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An Empirical Study Into The Relationship Between Work/Life Balance And Organizational Commitment

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An Empirical Study Into The Relationship Between Work/Life Balance And Organizational Commitment

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Abstract

The main objective of this study is to examine the relationship between employees' work/life balance and the level of organizational commitment. Besides, the other aim is to determine whether there is a significant difference between the perception of work/life balance, level of organizational commitment and employee's age, education, the duration of service in the job, the duration of service in the hospital. 391 questionnaires were administered to nurses and the results were analysed statistically.

After the analysis, a positive-sided relationship between work/life balance of nurses and affective and normative commitment was found but in terms of continuance commitment, the relationships was a negative one. Creating a work/life balance has significant importance in increasing employees' affective and normative commitment.

Keywords: Work and Life Balance, Organizational Commitment, Affective Commitment, Continuance Commitment, Normative Commitment

Özet:

Bu çalışmanın amacı; çalışanların iş-yaşam dengesi ile örgütsel bağlılık düzeyleri arasındaki ilişkiyi incelemektir. Ayrıca iş yaşam dengesi algılamaları ve örgütsel bağlılık düzeyleri ile çalışanların yaş, eğitim durumu, meslekteki hizmet süresi ve hastanedeki hizmet süresi arasında anlamlı farklılık olup olmadığını belirlemektir. Çalışma kapsamında 391 hemşireye anket uygulanmış ve sonuçlar istatistiksel olarak analiz edilmiştir.

Analiz sonucunda hemşirelerin iş-yaşam dengesi ile duygusal bağlılık ve normatif bağlılık arasında pozitif yönlü, devamlılık bağlılığıyla ise negatif yönlü bir ilişki bulunmuştur. Çalışanların duygusal ve normatif bağlılıklarını arttırmada iş-yaşam dengesinin sağlanması büyük bir öneme sahiptir.

Anahtar Kelimeler: İş ve Yaşam Dengesi, Örgütsel Bağlılık, Duygusal Bağlılık, Devamlılık Bağlılığı, Normatif Bağlılık

Introduction

Human resources is one of the most important elements for organizations to survive and develop. Organizations bear a great deal of costs in order to develop and qualify human resources. Hence, losing human resources becomes an undesirable situation. Studies point out that facilities such as creating work/life balance, taking part in decisions, providing career development increase employees' organizational commitment and organizations create employees whose features are suitable for organizations' wishes.

Nurses in the hospitals are the personnel to whom the patients and their families go firstly during 24 hours about their every problem and they play a key role in providing the communication in the health team via this duty.

Being a nurse is characterized as having a stressful job with a heavy work load, with the effect of many negative factors stemming from environment. Heavy work load, emotional stress because of being together with painful patients, working with deathly patients, conflicts with the patients and their relatives, night and long working conditions which belong to nurses' working environment lead them to burn out, be insensitive and quit their jobs. While working for long and inconsistent hours has physiologic, psychological and sociological effects on nurses, several studies revealed that it also has many negative impacts on the individual who receives the service. However, to reduce these negative effects or minimize them is possible by arranging the working environments in a logical way. Employees who experience an imbalance between their work/life can come across some problems in their work life; furthermore they may lose their commitment to the organization.

There comes out important problems related to the issue of employees' striking a balance between their work and private lives. Employees are in an interaction with their families, relatives and environment apart from their work. They have to be careful about this relationship, because a negative situation that is

apart from the work life can affect the private life badly.

When examined from this point of view, work/life balance has a significant importance. In the organizations which want to benefit from the employees in the best way, employees' work/life balance presents a vital importance. Individuals who maintain the balance between work and private life contribute positively to the organizations. These employees will commit to their organizations and as a result they will have high performances at work.

The aim of the study is to inspect the relationship between work/life balance and organizational commitment. Besides, the other aim is to determine whether there is a significant difference between the perception of work/life balance, level of organizational commitment and employee's age, education, the duration of service in the job, the duration of service in the hospital. In the present study, what work/life balance is, its importance, the studies on this subject, the affective, continuance and normative commitment which are dimensions of organizational commitment that is put up by Allan and Meyer will be explained. The other organizational commitment theories will not be mentioned in the study.

