

## ORIGINAL ARTICLE

# Organizational commitment and supervisor support, perception of procedural fairness, tenure in the hospital: The mediating effect of work-life balance - study in nurses

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## Abstract

**Introduction:** Background: For nurses, there are particularities concerning the relationship between work and private life. Objective: The objectives of this paper are to examine the association between affective and normative commitment and supervisor support, perception of procedural fairness, tenure in the hospital, and whether or not work-life mediates the association.

**Methods:** Data were collected from our survey to 403 employed nurses in three hospitals, Portugal. We conducted descriptive statistics, bivariate correlations, hierarchical regression analysis and mediation tests.

**Results:** The affective and normative commitment was significantly associated with supervisor support; perception of procedural fairness; work-life balance and tenure in the hospital. The observed effect suggested the moderating power of the variable work-life balance in the model.

**Conclusions:** This study provides health sector managers the evidence that supervisor support, perception of procedural fairness and tenure in the hospital, are important factors to have in consideration in nurses' organizational commitment.

**Key Words:** Organizational commitment, Supervisor support, Perception of procedural fairness, Work-life balance, Nurses

## 1 Introduction

A variety of factors, such as internationalization and globalization of economic processes, the role of information and communication technologies, different social and demographic conditions determine complex changes in the work world as reflected in the conceptualization and meaning of work and associated values.

Today, more than ever, the variables within health care envi-

ronment are undergoing such rapid change that hospital are it required to develop and implement competitive strategies in order to survive in the increasingly competitive hospital environment.

The health care sector in Portugal and elsewhere experienced restructuring in mid-1990 and as a result hospital management introduced different models of internal organization. The changes provide the basis for understanding the most relevant, of greater need to evaluate the commit-

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ment.<sup>[1]</sup>

In different studies and definitions, it is agreed that the commitment emphasizes the connection between the individual and the organization, reinforcing the concept as the extent to which an individual accepts and internalizes the goals and values of an organization and views his or her organizational role in terms of its contribution to those goals and values, apart from any personal instrumentalities that may attend his or her contribution.<sup>[2]</sup>

The objectives of this paper are to examine the association between affective and normative commitment and supervisor support, perception of procedural fairness, tenure in the hospital, and whether or not work-life mediates the association.

It's clear the acceptance of Meyer and Allen's model, who considers the organizational commitment as consisting of three components, each referring to different types of connections to the organization. It is considered that these components evolve as a function of different determinants and have distinct implications for organizational behavior. The authors uphold the view that commitment is a psychological state that characterizes the employee's relationship with the organization, and has implications for the decision to continue membership in the organization.<sup>[3]</sup>

The affective commitment already presented in the work of Mowday, and collaborators<sup>[4]</sup> concerns the employee's emotional aspects, the identification with the organization and participation in the organization.<sup>[5]</sup> Employees with a strong affective commitment remain with the organization because they want to do so. Affective commitment is expected to be correlated with those work experiences that make the employee feel "psychologically comfortable".<sup>[6]</sup>

Normative commitment refers to an employee's feelings of obligation to remain with the organization.<sup>[7]</sup> That is, normative commitment reflects a feeling of debt towards the organization. Evidence suggests that normative commitment develops on the basis of early socialization processes.<sup>[5]</sup> Individuals with a high level of normative commitment feel obliged to remain in the organization,<sup>[4]</sup> once they believe that this is "morally right".<sup>[3]</sup> The normative component refers to commitment based on a moral belief or obligation that "it is the right and moral thing" to remain with the organization.<sup>[7]</sup>

Meta-analytic reviews also report positive relations between organizational tenure and affective commitment.<sup>[8]</sup> It is possible that employees need to acquire a certain amount of experience with an organization to become strongly attached to it or that long-service employees retrospectively develop affective commitment to their organization.<sup>[5]</sup>

Supervisor support encompasses for instance, caring about subordinates, valuing their contributions, helping them on work-related issues, and facilitating their skill develop-

ment.<sup>[9]</sup> From a general perspective, the supervisor plays an important role in subordinate's wellbeing, personal growth and development, which is an important aspect for those subordinate's commitment.

