours and causes high levels of stress (Benligiray and Sonmez, 2012; Poulouse and Sudarsan, 2017). It is mentally and physically exhausting due to the intense work schedule and work-life balance plays an important role, as the profession involves extended work hours, shifts and work overload due to a shortage of nurses in most hospitals (Rajkonwar and Rastogi, 2018).

This profession demands a significant amount of time and energy to be dedicated to work (Hao *et al.*, 2015) and nurses are faced with the challenge of maintaining a balance between their personal and professional lives (Mullen, 2015). Literature on nursing has reported that the profession demands nurses to cope with the '6C's of nursing: Care, Compassion, Communication, Commitment, Courage, and Competence and the commitment they have towards their job which involves the lives of unwell and dying patients, often puts their personal lives at stake (Bagley, Abubaker and Sawyerr, 2018). The current nursing shortage crisis faced across the globe has risen the work-life imbalance for hospital nurses (Charkhabi, Sartori and Ceschi, 2016). Previous research has identified it as a female-dominated profession and examined that work-life balance plays a prime role for this occupational

population when compared to the rest, as a woman is known to take over greater family responsibilities than a man (Adisa, Mordi and Mordi, 2014).

An article by Mckew (2017) points out that over the past five years there has been a massive turnover of nurses in England creating 40,000 vacancies. To cover the shortage of nurses, excess work was loaded on the existing staff creating an undue amount of work pressure on them. The majority of nurses who quit their jobs in England reported work-life imbalance as the major reason. Nurses who were unable to work extended hours viewed leaving the organization as the best alternative (Mckew, 2017). Work-life balance reduces the chances of making errors while dealing with patients (Sharma *et al.*, 2016) and is the key element in determining job satisfaction and organizational commitment (Dwi Putranti, 2018). Therefore, it is analyzed from past literature that work-life balance plays an important role in the nursing profession.

2.9: Relationship between Organizational Commitment and Work-life Balance

Studies have shown that a lack of work-life balance imposes direct and indirect costs on an organization. While direct costs involve employee turnover, absenteeism, and low productivity, indirect costs relate to lower levels of organizational commitment and insecurity (Benligiray and Sonmez, 2012). Organizations that prioritize and look into the quality of an employee's professional life are known to benefit from retaining a committed workforce, who in turn increase productivity levels (Ghoddooosi-Nejad *et al.*, 2015). In every organization, the largest amount of investment is always placed on human resources. When the working environment in an organization opposes an individual's personal life, there are higher chances of them leaving the organization to work in a place which supports the act of balancing work and non-work activities, ultimately resulting in a failure to get an appropriate return on investment (Hatam *et al.*, 2015). A survey of the IBM workforce indicated that the choice made by highly skilled and talented workers whether to continue working in an organization was based on how well they were able to balance their work and family lives (Huang, Lawler and Lei, 2007). Research has highlighted that many employees value work-life balance more than monetary awards and it was shown that employees who have a good balance between the two domains of life are 21% more committed and hardworking than

those who face work-life imbalance (Abdirahman *et al.*, 2018). Supporting the above study, Atkinson (2019) mentioned that the current employment goal in the complex business world is work-life balance. The analyses of past studies have shown that most of them identify a positive relationship between WLB and OC. Research conducted by Malone and Issa (2013) in the construction industry showed a statistically significant positive relationship between work-life balance and organizational commitment. The study carried out by Li (2018) in a Chinese state-owned enterprise with a large sample (n=363) showed that work-life balance had a significant positive relationship with organizational commitment. Supporting the findings of Malone and Issa (2013) and Li (2018), the study conducted by Berk and Gundogmus (2018) on 498 accountants demonstrated that jobs involving extensive working hours showed a significant positive relationship between work-life balance and organizational commitment. In contrary to the findings of the above studies, Rasheed Olawale *et al.* (2017) concluded in the study involving working postgraduate students that although a positive relationship existed between work-life balance and organizational commitment, it was not statistically significant. The existing evidence suggests that greater work-life balance is associated with higher levels of organizational commitment.

2.10: Conclusion

The review of literature clearly highlights the significance of maintaining a committed workforce in a competitive business world and the existing literature suggests that work-life balance may be an important predictor of this commitment. It was also identified that various factors within the work environment contribute to an individual's work-life balance and it cannot be treated in isolation. Work overload and perceived organizational support were identified as factors that are closely related to work-life balance and therefore may also have an impact on organizational commitment. The prime reason behind choosing 'work overload' is, this study is held in relation to nurses and ample amount of research on the nursing profession have cited work overload as the prime issue due to the shortage of nurses. Further, it was also identified that while organizational commitment is the vital element resulting in organizational outcomes such as productivity and retention, majority of the studies have examined the relationship between work overload and organizational outcomes, with a very few examining its effect on organizational

commitment, thereby, creating a gap in the literature. Perceived organizational support was chosen as theories and researches have clearly shown that POS is directly linked to organizational commitment, but there was insufficient evidence of research conducted with regard to nurses resulting in a gap in the literature. While a number of previous research have identified a link between work-life balance and organizational commitment with many of them showing a positive relationship between the two, this study will be the first to examine it within the context of the nursing profession in Dublin, Ireland.

Chapter 3: Research Aims and Objectives

3.1: Research Aims

This chapter will discuss the aims and objectives of this research study. The main aim of this research is ‘To investigate the impact of work-life balance on organizational commitment of nurses in hospitals in Dublin, Ireland’. On reviewing the past literature, the researcher identified that work-life balance cannot be treated in isolation and factors closely related to it such as work overload and perceived organizational support have been considered for the purpose of this research. Further while analyzing existing literature the researcher found gaps in the studies conducted in the past. This study is held with the intention of filling these gaps and adding to the prevailing body of collected works.

Although a number of studies have been conducted to examine the relationship between work-life balance and organizational commitment, limited research has been conducted to investigate these relationships among nurses, particularly in the Irish context. With Ireland facing a severe shortage of nurses in recent times, the nursing profession is in high demand and hospitals are struggling to retain their nurses (Barry, 2018). This research intends to examine the impact of each of the three independent variables (work-life balance, work overload, and perceived organizational support) on organizational commitment and identify which among the three have a statistically significant relationship with organizational commitment.

3.2: Research Objectives

The research objectives are framed in line with the research aim.

Objective 1: To investigate the impact of work-life balance on organizational commitment of nurses in hospitals in Dublin, Ireland.

Objective 2: To examine the impact of work overload on organizational commitment.

Objective 3: To examine the impact of perceived organizational support on organizational commitment.

Objective 4: To explore which of the above three independent variables have a statistically significant relationship with organizational commitment.

3.3: Hypotheses

***H₁*:** Work-life balance has a statistically significant positive relationship with organizational commitment.

***H₂*:** Work overload has a statistically significant negative relationship with organizational commitment.

***H₃*:** Perceived organizational support has a statistically significant positive relationship with organizational commitment.