Firstly a literature review was conducted, then a questionnaire was administrated. The area of questionnaire study was chosen as Ankara state hospitals. The questionnaire is comprised of 3 sections: questions about participants' demographic characteristics, work/life balance, and questions for determining the level of organizational commitment. With the aim of ensuring the validity and reliability of the scale used in the study, reliability and factor analysis were done, then Kruskal Wallis H and Mann Whitney U tests and correlation analysis were included to find out whether there is a significant difference between work/life balance and organizational commitment.

LITERATURE

Work/Life Balance

Technological progress in the work life causes the changes within work life. Along with these, the concept of work and the qualities of the employees change as well. All these changes both affected the form of staff and the organizations and brought along role distributions in life. At the present day, not only men work, but also women work and earn. The wish of men-women to fulfil their responsibilities thoroughly made it a need to establish the balance. Nonetheless, work in organizations become more complex. Organizations try to establish a healthy work-life balance in this complex problematic environment. Work-life balance can be defined as the organization's gaining advantage with the employee's aim to evaluate their experiences in the business or in the areas out of the work. According to United Kingdom Trade and Industry Department definition, work-life balance is to provide the realization of the work with desires and responsibilities (www.dti.gov.uk). When work-life balance is mentioned, since more time is spent with family, leading to time limitation is understood (Kofodions, 1993).

Marks and Macdermid (1996) state that individuals should commit positively to different life roles equally. Individuals should find a balance between different roles. Marks and MacDermid define the role balance as "approaching to every kind of role and role friends with careful and interested behaviours by being thoroughly inclined to every role performance in total role systems" (Marks and MacDermid,1996,421). Work-life balance is individuals' being busy or pleased with their work roles or family roles at the same degree. Three kinds of balance can be mentioned (Greenhouse et al.,2006).

1. Time balance: Sparing time to work and life roles at the same degree.

2. Commitment balance: Showing psychological commitment to work-life roles at the same degree.

3. Content balance: Being pleased with work-life roles at the same degree.

Work-life balance applications cover a large program. Cascio (2000) defines the work-life balance as employers' presenting beneficial facilities for employees to establish the work-life balance. Work-life balance arrangements and applications are facilities which are done by organizations to gain advantage to balance the voluntary employees' personal and work lives. These advantageous facilities are; flexible working hours, autonomy in the work facilities (Hill et al.,2001; Tausing and Fenwick,2001;Barribal et al., 2007; Dwyer et al., 2007),choosing the hours of start and end of the work, tele-working, home working, electronic working, family permissions, assistance programs for employees, counselling services, child care services etc (Thomas and Ganster,1995). All of these facilities can be characterized as organizational studies which help establishing the balance between employees' work and lives. (Grady, McCathy Darcy, Kimoe, 2008; McCarthy, 2004). Organizations may use such applications to gain employees' commitment.(Grover and Crooker, 1995)

Until now, a lot of studies have been done in the area of work-life balance. In the literature, according to employees' demands there are studies on flexible working applications (Brannen and Lewis, 2000; Den Dulk, 2001), the relationship between stress, commitment, fertility and work-life balance. (Bedeian et al., 1988; Darcy and McCarthy, 2007; Frone et al., 1992; Grady and McCarthy, 2008; Lambert, 2000; McCarthy and Cheveland, 2005) and on the effects of work-life balance and the performances of employees.

In recent years, an increase in the individuals' working hours and business intensity has been witnessed. The intensity resulted in an imbalance between workers' work and private lives. (Lewis et al., 2003; Bryson et al, 2007; Bulger et al., 2007). Nurses and midwives may encounter some problems while establishing work-life balance since they have stressful experiences. Especially, this unstable lifestyle has an undesirable impact on the new employees and keeping the available workers (Smith et al., 2006; Bariball et al., 2007;

Dwyer et al., 2007; Prymachuk and Richards, 2007). Studies advise workers about the general management of the borders between work and life (Bulger et al., 2007; Charles and Hans, 2007). Moreover, they help managing the nurses' work-life balance. Fereday (2010), in his study analyses midwives personal experiences and contributes to organizations. Industry treaties help establishing the balance between midwives' work and life. Via definite strategies, arranging similar roles in the work life of other midwives and composing kinds of working order can be ensured.