According to what was discussed by Feldman in 1986, the individual attributes are linked to the exchange relationship that exists between the manager and the employee. Categorization of employees by managers appears to set in motion an exchange relationship that directly influences managerial treatment of the employees and little is known about the potential impact of managers' assessments of employee commitment on their treatment of employees. We reviewed research on commitment to develop predictions about the effects of managerial perceptions of employee commitment.<sup>[10]</sup>

The supervisor's help and support are listed in some studies as having an important role in organizational commitment. In fact, employees who receive help and support from coworkers and supervisor show higher levels of organizational commitment.

It is expected that employees receiving help and support from their supervisors will have higher levels of organizational commitment. The fact that the leader shows great consideration for the contributions of members of the group, means that they perceive the process as fairer and, therefore, demonstrate greater engagement with the decision, greater sense of belonging, and greater confidence in the leader.<sup>[11]</sup>

Commitment is also related to how the supervisor makes decisions and implements the organization policies.<sup>[5]</sup> On the other hand, if the supervisors do not demonstrate that they take into account the subordinates' contributions, there will be a decrease in belonging and confidence feelings. Those feelings of attachment and trust decreased significantly over time when leaders revealed no specific signs of considering the subordinates' inputs.

Due to daily proximity the supervisor has a favorable position to communicate and socialize with employees and also to influence their attitudes and behaviors. The importance of this proximity to the promotion of performance norms and empirically found that if organizations and supervisors have congruent values, internalizing the supervisor' values coincide with internalizing the organization' values. They add that the supervisor's commitment contributes to the organizational commitment.<sup>[11]</sup>

Proximity and regular interaction also make it easier for employees to seek and receive feedback on actions consistent with the values. The results of the meta-analysis carried out involving variables considered determinants of organizational commitment point to the fact that the commitment is generally more strongly related to situational variables (*e.g.*, subordinate-supervisor interactions, challenging work) than to personal or organization structural character-

istics.<sup>[2,12]</sup>

Interpretations of the literature suggest that the commitment to an organization has, as its primary source, the intra-organizational individuals' experiences. Several studies<sup>[13]</sup> point out the rapport between the relationship with the supervisor and organizational commitment as significant and positive. Regarding particularly the affective commitment, quite a few studies show that supervisor support is related to the affective commitment towards the organization.<sup>[5,9]</sup> In general, affective commitment towards the organization is stronger among employees whose leaders allow them to participate in decision making and who treat them with fairness and consideration.<sup>[5]</sup>

The study of justice perceptions in organizations began with the "equity theory" developed by Stacy Adams. This theory received during the year of 1960 and 1970 the biggest attention and served as guide to the organizational scientists in the fairness issues.<sup>[14]</sup> The equity theory recognises that individuals are concerned not only with the absolute amount of rewards they receive for their efforts, but also with the relationship of this amount to what others receive. Consciously or unconsciously the individual compares his relationship inputs/outputs with the other relevant individuals for him.<sup>[15]</sup>

It has been proved that justice perceptions regarding organizational decisions, have implications to the individual, but also in what comes to the organizations functioning, because they affect emotions, attitudes and behaviors.

In the perceptions of justice domain, the research line named as procedural justice began with Thibaut and Walker and focuses on the process, justice of the means used to achieve the purposes.<sup>[14]</sup>

Most recent literature is moving in the direction of indicating that procedural fairness is part of the set of predictors of the employees reactions that is related with organizational system assessments, and that its consequences are reflected in variables such as loyalty to the organization, the organizational commitment and trust in management<sup>[16]</sup> or extra-role behavior toward the organization.<sup>[17]</sup>

Those justice evaluations have the hypothesized effects on outcomes like job satisfaction and organizational commitment.<sup>[18]</sup> We have already touched the link between fairness and commitment in the context of specific organizational policy and procedures.<sup>[5]</sup> Through increasing the perception of procedural justice, employees will probably put the organization in perspective in a more positively way, even if they are disappointed with their salary, promotion or other personal results.

By raising the perception of procedural justice, employees will probably keep seeing the organization in a more positive way, even if they are discontent with their salary level, promotion, or other personal results.

Until quite recently, private life was seen as something that didn't interfere with work, and the relationship between these two spheres hardly entered the management subject.

