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NEXUS BETWEEN WORK-LIFE BALANCE PRACTICES AND AFFECTIVE ORGANISATIONAL COMMITMENT: THE MEDIATING ROLE OF TRANSFORMATIONAL LEADERSHIP STYLE

Suzanne C. Kibozi¹
Francis Michael²

ABSTRACT

This study assessed the relationship between Work-Life Balance (WLB) practices and Affective Organisational Commitment in relation to the mediating effect of Transformational Leadership Style. The study was based on data drawn from The Tanzanian Health Sector employees. A sample of 341 employees from four Regional Referral Hospitals in Tanzania was adopted for the study. Structural Equation Modelling (AMOS 21) tool for data analysis was applied in the analysis of the study findings. The study findings revealed that Work-Life Balance practices have a significant positive relationship with Affective Organisational Commitment. Moreover, the study discerned that Transformational Leadership Style has a significant mediation effect on the relationship between Work-Life Balance practices and Affective Organisational Commitment. Theoretically, this study contributes to the understanding of the relationship between Work-Life Balance practices and Affective Organisational Commitment to employees in Tanzania by anchoring it within the Social Exchange Theoretical backing. Moreover, the study tests and proposes a measurement model which can be applied in future research and it may also be applied in the development of a statistical generalization model of Work-Life Balance practices, Transformational Leadership Style and Affective Organisational Commitment. The practical implications of the study findings include the aspect that it may enable HR specialists to understand specific HR practices that enhances Affective Organisational Commitment to employees. Furthermore, the study suggests that, work Organizations should promote humane and friendly policies to avoid organizations applying policies that cause interference between employee work roles and employee family roles. It is also suggested that Transformational Leadership Style should be embraced as it has been proven from the study findings, that it is positively related to employees' positive behavioral outcome such as Affective Organisational Commitment.

Keywords: Affective Organisational Commitment, Work-Life Balance, Transformational Leadership, Mediating Effect, Structural Equation Modelling.

INTRODUCTION

Worldwide, employees Organisational Commitment is one of the ongoing salient organisational issues managers have to take very seriously. This is basically so, due to the accrual of challenges pertaining to balancing of work-related demands and non-work related obligations (Chew & Chan, 2007; Noor, Stanton & Young, 2009). Indeed, the current generation of professional workers, demand flexible work schedules to allow for success in their personal and professional life. These employees, like any other ordinary person, perceive their families to be incredibly important, hence making Work-Life Balance an inevitable phenomenon in any work setting. Moreover, due to the contemporary changes in the demographic make-up of organisation's workforce as well, which engenders the existence of both men and women at an equitable manner, renders for the Work-Life Balance practice to be very substantial (Aminah & Zoharah, 2008). It is worth noting however, that nowadays workforce is largely characterised by the increase of female employees and, as a result, work organisations are experiencing a robust gender mix workforce than it was years before. This gender mix phenomenon ushers in the need of the managements' consideration of putting in place, policies, rules, guidelines, and practices that will accommodate non-overlap of employee's work and employee's family roles in work organisations than it was in the past. Globally, the health sector job design is characterized by long working hours, heavy workloads and demanding work activities, which always bring challenges to its employees, thus, causing a critical challenge to employee job

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Business Management Review 21 (1), pp.60-73 ISSN 0856-2253 (eISSN 2546-213X) ©Jan-June 2018 UDBS. All rights of reproduction in any form are reserved

satisfaction and Organisational Commitment. Recently, most organisations have realized that taking care of their employees' work-life and family issues dilemma can help in the enhancement of commitment to their employees. Moreover, organisations' wish of increasing positive organizational behavioural outcomes to their employees, such as Organisational Commitment should be nurtured. This wish however, must embrace a Leadership Style that is geared towards the attainment of Work-Life Balance initiatives within the respective work organisation.

Generally, there is no single accepted definition of what constitutes Work-Life Balance (WLB) practice. According to Estes and Michael (2005), WLB usually refers to one of the following: organisational support for dependent care, flexible work options, and family or personal leave. Another study on WLB practices identified working hours as one of the most significant factors for achieving and managing WLB (Mubeen & Rashidi, 2014). Mubeen and Rashidi, (2014) opined so because excessive working hours without flexibility can create imbalances which negatively affect employees' personal and social aspects (Mubeen & Rashidi, 2014). Other WLB supportive factors include flexible scheduling (Perry-Smith & Blum, 2000) such as flexitime, which permits workers to vary their start and finish times of work, provided that they complete the number of allocated acceptable working hours. Byars and Rue (2008) also suggest the use of a compressed or condensed work week, an arrangement that allow employees to work longer shifts in exchange for a reduction in the number of days in their work week cycle. Byars and Rue (2008) propose tele-working practice as well, a practice of working at home or travelling while interacting with the office. Moreover, workers can access recourses for part-time arrangements as one way of achieving a Work-Life Balance that can also allow those with health problems or limited time to participate in the work process, develop their skills and obtain working experience by even being elsewhere apart from the work station (Lazar *et al.*, 2010). Lourelet *et al.* (2008), also assert that organisational support aimed at facilitating care services such as childcare and elderly care is another WLB practice that can affect employees' attitude towards their work organisation. Furthermore, Ioanlazar *et al.* (2010) opine that supervisor and organisational support can reduce work-life conflict and increase Organisational Commitment and loyalty. In short, studies have identified a number of ways that can help workers strike a balance between work-related and non-work related activities without necessarily compromising their work objectives, individual and family happiness, morale and dedication to work. In Tanzania, a country where this study was conducted, health workers organisational commitments tend to be a challenge due to diverse reasons such as inadequate Work-Life Balance coupled with leadership challenges. For instance, Khatri *et al.* (2009), Stringhini *et al.* (2009), Songstad *et al.* (2011) all had a common observation which states that some of the health workforce challenges in the country's public institutions are significantly related to work-life imbalances and poor leadership styles. A case study conducted in Tanzania by Stringhini *et al.* (2009) also revealed that health workers were largely dissatisfied with their jobs. One of the causes of this dissatisfaction was reported as the difficulties inherent in balancing work and family roles compounded by lack of support for the dependant's care which includes their children education. Poor leadership has also emerged as a major source of employee retention challenges in Tanzania, which can be explained well when associating it with the lower Affective Commitment concept (Khatri *et al.*, 2009).