Chapter 4: Research Methodology

4.1: Introduction

This chapter will explain the way in which the research has been designed and provide reasoning and sufficient justification for the methods and strategies adopted to conduct the study. The researcher has considered alternative methods of conducting the study and the reason behind choosing a particular method for the purpose of this study will be explained and fully justified that it is the most feasible method to answer the research questions. The development of the research methodology was guided by the ‘Research Onion’ framework developed by Saunders, Lewis and Thornhill (2016) (see **Figure 1**). This framework outlines the multiple stages to be considered while designing a research strategy. The research methodology section includes the demonstration of the research philosophy, various research approaches, the different methods of sampling, strategies used to collect data, analysis of data, ethical considerations, and limitations of the chosen method. These stages will help in systematically conducting the study and achieving the objectives of the research.

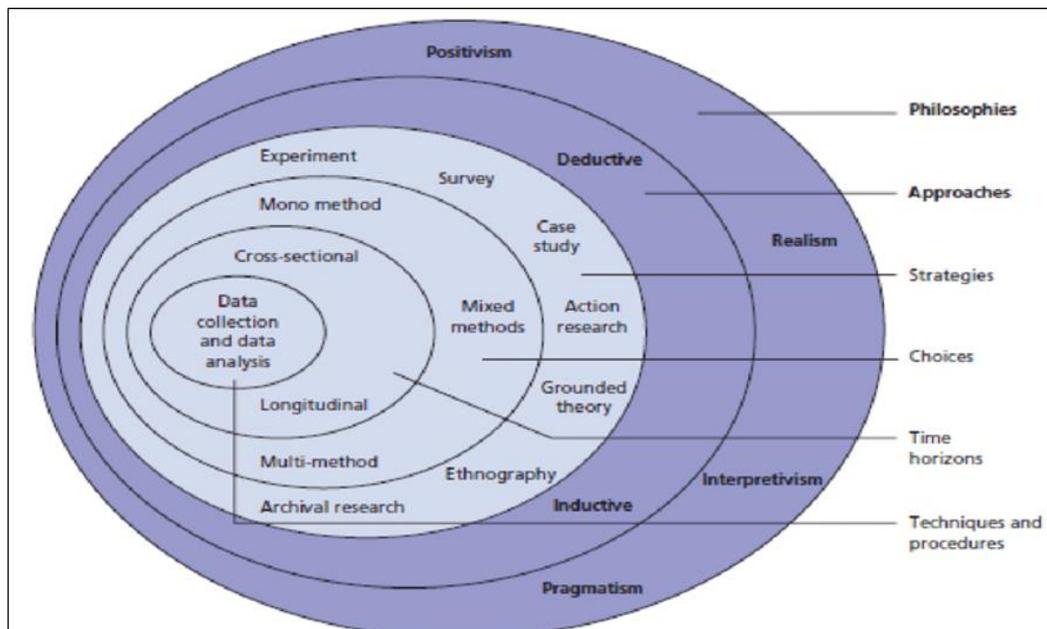


Figure 1: Research Onion (Saunders *et al.*, 2016)

4.2: Research Philosophy

The research philosophy adopted holds significant assumptions which underpin the selection of methods as part of the research strategy. According to Saunders *et al.* (2016), there is no philosophy which is better than another philosophy and the choice of philosophy is based on the kind of research questions developed. Some researchers make the use of two philosophies, depending on the kind of outcomes expected from the study (Saunders *et al.*, 2016). According to Quinlan (2011), the two major approaches to a research philosophy are ontology and epistemology, with each having significant variations impacting the research process. Ontology focuses on reality and looks at the truth within the research study. Thereby, research questions based on the nature of reality are linked to ontology. Epistemology relates to acceptable knowledge and understanding, by analyzing why a certain factor is true within the research study. Thereby, questions relating to the validity of knowledge are linked to epistemology (Quinlan, 2011). The two most commonly adopted philosophies under epistemology are positivism and interpretivism.

4.2.1: Positivism and Interpretivism

Positivism adopts the position of a natural scientist, one who considers following the method of data collection and analysis. It underpins a non-biased and objective approach while conducting the research study. Positivism philosophy is applied in studies involving quantitative data and large sample sizes. Researchers adopting positivism make use of current theory to create hypotheses which will be tested resulting in the additional expansion of theory. They prioritize facts over feelings and a highly structured methodology is used (Saunders *et al.*, 2016). Quinlan (2011) stated that if the focus of the research is to establish the facts relating to a particular phenomenon, such a study is undertaken within the context of positivism.

In contrast to positivism, interpretivism states that an understanding of the differences in human behavior is essential. The essence of interpretivism is that reality varies between individuals. Interpretivists argue that valuable insights are lost when a complex topic is condensed into data and are of the belief that knowledge is created by in-depth observation (Quinlan, 2011). Interpretivism prioritizes complexity, uniqueness, several interpretations and adopts a subjective approach. It interprets qualitative data and supports a highly flexible research

methodology. It assists in acquiring descriptive information and is used by researchers who are conducting research on a complex topic (Saunders *et al.*, 2016).

Positivism philosophy will be chosen in this study to investigate the impact of work-life balance on organizational commitment of nurses in hospitals in Dublin. This philosophy is chosen because it supports quantitative data collection, survey research, and interpretation of large sample sizes. Further, on reviewing existing research on work-life balance and organizational commitment, the researcher observed that while conducting research in this area of study a large number of researchers had adopted the positivism paradigm such as Malone and Issa (2013), Hatam *et al.* (2016), and Berk and Gundogmus (2018). Positivism is applied to examine the relationship between two or more variables. As this study aims at establishing the relationship between work-life balance and organizational commitment, positivism is considered to be the most suitable research philosophy.

4.3: Research Approach

There are two approaches to a research study namely, the deductive approach and the inductive approach (Saunders *et al.*, 2016). Inductive approach shifts from specific data to general, placing its arguments on observation and experience. It follows the ‘bottom-up’ approach where the information collected from the participants is primarily used for the generation and development of theory. The inductive approach is adopted for conducting a qualitative analysis (Soiferman, 2010). On the other hand, the deductive approach moves from general data to specific, placing its arguments on the basis of principles and rules. It follows the ‘top-down’ approach where hypotheses are built from existing theory and data collected is used to test these hypotheses. It focuses on verifying the current theory and either contradict it or generates additional theory regarding the same. The deductive approach is adopted for conducting a quantitative analysis (Saunders *et al.*, 2016).

The philosophy chosen by the researcher to carry out the study is positivism. Positivism has a quantitative outlook. Hence, the research approach adopted for this study is the deductive approach. This research will involve questionnaires to collect data in order to test the hypotheses developed from the review of the literature. The validity and reliability of data used in testing the relationship between the variables

are of great importance and this can be achieved through the deductive approach as it involves a highly structured methodology. According to Saunders *et al.* (2016), the deductive approach helps in examining the relationship among variables and the use of questionnaires is a characteristic of the deductive approach. Thus, this approach is considered most suitable to examine if work-life balance and factors relating to it have an impact on organizational commitment.

