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The Mediating Role of Occupational Commitment in the Effects of Work–Family Conflict on Intention to Leave

İş-Aile Çatışmasının İşten Ayrılma Niyeti Üzerindeki Etkisinde Mesleki Bağlılığın Aracılık Rolü

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ABSTRACT

Introduction: It is important to increase the occupational commitment of nurses who experience work–family conflict to decrease their intention to leave.

Aim: This study's aim was to demonstrate the role of occupational commitment in the effects of work–family conflict on the turnover intention of nurses during the COVID-19 pandemic.

Method: This descriptive study was conducted with 390 nurses working in two different hospitals of a foundation university in Istanbul.

Results: The results of this study showed that there was an effect of work–family conflict on intention to leave ($r_2 = 0.19$; $p < 0.05$) and occupational commitment ($r_2 = 0.01$; $p < 0.05$). Another result of the research is that occupational commitment also affected the intention to leave ($r_2 = 0.24$; $p < 0.05$). In addition, according to the results of the mediation analysis carried out to test the hypothesis of the research, there was a mediating effect of occupational commitment since the β coefficient of nurses' perceptions of work–family conflict in the first stage was 0.43, while it decreased to 0.40 in the third stage. This result showed that occupational commitment had a mediating role in the effects of work–family conflict on the intention to leave.

Conclusion: This study showed that occupational commitment had a mediating role in the effects of work–family conflict on the intention to leave. According to the research results, although nurses experience work–family conflict due to working conditions during the COVID-19 pandemic, their occupational commitment decreases their intention to leave.

Keywords: COVID-19; family conflict; institutional adherence; nurses.

ÖZ

Giriş: İş-aile çatışması yaşayan hemşirelerin işten ayrılma niyetlerini azaltmak için mesleki bağlılıklarını arttırmak önemlidir.

Amaç: Bu çalışmanın amacı COVID-19 pandemi sürecinde hemşirelerin yaşamış oldukları iş-aile çatışmasının işten ayrılma niyetleri üzerindeki etkisinde mesleki bağlılığın rolünü belirlemektir.

Yöntem: Bu çalışma tanımlayıcı bir araştırmaya olup, İstanbul'da bir vakıf üniversitesine ait iki farklı hastanede çalışan 390 hemşire ile yapıldı.

Bulgular: Araştırma sonuçları, iş-aile çatışmasının işten ayrılma niyeti ($r_2 = 0.19$; $p < 0.05$) ve mesleki bağlılık ($r_2 = 0.01$; $p < 0.05$) üzerinde etkisi olduğunu gösterdi. Ayrıca mesleki bağlılığın işten ayrılma niyetini de etkilemesi araştırmanın bir diğer sonucudur ($r_2 = 0.24$; $p < 0.05$). Bunun yanı sıra, araştırmanın hipotezini test etmek için yapılan aracılık analizi sonuçlarına göre hemşirelerin birinci aşamadaki iş-aile çatışması algıları katsayısı 0,43 iken üçüncü aşamada 0,40'a anlamlı bir biçimde düşmesi nedeniyle mesleki bağlılığın kısmi aracılık etkisi söz konusudur. Bu sonuç, iş-aile çatışmasının işten ayrılma niyeti üzerindeki etkisinde mesleki bağlılık aracı rolü olduğu belirlendi.

Sonuç: İş-aile çatışmasının işten ayrılma niyeti üzerindeki etkisinde mesleki bağlılığın aracılık rolüne sahip olması araştırmanın sonucudur. Bir başka ifadeyle, araştırmada hemşirelerin COVID-19 pandemi döneminde çalışma koşullarından kaynaklı iş-aile çatışması yaşamalarına rağmen sahip oldukları mesleki bağlılıklar onların işten ayrılma niyetlerini azalttığı görüldü.

Anahtar Kelimeler: Aile çatışması; COVID-19; kurumsal bağlılık; hemşireler.



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Introduction

Due to the COVID-19, employees' working conditions have changed (Çetin, Dede, Kökalan & Dede, 2021). Some employees were unable to go to work and instead work from their home. Therefore, the concept of working hours has changed for employees, and they worked almost 24/7 (Aşkın, Bozkurt & Zeybek, 2020). Other employees work under life threats while performing their jobs in their workplace (Goldfarb et al., 2021).