Such frustrations among employees in the Tanzania's health sector is not something new, as empirical evidence indicates, that Work-Life Balance practices affect employees' Affective Organisational Commitment negatively (Kelly *et al.*, 2005; Sahi & Mahajan, 2014). However, it is likely that research findings that support the positive influence of Work-Life Balance practices on Affective Organisational Commitment may not be the same when leadership style, taken as a mediating factor is considered. In this regard, literature has revealed that the leadership aspect is an important component in work organisations, because leadership behaviour can either ruin or build an organisation through its effects on employees' behavioural outcome. Previous studies have pointed out the significance role of Transformational Leadership Style in relation to employees' positive organizational behavioural outcomes. For instance, Nguni (2005); Garg and Dhar (2014) argue that Transformational Leadership Style, is a strong predictor of Organisational Commitment. In fact, Munir *et al.* (2012) associate Transformational Leadership with employees' perceptions of work-life conflict, which again, affects their job satisfaction and wellbeing. Moreover, Transformational Leadership Style has been found to play a moderating role in the relationship between family-friendly programmes and employee Organisational Commitment (Wang & Walumbwa, 2007). However, existing literature on Work-Life Balance practices and Affective Organisational Commitment have hardly considered the mediating effect of Transformational Leadership Style on employees in the course of the relationship between these two variables, particularly with a focus on the Tanzanian context.

This study, therefore, investigated and tested the influence of Work-Life Balance practices on Affective Organisational Commitment vis-à-vis the mediating effect of the Transformational Leadership Style in the context of Tanzania's Health Sector work organisations. Affective Organisational Commitment was picked as a subject to this study over the other two distinct forms of Organisational Commitments, which are Continuance Commitment

and Normative Commitment, because Affective Commitment reflects the individual's emotional attachment to an organisation and the employees work which later enhances employee job satisfaction, that eventually leads to employee commitment. Otherwise, Continuance Commitment and Normative Commitment which respectively focus on the pros and cons of an employee leaving an organisation and the employee's sense of obligation to his or her organisation even if that particular employee may render to have been unhappy with that organisation, (Mueller *et al.* 2012). It is worth noting however, that Transformational Leadership Style was preferred to Transactional Leadership style because the former possesses strong positive effects on employee behavioural outcome and it enhances employees' emotional attachment to their leader and eventually to the organisation (Tse & Lam, 2008). Transformational leadership has the quality of aligning employees with the organisational expected outcome, through behaviour transformation by involving employees in organisational decision-making platforms. This practise of involving employees in decision making platforms is important due to the fact that it leads to employee support and owning management decisions which they were indulged in, hence making implementation of the decisions to be easier. The health sector context was preferred for the survey because it is labour-intensive and it relies heavily on advanced medical technology coupled with the availability of trained, committed healthcare professionals to deliver the required healthcare services.

Objectives of the study

The study had two objectives: first, was to ascertain the influence of Work-Life Balance practices on Affective Organisational Commitment in Tanzania's health sector; second, was to determine the mediating effect of Transformational Leadership Style on the relationship between Work-Life Balance practices and Affective Organisational Commitment in the Tanzania's health sector.

LITERATURE REVIEW

The Social Exchange Theory (SET) is a theory which was propounded by Thibaut and Kelly (1959), and it explains social change and stability as a process of negotiated exchanges between parties. The theory was adopted in this study to explain the relationship between Work-Life Balance practices, Transformational Leadership Style and the Affective Organisational Commitment in Tanzania's health sector. The choice of the theory was grounded on the fact that at workplaces social exchange relationships arise when long-term commitment on the part of management values employees as assets which contribute labour power for exchange with compensation as the exchange item from the employer in their exchange relationship (Robinson & Morrison, 1995). As such, an organisation which places importance on building long-term relationships with its employees, is more likely to foster commitment and trust (Eisenberger *et al.*, 1986). Researchers deploy different concepts to explain social exchange in employment relationships. These include the psychological contract (Schein, 1970), which emphasises the perceived role of the organisation to keep its promises as a key determinant of employees' satisfaction and performance. The other concept is the Perceived Organisational Support (Eisenberger *et al.*, 1986), which constitutes a global belief that employee attitude, is also dependent on how the organisation values its employees. Another concept is the leader-member exchange (Dansereau Jr., Graen & Haga, 1975), which maintains that the quality of exchange relationship between leaders and their followers affect the leaders' and followers' attitude and behaviour (Liden, Sparrowe & Wayne, 1997). Another important positive value is the Perceived Organisational Justice, which also brings about employee positive behavioural outcome (Adams, 1965). The support for dependants if provided fairly signals an organisation's interest in maintaining a long-term relationship with its employees. The positive response and support employees get from their employers inculcate to employees, a feeling of obligation that render them to reciprocate to the organisation's positive gesture and favourable treatment availed to them by demonstrating behaviour that benefit the organisation which can be defined also as Organisational employee Commitment. Despite facing criticism of not taking into account cross-cultural variations in the norms and rules that regulate social exchange, the SET is one of the most influential conceptual paradigms for understanding employee workplace behaviour (Cropanzano & Mitchell, 2005).