4.4: Research Sample and Sampling Method

A sample is a specific group of individuals chosen from the entire population, for the purpose of acquiring necessary information (Bryman and Bell, 2011). The prime reason for sampling is, in most cases it is not feasible to collect data from the entire population and analyze them, owing to access, financial, and time constraints. Selecting a sample brings down the quantity of data required to be collected. The sample selected should be capable of answering the research questions (Saunders *et al.*, 2016). The population of interest for the current study was nurses working in a hospital environment. For the purposes of the study, a sample of nurses were selected from hospitals in Dublin, Ireland.

There are two types of sampling techniques used in research namely, probability and non-probability sampling. Probability sampling provides every element in the population with an equal chance of participating in the study. Simple random, systematic, cluster, and stratified are the various techniques of probability sampling. Non-probability sampling avoids randomization unlike probability sampling and selects participants based on the accessibility. Convenience, quota, snowball, and purposive are the different non-probability sampling techniques (Lim and Ting, 2012). Non- probability sampling has been adopted in this research study and a combination of convenience and snowball sampling is the chosen technique. Convenience sampling is the method of including those individuals who are the easiest to access, as part of the study (Bryman and Bell, 2011). Snowball sampling is commonly used when gaining access to participants is difficult (Saunders *et al.*, 2016). The process starts with identifying and approaching a few participants, who help in the identification of further participants, who in turn identify more individuals for the study. It is a roll-on process, which stops when sufficient sample size is gained or there are no further new participants identified (Bryman and Bell,

2011). At the initial stage, the researcher adopted the convenience sampling method and nurses who were known to the researcher and easily accessible were invited to take part in the study. Later with the help of those nurses, more nurses were added to the sample, and the process rolled on till a new group of nurses was no longer identified. Thus, the researcher started with convenience sampling and moved on to snowball sampling, resulting in the use of a combined method of sampling.

Probability sampling is advantageous in terms of representativeness and generalisability, but this method is extremely time-consuming and expensive (Saunders *et al.*, 2016). Thus, non-probability sampling was employed for this study due to financial constraints and the timeframe of the project. It was argued by Bryman and Bell (2011) that although convenience and snowball sampling are easy to conduct, they face limitations with generalization, making it important to note that results from the study may be curtailed to the sample population, prioritizing generalizations to the theory and not the entire population of nurses.

4.5: Participants

The participants in this study were nurses working in hospitals in Dublin, Ireland. Although the nursing profession is known to be a female-dominated profession, participation was not limited to females, and the researcher aimed to have a representation of both males and females within the study sample. The sample had a total of 131 participants, out of which 125 were female and 6 were male, showing that females accounted for 95.4% of the overall sample size, while male occupied only 4.6% of the sample size. The age of the participants ranged from 21 years to 63 years, with a mean age of 41.21 years. Among the 131 participants, responses showed that 24 were single (18.3%), 99 were married/cohabitating (75.6%), 7 were separated/divorced (5.3%), and 1 was widowed (0.8%). The responses indicated that the majority of the participants were married/cohabitating. The number of years these participants worked with their current organization ranged from 0.2 years to 38 years, with a mean of 11.2 years. The demographic results are presented in the results chapter of the thesis.

4.6: Research Instrument

The research instrument is chosen based on the research objectives and purpose of conducting the study (Ghauri and Gronhaug, 2005). This research focuses on

quantitative analysis seeking to investigate and explore the relationship between variables. The most popularly used research instrument in quantitative studies is questionnaires and standardized scales. Questionnaires are either self-completed or interviewer completed (Saunders *et al.*, 2016). The researcher has used self-completed questionnaires for data collection in this study because this was the most practical approach for collecting a large number of survey responses. Questionnaires accommodate a large sample size and enable the gathering of a large quantity of data within a restricted period of time (Quinlan, 2011). Further, questionnaires encourage participants to provide the most accurate answers to the questions asked as their identity remains completely anonymous, unlike face-to-face interviews. It avoids the scheduling of a specific time to complete the questionnaire, affording participants to complete it within a reasonable period of time (Bryman and Bell, 2011). The survey method of research saves time and is cost-effective (Saunders *et al.*, 2016). On analyzing past studies, the researcher observed that key authors like Benligiray and Sonmez (2012), Jernigan *et al.* (2016), and Hatam *et al.* (2016) who researched organizational commitment establishing its relation to various organizational factors, adopted the quantitative method and used questionnaires to collect data. Questionnaires assist in gathering valid and reliable data in a systematic manner (Saunders *et al.*, 2016).

4.7: Research Measures

The questionnaire used in this study was divided into five sections. Each section relates to a topic reviewed in the literature and is linked to a research objective. The questionnaire contained items which measured demographic variables, followed by four standardized scales, which were used to measure the following variables: work-life balance, work overload, perceived organizational support, and organizational commitment. Section one included demographic questions such as gender, age, marital status, and tenure, to get a general overview of the participants.

Section two included a work-life balance scale. It is a concise 4 item scale developed by Brough *et al.* (2014). Participants were asked to rate their level of agreement with statements related to work-life balance, for example: “I currently have a good balance between the time I spend at work and the time I have available for non-work activities”. Responses were marked on a 5 point Likert scale ranging

from 1= strongly disagree to 5= strongly agree. The scores of the four items were summed to create a total score, to reflect the level of work-life balance. Brough *et al.* (2014) tested the work-life balance scale on four different samples and reported a Cronbach alpha value ranging from 0.84 to 0.94, proving that the measure was found to hold sound psychometric properties. The Cronbach alpha value in the current study was 0.892.

Section three included a work overload scale. It is a 3 item scale adopted from Bolino and Turnley (2005). Participants were asked to rate their level of agreement with statements related to work overload, for example: “I never seem to have enough time to get everything done at work”. Responses were marked on a 5 point Likert scale ranging from 1= strongly disagree to 5= strongly agree. The scores of the three items were summed to create a total score, to reflect the level of work overload. According to Bolino and Turnley (2005), the scale had good internal reliability with a Cronbach alpha value of 0.84. The Cronbach alpha value in the current study was 0.831.

Section four included a perceived organizational support scale. It is an 8 item scale developed by Eisenberger *et al.* (1997) describing the perception employees have about how much the organization values their well-being and contributions. The scale was initially developed with 36 items, and a shorter version of it consisting of 8 high-loading items was later developed. The shorter version with 8 items has been used for this study. Participants were asked to rate their level of agreement with statements related to perceived organizational support, for example: “The organization values my contribution to its well-being”. Responses were marked on a 5 point Likert scale ranging from 1= strongly disagree to 5= strongly agree. The scores of the eight items were summed to create a total score, to reflect the level of perceived organizational support. Eisenberger *et al.* (1997) reported a Cronbach alpha value ranging from 0.74 to 0.95. The Cronbach alpha value in this study was 0.875.