Nowadays, however, these two areas are inextricably linked and managers struggle with the problem of how to address the balance between work and private life issues so that these companies' women and men deem them relevant to their professional goals. So, more and more it is required that organizations become more flexible, more dynamic and more optimizers of their human resources potential. Labor market evolution itself and the current workers expectations regarding the conciliation between work and private life led to a reconceptualization of labor relations. Only through a balanced management of the interface between work and private life it will be feasible to have true competitive advantages.<sup>[19]</sup>

It is known that the conflict work-private life is considered as a source of mental and physical stress, and has been identified as a generator of negative consequences on the personal level, ranging from increased health risks, and decreased performance of parental roles, anxiety, depression and dissatisfaction. In what concerns to relations it could lead to an interpersonal conflicts increase, divorce, among others, and at the organizational level, can lead to decreased productivity, slowdowns, absenteeism, turnover, low morale, professional dissatisfaction, loss of talents.<sup>[20]</sup> Changes work-life has increased markedly, suggesting that a greater proportion of workers are experiencing greater challenges in balancing their role of employee, parent, spouse, elder caregiver, *et al.* Workers have become more stressed, their physical and mental health has declined, and so has satisfaction with life.

Employee's attitudes towards their jobs and employers have also changed over the decade. On the whole, jobs have become more stressful and less satisfying, and employees are less committed to their employer and are more likely to be absent from work due to ill health.<sup>[20]</sup> In certain times or circumstances, the combination of several roles may become difficult. The notion of boundary indicates mediation of work and family is linked to their vital sense of symbolic order. The data regarding a study developed by Stefano<sup>[21]</sup> show that this mediation is connected to work and household structures, rather than merely to particular lifestyles.

Different theories explain the relationship between work and private life mechanisms; however the transfer model or "spillover", meets greater empirical support, by assuming the existence of a reciprocal relationship between work and private life mutually influencing and that generates similarities between both spheres. Individuals transfer emotions, attitudes and values, skills and behaviors from one sphere to another.

For nurses, having already a shift type of work are added a few more particularities concerning the relationship be-

tween work and private life. The shift work system is experienced by many nurses as a medical, psychological and socio-familiar problem with high costs. The scale of these problems, how to deal with shift work, and the level of adaptation to it, is dependent on many social, organizational or individual factors.

## 2 Methods

### 2.1 Study design

This impetus for this study was to add to the nursing science literature on organizational factors and work-life. The objectives are to examine the association between affective and normative commitment and supervisor support, perception of procedural fairness, tenure in the hospital, and whether or not work-life mediates the association.

Descriptive statistics and Cronbach's alphas is conduct in the first place. Then we examine the association between variables using bivariate correlation tests. Two-tailed test of significance is used. Afterwards, we proceed to the hierarchical regression analysis.

To show the variance explained by factors R2 as well as Adjusted R2. Since the subjectively assessed variables may not be completely independent of each other, collinearity diagnostics is conducted.

### 2.2 Instrument

The survey instrument was a self-completion questionnaire on organizational commitment, supervisor support, perception of procedural fairness, work-life and demographic questions. Questions were adapted from their previous survey. All scale items were measured on a five point scale with "1 = strongly disagree" to "5 = strongly agree". This additional material is available from the author upon request. Attended the formally presenting the project and the questionnaire to the ethic commission (Opinion 40-09/2011).

The Cronbach's alpha ( $\alpha$ ) was conducted for each scale's reliability. The dependent variable is organizational commitment (affective and normative). It was based on the scale of "organizational commitment", by Meyer & Allen,<sup>[3,5]</sup> validated and already applied in health professionals in Portugal.<sup>[22]</sup> It consists of five items for affective commitment the  $\alpha = .848$ , and five items for normative commitment the  $\alpha = .849$ .

The independent variable is supervisor support, validated and already applied in health professionals in Portugal.<sup>[22]</sup> It consists of 11 items. The  $\alpha = .928$ . The independent variable is perception of procedural fairness, validated and already applied in health professionals in Portugal.<sup>[22]</sup> It consists of 15 items. The  $\alpha = .840$ . The is work-life balance, used in a study carried out by the Order of Nurses in 2010. It consists of 9 items. The  $\alpha = .750$ .

### 2.3 Sample

The survey was conducted on a sample of nurses in three Portugal hospitals in June 2011. These are hospitals that are not specialized exclusively in one particular area but provide care to patients with different needs simultaneously. Prior to data collection, we received each hospital's administration approval, and nurse's participation was voluntary.