Work-Life Balance Practices and Affective Organisational Commitment

Work-Life Balance refers to perceiving a satisfactory balance between one's personal life and work schedule, that is associated with minimal conflict between the two (Döckel, 2006). Shrotriya (2009) opines that the WLB entails attaining equilibrium between professional work and other activities to reduce friction between official and domestic/personal life and, thus, boost the efficiency and productivity of employees that can be said to be associated with heightened employee commitment. In fact, studies by Deery and Jago (2015) indicate that Work-Life Balance practices affect employees' Affective Organisational Commitment, arguing that WLB has become one of the key variables essential in addressing employee management and retention issues. An empirical study by Azim *et al.* (2011) found a significant relationship between WLB and Organisational Commitment. In this regard, Lourel *et al.* (2008) assert that work-life balance is crucial to employee commitment and it can be easily identified in

organisations that have Work Life Balance policies. Kelly *et al.* (2005); Sahi and Mahajan (2014) all found that work-family policy implementation is a promising intervention for boosting employee commitment to the organisation. DeConinck (2011); Zhang and Liu (2011) contend that employee Organisational Commitment stems from employee perception basing on the extent to which the employer is committed to and supportive to employee demand of balance of work and family life. This study, therefore, hypothesise that:

H1: Work-Life Balance practices have a significant positive effect on Affective Organisational Commitment in Tanzania's health sector.

The Mediating Role of Transformational Leadership Style

Transformational Leadership Style is assumed to play a mediating role in the relationship between Work-Life Balance practices and Affective Organisational Commitment. Empirically, Transformational Leadership Style is believed to increase the commitment level of employees (Dimaculangan & Aguilin, 2012). Nguni (2005) asserted that Transformational Leadership Style strongly influences and predicts employee Organisational Commitment. Similarly, Garg and Dhar (2014) opined that Transformational Leadership Style leads to the development of a higher level of Organisational Commitment. Yet, empirical studies on the mediating effect of Transformational Leadership Style on the relationship between Work-Life Balance practices and the Affective Organisational Commitment are scarce, especially in the context of Sub-Saharan Africa where Tanzania belongs. However, there are several studies that impliedly indicate the possibility of the existence of such relationship. Wang and Walumbwa (2007) for example, revealed that Transformational Leadership Style plays a moderating role in the relationship between family-friendly programmes and Organisational Commitment. In this regard, a longitudinal study by Munir *et al.*, (2012) associated Transformational Leadership Style directly with the perceptions of work-life conflict, job satisfaction and psychological wellbeing.

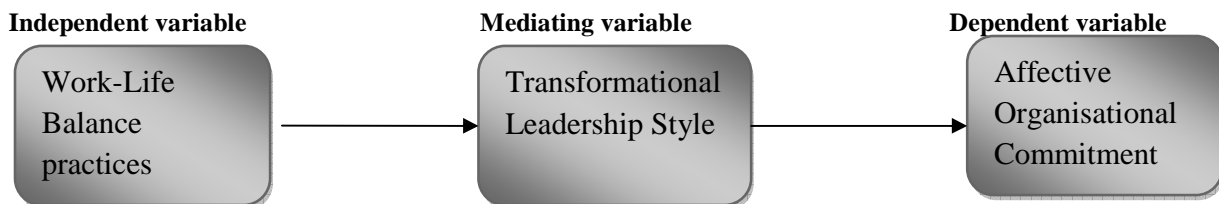
Baron and Kenny's (1986) mediation theory also insinuates a possibility of Work-Life Balance practice and Affective Organisational Commitment mediated relationship through Transformational Leadership Style. After all, the Work Life Balance practice is significantly related to both, Transformational Leadership Style and Affective Organisational Commitment (Wang and Walumbwa, 2007; Sahi and Mahajan, 2014). However, a study by Dimaculangan and Aguilin (2012) confirmed that Transformational Leadership Style is significantly related to Affective Organisational Commitment. This impliedly is stating that, Transformational Leadership Style mediates the Work-Life Balance practices and Affective Organisational Commitment relationship. Baron and Kenny (1986) treat a mediator as an intermediary variable that accounts for the relationship between the predictor variable and the criterion variable. As Work-Life Balance practices (independent variable) significantly account for variations in the Affective Organisational Commitment (the dependent variable), and if at all, Transformational Leadership Style (the mediator) when applied as a mediating factor may also accounts for variations in Affective Organisational Commitment as well (the dependent variable), then the issue of the mediation effect would then be worth testing. In fact, Transformational Leadership Style is expected to mediate the relationship between Work-Life Balance practices and the Affective Organisational Commitment. This proposition is based on the notion that Work-Life Balance practices articulated through Transformational Leadership Style affects employee Affective Organisational Commitment. However, the mediation effect of Transformational Leadership Style on Work-Life Balance practices and Affective Organisational Commitment relationship is not clearly documented in empirical literature.