Section five included an organizational commitment scale. It is a 9 item scale developed by Cook and Wall (1980) describing the commitment level of an employee towards his organization. Participants were asked to rate their level of agreement with statements related to organizational commitment, for example: “I

am quite proud to be able to tell people who it is that I work for". Responses were marked on a 7 point Likert scale ranging from 1= strongly disagree to 7= strongly agree. The items from this scale could be grouped to form three subscales for organizational identification, organizational involvement, and organizational loyalty, with three items in each subscale. The scale could also be computed to a single total of the nine items (Shukla and Rai, 2015; Fields, 2002). In the current study, the researcher has computed the nine items into a single total, to reflect the level of organizational commitment. Cook and Wall's measure reported a Cronbach alpha value ranging from 0.71 to 0.87. The Cronbach alpha value in the current study was 0.650.

Some items consisted of negatively expressed statements which have been reverse coded. The above measures were adopted from pre-validated questionnaires developed by key authors. The validity and reliability of questionnaires are significant as it ensures the accuracy of data collected (Saunders *et al.*, 2016). Reliability scores range from 0 to 1 of the Cronbach alpha coefficient and scores above 0.7 are considered to be reliable (Pallant, 2016). Measures of work-life balance, work overload, and perceived organizational support have a Cronbach alpha value above 0.8 showing strong internal reliability. While the organizational commitment scale has a reliability score of 0.650 for the current sample, it is a pre-validated scale used by several researchers who showed strong internal reliability (Furnham, Brewin and O' Kelly, 1994; Sanchez and Brock, 1996; Shukla and Rai, 2015). The reliability results are presented in the results chapter of the thesis and a copy of the questionnaire has been attached in the appendices (see **Appendix D**).

4.8: Distribution methods

There are multiple ways of distributing questionnaires to participants. This is commonly done through the internet, hyperlink, email, mobile devices, and postal (Saunders *et al.*, 2016). The researcher used hard copies and an online questionnaire as distributing methods. Hard copies were attached with the following: a cover letter providing basic information about the researcher, an information sheet stating in detail the purpose of the study and what it involves, and a consent form to bring to the notice that participation is completely voluntary. 61 hard copies were distributed

out of which 46 were fully answered and returned. Questionnaires were distributed to six nurses personally known to the researcher at the hospitals they work in, who circulated it to their colleagues and collected completed copies back. The researcher collected the questionnaires from the six nurses at their houses. The online questionnaire was created using google docs. The first section of the online questionnaire included a concise paragraph containing information provided in the cover letter and information sheet. Participants were required to tick a consent box in order to answer the questionnaire. Hyperlinks of the online questionnaire were initially emailed to nurses the researcher personally knew, who later forwarded it to other nurses and the process rolled on. The link was left open for 5 weeks from which 85 responses were received. The link was closed when there was no further response. A total of 131 responses were collected putting together both hard copies and online responses.

4.9: Data analysis

The data collected through hard copies and the online questionnaire were analyzed with the help of the IBM SPSS software (version 25). The data from the hard copies were directly entered into SPSS, while the responses from the online questionnaire were downloaded from google docs and saved in Microsoft Excel and then transferred to SPSS. All the data collected were formatted in the manner understood by SPSS. A codebook was prepared which contained the details of the labels given to the variables and numbers assigned to the responses. Questions with reverse scores were re-coded and the total of each scale was computed to know the total work-life balance, work overload, perceived organizational support, and organizational commitment. The data was then run through a number of analyses to generate results and interpret them.

4.10: Ethical Considerations

According to Quinlan (2011), ethics is the process of doing what is right. The process involved looking into the potential harms and risks capable of arising from the research and the methods used to conduct the research (Quinlan, 2011). Four areas were to be noted while making ethical considerations. These areas were: whether there were any risks for the participants, whether participants were informed about the study and consent obtained, whether they have been provided

the right information, and whether the breach of privacy has been avoided (Bryman and Bell, 2011). Research ethics have been given meaningful consideration and followed throughout the study. This study adopted a quantitative method and used questionnaires, both hard copies, and online questionnaires.

Every hard copy had a cover letter, information sheet, and consent form attached. The cover letter provided information about the researcher and the area of research. The information sheet provided detailed information regarding what the study is about, what taking part in the study will involve, that participation is completely voluntary, that there is no foreseen risk associated with taking part in the study, the benefits of participating, confidentiality concerns, how the information will be stored and protected, and what will happen to the results of this study. Contact information was provided to enable participants to reach out to the researcher in case of any queries. Every participant was required to go through the information sheet and sign a consent form, showing voluntary participation. Participants were free to quit participation at any time. A copy of the cover letter, information sheet, and consent form have been attached in the appendices (see **Appendix A, B, & C** respectively). With regard to the online questionnaire, a concise section listing out the key information concerning the participation was included and a consent box was required to be ticked to participate. All ethical principles were applied, making sure that there was no potential harm or risk, participants were provided true information and consent was given before participation.

4.11: Limitations

For the purpose of this study, the researcher adopted a combination of convenience and snowball sampling, which are non-probability methods of data collection. Non-probability sampling techniques like the convenience and snowball sampling face limitations with generalization, making it important to note that results from the study may be curtailed to the sample population, prioritizing generalizations to the theory and not the entire population (Bryman and Bell, 2011). Thus, findings from this research may not apply to the entire population of nurses. This method of sampling was chosen due to time constraints in finishing the research. Another limitation to this research study is, to gather data the researcher utilized a mono-method involving only the quantitative approach making use of questionnaires.

Inflexibility and depth of research is a weakness of questionnaires. If a mixed-method using both questionnaire and interviews were considered, a greater understanding of work-life balance in the lives of nurses and how it affects organizational commitment could be achieved. The mixed-method would also produce more detailed and accurate results, but it is a time-consuming process. Thus, due to the limited availability of time and resources, the mono-method was chosen.

Chapter 5: Results

5.1: Introduction

The researcher presents the findings and results from the data collected in this chapter. The chapter is divided into four sections beginning with the reliability and validity test of the measures with regard to the sample of this study, using Cronbach's alpha. The second section includes the analyses of the demographic profile of the participants involved in the current study with the help of descriptive statistics. The third section presents the descriptive statistics of the variables examined in the study. The last section includes the testing of the hypotheses by standard multiple regression analysis. All the analyses are carried out in the IBM SPSS software (version 25).

5.2: Reliability

The reliability and validity of measures used are significant to ensure the accuracy of the data collected. Cronbach's alpha was used to assess the reliability of the four scales (work-life balance, work overload, perceived organizational support, and organizational commitment) used in this study. Cronbach's alpha scores above 0.7 are considered to be reliable (Pallant, 2016). The results of the reliability scores of the four scales are presented in **Table 1**.