From the total nurse's population, in three hospitals, within the 713 distributed questionnaires: 418 were returned, 403 were valid replies (56.5% response rate) from respondents representing the nursing population in the hospitals studied. The majority of respondents (82.1%) were female, 61.3% were under 40 years old, More 66% were married/in a common-law relationship.

Our sample's demographic characteristics were similar to these nurses at the national level. 46.7% of less than 10 years of tenure in the hospital, but if extended to 20 years of tenure in the hospital, there were more than 71%.

## 3 Results

In the studied nurses, (in 5 point scale) the affective commitment is on average  $3.71 \pm .85$ , the normative commitment is  $2.99 \pm .93$ , the supervisor support is  $3.80 \pm .82$ , the perception of procedural fairness is  $3.17 \pm .58$  and the work-life balance is  $3.03 \pm .62$ .

As presented in Table 1, the affective commitment was significantly mediates<sup>[23]</sup> and positively associated with supervisor support ( $.375, p < .001$ ), perception of procedural fairness ( $.420, p < .001$ ), work-life balance ( $.357, p < .001$ ), and tenure in the hospital ( $.137, p < .05$ ). The normative commitment was significantly low<sup>[23]</sup> and positively associated with supervisor support ( $.287, p < .001$ ), perception of procedural fairness ( $.453, p < .001$ ), and work-life balance ( $.367, p < .001$ ).

**Table 1:** Correlations between affective commitment, normative commitment, supervisor support, perception of procedural fairness and work-life

Variable	1	2	3	4	5	6
1. Affective commitment	-					
2. Normative commitment	.419 <sup>#</sup>	-				
3. Supervisor support	.375 <sup>#</sup>	.287 <sup>#</sup>	-			
4. Perception of procedural fairness	.420 <sup>#</sup>	.453 <sup>#</sup>	.786 <sup>#</sup>	-		
5. Work-life balance	.357 <sup>#</sup>	.367 <sup>#</sup>	.651 <sup>#</sup>	.674 <sup>#</sup>	-	
6. Tenure in the hospital	.137 <sup>*</sup>	-.040	.184 <sup>*</sup>	.192 <sup>#</sup>	.069	-

<sup>\*</sup>  $p < .05$

<sup>#</sup>  $p < .001$

Table 2 presents the second step of the hierarchical regression results for variables associated with the work-life balance. Supervisor support and perception of procedural fairness was significantly and positively associated with work-

life balance ( $p < .001$ ) and tenure in the hospital was significantly and negatively associated with work-life balance at the  $p < .05$  level. Which means that supervisor' support and perception of procedural fairness, and tenure in the hospital, explained 50.9% of the variance in work-life balance.

**Table 2:** Associations between supervisor support, perception of procedural fairness, tenure in the hospital, work-life balance (hierarchical regression)

	work-life balance	
	$\beta$	S.E.
Constant	.605**	.151
<b>Independent variable</b>		
Supervisor support	.286**	.050
Perception of procedural fairness	.458**	.070
Tenure in the hospital	-.032*	.015
R2	.515	
Adjusted R2	.509	
N	403	

\*  $p < .05$

\*\*  $p < .001$

Table 3 shows that the hypothesis that perception of procedural fairness and supervisor support would be positively associated with affective commitment, was not supported and neither did tenure in the hospital. The normative commitment shows that the hypothesis that perception of procedural fairness and tenure in the hospital were not supported and neither did the supervisor support. Overall the model explained 17.7% of the variance in affective commitment

**Table 3:** Supervisor support, perception of procedural fairness, tenure in the hospital associated with affective and normative commitment (hierarchical regressions)

	Affective $\beta$	Commitment S.E.	Normative $\beta$	Commitment S.E.
Constant	1.623**	.269	.905*	.291
<b>Independent variable</b>				
Supervisor support	.165*	.086	-.068	.095
Perception of procedural fairness	.433**	.121	.815**	.132
Tenure in the hospital	.018	.026	-.061*	.028
R2	.185		.199	
Adjusted R2	.177		.190	
N	403		403	

\*  $p < .05$

\*\*  $p < .001$

Nurses have higher affective commitment than normative commitment, that is, they like to stay in the hospital, but have a low sense of debt to the hospital. The affective commitment was significantly and positively associated with the supervisor support (.375,  $p < .001$ ). The results concerning are consistent with those in other studies.<sup>[5,9]</sup>

and 19.0% in normative commitment.