During the COVID-19, compared with other occupational groups, health care workers are the most at risk (Radfar, Hemmati Maslak Pak & Mohammadi, 2021; Tayal & Mehta, 2022). They work long hours in their hospitals, almost never going home (Gül & Toptaş Kılıç, 2021). This situation causes health professionals to not fulfil their responsibilities towards their families and not to maintain their family and work lives in balance. In other words, they experience work-family conflict (Muz & Erdoğan Yüce, 2021; Şişman et al., 2022). Work-family conflict is the inadequacy of employees to control both their family and work lives (Pekdemir & Koçoğlu Sazkaya, 2014). According to Netemeyer, Boles & McMurrian (1996), work-family conflict is the disagreement experienced because the demands of the job prevent the completion of family-related responsibilities.

Work-family conflict can increase employees' intention to leave (Munir, Nielsen, Garde, Albertsen & Carneiro, 2012). Briefly, intention to leave is the wish of employees to quit their jobs or professions (Koçoğlu, 2013). According to Mobley, Griffeth, Hand & Meglino (1979), intention to leave is considered an immediate precursor to leaving the employee's job. During the COVID-19 pandemic, healthcare professionals had less time to devote to their private lives and families than ever before (Li, Pien, Kao, Kubo & Cheng, 2021). Despite the increase in the intention to leave of healthcare professionals who experienced work-family conflict (Yıldız, Yıldız & Ayaz Arda, 2021), they did not quit their jobs and worked with great devotion to serve humanity. The reason for this could be their occupational commitment (Mersin, İbrahimoğlu, Çağlar & Akyol, 2020).

Occupational commitment is the psychological bond between the employee and their occupation (Koçoğlu Sazkaya & Görmezoğlu, 2021) and it is the reliance and assent of the values of one's profession (Cihangiroğlu, Teke, Özata & Çelen, 2015). Occupation commitment provides a clearer understanding of the employee's commitment to their profession (Meyer et al. 1993).

Meyer, Allen & Smith (1993) claimed that occupational commitment consists of 3 dimensions: affective, continuance and normative commitment. Affective commitment is an employee's emotional adherence to their profession (Blau, 2001). Otherwise, continuance commitment includes evaluating the costs that employees may face if they leave their profession (Blau, 2001). Investments here refer to the time and effort spent to become a member of a profession and to develop skills specific to the profession (Utkan & Kırdök, 2018). Normative commitment is when employees

feel obliged to continue their profession for reasons other than economic renunciations (work, family environment, closeness to managers, etc.) (Blau, 2001; Utkan & Kırdök, 2018).

This study's main contribution was carried out to determine the role of occupational commitment in the effects of work-family conflict on intention to leave of nurses. In other words, the question of whether health care professionals' commitment to their occupation is one of the most important motivational tools that prevent their intention to leave even though they experience work-family conflict is the subject.

Aim

The aim of this study was to demonstrate the role of occupational commitment in the effects of work-family conflict on the turnover intention of nurses during the COVID-19 pandemic.

Research Question

The model developed for the purpose of research is based on the theory of emotional events. The theory of emotional events states that the emotional events experienced by the employees due to their jobs affect the attitudes and behaviours of the employees (Robbins & Judge, 2017). In this context, this study, which aims to determine whether the family-work conflict experienced by the nurse causes their intention to leave, is associated with the theory of emotional events. With this approach research question is stated above:

1. Is occupational commitment have mediating effects of work-family conflict on intention to leave?

Method

Study Design

This study was a descriptive study. The research model was created to show the role of occupational commitment in the effects of work-family conflict on intention to leave as shown in Figure 1.

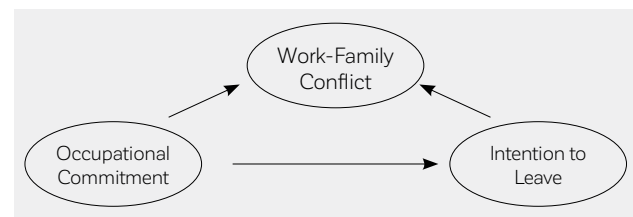


Figure 1: Research model

The research hypothesis was determined as:

- H₁: Occupational commitment significantly mediates the effects of work-family conflict on intention to leave.

Setting

This study was carried out in a in two different hospitals of a foundation university in Istanbul in June 2021.

Research Population and Sample

The population of the research consisted of 525 nurses working in two hospitals of the foundation university. The sample size determined as 223 nurses for a population of

525 nurses, at a 95% confidence interval and %5 significance level. Therefore 525 questionnaire were delivered. However, a total of 410 questionnaires collected. Nurses who filled out the questionnaire completely were included in the study. Consequently, a complete of 390 responses used for further analysis.