Table 1: Cronbach's alpha coefficients

Scale	Work-life balance	Work overload	Perceived organizational support	Organizational commitment
Cronbach's Alpha	0.892	0.831	0.875	0.650

5.3: Participants Demographic Profile

Descriptive statistics in the SPSS was used to examine the demographic profile of the participants. The sample had a total of 131 participants, comprising of 125 females (95.4%) and 6 males (4.6%). The age of the participants ranged from 21 to 63 years, with a mean age of 41.21 years. With regard to the marital status, 24 participants were single (18.3%), 99 were married/cohabitating (75.6%), 7 were

separated/divorced (5.3%), and 1 was windowed (0.8%). The number of years these participants worked with their current organization ranged from 0.2 to 38 years, with a mean of 11.2 years.

5.4: Descriptive statistics of the variables:

Table 2 presents a summary of the descriptive statistics for the variables: organizational commitment, work-life balance, work overload, and perceived organizational support.

Table 2: Descriptive Statistics - OC, WLB, WO, POS

	Mean	Std. Deviation	N
OC Total	44.53	6.77	131
WLB Total	12.65	3.58	131
WO Total	10.18	2.85	131
POS Total	23.96	5.61	131

(OC- Organizational Commitment; WLB- Work-Life Balance; WO- Work Overload; POS- Perceived Organizational Support)

5.5: Multiple Regression Analysis

Multiple regression analysis is a statistical technique used in studies aiming to investigate the relationship between a single dependent variable and multiple independent variables (Pallant, 2016). The current study aims to investigate the impact of work-life balance, work overload, and perceived organizational support on organizational commitment and identify which among the three independent variables have a statistically significant relationship with organizational commitment.

Standard multiple regression was used to analyze if the variables (work-life balance, work overload, and perceived organizational support) had a statistically significant relationship with organizational commitment and test the best predictor of organizational commitment. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity, and homoscedasticity. None of the correlations between the predictor variables were greater than .9, indicating that the assumption of multicollinearity was not violated.

The correlation results are presented in **Table 3**.

Table 3: Correlations

		OCTotal	WLBTotal	WOTotal	POSTotal
Pearson Correlation	OCTotal	1.000	.328	-.307	.488
	WLBTotal	.328*	1.000	-.231	.444
	WOTotal	-.307*	-.231	1.000	-.272
	POSTotal	.488*	.444	-.272	1.000

(* p<.001)

The analyses showed that only two variables work overload (Sig. value= .028 < .05) and perceived organizational support (Sig. value= .000 < .05) had a statistically significant relationship with organizational commitment, with POS recording a higher beta value (.389) than work overload and indicating to be the strongest predictor of OC. The results are presented in **Table 4**.

Table 4: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	34.775	3.585		9.700	.000			
WLBTotal	.217	.160	.115	1.355	.178	.328	.119	.102
WOTotal	-.415	.187	-.175	-2.219	.028	-.307	-.193	-.167
POSTotal	.469	.103	.389	4.544	.000	.488	.374	.342

Three hypotheses were proposed for the purpose of this study:

Hypothesis 1 proposed that work-life balance has a statistically significant positive relationship with organizational commitment. **Table 4** shows that the Sig. value for work-life balance is .178 (Sig. value > .05), indicating that work-life balance does not have a statistically significant relationship with organizational commitment. Therefore, hypothesis 1 was not supported by the results.

Hypothesis 2 proposed that work overload has a statistically significant negative relationship with organizational commitment. **Table 4** shows that work overload has a beta value of (-.175) and a Sig. value of .028 (Sig. value < .05), indicating that work overload has a statistically significant negative relationship with organizational commitment. Thus, hypothesis 2 is supported by the results.

Hypothesis 3 proposed that perceived organizational support has a statistically significant positive relationship with organizational commitment. **Table 4** shows that perceived organizational support has a beta value of (.389) and a Sig. value of .000 (Sig. value < .05), indicating that perceived organizational support has a statistically significant positive relationship with organizational commitment. Thus, hypothesis 3 is supported by the results.

Among the three independent variables, perceived organizational support has the highest beta value (.389) indicating that it makes the strongest unique contribution to explaining organizational commitment (dependent variable).

The findings from this study tell us that work-life balance is positively correlated with organizational commitment, but it does not have a statistically significant relationship. It reveals that the factors closely related to work-life balance (work overload, and perceived organizational support) impact organizational commitment in a significant way, and perceived organizational support is identified as the strongest predictor of organizational commitment.

Chapter 6: Discussion

6.1: Introduction

This chapter will discuss the results and findings of the current study and compare it with the findings of the past academic research conducted on work-life balance and organizational commitment. The main aim of this research was to investigate the impact of work-life balance on organizational commitment of nurses in hospitals in Dublin, Ireland. Existing literature highlighted that work-life balance cannot be treated in isolation, and factors closely related to work-life balance (work overload and perceived organizational support), may also impact organizational commitment. Thus, the impact of WO and POS on organizational commitment was also investigated and it was analyzed which among the three independent variables (WLB, WO, and POS) had a statistically significant relationship with OC. The results showed that work-life balance had a positive relationship with organizational commitment, indicating that greater WLB is associated with higher levels of OC; work overload had a negative relationship with organizational commitment, indicating that excessive workload lowered the commitment towards the organization; perceived organizational support had a positive relationship with organizational commitment, indicating that when nurses perceive higher organizational support their levels of organizational commitment increases. Among the three independent variables, work overload and perceived organizational support showed a statistically significant relationship with OC, and POS was found to be the strongest predictor of organizational commitment among nurses.

6.2: Hypotheses discussion

6.2.1: The impact of work-life balance on organizational commitment

This study was conducted using the work-life balance scale developed by Brough *et al.* (2014) and Cook and Wall's (1980) organizational commitment scale. **Hypothesis 1** proposed that work-life balance has a statistically significant positive relationship with organizational commitment. The results did not support hypothesis 1 and revealed that although there is a positive correlation between work-life balance and organizational commitment there was no statistically significant relationship. The positive correlation indicates that when nurses are able

to maintain a balance between their personal and professional lives (WLB), their desire to work with willingness and be a part of the organization (OC) also increases.

The findings from this study partly support and partly contradicts the findings of Huang *et al.* (2007), Malone and Issa (2013), Berk and Gundogmus (2018), and Li (2018) cited in the literature review. It supports the findings of these researchers with regard to the positive correlation and contradicts the findings in relation to the statistically significant relationship. Huang *et al.* (2007) showed a significant relationship between work-life balance and organizational commitment in their study conducted among Taiwanese public accounting firms and argued that the choice made by an individual to continue working with an organization depends on how well they were able to manage an equilibrium between their work and family lives. Berk and Gundogmus's (2018) study which showed a significant relationship between WLB and OC among accountants in Istanbul, pointed out that professions with an intense work schedule faced the difficulty of maintaining a good work-life balance, which directly reflected on their organizational commitment. Li (2018) explained from the findings of his study conducted on Chinese state-owned enterprises, that enterprises should value an employee's WLB as it contributes significantly to positive organizational commitment. Malone and Issa (2013) showed that a significant relationship existed between work-life balance and OC among female employees in the construction industry and argued that those with a good work-life balance intended to continue work at their organizations for longer. It is evident that while the current study has found similar results to past studies concerning the positive impact of WLB on OC, the majority of the existing literature has shown a significant relationship between the two variables, which contradicts the findings of this research.