Thus, the study proposes the following hypothesis:

Hypothesis 2: Work-Life Balance practices have an indirect significant positive effect on Affective Organisational Commitment through the mediating effect of the Transformational Leadership Style in Tanzania's health sector.

Conceptual framework

Variables constituted in the conceptual framework that guides the study, are described in Figure 1. Affective Organisational Commitment is a dependent variable, which was tested for a relationship with Work-Life Balance practices as an independent variable. Likewise, the study also considered the mediating effect of the Transformational Leadership Style in the relationship of the aforementioned variables.



Sources; Synthesised from Chew and Chan (2007), Chan and Mak (2013) and Azim *et al.* (2011)

Figure 1: Conceptual framework

Scope and context of the Study

The study was limited to the public regional referral hospitals in Tanzania. The Tanzania's regions where the study survey was conducted included Lindi, Mtwara, Kagera and Coast regions. The study did not consider private hospitals because employee management practices between public and private organisations may not necessarily be similar. In fact, studies on private organisations have had different results from studies conducted in public organisations as far as People management practices were concerned. This situation leaves room for conducting similar but a comparative study between private and public hospitals on the same aspect. The study also focused on the doctors and nurses because they are directly involved in the provision of health care services to the needy. However, the study did not cover other medical care employees such as pharmacists and non medical cadre such as support staff at the hospitals, for example, security guards and others of the like because they are not directly involved in the provision of medical care services. Conceptually, the study was restricted to Work-Life Balance practices as an independent variable, with the Transformational Leadership Style serving as the mediating variable, and the Affective Organisational Commitment as a dependent variable.

METHODOLOGY

The study based its findings on a sample of 341 health care workers. Although there is little consensus on the recommended sample size for Structural Equation Modelling (SEM) analysis, which was the analytical tool in this study, Sivo *et al.* (2006), Garver and Mentzer (1999) and Hoelter (1983) proposed a 'critical sample size' of 200 respondents as the minimal sample range. Therefore, as a rule of the thumb, any number above 200 is understood to provide sufficient and reliable statistical power for data analysis when applying SEM as a tool for analysis (Hair *et al.*, 2010). In this research however, the sampling size was determined from the application of the sample size determination formula adopted from Krejcie and Morgan (1970). The total study population in this research was 3,006 subjects who were based in the four Tanzania's regions where the study was conducted (Tanzania Human Resources for Health country profile, 2013). According to the formula, the 3,006 employees correspond to sample size of 341. Moreover, a multi stage sampling method was applied which accommodated the purposive sampling to select the number of regional referral hospitals: Simple random sampling was utilised to pick the respondents to participate in the study. Primary data was collected using a structured questionnaire administered by the researcher in four of Tanzania's regional referral hospitals (in Kagera, Lindi, Mtwara and Coast regions). These regions were selected because Lindi and Mtwara have over the past few years been classified as the hard-to- reach regions (HRH country profile 2013 report), whereas Kagera and the Coast regions are the zone centres for the Lake and Eastern zones respectively.

This study adapted validated Likert scales from previous studies: Affective Organisational Commitment was measured using a tailored abridged 9-item Organisational Commitment questionnaire (OCQ), a scale which was developed by Mowday *et al.* (1979) and it was modified to six item likert scale as proposed by Kalleberget *et al.* (1996). Transformational Leadership Style was measured using the eight-items scale designed to measure leadership behaviour. The scale consisted of items adapted from two validated scales. Also a tailored Multifactor Leadership Questionnaire devised by Bass and Avollo (1990) was applied to measure Transformational Leadership. The Work Life Balance practice, on the other hand, was measured using a scale proposed by Fisher-McAuley *et al.* (2003). All the scales were modified to a five-point Likert scales which was tailored to suite the study. Structural Equation Modelling (SEM) with AMOS version 21 was used to analyse data with the aid of SPSS Version 22 which was applied in the development of frequencies and percentages from the survey data.

FINDINGS*Characteristics of Respondents*

As Table 1 summarizes, the demographic characteristics of the respondents were analysed by location, cadre/section, gender, marital status, age group, and status of children, status of dependants and level of education. The basic profile of the respondents gave a great insight into the nature of the analyzed data and had a useful contribution to the study's conclusions.

Table 1: **Selected Respondent Characteristics**

Characteristics	Percent
Work station of respondents	
Kagera	48.8
Pwani	20.6
Lindi	13.4
Mtwara	17.2
Sex of respondents	
Male	35.1
Female	64.9
Cadre	
Physicians	21.3
Nurses	78.7
Age of respondents	
Under 26 years	10.7
26 – 35 years	19.9
36 – 45 years	29.9
46 – 55 years	28.9
56 – 60 years	10.7
Marital status	
Married	75.3
Un-married	24.7
Status of children in the family	
Having children	86.3
Not having children	13.7
Status of dependants in the family	
Having dependants	89.3
Not having dependants	10.7
Educational level of respondents	
Certificate	38.5
Ordinary Diploma	23.7
Advanced Diploma	21.3
Bachelor Degree	13.7
Master's Degree	2.7

Table 2 shows the mean, standard deviation, reliability coefficients, and correlation coefficients of the variables. The study deployed the Cronbach's alpha (α) to determine the reliability level as the scales used had large number of items. As Table 2 illustrates, all the variables had the acceptable threshold of the reliability level of above 0.7 (Field, 2009; Pallant, 2007) as well as for the aspects of skewness and kurtosis (skewness -1 to 1; kurtosis -3 to 3).