Work-life applications are strategies which give a direction to lives and which ensure success in both work life and family life (Muse et.al, 2008). According to Lingard (2012) work-life strategies present the importance of the issues of creating positive feelings among employees, directing work-life balance and adaptation of participants. Especially, communication channels should function very well and the cultural conditions of the country where the organization is, should be taken into account to realize work-life strategies and applications used in organizations (Lingard et.al., 2012). According to Halpern (2005), work-life strategies that are really significant for organizations, ensure that more faithful and less stressful employees come out. In the study by Chiang (2010), which examines the relationship between work stress and work-life balance, it is concluded that work-life balance applications are ignored in the organizations, however if applied, work environment can be controlled and so work stress would decrease. There is a relationship between the applications which establish work-life balance and important factors such as labour turnover rate, stress, organizational commitment, work content and productivity (Bloom and Van Rennen, 2006; Frone et.al., 1992; Parasuraman et.al., 1996; Veiga et.al., 2004).

Studies, by creating a work environment like family or friends, propose that employee turn-over rate can be decreased and organizational commitment can be ensured (Grover and Crooker, 1995; Thompson et.al., 1999). Likewise, it can be said that work-life balance studies have a positive impact on

employees' work content and they cause a decrease in absenteeism being late to work (Allen, 2001; Breaugh and Frye, 2007; Lingard et.al., 2012).

McCharty et al. (2010) conducted a study on the effects of the organization directors' work-life balance policy and applications. Middle-level managers and department managers may behave differently in different groups in terms of work-life balance policies and applications. Work-life balance applications of middle-level department managers need to be developed in a smooth way. The education of department managers in the field is a significant starting point for forming the awareness of work-life balance policies. For the employees to be better, department managers should have the opportunity to use work-life balance applications during the process of deciding. (McCharty, 2010) According to Beauregard and Henry (2009), with the help of work-life balance applications workers' work-life conflicts will decrease and their organizational performances will get better.

According to the results of the study which examines women's work-life balance after parturition, maternal changes in the psychological and physical health cause problem between work and home. In order to remove the psychological depression which occurs in women after birth, organizations run flexible working conditions. In that way, employee's motivation increases and after birth problems are eliminated (Grice et al., 2011).

Maxwell (2005) in his study which he carried out in different sized organizations in Scotland and which is on the different forms of work-life balance and managers' work-life balance, concluded that work-life balance applications are more important for women managers, and these applications are the basis for an organization's department of human resources and that they increase workers' work abilities (Maxwell, 2005). Especially women were fast in their careers, they got fast promotions when compared to previous ones. The increase of work-life balance studies

caused the increase women's organizational commitment and their contribution to the economy (Valk and Srinivason, 2011). Schueller and Alexandra (2012) state that after women have joined in the work life, they have had imbalance between their careers and housewife roles and they have problems about their leadership position. Since women stay together work and family life and have to protect their children; they have syndrome called glass-ceiling as a career progress. In addition, for every person, there is an interaction with money, taking decision and physical, emotional, social resources. These resources are important for the work-life balance (Schueller and Alexandra, 2012).

Bacik and Drew state that women lawyers have difficulty about work-life balance because of the long working hours in Ireland and their stereotypes about flexible working hours (Bacik and Drew, 2006).

Cullen and McLaughlin (2006) examined the work-life balance of workers in hotels who have long working hours. In 1990s, organizations thought that long working activities meant making the organization smaller. Besides, working long hours meant rebuilding the organizations and gaining their power again. Especially in the hotels in Ireland, working for long hours is seen as a cultural value. But this type of activities affects managers' and workers' work-life balance. For the workers', who have long working hours, commitment, work content and motivation decrease (Cullen and McLaughlin, 2006).