This research fully supports and is consistent with the findings of Rasheed Olawale *et al.* (2017) who concluded from his study conducted on working postgraduate students, that although a positive relationship existed between work-life balance and organizational commitment, it was not statistically significant. Ghoddoosi-Nejad *et al.* (2015) showed that organizations which prioritize the quality of work-life and help employees maintain a balance between the two domains of work and family, can retain a committed workforce, and Mckew's (2017) article pointed out

that 40,000 nurses quit their jobs in England over the past five years due to lack of work-life balance. Supporting previous findings, the results obtained from this research reveals that good work-life balance has a positive impact on organizational commitment and concludes that nurses who experience good work-life balance remain more committed towards their organizations.

6.2.2: The impact of work overload on organizational commitment

Work overload was tested using Bolino and Turnley's (2005) work overload scale. **Hypothesis 2** proposed that work overload has a statistically significant negative relationship with organizational commitment. The results supported hypothesis 2 and indicated that when nurses are loaded with excessive work to carry out their commitment towards their organization fades away.

This research study supports the findings of Bowling *et al.* (2015) and Labrague *et al.* (2018) reviewed in the literature. Bowling *et al.* (2015) argued that employees view work overload as an unfavorable condition created by the organization due to poor consideration for employees, leading to negative perceptions of the organization and his study concluded that work overload was negatively associated with organizational commitment. The study conducted by Labrague *et al.* (2018) on nurses from rural hospitals in the Philippines showed that high nurse-to-patient ratio lowers commitment levels and leads to loss of experienced nurses, which has negative impacts on effective care and service rendered, ultimately affecting the reputation of the hospital. It is clear that the results produced through this research are similar to the findings of the above mentioned researchers. Research conducted by Olugbenga Azeez and Omolade (2013) on a large sample (n=246) of bank workers in Ogun State, Southwest Nigeria demonstrated that work overload was negatively associated with organizational commitment but did not have a statistically significant relationship. Olugbenga Azeez and Omolade's (2013) finding contradicts this research with regard to the significance of the relationship. The analyses of past research on work overload showed that the majority of studies (Bruggen, 2015; Torres, 2016; and Pooja *et al.*, 2016) examined its effects on organizational outcomes like productivity and turnover, but very few tested its impact on organizational commitment, although OC is the element leading to the various organizational outcomes. This study will

add to the body of literature on the association between work overload and organizational commitment. In conclusion, the researcher explains that when nurses are subjected to heavy workload, and the nurse-to-patient ratio increases, it will have a negative impact on the way they feel towards the organization and decrease their commitment levels.

6.2.3: The impact of perceived organizational support on organizational commitment

Perceived organizational support was tested using Eisenberger *et al.* (1997) POS scale. **Hypothesis 3** proposed that perceived organizational support has a statistically significant positive relationship with organizational commitment. The results supported hypothesis 3 and indicated that when nurses perceive greater organizational support they demonstrate higher levels of organizational commitment. This study also showed that POS is the strongest predictor of organizational commitment.

The findings of this study are consistent with the Organizational Support Theory (Eisenberger *et al.*, 1986) which proposed that organizational commitment is enhanced through perceived organizational support. Results are similar and supportive of past research conducted by Shukla and Rai (2015), Jaiswal and Dhar (2016), and Ahmed *et al.* (2015). The study conducted by Shukla and Rai (2015) in an Indian IT (Information Technology) company showed that perceived organizational support was positively related to organizational commitment. Jaiswal and Dhar (2016) concluded from their study in the hotel industry that POS had a positive impact on OC, and those employees who perceived less support from their organizations, reflected lower levels of organizational commitment. The meta-analysis study conducted by Ahmed *et al.* (2015) comprising of a sample from six different industries demonstrated that POS had a strong positive relationship with OC. It is evident that this study found results similar to the majority of past studies. The research by Timalsina *et al.* (2018) on a sample of nursing faculty from nursing colleges in Kathmandu Valley, showed that there was no significant relationship between POS and OC. The current study showed a significant positive relationship between POS and OC, and POS was identified as the strongest predictor of organizational commitment, thereby, contradicting the findings of

Timalsina *et al.* (2018). Although vast research has been done examining the relationship between POS and OC, a low number of studies were conducted with regard to hospital nurses, particularly in the Irish context. This study adds to the literature and explains that when nurses perceive higher organizational support their commitment towards the organization is likely to be higher.

6.3: Limitations

This research has certain limitations with regard to 1) the sampling technique, 2) choice of research method, and 3) the extremely female-dominated sample population. Non-probability sampling is used in this study and results are curtailed to the sample under study. If a probability sampling technique like simple random sampling had been used, issues with generalizing the findings to the entire population of nurses could have been avoided. Further, this study adopted a mono method of research involving only the quantitative approach. This has limitations with regard to flexibility and depth in research. A mixed-method involving both quantitative and qualitative techniques would have helped generate more accurate results and gain a deeper understanding of work-life balance and organizational commitment among nurses. The researcher adopted non-probability sampling and mono-method in this study due to the limited availability of time and resources.

The third limitation of this study is the vast difference between the number of male and female participants within the sample. The sample had a total of 131 participants, out of which 125 were female (95.4%) and 6 were male (4.6%), clearly showing that the sample was female-dominated. With regard to the nursing profession, a number of researches and reports have shown it to be a female-dominated profession. In 2013, the United States Census Bureau showed that the nursing profession was an extremely female occupied profession, with male accounting to only 9.6% of the overall registered nurses. In relation to the same, an article by Barrett-Landau and Henle (2014) stated that despite the rise in the number of male nurses over the years, they continue to remain a minority within this profession. The Central Statistics Office (2016) recorded that among 41,077 nurses in Ireland, women occupied 91.85% with men occupying only 8.2%. The Higher Education Authority reported that 90% of nursing students in Ireland were female (Byrne, 2017). Nursing is greatly linked to providing care and such professions

associated with care are female-dominated (Zhang and Liu, 2016; Rajkonwar and Rastogi, 2018). Questioning a man's ability with regard to the provision of care has remained a barrier for male entering a female-dominated environment and this has resulted in the low number of male nurses globally, with role stereotyping still existing in this profession (Zhang and Liu, 2016). The above studies and reports have shown the underrepresentation of men in this profession and helps to argue that the vast difference in the ratio between the number of male and female nurses in the current sample, with female occupying 95.4% of the sample size when compared to only 4.6% of male nurses, is common within this field. However, it is recommended that further research conducted with regard to hospital nurses, should collect more data from male nurses to bring a gender balance within the sample population.