We conducted the moderating test for the hypothesis that work-life privacy will mediate the association between affective commitment and supervisor support, perception of procedural fairness and tenure in the hospital; and normative commitment and supervisor support, perception of procedural fairness and tenure in the hospital (see Table 4). It is to notice that in affective commitment, the significance of supervisor' support disappeared in the final model.

The observed effect demonstrates that the introduction of the variable work-life balance in the model, removes the significance of the predictor supervisor support in affective commitment, and in normative commitment removes the significance of the tenure in the hospital, suggesting mediating effect. In general the model explained 17.6% of the variance in affective commitment.

To note that in normative commitment the significance of tenure in the hospital disappeared in the final model. Overall the model explained 19.6% of the variance in normative commitment.

#### 4 Discussion and summary

Due to recognized complexity of health organizations, the variety of agents with different nature and due to specific characteristics of the services they provide, it is possible that some issues related to the organization's interaction with the professionals are not sufficiently developed here, as the first limitation of this study is the sample comprising only three hospitals.

Normative commitment was also significantly and positively associated with supervisor support (.287,  $p < .001$ ). In fact, the supervisor's figure importance has been growing within the organization,<sup>[5]</sup> although we cannot ignore the fact the evidence that relations between leader behavior and organizational commitment are contingent on other fac-

tors in the workplace.<sup>[8]</sup> The nursing leaders have clearly importance in setting the tone and expectations of the work environment.<sup>[24]</sup> The investment in supervisors can bring organizational benefits in order to improve support to the employees, because certainly there will be an increase of affective commitment.

Here is another evident limitation of this study, to have included only three independent variables. As supported in the literature<sup>[15]</sup> affective commitment was significantly and positively associated with perception of procedural fairness.<sup>[25]</sup>

**Table 4:** Supervisor support, perception of procedural fairness, tenure in the hospital with affective and normative commitment, with work-life balance included as a mediating (hierarchical regressions, second step in shown)

	Affective β	Commitment S.E.	Normative B	Commitment S.E.
Constant	1.559**	.277	.798*	.297
<b>Independent variable</b>				
Supervisor support	.136	.091	-.124	.100
Perception of procedural fairness	.389*	.130	.728**	.142
Tenure in the hospital	.100	.103	-.054	.028
<b>Mediating variable</b>				
work-life balance			.190	.112
R2	.188		.207	
Adjusted R2	.176		.196	
N	403		403	

\*  $p < .05$

\*\*  $p < .001$

The affective commitment was significantly and positively associated with tenure in the hospital (.137,  $p < .05$ ). We can argue these results through the perspective that workers with higher positions can feel connected to the organization by the salary or by specific training, or because the commitment increases as the position rises in the organization.<sup>[6]</sup>

Empirical evidence of organizational commitment and work-life are scarce. In a study by Cohen and Kirchmeyer,<sup>[26]</sup> extra-work studied variables explain between 6 to 12% of the commitment to the organization variance. This means that issues related to the outer labor domain can effectively contribute to the explanation of the commitment to the organization, although not playing a central role.

In this study is the perception of justice that plays a decisive role in the affective and normative commitment. The impact of decision-making procedures fairness on attitudes and behavior of the people involved and affected by those decisions.

As the organizational fairness has implications to the individual' level, but consequently to the organizational commitment' level of the functioning of the organizations and because the nursing professional class is the most representative in the health sector in Portugal, it is expected to contribute for a widening of perspectives in terms of management practice.

These results have limitations that do not allow general-

izations, particularly by small number of organizations involved and the fact that only use as a data source the nurses, but have important implications for human resources policy. Perceptions of work environment are important. Perceptions affect the attitude and attitude affects behavior.<sup>[27]</sup> This study helps understanding the conditions and interactions specific influence on affective and normative commitment at work. As Mathieu and Zajac<sup>[8]</sup> noticed, a better understanding of how commitment develops and is maintained over time, has a wide implication on employees and organizations.

## 5 Recommendation

For further research we suggest:

- To be carried out in a wider number of institutions.
- To include other variables with a potential explanatory strength of the organizational commitment.
- To use different sources of evaluation (e.g., supervisors, work colleagues) and collecting data at various times.

## Conflicts of Interest Disclosure

The author declare that they have no competing interests. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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