Organizational Commitment

Organizational commitment means that workers accept the organizational aims, values, struggle to reach these aims and desire to keep being member of this organization (Swales, 2002). According to another definition, organizational commitment means that workers reduce the stress in their work life and feel themselves as a member of this organization (Leong et al.,1996). Leong et al. (1996) state that organizational commitment has significant components as a behaviour form and has some effects that arrange the result variables. Organizational commitment is a device that

measures the effectiveness of the organization. Commitment is beneficial both for organization and workers. Strong commitment can be related with feeling safe and belonging to. workers keep being member and having loyalty, they benefit from organizational awards (Tayfun et al.,2008).

Organizational commitment has a structure with many dimensions. Because of this, organizational aims have significant potential to estimate the effects of the organizations' outcomes such as cycle speed (Meyer and Allen,1997). The commitment model developed by Meyer and Allen covers three components. These are; affective, continuance and normative commitment (Allen and Meyer,1990).

Affective commitment comes out with an agreement between personal and organizational values, commits workers to the organization emotionally and makes them pleased for working here (Wiener,1982). Workers say "I want to do this" and keep working in the organization with a strong affective commitment. Affective commitment to the organization means accepting the organizational values and to be volunteer for staying in the organization (Somers,1995). Workers having strong affective commitment, tend to behave for the advantage of organization (Meyer, Allen and Topolnytsky, 1998). In the studies which were conducted before, the effects of affective commitment on person, organization, work relations, personality and working experience, were examined (Meyer, Allen and Smith, 1993). Meyer et al. (1993) state that if workers have strong affective commitment, they will do their best for the organization's expectations.

Continuance commitment means that the workers keep being a member of the organization and say "I need to do this" (Meyer and Allen,1991). Continuance commitment is a result of a calculation of time and effort losses that comes out when the workers leave work. If a person make investment for the work, he/she cannot quit job easily. According to Meyer, Stanley, Herscoveitch and Topolnytsky (2002)

continuance commitment cause emotionally charges for workers when they understand that they do not have any alternatives. Workers feel limited because of their negative ended behaviours towards their's work and organization.

Meyer and Allen (1997) define normative commitment as "a feeling of obligation to continue employment". Internalised normative beliefs of duty and obligation make individuals obliged to sustain membership in the organisation (Allen and Meyer, 1990). According to Meyer and Allen (1991) "employees with normative commitment feel that they ought to remain with the organisation". In terms of the normative dimension, the employees stay because they should do so or it is the proper thing to do.

METHOD

The sample of this research consists of nurses working at the state hospitals in Ankara. In the research, "random sampling" method was used. In order to collect data, we benefited from the questionnaire method. Nurses was dealed 400 questionnaires, and 391 questionnaires which backed were counted applied in the research. We use two scale in the research. We use questionnaire of Özdevecioğlu and Aktaş, who developed of Greenhause, Stephen and Sommer' s scale in 2007, for determining of the balance between work and life (Özdevecioğlu and Aktaş, 2007). Özdevecioğlu and Aktaş, (2007) adaptation to Turkish of Work-life scale. Furthermore, we use organizational commitment scale which was developed by Allen and Meyer Cronbach Alpha was calculated to analyse the reliability of the scales and factor analysis was done for the validity. Frequency analysis was done to analyse demographic features to test whether there are significant differences between demographic features, work-life balance, and organizational commitment. Kruskal Wallis H and Mann Whitney U test was used to show the relation between work-life balance and organizational commitment.

The questionnaire used in the research consists of three main sections. In the first section; there are four questions about

demographic characteristics of the workers (education level, age, and the duration of service in job and in hospital), in the second section there are eleven questions to measure the balance of work-life and in the third section there are eighteen questions to measure the level of organizational commitment of workers. In the study a Likert scale (5) was used. Workers were asked to fill in the second section with "always, often, sometimes, rarely, never" and in the third section with "definitely agree, agree, unsure, not agree, definitely not agree". In the evaluations; always equals to 5 points, never equals to 1 point while definitely agree equals to 5 points and definitely not agree equals to 1 point. Statistics programs were used for the analysis of data.