Data Collection Tools

The measurement instruments of the research variables are as follows:

Work-Family Conflict: It was developed by Netemeyer et al. (1996). It originates in 10 items with two dimensions. The first five statements in the scale measure “work-family conflict,” and the last five statements measure “family-work conflict.” In this study, the five items of the “work-family conflict” dimension were used. The Cronbach’s alpha of the original scale was 0.88. In this study, it was 0.94.

Occupational Commitment: Occupational commitment scale which originate in 18 items with three dimensions was developed by Meyer et al. (1993). The scale consists of 18 statements and three dimensions. The first 6 statements in the scale measure affective commitment, the next 6 statements measure continuance commitment, and the last 6 statements measure normative commitment. The expressions 2., 4., 5., 11., and 14 of the scale are in reverse direction, and these expressions are scored in reverse. The Cronbach’s alpha of the original scale was 0.80. In this study, it was 0.87.

Intention to Leave: This scale was developed by Mobley et al. (1979), with three items. The Cronbach’s alpha of the original scale was 0.83. In this study, it was 0.91.

The items were measured using a 5-point Likert-type scale.

Ethical Consideration

The study was confirmed by Ethical Committee of foundation university. It has been registered with the trial registration number is (Date: 27.04.2021 and Issue: 2021/142). Throughout the research, the principles of the Declaration of Helsinki were followed. Informed consent was derived from the nurses while collecting data.

Data Collection

Survey method is used. The questionnaires were collected by the researcher through one-on-one interviews with the nurses. Before the questionnaires were answered, the researchers gave general information to the nurses about the research. Answering the questionnaire took between 10 and 15 minutes.

Data Analysis

In this study, the data was analysed via SPSS 18.0 (Statistical Package for the Social Sciences) program package. The researcher benefited from descriptive, factor, reliability, and correlation analysis. Moreover, a regression analysis was conducted in determining the mediating role of occupational commitment in the effects of work-family conflict on the intention to leave. In this study, $p < 0.05$ was considered significant.

Results

Demographic Profile

In Table 1, the percentages regarding the participants’ demographic features are shown.

Table 1: Demographic Characteristics of Participants

	n	%		n	%		n	%		n	%
Sex			Marital status			Having child			Daily working hours		
Female	292	75%	Single	246	63%	Yes	117	30%	10 hours	312	80%
Male	98	25%	Married	144	37%	No	273	70%	Above 10 hours	78	20%
Age			Education			Monthly extra shift			Organizational Experience		
20-25	210	54%	High school	195	50%	1-3 day	78	20%	Under 1 year	94	24%
26-30	74	19%	Vocational high school	70	18%	4-6 day	58	15%	1 to 5	180	46%
31-35	43	11%	Bachelor’s degree	110	28%	7-9 day	98	25%	6 to 10	86	22%
36-above	63	16%	Master’s degree	15	4%	10 or more	156	40%	11 years or more	30	8%
Job experience			Sharing life with whom before COVID-19 pandemic			Sharing life with whom during covid-19 pandemic			Position		
Under 1 year	26	7%	Family	328	84%	Family	324	83%	Nurse	350	90%
1 to 5	168	43%	Alone	39	10%	Alone	39	10%	Chief nurse	20	5%
6 to 10	86	22%	Friends	20	5%	Friends	20	5%	Supervisor nurse	20	5%
11 to 15	55	14%	Other	3	1%	Other	7	2%			
16 years or more	55	14%									

Factor and Reliability Analysis of the Variables

Table 2 shows the KMO (Kaiser-Meyer-Olkin) value, Barlett test, factor loadings, explained variance, and reliability results of work-family conflict, occupational commitment, and intention to leave scales.

Table 2: Factor and Reliability Analysis Results of the Variables

Variables/ Items	Factor loading	Explained variance	Reliability	Kmo	Barlett test
Work Family Conflict (WFC)					
WFC1	0.91				
WFC2	0.91				
WFC3	0.91				
WFC4	0.86				
WFC5	0.82				
		79%	0.94	0.89	< 0.001**
Occupational Commitment					
AC1	0.88				
AC3	0.88				
AC4®	0.86				
AC5®	0.82	24%	0.88		
AC6	0.53				
NC2	0.81				
NC3	0.75				
NC4	0.72				
NC5	0.70				
NC6	0.53	20%	0.82		
CC2®	0.78				
CC3	0.76				
CC4	0.72				
CC5	0.63	18%	0.80		
CC6	0.63				
		62%	0.87	0.88	< 0.001**
Intention to Leave					
IL1	0.92				
IL2	0.92				
IL3	0.91				
		85%	0.91	0.76	< 0.001**