Table 2: **Descriptive statistics**

Variables	Mean	Standard deviation	Reliability	Skewness	Kurtosis
WLB	3.04	1.032	0.736	0.578	0.707
TFLS	3.02	0.956	0.785	0.398	0.880
AFFECOMM	3.00	1.146	0.864	0.068	1.349

Confirmatory Factor Analysis

Before testing the hypotheses, we conducted a series of Confirmatory Factor Analyses (CFA) of the study variables using AMOS. After running the CFA, a better fit model emerged as Table 3 indicates:

Table 3: Fit Indices of the CFA overall Model

GoF Measure	Calculated Index	Standard requirements	Comments	Author
CMIN/df	2.712	<3	Good	Hair et al., 2014
CFI	0.959	≥ 0.90	Good	Kline, 2011
TLI	0.938	≥ 0.80	Good	Kline, 2011
GFI	0.948	≥ 0.90	Good	Hair et al., (2010)
RMSEA	0.077	< 0.08	Good	Byrne, 2010

All the standardized factor weights are significant and above the minimum acceptable value 0.5 (Kline, 2011) and were significant at one percent level as Table 4 illustrates:

Table 4: Estimates and p-values for overall variables

	Estimate	P
LSTFL4 <--- TRANSFOR	.999	
LSTFL5 <--- TRANSFOR	.730	***
LSTSL7 <--- TRANSFOR	.640	***
OCAF3 <--- AFFECOMM	.874	
OCAF4 <--- AFFECOMM	.738	***
OCAF6 <--- AFFECOMM	.875	***
WLB6 <--- WORKLIFE	.796	
WLB7 <--- WORKLIFE	.480	***
WLB8 <--- WORKLIFE	.638	***

Source: Output from Structural Equation Modelling model

Structural modelling

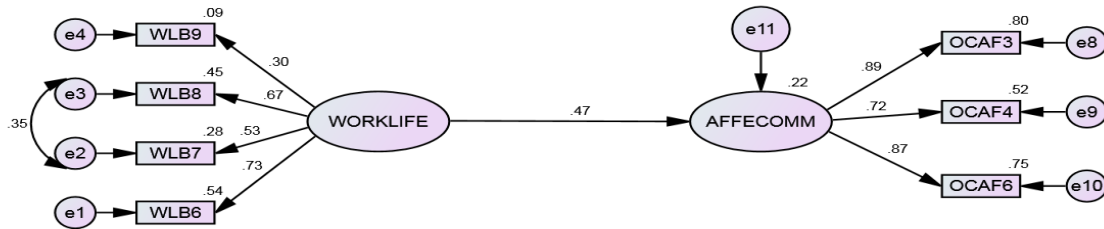
In the assessment of the structural model validity, the following model fit indices, as suggested by Hair *et al.* (2010) were used: the χ^2 value and the associated Degree of Freedom (DF), the Root Mean Square Error of approximation (RMSEA), the absolute fit and badness-of-fit indices. The study applied the Tucker Lewis Index (TLI) representing incremental fit index, and the Comparative Fit Index (CFI) representing goodness-of-fit index. Similar index cut-off values were used as during the CFA. These include the $\chi^2/DF \leq 3.0$ (Hair *et al.*, 2010), $TLI \geq 0.90$ and $CFI \geq 0.90$ (Kline, 2011); $RMSEA < 0.08$ (Byrne, 2010). The study used these indices to test the goodness of fit of the models as they are the most commonly applied indices in such studies. The conceptual framework in the study was proposed to consider simultaneously one independent variable, one mediating variable and one dependent variable. The independent variable was Work-Life Balance practices; the mediating variable was the Transformational Leadership Style and the dependent variable was Affective Organisational Commitment.

Structural Equation Modelling (SEM) Results

Model 1- Direct relationship

Subsequent to the testing of the measurement model through CFA, the overall structural model was specified based on the conceptual model developed to test the fit between the hypothesised model and the data. In fact, the focus shifted from the relationship between latent variables and their specific manifest variables to the structural relationship among the latent variables of the study to reveal the causal relationships between variables. The Structural Equation Modelling, with the help of AMOS, was employed to test the hypothesised relationships. To establish a causality relationship between the independent variable and the dependent variable, the study specified and estimated a model representing direct relationship between independent variable and the dependent variable. The fit of the structural model 1 was acceptable (CMIN/DF 1.657, P 0.069, CFI 0.989, TLI 0.980, GFI 0.981, RMSEA 0.048, SRMR 0.0402) as indicated in Figure 2. In addition, there was a significant positive relationship

between Work-Life Balance practices and the Affective Organisational Commitment ($\beta=0.473$, $p=0.000$) as Table 4 illustrates. Model 1 indicates that the unit increases in the standard deviation of the Work Life Balance practices, results in the 0.47 increase in standard deviation of the Affective Organisational Commitment (Figure 2). Figure 2 also indicates that, Work-Life Balance practice construct explained 22 percent of variance ($R^2 = .22$) in health employees' affective commitment to their respective organisations.