Analyses of validity and reliability

While reliability determines the consistency of the scale, consistency means being suitable for scale rules, data record and code (Erdoğan, 1998). For the reliability analysis, Cronbach Alpha, which is used mostly, was calculated for the inner consistency. Cronbach Alpha shows total reliability of the question under the factor. When the Cronbach Alpha value is 0,70 and higher, it means that the scale is reliable, but if there are fewer questions, the limit is accepted as 0,60 and higher (Sipahi et al., 2006).

In the study, the reliability coefficient of the work-life balance scale is, 0,727 while the organizational commitment scale is 0,710. At the end of the analysis, it was understood that this scale is reliable with the coefficient 0,710.

The construct validity of work-life balance scale was checked with using the explanatory factor analysis (EFA). In the factor analysis, varimax, one of the vertical spinning methods, was used. When the value of KMO (Kaiser-Meyer-Olkin) is higher than 0,05 and close to 1, it means the factor analysis can be done for the study (Hutcheson and Sofroniu, 1999). In the results of factor analysis, the value of KMO is, 898 and it shows that the data are suitable for the factor analysis. Barlett global test proves that the correlation level between variables is enough. In the Barlett global test $P < 0, 05$ is expected (Bossey and Kircher, 2003). Since $P <$

0, 05; the facts are suitable for factor analysis. In the evaluation of factor analysis, the main criterion is factor loads. In the section of identifying the questions under the factor; factor loads taken by question for each factor are checked. Hair et al. (2005) state that the question whose factor loads is under 0, 50 should be excluded from the analysis. Therefore; in this study to show a question in a factor it should have at least 0, 50 factor loads (Hair et al.,2005).

In the factor analysis of 11 statements in scale used in research (Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15), 3 factor groups came out. Since the factor loads of Q7, Q9, Q13 were under 50 per cent (50%) and Q15 represents only one factor, they were excluded from the study and factor analysis was done again. As it is seen in the first figure, statements were collected under a factor (Figure 1). Factor loads of one-sided scale of work-life balance are shown in Figure 1.

Figure 1: The results of work-life balance analysis

Work-life balance scale	Factors
	The impact of work on family life
Q11 The requirements of our jobs make difficult to protect family relationship in the way I want.	0,830
Q6 I have trouble about keeping the balance between my work and life responsibilities.	0,822
Q5 My job takes me away from my family too much	0,796
Q10 The duration of service in my job hinder me to take on family responsibilities and joining the activities in equal.	0,782
Q8 Sometimes, my work takes time which I expect to spend with my family, because my job requires a lot of effort.	0,727
Q14 I have trouble with trying to keep balance of my responsibilities in my family and work.	0,670
Q12 My behaviours in the family are affected badly because of the characteristics of my job.	0,620

In the test of factor analysis, which was done for the construct validity of organizational commitment scale, the value of KMO is, 750 (Barlett value is $P < 0, 05$). In this aspect, this scale is suitable to do factor analysis.

In the factor analysis done for 18 statements (Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30,

Q31, Q32, Q33) in the scale of organizational commitment Q16, Q17, Q21, Q22, Q26, Q28, Q29's factor loads were under the 50% and they were excluded; hence factor analysis was done again. Then 3 factor groups took form (Figure 2). The factor loads of three-sided organizational commitment scale are shown in Figure 2.

Figure 2: The factor analysis of organizational commitment scale

Organizational Commitment Scale	Factors		
	Normative commitment	Affective Commitment	Continuance commitment
Q32 I don't leave this organization now, because I feel I am compelled to the people here.	0,842		
Q33 I owe a debt of gratitude to this organization.	0,807		
Q30 I will feel guilty if I leave this organization now.	0,758		
Q31 This organization deserves my loyalty.	0,694		
Q19 I don't have affective commitment to this organization.		0,894	
Q18 I don't feel I belong to this organization.		0,849	
Q20 I don't feel myself as a member of family in this organization.		0,830	
Q24 If I decide to leave this organization lots of things may be delayed in my life.			0,841
Q25 I don't have any thoughts that make me think to leave this organization.			0,741
Q27 One of the disadvantages which will be come out when I leave this organization is the difficulty of finding new job.			0,728
Q23 It would be hard to leave my work even if I want.			0,595

KMO value: 0,750

Barlett's test sphericity: 1533,040 p=0,000

RESULT

In the study, these results about the workers' education level, age, duration of employment

and duration of service in the hospital have been reached:

Figure 3: Demographic findings about the participants

		n	%
AGE	16-25 years	56	14,3
	26-35 years	159	40,7
	36-45 years	132	33,8
	46-55 years	37	9,5
	56 + years	7	1,8
	Total	391	100,0
EDUCATION	High school	76	19,4
	Pre-bachelor's degree	135	34,5
	Bachelor's degree	154	39,4
	Master degree	26	13,9
	Total	391	100,0
DURATION OF EMPLOYMENT	1-10 years	208	53,2
	11-20 years	164	41,9
	21-30 years	19	4,9
	Total	391	100,0
DURATION OF SERVICE IN HOSPITAL	1-10 years	307	78,5
	11-20 years	60	15,3
	21-30 years	24	6,1
	Total	391	100,0

The participants of the study are at different ages; 40,7% of them are maximum for 26-35 ages; The education level of the participants are as follows; 39,4% of participants have a bachelor's degree. The durations of the service in job are as follow; 53,3% of participants have been doing this job for 1-10 years. The durations of service in hospital are as follows; 78,5% of them have been working in the same hospital maximum for 1-10 years (Figure 3) .

The impact of demographic characteristics on work-life balance

In this section, the results of the impact demographic characteristics on work-life balance have been presented. Kruskal Wallis H

test was done to reveal the differences between age, education level, duration of employment and in the hospital and work-life balance. Mann-Whitney U test was done to determine which groups are different from each other.

In the analysis of the impact that the age variable have on work-life balance, significant differences was found, as it is seen in Figure 4 ($p=0,013$ $p<0,05$). There are significant differences between the 16-25, 26-35, 36-45 age groups and also 56 and over ($p=0,001$ $Z=-3,332$; $p=0,001$ $Z=-3,296$; $p=0,001$ $Z=-3,222$). As a result of this, we can say that the workers at the age of 56 and over are more successful than the other age groups about the work-life balance.

Figure 4: The impact of the age variable on work-life balance

	n	Mean	S.d	X ²	p
Work-life balance	391	2,6609	0,89148	12,753	0,013
Age	391	2,4373	0,91177		

In the analysis of the impact the participants' service duration on work-life balance, a significant differences was found between these two variables ($p=0,009$ $p<0,05$). In addition, there is significant difference

between workers who have been working for 1 to 11 and 21 to 30 years ($p=0,002$ $Z=-3,045$; $p=0,047$ $Z=-1,986$). We can say that; the workers who have been working for 21-30 years have better work-life balance.

Figure 5: The impact of the duration of service on work-life balance

	n	Mean	S.d	X ²	p
Work-life balance	391	2,6609	0,89148	9,552	0,009
The duration of service in job	391	1,5166	0,58975		

In this study, there is no significant difference between education level, the service duration and work-life balance.

The impact of the characteristics of the demographic on organizational commitment

In this section, the impact of the age, education level, the duration of service in job and in hospital was examined. The findings of research were analysed with Kruskal Wallis H and Mann Whitney U tests.

As a result of the test carried out to examine the significant differences between

age variable and organizational commitment, a significant difference was found between age variable and continuance commitment ($p=0,010$ $p<0,05$). Significant differences could not be found between affective and normative commitment. There is a significant difference between workers in different age groups ($p=0,025$ $Z=-2,239$; $p=0,001$ $Z=-3,231$; $p=0,001$ $Z=-3,334$). At the end of analysis, we can say that the workers in 46-55 age group have more continuance commitment than other age groups.

Figure 6: The impact of age variable on continuance commitment

	n	Mean	S.d	X ²	p
Continuance commitment	391	3,0838	0,93722	13,310	0,010
Age	391	2,4373	0,91177		

Significant difference was found between the education level and normative commitment ($p=0,005$ $p<0,05$). There are significant differences between the workers in different

education levels. The workers having master degree have more commitment than the others.