WFC: Work-Family Conflict; AC: affective commitment; R: Reverse; NC: Normative commitment; CC: Continuance commitment; I: Intention to leave; **p < 0.001

Table 3: Means and Correlations between Study Variables

Variables	M	1	2	3	4	5	6
Work-family conflict	3.34	1	-0.13**	-0.18**	0.018	-0.14**	0.43**
Occupational commitment	3.40		1	0.69**	0.74**	0.85**	-0.30**
Affective commitment	3.95			1	0.18**	0.44**	-0.36**
Continuance commitment	3.07				1	0.50**	-0.086
Normative commitment	3.18					1	-0.25**
Intention to leave	2.51						1

M: Mean; r: Pearson correlation; **p < 0.001

According to factor and reliability analysis, the latest work-family conflict (one dimension and five items) and intention to leave scales (one dimension and three items) were the same as the originals.

However, after conducting the factor analysis, 3 items from the occupational commitment scale were eliminated because, factors with high cross-loadings must be excluded (Hair, Black, Babin & Anderson, 1998). Thus, the second, seventh, thirteen items of occupational commitment* were eliminated. As seen in Table 2, occupational commitment scale consists of three dimensions.

Analysis of Variables

Table 3 claims that work-family conflict had a significant negative correlation with occupational (r = -0.13; p < 0.01), affective (r = -0.18; p < 0.01), and normative commitment (r = -0.14; p < 0.01) and a positive correlation with intention to leave (r = 0.43; p < 0.01). Occupational commitment had a significant positive correlation with affective (r = 0.69; p < .01), continuance (r = 0.74; p < 0.01), and normative commitment (r = 0.85; p < 0.01) and a negative correlation with intention to leave (r = -0.304; p < 0.01). Affective commitment had a significant positive correlation with continuance (r = 0.18; p < 0.01) and normative commitment (r = 0.44; p < 0.01) and a negative correlation with intention to leave (r = -0.36; p < 0.01). Continuance commitment had a significant positive correlation with normative commitment (r = 0.50; p < 0.01). Normative commitment had a significant negative correlation with intention to leave (r = -0.25; p < 0.01).

Hypothesis Testing

As Baron & Kenney (1986) suggested, measuring the mediating effect, regression analysis was applied in three steps. As seen in Table 4, in the first step, there was an effect of work-family conflict on intention to leave (p < 0.001). In the second step, there was an effect of work-family conflict on occupational commitment (p < 0.009). In the last step, the effect of occupational commitment on intention to leave was still significant (p < 0.001). The results explain that occupational commitment affects intention to leave. Furthermore, the effect of work-family conflict on intention to leave when controlling for occupational commitment was still significant and reduced (β for work-family conflict in step three is 0.40, which was less than β for work-family conflict in step one, 0.438). At the same

Table 4: Results of Hypothesis Testing

Regression model Independent variable Mediating variable	Model 1 Dependent variable: Intention to leave		Model 2 Dependent variable: Occupational commitment		Model 3 Dependent variable: Intention to leave	
	β	p	β	p	β	p
Work-family conflict	0.43	< 0.001**	-0.13	0.009*	0.40	< 0.001**
Occupational commitment					-0.25	< 0.001**
R	0.43		0.13		0.50	
F	91.999		6.881		65.625	
T	9.592		-2.623		9.133-5.650	
R²	0.19		0.01		0.24	

R: correlation coefficient; F: f test; T: t test; **p < 0.001

time, the Sobel test was performed to test the significance of the indirect effect and it was found to be significant. Thus, there is a mediating effect, and H₁: Occupational commitment significantly mediates the effects of work-family conflict on intention to leave was accepted.

The result of research show that there was a mediating role of occupational commitment in effects of work-family conflict on intention to leave. Moreover, it can be expressed that if nurses have occupational commitment, even if they experience work-family conflict, their intention to leave could decrease.

Discussion

During COVID-19, health care professionals experienced work-family conflict as they could not spare enough time for their private lives and their families. Despite this, health care professionals continued to work with great devotion and did not show intention to leave from their job in these difficult and adverse working conditions. One of the reasons for this is the commitment of health care professionals to their occupation. Therefore, it is targeted to show the relationship between these concepts in this research. In this context, this study includes quantitative research on nurses to show the mediating role of occupational commitment in the effects of work-family conflict on intention to leave.