Chapter 7: Conclusion and Recommendations

7.1: Conclusion

This research makes contributions to the literature on work-life balance and organizational commitment regarding hospital nurses within the Irish context. The study identified the presence of an association between a nurse's work-life balance and their organizational commitment. It confirmed that WLB has a positive impact on OC, showing that when nurses experience good work-life balance they show higher levels of organizational commitment. However, WLB did not significantly impact OC. An evaluation of the findings from the study revealed that factors closely related to work-life balance (work overload and perceived organizational support) had a significant impact on organizational commitment. Work overload negatively affected organizational commitment, emphasizing that when hospital managements increase the nurse-to-patient ratio to manage the nursing shortage or extend the working schedule due to high demand for health care services, it negatively affects the nurse's commitment towards the organization, which in turn may ultimately pave way for nurses pressured with excessive workload to leave the organization. The study showed that perceived organizational support has a positive impact on organizational commitment and concluded that POS is the strongest predictor of OC among hospital nurses. The research establishes facts that a nurse's perception of support and guidance provided by the organization has a significant impact on their levels of organizational commitment. We can see that this study concludes that if hospitals support and guide their nurses in carrying out their intense work schedules and help them maintain a good work-life balance, nurses will reciprocate it with higher levels of organizational commitment.

7.2: Recommendations for Further Research

Firstly, as previously stated, this study adopted non-probability sampling, a combination of convenience and snowball sampling to collect data. Non-probability sampling faces limitations with generalizing the finding from the research. The results of this study are curtailed to the sample of hospital nurses in Dublin, Ireland. In addition, through the selected sampling technique only a small sample size (n=131) could be achieved in this study, with a vast majority of the sample occupied by female nurses. To achieve a larger sample size for more accurate results, and to

generalize the findings to the entire population, probability sampling is recommended for future research.

Secondly, the current study focused on mono-method of research involving only the quantitative approach to investigate the relationship between work-life balance and organizational commitment. It is recommended that future studies follow a mixed method involving both quantitative and qualitative techniques in order to obtain an in-depth understanding of work-life balance in the lives of nurses and how it affects organizational commitment.

Thirdly, there are other variables that could have been examined in this study. The review of the literature highlighted that demographic factors influence an employee's commitment to the organization. Four demographic questions (gender, age, marital status, and tenure) were added as part of the survey in this study, but only for the purpose of obtaining a general overview of the participant's demographic profile. It is recommended that future research takes demographic variables into consideration and analyze its influence on the relationship between work-life balance and organizational commitment.

Lastly, this study also examined how factors related to work-life balance (work overload and perceived organizational support) would impact organizational commitment. It would have also been appropriate to examine the influence each of these variables (work overload and perceived organizational support) had on the relationship between work-life balance and organizational commitment. It is recommended that future studies examining the relationship between WLB and OC also consider examining the influence, work overload and perceived organizational support have on this relationship.

7.3: Practical Recommendations and Associated Costs

From the findings of this study, the main recommendation for hospital managements is to introduce work-life balance policies and ensure that nurses are aware of the policies available to them. Policies such as flexible working arrangements (flexibility in schedule and number of hours worked), family-friendly work environment (on-site daycare), and flexible leave policies (flexible emergency leave, medical leave, and parental leave) can be implemented. Considering that the nursing profession is critical in providing care and assistance throughout the day,

flexible work arrangements can be provided only with the availability of adequate staff. Thus, it is recommended that hospitals increase their recruitment rate, to provide flexible work options. The added benefit of recruiting more nurses is a fall in the nurse-to-patient ratio, which prevents work overload and boosts commitment levels. This recommendation has significant costs associated with increasing the rate of recruitment, but once appropriate policies are implemented and the retention of nurses is increased, the rate of recruitment can eventually be minimized.

The second recommendation is hospital managements should consider collecting data from their nurses and analyze what policies and practices best suit and favor their workforce. By doing this the management can find out if the policies in place are beneficial or they need to be changed. There would be no important costs associated here, as data can be collected through online surveys.

The final recommendation made is to examine the amount of organizational support rendered to the nurses. This research study showed that perceived organizational support is the strongest predictor of organizational commitment. Therefore, it is recommended that a training session is held for managers and others at higher levels of the organization, to create an awareness of the importance of making their nurses feel valued, cared, and respected by the organization. This recommendation involves minimal cost. The above-listed recommendations aim at helping hospitals to maintain a committed workforce of nurses.

7.4: Timeline for Implementation of Recommendations

The first recommendation would take a considerable amount of time to achieve. Recruitment and implementation of new policies cannot be done in a short duration of time. The second recommendation does not require a lot of time. Approximately, a period of 7 to 8 weeks would be sufficient to collect data from the nurses in the hospital and analyze them. The third recommendation can be achieved in a relatively short period depending on when the management is free to attend a training session on the significance of rendering organizational support.

PERSONAL LEARNING STATEMENT

This research study is the longest and most significant project I have done throughout my academic journey. There was so much to learn along the process of conducting this research and it was a challenging and strenuous experience, but rewarding at the same time. Since working on a research project was completely new to me, right from the beginning of the study until the end, I have gained knowledge at every stage. I chose to conduct a study in relation to work-life balance and organizational commitment, since organizational commitment has been a critical element every organization strives to achieve and work-life balance has been a vital element all employees struggle to achieve. This study has helped me understand how work-life balance and factors associated with it affect organizational commitment. This research was focused on nurses whose job involves intense schedules. This would help me point out the significance of promoting work-life balance in jobs that are physically and mentally challenging.

The foremost habit I inculcated during this research is time management and the importance of organizing the work to be done. This helped me complete the thesis within the given time frame, with sufficient amount of time allocated for every chapter. This study involved nurses and data collection was a demanding task, as it was not easy to get quick responses from an individual who is already drained out with hectic work at the hospital. Here, I learned that circulating the questionnaire was to be done at the initial stage of the project so your participants have sufficient time to complete and return the survey. The use of SPSS was the next biggest challenge. It was a struggle to get familiar with the different types of analyses and apply the right one for this study. After having spent an ample amount of time learning how to use the SPSS I can now say this is an additional skill I have developed along the process of research. The overall experience was interesting, knowledgeable, and beneficial, helping me improve on a number of critical skills.

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APPENDICES

Appendix A: Cover Letter

Investigating the Impact of Work-Life Balance on Organizational Commitment of Nurses in Hospitals in Dublin, Ireland

Dear Participants,

My name is Vishvatha Kandiah. I am a postgraduate student at National College of Ireland and the survey is part of my Masters degree. This study aims to investigate relationships between work-life balance and organizational commitment among nurses.

Please read the attached information sheet to let you decide whether to take part in this research. If you decide to take part, please sign the attached consent form and complete the questionnaire.

In case of any queries regarding the survey, please feel free to contact me on:

Email: x17163692@student.ncirl.ie

Thank you for sparing your valuable time to complete this survey.