Figure 7: The impact of the education level on normative commitment

	n	Mean	S.d	X ²	p
Normative commitment	391	2,6042	0,93121	13,034	0,005
Education level	391	2,34	0,883		

Significant difference was found between the duration of service in hospital and continuance commitment ($p=0,011$ $p<0,05$). There is a significant difference between workers who have been working for 1-10 years, 11-20 years and 21-30 years ($p=0,006$ $Z=-2,735$; $p=0,007$ $Z=-$

2,707). According to results of analysis; workers' continuance commitment increases with the duration of service in job. Especially the workers' who have been working for 21-30 years have strong continuance commitment.

Figure 8: The impact of service duration variable in job on continuance commitment

	n	Mean	S.d	X ²	p
Continuance commitment	391	3,0838	0,93722	9,003	0,011
Duration of service in job	391	1,5166	0,58975		

There is a significant difference between the duration of service in hospital and continuance commitment ($p=0,031$ $p<0,05$). There is a significant difference between workers who have been working for 1 to 10, 11 to 20 and 21-30 years ($p=0,048$ $Z=-1,974$; $p=0,008$ $Z=-2,667$). According to the results of analysis; workers' continuance commitment increases

with the duration of service in hospital. As a result of the test carried out to examine the significant differences between duration of service and organizational commitment, a significant difference was not be found between duration of service and normative commitment.

Figure 9: The impact of service duration variable in hospital on continuance commitment

	n	Mean	S.d	X ²	p
Continuance commitment	391	3,0838	0,93722	9,003	0,031
Duration of service in hospital	391	1,2864	0,60747		

Correlation Analysis

In the correlation analysis, the strength and direction of the relation between two variables are calculated. Since the findings are not distributed normally in the correlation analysis, Spearman's rho was calculated. In the study, the relation between work-life balance

and organizational commitment which covers affective, continuance and normative commitment was tested. The correlation analysis which was done to examine the relation between organizational commitment and work-life balance is seen in Figure 9.

Figure 10: The analysis of correlation between organizational commitment and work-life balance

	Work-life balance	Affective commitment	Continuance commitment	Normative commitment
Work-life balance correlation	1,000	0,228(**)	-0,185(**)	0,145(**)
p	.	0,000	0,000	0,004
n	391	391	391	391

**p<0,01

According to Figure 10, there is a significant relation between work-life balance and organizational commitment (affective, continuance, normative). A positive directed relation between work-life balance and affective (0,228) and normative (0,145) commitment was found, but there is a negative directed relation between work-life balance and continuance commitment (-0,185).

CONCLUSION AND SUGGESTIONS

In this study, the impact of work-life balance on organizational commitment of nurses' who work in Ankara, was examined. Also, the relation between work-life balance and organizational commitment, age, education level, duration of service in job and hospital was examined.

According to the findings, positive directed relation between work-life balance and affective and normative commitment was found, but there was also a negative directed relation between work-life balance and continuance commitment. Work-life balance is very important for increasing the affective and normative commitment of workers.

In the analysis which was done to examine the relation between work-life balance and employee's age, education, the duration of service in the job, the duration of service in the hospital, a significant difference was found between age variable and work-life balance. Workers who are 56 and over years old are more successful at work-life balance than the other age groups. There is significant difference between duration of service in job and work-life balance. The workers who are working for 21-30 years have a good work-life

balance. In the analysis, there is no significant difference between work-life balance and education level, duration of service in hospital.

The results of the study revealed that in terms of the relation between the duration of service in job and in the hospital a significant difference was found between age variable and continuance commitment. Any significant difference could not be found between affective, normative commitment and age. The workers who are 46-55 years old have more continuance commitment than the other age groups. A significant difference was found between normative commitment and education level. Workers who have a master degree have strong normative commitment than other workers. A significant difference was found between continuance commitment

and the duration of service in job. Especially, the workers who have been working for 21-30 years have strong continuance commitment. Also, there is significant difference between the duration of service in hospital and continuance commitment.

As a result, the hospital managers should sustain work-life balance in the hospital for affective and normative commitment. They should do activities to arrange the environment at home and at work. This study will be beneficial for organizational commitment, work-life balance and for the managers in hospital and in health services. Also it will be beneficial for comparing the result of other studies on nurses' work-life balance and organizational commitment in different cultures.

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