Chi-square,DF12,P.069,Nomed Chi-square=1.657
CFI.989,TLI.980,GFI.981,RMSEA.048,SRMR=0.0402

Source: Output from the Structural Equation Modelling model

Figure 2: The Work-Life Balance Practices and Affective Organisational Commitment Relational Structural Model

Table 4: Regression weights of the relationship between the Work-Life Balance practices and Affective Organisational Commitment

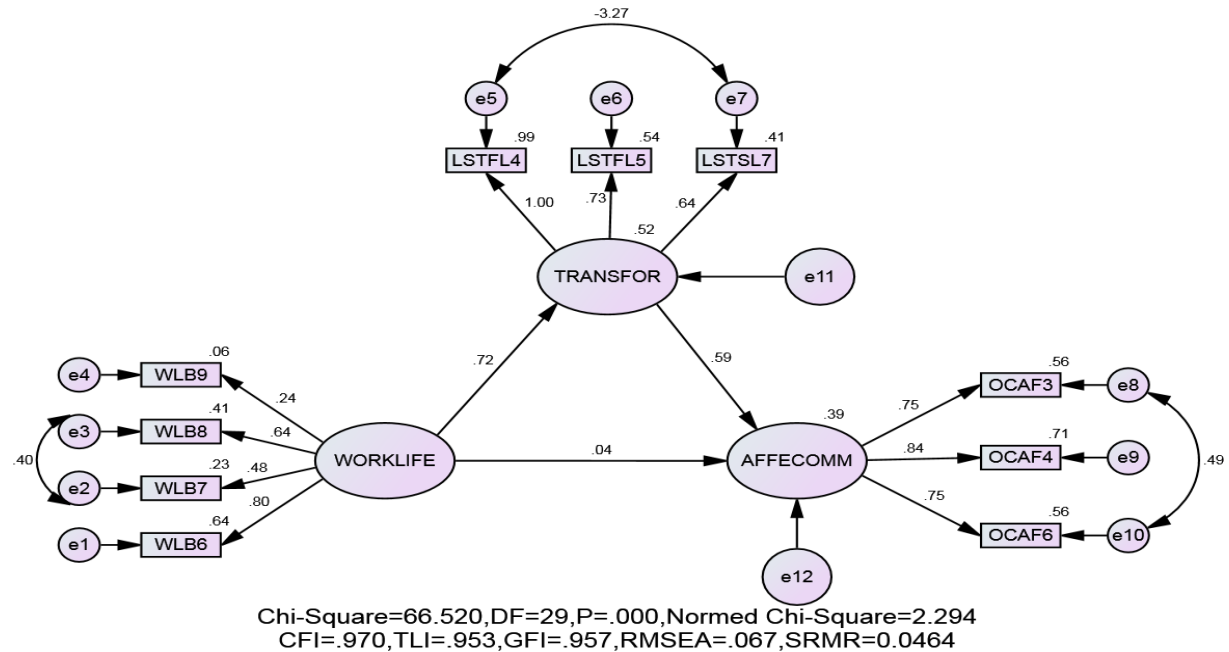
Model Path	Unstandardised Estimate	S.E.	C.R.	P	Standardised Estimate
AFFECCOMM <--- WORKLIFE	.571	.104	5.487	***	0.473

***Significant at $p < .001$

Testing Mediation effects – Model 2

According to Baron and Kenny (1986), testing the mediating effect of the Transformational Leadership Style on the relationship between Work-Life Balance practices and Affective Organisational Commitment requires a four-step regression analyses process. Step one entailed establishing whether there exists a significant relationship between the independent variable (Work-Life Balance practices) the dependent variable (Affective Organisational Commitment). Step two entailed determining whether there exists a significant relationship between the independent variable (Work-Life Balance practices) the mediating variable (Transformational Leadership Style). Step three entailed establishing whether there exists a significant relationship between the dependent variable (Affective Organisational Commitment) the mediating variable (Transformational Leadership Style). After the mediation testing, it was again subjected to the model's goodness of fit requirements before proceeding to step four which is the final testing exercise. The final model attained a good fit with the recommended fit statistics, with all the fit statistics meeting the minimum requirements. The overall fit was (CMIN/DF 2.294, P 0.000, CFI 0.970, TLI 0.953, GFI 0.957, RMSEA 0.067 and SRMR 0.0464) as indicated in Figure 3. The findings show that there is an instance of mediation in this model between the constructs of Work-Life Balance practices to Affective Organisational Commitment through Transformational Leadership Style. The findings in Table 5 reveal that the relationship between Work Life Balance practices and Transformational Leadership Style is significant ($\beta = 0.724$ at $p < .001$). Moreover, the relationship between the Transformational Leadership Style and Affective Organisational

Commitment is also significant ($\beta = 0.594$) at $p < .001$). Furthermore, the indirect relationship between Work-Life Balance practices and the Affective Organisational Commitment is insignificant in the final mediated model ($\beta = 0.037$ at $p > .005$), in the initial direct model it was significant ($\beta = 0.473$ at $p < .001$). This suggests that the relationship between Work-Life Balance practices and Affective Organisational Commitment is fully mediated by the Transformational Leadership Style. Furthermore, in the initial model Work-Life Balance practices construct explained 22% of the variance ($R^2 = 0.22$) in the health employees' affective commitment to their respective organisations, but in the final mediated model the Work-Life Balance practices construct explained 39% of the variance ($R^2 = 0.39$) in health employees' affective commitment to their organisations as the final model in Figure 3 illustrates:



Source: Output from Structural Equation Modelling model

Figure 3: Structural Model of the Relationship between Work-Life Balance Practices and Affective Organisational Commitment as Mediated by Transformational Leadership Style.

Table 5 shows the regression weight accounting for the relationship between the Work-Life Balance practices and the Affective Organisational Commitment as mediated by the transformation leadership style:

Table 5: Regression Weights of the Work-Life Balance Practices and Affective Organisational Commitment Relationship Mediated by Transformational Leadership Style.