Vishvatha Kandiah

Appendix B: Information Sheet

The Impact of Work-Life Balance on Organizational Commitment of Nurses in Hospitals in Dublin, Ireland

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to take part.

WHO I AM AND WHAT THIS STUDY IS ABOUT?

I am Vishvatha Kandiah a student at National College of Ireland pursuing my Masters degree. This study is conducted as part of my degree. The aim of this study is to investigate the relationship between work-life balance and organizational commitment. On analysing the data collected, the study will conclude if there is a significant relationship between the two variables or not. On successful completion of this research I will be awarded with a degree in Masters of Arts in Human Resource Management.

WHAT WILL TAKING PART INVOLVE?

The questionnaire is divided into five sections. While taking part in this study, you will be answering questions related to demographics, work-life balance, work overload, perceived organizational support and organizational commitment. The entire questionnaire consists of 28 questions and will take approximately 10 minutes to complete.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

This study is to determine the impact of work-life balance on the organizational commitment of Nurses in hospitals in Dublin and hence you have been invited to take part.

DO YOU HAVE TO TAKE PART?

The participation in this study is completely voluntary and you are free to refuse participation. You further have the right to refuse answering any question and are

permitted to withdraw from the study at any time without facing any consequence for doing the same.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

We do not foresee any risks associated with taking part in this study. The data collected in the questionnaires will be treated in strict confidence, with access limited only to the researcher, and the names of participants will not be disclosed. There are no direct benefits to you for taking part in this research. However, by participating in this study you are helping to generate knowledge related to the relationship between work-life balance and organisational commitment among nurses. This information may be of benefit to organisations in terms of raising their awareness of issues related to work-life balance and helping to reform their practices.

WILL TAKING PART BE CONFIDENTIAL?

Taking part in the study will be completely confidential. The signed consent forms will be retained as part of the research process. During data analysis, no names will be used and unique ID codes will be used to identify data from each questionnaire.

HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

Data collected from the questionnaire will be retained in a password protected file. All hard copies of the questionnaire along with the signed consent forms will be kept safely with access to only the researcher. Data will be retained until the completion of the Masters degree. Under freedom of information legalisation you are entitled to access the information you have provided at any time.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

The results of this study will be used only for the purpose of submitting the dissertation.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

Student: Vishvatha Kandiah

Email: x17163692@student.ncirl.ie

Supervisor: Dr Caoimhe Hannigan

Email: Caoimhe.Hannigan@ncirl.ie

Appendix C: Consent Form

The Impact of Work-Life Balance on Organizational Commitment of Nurses in Hospitals in Dublin, Ireland

Consent to take part in the research

1. I voluntarily agree to participate in this research study.
2. I understand that even if I agree to participate now, I can withdraw at any time.
3. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
4. I understand that participation involves answering all the questions in the questionnaire to help complete the survey.
5. I understand that I will not benefit directly from participating in this research.
6. I understand that all the information I provide for this study will be treated confidentially.
7. I understand that my identity will be stored under an ID code, without my name or identifying information.
8. I understand that signed consent forms and data collected through the questionnaires will remain stored in a secure place and protected until the completion of the Masters degree.
9. I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage as specified above.
10. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Student: Vishvatha Kandiah

Email: x17163692@student.ncirl.ie

Supervisor: Dr Caoimhe Hannigan

Email: Caoimhe.Hannigan@ncirl.ie

.....

.....

Signature of research participant

Date

I believe the participant is giving informed consent to participate in this study.

.....

.....

Signature of researcher

Date

Appendix D: Questionnaire

Section 1: Demographic Questions

1. Gender

Male Female

2. Age

3. Marital Status

Single Married/Cohabiting Separated/Divorced Widowed

4. How long have you worked with your current organization?

Section 2: Work-Life Balance

For each of the questions below, please circle the response that best indicates how you feel about the statement. Responses are, 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly agree.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I currently have a good balance between the time I spend at work and the time I have available for non-work activities.	1	2	3	4	5
2. I have difficulty balancing my work and non-work activities.	1	2	3	4	5
3. I feel that the balance between my work demands and non-work activities is currently about right.	1	2	3	4	5
4. Overall, I believe that my work and non-work life are balanced.	1	2	3	4	5

Section 3: Work Overload

For each of the questions below, please circle the response that best indicates how you feel about the statement. Responses are, 1= Strongly disagree (SD), 2= Disagree (D), 3= Neutral (N), 4= Agree (A), 5= Strongly agree (SA).

	SD	D	N	A	SA
1. I never seem to have enough time to get everything done at work.	1	2	3	4	5
2. The amount of work I am expected to do is too great.	1	2	3	4	5
3. It often seems I have too much work for one person to do.	1	2	3	4	5

Section 4: Perceived Organizational Support

The questions in this section relate to your opinions and feelings about the organisation that you currently work for. For each of the questions below, please circle the response that best indicates how you feel about the statement. Responses are, 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly agree.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. The organization values my contribution to its well-being.	1	2	3	4	5
2. The organization fails to appreciate any extra effort from me.	1	2	3	4	5

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
3. The organization would ignore any complaint from me.	1	2	3	4	5
4. The organization really cares about my well-being.	1	2	3	4	5
5. Even if I did the best job possible, the organization would fail to notice	1	2	3	4	5
6. The organization cares about my general satisfaction at work.	1	2	3	4	5
7. The organization shows very little concern for me	1	2	3	4	5
8. The organization takes pride in my accomplishments at work.	1	2	3	4	5

Section 5: Organizational Commitment

The questions in this section relate to your opinions and feelings about the organisation that you currently work for. For each of the questions below, please circle the response that best indicates how you feel about the statement. Responses are, 1= Strongly disagree (**SD**), 2= Disagree (**D**), 3= Slightly disagree (**SI D**), 4= neither disagree nor agree (**N**), 5= Slightly agree (**SI A**), 6= Agree (**A**), 7= Strongly agree (**SA**).

	SD	D	SI D	N	SI A	A	SA
1. I am quite proud to be able to tell people who it is that I work for.	1	2	3	4	5	6	7
2. I sometimes feel like leaving this employment for good.	1	2	3	4	5	6	7

	SD	D	SI D	N	SI A	A	SA
3. I am not willing to put myself out just to help the organization.	1	2	3	4	5	6	7
4. Even if the firm were not doing too well financially, I would be reluctant to change to another employer.	1	2	3	4	5	6	7
5. I feel myself to be part of the organization.	1	2	3	4	5	6	7
6. In my work I like to feel I am making some effort, not just for myself, but for the organization as well.	1	2	3	4	5	6	7
7. The offer of a bit more money with another employer would not seriously make me think of changing my job.	1	2	3	4	5	6	7
8. I would not recommend a close friend to join our staff.	1	2	3	4	5	6	7
9. To know that my own work had made a contribution to the good of the organization would please me.	1	2	3	4	5	6	7