Research results shows that there is a negative relationship between work-family conflict and occupational commitment. Put another way, as the occupational commitment of nurses increases, work-family conflicts will decrease. Because nurses who are committed to their occupation have the desire and motivation to serve humanity, even if they work in intense and risky working conditions, they will not experience work-family conflict. This result also supports the studies of Sorensen & McKim (2014), Zheng & Wu (2018), Dorenkamp & Rühle (2019) and Yang & Chen (2020).

Additionally, the study revealed a positive relationship between work-family conflict and intention to leave. In other words, nurses who have a work-family conflict may have a high intention to leave. Nurses who cannot spare time for their family and private life or who cannot find a balance in their private and work life may want to leave the job because of the negative situation they have experienced. The studies of

Rode, Rehg, Near & Underhill (2007), Hsieh, Pearson & Kline (2008), Noor & Maad (2008), Porter & Ayman (2010), Brown, Fraser, Wong, Muise & Cummings (2013), Boamah and Laschinger (2016), Watanabe & Falci (2016) and Zhang, Jin & Jiang (2020) are also supported by this result.

The study also showed a negative relationship between occupational commitment and intention to leave. In other words, as nurses' occupational commitment increases, their intention to leave may decrease. As the nurses who are committed to their jobs will do their jobs with self-sacrifice, they will not want to leave their jobs even if their working conditions are difficult. This result is consistent with the studies of Blau & Lunz (1998), Lu, Lin, Wu, Hsieh & Chang (2002), Klassen & Chiu (2011), Cho & Huang (2012), Chang, Chu, Liao, Chang & Teng (2019), Mérida-López & Extremera (2020), Duran, Celik, Ertugrul, Ok & Albayrak (2021) and Fernet, Gillet, Austin, Trépanier & Drouin-Rousseau (2021).

Other result is that occupational commitment has a significant mediating role in the effects of work-family conflict on intention to leave. When employees experience work-family conflict, their intention to leave will increase. On the contrary, as employees' commitment to their occupation increases, their intention to leave might decrease. Therefore, if managers want to reduce the turnover intention of their employees who experience work-family conflict, they should increase their occupational commitment. That is to say, employees with high occupational commitment will have low intention to leave, even if they experience work-family conflict.

With the support of the top management, the hr department of the university and the hospital management together should develop policies that will reduce nurses' work-family conflicts and their intention to leave and increase their occupational commitment. Additionally, the top management, the human resources department need to improve working conditions for nurses to reduce work-family conflicts. For example, switching to flexible working hours that nurses can arrange themselves could reduce their work-family conflict. In other words, if nurses can plan their own working hours, they will be able to fulfil their responsibilities towards their family members easily. In addition, a superior-subordinate relationship based on open communication should be established between managers and

their employees. In addition, by working with organizational psychologists, managers should be provided with the opportunity to solve their problems by mentoring nurses.

In addition, awareness of the employees towards work-life conflict should be improved. For example, nurses should be told how to spend more productive time with their families, not how to spend more time. In addition, nurses can be given opportunities to develop their potential and demonstrate their talents, and their motivation can be increased by empowering them individually. Furthermore, it is recommended not to deduct wages when it is necessary for nurses to take leave while fulfilling their responsibilities towards family members. In addition, stress-coping training and emotional support can be given to nurses so that they do not experience work-family conflict. On the other hand, nurses should be supported to participate in scientific meetings or trainings with their families on the weekend with a holiday concept.

It is also recommended to provide services such as kindergartens, gyms, and beauty salons that can meet the basic needs of nurses in the workplace. In addition, providing nurses with opportunities such as the right to attend in decision-making, rewards, and promotions could reduce their work-family conflict and intention to leave and increase their occupational commitment.

Limitations

This study's biggest limitation is that was carried out with nurses and the validity of the results attained in the study for a limited universe. Another limitation is that this is depending on the subjective point of view of nurses.

Conclusion

Today, especially due to the COVID-19, nurses are working in adverse conditions. Although they experience work-family conflict, their occupational commitment reduces their intention to leave, which is the general outcome of the study. It is suggested that future researchers extend the study, including other health professionals such as doctors and health officers.

Ethical Considerations: Ethics committee approval for this study Bezmialem Vakıf University Retrieved from the Non-Interventional Research Ethics Committee (Date: 27.04.2021 and Issue No:2021/142).

Authors Contribution: Study Idea (Concept) and Design – ZG, MKS; Data Collection / Literature Review – ZG, MKS; Data Analysis and Interpretation – ZG, MKS; Preparation of the Article – ZG, MKS; Approval of the Final Version to be Published – ZG, MKS.

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Kaynaklar

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