Model Path	Unstandardised Estimate	S.E.	C.R.	P	Standardised Estimate
TRANSFOR <--- WORKLIFE	.760	.079	9.604	***	0.724
AFFECOMM <--- TRANSFOR	.526	.111	4.747	***	0.594
AFFECOMM <--- WORKLIFE	.035	.112	.309	.757	0.037

*** Significant at $p < .001$

Testing the Hypotheses

This study had two (2) hypotheses generated from the literature review. The results of the analysis show that all the hypotheses have been supported by the data generated and analysed in this study.

H1: Work-Life Balance practices have a significant direct and positive effect on the Affective Organisational Commitment in Tanzania's health sector

Hypothesis H1 is represented by the coefficient of the path WLB to AFFECOMM. The path coefficient is statistically significant ($p = .000$) and has the expected positive sign. This means that the higher the levels of Work Life Balance practices, the more the employees will be affectively committed to their organisation.

Hypothesis H2: Work-Life Balance practices have an indirect significant and positive effect on affective Organisational Commitment through the mediating effect of the Transformational Leadership Style in Tanzania's health sector.

Hypothesis H2 is represented by the coefficients of the path WLB to LS to AFFECOMM. The coefficients WLB to LS ($p = .000$) and LS to AFFECOMM ($p = .000$) are statistically significant and the result of the mediation test shows that the estimates of the paths from WLB to AFFECOMM, which were significant in step 1, have become insignificant, indicating a full mediation. The implication is that Work Life Balance practices' effect on the Affective Organisational Commitment depends on the effect it has on the Transformational Leadership Style. In other words, the stronger the relationship between Work Life Balance practices and Transformational Leadership Style, the more the influence Work Life Balance practices has on Affective Organisational Commitment.

DISCUSSIONS OF THE FINDINGS

One of the objectives of this study was to test the relationship between Work-Life Balance practices and the Affective Organisational Commitment. The results of the study suggest that Work-Life Balance practices have a significant positive relationship with the Affective Organisational Commitment among health workers in Tanzania. The significant relationship between Work-Life Balance practices and the Affective Organisational Commitment was expected, as most literature places much focus on Work-Life Balance than was previously thought to be the case. This significant relationship discerned from the study findings, could be attributed to the perception of respondents, as was depicted from the survey that the transformational behaviour of the leaders of considering their own well being and neglecting those of employees could have caused a decrease of the employees sense of commitment to the organisations.

The study findings are consistent with findings of a study conducted by Azim *et al.* (2011) who established that Work-Life Balance is significantly related to Organisational Commitment, however unlike our study, the study did not consider the mediating effect of the Transformational Leadership Style. Similarly, Kinyili's (2015) study found that Work-Life Balance practices positively and significantly correlate with the employees' Organisational Commitment. However, Kinyili's (2015) study did not explain which dimension of organisation commitment the study focused upon in order to be able to deduce whether there could have been other factors that could have been causal to the correlation. Likewise, Zhang and Liu (2011) found that employees' Organisational Commitment is derived from employee perception, basing on the extent which the employer is committed to and supportive of the employees, causing positive balance between demands of work and family life. From the theoretical point of view, the study findings are in line with the Social Exchange Theory, which asserts that employees reciprocate positive behaviour towards their perception on the commitment shown to them. This argument is supported by empirical evidence by Mossholder, Settoon and Henagan (2005), who demonstrated that Social Exchange Theory has significant influences on employee behavioural outcomes that benefit the organisation, this includes also Organisational Commitment.

The second objective of this study was aimed at examining the mediating effect of Transformational Leadership Style on the relationship between Work-Life Balance practices and Affective Organisational Commitment. The findings indicate that the Transformational Leadership Style has a significant mediation effect on the relationship between Work-Life Balance practices and Affective Organisational Commitment. The study's findings signify that Transformational Leadership Style when applied well it can mediate with positive effects the relationship between Work-Life Balance practices and Affective Organisational Commitment. This is possible due to the fact that leadership practice have the capacity to appeal to the higher order psychological needs of employees which in the long run make employees feel to be valued. This means that the employees' perceptions of their organisation's efforts to support Work-Life Balance in order to increase employees' Affective Organisational Commitment can simply be enhanced through the Transformational leadership style. Thus, employees' responses to unfavourable management actions are less severe when they perceive that their organisation's leaders are supportive, and value them as the most important organisation resource through the leadership style that they apply (Chu & Lai, 2011; Odumeru & Ifeanyi, 2013).

These findings concur with Joo *et al.* (2012); Garg and Dhar (2014) who contend that Transformational Leadership Style leads to the development of a higher level of employee Organisational Commitment. However, though the sample of their study consisted mostly of highly educated male managers, making the study subjected to bias only a

certain group of people with similar demographic characteristics, but all in all the important point stressed by the findings, is on showing how important is leadership style on managing employee attitude of organisation commitment. The findings of this study clearly indicate that the Transformational Leadership Style has an influence on employees' Organisational Commitment in the Tanzanian context. This implies that the management of work organisations should select the leadership style that can translate itself into superior positive relationships with subordinates. This study's findings in this regard are similar to those of García-Morales *et al.* (2012) who argue that transformational leaders' commitment to their organisation's goals has the effect of making their followers also become committed to reaching those same goals. Wang and Walumbwa (2007) also indicate that Transformational Leadership Style plays a moderating role in the relationship between family-friendly programmes and Organisational Commitment. However, Afshari and Gibson's (2015) study revealed that it is the transactional leadership behaviours and not the transformational leadership that have a positive bearing on the development of willing employee Organisational Commitment. This assertion leaves a room for conducting a comparative study on the two leadership styles on Organisational commitment.

Implications of study findings

The findings of the study imply that Work-Life Balance practices play a significant role in determining the employees' Organisational Commitment level. The findings further imply that investment in strategies which encourage Work-Life Balance practices such as care for dependants, increase the chances of employees becoming more committed to their organisation and, thus, organisations should regularly monitor the levels of Work-Life Balance practices and take appropriate interventions. As WLB has become such a prominent factor in today's world of work, the findings necessitate that changes are necessary in the Leadership styles adopted by the management in Tanzania's public health organisations to ensure employees' Organisational Commitment, because employees' inability to strike a delicate balance between work and family roles successfully, could negatively affect their Organisational Commitment (Xiao & Cooke, 2012). Moreover, flexible work schedules can bolster the health workers and entice them to be committed to their work. Consequently, the increase in dual earner couples could push both men and women health workers to seek careers in medicine because of the reasonable lifestyles it engenders, hence according to them time for the family. Additionally, the study findings imply that leadership plays a significant intervening role in fostering employees' Organisational Commitment. Thus, we opine that implementing Work-Life Balance practices alone may be insufficient to enhance Affective Organisational Commitment unless it is imbued with attributes of Transformational Leadership Style, which can offer organisational support to enable the implementation of favourable policies to make employees feel valued. Moreover, a practical implication might be that leaders need to utilize the behaviours of transformational leadership to facilitate employees' Affective Organisational Commitment. The theoretical implication of this study is for the extension of the transformational leadership model to advance our knowledge in the transformational leadership mediating power in Work Life Balance practices and effects on employees' Affective Organisational Commitment.

CONCLUSION

In today's competitive environment, having a loyal base of satisfied and committed employees is imperative for an organisation's survival. This study revealed that Work-Life Balance practices are essential in eliciting employees' commitment to their organisations. Moreover, the findings indicate that the Transformational Leadership Style is relatively stronger than Work-Life Balance practices in enabling and predicting the health sector employees' Affective Organisational Commitment. Thus, the implementation of family-friendly policies in organizations can make employees feel valued and reciprocate accordingly by exhibiting positive behaviour such as being emotionally attached to their organisation and being willing to exert efforts towards the realisation of its objectives. Practices of support for employees and their dependants' care as well as flexible work options are also pertinent in the Tanzania's organisations of work. These practices, among others, may help to foster employee commitment. Understanding of this equation can help the organizations to train their leaders on transformational leadership guidelines and to yield positive employee related results such as Affective Organisational Commitment.

Recommendations

For organisations to elicit the Affective Organisational Commitment of their employees, the following are recommended: Organisations should promote family-friendly policies to prevent interference between work and family roles. In addition, organisations should strive to ensure that they provide support that is aimed at assisting dependent care and the enhancement of flexible work schedules for their employees because these aspects significantly promote employees' Organisational Commitment. We also recommend that healthcare organisations should invest on training their human resources in propping up skills in transformational leadership. This is so because Transformational Leadership has been proven to correlate positively with employees' positive behaviour outcomes such as Affective Organisational Commitment.

Limitations of the Study

Despite the valuable insight this study has come up with, there are a few limitations that cannot be overlooked. Like much of the existing literature in human resources on health workers, this analysis is based on cross-sectional data which did not involve making follow-up on the trend of the outcome over a period. The study only explored the role of Work-Life Balance practices and Transformational Leadership Style on employee commitment. As such, the study did not consider other aspects of Organisational Commitments such as normative or continuance and transactional leadership style. In addition, the scope of the study did not cover the private sector; plus the fact that the entire sample was drawn from public sector. This means that the results may not be generalisable to employees in the private sector.

Scope for Further Research

Several extensions to this study may provide further insights into the complex nature of employees' Organisational Commitment. More longitudinal research is an important priority in a bid to address the limitations identified in the study. A case study design research in this area is also suggested. A small-scale study could present a comparison of variables of different organisations public and private at different periods, drawing conclusions about aspects which most strongly influence employee commitment and turnover intentions. Another future strategy might involve the use of a model capable of expanding to other related and relevant variables, such as all the dimensions of commitment and all leadership styles. It may also be useful to consider aspects of financial factors such as remunerations in relation to Organisational Commitment.

Contribution of the study

This study has examined the interrelationship between Work-Life Balance practices, the Transformational Leadership Style and the Affective Organisational Commitment, in light of the social exchange theory. This study has enhanced an understanding that health employees' Organisational Commitment is derived from their perception on the extent to which the employer is committed to and is supportive of their need to balance the three variables and often competing demands of work and family life. Moreover, the gap identified in literature was on the scarcity of empirical studies focusing on the mediating role of leadership styles in the relationship between Work-Life Balance practices and the Affective Organisational Commitment. Many studies have evaluated the direct impact of Transformational Leadership Style, but its mediation impact has not been evaluated earlier specifically in the Tanzania's context. In this regard, this study has responded to appeal to reveal strategies that can be developed to address WLB issues and factors fuelling their success. Otherwise, this study highlighted on the knowledge on transformational leadership's mediating power in fostering employees' Affective Organisational Commitment by supporting Work-Life Balance practices in an organisation.

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